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Original Communications.

CASE OF PUERPERAL CONVULSION.

By A. LAPHORN SMITH, B. A., M.D., M. R.C.S. Eng.,
Professor of Botany Medical Faculty University of
Bishop's College.

(Read before the Medico Chirurgical Society of Montreal.)

MR. PRESIDENT AND GENTLEMEN.—The interest evinced in the very able paper lately read before the Society by our esteemed *confrère*, Dr. Armstrong, on some cases of Puerperal Eclampsia induces me to submit for your consideration the following case of the same disease, which occurred some months ago in my practice. Mrs. L., æt. 32, married one year, who had engaged me to attend her in her first confinement, consulted me at my office on the 22nd July. She was a dark, thick-set, rather stout woman, of active habits and enjoying a good appetite. Before her marriage she had suffered for many years from severe dysmenorrhœa, which nothing had relieved until she became pregnant, since which she had become entirely free from pain. Since her marriage she had been in constant fear, almost amounting to dread, that she would never get over her confinement, which anxiety I had considerable difficulty in allaying. She was then at about the 7th month of pregnancy.

She came to me on the above date, complaining of headache and pain in the back, which were so severe as to prevent her from sleeping; also of

numbness on the right side. I gave her a mixture containing bromide of potassium and hydrate of chloral, and some directions as to diet, as her tongue was coated and bowels confined. Her vision appeared normal, and she thought that her water was all right.

Next day, however, the 23rd July, she returned to my office, stating that she felt quite silly; that she called things by the wrong name, and that everything seemed to be upside down. She had vomited several times, complained of increased headache, and of severe pains in the lower part of her belly, accompanied by strange movements, different from those formerly caused by the child, which I presume were uterine tenesmus. She also complained of painful and frequent micturition, and that the urine was very scanty and high colored. I now perceived that her feet were swelled, and her eyelids puffy; and on examining her urine, some of which I had told her on the previous day to bring, found it loaded with albumen.

I sent her home at once, ordered a fly-blister to the back of her neck and to eat or drink nothing but milk.

A few hours later I was sent for in great haste, being informed that she had had a fit, and was apparently dying. On reaching her I found her quiet but comatose, with stertorous breathing. The foetal heart could not be heard. On examination the os uteri was found to be dilated to the size of a quarter dollar, the head presenting.

While I was there she had another seizure, during which she became black in the face, and nearly every voluntary muscle in the body was in a state of clonic convulsions. This was speedily arrested by the administration of a mixture of alcohol, chloroform and ether. She, however, remained perfectly unconscious, having recurring seizures until the evening, when her condition was so alarming that I felt disposed to dilate the os and deliver with the forceps. But, before doing so sought a consultation with a senior *confrère*, who advised me to let the uterus alone, and to apply twenty leeches to the temples, instead. This was done at 9 o'clock, the convulsions being, in the meantime, controlled by anæsthetics. Almost as the last leech fell off she recovered consciousness, and gradually continued to improve without any untoward event. I however kept her in bed, and ordered her to continue with a strictly milk diet for several weeks, during which time the albumen in the urine decreased very rapidly, and the headache completely disappeared.

On the 19th Aug., just four weeks from her convulsions, I was sent for and found her in labor, but there were no signs of life in the child. While rupturing the amniotic sac, my finger went through the scalp and membranes of the brain, which latter oozed completely out, in a very decomposed state, rendering, for a time, my lot by no means a happy one. After a labor of five hours she was delivered of a decomposed seven months' fœtus.

She made a good recovery, and is now apparently none the worse for her adventure.

My object in bringing this case before you is to make especially prominent two features in the treatment—one being the method of bleeding and the other the therapeutic action of a rigorous milk diet.

First, as to bleeding, there seems to be a great difference of opinion among writers as to the propriety of removing blood, those who are most opposed to it generally believing that the disease depends upon a hydræmic condition of the blood or, at any rate, an anæmic condition of the organs nourished by it. I am not of the latter opinion as, to my mind, there is greatly preponderating evidence that the disease is due to the retention of urea in the blood; and I therefore think that we can find in the kidneys the whole source of the disease; although any disease of the kidneys which causes albumen to be excreted is always accompanied with more or less hydræmia or anæmia. In the post-mortem notes of nearly every case of fatal puerperal

eclampsia we find that the kidneys were in a more or less advanced state of inflammation and *that the veins were dilated*.

In my case the application of twenty large leeches produced a marked effect, immediately putting an end to the coma.

Whether this result was due to the abstraction of so much blood, and with it so much poisonous urea from the whole circulation, or whether it was due to local depletion I cannot say; certainly, twenty leeches can remove a large amount of blood, and, being an uncompromising compromise between venesection and no bleeding at all, I would respectfully recommend this method of removing blood.

And here let me express my belief that the albuminuria, uræmia and disease of the kidneys in pregnant women will be found to be due to venous congestion of those organs caused by the obstacle which the gravid uterus pressing on the renal veins offers to the return of blood from the kidneys. I think that this opinion is borne out by this fact, that puerperal eclampsia is proportionally frequent as the women advance in pregnancy. The second point I wish to emphasize is the milk diet. It has long been advocated in the treatment of Bright's Disease by Dr. DONKIN of Sunderland, in a series of papers in the *Lancet*, but its adaptation to puerperal eclampsia is the special object of this paper. In one of the articles referred to he says: "In order to fully appreciate the therapeutic action of milk in Bright's Disease we must fully understand the pathological conditions pertaining to this disease. The kidneys are provided with a double capillary system, namely, a primary set of capillaries forming the malpighian tufts, and a secondary set formed by the ramification of the efferent vessels of the malpighian tufts into a net-work of fine vessels distributed between and around the convoluted uriniferous tubules. In the second place, the kidneys are completely invested each by a firm, fibrous coat, or capsule, of a very unyielding nature." So that, anything preventing the free return of blood from the kidneys would result in pressure on the uriniferous tubules, bringing on alteration in their structure and functions.

The effect of the continued drain of albumen from the kidneys is to impoverish the blood to such a degree that its albumen is reduced in some instances to as low as 16 parts in a 1000, the healthy proportion being 60 to 70 parts in a 1000. By this serious deprivation of albumen the specific gravity of the blood serum is lowered from 1028, its

average in health, to 1013 in some instances. This hydræmia or watery state of the blood rapidly destroys the red corpuscles, producing anæmia and general dropsy, aided, no doubt, by the fullness of the vascular system from the diminished withdrawal of water by the kidneys. Lastly the diseased epithelium of the uriniferous tubules only partially secreting the solid constituents of the urine the blood becomes poisoned with urea, and convulsions or coma come on.

The first appreciable action of skim milk, taken to the extent of six or seven pints daily, is that of a most energetic diuretic, a profuse flow of urine being rapidly produced, which flushes the uriniferous tubules and washes out the casts and debris of epithelial cells, by which they are blocked and distended. Healthy epithelium is developed in the tubules, and the urea is excreted. Moreover, says Dr. DONKIN, the administration of milk causes the immediate absorption into the blood of a large quantity of albumen specially prepared in the laboratory of nature for assimilation and nutrition, so that the blood soon regains its normal specific gravity, and the reabsorption of the dropsical effusion follows as a physical consequence, according to the law of osmosis. Ordinary diuretics, while producing the same result, labor under the disadvantage that they contribute nothing towards restoring this nutritive quality of the blood. It is important that the milk be skimmed, as it is of greater specific gravity than unskimmed milk, and also on account of its being less liable to cause diarrhœa. Constipation is a sign that the milk is being digested, and can be easily remedied by mild laxatives. It may be given warm or cold, but in no case should it be boiled.

Dr. DONKIN has cured a large number of unenumerated cases of disease of the kidneys of various kinds with this treatment alone, and his testimony has since been corroborated by many of the leading authorities of Edinburgh and London. And although there may be differences of opinion as to why pregnant women should be so liable to convulsions and coma there can be no question about these latter being due to uræmia from disease of the kidneys.

Gentlemen, I will be glad to hear from any present who may have tried an *exclusive* skimmed milk diet in diseases of the kidneys, while to those who have not tried it I would strongly recommend it, with a promise that, in cases of the earlier stages of kidney disease, they may be certain of success.

I would like to ask Dr. Osler, through you, whether the experiment of tying or compressing the renal veins has been tried, and if it would produce uræmia.

Society Proceedings.

MIDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Stated Meeting, Nov. 9th, 1883.

DR. RODGER, PRESIDENT, IN THE CHAIR.

Division of Femoral Artery.—A specimen illustrating a somewhat novel source of injury was sent to the Society by Dr. A. Henderson, of Calgary, N. W. Territory. The deceased from whom the specimen was taken was a cow-boy in the employ of the Stewart Ranche Company and was employed in killing cattle for the C. P. R. construction twenty miles west of Calgary. He was in the habit of carrying his knife unsheathed, hanging to the horn of the saddle, and while taking aim at a steer with his rifle, his horse becoming restive, he raised his leg to steady himself when the point of the knife pierced his left thigh about its middle and to the inner side. Profuse hemorrhage followed, which proved fatal within an hour. A dissection of the part shewed that the femoral artery had been divided a short distance above where it pierced the adductor magnus muscle. As seen by the specimen, the artery was completely divided by a clean cut, while the vein lying alongside failed to give evidence of the slightest scratch.

Dr. Osler exhibited the following pathological specimens:—

Cancer of Liver, with much-enlarged Glands.

—Dr. Phelps, of Chateauguay, N. Y., sent this specimen to Dr. Osler with the following history: "Three years ago the patient, a woman, aged 27, noticed a bunch protruding at ensiform cartilage, which enlarged slowly. Was treated with blisters and escharotics. As it still grew she consulted me last spring. I found a nodulated tumor extending from the ensiform cartilage midway to umbilicus, and about eight inches wide. It pressed firmly against the margins of the ribs and was but slightly moveable. It seemed to be covered by skin only. Percussion gave a tympanitic note over its whole extent. It could be grasped at lower margin and moved freely, but seemed to be attached at the ribs. Up to this date she enjoyed good health, had no pain, only a sense of fullness. Was at a

loss for a diagnosis, so sent her to Dr.—, of who said it was an enchondroma of the ensiform cartilage which extended between the sheaths of the rectus muscles. He advised extirpation if it continued to enlarge. In June I was sent for to perform the operation, the messenger stated that another enlargement had appeared further to the right. Drs. Bates, Gay and Furniss, of Malone, accompanied me to her residence, where we proceeded to administer ether in order to carefully examine, so as, if possible, to determine whether the disease was extra or intraperitoneal. We discovered not only the large right side of the liver but the large mass which proved to be the enlarged mesenteric glands. It is not necessary to say that the operation was deferred till after the patient had climbed the "golden stairs," which took place October 25th, 1883. Dr. Furniss and myself performed the *post mortem*. Skin was cachectic, limbs bloated and abdomen enormously distended. We removed about 40 lbs. of serum from the abdominal cavity. Over the tumor the abdominal walls had been all absorbed excepting the skin and peritoneum. The growth was not adherent in front. The stomach and transverse colon were both underneath of, and attached to, the left lobe of the liver. The pancreas was healthy, the kidneys, ovaries and uterus normal. The thorax was not opened. The disease began as a cancer in the left lobe of the liver, pressing forward and downwards, absorbing the abdominal walls and making its appearance at the ensiform cartilage as a nodule. Its overlapping the stomach and colon accounts for the tympanitic note on percussion. The enlarged mesenteric glands and right lobe of liver made up the second tumor felt by the patient. Death evidently took place from suffocation caused by over-distension with fluid.

Fibroid Disease of the Stomach.—This specimen was sent to Dr. Howard by Dr. Powell, of Ottawa. It was removed from a man aged about 60, not intemperate, but a good liver. He had consulted several doctors who all inclined to a diagnosis of scirrhus of the stomach, as the symptoms pointed that way. The stomach was contracted and much thickened, owing to fibroid deposit in the mucous membrane and muscularis.

Laceration of Brain.—This specimen was removed from an hospital patient, a lumberman, suffering from an enlarged spleen and leukæmia for over a year. While in hospital he appeared to be doing well, when one night he suddenly

became comatose and died in a few minutes. The *post-mortem* revealed extensive laceration of the brain substance, from hæmorrhage.

Ovarian Cysts in an Infant.—Taken from a child of ten weeks shewing cystic disease of both ovaries.

Dr. Alloway exhibited a "Jannison's Uterine Irrigator," which he had been using for some time past, and which had given him more satisfaction than any other instrument devised for the same purpose. It consisted of a flexible metal tube, so bent that it formed a third arc of a circle, the diameter of which latter was twelve inches. On the outside of this tube ran another of much larger calibre, but not so long, the space between the tubes answering the purpose of providing for an immediate return-stream from the uterus. He related the history of a patient who, having expelled a 2½ months' decidual mass into vagina received an intra-uterine injection of warm carbolyzed water from a fountain syringe, armed with an ordinary hard rubber tube, which did not admit of the immediate return of the fluid. About ¾ of an hour after injection the patient was seized with pain over the region of the left broad ligament, chill and faint feeling, followed by elevation of temperature (102° F.) and pulse 110 and severe paroxysmal attacks of dyspnoea. After the administration of a hypodermic of Battley she recovered from pain and symptoms. Dr. Alloway attributed the condition of his patient to the entrance of the solution for a short distance of the left Fallopian tube, that slight hyperæmia of the delicate lining of the tube would follow the irritant, and in this way account for the pain and other reflex nervous symptoms manifested. He did not think the symptoms due solely to distension of the uterine cavity by the fluid, as there was no expression from the patient of even discomfort at time of injection. He thought it of little importance what term would be used to designate the condition; it was the cause of the apparently alarming symptoms which were of interest to him, and which he thought resulted from the use of a tube which did not provide for an immediate return-stream from the uterus. He had injected the uterus under the same circumstances, many times before, with the same kind of imperfect tube, but had never witnessed such a condition. He thought probably it would be well to limit injection in such cases to those in which the discharge were foetid; and this was one reason why he brought this ex-

perience in the matter before the notice of the Society; with Jannison's tube, however, he would feel perfectly safe under all circumstances.

Axis Traction Hook.—Dr. Alloway also exhibited an "Axis Traction Hook" of his own device. He claimed that the hook answered all the purposes of Tarnier's instrument when passed into the lock of any ordinary forceps and traction made by the hook alone. Traction could be made in any direction pleasing to the operator, and the hook could be used in this way whether the head was arrested at the brim or low down in the cavity of the pelvis. Dr. A. used the hook almost solely with Simpson's short forceps, and found that the handles of the forceps and those of the hook came when applied into such convenient relationship, that more power, if necessary, could be exerted, than with Simpson's long forceps, without the hook. Dr. A. related the history of a very interesting case where he first used the Traction Hook. The patient had been, some eighteen months before, operated on by Dr. Roddick for the removal of a large ovarian cyst (40 pounds). The walls of the abdomen, so far as the muscular structures were concerned, did not unite, or the line of union had become absorbed, and allowed an enormous ventral hernia to take place. When seen at three months' gestation the whole of the intestines and loose adnexa came down in a horn-like pouch between her legs. They had to be replaced and sustained by a suitable truss. During labor almost complete anteversion of the uterus would take place at every pain, and the condition was quite uncontrollable. The axis of the pelvis and that of the uterus were almost at right angles to each other, so that the patient could never have delivered herself unaided. Dr. A., though a firm believer in Tarnier's principle, alluded to the great cost, complex nature, difficult application, and trouble of keeping clean, of Tarnier's forceps, which would tend greatly to prevent the instrument coming into anything like general use. That his simple inexpensive instrument would in many instances prove serviceable when Tarnier's instrument was not at hand.

Dr. TRENHOLME quite agreed with Dr. Alloway as to the uselessness of the first tube he spoke of, and that he had done well to cast it aside. Dr. Trenholme, however, would go further, and maintained that to inject the uterus, using any manner of tube after the contents had escaped into the vagina and been removed, was an unwarrant-

able proceeding, and fraught with danger, as the case related shewed. Uterine irrigation was seldom called for, and ought not to be resorted to, save when the decomposing contents, as revealed by the offensiveness of the discharges, shewed that there was danger of putrid absorption. Dr. Trenholme's experience in abortions enabled him to speak decidedly on this subject.

Dr. TRENHOLME said that the instrument exhibited by Dr. Alloway did not afford one single advantage possessed by Tarnier's forceps. In the first place traction by Dr. Alloway's hook was made at the lock, far from the points or blades, and then the shortness of the handles gave no power to engage the head in the axis of the brim as could so easily be done by Tarnier's. For his part he had used the Hodge modification of the long French forceps in all high operations with ease and success in cases where delivery by the forceps was warrantable; for we must not forget that there is a limit to the force which cannot be expressed. With the patient on her back and these long forceps, we can with perfect ease engage the head in the brim. The left hand sustains the handles, while the right hand over the lock brings down the head with all the force we would be warranted in using. When this fails, turning should be resorted to so as to open the shortest diameter of the child's head to the antero-posterior diameter of the mother's pelvis.

Dr. CAMPBELL said that the uterus after abortion very seldom needed washing out. Has known colic to follow an injection into the vagina for leucorrhœa. Once saw serious symptoms and death follow an injection in a woman who had recently been confined.

In reply to Dr. Trenholme, Dr. ALLOWAY felt from his experience in the case recited that if there was no factor to be detected in the discharge, and if a uterine tube similar in design to Jannison's was not at hand, it would be better not to inject at all. But if there was evidence of decomposition within the uterus, he would recommend the use of such a tube as the one he used, or, better, a common elastic catheter. The solution he was using at present was $\frac{1}{1000}$ parts of corrosive sublimate.

Obstetrics.—Dr. TRENHOLME related the following case:—Was sent for last Monday by a *confrère* to a woman in labor with her third child. Two physicians had failed to deliver with the forceps. He found the os fully dilated; antero-pos-

terior diameter at brim was $3\frac{1}{4}$ inches. Had had a natural labor with her first child; the second had to be delivered with forceps. Dr. T. found the child was lying diagonal to the abdomen. He proceeded to turn, his hand first feeling the promontory of the sacrum bulging out; there was also hour-glass contraction a little above the os, and again near the fundus, which caused great difficulty in moving the child. However, after some time he succeeded in delivering all but the head, which Dr. Armstrong opened, as by no safe efforts could it be loosened. Dr. T. said the trouble was caused, not so much by the deformity, as by the two spasmodic contractions. He had seen a similar case before, where, from repeated powerful attempts to deliver with the forceps, the uterus around the os was bruised into a pulpy mass causing the death of the woman.

Dr. CAMERON had seen a case something similar, requiring evisceration, owing to ergot having been wrongly used to hasten a tedious labor from early escape of liquor amnii. No amount of traction was of any avail.

Dr. ALLOWAY thought that cases where the waters broke early and caused spasmodic contraction on the child were not very unusual.

Dr. ROSS thought the cause in Dr. Trenholme's case was obscure. He did not believe that spasm alone could resist strong efforts at traction, especially as the head was found very large. He thought it should hardly be called hour-glass contraction. Had only seen two cases of hour-glass contraction, and in both it was after the birth of the child, and where the placenta was retained above.

Dr. TRENHOLME replied by saying that he thought it not unreasonable to put the difficulty down to spasm, as in his previous case the woman had plenty of room, yet was unable to deliver with forceps on account of spasm gripping the child.

Dr. RODGER agreed with Dr. Ross that other causes appeared to be present to account for the difficulty.

The following resolution of condolence was passed by the Society, to be sent to the family of the late Dr. Trudel:—

“That this Society desires to express its sense of the great loss sustained by the profession and society generally in the death of Dr. E. H. Trudel, whose long and honorable career as a man and physician secured to him the consideration and esteem of the citizens generally, and whose high scientific attainments and facile mode of expression enabled him for many years to fill the chair of Obstetrics in the Montreal School of Medicine with distinction to himself and advantage to the students.”

UNIVERSITY OF BISHOP'S COLLEGE.

ANNUAL DINNER OF THE FACULTY OF MEDICINE.

The Annual Dinner of the Medical Faculty, graduates and under-graduates of the University of Bishop's College was held in the ladies' ordinary of the palatial Windsor Hotel on the evening of the 12th of December. It was, according to the daily press, a most successful affair, a large number being present. The tables were very neatly decorated with natural flowers. Shortly after eight o'clock the guests entered the dining-hall and took their seats, amid the enlivening strains of Gruenwald's orchestra, who furnished excellent music during the evening. The chair was occupied by the Dean of the Faculty, Dr. F. W. Campbell, who was supported on the right by the Hon. L. O. Taillon, Dr. Hy. Howard, Mr. Alex. Milloy, and Mr. F. E. Nelson, and on the left by U. S. Consul-General Stearns, Dr. Osler, Ald. James McShane, M.P.P., and Mr. Albert D. Nelson. Prominent among the others present were Drs. Trenholme, Rodger, Guerin, Perrigo, Wood, Cameron, A. Laphorn Smith, H. L. Reddy, Proudfoot, Simpson and Armstrong and Rev. Mr. Saunders.

A most *recherche menu* had been provided for the occasion, and was done full justice to, the service, as is usual at the Windsor, being of the very best. The *menu* programme was of a very tasteful and elegant design, and neatly printed—a view of Mount Everest being on the frontispiece.

The arrangements, which were most satisfactory, were under the direction of the following committee:—

Chairman—F. W. Campbell, M.A., M.D., L.R.C.P.L.

Vice-Chairmen—D. D. Gaherty, C.M., M.D., C. D. Ball.

Hon. Secretary—C. A. Wood, C.M., M.D.

Secretary to Committee—F. R. England.

Committee—J. C. Cameron, M.D., C.M., M.R.C.P.I.; H. L. Reddy, B.A., M.D., L.R.C.P.L.; D. D. Gaherty, C.M., M.D.; W. McDonald, C.M., M.D.; A. Kerry, C.M., M.D.; N. S. Nichol, W. E. Fairfield and A. F. Longeway.

After dinner, the Chairman rose, and, after extending a hearty welcome to the guests present, he called upon.

The Honorary Secretary, Dr. Wood, who announced letters of regret from Mr. Hugh McLennan, Chancellor Heneker, Mr. George Macrae, Q.C., Rev. Dr. Norman, Dr. Gibson

(Cowansville), Hon. Mr. Justice Brooks (Sherbrooke), Dr. J. Baker Edwards, Dr. E. A. Duclos (St. Pie), Dr. Gravely (Cornwall), Dr. Mitchell (Bedford), Mr. Thos. White, M.P., Dr. Spendlove, (Magog), and Dr. R. P. Howard, Dean of the Medical Faculty of McGill University, and others.

After the usual preliminary toasts the Chairman gave, "The Dominion and Local Governments."

HON. L. O. TAILLON, Speaker of the Quebec House of Assembly, in responding, made an eloquent speech in French. He thanked them for the kind invitation to be present. He had often heard that doctors differed more than lawyers. He had never before had a chance of verifying this belief, but he from this night out could refute any such accusation. He had never observed such cordiality as was evident here to-night. Much of this was, no doubt, due to the smiling presence of the Dean. (Applause.) He eulogized the noble calling of the medical man, with all his privileges, which enabled him to wield so great an influence. The study of medicine seemed to bring out all the nobler qualities of the heart. It was well that it was so, for they were often called upon to show great sympathy. (Applause.) Nowhere did doctors wield greater influence than in the Legislature of our country. The Legislature did a great deal for the profession in protecting it from charlatans and other enemies of the profession. He maintained that the Quebec Legislature looked well after the interests of the affairs of the province. He admitted that it was the most difficult province to govern; but he held that it must and should be governed by the Local Government—if not by the present party in power, then by those who should succeed them. He wished Bishop's College every prosperity in the honorable career in which it was progressing, and also for the individual members. He urged them to aim high and work hard, and success would crown their efforts. (Loud applause.)

Ald. JAMES McSHANE, M.P.P., also responded, and expressed the great pleasure which he felt at being present on this occasion. If there was anything which he could do as a member of the Provincial Legislature for the medical profession he would be only too glad to do so. He had been opposed, while a candidate for the suffrages of the people, by the merchants and by the lawyers, but, he had never, he believed, been opposed by the doctors. (Laughter and applause.) He concluded by singing a humorous song, the company joining in the chorus.

Dr. TRENHOLME, in proposing "Our Alma Mater," referred to the beginning of the College in 1872, when the Medical Faculty began with a class of one, but now they had a class of 50. (Applause.) Already the graduates of the University had gone forth and taken their place in the world, and one of them was about to go to a distant clime. He regretted the absence of Chancellor Heneker, who took such a deep interest in the success of the Medical Faculty, and, in fact, education in general, and also of the Rev. Dr. Norman.

Dr. CAMPBELL, in the absence of Chancellor Heneker, responded.

Mr. C. D. BALL, a fourth year student, in a neat speech gave the toast of the Dean and Professors. He said he was proud to be a student of Bishop's College, and assured all that he had selected his Alma Mater after due consideration; and now as his term of pupilage was soon to end, and looking back over the past four years, he was satisfied that his choice had been a wise one. He referred to the clinical advantages possessed by Montreal in her noble hospitals; but, while admitting that the division of the classes according to years as made this session at the General Hospital was a great advance, he yet felt that something more was needed. The overcrowding of students in the wards was not conducive either to comfort or knowledge, and this must be remedied—or the full advantages which ought to be got will not be obtained. This was a matter of much moment, and, as a student, he commended the subject to the earnest attention of the Hospital authorities. He referred in appropriate terms to the cordiality of feeling which existed between the students and the Faculty of Medicine and to the interest which the graduates, now scattered all over the world, took in the success of their Alma Mater.

Dr. ARMSTRONG, Professor of Physiology, responded; he said:

On behalf of the Faculty I thank you most sincerely for the kindly words which you have given expression to. You have daily proof that we, as a Faculty, believe in hard and persistent labor, and to-night we show you that we also believe in recreation in the true meaning of the word, believing that by a mixture of the two, better and more lasting results are achieved than by either alone. As the bow never unstrung soon loses its elasticity, so the mind constantly kept strained to its utmost tension in any one direction soon loses its power of responding readily to the many objects of interest

which surround it. The Medical Faculty of the University of Bishop's College are conscious and proud of the fact that their students are doing good work. The medical students of Bishop's College are throwing themselves in a whole-souled way into their work of preparing for a life of usefulness in a sphere than which, perhaps, there is none larger or more noble. And I would like just here to say to the students of to-day that Bishop's College will not forget you as soon as you have graduated from her walls; we are watching with pride our graduates, who, as the result of their constant and thorough work as students, are now occupying positions of influence, responsibility and honor as practitioners. The tree is known by its fruit, and the power of a magnet is ascertained by a measure of its attractive force. So with colleges the class of work they do is known by the class of men they turn out. As our list of graduates increases the number of students increases, and to-day we have the largest number of students that we have had since the Faculty had an existence. The Medical Faculty of Bishop's College, though comparatively young, has not attained the high position which it now occupies without many struggles, pushing onward many times when the future seemed dark and unpromising. The loss of our late Dean, Dr. David, and of Dr. Kollmyer, our late professor of *Materia Medica* and Therapeutics, was sorely felt, and the illness of Dr. Kennedy, our professor of Obstetrics, which has unfitted him for further teaching this session, has also been a great drawback. But, on the other hand, we have a bright side to look at. There is an old saying that "there would be no progress unless the pupil excelled the teacher." Now the truth contained in that saying is applicable to schools. Old schools, like some old men, are loth to leave the beaten track. New schools, with new men and new methods of teaching, are required to strike out and find new paths, and the best proof that our more practical methods of teaching are the best is the fact that the older schools, seeing the result of our work, adopt our methods for their own advancement. The Medical Schools of the Province of Quebec this year enjoy facilities for the teaching of practical anatomy without being compelled to offend the finer feelings of the more respectable portions of the community. May this long continue! Though we are made aware by the daily press of the fact that there are yet a few Pharaohs who would take away our straw and yet demand of us first-class bricks. They

would have us provide navigators capable of conducting safely across the broad ocean a vessel propelled by machinery which we are not allowed to explain and demonstrate. They would have us provide physicians, competent to treat successfully the most severe and grave injuries of that most intricate of all mechanisms, the human body, but they would not allow us legally to teach practically the different parts of that mechanism and their relations to each other. The great centres in the Old World are filled with able and enthusiastic workers in the science of healing, and they are constantly keeping us informed of the results of their labors through the medium of the Medical Press. During your college course your teachers give you this information. Seek to so ground yourselves in the principles of medicine that when you graduate you may be able to intelligently read and think for yourselves and have confidence in your conclusions. Let us all strive, each by contributing his quota, to hasten onward this progress of medical knowledge. Again thanking you, gentlemen, for your kind remarks, I would only add that the Faculty most heartily wish you every great success and prosperity.

The CHAIRMAN then gave "The Sister Faculties," which was responded to by Mr. P. S. Mesney on behalf of the Faculty of Arts, and Mr. John Leonard on behalf of the Faculty of Law.

The CHAIRMAN, in proposing "Our Sister Universities," referred to the friendly feeling which existed between the various Universities of the Dominion, and especially to the cordial feeling between the medical students of the various schools in Montreal.

Mr. W. PORTEOUS, a fourth-year medical student of McGill, responded on behalf of that University.

Mr. OSCAR COURTOIS, of Victoria College, responded eloquently in French, and Mr. Thos. Brennan in English on behalf of Laval University.

Dr. TRENHOLME proposed "Our Guests" in a happy speech.

Dr. HENRY HOWARD responded. He said that it was hardly to be expected that a man who had practised his profession for 47 years, 23 of which had been spent among the insane, was able to address an audience of sane people. (Laughter and applause.) To him, who had spent so much of his time, as he had already stated, among the insane, it appeared that crime and insanity were closely allied, and that it was hard to draw the line between them, for they must remember that

there could be no effect without a cause. He gave a word of advice to the young men who were just entering their profession, and said that if they did not learn from nature in addition to what they learned from books, they would never be successful, but if, on the other hand, they studied the laws of nature thoroughly, this would, together with their college training, enable them to succeed. (Applause.)

Mr. A. D. NELSON and Mr. ALEX. MILLOY also briefly responded.

Mr. C. D. BALL proposed "The City Hospitals."

Dr. OSLER, who, on rising to respond, was received with applause, referred to the importance of the clinical instruction which the medical students received in our hospitals. Last year 2,200 patients were treated in the Montreal General Hospital alone, which was a much larger number in proportion to its size than in most other institutions. The house surgeon at the Massachusetts General Hospital at Boston recently informed him that about 2,400 patients had been treated in that hospital in one year, which was a much smaller proportion than in our institution, when it was considered that in the Boston institution they made up probably 250 beds each night. The success of the medical profession depended largely on the character of the hospitals within the reach of its students. Mr. Andrew Robertson, the President of the General Hospital, had said they hoped to proceed with the new wing shortly. (Applause.) The present building was not fully up to modern requirements, and he hoped that the citizens of Montreal would, before another five years, see that the city of Montreal, which was not only the commercial but the medical metropolis of Canada, was provided with a suitable institution. (Loud applause.)

Dr. GUERIN also responded on behalf of the Hotel Dieu, referring to the illustrious history of that institution, which was not only the pioneer institution, but the largest medical centre of the Dominion. (Applause.) The Hotel Dieu was cosmopolitan; it took in all, irrespective of nationality or creed, the only qualification required being illness. He concluded by singing the well-known college song, "Alma Mater," all joining in the chorus.

Mr. BALL then proposed "Our Graduates," which was responded to by Dr. Young, and Dr. Bell (Ottawa), the latter gentleman warning the

young men against the evils of the intoxicating cup.

Mr. BALL then gave "Our Freshmen."

Mr. E. A. PHELAN, responded. He said:—It gives me great pleasure to meet with you this evening for the first time and to have the honor of responding to such an important toast. You will no doubt be pleased to hear that the Freshmen class of '83 is the *largest* and the ladies say the *handsomest class* that has ever entered the College. We have been but a short time initiated into the science and mysteries of medicine, and, as we expected, we meet with a great many jaw-breaking, technical, names that to us are almost incomprehensible. Then there are the horrors of the dissecting room, which are enough to make strong men shrink from it with fear and deprive timid men of their senses; and it is no wonder that organ-grinders and rag-pickers do not stop as they pass by. (Applause). As Freshmen we have a very happy time, and are not bothered, like our seniors, with examinations, yet the first year is not the most desirable one of the four spent in college; for although we may study ever so hard and look as wise as the Clinical Professor at the Hospital, we are constantly reminded of the fact by our seniors that we are only Freshmen (Applause). But, gentlemen, even our wise and distinguished Professors were Freshmen once themselves, and had to take backseats, as we have to do, when the seniors are around. (Applause). And although we are *fresh* to-day, we live in hope that at some future period we will know *nearly* as much as our dignified and all-knowing seniors. (Applause). Now, gentlemen, if you are in want of medical advice do not endanger your precious lives by placing them in their hands; but wait patiently until the Freshmen class of '83 has graduated and *give us a chance to bleed you*. (Applause.) If I am not infringing too much on your valuable time I will give you a synopsis of some of the first lectures we attended, in order to give you some idea of the many trials we have to endure. Our worthy Professor of Materia Medica began with opium, saying that it was the inspissated juice obtained from the unripe capsule of "*Papaver Somniferum*," native of Asia Minor, cultivated in Briton, and eaten by the Chinese. In this way he continued, and before we had recovered our senses, he had gone through *Atropia Belladonna*, *Canvabus Indicus*, *Cinchona*, *Calisaya*, and St. Jacob's Oil (Loud Applause). Next came

Physiology, and our esteemed Professor, who has a very *strong arm*, began to tell us about Cartilage Epithelium, Protoplasm, &c., and tried to impress upon our minds the fact "*That man is made up of cells.*" This no doubt was a gentle hint that some of us will get *badly sold* when we come up for our examination before him next year. The next lecture was Chemistry, and although our worthy Professor is *Young* he is by far too *old* for us with his acid radicals and chemical equations. Last, but not least, came *Anatomy*. Here the poor Freshmen who had survived from the other lectures were taken by storm. The Professor pulled a *skeleton* out of a closet, and, without giving us a moment's warning, began naming the bones and muscles in this manner: Cranium, Os. Innominatum, Levator Anguli Oris, Rectus Capitis Anticus Major, Orbicularis Palpebrarum and Levator Labii Superioris Aleque Nasi. (Applause.) Here the Professor paused for want of breath, and the Freshmen who were now *completely unconscious* were carried out of the class-room on a *stretcher*, which I have been informed is kept for that purpose. (Applause.) Fortunately they soon recovered, but it took some time to get accustomed to such terrible names. We have not been troubled with Botany yet, but our worthy Professor of Therapeutics will soon be *Reddy* to receive us—not with champagne, gentlemen, but with Diaphoretics and Antispasmodics. Thus you see, gentlemen, the many trying ordeals we have to pass through, and you should no longer wonder at the number of bald-headed doctors in this world, although some of them are unmarried. However, we are not discouraged with the commencement, but want to see more of it; and we look eagerly forward, as Moses did for the promised land, to the time when we shall be rewarded at the end of our course with the well-merited degree of C.M., M.D. (Prolonged Applause.)

DR. TRENHOLME proposed the toast of the Graduating class of 1884.

MR. R. C. BLACKMER responded. He said:—In rising to respond to this toast which you have so heartily drunk, my mind goes back over those four long years since first we began the study of medicine. Perhaps during all that time the thought of that great object for which we were working has never once been out of our minds. Day after day have we wandered listlessly through the wards of the Hospital, scribbled at our notes

and toiled at our books, and night after night have we slept only to dream of dissections we could never get out, of formulæ we could never comprehend, and long panoramas of experiments that proved to us nothing. How often in our study of Saemiology have we recognized the signs of incipient disease stealing upon ourselves. How often have we heard our own lungs crepitate. How often have we felt the valves of our own hearts giving way piece by piece, and the deadly oppression of syncope creeping upon us. How often has the wolf of dyspepsia gnawed at our stomach until, in our imagination, it became a malignant cancer eating out our lives. And, too, there is such an uncertainty about incipient disease. We know how often it winds the unsuspecting patient in its toils, and rushes him on to that fatal stage beyond which all possibility of a cure is past before the patient is aware. Only those who have been medical students can tell the dread, the anxiety, the heartache, the fear that, as the last end draws near, he may possibly have overlooked some point in his studies that may involve his rejection at the Examination-day. Yes, the life of a medical student is not all anniversary dinners. Alas! too few of those oases appear in this long dreary desert of study. And yet there is a sort of fascination about the work. This study into the nature of life, those mysteries of growth and decay, this variety of function, this adaptability of structure; then comes in the question and desire for well-doing, the nobility of our profession, the relief of pain, the gifts of strength to the feeble, of health to the perishing. Then comes in that desire to avoid poverty and the search after that position in society which the members of our profession have always held. Although the doctor may never be rich, except in the hearts of those he benefits, yet the workman is always worthy of his hire. The thought, I say, of all these objects have kept us working on and on, when, without these to stimulate our ambition, we should have stopped very near where we began. For the class of '84 these four long years of study are drawing to a close, and that long lifetime of combined study and practice is just at its dawning. We already feel its freedom, and we also sense the overshadowing of those responsibilities it is sure to bring. Yet we have some confidence in our abilities. We know our education was not made in a day. It did not grow up in a night to wither again in the morning. It is the

products of slow growth and development. We may trace it stage by stage, from the time when, letter by letter, we learned the alphabet at our mother's knee. Then followed long weary months of multiplication table and up to higher mathematics. Then burst upon our minds Language with all the beauty of its romance, all the experience of its Histories, all the emulation of its Biography. Then came Science with its Natural History, its Astronomy and Philosophy. Then that nobler science of the mind, Ethics and Logic. 'Twas here perhaps that a great era occurred in the course of our education. 'Twas here we first learned to reason correctly. 'Twas here we first perceived the boundary line between faith and opinion, between dogmatical assertion and mathematical and logical demonstrations. Now many subjects on which we had expended what seemed useless labor burst upon our new intelligence with the full force of their usefulness and worth. It was at this time perhaps more than at all others that there became established that craving for learning. It was from this point more than from any other that we began to study for the love of knowledge itself more than for any lower motive. At about this time we began our medical studies; hard and dry at first they seemed, but from thence for four years have we labored incessantly upon them and made progress. We all believe that our profession holds the freest and most enlightened minds of to-day. With all due regard for the advancement which the art of medicine has already gained, with due respect for all those who have worked in the past and worked well to bring about these advancements,—we yet look on into the future for yet greater attainments than we have yet been able to realize. All other professions, generous, noble and necessary as they may be, draw their life-spring from the past; on its old burnt altars they fan the dying flame of a lost art. For us our life work and life hope is in the future. 'Tis there we look forward to the time when all art shall be science, all chance direction, all the discords of our profession made harmony, all empiricism swept away, and in its place substituted the results of Rational System. If the class of '84 are permitted to be among the humble agents to effect these changes we shall be abundantly satisfied. I thank you again for the spirit in which you have drank our health, and hope the ties of friendship which now bind us may always grow stronger and never weaker, and that you will ever support us with your aid and sympathy; and as we go out

into the world may our fare be never worse than this spread before us to-night.

The toast of the "Ladies" was next given, and was responded to by Mr. Charles R. Devlin, who said: In returning thanks on behalf of the ladies, and in expressing my gratitude for the charming enthusiasm with which you have hailed this important toast, I cannot conceal feelings of indispensible embarrassment. It is quite unnecessary for me to acknowledge my inability to do this toast that justice which my heart and the hearts of my fellow-students would desire,—that marvelous justice for instance some of my surrounding gastro-nomic freshmen friends have done this sumptuous banquet. Indeed, it has been my fortune or misfortune—according to the view you may take of the case—to have been honored with the giving or answering of this same toast on innumerable occasions. Yes, and with pride do I declare it. I have not unfrequently vindicated, when assailed, the cause of the fairer sex: in the face of the world, in the full sense of the term, have I proclaimed them angels. Yet, strange to say, very humiliating at least to me; I have not become more angelic in their eyes; they have not learned to appreciate my efforts; there is not even a mortgage on the affections of my heart as I now stand in the market. My duty, however, is quite clear: I must continue to study, admire and adore them; I must continue hopeful in the market. Bear with me patiently, and with as much compassion as reasonable charity will tolerate, while I humbly chant a new canticle of praise in their honor: still circumspect and cautious in the extreme must be my notes, conscious that I am in the presence of husbands—husbands, gentlemen who may entertain peculiar notions about woman's worth and women's rights. Ah! were my audience solely composed of ardent admirers, of æsthetic lovers, what a grand opportunity mine would be to exclaim in triumph: "she is, always was, ever will be, man's guiding angel!" or even to assure the doubtful and throw the sterner sex into a delicious state of intoxication by reiterating the avenging cry of an immortal female: "I never will desert Wilkins Micawber!" But I must not. There are some men—the question is, are they men?—whose fatality it is to never understand the intrinsic value of woman. True, they were once upon a time, a very long time ago, model admirers; their infatuated eyes (treacherous orbs!) could feast on no other object than their fair one;

for her sake how many feats of wonderful alacrity did they not perform! how many difficult and ridiculous situations did they not accept with evident satisfaction and delight. Once, however, the binding knot tied, where are their eyes, when in the presence of the fair one?—On the newspapers. Where their hearts?—In the clubs. To whom do they now pay their respects and devotion?—To every other man's wife, never to their own. I contend, gentlemen, that the dissecting room is the proper refuge for creatures so lost; let their couch be the dissecting table, and their attendants our industrious and immaculate freshmen. The Press is a potent factor in fanning the embers of domestic discord and trouble. Now, should there be reporters in this room, I pray them favor me with their best attention. How often do we read in the papers that the medical students have been guilty of this and of that! Their simplest offense is magnified into what these charming scribes very generously designate *scandalous behaviour*; our innocent little amusements are depicted in the darkest and most revolting colors; poor uncomplaining martyrs, we are often held up to public scorn, public denunciation or public malediction! Why are we the victims of this unwarrantable persecution? Why? Because we happen to be the unflinching and generally successful friends of the fair descendants of Mother Eve! Now look at the doings of these fortresses of society, those guardians of the peace, in short, those reporters. A man cannot call his wife green fruit, because she never agrees with him, without the same appearing the following morning in the papers. Just imagine, if you can, for I cannot describe, the feelings of this frail and delicate female. The papers tell you it is a kind of curious a certain nice-looking girl never goes to the telephone to answer a ring without wondering if her hair is all right and her train in proper shape. What right have the reporters to publish such matters? Why not confine themselves to events more in keeping with their intellect, to facts for instance relative to Cetewayo, Jumbo or the Franco-Chinese war? Unfortunately, they will not. Is there a place sufficiently warm for these factors of mischief, these tormentors of the fair sex, these persecutors of good and peaceable medical students? If ever the duty of the Inspector of Anatomy was clear, it is in the present case: subjects of the Fourth Estate should be elevated to the Dissecting Room.

Bear in mind, gentlemen, that, though an humble medical student, I am an advocate of Women's Rights. The medical student, thanks to the tenderness of his feelings, the sweetness of his disposition, to his innocent ways, to his gaining, suave and fascinating manners, is peculiarly fitted for this lofty position. He can, with energy and certainty of ultimate success, promulgate this noble advocacy. Not so with the barren law-student, whose dreams are a mixture of Pothier and the Civil Code, whose repast consists of factums and affidavits, whose only ambition is to learn how to swell a bill of costs. We are the earnest and faithful friends of woman; and, with a view of more effectively assuring the ladies of our entire sympathy, let us here assert our pride in witnessing their achievements. Yes! We are proud to see them becoming doctors, lawyers and masculine citizens, and we only hope the glorious day may soon dawn when we shall see MacDonald and Blake forever banished from our Parliament, and our female members standing up in the House of Commons to address: "Mrs. Speaker." Then shall our political atmosphere be thoroughly disinfected and sweet woman will rule the land and waves! Then shall the heroes of Austerlitz, Waterloo and Tel-el-kebir sink into comparative insignificance before the glorious defenders and victorious champions of Women's Rights! Gentlemen, it would never do for me to resume my seat without referring in another and different strain to this subject which is, after all, the toast of the daughter, the wife and the mother. Woman's influence is felt in every sphere of life. Is she the wife? Then she is the very soul of the house and, according to her qualities of mind and heart, the brightest ornament of society. More than this: her charity knows no bounds; her self-sacrificing spirit is ever ready for work whenever the cause of humanity or christianity demands it to exert itself,—where man would be a complete failure, woman is an entire success. Indeed I know a politician who candidly admits that the great N. P. which secured his election was his accomplished and winning wife: nobody could refuse her a vote, and when she kissed the children the effect was even more electrical than when he slipped the almighty dollar into the honest voter's hand. At all events she is the best friend of man, whether exalted or humble his position, whether vast or limited his resources. How frequently

after a brilliant career does he find himself ruined, deserted, friendless, and the false spirit of the world turned against him! Who, then, is his friend? Whose the soothing hand that helps and comforts? Whose the kind, loving word that cheers? Ah! it is, in such circumstances that the wife's noble heart asserts its astounding devotion and prodigious courage. Is she the daughter—the sister? Then if, instead of the frivolous, vain, haughty creature, be it said with sorrow, we meet at times, she is the accomplished, graceful, and kind girl we invariably find in Montreal, she is the light of the family, the life of the home which, without her sweet voice, smile and presence, loses much of its charms. Show me the unfeeling student who is not swayed by the influence of this graceful being; she is as much the object of his ambition as is the profession to which he is consecrating his very best energy and talents. Who is proof against her charms—those charms that enliven us, lend grace to every circle, and spread happiness and joy wherever she moves? Than even these, gentlemen, there is one dearer to us, one whose sublimity is of a more striking order—our mother. What grander state, what nobler calling than that of Mother! what a spell she exercises over all, since the mother's appeal was sufficient to subdue the proudest conquerors, since it arrested the powerful Coriolanus and saved Rome from sure destruction. The mother, as it often happens in this heartless century, faces dangers and trials untold, overcomes obstacles that would defy a stouter arm, nurses her own sorrows—she, the mother of patience, the mother of meekness, the mother of sweetness—our own mother! Oh, gentlemen, this is a grand, an essential toast, this one to the Daughter, the Wife, the Mother. Look not to strange lands for beauty; unnecessary to study the annals of Greece, Rome and Carthage for examples of heroism and virtue. Were the truth always known, were it always proclaimed, here in the very heart of this great city, here in the humble abodes of the poor and lonely, here in the palatial mansions of the rich, will you find such models of beauty, such examples of heroism and supernatural virtue. With unbounded enthusiasm, then, should we ever honor this toast and proudly exclaim: All praise to the beautiful! God bless the good and noble-hearted daughters of our flourishing country.

"Absent Friends" was responded to by Mr. C. E. Parent.

The last toast, "Our next merry meeting," was responded to by Mr. A. P. Scott, when the singing of "Auld Lang Syne" and the "National Anthem" brought a most enjoyable evening to a close, shortly after one o'clock.

McGILL UNIVERSITY.

ANNUAL DINNER OF THE UNDER-GRADUATES.

The second annual dinner of the under graduates of McGill University was held in the ladies' ordinary of the Windsor Hotel on the 7th of December, about one hundred and fifty sitting down. The tables presented a pretty sight, being beautifully decorated, and about the room were hung a number of appropriate mottos. Mr. R. F. Ruttan, B.A., presided, and was supported on either side by a number of prominent gentlemen, among them being Judges Mackay and Torrance, Thomas Workman and Andrew Robertson. A number of guests were present. Among them the members of the Medical Faculty of the University and Dr. F. W. Campbell, the Dean of the Medical Faculty of Bishop's College, also Mr. J. Spencer, representing the Toronto School of Medicine; Mr. Fierheller, representing Trinity Medical School, Toronto; Mr. Cumberland, the Kingston Medical School; Mr. Valin, Laval Medical School; and Mr. Blackmer, Bishop's College Medical School.

After the appetizing bill of fare had been gone through with, the Chairman made a few well-chosen remarks, extending, on behalf of the undergraduates a hearty welcome to their *confrères* from Toronto and Kingston. He contended that the social aspect of a college life was a feature that did not receive sufficient attention.

The Secretary, Mr. L. D. Ross, read a list of regrets from persons who had been invited, but who were unable to attend, among whom were the Governor-General, the Lieutenant-Governor of Quebec, Mayor Ecaudry, and many other eminent persons.

After the usual loyal toasts, the Chairman proposed "Our University, its Governors, Graduates and Professors."

On behalf of the Governors, Hon. Justice Mac-kay responded, and in the course of his remarks said that he considered the medical profession equal, if not superior, to nearly all professions, and

that its social status was fully equal to that of any other. He was proud to state that McGill University was attaining some celebrity, and its medical school had always greatly contributed to its fame. (Applause).

In responding for the undergraduates, Dr. Grant of Ottawa, alluded to the present assembly as forming a union to be remembered for a lifetime. The McGill graduates were proud of their *Alma Mater* and of the great work it was accomplishing throughout the Dominion. He considered that the medical college was to this country what the school of Hippocrates was to ancient Greece.

Dr. HOWARD proposed the sentiment, "Our Benefactors." He referred to the fact that the past year had been marked by two important events, the 50th anniversary of the McGill College Medical Faculty and the death of its honored head, Dr. G. W. Campbell. In view of these notable events, the Faculty had deemed it advisable to make an appeal to the citizens of Montreal so as to secure an endowment of the Faculty and to provide a fitting memorial to their late lamented Dean. He then referred to the generous donation of \$50,000 by the Hon. Donald A. Smith, and to that of Mr. George Stephen of \$50,000 towards a Campbell memorial wing to the General Hospital. The members of the Faculty set to work, and, in a few months, raised the prescribed sum, which entitled them to the donation. In conclusion, he said that he would thank such generous benefactors on behalf of the undergraduates themselves, as these handsome donations would contribute materially to their progress. Amid loud cheers this toast was honored, all present joining in singing, "For they are jolly good fellows."

Mr. THOMAS Workman responded, and stated that he was confident that their endowment fund would yet amount to one million dollars. He urged the students to follow in the path of integrity and uprightness as the key to success.

The toast of the "Montreal General Hospital" was proposed by Mr. G. F. Palmer, and responded to by Mr. Andrew Robertson.

Our sister Universities was proposed by Mr. J. M. Elder, and responded to by Mr. J. Spencer, of the Toronto School of Medicine, who spoke of the kind treatment which he was receiving. He referred to some changes that he considered would be advantageous in the courses of the majority of medical schools, instancing particularly the elevation of the standard of matriculation,

so as to include chemistry, zoology and botany, and a more practical clinical instruction in the final year.

Mr. Fierheller, of Trinity Medical School; Mr. Cumberland, of the Kingston Medical School; Mr. Blackmer of Bishop's College; and Mr. Valin, the representative from Laval, also responded to this toast.

The health of Principal Dawson, the Class of '84, the Freshmen, the Ladies, and the Chairman was afterwards drunk, and a vote of thanks was tendered to the Committee of Arrangements for its very efficient labors. During the evening a number of songs and choruses were rendered by the students.

Progress of Science.

PÆDIATRIC THERAPEUTICS AND ITS RELATION TO GENERAL THERAPEUTICS.

In a lecture delivered recently to the class at Bellevue Hospital Medical College by Prof. A. A. Smith, on the frequent repetition of doses of medicine, he clearly opens up a field of investigation which, to my mind, is one of the greatest importance.

One of the very important questions of the day now is, do we seek for the *physiological* effect of medicines, or do we derive their full poisonous or *drug* effect when we administer them to our patient?

If the former (and to my mind that is what we usually seek for), then certainly that can be better obtained and maintained by the small and frequently repeated doses, and thus, too, we can the better avoid the deleterious and often dangerous effects of the latter. The doctor in his lecture gives us his experience coupled with the experience of some others in the small and frequently repeated doses of chlorate of potash, croton chloral, bicarbonate of soda, balsam of copaiba, atropia, the bromides, chamomilia, tartar-emetica, nux vomica, cantharides, pulsatilla, calabar bean, ergot, aconite hamamelis and belladonna. The experience he narrates to the class is certainly pregnant with important facts and suggestions. I perhaps would have paid less attention to it if I had not had the same experience in the use of some of the medicines mentioned, and knowing by experience that in them the doctor was correct, I was the more encouraged to test some of the others also, which I find stand the test. If not regarded as presumptuous, I would like to add my feeble testimony in support of the doctor's statement, as well as a little additional of my own experience and observation in the use of aconite, belladonna, nux

and ipecac, and also bring into the same category lobelia, asclepias, baptisia, santonine, hyposulphite of soda and veratrum viride. And this I will endeavor to do briefly, not stopping to give a theory or reason why; but content myself with the statements that any one can verify for themselves and then form their own theories, and in this I will endeavor to confine my remarks to the treatment of children especially.

I have fully verified the happy results of Dr. Smith in his experience in giving one-third ($\frac{1}{3}$) to one-half ($\frac{1}{2}$) minim of tincture aconite every 15 to 30 minutes to his adult patients in fever. I have often found that in children suffering with fever, hot skin and dry throat, restless, with feeble, frequent and thready pulse, the best prescription I can give my little patient is 3 to 5 minims of tincture rad. aconite put into four (4) ounces of water, and to a patient of 2 years old give of this mixture one teaspoonful every 15 minutes. Under this treatment my patient will soon begin to rest, the pulse becomes less frequent, soft and of better tone, perspiration will soon be manifest, the temperature will come down, more secretion of the mouth and throat is established, croupal symptoms will subside, tonsillitis, pharyngitis and bronchitis, if present, will be ameliorated. Aconite is capable and has produced such excellent results in the treatment of children that some are desirous of calling it the children's medicine, but experience proves that where it is appropriately used in proper doses, its effects are just as desirable when given to the adult. If an inflammation is actually attacking our little patient, and is manifested by a full, bounding pulse, this can be better controlled by the use of 2 or 3 drops of Norwood's tincture of veratrum viride either as a substitute for or in connection with the aconite in four ounces of water given similarly. If diarrhoea with fever exists, the use of the 3 drops of aconite with 3 to 6 drops of tincture ipecac in 4 ounces of water is given in teaspoonful doses every 30 minutes, the results will be very desirable and even surprising to those not accustomed to its use. The same is true in proportionate doses when used in the adult.

It controls nausea and vomiting when thus given in small doses.

Belladonna in small doses, as the professor suggests, gives us excellent results, especially with children, and is also capable of extensive application. If given in small doses will give surprising results (perhaps, as a capillary contractor) in case of local congestion. In pulmonary congestion, when combined with aconite or veratrum, if specially indicated by the full, bounding pulse, I have no doubt, if used in time, by far the majority of pneumonias and local inflammations can be aborted. If our little patient is dull and drowsy, face restless or expressionless, circulation feeble in the skin, as indicated by a livid color, the capillaries slowly filling after being emptied by pressure; or in the brain, as indicated by a dilated or immobile pupil; or in the bladder, as indicated

by the passage of large quantities of limpid urine, or incontinence and involuntary discharge of urine—nothing have I ever found so reliable in moving these abnormal symptoms, with their causes, as small doses of belladonna frequently repeated. Dose for children two years old, for example, about one-eighth to one-fourth minim, repeated every one or two hours, as symptoms require; excellent also in the debilitating night sweats of the adult in proportionate doses. Doubtless the experiment of Brown-Sequard first led the profession to the use of belladonna in all congestions producing dilatation of the capillaries of blood-vessels, as they thus proved its special influence was to contract the capillaries.

In this respect it is the opposite of gelsemium, whose special province seems to be to control irritation; thus to stop or lessen the determination of blood to a part, and thus preventing the congestion by removing the cause; but where the congestion is fully established, a partial paralysis, and thus dilation of the capillaries is produced, then belladonna becomes the appropriate remedy.

In eruptive fevers its influence is to bring the eruption to the surface by overcoming internal congestion, and thus equalizing the circulation by determining to the skin. I believe when we better understand the nature and influence of the deadly night-shade, its belladonna and atropine will occupy a still more important place in our materia medica, and especially in the prescription of the coming physician.

NUX VOMICA.

Some one has said that nux vomica is the tonic of children.

It is received kindly by the stomach, improves the appetite and digestion, as well as tones up the debilitated nervous system.

It thus proves itself to be the remedy in nausea and vomiting, as well as infantile colic and irritation of the brain and spinal cord when due to enfeeblement.

One or two drops of the tincture in four ounces of water, or five to fifteen to the adult, one teaspoonful given every twenty minutes will give us excellent satisfaction if our case is properly diagnosed. We like its effects in diarrhoea of children, where the abdomen is full and flaccid, and especially where the pain is similar to colic and located at the umbilicus. In cholera infantum it is one of the important remedies if there is atony of the bowels, with enfeebled intervention and circulation.

IPECAC.

Why does the medicine whose special province heretofore has been to produce nausea and vomiting now prove itself so efficient (as the professor reports) in obstinate cases of vomiting and diarrhoea, when given in small doses frequently repeated? In my mind the question arises, is not the kind physiological effect of ipecac always to relieve irritation of the mucous membranes, and its drug or poisonous effect the opposite?

To satisfy the skeptical mind, let the intelligent practitioner try it in cases of irritation of the stomach, bowels, or bronchial tubes, in small dose, such as tinct. ipecac two to ten drops, according to the age of the child, in four ounces of water, and given one teaspoonful every fifteen to fifty minutes, and in adults in proportion, and when he obtains the certain relief from obstinate nausea, vomiting and diarrhoea, which he certainly will when due to irritation; diarrhoea of the simplest form to the severe cases of cholera infantum or dysentery, and when accompanied with fever, combined with similar doses of aconite; then let him answer in his own mind whether he is better pleased with the physiological or drug effect of the remedy. In this respect ipecac seems to be the converse of nux vomica, which proves so efficient in the same disease, when due to enfeeblement or atony instead of over-excitement or irritation.

LOBELIA.

Let us hastily glance at this, another of the nauseant and emetic medicines, when given in full doses. Like its relative, ipecacuanha, its physiological is different from its drug effect. Given in cases of difficult or oppressed breathing, suffusion of the face, congestion, and especially in mucous rattling of the bronchial tubes, small doses of lobelia will improve innervation, give energy to the oppressed organs, and enable them to throw off the congestion and over-supply of mucous secretion; while in a little larger doses short of its emetic effect, it is an excellent antispasmodic in croup, asthma, and, in the hands of the obstetrician, proves a kind and valuable remedy in overcoming the rigidity of the *undilatable os uteri*, when given in one-drop doses, repeated every fifteen to twenty minutes.

BRYONIA AND ASCLEPIAS.

These two medicines, whose special province seems to be to allay irritation of serous membranes, sometimes surprise us with their kindly and positive influence.

Well do I remember, some years ago, of attending on a Mr. F., æt. 40 years, German descent, usually healthy, strong and robust, but then suffering with severe pleuro-pneumonia, and most intensely with the pleuritic stitch, which was so interfering with respiration as to be alarming at times; and after prescribing the usual sedatives, aconite and veratrum for fever, with full doses of Dover's powder and morphia to control the pain, and feeling confident of early relief, I repaired to the country. But some hours after my visit, instead of the expected relief, the pains in the chest became more severe and the interference with respiration more alarming, and another physician, my friend T. G. Matheny, was called to administer to him until my return. His prescription was tinct. bryonia and tinct. asclepias a ʒi. to ʒi. ii.; water, ʒi. M. Sig.: One teaspoonful every thirty minutes until pains were relieved, and every hour thereafter.

On my return and learning the above facts, and having confidence in the intelligence of the physician, and seeing the relief approaching, I continued the above prescription, not resuming the opiates, which had been set aside. Next morning I found my patient almost entirely free from pain, and fever very much abated, perspiration well established, and my patient very cheerful.

During the week following, the pains would occasionally return, but would again subside under the influence of the bryonia and asclepias. This repeated experience strengthened my resolution to study to know more of these remedies, and to more fully test them in other cases, which I did, usually with good satisfaction. After careful study and experiment, I find, as I believe, the physiological effects of bryonia to be sedative to serous membranes especially, and thus a remedy in irritation of such membranes, whether of the chest as in pleuritis, or in the joints as in articular rheumatism, or abdomen as in peritonitis, and more especially if the pains are lancinating and accompanied by a tension of the muscles of the affected part, and excessive tenderness on pressure or motion of the parts, accompanied with restlessness, high fever, hot skin, and hard corded pulse; asclepias, as a type of diaphoretics, certainly quiets the nervous system, brings down the temperature, induces perspiration, relieves pain in serous membranes, and is thus a valuable remedy in such inflammations, and especially when accompanied with a hot, dry skin.

BAPTISIA.

Although I have used this remedy for many years in my treatment of children in septic fevers, believing it to be antiseptic and thus antifebrile, I confess, however, to many disappointments in its use, and a very imperfect knowledge of its real nature, and although we think we know more about it now than we did in former years, yet we know but very little, compared to what we believe is to be known of its therapeutic properties. I remember reading an article written by Prof. Scudder, of Cincinnati, in which he regarded it as an antizymotic, and its antiseptic and antifebrile properties depending on its power to antidote a peculiar ferment or poison in the blood causing the attendant fever, and this having peculiar manifestation, different from any other poison, producing a peculiar dusky color of the face, like one who had been exposed to severe cold. He recommended it in cases where the sepsis produces a deep red or violet color of the mucous membrane, with brown or black shade or tinge, and especially where there is foul breath, with a tendency to ulceration; and since using it in that class of cases, and in ulcerative sore mouth and throat, especially where there is any putrescence, both locally and internally, I am the better pleased with its effects.

Dose to child:

℞ Tinct. baptisia.....gtt. v to xx
 Aqua dist..... ʒi. iv.
 M. S. One teaspoonful every one or two hours.

SANTONINE.

We usually think of santonine as a vermifuge only, in which it stands at the head of its class; but it has other important properties. I will not tarry now to discuss how or why it has a peculiar influence over the bladder, which renders it so efficient in overcoming, in some special cases, that severe burning or scalding sensation and tenesmus of the bladder, but only stop to say, in addition, that in some cases of retention of urine, a few small doses of santonine will prove to be the remedy *par excellence*.

HYOSULPHITE OF SODA.

Last but not least, I wish to notice briefly hyposulphite of soda.

Standing as it does in the list of alkalis, and fulfilling their general indication, yet it seems to subserve a special purpose of its own. If we have acid fermentation in the stomach, indicated by acid eructations, coated tongue, or rather furred with a white or greyish-white or dirty color, accompanied, in children especially, with colic and green acrid discharges of the bowels, we naturally think of alkalis. If our patient is suffering with boils or abscesses of the cellular or muscular tissue, we say lime is the remedy, as it is the salt which preserves these tissues; or, if the coating of the tongue is a clean white, in the absence of any destruction of tissue, we use bicarbonate of soda, believing that through its influence on the blood it influences nutrition as well as antidotes the acid; but when we have the dirty gray or brown color, tongue pallid and broad, accompanied with foul breath and fever, then the antizymotic influence of hyposulphite of soda will correct all, and lead our patient out into the sunlight of health and happiness.

I have thus briefly dwelt upon some of these remedies, and referred to my own experience, with that of others, and thus challenge the attention of this Section for the purpose of showing, as practically as I possibly can, the true relation existing in the treatment of children and adults, believing that if we candidly consider the true relation, we will reasonably conclude the way to treat children is to consider them human beings—offspring of their parents, subject to like infirmities and diseases, and to be similarly treated with proportionate doses, and this will simplify the study for the earnest student and enhance the sufficiency and proficiency of the therapist.

It is in the interest of the children also that I ask the intelligent attention of all concerned, and especially the college teacher, to the similarity of medication in all ages, and that to be suggested by the existing symptoms—not allowing the name given to the disease or name or age of our patient to drift us from our moorings, but ever aim to overcome the existing symptoms by their appropriate remedies. We should also encourage careful observation on the physiological action of medicines, as being of equal, if not of paramount, importance to its toxic effects (for I believe the former is what we

usually desire), and thus we will be the better enabled to apply our remedies more intelligently and directly to the relief of the existing symptoms.—*Journal of American Medical Association*.

ON THE TREATMENT OF PNEUMONIA.*

By Professor JUDARDIN-BEAUMETZ, Physician to the Hospital St. Antoine, Member of the Academy of Medicine, Paris, France.

GENTLEMEN,—I shall devote this lecture to the treatment of pneumonia. The history of the therapeutics of pulmonary diseases comprehends no subject of greater interest than this. Just as we have seen Huxley in England give a whole treatise of physiology while writing about the crayfish, so in describing the various treatments of pneumonia which have at different times prevailed, and the discussions which have arisen therefrom, one would go over about the entire history of the treatment of disease in general. Permit me, then, as briefly as possible, to sum up the history of the therapeutics of pneumonia.

The suddenness and gravity of the invasion, the intensity of the febrile phenomena, the profound disturbance of the respiration, all conspire to render pneumonia one of the most serious diseases of the economy. Hence the ancients, not having for their guide auscultation and percussion, made of this affection the type of *pneumantias*. They directed against this disease, which they regarded as one of the most dangerous, a treatment proportional to the evil to be overcome, and drew from the arsenal of therapeutics the most energetic remedies. We must triumph over the disease, said Sydenham, and this pernicious doctrine has for a long time directed the entire therapeutics of pneumonia. It was forgotten that in this contest between the physician and the disease there exists a patient; more than all, the true Hippocratic doctrine was lost sight of, and the definition which Hippocrates gave to the disease. The father of medicine regarded the morbid phenomena as symptoms of the struggle by which nature was attempting to effect a removal of the disease; it was of importance, then, not to disturb (without very strong reasons) this spontaneous tendency of nature toward restoration.

During long years, then, treatments of the most heroic kind were instituted against pneumonia and what served to perpetuate the error was the fact that pneumonia was seen to disappear and the patients to get well under these treatments. Only the period of convalescence was long, and it was the custom to attribute this enfeeblement not to the medication, but rather to the pulmonary affection itself.

In the eighteenth century we observe several tentatives made in good earnest to establish a hygienic treatment of pneumonia, but these at-

*Translated, by permission of the author, from advanced sheets, by E. P. Hurd, M.D., Newburyport, Mass.

tempts on the part of Van Swieten and Boerhave were soon forgotten, and the profession came back, more determined than ever, to modes of treatment the most violent and heroic. But this entire scaffolding, for ages based on tradition, was destined to fall to the ground under the destructive influence of two methods of investigation which came to be applied to the study of diseases; statistics on the one part, and the observation of temperature on the other.

The doctrine of Broussais, which had pushed to its extreme limits the diabolical methods which it had engendered, aroused a vigorous reaction and this reaction took for its guide Observation and Statistics. Andral, Louis, Chomel, and Valleix rallied around a banner which had for device, *Numerandæ et perpendendæ observationes*. Then the school of Vienna followed the school of Paris in its new departure, and Skoda and his pupil, Dielt, showed us all the advantages which one might derive from statistics in the study of the treatment of disease.

What did statistics show when applied to the examination of the different treatments of pneumonia? That the absence of all medication gave better results than medication of a very active kind. Here was a fact of prime importance which destroyed at one blow the therapeutic rule which had heretofore prevailed, namely, that it is necessary to treat a severe disease by severe remedies.

But statistics alone can never settle a disputed point in therapeutics. The statistical method of demonstration has certainly a high value, in the other sciences; it does not, however, in medicine, and especially in therapeutics, give all the results which might be expected of it. Therefore, without going quite as far as Forget, who regards statistics (*la statistique*) as "an obliging maid who gives herself to the first comer," we may properly affirm that the medical products which are the offspring of his method of observation are incongruous and of little vitality.

In fact in medicine, and particularly therapeutics, observations are seldom or never proper subjects of comparison. Individual conditions and the type of the disease more especially, may at each instant modify the results, and this it is that explains the popularity and the decadence of therapeutic agents. A remedy which at one time has wrought wonderful cures, at another time is employed with no success at all, and this difference results from the circumstance that in the one set of cases the disease appeared in mild form, while in the other cases it was grave. Would you have a proof of what I now advance? Cast your eye over the important statistics published by Lebœuf, *a propos* of the treatment of pneumonia, and you will there see that the mortality has varied from 0 to 40 per cent. according to the years, and this, although the same therapeutic methods were employed.

The application of the thermometer to the study of diseases was a weapon still more powerful

against the doctrines of the past. Thanks to Boerensprung, Traube, Wunderlich, the use of the clinical thermometer has become a matter of routine in our private and hospital practice. This little instrument has taught us that a great number of diseases have a regular march, a definite cycle, whose periods of "augment," "fastigium," and "decline" may be observed.

For diseases with a definite cycle, abortive systems of treatment do not exist, and just as we cannot arrest typhoid or eruptive fevers in their march, so also we are unable to stifle pneumonia in its evolution; hence the first condition for a fair appreciation of the results of medication directed to a pathological state, is to know the normal cyclical evolution of the affection. As for pneumonia, you know its evolution; no subject at the present day is better understood. Simple pneumonia, also called lobar pneumonia, the croupous pneumonia of the Germans, is characterized, from an anatomical point of view, by a fibrinous exudation which occupies the interior of the pulmonary alveoli; this exudation, at the end of a certain time, undergoes a granulo fatty degeneration which permits its resorption and removal. These essential modifications, which characterize simple pneumonia, and which constitute by their *ensemble* what has been described under the name of hepatization, are accompanied by a train of febrile manifestations which comprehend the general symptoms of pneumonia, and in which we observed a sudden invasion, a stationary period, and, finally, a period of defervescence. What is of most importance for us to know from the point of observation which we occupy, is at what moment this defervescence takes place when the disease is left to itself. Jurgensen has furnished us in this particular some important statistics; he has, in fact, studied in seven hundred and twenty-one cases the epoch of this defervescence, and on consulting the tables which he has given, it appears that ordinarily the change takes place on the fifth or on the seventh day. Quite recently also our colleague, Dr. Fernet, reviewing the subject, has demonstrated the regular and cyclical march of simple acute pneumonia*.

* Fernet. De la Pneumonia Franche Aigue, de son Evolution, et de sa Crise. Arch. Gen. de Med., July and August, 1881, pages 5 and 155. According to this author the evolution of pneumonia is perfectly represented by the march of the fever, and figured by the thermometrical curve.

The invasion of the disease is marked by a slight chill. Then comes an intense fever, which persists without abatement for five to seven days (as the average), and then falls rapidly. Concurrently with this fever a local lesion is developed in the lung, a lesion which finds expression in a fibrinous exudation which solidifies (red hepatization), forming in the pulmonary parenchyma one or more compact blocks. This hepatization, which is the lesion of pneumonia at the period of "fastigium," lasts in general as long as the fever, and then undergoes transformations which permit the return of the organ to the normal state (breaking up and elimination of the exudation). This last phase of organic reparation belongs rather to the period of convalescence than to that of the malady in its active manifestations. By this evolution, and by this local lesion, pneumonia resembles the eruptive fevers.

It is worthy of note that defervescence may take place in a much shorter space of time, and pneumonias have been recognized which have completed their evolution in three or four days. Thus out of seven hundred and twenty-one cases in Jurgensen's tables, in thirty-seven defervescence took place at the end of three days, and in fifty at the end of four days, while in one hundred and twenty it came on at the end of five days, and in one hundred and sixty-five at the end of seven days.

Having once possessed yourself of the fact that simple fibrinous pneumonia, without being influenced by any treatment, has a defervescence which shows itself ordinarily toward the seventh day, let us examine and pass judgment on the different remedial measures which have been proposed to combat this phlegmasia. I will group these remedial measures under three heads. First we will study those which accomplish their results by causing a profound perturbation of the economy, and a lowering of the vital forces, and of the temperature accompanying this perturbation. I call this spoliative medication. The second have for their effect to support the forces of the patient—tonic medication. The third are based upon the study of normal evolution of the malady—expectant methods of treatment.

The spoliative medication comprises blood-letting, antimonials, digitalis, veratrum, quinine, and refrigeration.

Venesection has long been the basis of the therapeutics of pneumonia. It has been the fashion, down to a very recent period, to bleed in this disease, and to bleed freely, and every physician who did not bleed his patient was derelict in duty. If there was any difference of opinion, it was not concerning the advisability of bleeding, but as to the quantity of vital fluid which ought to be abstracted, and the best place for venesection. Ought we to bleed the veins of the same side? Ought we to open the vein transversely or longitudinally? Such questions were discussed. Sydenham used to take from ten to fifteen ounces of blood in the morning, and as much in the evening, and the next morning, taking in all between two and three pints of blood. Borsieri would take a quart a day; in Italy they would exceed two quarts; and Bouillaud, our illustrious master, following the tradition of Broussais, who used to bleed to syncope, formulated in 1837 the method of blood-letting, known as "coup sur coup" (blow and blow). He prescribed, the first day of treatment, two bleedings from the forearm of four cups, and the application of numerous wet cups; the next day another bleeding and leechings or

The crisis appears about the sixth or seventh day, with sudden defervescence and abundant sweats.

The modifications of the urine, epistaxis, diarrhoea, nasolabial eruptions, are not critical phenomena, but are with the exception of the eruption) accidents or complications. The naso-labial herpetic eruption appears regularly about the third day of the disease, preceding, by a considerable interval, the crisis, and is regarded as another local manifestation of the disease.

scarifications; the third day still another bleeding, which was renewed the fourth and the fifth day, if the pneumonia resisted. This word "resisted," is characteristic—it brings into view the idea of the struggle between the disease and the medication, which I spoke of at the beginning of this lecture, and which, at this epoch, directed the therapeutics of pneumonia.

In 1853 Valleix, in his *Guide du Médecin Praticien*, and Gresolle, in his *Treatise on Pneumonia*, spoke of bleeding as the first therapeutic measure, dominating all the others.

In judging of the action of blood-letting in pneumonia, we ought not to rely on statistics alone; we ought to study the composition of the blood in a patient affected with pneumonia, then ascertain what effect blood-letting can have on such a condition. Let us see first what are the results of bleeding on the symptoms of pneumonia. As far as the exudation is concerned, the action of bleeding is *nil*, it can neither prevent this exudation nor hasten its regression.

Is the action of bleeding more manifest on the local and general symptoms? Yes, it modifies both the temperature and the dyspnoea. In febrile states bleeding appears to me to be one of our most powerful anti-thermic remedies. Observe what happens in typhoid fever when a hæmorrhage of considerable intensity takes place, there is a rapid fall in the temperature, and it is the same in pneumonia, and sometimes this lowering of fever heat lasts.

This is what has just taken place in our hospital service, in the case of a young man of twenty-six years of age, who occupies No. 9 of the male wards. He has had pneumonia of the left upper lobe. His temperature on the fifth day of the sickness was 40.8° C.; he was bled to ten ounces, and his temperature fell gradually, and has not again risen.

At the same time that the temperature falls the dyspnoea abates, and this explains the persistence of our fathers in considering bleeding as the best treatment of pneumonia.

But the advantages, considerable as they may seem to be, which we have just noted in favor of bleeding, are more than offset by serious disadvantages. We know at the present day sufficiently well the state of the blood in pneumonic patients, thanks to the labors of Hanot, Grancher, Quinquaud, and especially to the researches of Professor Hayem.

Whether you employ the chemical tests of Quinquaud, or the process of enumeration of the globules, or the new methods of examination of the blood proposed by Hayem, this is what is observed in the blood of individuals affected with pneumonia. The fibrine presents quite a considerable reticulum, the red corpuscles are not diminished, and the hæmoglobine remains almost at the normal figure; but, as Grancher has well shown, the number of white globules augments, and this evolution follows the thermic curve.

If you bleed these patients, you diminish the mass of blood only for a moment, for the blood-vessels take up from the lymphatic vessels that surround them a quantity of fluid equal to that which you have abstracted. But if you have not diminished in a durable way the mass of blood you have certainly increased the number of white globules, and as these are already in excess in pneumonia, you have put your patient in conditions favorable for suppuration. You know, in fact, gentlemen, that there is, between the production of pus and the number of white globules existing at any given moment in the blood, a very intimate relation. This tendency to purulence may then occasion suppuration of the intralveolar exudation, and so produce a termination of the gravest kind.

To sum up, then, if bleeding may lower the temperature and diminish temporarily the dyspnoea of the patient, it enfeebles the latter, and puts him in a condition favorable for suppuration, without diminishing, in any degree whatever, the normal march of the exudation.

This is, in truth, what has taken place in the case of the patient (No. 9) of whom I have just spoken; by the bleeding we obtained a lowering of the temperature, but immediately delirium set in, and a general enfeeblement ensued, without the slightest evidence, by the ordinary physical signs, of any diminution of the pulmonary exudation.

Be it understood that by the word "blood-letting," I mean, only venesection; I do not include cupping, which appears to be of considerable utility in relieving the pain of pneumonia, acting rather on the principle of revulsion than of spoliation.

By the side of venesection we should place another kind of treatment which has been, and in fact, is now, much in vogue; I allude to medication by antimonials, and especially tartar emetic. This medicament has been the subject of earnest discussions and angry partisanship. Denounced by Guy Paton, and forbidden by the Faculty, it was long kept under the ban; eventually it obtained a firm place in the materia medica, from which it has hardly yet been driven. It is to Rasori, an Italian physician, that the employment of tartar emetic is due. Rasori maintained that in every inflammatory disease we ought to combat the stimulus, therefore, he was in the habit of administering tartrate of antimony in large doses, giving from one-half gramme to one gramme in a quart of water, and repeating the dose during the day; he at first associated blood-letting with this medication, then relied on the latter alone. Many of his disciples have carried this treatment still further, giving as much as six grammes (ninety grains) daily of this medicament, so that the patient during his sickness would sometimes take as much as sixty grammes (about two ounces). At the present day much smaller doses are given. We do not ordinarily prescribe more than one-eighth of a

grain, and may be given with syrup of poppies, which makes it better tolerated by the stomach.

Tolerance, in fact, is an essential part of this medication; most partisans of the antimonial treatment claim that the less the emetic and purgative effect, the more curative the medicament in pneumonia. Laennec, who was one of the most ardent promoters of this mode of treatment, and who even went so far as to regard tartar emetic as specific in pneumonia, has insisted on this tolerance. Sign of profound adynamia to some, this tolerance has been regarded by others as a favorable symptom, and a variety of ways have been recommended for obtaining it. Ancelon, of Dieuze, orders the limitation, and even the suppression of all liquid ingesta; Herard counsels to employ nothing but distilled water in making the antimonial solution; the greater number associate opium with the antimonial.

How does tartar emetic act in pneumonia? Let us examine, first, its physiological action, then its action in the disease. Physiologically it produces a profound local irritation. It develops pustules on all the points with which it comes in contact. Grisolle, in cases where tartrate of antimony has been given by mouth, has observed ulcerations throughout the whole extent of the alimentary canal; in the throat, œsophagus, stomach and intestine. These ulcerations have even caused strictures, from cicatricial contraction. This local action of the antimonial explains its emetocathartic action. It has even provoked such obstinate diarrhoea and vomiting that the symptoms have resembled those of cholera, hence the name "cholera stibii."

Binz has demonstrated its direct action on the heart; it diminishes the contractions of this organ and thereby enfeebles the circulation and causes a lowering of temperature; moreover, it depresses the nervous system, and, by the nausea which it provokes, gives rise to a condition resembling sea-sickness.

The antimonial treatment, then, like blood-letting, is both depressant and refrigerant.

The action of tartar emetic on the pulmonary exudation is absolutely *nil*; it lowers the fever heat, but this result is obtained at the expense of grave perturbations of the economy; enduring lesions of the digestive tube are often produced, and the forces of the patient are unduly depressed. In large doses it is a dangerous medicine, and the remembrances which I have retained of results obtained by this method of treatment when I was just entering on my medical career have left an impression far from favorable; if it is dangerous in the case of adults, it is far more so when administered to children. I have, in fact, seen little pneumonic patients made far sicker by the medicine than they were by the disease.

I would then give tartar emetic in pneumonia only to produce an evacuant effect and to clear the lungs, through the efforts of vomiting, of the mucosities which encumber them. This emetic

action you may obtain also by other antimonial preparations,—kermes mineral and the white oxide of antimony. The latter preparation, which is a good expectorant, especially for children (recommended highly by Roger), may be given in the dose of a scruple or half a drachm in mucilage or sirup. The following calmativ potion may be taken during the day; it contain kermes:

℞ Hydrated sulphuret of antimony...o.50 (viiss gr.
 Aqua lauro cerasi.....
 Aqua tilix Europ.....
 Aqua lactucarii.....
 Syrup of poppies.....aa 30. (℥i) M.

By the side of these medicaments I would place ipecac, whose effects in the treatment of pneumonia have been much vaunted. The school of Montpellier has most earnestly advocated the use of this remedy in pneumonia. Broussonnet, Pecholier, Ressiguiet, among others, have recommended it. Ipecac acts in two ways: it modifies the secretion of the bronchial glands and aids expectoration; on the other hand, it excites vomiting, and thus diminishes congestion of the lungs, and aids the expulsion of bronchial mucus. Perhaps, also, we should mention in this connection the slowing action of ipecac on the circulation, so well described by Pecholier, Dyce, Duckworth, and others. Ipecac is given in pneumonia in the dose of one gramme and a half to two grammes (twenty to thirty grains).

We come now to other medicaments which act on the circulation and the temperature—digitalis, quinine and veratrum.

The usage of digitalis in the treatment of inflammations originated with the Germans. Traube, in 1850, was one of the first to recommend it in plegmasias; it is the school of Strasbourg that deserves the credit of demonstrating all the benefit which we may obtain from this medicinal agent in the treatment of pneumonia. The labors of Hirtz, Kulp and Coblentz deserve mention in this connection, while in France Gallard, Picot and Tony Saucerotte have all vaunted the good results of digitalis in pneumonia.

Having spoken at length of the physiological and therapeutical effects of digitalis when lecturing on diseases of the heart, I shall not repeat what I then said. You can readily understand, gentlemen, that digitalis, by its action on the circulation, can have a marked influence on the two manifestations the most characteristic of the fever, the pulse and the temperature. But these antipyretic effects are not obtained without certain dangers, and while recognizing the fact that in the dose of one gramme of the powder of the leaves in infusion or maceration, digitalis produces a remarkable lowering of the temperature, it may, nevertheless, dangerously affect the heart. Therefore, despite the authority of the Strasbourg school, this medication is little employed in our country.

The same may be said of the treatment by quinine, so much in vogue in Germany, and employed with success by Vogt, Wachsmuth, Liebermeister and Jurgensen. But sulphate of quinine in the proper therapeutic dose is a very uncertain antipyretic medicament, and in order to obtain a marked fall in the fever heat you are obliged to give doses which are almost toxic. This is, indeed, what Liebermeister, and especially Jurgensen, have done, for they have administered as much as five grammes (seventy-five grains) of sulphate of quinine in a single dose to a pneumonic patient. It is a dangerous practice, and is to be reprobated, and I would recommend you never to give quinine in pneumonia in large doses, except where there is a marked malarial element in the case.

Along with quinine as an antipyretic we must class veratrum viride and its alkaloid veratrine. Thanks to the labors of Aran, Piedagnal, Norwood, and especially Thibirtz, you know the depressant action of this drug on the circulation; you understand, therefore, why veratrum has been advised in pneumonia. It has been given in the form of granules of veratrine, each granule containing one milligramme (one-sixtieth of a grain), three to five of these grammes being a very full dose. Much oftener you will hear prescribed the tincture of veratrum viride, in the dose of four to six drops [two drops every hour or two till there is a marked slowing of the pulse, is a popular way of giving it in the United States]. I do not think that much success has followed, or is likely to follow this treatment; at least, in this country; it rapidly induces vomiting and collapse, without notably modifying the fever or lessening the duration of the pneumonia.

I shall have finished the consideration of remedies which produce diminution of the pulse and temperature, and which act as antipyretics, when I shall have spoken of the direct application of cold to patients affected with pneumonia. The subject of cold baths in pneumonia (a mode of treatment confined mainly to Switzerland and Germany), also those modes of treatment which, by supporting the system during the evolution of the malady, appeared to me to be far the most rational, I shall reserve for my next lecture.—*Boston Med. and Surg. Journal.*

PRACTICAL POINTS FROM PHILADELPHIA CLINICS.

Dr. Carl Seiler removes polypi from the nasal cavities with the snare, as this causes less bleeding than the polyp forceps, and touches them with galvano-cautery. This prevents the return of the growth, which nothing else will, the doctor having tried iodine, chromic acid, etc. This procedure certainly merits further trial.

Dr. Wharton recommends that superficially situated naevi be cauterized with the strong nitric acid, applied with a glass rod. The resulting

slough is followed by a white cicatrix. More extensive *nævi* call for other treatment.

For catarrhal, or herpetic, or diphtheritic tonsillitis Prof. Pepper recommends constitutionally absolute rest, large doses of quinine, drop doses of tincture of aconite, and liquid diet, and locally the application of the muriated tincture of iron.

Prof. Tyson often prescribes a mustard plaster prepared with molasses instead of water. For prolonged and mild counter-irritation this acts excellently, as patents often have the plaster on their backs for hours while fulfilling their daily duties. Dr. Tyson also has great faith in *jaborandi* and its active principle, *pilocarpin*, in the treatment of uræmia. He considers it *the* remedy for such cases. In Bright's disease and in diabetes the doctor prescribes an exclusive milk diet. He gives only skimmed milk.

Dr. Strawbridge poultices the external ear in the following ingenious manner: He lays the patient's head on the table and fills the external ear with as hot water as can be borne. Over the ear are applied towels soaked in very hot water, the surplus water being drained off by squeezing the soaked towels between dry ones.

For eczematous sores in children and old people Dr. Duhring recommends an ointment of five grains of iodide of lead to the drachm of vaseline.

Dr. Louis A. Duhring recommends for acne, sulphur in some form; preferably the sulphide of calcium internally, and locally the following prescription at bedtime: \mathfrak{R} . Sulphuret. potash, 3 ss; sulphate zinc, 3 ss; glycerine, 3 j; alcohol, fl $\frac{3}{4}$ j; water, fl $\frac{3}{4}$ j. M.

Dr. Ellerslie Wallace describes *nux vomica* as the great invigorator of the sexual organs. He gives the one-half to one grain dose of the extract of *nux vomica* three times a day after meals.

Dr. John Ashhurst, Jr., says it is the surgeon's rule for ligation of an artery to cut down over the pulsation of the artery where he feels it. Of course the surgeon should know the anatomy of the parts, as well as the lines for cutting as laid down in the books.

Prof. De Costa says do not aspirate pleuritic effusions as long as no urgent symptoms, such as failure of the heart and symptoms of blood-poisoning, demand it, for the liquid will generally re-accumulate, and the second time it will be purulent. Give iodide of potash and other remedies to promote absorption and to make the kidneys act. For the latter the infusion of juniper and *jaborandi* internally, and dry cupping over the region of the kidney will be often of benefit.

Prof. Tyson divides the treatment of acute rheumatism into three kinds to suit different types of cases. Rheumatism occurring in persons of nervous rheumatic temperament who lead a sedentary life, but are otherwise well fed and clothed, should be treated by salicylic acid or the salicylate of sodium; twenty grains of the latter every four hours for the first twenty-four or forty-eight hours.

Continue the medicine after convalescence is established for some time—about as many days as the disease itself lasted. Rheumatism occurring in obese persons who are free livers and who use malt liquors will be best treated by the alkaline treatment. One and a half drachms of bicarbonate of soda in lemon juice every four hours for four days, afterwards twenty grains three times a day combined with iron and quinine. Rheumatism occurring in anæmic persons who have been underfed and overworked should be treated with the tincture of iodine. When the types shade into each other give the salicylic acid with the other treatment. The diet should consist of skimmed milk, chicken or mutton soup, beef broth or other liquid diet. Anodynes and the old "six-weeks-abed" treatment have gone out of date.

Dr. Wm. Goodell, the world-famed gynecologist of the university, recommends for pruritus vulvæ: \mathfrak{R} . Carbolic acid, 3 j; morphine sulphate, gr. x; boracic acid, 3 ij; vaseline, $\frac{3}{4}$ ij. M. And also the patting of the parts with a sponge soaked in boiling-hot water. This is also a most excellent application for that rawness so often found between the thighs of the newly born.—*Med. Herald*.

CANNABIS INDICA: A VALUABLE REMEDY IN MENORRHAGIA.

Mr. J. Brown, of Bacup, observes:—

"Indian hemp has been vaunted as an anodyne and hypnotic, having the good qualities of opium without its evils. Also in dysmenorrhœa and insomnia it has not proved of much benefit. The drug has almost invariably produced some marked physiological effect even in small doses. Text-books give the dose as ten minims and upwards, but five minims is the largest dose that should be given at first. If bought from a good house, the drug is not inert or unreliable. A drug having such marked physiological action ought to have a specific use as a therapeutic agent. Indian hemp has such specific use in menorrhagia—there is no medicine which has given such good results; for this reason it ought to take the first place as a remedy in menorrhagia, then bromide of potassium and other drugs. The *modus operandi* I cannot explain, unless it be that it diverts a larger proportion of blood to the brain, and lessens the muscular force of the heart. A few doses are sufficient; the following is the prescription: \mathfrak{R} tincturæ cannabis indicæ Mxxx; pulvis tragac. co. 3 j; spiritus chlorof. 3 j; aquam ad $\frac{3}{4}$ ij. One ounce every three hours. Four years ago I was called to see Mrs. W., aged 40, multipara. She had suffered from menorrhagia for several months. Her medical attendant had tried the ordinary remedies without success. Indian hemp was given as above. Its action was speedy and certain. Only one bottle was taken. She was afterwards treated for anæmia, due to loss of blood. Twelve months after this my patient sent

for a bottle of the "green medicine." I learnt afterwards that she had sent this medicine to a lady friend, who had been unsuccessfully treated by another medical man for several months for the same complaint. It proved equally successful. The failures are so few that I venture to call it a specific in menorrhagia. The drug deserves a trial. It may occasionally fail; this, however, is not to be wondered at in a complaint due to so many different causes, and associated with anæmia and other cases of plethora."

Robert Batho, M.D., M.R.C.P., Castletown, Isle of Man, writes in reference to the same subject: "Considerable experience of its employment in menorrhagia, more especially in India, has convinced me that it is, in that country at all events, one of the most reliable means at our disposal. I feel inclined to go further, and state that it is, *par excellence*, the remedy for that condition, which, unfortunately, is very frequent in India.

I have ordered it, not once, but repeatedly, in such cases, and always with satisfactory results. The form used has been the tincture, and the dose ten to twenty minims, repeated once or twice in the twenty-four hours. It is so certain in its power of controlling menorrhagia, that it is a valuable aid to diagnosis in cases where it is uncertain whether an early abortion may or may not have occurred. Over the hæmorrhage attending the latter condition it appears to exercise but little force. I can recall one case in my practice in India where my patient had lost profusely at each period for years, until the tincture was ordered; subsequently, by commencing its use, as a matter of routine, at the commencement of each flow, the amount was reduced to the ordinary limits, with corresponding benefit to the general health. Neither in this, nor in any other instance in which I prescribed the drug, were any disagreeable physiological effects observed.

I could say a few words in its favour, as to its action in allaying irritative cough, but I prefer confining myself to a point on which experience has left me no room for doubt."—*British Medical Journal*.

HÆMOPTYSIS.

Dr. Brown says: Of drugs, ergot seems to be the most powerful in checking hæmoptysis. Thus the extractum ergotæ fluid may be given in doses of a teaspoonful every fifteen minutes, until the hæmorrhage is stopped, and then continued in smaller doses, or it may be given by hypodermic injection, in doses of fifteen drops, or ergotine may be used. If the stomach is irritable, ergotine may be given per rectum. Sometimes ergot will have no appreciable effect. Under such circumstances I think that gallic acid is the next best remedy. I frequently combine it with sulphuric acid, which

makes a more efficient and pleasant mixture: R. Acidi gallici, ʒ ij; acidi sulphurici aromat., ʒ j; glycerinæ, ʒ j; aquæ, q. s. ut. ft., ʒ vj. M. Sig.—A tablespoonful, as required. This is to be given every half hour or at shorter intervals, until the hæmorrhage is brought under control. This, I think, ranks next to ergot, and where the stomach refuses ergot, or where ergot produces no effect, I usually resort to this combination.—*Med. Brief.*

LOCAL ANÆSTHETICS.

The following formulæ from the *Medical News* may be found serviceable as local anæsthetics for small operations:

Chloral hydrate, gum camphor,
of each.....2 drachms.
Morphia sulphate..... ½ drachm.
Chloroform..... I " "

Mix. This may be painted with a camel's-hair brush over the area to be incised; allowed to dry, and repeated as necessary to render the part insensible. Prof. Redier proposes the following:

Ether or chloroform.....2 drachms:
Camphor..... I drachm.

Mix. Apply with a brush.

Crystallizable acetic acid..... 1 part.
Chloroform20 parts.

Dissolve. Apply with a brush.

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COLLEGE OF PHYSICIANS AND SURGEONS, PROVINCE OF QUEBEC—

METHOD OF ELECTING ITS

GOVERNORS.

There can be no question in our opinion that the feeling of the members of the College of Physicians and Surgeons of the Province of Quebec is against the present method of electing the Board of

Governors of the College. The great mass of the members of the College reside in the country parts, and they complain that although nominally they vote for the representative Governors of their District, yet that vote is counteracted by the large number of the city practitioners, who also have the right to vote for the entire Board. These members, many of them, are connected with Schools, and by the influence among their graduates secure a large number of proxies. In this way these gentlemen are able to run a ticket, and by their own votes and that of their proxies elect the entire Board. In this way it is complained that a District has now and then thrust upon it men who are distasteful to them, and who in no way can be looked upon as representative men. We believe that there is much ground for these complaints, and that it is time that the College set about rectifying them by placing the election for each District in the hands of those who reside in the District. The matter was brought forward at the last tri-annual meeting of the College, and elicited a considerable amount of discussion. It was evident from the remarks which fell from the members who were present that there is a strong desire for a change. The matter was finally referred to the present Board of Governors, who are desired to report on the subject at the Tri-Annual meeting in 1886. There is ample time for the matter to be fully considered. In the meantime we invite correspondence from our subscribers, who feel interested in the proposed change.

REVIEWS.

THE POPULAR SCIENCE MONTHLY FOR JANUARY, 1884.

The Popular Science Monthly commences the new year in great force. It has a varied list of practical articles—"Catching Cold," "The Chemistry of Cookery," "Defective Eye-sight," and "Female Education from a Medical Point of View," while its more theoretical papers are "The Morality of Happiness," "The Control of Circumstances," "The Source of Muscular Energy," and "Idiosyncrasy," a brilliant article by Professor Grant Allen. But the two discussions that will attract most attention are "The Classical Question in Germany," by Professor E. J. James, which opens the number, and "Religious

Retrospect and Prospect," by Herbert Spencer. Professor James having just returned from Germany, where he has thoroughly investigated the subject, takes up the now famous "Berlin Report," which has been recently so freely quoted, to show that, according to the experience of the German universities, the classics afford a better preparation than the sciences. Herodotus's article on the Past and Future of Religion is one of the most original and profound pieces of work which that powerful thinker has contributed to the philosophical thought of the present age. It is a clear and forcible statement of the ultimate ground that science must occupy on the relation of evolution to religion. The religious element is demonstrated to be indestructible in human nature; but, as it has hitherto undergone extensive development and purification in the long course of human unfolding, it is destined to be still further purified and exalted by the progress of science and enlargement of the human intellect until all conflict disappears, and religion and science are completely harmonized.

New York: D. Appleton & Company. Fifty cents per number, \$5 per year.

PERSONAL.

Dr. James Bell has tendered his resignation as Medical Superintendent of the Montreal General Hospital. His intention is to resume practice in Montreal.

Dr. W. H. Burland (M.D., McGill, 1876) has removed from Montreal to Florida, where he intends to locate.

Dr. Smillie, of Gaspe Basin (M.D., Bishop's, 1882), was in Montreal early in November on his wedding tour.

Dr. W. D. M. Bell (M.D., Bishop's, 1882), of Bear Brook, Ont., became a Benedict in Ottawa, early in December.

Dr. Tetrault (M.D., Bishop's, 1880), of Orange-N. J., U. S., visited Montreal the end of November on his marriage tour.

Dr. Playter, Editor of the Sanitary Journal, has removed with his Journal from Toronto to Ottawa.

Dr. Kennedy, Professor of Obstetrics in Bishop's College, has recovered so far as to be able to resume day work.