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CANADA

MEDICAL & SURGICAL JOURNAL

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Original Communications.

ADDRESS ON ABDOMINAL SURGERY.

By LAWSON TAIT, F.R.C.S., ENG. & EDIN.

(Delivered before the Canada Medical Association, Montreal, Aug. 26th, 1884.)

MR. PRESIDENT AND GENTLEMEN,—Every gardener knows that a plant long grown on the same soil rises or sinks, or, somehow or other, gets to a level from which it varies not so long as its conditions remain the same, and he knows as well that if he takes that plant to a new soil which suits it—if he grows it under new conditions—its growth, change and development are practically endless. What we know of plants is, within limits, true of humanity; and if we require proof and illustration of this, where need we go but to this endless continent of yours.

I am not at present concerned with natural boundaries created by languages which come from Sweden and Poland, Denmark and Scotland, Russia and Ireland, which temporarily limit intercourse between different peoples who perhaps settled here. Still less do I trouble about a line on the map which marks a practical Republic on the south from a splendid Democracy on the north. I have only to do with the great fact of human history—I think the greatest fact—that from out of the troubles and distresses of our eastern countries, or out of countries oppressed by overpopulation, and still more by the effete policies of governments of past centuries dislocated into modern life, from these there has come a great country and a great people, whose growth, change and development promise to be practically endless.

Of my own country and my own people you will not expect me—you would not wish me—to say anything disparaging. We are an old and a respectable race, and, by virtue of your descent, you share that age, and you have brought over with you a full measure of the respectability. But in transit you have lost that questionable virtue of extreme conservatism which we retain in every conceivable phase of life. We used to have mail coaches protected against robbers by armed men, properly called guards, and we continue to call our railway servants guards without the slightest reason, save that they seem to be in some fashion successors to the blunderbus-bearers of the eighteenth century. On the other hand, you very properly call the same officials conductors. We still build our railway carriages in compartments fitted to hold six people, confined boxes that are stuffy, inconvenient, wasteful of room, and dangerous, and we do this only because one hundred years ago we built our stage coaches on the same pattern, and we thought, and we continue to think, that by sticking three of these old coaches end to end we must of necessity construct the very best kind of vehicle for railway travelling. Untrammelled by tradition, you have continued to build carriages far more convenient and suitable in every way. You have even sent them over to England for our use some ten years ago, but they had actually to be removed from our railways because the public would not use them.

I might gather further illustrations of this intensely conservative spirit which governs everything English. I might wander into the regions of politics and religion and hundreds of other sources, but I prefer to take one of which I can speak at length and in detail—one upon which I believe, if I read aright the compliment you pay me by asking me to appear here before you, I can speak with some authority.

In my youth the medical education of a British student was not considered complete unless he had made a tour of the schools of France and Germany, and, like others, I felt of myself as was said of Proteus :

“ ’Twould be a great impeachment to his age
In having known no travel in his youth.”

But I wish now that the time and money therein spent had been directed to the western instead of to the eastern continent. And I now predict that ere long it will be to the medical schools of America that our students will travel, as did the apprentices of old before they settled down to the serious exercise of their craft.

For many years past I have been visited by many of my professional brethren from this side the Atlantic, many of whom have settled down for days and weeks, and even months, to see my work. I have been overwhelmed by the kindest invitations to visit this continent, but till now I have never ventured across. This delay is an instance of British conservatism, for it is very little the fashion amongst us to take long holidays. I have not had a holiday for seven years, and only the most eminent doctors in England take an annual outing; but on this side I find that none of you think much of a trip across the water, involving leaving your business for three or four months, and, from what I have heard, the struggle for existence is as keen as it is with us, perhaps keener.

My American visitors have, one and all, impressed me with the feature of mind which I fear in England we do not possess—the power of judging any question solely upon its merits, and entirely apart from any prejudice, tradition, or personal bias. No matter how we may struggle against it, tradition rules all we do; we cannot throw off its shackles, and I am bound to plead guilty to this weakness myself, perhaps as fully as any of my countrymen may be compelled to do. I may have broken free in some few places, but I know I am firmly bound in others; and my hope is, that my visit to a freer country and a better climate may extend my mental vision.

To come to my intended illustration, let me briefly remind you of the early history of abdominal surgery. The first operation for the removal of an ovarian tumor was performed unwittingly, in 1701, in a Scotch village; for Robert Houston began there a tapping, and finished by making a successful ovariectomy. It was not till 1809, eighty-six years after Houston's case was published, that his example was imitated, and even then it was

not in Europe, but in the fresh soil of the backwoods of Kentucky that the young seedling obtained its first full growth, and from that time and from this country dates the history of abdominal surgery. But how slow the growth! In 1863 I heard my master, the Professor of Surgery in the University of Edinburgh, settle all this vast field of human progress in these few words, "Abdominal surgery is abominable surgery." Syme, the greatest surgeon by far with whom I have ever come in contact, shared the views of his colleague in this matter, and I fear that in both the sentiments originated far less in the merits of the question than in their mutual dislike (almost the only sentiment they had in common) of John Lizars, who, having read MacDowell's manuscript when it was sent to John Bell, was immensely struck by the success of the heroic Kentuckian, and was desirous of following his brilliant example. Most unfortunately for humanity, the success of Lizars was of a very doubtful kind, and abdominal surgery had to wait for the advent of Dr. Charles Clay and Mr. Isaac Baker Brown. The story of the latter brilliant and unfortunate surgeon is now a twice-told tale, and I can only repeat what I have said at length elsewhere—that his disastrous downfall was a misfortune for humanity, delaying as it did the progress of abdominal surgery for fully a quarter of a century. The whole question of this progress lay in the peculiarly narrow issue as to whether the pedicles of ovarian tumors should be dealt with inside the peritoneum or outside it. Here, again, the new country was first in the race; for between 1820 and 1830 the decision in favor of the intra-peritoneal treatment was given in America in such a way that the question ought never to have been reopened. The arbitrament of abdominal surgery between 1866 and 1876 was left in the hands of a man still living, and he carried through his practice a mortality so heavy as to be absolutely prohibitive of fresh enterprise. Mr. Baker Brown left off practice in 1866 with a mortality of 10 per cent. with the cautery, whilst, after operating on a thousand cases, Mr. Spencer Wells had a mortality of 12 per cent. in the last hundred with the ligature, and over the whole thousand the mortality was exactly 25 per cent.

With such results as these, the marvel is not that the conservative surgeons cried out twenty years ago that the craft was in danger, but that the removal of ovarian tumors ever became an accepted operation at all.

As I have said over and over again,—as I shall never tire of saying—to Keith is due the whole credit of the modern development of abdominal surgery, and it has ever seemed to me specially hard that while wealth and a title have been the lot of the man who had done nothing but obstruct progress, yet to the author of our present proud position nothing has come save a good deal of misrepresentation and abuse.

In 1878 the doctrines and practice of Lister, after twelve years of preaching on the part of Mr. Lister, had penetrated to London and were taken up by Mr. Wells and his assistants. I had practised all the details in their ever-varying form, as recommended by Mr. Lister, from 1866 onwards, and gave them up one after another as I found they disappointed and hindered me. Finally, I gave the spray and its adjuncts a long and complete trial—a trial far more careful in its details than anything I ever saw elsewhere, extending over three years. I have published in detail the disastrous results of this experiment, and at last gave up all these unnecessary dangers, and since January 7th, 1881, my practice has been entirely free from all these details. Since then my example has been followed by Dr. Keith, Dr. Bantock, and by my colleague, Dr. Savage, and the only surgeon now who uses the Listerian details for abdominal surgery is Mr. Knowsley Thornton. He still claims for Listerism the most of our present progress, in spite of the fact that Keith, Bantock, Savage and myself have all far better results without Listerism than Mr. Thornton has with it. Mr. Thornton went so far recently, in a communication to Dr. —, which that gentleman published, as to say that his (Mr. Thornton's) bad results in hysterectomy were due to the fact that in this operation the Listerian details could not be effectually applied. But the facts of the practices of Mr. Thornton and Dr. Bantock, the two surgeons to the Samaritan Hospital, settle this question when they are contrasted. Mr. Thornton uses the

Listerian details for hysterectomy as well as he can, and in twelve cases he has had five deaths, while Dr. Bantock does not use the Listerian details at all, and in twenty-two cases he has had only two deaths. The explanation of the difference will be evident to every one who has seen both of these gentlemen operate. To see Dr. Bantock do a hysterectomy is a lesson in surgery, and one from which I learnt a great deal.

To see my own work, I have been honored with the visits of a large number of surgeons of this continent, some of whom I see here now. I believe they, one and all, came with a belief that they would find I had some secret antiseptic agent, the use of which was the explanation of my success. If I have such an agent, it must be of universal existence in nature, for I have made some of my visitors take the water from the tap and put it into the basins for the sponges, and over the instruments and into the abdomen. I have made them drink it and have offered it to them for analysis, and, so far, I have not been detected in any magic exercise. My visitors always ask to what I attribute my success, and I answer that I cannot tell. They frequently suggest that it is climate. My answer is that our climate is the most variable and uncertain—the worst in the world. It is not fresh air, for the great majority of my operations, and always the worst, are done right in the middle of a large manufacturing town.

If I may formulate my own answers, they would be briefly to this effect: I have given up my life to this work, and I engage in no other kind of practice; therefore I have a constant weekly experience of five or six of these operations, sometimes as many as eight or ten. I pay the most minute attention to every detail, and maintain an absolute rule of iron over my nurses and my patients. I will not, if I can avoid it, operate in a private house, for there I have no control over either nurse or patient, still less over foolish friends. I can best illustrate the extent to which I carry discipline by telling an incident which occurred recently of a kind of which I have had a few, but not many, experiences. For my private hospital I have a rule that when a patient is admitted she must go to bed immediately. A

lady with an ovarian tumor arrived, after a journey of some hundreds of miles, and was asked by the nurse told off for her to go to bed. She said she would not do so until she had seen me. The nurse assured her that I would not come near her till she was in bed. The patient remained obstinate and I sent a message to her that she must either go to bed or go home again, and she elected to do the latter, with much satisfaction to myself. She doubtless thought, and you may think, the rule in question is an absurd one, but the absurdity is only on the surface. It is a test of the patient's obedience and confidence in me, and I know very well that with a patient who begins by disputing my orders and doubting the wisdom of my directions, I could never get on, and therefore it is better for both that we should have an early parting. My nurses I always train myself—in fact, I will not have one who has had previous experience, for I know very well that such a woman will inevitably, to save herself trouble, do something in a way she has done elsewhere, and probably for some purpose altogether foreign to my intention, and will therefore become to me a source of danger and annoyance.

Finally, I give great personal attention to cleanliness in every detail of my work. I trust no nurses or servants without overlooking, and am constantly and at unexpected times turning up carpets, taking down shelves and rooting out cupboards. In this way, and by a process of weeding, I have obtained a large staff of good servants, and have formed a large establishment in which every available precaution is secured. I can give no other reasons than these for my success, and probably they will commend themselves to you.

There are some causes intrinsic to the work itself from which the success has sprung to a large extent, and of which a few words may here be said with advantage. The first of course, is the discontinuance of the clamp, of which I have said a great deal elsewhere. Whatever Sir Spencer Wells may say to the contrary, neither with nor without Listerism would anybody go back to the clamp. But the curious thing is that, from our recent experiences in hysterectomy, it would appear that it is

not so much the clamp that has been to blame as Mr. Spencer Wells's method of using it. Hysterectomy must always be a more serious operation than an ovariectomy. But Dr. Bantock has now obtained better results in removing the uterus with the clamp than Mr. Spencer Wells ever got in removing simple ovarian tumours, and we must bear in mind that Mr. Wells always insisted that he used the clamp for his simplest cases with long and easy pedicles. Puzzling over this mysterious and startling contrast, I went to see Dr. Bantock operate, and amongst other things I found he had given up using perchloride of iron for the purpose of tanning the stump. I asked him why he had done so, and he told me that he was quite sure that the use of the perchloride of iron had added greatly to the mortality of the clamp, because with a thick pedicle secured by a clamp it is impossible to accurately close the abdominal wound and prevent draining into the cavity. I did not at once accept Dr. Bantock's explanation, but I determined to use the perchloride no more. Like everybody else, I was prejudiced in favour of the statement made by Mr. Spencer Wells, that a putrifying stump would poison the wound; and therefore I could not make up my mind to allow it to remain without some kind of interference. Years ago, in blaming the clamp for our high mortality, I had pointed out the likelihood of this incomplete closure as being one of the causes, if not the chief cause, of death; but I certainly did not suspect the perchloride of iron as being the fatal agent. A few days after my interview with Dr. Bantock I had to perform a hysterectomy, and I dressed the stump with crystals of thymol. The patient died of peritonitis on the fourth day, and that the thymol had trickled into her peritoneum we had proof enough. Since then I have done a hysterectomy without dressing the stump at all, and the patient has done perfectly well. It will be curious, and no less instructive, if we find Dr. Bantock to be right, and that the use of perchloride of iron, the only contribution Sir Spencer Wells has ever made to abdominal surgery, should turn out to be the cause of his tremendous mortality. In any case, it is a remarkable example of how absurdly we are all governed by *a priori* statements

absolutely void of any argument in support of them, and having been made by some one with an authoritative name and position, are accepted without doubt. If Dr. Bantock's brilliant results are obtained by others in the same way, then we have been going on destroying women with perchloride of iron merely because Mr. Spencer Wells said we should use it.

As the whole aspect of abdominal surgery is, at the present moment, controversial—as the progress and practice of this part of our art form the chief objects of my life, you need not be surprised if I have made this address somewhat of a polemic. The greatness of the opportunity—the fact that an address given to you will be read where mere utterances of mine would be passed by—obliged me to take advantage of the opportunity you have given me, and to carry on the discussion. The course of this particular line of work has, as you are all aware, taken a sudden bound of activity within the last few years, and the reason is a very simple one. The immense success of the removal of ovarian tumours such as threatened to destroy life with absolute certainty, which followed the efforts of Baker Brown and Keith, led some of us, myself especially, to venture into regions where life was not necessarily, or, at least, not apparently threatened, but where suffering was persistent and unendurable, and where the sufferers had been proved by protracted trial to be outside the powers of ordinary remedial measures. In a recent paper by Sir Spencer Wells, published in the *Medical Times and Gazette*, the argument is completely dislocated and put in an altogether *ὕστερον προτερον* fashion, and therefore I must here give a little attention to the views of that writer. He tells us that ovariectomy had, at one time, a mortality of 70 or 80 per cent., but I know not whence he gets his information. Doubtless it would be possible to find occasional examples of surgeons with a limited experience having such a heavy death-rate, but such an isolated case would not yield a fair statement of the facts. I read a few months ago in an American medical journal that in Italy there had been 100 cases operated upon with 53 deaths, and the newspaper recorded the fact that 34 surgeons were engaged in the sanguinary work. But when the

work of men who can be called ovariologists is examined, no such results are seen. Charles Clay was the first man who did ovariectomy in England, and his maximum of mortality in his first series of cases was 40 per cent., and it speedily fell to 25 per cent., and this is pretty much what has been recorded by Sir Spencer Wells of his own practice.

In the paper of which I am speaking, Sir Spencer goes on to say that "afterwards, when the strictest hygienic precautions were supplemented by antiseptics, and improvements in operative details were generally adopted, success became so great that ovariectomy not only took its stand as by far the most successful of any capital operation in surgery, but the risk attending it in a favourable case could truly be calculated as little, if at all greater, than that attending any case of natural childbirth, and, as a necessary consequence, early operations can be advised with less hesitation." The statements in this quotation are wrong from beginning to end. In the first place, the mortality of ovariectomy in the hands of Keith and myself still remains at or about three per cent., and we have shown the least mortality yet available. The mortality of natural labour, on the other hand, is certainly not 25 per cent. The statement that a diminished mortality has led to early operations ought to be exactly reversed, for it is the early removal of tumours and the discontinuance of tapping which have largely contributed to our present splendid results. Sir Spencer Wells' teaching inculcated the practice of tapping and its repetition until the patient was within measurable distance of the grave, but his successors have reversed all this with infinite advantage to their patients, and we now look upon tapping as a sort of surgical crime. The material alteration in practice led us, step by step, in the direction I have indicated, and we began to discuss the greater advantage to which I have just alluded. Every specialist is familiar with the large class of miserable women who wander about from hospital to hospital, or from consulting-room to consulting room, seeking relief from their ailments unavailingly.

Let me take the first class to which Sir Spencer Wells alludes in his recent paper on cases of uterine tumour. There

can be no doubt but that there are hundreds of uterine tumours that give no trouble at all, but these are not the cases that come to us. If a woman has no pelvic trouble, she does not present herself to the gynecologist, and if she has a uterine tumour which gives rise to no symptoms, that tumour, of course, remains undiscovered. But when she suffers from distress occasioned by pressure on viscera, from severe hemorrhage, or increasing size, she comes to us and asks for advice. Suppose we find her suffering from a uterine myoma, what are we to do? The answer to this question is like the answer to every other of a similar kind. If the tumour is small, the woman comparatively near her climacteric, and the hemorrhage such as can be moderated by rest in bed and the use of ergot, then she can be advised to let the tumour alone; but if the woman be not near her climacteric, and the hemorrhage does not yield to treatment, especially if, after a fair trial of treatment, the tumour is found to be actually going on, then surgical treatment is demanded.

Of course, each practitioner of medicine does, and always must, carry on his work in his own way, and there can be no doubt that within certain limits the measure of his success stamps the rightness or the wrongness of his methods. James Syme used to teach us that there were three methods of conducting professional business, but that there was only one way to real success. He said there were three interests involved. The first in order is that of the patient; second, that of the professional colleague; and third, that of the practitioner himself. Syme insisted that the several interests should be rigidly kept in the order in which he placed them, or things would be sure to go wrong. I have never heard sounder advice. I have never lost sight of it, and so far as within me lay I have striven to follow it. In the proposal of a new proceeding two dangers clearly occur. The first is that of the enthusiastic upholder of the novelty; he may be disposed to run too fast on the new line. The second is that of the obstructive who, merely a believer in the times that are past, can see no possibility for their improvement. For the first danger the remedy is a wholesome scepticism, leading into just and careful criticisms; the

remedy for the second is more difficult, for it involves the patient endurance of much misrepresentation, and a protracted combat upon the points of criticism which have no weight in themselves, and have an importance gained only by persistent reiteration. In the line of practice of which I am about to speak, the point most persistently urged against our new line of practice is that unnecessary operations are performed. Now, this is an argument which it is extremely difficult to argue upon, because those who speak on the two sides of the question start from altogether different standpoints. Those of a past generation, like Sir Spencer Wells, apparently regard it as justifiable to perform operations in this department of surgery only when life is pronouncedly in danger; we, on the contrary, of the younger school, believe we are justified in extending our practice for the relief of suffering, and we regard this as a higher function than that of the mere saving of life. To end the discussion on this point, I would point out that our critics endeavour to apply an arbitrary rule for the repression of abdominal surgery which has never yet been applied in any department of the art. Let me ask, if we find a man suffering slightly with the early symptoms of a small calculus, do we not at once proceed to relieve him by removing it from his bladder? In fact, in the domain of what is called general surgery, has it not become the established practice to perform operations which are accompanied by very considerable risk of life merely for the rectification of deformities, such as bowed-legs and knock-knees, which have not the remotest risk of life attached to them, and which involve no kind of suffering. The ultimate court of appeal comes then to be the patient's own decision, and I do not find that persons prefer to go on suffering pain and the disabling effects of profuse loss of blood rather than submit to a surgical operation, the details and effects and ascertained risks of which are completely and candidly placed before him.

In the treatment of uterine myoma two alternatives occur, and these are both the subject of very hot discussion on my own side of the Atlantic; they are the removal of the uterine appendages, and the removal of the uterine tumor itself by the so-

called supra-vaginal hysterectomy. No one in Europe, at least only one so far as I know of any importance, doubts that removal of the uterine appendages arrests menstruation completely in the great majority of cases, arrests the growth of uterine myoma generally, and in many instances causes it to entirely disappear. Mr. Knowsley Thornton, Dr. Savage, Professor Hegar, myself and others, have reported numerous cases in detail. I have published a long series in the *American Journal of Medical Science*, but Sir Spencer Wells dismisses us all in the brief sentence: "Vague, unsupported assertions have little influence upon the opinion of a thoughtful or a sceptical profession." Sir Spencer Wells must pass his retirement in some other occupation than in perusing the modern literature of his specialty, and therefore his criticism need hardly engage our attention.

The great majority of cases of uterine myoma which come to us for surgical treatment can be quite satisfactorily dealt with, and it is an operation having a small and steadily diminishing mortality. Since 1878 I have performed it many times with few deaths, but am unable to give the exact figures just now. The arguments used against it are, first, that of its mortality, but this mortality is the inevitable result of early work, and is therefore not a permanent objection. It was an objection urged 25 years ago against ovariectomy, but it no longer holds good against that operation. The second objection is that myoma itself is not a fatal disease, but this argument is not in harmony with my own experience. Even if it were a just one, however, it is admirably met by the plea entered at Ryde by Dr. —, of —, in the discussion of my paper on the subject, to the effect that it is to the rights and relief of the majority that we must have regard, and that the function of our profession does not end with the saving of life, but is chiefly that of relieving suffering. Two other objections have been urged generally against the removal of uterine appendages—that it sterilizes and destroys the patient's sexual appetites. Of course, a woman is completely sterilized by a uterine myoma ninety-nine times out of a hundred, so that the process of complete destruction of fertility is a matter of little moment. The other objection has been

shown to be perfectly groundless, but even if it were not so, it could hardly be urged on the ground of morality that a woman should go on suffering because she ought not to suffer any diminution of that animal propensity which it is the chief object of the higher life of all religious culture to subject, and the subjection of which forms for all creatures the greatest difficulty in existence.

There are cases of myoma demanding surgical treatment upon which removal of the uterine appendages seems to exercise no satisfactory influence. Mr. Knowsley Thornton has made a very valuable suggestion—one which certainly deserves very careful consideration—that all cases of myoma requiring interference are first to be subjected to the removal of the uterine appendages, and then to subsequent operation if it should be necessary. The only objection to this I can offer at present is an incomplete one. I have pretty well satisfied myself that there is one form of myoma on which removal of the appendages exercises no control. This variety I have named the soft œdematous myoma. But it is not easy to recognize this form of tumor until after it has been removed. Again, there are a few cases, very few I have found them to be, in which the appendages cannot be removed, and we must proceed to hysterectomy. Finally, the removal of uterine tumors has had such brilliant results in Bantock's hands that I am in hopes that a new era for hysterectomy is being opened out.

Another class of cases wandering about after relief are those upon whom I have operated in large numbers, and have found chronic and incurable disease of the appendages in the form of chronic inflammation of the ovary, chronic inflammation and occlusion of the tubes, these latter being occluded and distended by serum, pus or blood. When I first published my work on this subject there was, of course, a large amount of incredulity expressed about it, and this incredulity was not much lessened by the exhibition of a large number of specimens at various societies, and their permanent exhibition in the museums of the colleges of surgeons. Many, particularly amongst my metropolitan brethren, loudly asserted that there were no such diseases,

and Mr. Spencer Wells stated at the International Medical Congress in London that if such cases did occur they must all go to Birmingham. But Dr. Kingston Fowler has shown not only that they exist in London, but that they are far more fatal than I had any idea of, and that they have been and are overlooked and misunderstood in the metropolis just as they were overlooked and misunderstood in my own practice previous to 1878. Concerning this incredulity, please distinctly understand that I don't blame anyone for it. It is a necessary part of all human progress. I do not even blame my metropolitan brethren, as they seem to think I do, for not discovering these cases and properly treating them. That is the fault of the mechanical school of gynæcology established by Simpson, and which still exercises a far too great influence over this department of our art. During the last twenty years displacements have had a great run, just as before that time everything was put down to ulceration, and no man considered himself properly armed for the treatment of disease unless he carried a speculum and a caustic stick with him in his gig. The mechanical school revels in the sound and pessary, both useful enough instruments in their proper places, but, when misused, capable of endless mischief, for many of the so-called displacements are now known to be constituted by chronically inflamed and adherent tubes and ovaries which can be relieved by removal only.

You will ask me, at starting, to tell you how this disease may be recognized, and I have to answer that their diagnosis cannot now, and probably never will, be a matter of certainty. They begin generally in some acute attack of pelvic inflammation, from which the patient dates all her troubles; and when you get such a distinct history you ought at once to be on your guard. This illness may have arisen, for instance, in a closely-confined and confessed attack of gonorrhœa; or it may be an attack of pelvic perimetritis, occurring after a miscarriage or a labor; or it may have arisen in one of the exanthematic fevers or a simple cold. In some of the cases, however, you get no clear starting-point in the history, and then the diagnosis is generally more difficult. The symptoms are usually precise enough, yet, unfortunately,

none of them are peculiar to the condition of which we are speaking. Pain is, of course, a leading feature ; indeed, it is rarely without pain as a chief incentive that patients consult us at all. This pain is complained of as being constantly present, greatly aggravated by walking, and becoming intense for some hours or days before the period, and lasting throughout its continuance. Menstruation is usually too frequent and too profuse. In the great majority of the cases the uterus is somewhat fixed, and a tender mass can be felt on one or other side of it, perhaps on both sides and behind it. When the tubes and ovaries are down behind the uterus and adherent there—and this is by far the most common condition—the diagnosis to a beginner is very difficult. Nothing looks more certain and easy than the diagnosis of subinvolution and retroflexion, and without further consideration a pessary is introduced, with no other result than that of aggravating the patient's sufferings—in fact, I may say that at this point her troubles will begin to be serious, and she will wander about to collect various kinds of instruments from various practitioners, until she ends either a helpless and hopeless invalid or dies from an attack of acute peritonitis. In some of my most marked and most successful cases there have been no physical signs whatever, and I have felt myself reluctantly justified in interfering only by the manifest reality of the patient's sufferings.

Here let me just say a word about the much discussed question of subjective symptoms. Everyone has heard the celebrated story told of Liston—that a hysterical girl persuaded him to remove a healthy limb for supposed disease of the knee joint. But is there any other story of the kind known ? If there is I have not come across it. We certainly do meet with women who will tell the most extraordinary and incredible stories about their sufferings ; but the stories are so inconsequent and contradictory that there is no difficulty in discounting them. Besides, they have no support from the presence of corresponding physical signs. A woman whose story is real has a sequent narrative, and she will submit to treatment ; while the woman who is a humbug flies off in a temper the moment the suggestion is made that she should submit to an operation in which she

risks her life. I have never yet known a woman submit to an abdominal section in whom I did not find abundant justification for its performance, even in cases where I had been extremely doubtful about its real necessity before I undertook it. I have known many patients to whom I have made the proposal as a test of their reality, and who have, much to my satisfaction, speedily taken themselves off to some other practitioner.

Of the details in the operations in these cases I have no time to speak. Indeed, I could deal with them satisfactorily only in a series of lectures. Suffice it to say that the operations are extremely difficult, for the structures are always very adherent, and the operator has nothing to guide him save the erudition of his touch. Concerning the cases of occluded and distended tubes, some of my critics have suggested, without any experience, that something short of abdominal section might suffice for their successful treatment, such as tapping the tubes from the vagina. But a trial of this proceeding long ago satisfied me of its impracticability and its uselessness, and my growing experience confirms me in the conclusion that we have no alternative.

I am often asked concerning the subsequent history of these cases, and I am able to say I have published the details that the great majority of them are relieved at once and completely by the operation. There remains a tenderness of the stump in some of them for some months. In four very bad cases fœcal fistulæ formed, but in two the sinuses have healed and the patients are perfectly well. In the third case the fistula opens still at occasional intervals; and in the fourth case, by far the worst I have ever had, the patient being literally at death's door when the operation was performed, the fistula still remains, some twelve months after the operation, but even here her health has so greatly improved that I am hopeful of its permanent closure in time.

I have occupied your time already at too great length, and yet have left myself no time whatever to speak of a great variety of topics within the limits of the subject of my address of which I fain would have spoken—subjects entirely novel,

and full of the deepest interest alike to the practical surgeon and to him who takes but an interest of a literary kind in the progress of our art. In fact, it is a matter of regret to me that I cannot address such an audience as this in a series of lectures rather than in an address which must necessarily be brief. It is one of the great defects of a position such as I hold—a defect inherent to a special line of practice—that it practically shuts out its follower from any chance of being a teacher. Besides this, I feel strongly as acting to my own prejudice, and I am certain it is a misfortune that those who, like myself, are very largely engaged in work strictly limited to a department, can never communicate as successfully the results of their experiences as can those who are engaged in teaching. I regret, therefore, that I must pass over without mention the important field of new work which has been opened up within the last few years in the surgical treatment of the liver, spleen, kidney, and intestines. I cannot even stop to speak of many other less striking, but no less important subjects, such as the treatment of pelvic abscesses by abdominal section and drainage, though all these are of less importance, in so far that they excite but little hostility; and what I have to say further to you I propose to limit to a brief discussion of a proposal made by Dr. Rowland Battey for the production, artificially, of the menopause for the purpose of indirectly benefitting patients from conditions more or less neurotic, the symptoms of which are apparently influenced by the recurrence of menstruation. It must be perfectly clear to the most casual observer that this is a field of an extremely ill-defined character—one which, at first sight, offers very intangible prospects of success, and in which the indications even of success must be very vague and indefinite. There can be no doubt that a large number of women suffer in such a way as to make it perfectly clear that if they were relieved from recurrent menstruation they would be improved materially, but there can be as little doubt that the application of this idea—in itself a brilliant one—requires the utmost care. I have no sympathy with stupid obstructionists who, because they scent danger in the air, would absolutely pro-

hibit its application; but I have sufficient regard for the expression of every kind of professional opinion to recognize the necessity for the full exercise of caution. When the proposal was first made, I recognized this so fully that I selected for whatever experiments I should make in this direction a disease concerning the reality of which there could be no doubt whatever: I mean epilepsy. It is a perfectly easy thing to recognize by two facts alone any case of genuine epilepsy from mere hysterical imitation. It was, I think, Dr. John Hughes Bennett who clearly established the facts that none but the true epileptics ever seriously hurt themselves during the attacks, and that after the fits are over the epileptic is always somnolent. It is certainly the case that in a large number of cases of epilepsy in women the incidence of the disease is concurrent with menstruation. It is also true that every epileptic woman, certainly whose case I have investigated, is worse during the menstrual week than at any other time. In some cases the epilepsy is absolutely limited to those days of the month during which the menstrual flow is in existence. It was, therefore, a perfectly easy thing to select a number of cases in which the experiment of Battey's operation seemed capable of justification. For the purpose of trying the experiment I selected six cases, and to these I have absolutely limited its application, though from the number of cases which have been sent to me for the specific purpose of having the operation performed, I suppose I might have been able by this time to have placed several series of attempts on record. The reason of my careful restriction has been that I did not care to prejudice the results of my other work by complicating it with what seemed to me a doubtful kind of proceeding, but all my care has been to some extent fruitless, for I have been persistently charged by a certain class of writers with having performed a large number of useless and unnecessary operations in removing normal ovaries from women suffering from nervous disorders. Indeed, so late as July 5th last, Sir Spencer Wells wrote the following sentences which, though they may have been intended for some one else, I cannot but suspect were levelled at me. They are as follows:

“ Just now something more than a word of caution against rash, dangerous, and unnecessary operations is called for. We are startled by the reports of the removal of normal ovaries of young women suffering from nervous disorders, which may be exaggerated or imaginary ; and it is to be feared that our professional honour is at stake, and that abdominal surgery in its latest developments is open to the denunciation hurled against the earlier ovariologists, and that with more reason than in 1850. Lawrence’s question must be repeated, whether such operations can be encouraged and continued without danger to the character of the profession, and West’s assertion that the fundamental principle of medical morality is outraged, cannot now be satisfactorily refuted.”

Though I am fairly familiar with the literature of abdominal surgery during the last ten years, I am absolutely ignorant of anything which can possibly justify such ridiculous exaggeration. I have publicly challenged Sir Spencer Wells to indicate the proceedings to which he alludes, and to produce the evidence upon which he bases his charges ; but up to the moment of my leaving England he had not taken up the gauntlet. It is a somewhat remarkable fact that, in another journal of the same month, the same writer actually pleaded in favour of the removal of tubercular lungs, that such an operation would be justifiable if it saved one patient in twenty of those operated on, and it seems to me absolutely impossible to reconcile such a recommendation with the denunciation I have just read. So far as my own work in Battey’s operation is concerned, in not a single one of the six patients operated upon were the uterine appendages normal. Two of them were carefully investigated by independent observers, one of whom was the well-known and accomplished pathologist, Mr. Alban Doran, by whom the patients were fully described, and they were figured in the *British Medical Journal*.

The results of these operations were, in the first place, that all the patients made easy and uninterrupted recoveries ; the operations were performed after the most careful consultation, and with the full cognizance on the part of the patients and their

friends of the results which were certain, and the entirely speculative nature of those it was hoped would be obtained. As I have already published the cases in detail, with the exception of the last, which was only performed a few weeks ago, I need not here repeat them, save in general terms, and that is to the effect that in two cases the results are such as to completely justify the proceeding. In both of these the disease before the operation was so intense that it was threatening life, but now it is almost entirely subdued, and the health of the patients has been enormously improved. In one case, the disease was arrested for a year and a half, and though it is now returning the patient has been transformed from a wretchedly, feeble and broken-down girl into a healthy and robust woman, although affected by epilepsy almost as badly as before. In two others, the disease has been greatly modified, and the health of the patients has been immensely benefited.

From this brief record it is quite a matter open for discussion as to whether the continuance of the proceeding can be recommended, and I am bound to say that I have not myself a very strong opinion in the affirmative; but I think, if I had a daughter with feeble health, the result of pronounced menstrual epilepsy, I think I would advise her to have the operation performed. From what I have seen of it myself, I think there can hardly be any risk about it, and if performed with the precautions indicated, I do not think it can be brought under the sweeping category of Sir Spencer Wells as being either rash, dangerous or unnecessary. There is another argument, and I think one that may be said to have some moral force, in that it will assist in the prevention of the distinctly pronounced hereditary tendency of the disease, and we should at least hesitate before we entirely condemn it. Certainly a great deal more can be said for it than for the proposal of pneumotomy for phthisis, on the assumption that the removal of a lung would only save one patient out of twenty. Removal of the uterine appendages for epilepsy would probably not kill more than 1 per cent., and I am certain it would materially relieve 50 per cent.; it would improve the health of the great majority of patients, and I don't

think it would make any of them worse than they were before the operation. I am hopeful, therefore, that the verdict of professional opinion will not be averse to a fair and reasonable trial of Dr. Battey's proposal, and I trust that the freedom from the prejudice and the shackles of tradition which we find on this side of the Atlantic will secure for it a fair field.

And now, in conclusion, let me thank you most sincerely, and not only you, but many other professional bodies and large numbers of professional friends, for the kindly, I may say overwhelming, reception I have met with at your hands. For many months before I left home, there arrived hardly a mail which did not bring me invitations to partake of public or private hospitality, and these kind expressions of regard brought forth feelings of deep regret that my stay here could not be prolonged for as many months as it is limited in days. There is one thing in this reception I recognize above all others, and it is, that you are treating me not on account of any merits of my own, but as the representative of a large body of men in my own land to whom you have owed much in the past, and with whom you are in the present united in a common bond of brotherhood and community of sacred purpose. I predict that in the future this union and unity will be more and more complete.

That it ever should be endangered would be a disaster for humanity. As the blunder of a century ago, which severed from the old country her most prosperous children, kept the whole progress of the world in abeyance for nearly two generations, so any future instance would be more disastrous still. God grant that we may never see it.

PRESIDENTIAL ADDRESS, CANADA MEDICAL ASSOCIATION.

BY DR. SULLIVAN, KINGSTON.

Gentlemen of the Canada Medical Association and Gentlemen,—It is with feelings of no ordinary diffidence and trepidation, I assure you, that I assume the exalted position your generosity prompted you to confer on me, and these are increased to embarrassment when I view the unusual circumstances attending our meeting to-day. The time, the place, and, above all, the presence of so many distinguished strangers, all unite to render it the most memorable in our brief annals; and while I feel as proud as any one possibly could, to fill so honorable a position, I feel bound to acknowledge that my anxiety for the honor of Canadian medicine makes me wish that some of the Nestors of the profession had assumed this portion of my duties. However, I feel I shall be sustained by that small but honored number who, in their zeal and devotion to science, as well as in the inspiration of a pure and noble patriotism, founded this organization and watched over its infancy, and whose fostering care guided it to a healthy adolescence. Be assured, gentlemen, the generous spirit which prompted you to place me in this position in preference to many others better entitled is fully appreciated, and will constantly nerve me to greater effort. I feel the profession has no higher honor to give, and if I cannot add to its laurels, will take care to return it as bright and unsullied as I received it from you.

Gentlemen, eighteen years ago the scattered political divisions of this great territory, feeling their isolation was unnatural, and actuated by that spirit of ambition without which a nation, equally as an individual, is dead, and, moreover, anxious to more fully test the solidity, enterprise and capacity of the monarchical principle of government, under which they had grown and prospered, felt that the time had arrived when, united, they would form the nucleus of a great nation, that no longer the barriers of prejudice and provincialism should separate them and retard their growth. Accordingly, animated by such sentiments, without passion, bloodshed or battles, they joined hands, and in a manner becom-

ing the eldest children of Great Britain, consummated a union in as pleasant and joyful a manner as a marriage ceremony. Full of peace and good-will to all, they stood up in their might, and in the consciousness of a healthy maturity demanded admission to the comity of nations. Never before in the history of the world had such a scene been witnessed. It was a proud day for even the greatness of Britain to acknowledge the grandest epoch in the history of her great colonial progress and the greatest tribute ever paid to the free, liberal institutions of England. No sooner had this been accomplished than the medical profession, representing, to a large extent, the science, culture and civilization of its people, felt it was their duty to exhibit that spirit of unity and friendly intercourse characteristic of their profession, that the time had arrived to collect and utilize the stores of science of so extensive a territory, and lay the foundation of this national association, which would be representative in character and add to the general stock of knowledge, and under whose protective influence the power of the profession would be increased and extended, and its members afforded an opportunity to know and respect each other. Animated thus by no selfish or sectional motives, it gave its first-fruits generously to strengthen and adorn the new nation—so that, gentlemen, when we meet for professional advantages, we also commemorate an important national epoch and afford an opportunity not frequently enough given, to assemble where no religious, sectional, social nor political prejudices can be tolerated. Two principal objects, gentlemen, remind us in each revolving year, to attend these meetings. 1st, Social, friendly intercourse—this must, to the profession of Canada, for many years to come, be the most potent attraction. We, by a very large majority, belong to the class called general practitioners. A brilliant, but unfortunately very small, minority of specialists add a more scientific tone to our meetings, and shed lustre on our proceedings, but the attendance must for some time to come be recruited from the ranks of the general profession, and to none is the summons more agreeable, for none toil more faithfully and constantly than we. How gladly, then, must we hail the announcement of this meeting.

What a splendid excuse to give to exacting patients; how delicious this pleasant, social intercourse, how cooling to our brain, and how refreshing to have some sympathetic ear to listen to our troubles, doubts and perplexities; with what zest we enjoy the hospitalities of the profession in each locality, how necessary it is to keep one's mind as it should be—broad, free and liberal. Yes, gentlemen, self-conceit, egotism and narrow-minded bigotry are the products of isolation, reserve and privacy; without some variety we degenerate into mere creatures of routine. On the other hand; this fraternal intercourse enlarges the mind, dispels prejudices, cultivates charity and humility, and develops that genial, warm-hearted philanthropy that makes the physician, as he should be, the highest example of intellectual, moral and social culture. Other professions admit of opportunities for display, with all the brilliant accessories of forum, court or pulpit, but medicine offers no such arena. It belongs to private life. Weary with toil, watching and anxiety, the physician has no sympathizing audience to cheer him on, no brilliant assemblage to arouse his enthusiasm or applaud his acts. Many of his deeds, which, if publicly exhibited, would delight and charm and bring him honor and fame, are performed in the quiet stillness of the night in some low, dingy tenement, his audience often an old crone, who, in the fulness of her heart, may exclaim, "Well done, doctor; I always thought you were lucky!" Really, we should be disposed to pardon some infractions of that rigid etiquette which forbids him to use the publicity of the secular press so freely allowed to every other profession. To those who have passed through such scenes, what a great relief it is to come here, to renew old friendships, form new ones, relate the cases we have had and the wonderful recoveries effected, so often told that we believe them ourselves. How joyfully we return home, and how refreshed and invigorated we pick up our work and go on our way rejoicing. Yet another and more important attraction brings us to this meeting, viz., scientific progress—to communicate the results of our observations, the aims and objects of our labors, the interchange of experience, our ideas on the various professional subjects to which we have given thought and time, our opinions on the

truth of the various theories advanced, contributing by articles or discussions, stimulating the growth of a spirit of research, observation and experiment, which may bring fame to ourselves, honor to our country, or add to the general stock of knowledge. True, we may have no new theories to propound, discoveries to announce, nor principles to enunciate, yet do we add to the general advance.

The history of all progress in science teaches that the labors of many minds, for many years, are necessary for the discovery of any truth, and although one gets the honor, yet are the works of many indispensable to him whose good fortune it is to crown the work. Galileo, Kepler, Bacon, preceded Newton. Priestley, Galvani, Volta, Lavoisier, led up to the great chemical discoveries of Davy. Sylvius, Fabricius, and, above all, the monk Michael Servetus, did as important service in the great discovery of circulation as Harvey. Another fact, gentlemen, consoling to us is, that the greatest results often follow from the simplest discoveries—inventions which apparently require no great intellect. Thus the discovery of percussion by Avenbrugger in 1761, and the subsequent surpassing one of Lænnec, though purely simple mechanical inventions, had more influence on the development of modern medicine than all the systems evolved from the brilliant intellects of the 18th century, of such men as Boerhave, Van Sueten, Hoffmann; Stahl, Haller and Cullen. And the most scientific and exact method or school the world ever saw, the modern German school, acknowledges as its founder Johann L. Schonlein, and dates its origin from his apparently small discovery of a parasitic growth in a disease of the hair in 1839. It may, no doubt does, seem simple to many of you to mention such facts; but you will pardon me when you remember I am speaking to many who, like myself, require such examples to urge us on to work. The great territory we are scattered over makes communication difficult, and many have, as I know, from listening here, been prompted to observe more closely.

My first idea, gentlemen, in thinking over a subject likely to be of sufficient interest to you, and within my powers of description, was to give a brief retrospect of surgery since my entrance to the profession, twenty-six years ago. After the expenditure

of much time, I found it too hypnotic even for myself. Fortunately, a kind mentor said, "To the sections belong such subjects. To you, as President, belongs the duty of noticing such subjects as are of general interest to the profession in this country, and will evoke from the society opinions which their importance demands, as also a brief review of the general progress since our last meeting." I need hardly say his advice was peculiarly grateful, and I have endeavored to act on it. Invoking your indulgence in listening, as well as your counsel and experience in disposing, we will proceed to consider them.

About a month ago I was presented with a book usually looked upon with repugnance—a blue book ; it was a portion of the census of 1881, the last one taken, and just published. I found some facts therein, possibly not new to you, but new and surprising to me. I found the population of the whole Dominion to be 4,324,876, scattered over an immense territory. Of this Ontario has 1,923,228, Quebec 1,359,027; the balance being divided among the other Provinces. I found the death-rate varied a great deal without any reasons given : from 11.81 per 1,000 in Ontario, the healthiest ; to British Columbia with 20.35, Quebec following closely with 19.07 per 1,000 persons. On looking at the totals, I was astonished to find Ontario, with nearly 600,000 more population, had some 3,000 deaths less per annum than Quebec, the figures being—Quebec, 25,939 ; Ontario, 22,727. Population considered, the difference is simply enormous. In looking for causes, I found that this excessive death rate in the Province of Quebec was due to the great mortality among children, the deaths from 1 to 11 years being more than sufficient to explain the discrepancy ; that it is truly a "slaughtering of innocents" the figures will explain. For the first year Quebec, 8,350 deaths, 1,000 more boys than girls ; Ontario, 5,418 deaths, 760 more boys than girls. Quebec, 5,016 deaths, 300 more boys from 1 to 4 years ; Ontario, 3,080, with 200 more boys during same year. Next table, from 4 to 11 years, we have 2,776 deaths in Quebec, and 22 more boys, while Ontario, for same time, has 1,973, with 43 more boys, making a grand total of 16,142 deaths in the Province of Quebec from

1 to 11 years, and a majority of 1,290 boys, while for the same period Ontario has only 10,471, and a majority of 973 boys. Their totals are 22,613, with 2,263 boys. The difference in favor of Ontario, without reference to population, is the large one of 5,671. Were it not an official document, carefully prepared, I would not believe it; it is a matter which concerns all the provinces, but the fair fame of the Province of Quebec is particularly impeached. It is also eminently proper that through this Society our statesmen may consider so important a matter, if only from an economic point of view, and prescribe a remedy.

Sir James Paget, in an address before the International Health Exhibition last June, on "The Relation between National Health and Work," containing a vast amount of carefully calculated statistics, in eloquent, graphic language describes the loss to Britain, and says with reference to preventible diseases: "No one who lives among the sick can doubt that a large proportion of the sickness and loss of work might have been prevented, or can doubt that in every succeeding generation a larger proportion still may be avoided if only all will strive that it may be so. Smallpox might be rendered nearly harmless by vaccination; typhus, typhoid and scarlet fevers and measles might be confined within very narrow limits; so, probably, might whooping cough and diphtheria. The greater part of accidents are due to carelessness. Diseases due to bad food, mere filth, or intemperance, so far as self-induced, might, by virtue and self-control, be excluded, and with these, scrofula, rickets, scurvy and all the widespread defects attributable to them could be greatly diminished." When I give you some of the diseases, you will see how peculiarly apposite his words are. I only took the diseases showing the most marked contrasts or differences, and you will see how, without any intention on my part, they fall under the head of what Sir James Paget and everyone call "preventible." They make the case very strong against Quebec. I read Sir James Paget's lecture after I made out the annexed table. Bear in mind this only takes notice of deaths. Think of all the sickness they represent, the loss of work caused, and the enormous waste, the result of these diseases:

Smallpox	46	714	760
Diphtheria	1,271	1,599	2,870
Teething.....	108	2,359	2,467
Diarrhœa.....	294	285	879
Cholera Infantum	181	344	225
Diseases of Throat.....	56	406	462
Do. Brain.....	696	1,049	1,749
Fevers—Scarlet	561	961	1,537
Typhoid	594	1,081	1,612
Croup	556	574	1,130
Measles.....	375	341	716
Consumption.....	2,398	2,282	4,680
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	7,136	12,295	

Apart from any humane or Christian principles, look at the enormous loss to the state, to a country such as this. Sir James Paget values each child at \$40, and is ashamed to use so low an argument as expediency in favor of the saving of life and health; he only does so because sufficient motives are not found in charity, sympathy and the happiness of using useful knowledge. It comes with peculiar good grace from this body to sound the trumpet note of alarm. Ontario may, no doubt is, only less guilty. Some extraordinary causes of mortality among children must be in force; think of the great loss of 714 deaths from smallpox. It is a positive disgrace. If the people will not be educated to use proper means, the law should command and enforce its command. This is an age of commissions, when every contravention of political honesty is sifted. Let a commission investigate this; it demands it more than anything else. Wipe out the disgrace, confer health on many, and thus bring wealth to the country. We must remember, too, how much we injure ourselves by keeping foci of highly contagious diseases constantly on hand, ever ready to enlarge their baneful effects on the approach of exciting causes, and repel the tourist and settler from our shores.

It reminds me also how necessary it is to have vital statistics constantly collected; how important they are for the comfort, welfare and advance of a people will readily appear from what I have said. It is time that Canada had a bureau, and I hope you may be called to pronounce on it. The number of physicians is put down at 3,507 for the Dominion; Quebec has 1,065, Ontario 1,718; proportion for Quebec, 1 physician to 1,276

persons, Ontario 1 to 1,110. We have over 900 students, distributed among eight medical schools—four in Montreal, two in Toronto, and one each in London and Kingston, ample to meet all our requirements. Compared with our neighbors, we are far behind in production. They have by last returns, 1882-83, 119 medical colleges graduating 4,000 doctors yearly and having 12,000 students, so that marvellous as is their growth, great as are its prospects, resources and wealth, the medical production keeps pace with it. No part of the habitable globe is better supplied; the average is 1 to 524 all round. Indiana, with the same population as Ontario, has 4,993, or 3,875 more doctors. Forty-two schools in the North-Western fifteen States sent out in three years 5,364 graduates, and have 3,549 students preparing. The large cities show from 1 to 260 in Denver to 1 to 548 in Chicago. They have 90,000 doctors in regular practice, and only 8,300 are above 60 years of age.

An important duty of mine, gentlemen, is a glance at the condition of the profession in Canada, and it naturally comes under two heads: 1st. Is it as efficient as the responsibilities and the progress of science demand? 2nd. Is it uniform throughout the provinces? and, if not, what can be done to bring all up to the level of the highest part? Gentlemen, without the fear of contradiction and with the firm belief of being able to prove what I say, I maintain that the standard of the medical profession in Canada is equal to that of any other land. Great excellence and distinction we cannot claim. The paucity of our numbers, the vast extent of territory, the exacting demands of our time, the absence of any great wealth, above all, the youth of our country and the great attractive power of our neighbors, plead powerfully in extenuation. Nevertheless, the average will compare with any. High-minded and upright, honored by his fellow-citizens, the physician acknowledges no superior. I point with confidence to the profession of this city where we are assembled, and say "*Ex uno disce omnes.*" We will be satisfied with the example. With this our schools have much to do. They all require four years' study, and all a preliminary examination of different grades of severity. We think, in fact we are sure, we have four times too many schools, yet

their competition has been friendly ; a generous rivalry animates them, the "*Sacra fames auri*" has not seized them ; no under-bidding by offering advantages to students of easy terms—rather a desire to excel and render their course practical animates them. That this is so, hear what the leading medical journal of the United States says of them :—"There is now, and has been for some time, a tendency towards the practical in Canadian medical teaching. While didactic lectures are given with greater care and zeal than ever, there is added that other great factor in medical education—observation. The various schools vie with each other in the practical department of the work. The anatomy is being taught by constant demonstration, the microscope is placed in the hands of every student, and the test tube is as familiar as the scalpel. When we look at the careful manner in which both theoretical and practical teaching are given ; at the high standard fixed by the different curricula, it must be admitted their schools are turning out a very efficient class of practitioners." It is very gratifying to have such an opinion from so high an authority, and shows we need not be ashamed of "seeing ourselves as others see us." Moreover, gentlemen, a class of men are studying who, as was the case some years ago, are not compelled to go to work at once, but who, thanks to industrious parents, are enabled to devote more time to professional training, who can follow the bent of their scientific inclination and slake their thirst at the fountains of medical thought and experiment in Europe. They find it pays. From that class, annually increasing, we expect much ; they are true to their country, glad to work for it, and their reward will come. And, gentlemen, these remarks remind me that it will not be considered invidious if, in passing, I should express the profound respect and affection the profession feel for the medical schools of this city. It was a great satisfaction to all to learn the good fortune of the medical department of McGill in securing an endowment—the first in Canada to obtain one. Its teachers have been strong supporters of this society from its inception. Its managers, placing their veteran professors gently to rest on a well-earned fame, have wisely selected to fill its chairs a number of young men filled with the Prome-

thean fire—ardent, enthusiastic students ; thus hope and confidence are inspired in its future. Its endowment, too, is worthy of note. It is a public recognition of the excellence of the work done and a tardy recognition of the strong claims of our medical schools on the patriotism and munificence of the country. We of the West, where so many of her alumni are pushing her fame and their fortunes, have nothing but warm congratulations to offer. We rejoice in her prosperity, and hope no narrow lines of sectional prejudice will ever prevent us offering honor to those who deserve it. The other schools, too, are doing good work, and worthy of compliment. With reference to the uniformity of medical standard, I may say I hold it with many that it is the duty of the state to see that men well qualified to meet the serious responsibilities of the profession shall be found in every village and hamlet throughout the land. Our profession is too intimately mixed up with the people not to require a law, and a stringent one too, to regulate the right to practice ; and while schools award degrees and honors to the zealous, faithful student, the state alone should say who shall or shall not guard the interests of the sick, the safety of its subjects. The matter comes under the head of education, and is, therefore, a state right. Then all you require is to imitate the example of Ontario, and place the profession in the position it is in there. Those who see how ardently the profession of the United States and the English sigh for such a law can only feebly realize its value and importance. Your power, gentlemen, will be immense if united. Surely, in such an agitation, the descendants of Paré, Bichat, Magendie, Bernard and Dupuytren will not fail to assist, when they remember the glories that cluster around the French school, that they are the representatives here of that land of science, art and culture which for hundreds of years enlightened the world of medicine ; they will not hesitate, more particularly when they will have the regulation of such a system. Permit me, as there are so many strangers here to-day and as an incentive to urge on the gentlemen from Quebec, to repeat, in a few words, how and what Ontario has accomplished. Her first act dealing with medicine was passed in 1817, then Rolph's

act in 1824, and from that time down to the amended act of 1874 many acts were passed which it will be unnecessary for me to refer to. By that act Ontario leads the English-speaking world; she has in active operation to-day what the United States sigh in vain for and England is struggling for. Previous to that act three bodies possessed the power to license, or rather to recommend, for the governor really was the fountain of authority; they were what I call "regulars," "irregulars" and "defectives"—the colleges, homœopaths and eclectics. In vain look for any advance so long as there were three, and these antagonistic, having no respect for, but rather hating, each other. If one made it difficult the other could make it easy; no hope for the future. Various were the stories told of how doctors were made. All looked dismal and unpropitious; it was seen that "we must stoop to conquer." To this many were opposed. They said, "What! consult the eclectics and homœopaths? Never! They will demand special examinations; you will nurture and encourage those who would rend the Temple." And it did appear difficult; but the veterans of the profession, or some of them, said, "We will try." They said, "Gentlemen, you are equal with us; alone we will conflict—united we will form a powerful trinity. It is your and our benefit we should agree. We don't care for these schoolmen; a fig for their degrees. In our hands is the future destiny of the profession in this state. You have no schools here; we offer you the regulation of all schools. We know you have different ideas from us in the etiology and treatment of diseases, but you surely are anxious that the great fundamental branches of all medicine should be well known by those who intend to practice; that Anatomy [the basis of all], Physiology, Chemistry, Botany, Jurisprudence, and portions of Surgery and Midwifery, are equally as necessary for yours as for ours. You will have a proportionate share of the representation, and for all time to come a voice in the regulations of the curricula—preliminary and professional. We will make a clean slate—one portal of admission." They agreed, and by that compact Ontario led the world. Satisfaction results. The general profession has

in its hands full control. Examinations are becoming more thorough and practical. The schools received it in a proper spirit; they know it to be a fair arena for the "survival of the fittest." Their examiners have been most exacting; the great number of subjects, from the nature of the union rendered necessary, are being condensed. They have also taken advantage of an examination, termed the Intermediate, which grammar schools prepare, and to this they add Latin, and have thus an uniform preliminary, if it is inferior. Now, why not make such a law universal for the Dominion? You have the power. You have no such difficulties as Ontario. You have also its example to nerve you on. If you only put your shoulder to the wheel you can place Quebec in the van. After all, we are not English nor French, but Canadians. I think this association should every year consider closely medical education. In vain look for a harvest if we do not sow good seed. We graduated last year over 160 students. Many of them do not remain; they go to other lands where their talents may receive fuller recognition. The time has come to revise the professional course. The old seven subjects have not advanced equally together—at least are far from equal importance. Place Chemistry and Botany in the preliminary course, and put Pathology and Histology where Chemistry is now. A short time on Medical Chemistry would just fill the time now allotted to Histology. The preliminary course also requires revision. As an examiner, I have often noticed errors in style and spelling. For such an abstruse science as medicine, demanding so high an order of intellect, too much trained study and intellect we cannot have. Raise the attainments and not the fees; guard against evasion and cramming. Let there be a thorough classical course; nothing so disciplines, refines and cultivates. We belong to private life, and should shine there by the graces of polite learning and good scholarship; thus can you, if ever, have a profession to be proud of. To those who pooh-pooh this preliminary education, who affect to sneer at a stringent examination, I will read *in terrorem* an extract from the proceedings of the last meeting of the Medical Association of the great State of New York. I may say they are struggling for amendment in this respect.

They bewail their position, they are fighting hard for higher standards, and sigh for the state of affairs we have in Ontario, which they appear to look on as the desired condition. (The necessity of maintaining a high standard of medical education was then insisted upon)

I believe, gentlemen, Canada has also settled the question of female medical education, at least has so treated it as to consider it settled. What bacillus disturbed the hitherto placid flow of the corpuscles in the Canadian female vessels I leave to Professor Osler to discover. Its action aroused in our dear sisters that spirit of curiosity to penetrate the arcana of medical science and demand admittance to the temple. For a short time all went well, nothing could exceed the gallantry of their male fellow-students. It was charming to observe the spirit of kindly welcome they were received with. Aias! It was of short duration. A storm arose [and through no fault of the women]; all was changed. The male members demanded their exclusion, and they were forced to retire. Public feeling was aroused, generous men came to the rescue, pronounced co-education a failure and two female colleges fully equipped were founded. Three women graduated from the Kingston School greatly distinguished themselves in the race for license, asked no favors, and are now practising. Why they did not invade the sister professions of law and theology I do not know. If they can take all the tests required, I see no reason to object; I believe they will be the means of raising, not lowering the standard.

Allow me to call your attention to the important subject of the collective investigation of diseases. The American Medical Association, at its last meeting, warmly endorsed it, and voted \$300 to carry it out. It has been attended with the best results in the hands of our great prototype, the British Medical Association. Our country, extending over so large a territory, with such varied racial, climatic and other conditions, ought to be peculiarly favorable for it. An easy subject could be selected, first, one simple, and of general interest, that any general practitioner could manage. Apart from its scientific value, it would be a means of uniting more closely our scattered forces, and be

another link binding us more firmly together. I presume it will be considered by a special committee. It was, in my opinion, a very unfortunate train of circumstances that led to the stoppage of the publication of "The Transactions." True, our medical journals, with a courage and enterprise highly creditable, give a very good account of our meetings, but that does not meet the wants. The most important part, viz., the discussions, are wholly ignored. These volumes, therefore, if only as a record of the national medical progress, would be of immense value. By all means revive them. Each man could revise, and, if required, pay for the publication of his contribution, if it passed the censors. Experience will dictate some plan whereby the publication can be resumed and its suspension guarded against in future.

As this meeting is held in the commercial centre of the country, it seems peculiarly appropriate to bring forward the subject of the medical service on ocean steamers. If it be correct (as I have heard) that the British Acts order that these officers be shipped only at its ports in Europe, we ought to have it amended; we ought to have more of these appointments. Great room for reform is said to exist, and a bill now before the American Congress demands an extra physician on all ships carrying over six hundred, including the crew. Nurses and two small hospitals properly equipped are also to be provided; for the mortality given, in some cases as high as 70.6 per 1,000, appears to give grounds for these demands. Its particular interest to Montreal is my excuse for troubling you with it.

The increased and increasing number of specialists affords, I think, just ground for congratulation. It is a feature more than any other indicative of growth and progress. If carefully examined, it is not the paradise the general practitioner sighs for. The eye and ear, the throat and skin, and the uterus appear to be the favorite organs. Any good general practitioner, it is asserted, can treat two-thirds of special cases. The young man who selects such a field with us runs great risk. It were a grand thing were it a haven for old practitioners; but that cannot be, as it requires a man to concentrate all his abilities early on it. He has also to spend a good deal of time and study

after acquiring his general knowledge, but the good effects of it are seen in stimulating the general practitioner to more study, to cultivate the use of instruments of precision beneficial in diagnosing disease. As a man can only be a specialist on one subject, there can be no danger of his interfering with general practice. They help it greatly, and deserve every encouragement.

So far Canada has not done much in medical literature of a substantial or permanent quality. A growth of this kind can hardly be forced, and there is certainly no dearth of medical books, general or special. It would be worthy of examination whether or not it would pay to publish a series of text-books. The schools could write, and entrust one book to each school. In this way it could be made profitable. I only hint at the matter, believing such a series could be written as would surpass that of any other country.

So much noise made and ink shed by our American friends on "the code" led me to look for "ours," but such an instrument does not exist. Although not pretending to any higher morality than our neighbors, we shall not require one, and I fondly hope that the amenities that should exist between gentlemen will always be effectual to protect each in his rights. Rarely, indeed, have we to complain of want of sympathy and warm feeling in favor of those who are so unfortunate as to be called on to treat lesions of great difficulty in mean exacting patients, and I venture to submit that a member so circumstanced should have redress before a court of this Society. Not to the Hindoo alone is loss of caste a penalty; the lopping off of a member for such dishonorable practices, as I have felt and seen, is a power which this Society might occasionally exercise with benefit to itself. The man who is afraid to speak out boldly, but by mean insinuations and to gain notoriety urges a patient to seek redress in a court of justice, for example, in cases particularly of fracture and dislocation, and where there was neither want of skill nor care, should be broken and dislocated from this Society and his conduct exhibited in its true colors. It would seem, too, that our courts should sometimes call unbiassed expert testimony. A case occurred in my neighborhood where the unfortunate sur-

geon in attendance, a well-educated, experienced man, paid three hundred dollars and costs to stop a prosecution against him, where one-half of the witnesses, old practitioners, too, were willing to swear a case of second stage of hip-joint disease was a thyroid dislocation. This was all based on reading books, and the evidence would have been given almost solely on them in behalf of the prosecution. The facility with which men will testify according to the side they are subpoenaed on calls for some change, and great benefit, in my opinion, would result if the court would call independent expert testimony. I admit it is a question requiring careful discussion.

The probability of the International Medical Congress holding its next meeting in the United States should be noted. I would give our secretary power to select a few who will be prepared to maintain the honor of Canada in this great assembly.

The threatened invasion of cholera has given a wonderful impetus to hygiene and sanitary laws; it has stimulated largely municipal scrubbing. This is one of its redeeming features. Dr. Oldright, of the Ontario Board of Health, who has devoted more time and attention to it than any man I know, has kindly given me a large amount of information on the subject, which, I regret, time will not allow me to make use of. Since our last meeting Ontario has taken up the subject warmly. It has a well managed Bureau of Sanitation, and will, before our next meeting, have a well qualified board of health and a health officer in each municipality.

(A fitting tribute was then paid to the memory of the numerous great men in the American profession who have died during the year.)

Could the author of *De Sedibus Morborum* now appear on the scene, how vast a progress, how great a change from his day, would he behold! True, there were more theories then than now, but they must now be based on rigid experiment and oft repeated observations. Hypothesis will not do; they must stand the test of critical scrutiny. The study of minute organism has led to wonderful results, surpassing in interest all other investigations, and exercising a wonderful influence on the causes and treatment of diseases, producing results which appear destined

to effect a revolution in medicine. Bacterial pathology, as it is called, holds universal sway. We hear of nothing but microbes, bacilli and germs. Germs to right of us, germs to left of us, germs everywhere. We are stormed at by germs. The partisans of Cohnheim and Stricker, of proliferation and emigration, fold their arms and look on. Leucocytes have for the time lost their interest. The names of Pasteur and Koch alone absorb attention; they are known everywhere, and we admire and wonder as disease after disease appears to yield to the investigator and the veil is removed. Already pneumonia, pleurisy, syphilis, some skin diseases, typhus, typhoid and yellow fevers are shown to depend on micro-organisms. The list lengthens. Last year the whole world was amazed at the discovery that tuberculosis, which, in one of its many forms, pulmonary consumption, carries off annually 6,597 of the people of this Dominion, belongs to the bacillary group—is of parasitic origin. The results of this year's investigation serve to confirm the idea, although for a time they are left out of sight by the startling announcement that the dread scourge cholera which threatens us with a visit has also its peculiar microbe. More important still are the results of the brilliant experiments of Pasteur in producing by attenuated culture a virus endowed with protective properties as well marked as those of Jenner in the case of vaccination for small-pox. That such is already attainable is shown by the experiments of Professor Freire, of Brazil, who this month reports that following Pasteur's method of culture he withdraws blood or some organic fluid and introduces it previously sterilized into Pasteur's flasks, and containing solution of gelatine or beef. With this up to date he vaccinated 450 persons, almost all foreigners; freedom of disease has been pronounced, they having passed through quite a severe epidemic with only six deaths. Among the 450 less than 2 per cent., while it was 30 to 40 per cent. mortality among those not vaccinated. According to calculations of Bousquet, charbon inoculation gives an immunity to one-tenth and vaccination of small-pox an immunity of one-fifth. Such preventive measures in the case of yellow fever are worthy of consideration to us, as demonstrating possibilities in the treatment of cholera or analo-

gous diseases. Not all our sanguine expectations will be verified; it would be too long a leap, and we know "*Natura non facit saltum.*" Only by slow degrees do we advance; that we are a long distance from perfection is shown by the fact that a French writer says of its attainment:—"The day when science shall have attained a complete knowledge of normal man to the very depths and inmost parts of his organization, and into the most secret mysteries of his life—the day when science shall have unveiled all the secrets of the pathological condition and understood every modification that external agents can produce in the economy—that day science will be completed." We are far from that time yet. Such quickening and revival, however, has never been known before. Empiricism is despised, and the world demands more philosophic methods. Nations, too, seem more willing to give medicine its proper estimate. The scientific investigator can now hope for fame and reward. Germany pays three millions of dollars to its medical schools annually. France also gives large sums, and other countries follow; nor are they chary of giving them the honored titles of the state. Koch, Virchow, Langenbeck, Frerichs and many others have had their merits recognized. England, it appears, cannot get any further than knighthood; while Canada gives nothing. This should not be. It is the duty of our state to give some reward to those who maintain its honor in the scientific world, and who do so much "*pro bono publico.*" It should not require a man to wade through the septic paths of political life to reach the honored places in the gift of the state. What say you, gentlemen, to such a condition? Therapeutics, which has been awarded the importance of a separate section by the British Medical Association at its last meeting, and which are so important in relieving and preventing suffering, make more and more advance. Micro-organisms entering so largely as factors in etiology, antiseptics would be naturally looked to, and the report of last year's medical association (American) declares that antiseptic inhalations in pulmonary diseases have proved of value, whether the germ theory be sustained or not. In this department also the systematic collection of therapeutic results by collective investigating committees will be invaluable in

showing the worth of remedies alone, united, or compared with others. A comparison of a prescription now with twenty or thirty years ago shows a wonderful difference. Chemistry for the past few years has produced many powerful remedies. The bromides, chloral, croton-chloral, pepsine, pancreatine, salicylic acid, and lately kairin, aldehyde, jequirity, salts of nickel, nitro-glycerine, chlorides of gold and sodium, are only a few of the drugs and remedial agents introduced, not to speak of the great changes in general treatment, are sufficient to show that pathology and physiology have not advanced alone. Fortunately, too, we have a conservative nation to revise our pharmacopœia and calm the apprehensions of the most timid. Surgery, as might be expected from the ardor, enthusiasm and boldness of its followers, the utility and brilliancy of its results, keeps more than pace with its sister art, Medicine. Many and striking are its advances. Antisepsis still holds such sway as to be considered universal; for he who may be skeptical, still must comply with the general demand in order to avoid censure. Its great champion has been knighted, which seems small honor to him for the work done by him and the world-wide benefits he has effected. A beginning of appointments to the Lords could well have been made with him, as his presence would effectually guard against the decomposition in that venerable assembly. Never before was medicine held in such high estimation. Every year adds to its progress. Let any man twenty years in practice, and who has read and kept himself informed, contrast its condition now and then. How immense the difference, how changed the diagnosis. And amid all this brilliant prosperity and march of scientific medicine, what position do we occupy? I would rather hear the answer from others. We have no great past, no great names, no roll of honor—all our hopes are in the future. We look at the origin of the Royal Society, of the British Medical Association, now numbering its thousands, and we have hope. We have it in our power to ensure an educated, well-trained profession. Do it, and we can expect great results. Our schools must not be to make money; they should be kept to the highest standard. We are able to hold out inducements

to many ardent young men to qualify themselves by accumulating the stores of medical science. The profession will surely honor them, applaud their zeal and industry. We are satisfied with our country, proud of its growth and great future; we feel that freer, fairer or nobler heritage has not been given to the sons of men. No country possesses a better trained body of physicians. It needs no mystical lore to prognosticate solid results; the foundations are laid broad and deep, calculated to support a structure solid, graceful and imposing. No country can boast of better institutions. With a true paternal care, our government provides for every form of suffering. The insane, the blind, the deaf and dumb are in no country better treated, regularly and strictly inspected. Our hospitals, mainly supported by the State, yet allowing freely for private munificence, are models of neatness, economy and efficiency; our journals keep pace with the progress of science and exhibit an enterprise and originality worthy of a far richer country. Our schools have only to unite, decide on a few changes, work each in fair competition, and great results will follow, so that we have reason for congratulation. We can by a little effort make this Society more thoroughly representative Canadian. We must have it so that every Canadian from Cape Race to Vancouver will look to it with proud satisfaction. You know in this country the more sparsely settled a district is the stronger is the fellowship and affection, the more closely are families knit together. We should know each other better; many stores lie uncollected and much fine talent there is lying rusty. We must see to it that our Society is more vigorous, more sheltering. We favor the growth of county and provincial medical societies. They should be the vertebræ of this. I see men around me who watched over the cradle of the Society; they are, I rejoice to say, its strongest friends to-day. All honor to them. It is gratifying to see their efforts are appreciated by their example worthy of imitation, and when we come to celebrate our semi-centennial their eulogies will be delivered in eloquent terms, but the most eloquent of all will be the position of this Society—large, numerous and powerful, rich in the contributions of its members to science, and

making the name of Canada familiar as a household word in the great commonwealth of medicine.

Gentlemen, this year an honor of no ordinary nature is conferred on us, an advantage of great practical benefit, an event which, more than any other, indicates the progress and civilization of our country. It is the meeting of that great body, the British Association. After much labor and generous devotion our scientific men have induced that great body to visit us and hold their annual meeting in this city. Nothing illustrates the universality and freedom of science more than this event. In the noble language of the great Irish physician, "Reason has extended its empire from the old world to the new world—from Europe to the Antipodes. To-day she has the whole world for her domain, and the sun never sets on her possessions. Individuals take rest, but the general intelligence of mankind is forever sleepless." It would be strange, indeed, were there no votaries of Hygeia among that learned body. I am happy to be able to announce they will do us the honor of being present at our meeting, and, what we value much more, will take an active part in its proceedings. No words of mine, gentlemen, can express the sincere cordiality of the welcome we offer them to-day. We hope their visit will be full of pleasant recollections, that they will have truly a feast of reason and a flow of soul. Not only their countrymen welcome them, but the descendants of the brave adventurous companions of Champlain, LaSalle and Frontenac, the profession of the people whose happy and contented homes they saw lining either side of the majestic river, before and after they passed the frowning battlements of the Gibraltar of this western continent, a people whose happiness, contentment and patriotism are expressed in the trite assertion of many of her sons, that the last shot fired in defence of British rule will be fired by a French-Canadian. They can on all sides see evidence of the success and greatness of a country which, although seven hundred miles from the sea, they are yet only in the gateway of. Gentlemen of the British Medical Association, we are satisfied to offer you the medical profession of Montreal as an epitome of the whole body. You will find that courteous

hospitality, generous and warm welcome in abundance, so that when you return home, it will be, I am sure, with the idea that if we are no successful cultivators of science, we are capable of admiring it and honoring it in others. Gentlemen, on the 2nd of August, 1883, at the Philharmonic Hall in Liverpool, at a banquet of the British Medical Association, in reply to the toast of "Our Visitors," one George E. Fenwick, while in the full swing of post-prandial hilarity, did then and there thank the British Medical Association, and said if it would visit us they would receive a cordial welcome. Allow me to say not anyone was better calculated to tender that hospitality, as not anyone will more faithfully carry it out. I am sure his order, if needs be, will pass current through the length and breadth of the land, for few places you will visit in Canada where you will not also find pupils who have sat at his feet to receive from an enthusiast the latest discoveries of science or watched in the theatre the dexterous hand and clear head which guided it through the boldest operations of modern surgery. Receive, gentlemen, my endorsement, and be assured you have a friend and willing host in every Canadian physician.

Gentlemen, I thank you for your patient attention, which I feel I have overtaken. Rely on my constant efforts to promote the usefulness and extend the influence of your Society. Its interests shall be always dear to me, and my constant aim not to be inferior to those who have preceded me in this high office.

CANADA

Medical and Surgical Journal.

MONTREAL, SEPT., 1884.

CANADA MEDICAL ASSOCIATION.

The seventeenth annual meeting of the Canada Medical Association was opened on the 25th August, in the Synod Hall, Montreal. There was a very large attendance, members from all the Provinces being present.

MORNING SESSION.

The retiring President, Dr. Mullin, introduced the President elect, Dr. Sullivan of Kingston, who took the chair at 10.30.

DR. HINGSTON, chairman of the Local Committee of Arrangements, welcomed the members on behalf of the profession of the city of Montreal.

The PRESIDENT invited Mr. Lawson Tait of Birmingham, Drs. McGraw and Brodie of Detroit, Dr. Murphy of Kansas, and Dr. McMillen of Hull, Eng., together with the past Presidents, to take seats on the platform.

The minutes of the last meeting were read and approved. A large number of new members were proposed and elected.

DR. FULTON read a report on Necrology, reciting the names of those members of the profession of this country who had died during the year.

The SECRETARY read the report on public health by Dr. Caniff, which, on motion of Dr. Worthington, was referred to the committee for further consideration.

A nominating committee was then struck, and the following officers of sections were nominated by the chair, viz. : *Medical Section*—Chairman, Dr. Thorburn, Toronto ; Secretary, Dr. Burt, Paris, *Surgical Section*—Chairman, Dr. Roddick, Montreal ; Secretary, Dr. Tye, Chatham.

AFTERNOON SESSION.

The meeting was called to order at 2.30 p.m. The President

then read his address (*see page 87*), after which the meeting resolved itself into sections.

MEDICAL SECTION—AFTERNOON SESSION.

After a few opening remarks by the chairman, DR. CAMPBELL (Seaforth) read a paper on *Puerperal Septicæmia*.

DR. SHEARD asked if Dr. Campbell had had any opportunity of making pathological investigations. He referred to cases of autopsy where no rent of the uterine tract could be discovered to produce the trouble.

DR. ADAM WRIGHT asked if Dr. Campbell had discovered any other causes for the disease in his cases, aside from laceration. He thought no evidence was adduced to show that the lacerations were the cause of the absorption.

DR. SMITH spoke of the identity of this disease with surgical fever. He recommended disinfection of the hands and other antiseptic precautions.

DR. BRODIE (Detroit) stated that it was probable that the cause was in existence before the birth of the child. He thought in many cases he could predict before confinement that puerperal fever would follow. There was in some cases an erysipelatous element before birth.

DR. PATTERSON thought puerperal fever and septicæmia synonymous. It arises occasionally from atmospheric causes, without any other known source.

The CHAIRMAN remarked upon the close alliance of erysipelas and puerperal fever.

DR. CAMPBELL, in reply, thought the poison in his case originated entirely within—autogenetic.

DR. MULLIN could not see that the poison in these cases could enter readily by lacerations, but must enter by some other door or else we should meet with it more frequently than we do. In the majority of cases he thought it due to decomposition of clots or shreds within the uterus. He did not think erysipelas was the potent cause it is sometimes represented to be. He did not think he had ever been the means of conveying septic matter from erysipelas cases. He could not understand how Dr. Brodie could predict puerperal fever, unless it was in a debilitated system, when the contractions of the uterus were not likely to be strong, and clots would form.

DR. MCKAY thought the poison might be generated in a debilitated system through imperfect resolution.

DR. SLOANE asked Dr. Mullin if he had not seen cases where the contractions were perfect, and yet puerperal fever follow.

DR. MULLIN replied that notwithstanding that the contractions might seem perfect, yet it was only apparently so, and thus clots were concealed.

DR. DUPUIS read a paper on *Nostrums and Medical Advertising*.

DR. BRAY agreed with the writer except the remark that medical councils should be elected who would put a stop to medical advertising. He referred to the efforts that the Medical Council in Ontario had already put forth, and he hoped that the Councils in both Ontario and Quebec would be strongly supported by the general profession.

DR. DAY stated that they were about going before the Legislature to obtain power to strike from the register any member of the profession who should demean himself by advertising nostrums. The chief vendors of nostrums were those whose names appear on the register.

The CHAIRMAN thanked Dr. Dupuis for his paper, and thought he did not give sufficient credit to the Council for what they had already done in the matter.

EVENING SESSION.

DR. R. MACDONNELL exhibited two cases of *Lateral Sclerosis*.

DR. OSLER remarked upon the probability of local focus being present in nearly all cases. He described cases of difficulty of diagnosis from caries of vertebræ. The cases shown were interesting, especially the first, from its obscurity.

DR. HARRISON of Selkirk read a paper on *Cerebro-Spinal Meningitis*. He described several cases which had occurred in his own neighborhood, and which presented an acute character, with fever and well-marked nervous symptoms. He had alluded to this peculiar form of fever in a paper before this Association two years ago. He now considered that they properly belonged to the category of cerebro-spinal fever. The disease had occurred both in children and in adults.

DR. R. P. HOWARD remarked upon the rarity of this disease in this country. We had had one mild epidemic of it in this city some years ago. It also occurred in epidemic form in the Eastern Townships. In some few localities, as Sarnia, for instance, it is often seen. It is interesting to enquire, what is its true pathology, and what the explanation of these outbreaks.

DR. BRAY had seen one epidemic of this fever in his district.

He found that it attacked chiefly the poor, and more particularly colored people. It was very fatal.

DR. GEO. ROSS remarked that he had had the pleasure of hearing Dr. Harrison read his paper on the same subject at Toronto. He (Dr. Ross) had then taken exception to arguments concerning the nature of the disease described, except it was in some cases substantiated by *post-mortem* examinations. As it had been found impossible to do this, he considered, even yet, that the fallacies he had previously suggested might really have existed in certain of the cases. Tubercular disease of the nervous centres will often perfectly resemble the genuine cerebro-spinal fever.

In answer to a question, DR. HARRISON said he treated his cases with potass bromid. and iodid. He first saw cases in 1868 or 1869; they were very acute, lasting from 48 hours to five or six days. The cases he had been describing occurred within a radius of six miles; the shortest lasted four weeks, the longest from 10 to 12 weeks. There was not always hyperæsthesia.

DR. F. W. CAMPBELL said that during the epidemic 10 years ago his cases were all amongst the well-to-do. The symptoms were very striking, and opisthotonos was generally present, then remittent and intermittent types of fever. He thought large doses of quinine did harm.

DR. OSLER said that, in his experience, the diagnosis of cerebro-spinal meningitis must be received with great caution. An autopsy could alone put such a case beyond doubt. He had, at different times, had four cases submitted to him for *post mortem* examination which were held to have been cerebro-spinal fever. Of these two proved to be typhoid fever, the third variola, and one only showed a true inflammation of the meninges.

DR. R. P. HOWARD would suggest the question, Why should this disease occur in such isolated places? This was extremely unlike the behaviour of cerebro-spinal fever in Europe; there it is a real plague, as, *e.g.*, in Russia, Ireland, etc. And another question, Why, this being the case, had it died out here, after such short prevalence? As regards the duration of the cases described, he knew of only one fever which would last so long, viz., remittent fever, which might continue as long as three months.

DR. MULLIN stated that a number of cases observed in Hamilton all occurred within four months. Isolated cases said to have been seen since that time, he thinks, were probably typhoid.

The CHAIRMAN thanked the reader and spoke of the difficulty of obtaining *post-mortem* examinations in the country parts, the prejudices of the people standing in the way of the advancement of medical science.

DR. STEPHEN LETT, of Guelph, then read a paper on *The Opium Habit and its Treatment*. He described the ill results of this pernicious habit and the line of treatment which he found most beneficial.

DR. PICKUP enquired concerning the value of coca leaves in the treatment of these cases. Dr. Lett replied that no substitute or antidote could be considered reliable.

DR. HENRY HOWARD said that he never saw an opium-eater who had not been previously reduced by abuse of alcohol. He trusted to gradual diminution of the dose of opium simultaneously with supporting treatment.

DR. R. P. HOWARD next read a paper on *Some Varieties of Dyspnœa met with in Bright's Disease*, alluding specially to the well-known Cheyne-Stokes' respiration.

DR. GEO. ROSS spoke of the great importance of recognizing the altered respiratory movements described by Dr. Howard as dependent sometimes upon Bright's Disease, even in an early stage. Dr. Ross described two cases bearing upon the case. The first case, an elderly gentleman, was first seen suffering from a severe attack of spasmodic asthma. Examination of the urine proved him to be suffering from Bright's Disease. Subsequently he developed most typical Cheyne-Stokes' breathing, and this continued during three or four months. Dr. Ross was not aware that any of our authors spoke of the possibility of the persistence of this symptom for such a length of time. The second case, a lady, had long suffered from asthma, but its dependence on Bright's Disease was overlooked. A singular feature of this case was the sudden development, during these attacks, of pulmonary congestion, as shown by universal râles and bright blood in the sputa.

DR. OSLER spoke of a singular observation he had made. Happening to be in the nursery of a relative he noticed one of the children, a little girl one year old (not robust), to be breathing after the fashion of typical Cheyne-Stokes. He noted carefully the intervals, etc. He examined the urine, but found nothing. It passed off, and though he had seen the child repeatedly since had not observed any peculiarity about the breathing.

DR. HOWARD had never observed congestive symptoms present, as alluded to by Dr. Ross. He suggested that the child

mentioned by Dr. Osler should be watched still, as future developments might explain the anomalous occurrence. Dr. Howard spoke of the frequency with which an examination of the urine was absolutely necessary to make a real diagnosis. As regards treatment, he limited himself to treating the disease itself, as usual, with diaphoretics, vapor baths, etc. Sometimes nitro-glycerine was useful.

DR. WILLIAM GARDNER, of Montreal, then read a paper on *Common Errors in Gynecological Practice*. The object of the paper was to point out the mistakes most commonly made in the diagnosis and treatment of the diseases peculiar to women. The slighter forms of pelvic peritonitis and cellulitis, with their influence on pathology and treatment, were often not recognized. On the subject of pessaries much misconception obtained. Certain practitioners appeared to possess unbounded faith [such as an extended experience does not justify] in these appliances, while others, of equally small experience, decry them as of little or no value. The author believed, with Mundé of New York and Löhlein of Berlin, that, while pessaries and other therapeutic agents are often of the greatest value in the treatment of displacements, when *chronic*, such affections are rarely completely cured. The necessity for suitable constitutional treatment, concurrently with appropriate local treatment, is often imperfectly recognized. A few other points were touched upon.

DR. TRENHOLME remarked that he did not fully share the author's views on the great frequency of chronic pelvic inflammations or in their influence on uterine affections. He affirmed his belief in the value of pessaries in curing displacements.

DR. HEYWOOD SMITH, of London, Eng., endorsed most of the author's view here advanced, but believed that perimetric hæmatocele is the starting point of many cases of pelvic inflammation.

In reply to a question from Dr. C. O. Brown, of Acton Vale, Que., DR. GARDNER said that he believed in the great efficacy of hot water vaginal douches, and that he constantly used them in the treatment of chronic pelvic inflammations.

DR. HENRY HOWARD read a paper entitled *Materia Cogitans*, setting forth some of his views on the relation between thought and brain-matter, after which the section adjourned.

SURGICAL SECTION.

This section met at 3.50 p.m. DR. RODDICK, in taking the chair, thanked the Association for the honor done him in appointing him chairman. He suggested that, in future, the

chairmen of sections should be elected at the previous meeting, so that addresses on their respective subjects might be expected from them. He congratulated the members on the number and excellent character of the papers to be read.

The first paper was presented by Dr. Blackader, entitled a *Case of Congenital Lipoma of the Foot*. The enlargement was noticed at birth, but had increased in size beyond normal growth in spite of continual elastic pressure made by means of Martin's bandage. At the age of 14 months the hypertrophied toes and tumor were removed by Dr. Roddick. Thorough antiseptic precautions were taken and the wound healed in great part by first intention. The measurements of the foot after the operation were almost the same as the normal one. Reference was made to the history of similar cases recorded, and their etiology and pathology discussed. Preference was given to the views of Dr. Busey, of Washington, who referred the changes to congenital defect or diseases in the lymphatic system.

In the discussion which followed, DR. OSLER related the particulars of a case which he had a few years ago, in which there was congenital and progressive enlargement of the right upper extremity, the bones, muscles, etc., all being enlarged. In this case the palm of the hand was especially enlarged, owing to an increase in the amount of fat. The grip of the affected hand was more powerful than that of the other.

DR. MCGRAW, of Detroit, mentioned a case which he had seen in Langenbeck's clinic in 1861, where there was enlargement of the left lower extremity and left side of pelvis. This was a case of simple hypertrophy, uncomplicated with any tumor, involving all the tissues of the limb, and proceeding to such enlargement that the girl was unable to walk.

Drs. Kerr and Fulton continued the discussion, which Dr. Blackader concluded.

DR. FULTON, of Toronto, then read his paper on the *Thoracoplasty Operation of Estlander*. This paper was confined to the chronic forms of empyema. Resection of a portion of rib for the evacuation of matter has long been practised, but Estlander tried to obliterate the suppurating cavity and produce occlusion of the pleural fistula. Chronic cases are usually treated by incision, drainage and disinfection of the cavity. Dr. Coleman reports 50 cases treated as above, with 50 per cent. of recoveries, 33 per cent. died, and in 17 per cent. the fistula remained. A fistula usually results from the formation or existence of a cavity between the thorax and lung lined with pyogenic membrane. The size of the cavity varies indefinitely,

as does the amount of discharge; but a slight discharge may prove dangerous, as amyloid or tuberculous disease may follow. Dr. Fulton then read the details of the following case:—M. B., æt. 28, admitted to hospital 26th November, 1883; family and personal history good. During May and June of the preceding year, her chest was aspirated and serum removed. In June of that year pus was found, and till July, 1883, the discharge continued, and the cavity was washed out regularly with salicylic acid solution. The discharge continued, and upon admission patient was noticed to be spare and anæmic, with slight hectic. In the axillary line between the 7th and 8th ribs of the right side, the opening was seen. The upper portion of the right lung and the whole of the left lung were normal; temperature normal; amount of discharge one ounce daily. The cavity was regularly washed out, but no improvement being noticed, the following operation was performed: An incision five inches long and parallel to the 6th and 7th ribs was made, the periosteum divided and raised on each side and three inches of the 7th rib removed. The upper margin of the wound was then raised and a portion of the 6th rib was also removed. The slight hemorrhage that followed was arrested by torsion, the cavity washed with carbolic lotion and a large drainage-tube introduced. The temperature rose but slightly after the operation, and recovery was uninterrupted, the cavity being washed out daily with solution of carbolic acid and tincture of iodine. The patient left hospital in March, 1884. She has now improved in general health, the cavity is gradually closing up, and Dr. Fulton thinks that in less than a month the tube may be discarded. The ends of the resected ribs can be felt, but the space between feels firm, and osseous deposit is likely taking place. Dr. Fulton thinks the operation should be performed in all chronic cases of empyema which have resisted ordinary treatment for some time; in those cases, for instance, where a fistula has remained for five or six months and there is no sign of tuberculosis or albuminuria. The incision must depend upon the situation of the cavity and position of fistula, but the lateral situation is best. The surgeon may remove portions of two, three, four or even more ribs; of course the 1st, 2nd, 11th and 12th ribs must not be touched. There is usually but little hemorrhage. An elastic bandage may be placed about the chest to aid in occluding the cavity.

DR. HINGSTON thought the subject of operating in empyema a difficult one, for we seldom find two cases exactly alike. Thought that Estländer's operation would be more successful if portions of more ribs, but to a less extent, were excised, for in

many cases the excision of one or two ribs can have no effect in aiding in the occlusion of the cavity. Recommended the thorough washing out of the chest with carbolic lotion and the free exposure of the whole surface as the best methods of treatment.

DR. KERR gave a short account of a case which he had seen in consultation. In this case a free incision had been made and patient was then sent to the sea-side and the general health attended to, and on her return the extent of the secreting surface appeared to have lessened, for the discharge had diminished. Thought the curette might be used for the eradication of the pyogenic membrane.

DR. HOLMES thought that if cases of empyema were earlier treated, less disastrous results might ensue. Thought that the slow closure is often due to the fact that pus has remained in the cavity for a long time, and by its presence has in some way interfered with the vitality or tone of the pyogenic membrane.

DR. RODDICK gave a short account of the various methods of treating empyema, as followed out in the Montreal General Hospital for the past 14 years. In chronic cases the rule now is to excise an inch or more of one rib and drain by means of a metal tube of large calibre, antiseptic precautions being taken throughout.

DR. SHIRRIFF, of Huntingdon, then read a paper on a bad case of hemorrhoids, in which he had pursued with success the treatment of crushing, as advised by Pollock in Braithwaite for January, 1881, and as carried out by him in his wards at St. George's Hospital, London.

In the discussion that followed, Drs. Sloane, Hingston, Tye and Roddick took part. The meeting then adjourned at 6 p.m.

The Surgical Section met again at 8.40 p.m., and the first paper read was by Dr. Fenwick, of Montreal, upon *Abscess of Abdominal Parietes extending from Meckel's Diverticulum* (to appear in a subsequent number of this journal).

DR. R. P. HOWARD said that he recently was consulted for an acute inflammation about the umbilical region; matter was discharging, and the navel was in a granulating condition. The induration appeared to be deeply situated in the abdominal parietes, but the walls were very thick and its exact position could not be defined. Advised patient to rest and apply poultices. In a few days a semi-solid concretion about the size of a bean escaped, and the patient said that five such had been passed. Since then the patient has recovered. Dr. Howard

thinks there was connection with the bowel, probably through the umbilical vesicle which had remained patulous.

DR. KING, of Hull, Eng., mentioned a species of abscess which began by a hard, deep swelling, situated so deeply that it was difficult to make out whether it was intra or extra-abdominal. Thought such begin in the muscles, sink towards the inguinal region and there appear as carbuncular swellings, which, on being opened, heal quickly.

MR. LAWSON TAIT suggested that the calculus found by Dr. Fenwick should be cut, for he thought it was made up of cholesterin, and therefore hepatic in origin. He advised an immediate opening of the abdomen in all cases where the matter discharged from a sinus in the abdominal walls has a fecal odor. Discountenanced the traditional fear of interference with the peritoneum, and thought we were just as much justified in opening the abdomen to relieve suffering as we would be in opening a periosteal abscess in the thigh or in giving opium to relieve pain.

DR. FENWICK, in closing the discussion, did not think the concretion was wholly made up of cholesterin, but considered it to be a mass of fæces surrounded by phosphate of lime.

The next paper read was by Dr. Shepherd, of Montreal, on *Ligature of Anterior Tibial Artery in a Case of Compound Fracture of the Leg*. (This paper will appear later.) The case itself was also presented, showing the excellent result obtained. Drs. Fenwick, Sullivan, Fulton, Giles, Girdwood, Holmes and Proudfoot took part in the discussion that followed the reading of this paper.

A paper by Dr. Gardiner of London, Ont., on *Burns and their Results* followed, and then Dr. Stewart of Montreal read a practical and interesting paper on the *Actions and Uses of Naphthalin*. This agent, which is one of the latest additions to the now already large group of antiseptic agents, is a product of the distillation of coal. As an antiseptic it compares very favorably with iodoform. For a certain class of cases it is undoubtedly superior. The kind of cases that it is especially suitable for are old septic ulcers and burns which have no tendency to heal on account of the septicity of the tissues. It is now a well-known fact that iodoform is apt to induce a certain sponginess of a granulating surface, and after a certain stage in the treatment of a wound has been reached, does more harm than good. Naphthalin is free from this important objection. It can be used throughout the treatment of a sore, and in place of retarding the healing after rendering the tissues antiseptic, it actually promotes

it. This, together with its cheapness, constitutes its great advantage over iodoform. It can be used either in a finely powdered form or in gauze.

DR. SHEPHERD said he had used it often, and agreed with Dr. Stewart that iodoform was useless in granulating wounds; in such cases he discards iodoform and uses Balsam of Peru or naphthalin, but considered the balsam best as a stimulant.

DR. RODDICK had used it frequently in old burns and in chronic ulcers with satisfaction; uses it combined with boracic acid to facilitate the dusting of it. Where there is much discharge, as in empyema or large abscesses, he uses naphthalized jute as an outside dressing. The ordinary jute sprinkled with naphthalin answers the purpose very well.

The last paper read before the section adjourned was by Dr. Reeves of Toronto, entitled *Brief Remarks upon fifty cases of Trephining of the Mastoid.*

TUESDAY, AUGUST 26TH—GENERAL MEETING.

After the reading of the minutes, Dr. Mullin presented the report on Ethics. The adoption of the report was moved by Dr. Botsford, and seconded by Dr. Bray, with the suggestion that it be sent to the publication committee and prepared for circulation. Dr. Dupuis of Kingston took exception to remarks made in the report, and explained his position. Dr. Mullin spoke in justification of the report. Dr. Botsford asked leave to withdraw his motion, but was refused by the President. The motion was carried.

DR. HINGSTON drew the attention of the members to a statement in an old French Encyclopædia, that a disease known as *mal de chicot* existed in parts of Canada, and asked if any members knew of it.

In reply to Dr. Saunders, the SECRETARY stated that no communication had been received from the Government touching the resolutions passed at the Kingston meeting regarding militia surgeons.

The PRESIDENT then called upon Mr. Lawson Tait to deliver his address on "Abdominal Surgery." (*See page 65.*)

DR. GRANT, of Ottawa, said he considered it a high honour for this Association to receive a visit from so distinguished a member of the British profession as Mr. Lawson Tait. He had listened to his admirable address with the deepest interest, and had very much pleasure in moving that a very hearty and cordial vote of thanks be presented by the members present.

Dr. BRODIE, of Detroit, said it gave him very great pleasure, as a member of the American Association, to join with his Canadian brethren in extending a cordial welcome to this distinguished surgeon. He heartily concurred in Dr. Grant's remarks, and would gladly second the motion.

Dr. McMILLAN, of Hull, England, expressed the pleasure he felt in meeting the members of the Canada Medical Association. He doubted the advisability of removing the ovaries when no objective signs were present. He thought that Sir Spencer Wells' remarks on this subject were addressed more especially to young men, whose experience might be less than their enthusiasm, and not to men of large experience. Under the circumstances such words of caution were likely to have a salutary effect.

Dr. TRENHOLME, of Montreal, said he had performed the operation of removal of the ovaries twelve years ago, in a case where there was severe menorrhagia and metrorrhagia, with marked benefit to the patient. In recent years he had performed the operation frequently, and the results were, as a rule, satisfactory.

Dr. HINGSTON, of Montreal, contrasted Mr. Tait's eulogy of Canada with Dr. Knox's abuse of it, and agreed with the former. He congratulated Mr. Tait on his and Dr. Keith's disuse of Listerism in abdominal surgery, and thought the splendid results they had obtained were largely due to it. He thought with the speaker that the ligature should take the place of the clamp in securing the pedicle, and that the use of the perchloride of iron was a mistake. So far he was entirely with Mr. Tait, but there were some things on which he differed. He took exception to the criticism on Sir Spencer Wells, and thought that public opinion, which had pronounced unmistakably in Wells' favour, was not a bad criterion. He thought it highly dangerous to take Mr. Tait's rule for their guide as to the necessity of an operation, namely, that serious cases submit to operations and the hysterical do not. His (Dr. H.'s) experience was somewhat to the contrary; that the hysterical carried out their acting to the end, at least in America. He gave several instances of that in illustration—one especially, out of many, where he had been implored to remove the appendages in a young person—and when, on declining, the patient afterwards married, and all the symptoms had disappeared. He thought that when the objective signs were clear, no hesitation should be experienced in operating; but when the signs were altogether subjective, operations would be performed by

Mr. Tait's enthusiastic disciples that were unwarrantable. This question had a moral bearing which did not crop up in some other operations. An unnecessary operation of this nature was a crime against society, and it interfered with the interests of the state. He thought sterility unnecessarily induced in this way was an unmixed evil; and subjective signs alone were misleading and not to be trusted. He did not agree with Mr. Tait that the operating surgeon could under those circumstances place the responsibility on the shoulders of the general practitioner who had advised the operation in the first instance. Responsibility properly rests in this, as in all other surgical operations, on the one called in the last instance not only to do the mechanical work, but also to counsel and advise as to its necessity. He gathered from the fact that only a few (6) out of several hundred cases of epilepsy had been selected for operation, that Mr. Tait had not pronounced strongly in favour of the operation in these cases, and here he agreed with Mr. Tait.

Dr. BRUSH, of Utica, N.Y., said—He rose, with some diffidence, to make a remark or two upon the very excellent address of Mr. Tait. The subject of abdominal surgery, although falling outside of the special line in which his practice has been directed for some years—lunacy—was one in which he had always felt a deep interest. Under the tuition of Prof. Miner, of Buffalo, N.Y., his beloved preceptor, he saw some of his earlier operations which gave to the world the process of ovariectomy by enucleation, and it had been his pleasure to watch the impetus which that valuable and unique suggestion gave to abdominal surgery. He regretted that the eloquent speaker did not refer to the removal of the uterine appendages in certain cases of insanity, to hasten the menopause—but would, however, carry with him from this meeting a large amount of encouragement in the consideration of an operation which has for a long time been the subject of his thoughtful study. Prof. Wm. Goodell, of Philadelphia, has already reported a few cases, in the *American Journal of Insanity*, in which he had successfully performed Battey's operation for the relief of insanity in patients in whom there was markedly increased mental disturbance associated with the menstrual flow. With these cases in view, and bearing in mind Mr. Tait's six cases in which he operated for the relief of epilepsy, and the statement which he has made, that a mortality of not more than one in five hundred need be feared in making the operation for the removal of the uterine appendages for the relief of nervous symptoms, he would go home with increased faith in the propriety—nay, even the necessity—of the operation, in certain cases.

Dr. HEYWOOD SMITH said he quite agreed with what Mr. Lawson Tait had said as to the greater difficulty in the operation for removal of the uterine appendages as compared with ovariectomy. In coming to a conclusion as to the advisability of the operation, we ought always to bear in mind the difference between the rich and poor. A rich lady could afford to suffer—*i.e.*, she could afford to lie up and keep quiet and obtain medical relief, but a poor woman has to get her living, to exert herself, and could not, therefore, get that relief that was obtainable by her richer sister; in her case, therefore, the necessity for an operation was more demanded than in the case of the richer. As to the effect of the operation on fibroid tumours, his opinion was that it was of more use in cases of soft tumours than in those of a more dense structure. He had seen cases where, after the removal of both ovaries, profuse hæmorrhage continued so as to endanger the patient's life. But in the case of severe dysmenorrhœa, the result of chronic ovaritis and subsequent morbid changes in the ovary, we are convinced that the removal of the ovaries held out the best prospect of cure. With regard to what Mr. Tait had said as to the carbolic spray, he must say that, in his opinion, cases could be operated upon with less risk with it than without. He also occasionally used eucalyptus air. He was the first to use it in ovariectomy in London. It had the advantage over the carbolic spray in that there was no noise or wet fog. In reckoning the advantages to different operations of the spray or the reverse, we must be careful to estimate the growing experience of each operator, and not hastily set aside Listerism under the idea that it is useless or worse, when increased success may most probably be due to the increased experience in operating. As an instance of what antiseptic measures could do, he would mention that at the chief Lying-in-Hospital in London (N. British), of which he had been Senior Physician for more than twelve years, the mortality during the past three years, during which they had used carbolic spray in all wards, and otherwise carried out strict antiseptic measures, had been reduced to .062 per cent. He would also state, in answer to the remarks of another speaker, that, as a matter of fact, the removal of the ovaries did not interfere with the sexual appetite, nor did it make women scraggy: on the contrary, many became plump after the operation.

Dr. GARDNER, of Montreal, said he had been in the habit of removing submucous myomata which caused dysmenorrhœa, menorrhagia and metrorrhagia with Thomas' serrated spoon, and would like to ask Mr. Tait if he considered the removal of the appendages more safe or more effectual in such cases.

Dr. PROTHEROE SMITH, of London, Eng., referred to the fact that bleeding was very common in his younger days, and said he thought that the discontinuance of bleeding, by favouring congestion of internal organs, had made ovarian disease much more common in recent years.

Dr. FULTON, of Toronto, asked Mr. Tait if there were not cases in which tapping for the purposes of exploration was admissible? And if in some cases where there was extreme distension of the abdominal walls, it was not safer to withdraw only a portion of the fluid at first to reduce the distressing symptoms?

Mr. LAWSON TAIT, in reply, said that as Sir Spencer Wells had never been reticent in knocking other people over the knuckles, he must not expect to escape from similar treatment. Doubtless Sir Spencer would continue the discussion after his own fashion. Mr. Tait had only to say that any criticism he had ever made of Sir Spencer Wells was with most friendly intentions, dictated by an intimate acquaintance extending over many years. Dr. McMillan and Dr. Hingston had both somewhat misunderstood what he had said about operations performed in the absence of physical signs. Those cases were absolutely limited to three cases of epilepsy and about three others in which the operation was urged, and the whole responsibility of its performance was accepted by the medical attendant in charge of the case. Such an instance was published by Dr. Ertulby in the *Lancet* about three years ago. Dr. Ertulby pressed me to perform the operation, and undertook its whole responsibility. As we found double pyo-salpinx, the operation was entirely justified. The real protection alike of patient and surgeon is the introduction of the family physician, by whose concurrence the possibility of the performance of an unnecessary operation would be reduced to a minimum. It must, however, be remembered that surgeons who practise this department of the profession are as fallible as other human beings, and that with them mistakes must surely occur. They are to be judged, and their works also, by the same standards as are applied elsewhere, and not by others of an unjust or more exacting character.

In answer to Dr. Gardner, he (Mr. Tait) would say that his own experience was wholly in favour of removal of the uterine appendages as a far more safe operation than enucleation. Not only so, but as he had published cases where fresh tumours had grown after enucleation and removal of the appendages was ultimately required, he thought that the latter operation was in every way preferable. Like his friend, Dr. Protheroe Smith, he carried a lancet, but only as a surgical curiosity; he had

never used it. There could be no doubt that ovarian disease was on the increase, but he could offer no explanation of the cause thereof. It certainly did not lie in the discontinuance of the practice of bleeding.

In reply to Dr. Fulton, Mr. Tait had to say that tapping never could help in a diagnosis as an exploratory incision could, and it was quite as risky. A small two-inch incision revealed in most cases the precise nature of the tumour, and allowed all fluid to be completely evacuated, if nothing more could be done.

A vote of thanks to Mr. Tait for his admirable and interesting address was passed unanimously and enthusiastically.

The meeting then adjourned.

MEDICAL SECTION—AFTERNOON SESSION.

DR. GEO. ROSS showed two specimens of *Aneurism of the Thoracic Aorta*. One had been obtained that day, the other two weeks previously. In the one case, the physical sign of tracheal tugging had been present; in the other, absent. In both cases, examination for this sign had been of great service both in diagnosing the aneurism and in locating it. He believed that sufficient attention was not given to this physical sign, which was at times capable of giving information of the greatest value.

DR. WORTHINGTON of Clinton read a paper on *Some cases of Diabetes Insipidus*, one of which was complicated with exophthalmic goitre.

DR. GEO. HARLEY of London, at the request of the chairman, made some remarks. He said, in the first place, he objected to the term *Diabetes Insipidus*. He much preferred that the term *Polyuria* should be employed. Lay people had a great fear of the word *diabetes*, and they could not draw a distinction between its two varieties: the moral effect on patients, therefore, was of a very depressing character. What is the cause of polyuria? It may sometimes be connected with congestion of the kidneys, but it often exists in states of chronic atrophy. How rapidly is the urine secreted? In making experiments with dogs, he empties the bladder with a catheter, then in five minutes catheterizes again. He also exposes the ureter and watches the drops as they flow. Sometimes 1 minim per second. In man this amounts sometimes to ʒii per minute. This must have been the case in one of Dr. Worthington's cases, where 25 pints were passed in 24 hours. What is the exciting cause? Very often this cannot be traced. You can easily make saliva flow. How freely urine flows under the influence of diuretic remedies. The

kidneys are not altered, but you create a secretion. It is mechanical. In saccharine diabetes, the sugar is the essence of the disease, and the quantity of water is only for the purpose of eliminating the sugar. It is something in the system which nature takes means to get rid of. Both these diseases are hereditary. Had seen a family presenting a remarkable example of this fact; the grandfather, son, grandson, and his two boys were all diabetics—one little girl had escaped. Treatment of polyuria is very unsatisfactory. Nothing is known to cure. The only satisfactory management is the care of the patient's general hygiene. Nothing less than persistence of 100 oz. per diem is to be called polyuria. He noticed specially the very low specific gravity in one of the reported cases (1001), which was actually lower than that of ordinary river water.

DR. MILLS mentioned a case he had observed under Dr. Stephen McKenzie. A lady had been in the habit of eating great quantities of sugar, which produced a diabetes mellitus. Urea is the expression of metabolism, and any excess of urea would show excess of metabolism.

DR. SLOANE of Blyth spoke of a case of polyuria where the amount of urine was very large and the specific gravity 1003. Iron was of no use. Bromide of potash and ergot seemed to do good.

DR. SHEARD spoke of certain cases of diabetes mellitus, in which he had opportunities of examining the brain centres. Microscopical changes had been found. He thought, as microscopical investigations continued, the pathology of both these diseases would be better understood.

DR. GEO. ROSS alluded to remarks by Dr. George Johnson, of London, upon the occurrence of diabetes insipidus in connection with diseases of the abdominal organs, and where he had proved the existence of changed structure in the great semilunar ganglia of the sympathetic. Dr. Ross referred to a case of polyuria in a woman, the subject of secondary cancer of the liver. The case had been in his hospital ward, and passed large amounts of urine of specific gravity of 1002-3. He could not obtain an autopsy. He thought the co-existence of exophthalmic goitre of great interest in showing, in the same individual, disorder of another portion of the great sympathetic system.

DR. T. WESLEY MILLS showed an improved method of rapidly and certainly making a quantitative test for sugar in the urine.

DR. O. C. BROWN, of Acton Vale, read a paper on *Impaction of the Pregnant Uterus in the Pelvis as a Cause of Abortion*, relating cases which had occurred in his practice and which he had successfully managed.

DR. PLAYTER read a paper on *The Relation of the Medical Profession to the Public*.

DR. GURD presented a patient in whom a remarkable murmur could be heard in the mouth and at a short distance from it, transmitted apparently up the trachea from the chest, in which, in the mitral region, a systolic murmur was heard.

SURGICAL SECTION.

This section met at 3.30 p.m., when Dr. Major of Montreal read an exhaustive paper on *Buccal Breathing: its causes, etc.*

DR. ELSBERG of New York made a few remarks, at the conclusion of the paper, confirmatory of the views held by Dr. Major.

A paper by Dr. Proudfoot of Montreal, on *Paracentesis of the Membrani Tympani*, followed.

At this stage of the proceedings, Dr. Reed exhibited an interesting case of *Inguinal Hernia*, distending the scrotum to the size of a large melon. The rupture occurred twelve years ago, and is now irreducible.

Dr. Sutherland presented a well-marked case of *Keloid*, showing patches on the chest, right gluteal region, and right shoulder.

Dr. Oldright of Toronto read a short paper entitled *Myxo-Sarcoma*, being a sequel to his paper read at last year's meeting.

Dr. Shepherd of Montreal then read a paper on *An obscure case of Femoro-Popliteal Aneurism*, in which amputation was performed. (The specimen was shown to the members present.)

The next paper read was by Dr. Gardner of Montreal, on *Cases of Uterine Myoma*, being a report of four cases operated upon successfully.

In the discussion which followed, DR. STRANGE, of Toronto, after complimenting Dr. Gardner, said that in his cases he never incised the cervix, but trusted to slow and gradual dilatation. Believes in the free irrigation of the uterus after operation in order to wash away the debris and keep the parts sweet and clean.

DR. HEYWOOD SMITH, of London, Eng., thought such method of operating was not applicable in all cases, especially in nulliparous women, in whom the parts are of necessity small. He thought that any incision made in the cervix should be allowed to heal before proceeding to operate.

On the third and last day of the meeting Dr. Buller, of Montreal, read an interesting and exhaustive paper on *Jequiritia in Granular Ophthalmia*. An animated discussion followed on the *modus operandi* of this remarkable bean, in which Dr. Reeves of Toronto and Dr. Patterson of New Brunswick chiefly took part.

DR. ELSBERG exhibited a most ingenious forceps for removing foreign bodies from the throat. It is capable of being bent to any angle, while the jaws are short and move in a small compass.

We regret that our space has not permitted us to make a more extended report of the proceedings of this section, but we hope to secure many of the papers for publication in the next and subsequent numbers of the *Journal*.

WEDNESDAY, AUG. 27TH—GENERAL MEETING.

After the reading of the minutes, Dr. Roddick read the report of the Nominating Committee as follows:—

President—Dr. Osler, Montreal.

General Secretary—Dr. James Stewart, Montreal.

Vice-Presidents—For Ontario: Dr. Bray, Chatham.

“ Quebec: Dr. Geo. Ross, Montreal.

“ New Brunswick: Dr. Alison, St. John.

“ Nova Scotia: Dr. Fraser, Windsor.

“ Manitoba: Dr. Whiteford, Winnipeg.

Local Secretaries—For Ontario: Dr. Burt, Paris.

“ Quebec: Dr. J. Bell, Montreal.

“ New Brunswick: Dr. Walker, St. John.

“ Nova Scotia: Dr. Almon, jr., Halifax.

“ Manitoba: Dr. Mewburn, Winnipeg.

COMMITTEES.

On Publication—Drs. Kennedy, Montreal; Fulton, Toronto; W. H. B. Aikens, Toronto.

On Medicine—Drs. Cameron, Toronto; F. W. Campbell, Montreal; Saunders, Kingston.

On Surgery—Drs. Kerr, Winnipeg; Harris, St. Thomas; Waugh, London.

On Obstetrics—Drs. Holmes, Chatham; McKay, Woodstock; Campbell, Seaforth.

On Therapeutics—Drs. Oliver, Kingston; Sloane, Blyth; and Tye, Chatham.

On Necrology—Drs. Fulton, Toronto; Graham, Toronto; Cameron, Montreal.

On Education—Drs. Payne, Sheard and A. H. Wright, Toronto; Botsford and Allison, St. John; Arnott, London.

On Public Health—Drs. Yeomans, Mount Forest; Grant, Ottawa; Harding, St. John; Robillard, Ottawa; Larocque, Montreal; Botsford, St. John; Playter, Ottawa; Covernton, Toronto; Oldright, Toronto; Hon. Dr. Parker and Dr. Bryce, Halifax; Kittson, Winnipeg.

On Arrangements—Drs. Ferguson, Kerr, Whiteford, Mewburn, Patterson, O'Donnell, Codd, Lynch, and Jones, with power to add to their number.

It was decided that Winnipeg should be the next place of meeting, the time to be about the third Tuesday in August, the precise date to be fixed by the local committee, with the sanction of the President and Secretary.

It was moved by Dr. King of Hull, seconded by Dr. McMillan of Hull, "That the thanks of the professional members of the British Association be tendered to the Canada Medical Association and the Montreal members for the kind treatment they have received."—*Carried.*

Moved by Dr. Bray, seconded by Dr. Sloane, that the thanks of the Association are hereby tendered to the railway and steamboat companies for their kindness in giving reduced rates to the members.—*Carried.*

Moved by Dr. Earle, seconded by Dr. Ross, that the thanks of the Association be tendered to the Synod of the Diocese of Montreal for the use of the hall during the meeting.—*Carried.*

Moved by Dr. Bray, seconded by Dr. Earle, that the best thanks of the Association are due to the members of the profession of Montreal for their kind hospitality during the meeting.—*Carried.*

Moved by Dr. Roddick, seconded by Dr. Bray, that the following members be nominated a committee to revise the constitution and by-laws of the Association, viz.: Drs. Ross, F. W. Campbell and Desjardins, Montreal.—*Carried.*

The Treasurer then read the Auditor's report.

A vote of thanks to the retiring Secretary was moved by Dr. Mullin, seconded by Dr. Gardner.

Mr. Lawson Tait expressed the gratification which he had felt in being present at the meeting, and stated his intention of offering a prize of \$50 in the Medical Faculty of McGill College.

Dr. H. P. Bowditch, Dean of the Faculty of Medicine of Harvard University, was called to take a seat on the platform.

Moved by Dr. Mullin, seconded by Dr. Patterson, that the thanks of the Association are due to Dr. James Bell, the Acting General Secretary, for the efficient way in which he arranged the work of the meeting, and that the Treasurer be instructed to pay the sum of \$50 to Dr. Bell.—*Carried.*

DR. OSLER gave an abstract of his paper on *Pneumonia as a Contagious Disease*,

DR. DESJARDIN'S paper on *Keratoscopie, comme moyen de diagnostic dans l'astigmatisme*, was taken as read.

Dr. Harrison moved that Dr. Osler take the chair. This having been done, he moved, seconded by Dr. Oldright, a vote of thanks to Dr. Sullivan for the able manner in which he had presided over the meeting.—*Carried.*

The meeting then adjourned, to meet again in Winnipeg in 1885.