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CANADA

MEDICAL & SURGICAL JOURNAL

Original Communications.

INTRODUCTORY LECTURE, OCT. 1st.

MEDICAL FACULTY, MCGILL UNIVERSITY,

By WILLIAM OSLER, M.D.

PROFESSOR OF THE INSTITUTES OF MEDICINE.

GENTLEMEN OF THE FACULTY,—The duty of delivering the introductory lecture has this year fallen to my lot, and however opinions may differ as to the necessity or advisability of beginning the session with such an address, there can be no doubt of this—that it affords an opportunity, rarely given, of offering to the assembled students words of welcome, advice and encouragement—an opportunity, the responsibilities of which come home to one with the thought of these young and eager lives just entering upon the serious work of life, and to be influenced for weal or woe, perhaps by what the Introductory Lecturer may say, and most certainly by what we as a Faculty do.

STUDENTS OF MEDICINE,—My first duty, then, is to bid you on behalf of the Medical Faculty a hearty welcome; and I do so most sincerely, feeling sure that I express the sentiments of every one of your teachers when I say that you come now into the society, not of mere Professors who will lecture at you from a distance, but of men who are anxious for your welfare, who will sympathize with your difficulties, and also bear with you in

your weaknesses. I can offer no better welcome than to tell you this. I see among you many with whose faces we are all familiar, who return, and not for the first time, to these benches. To such, words of welcome are superfluous; I will only say we rejoice to see you back, we trust with refreshed bodies and invigorated minds, to pursue the work of the session. To those of you who for the first time occupy seats in this class-room the occasion is a memorable one, to which I trust you will look back in after years with exceeding pleasure as the starting point of a career of usefulness and honour. For you we have a special sympathy. Look upon us as elder brothers to whom you can come confidently and fearlessly for advice in any trouble or difficulty.

On such an occasion as the present it is natural that you should expect to hear from me something about the profession of your choice, its position, the prospects it holds out to you, and the relation that you as students bear to it. Probably there are few among you who could give a very logical explanation of the causes which induced you to adopt this in preference to other callings; with one it has been the influence of a friend; with another, perhaps, hereditary predisposition; with a third a sudden inspiration; with another that innate enthusiasm for the science which is akin to the natural gift that makes of one man an artist, of another a musician; an inborn natural fitness for that special work and no other, which the man's surroundings, whether fostering or adverse, can neither give nor take away. From these last arise our greatest men; for others it matters little in what way the impulse has come, so long as the feeling now thoroughly possesses you, penetrating every fibre of your being, that this above all others, is the profession you can most heartily embrace. If, however, any man of you here enters upon it with the idea that it will do as well as another, that other will most probably be better for you. Lukewarmness, bad enough at any time, is simply fatal at the beginning of a life-long career, when it usurps the place of that enthusiasm that should bend the man's whole nature to serve him willingly in the work that he has chosen.

In addressing a few words to you on the position which the medical profession at present holds, I must admit that different men hold very opposite views on this point. Some will tell you that the profession is underrated, unhonoured, underpaid, its members social drudges—the very last profession they would recommend a young man to take up. Listen not to these croakers ; there are such in every calling, and the secret of their discontent is not hard to discover. The evils which they deprecate, and ascribe—it is difficult to say to whom—in themselves do lie,—evils, the seeds of which were sown when they were as you are now, sown in hours of idleness, in inattention to studies, in consequent failure to grasp those principles of their science without which the practice of medicine does indeed become a drudgery, for it degenerates into a business. I would rather tell you of a profession honoured above all others ; one which, while calling forth the highest powers of the mind, brings you into such warm personal contact with your fellow-men that the heart and sympathies of the coldest nature must needs be enlarged thereby. For consider the practical outcome of all the knowledge you gather ; the active work for which your four years' study is a preparation. Will not your whole energies be spent in befriending the sick and suffering ? in helping those who cannot help themselves ? in rescuing valuable lives from the clutch of grim disease ? in cheering the loving nurses of the sick, who often hang upon your words with a most touching trust ? Ay ! and in lessening the sad sum of human misery and pain by spreading, as far as in you lies, the knowledge and appreciation of those grand laws of health transgressed so ignorantly and yet avenged so fatally.

It cannot be denied that, (excepting the clerical profession, the members of which, in this country at least, can seldom look for the fruit and reward of their labors on this side Heaven), there are fewer great prizes open to the medical man than to others from whom a long and special training is demanded. He is not raised to command his fellow-men ; his name is not immortalized in history and song like those of the gallant veterans who wear her Majesty's uniform, and risk their lives for their

country and their Queen ; he does not sit among the judges of the land ; the high places of brilliant statesmanship are not for him ; while the world at large can reward him with little beyond a successful practice in which every dollar that he earns represents its equivalent in hard continuous work. But while the soldier and the statesman win honour and fame, the family physician will draw to himself the love and gratitude of manifold hearts ; he will have no enemies, martial or political ; and his labours, if directed by a wise and prudent skill, will be for the welfare and benefit of all. Such honours as are open to him lie chiefly within his own profession and the small circle of the scientific world. Among these his name may be as a household word, his opinions may be quoted as conclusive, his writings become standard works ; and these honours are very real and very satisfactory. I need only quote such names as Harvey and Hunter, Jenner and Virchow, to show you what I mean. But let the student remember that while influence or party may advance a man in other professions above many superior to himself, the hero in medical research must wholly depend upon his own deservings. To take a foremost place in the wary and critical field of science he must excel.

And these remarks naturally bring me to a consideration of the state of the profession in this country. Though not so advanced in the scientific departments as in the older countries of Europe, yet I think the condition is one for congratulation, for in practical work and in the average of attainments, the members of the profession in Canada yield to those of no other country : and this is what should be desired, for general professional excellence brings about the greatest good to the greatest number. For this we have largely to thank that wise conservative spirit which directed the founders of our medical institutions, and which has ever since remained with the promoters of medical legislation in this country. While across the border the standard of qualifications has been gradually retrograding, and not until now, upon the chaos which resulted from the Free Trade principle applied to medicine, is the light breaking, and with it glimpses of a future full of hope, the people in Canada have

enjoyed the benefit of a uniform medical curriculum, modelled after that adopted in Great Britain, to which all students have had to conform—a benefit which many of our citizens fail to appreciate; having had no practical acquaintance with the opposite condition. Early in the history of this country, before the establishment of universities, the medical men found it necessary for their own protection to organize, and to obtain powers from Government to inspect and verify the degrees and diplomas of persons wishing to practice, and also after a suitable course of study to examine men for their license. With the establishment of medical schools these organizations became, to a large extent, mere registering corporations, though still possessing the power to examine, and to grant licenses. Latterly, however, owing to the increase in the number of medical schools, and the consequent latent distrust in the profession that undue rivalry between these might, as in the United States, lower the standard of attainments, there has been legislation to take in part or altogether from the universities, their power of granting the license to practice with the degree. In the Provinces of Quebec and Ontario the changes are in different stages of development. In the former the first step only has been taken, and while the preliminary examination has been removed from the hands of the universities the power to practice still accompanies the degree on its registration. The recent Act of the College of Physicians and Surgeons of the Province of Quebec, while modifying the Constitution of that body to some extent, influences medical education in two ways: 1st, by requiring all students belonging to this Province to pass the matriculation examination of the College, and to spend four subsequent years in the study of medicine, the first session to be attended immediately after the matriculation examination, the standard of which has also been somewhat advanced, French and Literature being now compulsory subjects; 2nd, in nominating visitors to see that the colleges do their work faithfully, and that the examinations are conducted properly. This latter is, in my opinion, a weak point in the recent legislation, but as it is probably only temporary there is

less cause for regret. Passing on to consider the more developed system in connection with the profession in Ontario, incorporated as the College of Physicians and Surgeons of that province, we find there that colleges and schools of medicine are merely teaching bodies, the power to grant license to Practice being vested solely in the Council of the College, and obtainable only by examination. So also the preliminary examination of that body is compulsory upon all medical students of that Province. Opinions differ very much regarding the Ontario Medical Council, and it is not to be denied that as a body the members have laid themselves open to criticism, but no one can question that its existence is fraught with much good to the profession, and that it has influenced medical education very beneficially, and may do so yet more. In the establishment of annual examinations, they have, I think, conferred a boon upon the students, which the students, I am sorry to say, have been slow to recognize. I would urge upon the Ontario men among you to conform in all particulars to the laws of your Province, for you may rest assured of this, that you will have no sympathy from us in any attempts to evade them. Thus the men among you who neglected to present yourselves for the first annual examination last spring, felt aggrieved when the Council determined that your obstinacy should cost you a year. I had letters from several of you expecting sympathy, but you came to the wrong quarter. Breakers of the law must abide by the consequences: though I believe in this instance, as it was the first offence, the Council will permit you to take both the 1st and 2nd year's examination next spring.

In the other Provinces of the Dominion the old system is still in force, and the profession has not such control over its educational matters as in Quebec and Ontario. It seems a pity that a central examining board could not be established for the whole Dominion, but there are serious difficulties in the way, difficulties which I do not think will in this generation be overcome. The best we can hope for will be central examining boards for each Province, a uniform curriculum, a uniformly high standard of examination, and general reciprocity.

Turning from these matters of medical politics, let me try to answer the question which has, I am sure, come to each one of you more than once in the past few days, "How shall I best occupy my time?" To answer this I take to be one of the chief uses of such a lecture as the present. To those of you who now begin the study of medicine this is an all-important period, for what you do this session will probably be an index of what you are capable of doing, and will certainly have a great influence upon your college career. Five subjects will mainly occupy your attention: anatomy, physiology, chemistry, materia medica and botany. The three first constitute the frame-work of medical science, a portion of which must this session be put together,—and allow me to indicate how much. In anatomy you should confine your attention to mastering the bones, ligaments, and muscles, their general arrangement, individual peculiarities, and mutual relations. Do not attempt to do more, but try to accomplish this. Three extremities, at least, should be dissected, which, with the lectures, ought to give ample opportunities for mastering your work in this branch. In physiology you must learn the constituents or components of bones, muscles, and the other textures of the body; the nature and properties of food, and how it is digested; about the blood, the manner of its circulation, and the method of its purification. In chemistry you must master the principles of heat, light, and electricity, and the non-metallic elements. In materia medica, strive to see and handle all the drugs you can, find out what they are made of, and get a notion of the dose of each. Ignorant as you are of disease, a knowledge of their application will be more suitable later on. Botany will be useful to you chiefly as an introduction to materia medica; it is thought necessary that you should be fully acquainted with the structure and organization of plants, the better to appreciate the medicinal virtues of certain of them. Do not, however, regard it, as I have found in the past three years many men do, as the essential subject to be studied in your first session, to the neglect of more strictly professional work. Those who like can take up the structure of animals, zoology and

comparative anatomy, instead of botany; and I have been surprised that so few men do so, for the grasp of principles obtained in a careful study of the form and nature of animals, and the bearing of this upon human anatomy and physiology, is more valuable, in my opinion, than the benefit derived in the study of materia medica from a previous course of botany. One thing, however, do not attempt—to take both; you have not time for that.

Shall you attend lectures in any of the final branches during your first year? Most emphatically, No! It would be as reasonable to ask men to listen to lectures in German when they did not know the language. Some of you, however, having studied a year with a physician, purpose spending but three years in college work, and then you must needs take one or two of the final branches in your first session. If you have been diligent in the preparatory year you may appreciate them, but otherwise it will be so much time wasted.

The question whether the first year student should see hospital practice is different, and one upon which there is less agreement; some believing that he should defer this until the second session, others that he should begin at once. I hold with the latter. An hour spent daily in the out-door department of the hospital in attentively watching the examples of disease brought in will do much, especially if combined with a little instruction, towards educating powers of observation in a student, and giving him a general idea of the names and appearance of many maladies; while every one of you can learn within the next six months to detect fluctuation in an abscess, and how to open it; to recognize crepitation in a fracture; and to master many other little practical details, which you cannot know too soon. My advice to you then on this point is, attend the out-door department of the hospital when you can; the time, from 11 to 12.30, is very convenient, except when you have dissecting to do in the morning.

From these remarks you will see that a full programme is prepared for you, and it is for each one of you to set about the task with energy and determination. Gradually those

difficulties will vanish which at first appeared insuperable. I remember well, when beginning the study of medicine—it is but ten years ago—with what enthusiasm I took my Gray's Anatomy and attempted to master the structure of one of the cervical vertebræ, and though I succeeded in making a little headway, yet the matter seemed so difficult—the bones were indeed very dry—and, turning over the leaves of that ponderous volume, the subject of anatomy appeared so vast that my heart sank within me and I felt despondent. You will also have moments when the way appears rugged and the out-look dark, but never fear; others have succeeded in the face of the same difficulties, and with patience and perseverance you will do so too. Banish the future; live only for the hour and its allotted work. Think not of the amount to be accomplished, the difficulties to be overcome, or the end to be attained, but set earnestly at the little task at your elbow, letting that be sufficient for the day; for surely our plain duty is “Not to see what lies dimly at a distance, but to *do* what lies clearly at hand.”

To the second, third, and fourth year men among you, I need not enter into the details of the work required in your respective classes. I will only mention here that both materia medica and chemistry may now be passed at the end of the second session, and I would earnestly advise the second year men to take advantage of this. Those who feel competent can present themselves for the practical anatomy examination, so that in this year you will only have chemistry, materia medica, clinics, and, perhaps, one final lecture to take, which will be quite enough if attended to properly. Second year men, as a rule, take too many lectures; this is a great mistake. Four lectures a day are as many as the student can well digest.

And now let me add a word of advice on the method of studying. The secret of successful working lies in the systematic arrangement of what you have to do, and in the methodical performance of it. With all of you this is possible for few disturbing elements exist in the student's life to interrupt the allot-

ted duty which each hour of the day should possess. Make out, each one for yourselves, a time-table, with the hours of lecture, study, and recreation, and follow closely and conscientiously the programme there indicated. I know of no better way to accomplish a large amount of work, and it saves the mental worry and anxiety which will surely haunt you if your tasks are done in an irregular and desultory way. With too many, unfortunately, working habits are not cultivated until the constraining dread of an approaching examination is felt, when the hopeless attempt is made to cram the work of two years into a six months' session, with results only too evident to your examiners.

The science and art of medicine is progressive; therefore colleges and teaching bodies, representing as they do the embodiment of it, must progress with it and that on several lines. Not only must the results of practical and scientific labour in the different departments be incorporated in the lectures, so that in every subject the teaching may keep pace with the times, but new and better methods of instruction and examination must be adopted, and many other improvements made which shall be for the benefit of the student. At this more than at any other time within the past fifty years the leading minds in the profession are occupied with the subject of medical education, and there is an almost universal feeling that in many quarters reform is needed. It is probable that the next decade will see radical changes in the modes of tuition, while practical work will be introduced more and more largely into every department. With all beneficial reform the Medical Faculty of McGill University will sympathize, asking her students to participate therein, believing not in stereotyped forms but in steady onward progress, convinced that—

“ On our heels a fresh perfection treads,
 born of us,
 Fated to excel us.”

To some recent changes I would briefly call your attention; and first to the practical examinations in anatomy. Though it has always been customary for the Demonstrator to test the knowledge of the student on the subject, while the oral part of

the primary examination was made more or less practical, yet it was felt that something more might reasonably be expected of you. Therefore examinations in practical anatomy have been established, modelled after those of the Royal College of Surgeons, England. Nothing will give you greater confidence when you enter upon practice than an intimate acquaintance with anatomy, and that you can obtain to perfection in our dissecting room. The advantages in this branch are very great; remember that we shall expect proportionate effort on your part. Practical examinations will also be held by the clinical professors in medical and surgical anatomy.

Attendance upon the lectures in hygiene is now compulsory. From 1871, when the course was established, the Faculty felt that, notwithstanding the importance of this subject, they could not reasonably add it to the already numerous compulsory studies. This, however, has now been done, and being a department of medical science so necessary to the well-being of society, dealing as it does so largely with the prevention of disease, there is no cause for regret in this action on the part of the Faculty, save that it binds an additional burden on backs already well laden,—still it is one which if rightly treated will not be hard to carry.

The abolition of Theses is a change which, I am sure, you will all appreciate. They were relics of the past, and though formerly they might have been important means of ascertaining a man's capacity and judging of his fitness for a degree, this is now done in other and more effective ways, and the Thesis had degenerated, as a rule, into a very inferior medical essay quite devoid of originality. At universities where the degree of Bachelor of Medicine precedes the Doctorate, the writing of such an essay for the latter appears reasonable, but where, as at McGill, the M. D. is granted at once, it is superfluous. One regret goes with it. Defence of Theses is no more—a day regarded by candidates with very mixed feelings; an uneasy nervousness about one's own effort, and the criticisms it would call forth; and a natural curiosity to hear the comments upon the productions of brother students. The day, as a rule, was

productive of little good, for the Theses were rarely defended and the best that can be said about it is that it was sometimes a pleasant gathering. Many a joke has been made, and much laughter excited over the mistakes of unfortunate competitors, but occasionally a sensitive spirit has been unintentionally bruised, and has left us with feelings of bitterness which would long mar that pleasant and affectionate remembrance of his university life which we would fain have each one of you carry with him to the end of his days.

At the hospital the attendance is increased to eighteen months, while very important changes have been made in the clinical department whereby the method of teaching has been more systematized. Instead of having clinical medicine daily for the first three months of the session and clinical surgery in the last, arrangements have been completed whereby the two classes will be carried on simultaneously throughout the six months' course, the class taking clinical medicine and clinical surgery on alternate days, having in each subject one lecture weekly in the theatre and three demonstrations at the bed-side. You will find this plan greatly conducive to your advancement, and I look upon it as a strengthening of what has always been a strong point in this school, a point upon which the reputation of any school must mainly depend, viz., the effectiveness of its clinical teaching.

And further, it is no longer taken for granted that you will compound medicines during the summer months either at the hospital or with your preceptors, but you are compelled by law to spend at least six months in so doing, and to present a certificate for the same before qualifying for your degree at the university.

And lastly, the amount of material at our command will enable us to extend the pathological teaching of the school. The system we have followed heretofore was good but incomplete. It is impossible properly to instruct students how to perform post mortems and at the same time demonstrate fully the lesions met with. I purpose this winter establishing a weekly demonstrative class, in imitation, however feebly, of the course conduc-

ted by Virchow in Berlin, in which the material collected may be thoroughly instructive to the final men among you. Pathology is the ground-work of clinical medicine, and if you wish to obtain a true insight into disease never neglect an opportunity to see and handle its effects on the various organs and tissues of the body.

I trust the Medical Society, established during the past summer session, will receive your hearty support. To those of you who take advantage of it the benefit will be inestimable. It affords opportunities which after graduating you can never have of learning how to prepare papers and to express your ideas correctly, while it is also a training in the difficult science of debate.

To a man who has made his start in life, who having chosen his path is now following it day by day, there is something heart-stirring in the sight of a number of young men, such as those who are gathered here, just entering on the race which they will run with such varied powers, with such different results, in the busy arena of the world. For he knows that on such an occasion their hearts must be seething with thoughts of the future and of all that it may be to them. What high hopes swell the breasts before him! What earnest resolves are hidden behind the brave young faces! What steadfast aims are set as the goal which shall reward the worker for each "passionate bright endeavour" that he makes! Surely such thoughts are to each man among you as a trumpet-call, summoning the young recruit to fall into his rank on the battle-field of life. And further, like some soft familiar melody running through the clangour of martial music, the thought of home must needs mingle with all others, till the student's fondest hope is the hope that he may be the pride of those who have cherished him from his childhood; his firmest resolve the resolve to do nothing unworthy of their trust in him; his holiest ambition to satisfy their loving desires for his welfare and advancement.

To those younger ones in such an assemblage as this who are but just entering on college life, the new sense of liberty must be paramount. No longer subject to the narrow rules of school-boy

days and to the penalties that enforce them ; released from the gentler, but no less real, restraints of home ; bound only by the laws of his Alma Mater, which demand little from him that he would not willingly give, the youth feels himself for the first time his own master, and the sense of freedom rouses the growing manhood within him and gives impulse to that self-reliance and independence of action that in after years brace the man for the deeper responsibilities of life, when the power to choose is no longer a delightful novelty, but an anxious care.

So much for the inspiring feelings which animate the student at the beginning of a fresh course ; but I am sure many can bear me out in saying that these are not all. The fear of failure underlies every effort, and this fear must be specially present to those who run the competitive race of a university career, in which a man naturally desires, not only to reach the standard which shall secure him his degree but also to take a high place among his fellows. This fear of failure abides with some, paralyzing their energies and growing more burdensome as time wears on and their test day is near. But let the student take courage ; for though in the nature of things only one man can carry off the highest honours, I doubt if there be one among you who cannot come out well at the end of the session if he will only work as he ought. Remember, moreover, that :

“ E'en when the wished end's deny'd,
Yet while the busy means are ply'd,
They bring their own reward.”

Looking round upon you all I feel no doubt that the majority are resolved to make good use of their time, to study in earnest, and to take a creditable stand in those examinations which in a few months will test the work of every one of you. How comes it then that so many fall away from such good intentions ? Why is it that some barely pass who should come out with flying colours ? Why do others fail altogether ? Not, as a rule, from want of mental capacity ; not from a lack of the bodily stamina necessary for a course of severe study ; but rather from a failure in steadfast perseverance. Men begin well ;

they are diligent in their attendance at lectures, they throw their hearts into their practical work, they read early and late ; but after a time the old temptation comes over them, a temptation as old as human nature itself, one that assails every age and every path in life, the temptation which the old Israelites felt when "The soul of the people was much discouraged because of the length of the way." Men get tired of continuous study, their hearts grow sick under the monotonous daily grind. The more buoyant spirits feel their youth and health strong within them, they relax their rules, they go into society, they begin to spend their evenings in ways more pleasant than in the dry digestion of books ; the hard bit of reading is slurred over, the looking up of the lecture notes is put off. "What matter," they think, "it can soon be made up." And so the man becomes an idle man, half-hearted in all that he does, and the grand powers within him lie fallow for want of that earnest persistent exercise of them which alone can bring out their latent strength and make the student all that he might be.

But it would not be fair to attribute all failures to this cause. There are some men who fall short, not so much from want of application as from lack of hopefulness. They do not remember their reading as they wish ; they do not grasp scientific principles as they expected ; difficulties thicken ; they grow somewhat bewildered with the extent and variety of knowledge required, and at last give up in despair that engrossing effort which alone can carry them through. "What is the use," they say, as they shirk the harder points, and lay the blame on the system of instruction which should fall on their want of confidence in themselves. These are commonly men of no brilliant talent, yet their brains would serve them faithfully enough if they would only put forth mettle. Let such believe the truth that fair average abilities, well used, often carry their owner above the heads of abler men—the genius rarely makes a successful practitioner ; but the careful hard-working student who feels that he must grind up his subject with plodding pains before he can make it a part of himself, and who acts on this impression, develops the elements of life-long success during his academic course.

To each of you, gentlemen, I would give the same advice. This feeling of disgust and weariness in study, this disheartening sense of want of progress, is natural ; be prepared for it, meet it like a man ; the mere effort will draw out the energy you hold in reserve, and you may find, perchance, as many a student has found before you, that the duties taken up with distaste become attractive in the doing of them, if only from that sense of victory over the lower self within us which is, I suppose, one of the most exhilarating and comfortable feelings that any man can possess.

Never lose sight of the end and object of all your studies ; the cure of disease and the alleviation of suffering. Some of you will soon be placed in the chamber of the sick, by the bed-side of the dying, and the issues of life and death may be in your hands. Think of this now, and while you have time use your talents aright. Your lives will be a constant warfare against a common enemy, implacable, often irresistible, who spares neither age nor sex, and who, too often, as the memories of the past week remind us, turns and bitterly avenges the victories of those who have many a time snatched victims from his grasp.

Gentlemen, our meeting to-day is a sad one, for sorrow is in all our hearts. One * who had endeared himself to us all has passed to that shadow land, which sooner or later awaits each one of us. Stricken down in the flower of his manhood, checked almost at the outset of his professional labours, it is inexpressibly sad that this fine life, so hopeful, so full of promise, should have been thus suddenly removed. This day week his cheerful, honest face was seen in the hospital wards, to-day the mourners follow his body to the grave. I need not recount to you who have appreciated his uniform kindness in the hospital his many good qualities ; nor need I speak of the talents to which our university awarded her highest honours ; I will rather dwell upon the deep regret of the profession at the loss of one whom we were proud to number among us, and ask the students to imitate that zeal and faithfulness which marked his short career, and which will

* Dr. CLINE, House Surgeon, Montreal General Hospital.

long make his memory beloved and honoured among those he served.

In conclusion, gentlemen, let me urge upon you all to work diligently in the pursuit of that thorough knowledge of the science of medicine, which alone will make the practice of it satisfactory. And above all things do not regard the profession as a mere means of earning a livelihood, and so enter upon it simply as a business. It is indeed a pitiable sight to see a medical man neglectful of the higher interests of his profession, and given over wholly to the pursuit of wealth.

Remember, you enter upon a glorious heritage; you will reap where you have not sown, and gather where you have not sowed, and the knowledge which it is your privilege to-day to acquire so easily has cost others much. We are all of us debtors to our profession: let us then be mindful of those that come after and try to add our little fragments to the pile.

And now, remembering that we have other duties towards you than teaching the details of your profession, I would on this occasion earnestly impress upon you the necessity of living upright, honest, and sober lives. The way of the medical student is beset with many temptations, and too often the track he leaves is marked by as many lapses; a zig-zag path,

“To right or left, eternal swervin’.”

Above all things be strictly temperate. I will not say that you are in duty bound to give up the use of stimulants altogether—though my own convictions on this point are very strong,—but this I do say, that the slightest habitual over-indulgence is as the small flaw in some dyke that forms the barrier to a mighty flood, which widening day by day, sooner or later drowns every fair promise and brings inevitable ruin.

To the thoughtful among you the speculative aspect of modern science will sooner or later prove attractive. Do not get entangled too deeply. I had rather give each of you good old Sir Thomas Browne's advice: not to let these matters stretch your pia-mater. Lastly, you will not only be better but happier

men if you endeavour to do your duty day by day, not from self interest, not from any outside aim however high, but simply because it is right, content to let the reward come when it will.

“ Knowest thou *Yesterday* its aim and reason ?
 Worked thou well *To-day*, for worthy things ?
 Then calmly wait *To-morrow's* hidden season,
 And fear not thou, what hap soe'er it brings !”

SOME REMARKS

ON

THE MEDICAL JURISPRUDENCE OF INSANITY,

BY HENRY HOWARD, M.D., M.R.C.S., ENG.,

GOVERNMENT MEDICAL ATTENDANT TO LUNATIC ASYLUM, LONGUE POINTE.

(Read before the Medico-chirurgical Society, of Montreal, October, 1877.)

MR. PRESIDENT AND GENTLEMEN,—My object in bringing this subject before you this evening, is in the pleasurable anticipation that the question of insanity will receive consideration from Legislature at the next meeting of our Provincial Assembly, and that we may prompt such legislation to be from a medico-legal standpoint, and not from a legal standpoint only. And let us hope that whatever may be the results of the combined wisdom of those whose duty it is to undertake this important task, that we will have a law founded upon purely scientific grounds, having for its bases benevolence and justice, and for its object, the encouragement of all to try and attain to the highest position of civilization and Christian morality—to do to others as we would that others should do to us.

That we want a law there can be no possible doubt, now, more particularly, that there is such an increase of crime and insanity: when there is so much evil-doing that it would appear as if men could not do right: where some responsible murderers are, under a false plea, escaping the just consequences of their crime, and some irresponsible imbeciles and insane persons are, through ignorance, unjustly punished. You are, no doubt,

aware that it has taken not only years but centuries to have anything approaching to a humane law in any part of Europe on this subject; and even yet the law of lunacy is far from what it should be. And all this through the absurd idea that a judge was the proper person to diagnose a case of insanity, and to declare what was and what was not insanity, who was and who was not morally and legally responsible for his acts. In fact, the old idea was that the lawyer of to-day, when he became a judge to-morrow, no matter through what influence he obtained his high position, from that moment, by something in virtue of his judgeship, was capable of defining the disease of insanity. This was just like the old exploded idea that a king, in virtue of his kingship, cured scrofula by the touch of his royal finger. Well, gentlemen, if these old ideas have gradually exploded, it is due to the gradual development of science and to the gradual discoveries of scientific men, which have culminated in the recognition of the great scientific truth that *body* and *mind* are one—that the mind is as much the product of the mental organization as bile is the product of the liver, and that mind diseased (insanity) is simply body diseased; and that mind deformed (imbecility and idiotcy) is simply body deformed, and the very worst form of deformity that a human being could be born with.

I would not have you understand from my remarks, that these great truths, which I have just mentioned, have been, and are, accepted by all; far from it,—men of the highest intellect and of the highest standard of education, still hold to the old ideas, not from any objections that they have to receive scientific truths, but from a fear that having admitted something, they may possibly be lead into the error of admitting too much. These cautious men are to be respected, for they are, in a great degree, the checks to the wild theorists, who, through their pride of intellect are making shipwreck of established usages that have been the safeguards of society for thousands of years,—and it is those theorists that are bringing sound practical science into disrepute: the science that raises men to the highest moral

standard of civilization, if they have intellects to be raised to that standard.

It is very much to be regretted that when medical men have written upon the subject of the medical jurisprudence of insanity, they have too frequently considered it their duty to attack the judiciary in a very coarse manner, and on the other side the compliment has been returned with compound interest, when the subject has been written upon by lawyers.

No good could be expected to come from such a course of proceedings; it is simply discreditable to both. For my part I can see no reason for a quarrel between the two learned professions. The Judge and Lawyer must yield the point, for public opinion will force it, that it belongs as much to the medical man to diagnose insanity and imbecility, as it does to the judge to administer the law. And the medical man must learn that when called upon to give his evidence as to whether a man is, or is not, imbecile; to give that evidence calmly and dispassionately to the best of his knowledge, and having done that, to take no further interest in the case. What the consequences of the trial may be is no affair of his,—he has nothing to do with it; he has done his duty when he has given his evidence. It is simply disgraceful to see medical men in courts of law taking sides; if they are called upon by the crown, they think their duty is to have the accused condemned; if they are called upon by the defence, they consider it their duty to do all in their power to have the accused acquitted. This is all right for the lawyers, but it is not the duty of the medical man; and it is this that brings them so often under the reproof of the Court. Medical men do more than this:—very frequently, even after a verdict is given by the jury, and sentence given by the judge, they will write to the press and find fault with both one and the other, and try to bring discredit upon the jury and the judiciary. This ought not to be—the medical man is not the judge, he is the witness at the trial. Again, medical men have brought discredit upon themselves and the profession generally, by the absurd statements they have made in Court, when called upon to give

evidence in a case where the plea of insanity has been set up. I have heard medical men display the greatest ignorance and speak the most absurd nonsense. I have heard two medical men, one after the other, describe, accurately, the illusions a man suffered under, and call them hallucinations; and I have heard a most learned and honourable judge accept the statement,—saying, “I understand you—yes, yes; the man evidently, as you say, suffers from hallucination,” when there was not one word of evidence that the man suffered from any such symptoms. Another great mistake of medical men is to believe that there is no trouble in diagnosing a case of insanity, and unfortunately it is the most ignorant men in our profession, who fancy they know everything, and who are always prepared to rush into Court and give their evidence. A thoroughly educated and intelligent medical man will accept such a position with great caution; he knows that no one man can know everything in our profession; he knows that no matter how well he may be posted in books, and how good his memory may be in retaining what he has read, that without experience, and a large share of it, he should not go into Court and give his opinion on the mental state of a man under trial for a capital offence. I know I am never called upon to examine a man, and to report upon and give evidence as to his mental state, that I don’t feel the most fearful responsibility, lest by any chance I should make a mistake. And if it were possible, I would often cheerfully avoid the responsibility; yet, I am happy to say, my testimony has never been refused by either side, whether for the crown or for the defence. I will report to you three cases, as they were all different, and you will see from them how necessary it is that we should have a law, well defined and specially suited to each individual case, where the plea of insanity is set up in the defence of a person accused of crime.

If my memory serves me right, I believe it was this very month three years ago that I was called upon, by the then Minister of Justice, now the Honorable Sir Aime Dorion, Chief Justice, to go and see and examine a man in prison in Upper Canada, under sentence of death, and make report to him. That Dr

Dickson, of Kingston, would meet me there, and for us to examine the man severally and collectively. The cause of thus being called in was that very strong petitions had been sent to the government, stating that the man was really mad. I remember well how terribly I felt the responsibility. I spent nearly two whole days with that man, and reported that he was not mad, but playing the madman; which he continued to play till the rope was actually round his neck, then he threw off the disguise. I believe if he had not done so, one-half the people of that town, if they could have caught Dr. Dickson and me, would have tarred and feathered us.

The second case was on the 4th of October, 1876. I was instructed by the Hon. Attorney General of the Province of Quebec to see William Murphy, who was confined in the jail of St. Johns, awaiting trial for some capital offence. This man had been brought up for trial in October, 1876, and was found to be insane; he was sent to the asylum at Longue Pointe. When admitted, I found him labouring under acute mania. I sent him back to prison in the month of May, 1877, recovered of his attack. When I visited him in October, 1876, in company with Dr. Howard, of St. Johns, I found no symptoms of insanity in the man, and reported him fit for trial, stating in my report that I did not believe the man ever had possessed a very strong intellect. This man was brought up for trial on the 11th of said month, one week after I had seen him, and found guilty of the crime of which he was accused and sentenced to five years in the Penitentiary—no doubt a very just sentence, and no doubt both jury and judge were satisfied that when he committed the crime he was *sane*, and therefore responsible for his act.

The third case I would draw your attention to, was a young man in the jail of Sherbrooke, awaiting trial for having shot and killed his brother; he was to be tried on Monday, 8th of October, 1877. On Saturday, the 6th, I received a telegram from the Advocate for the defence, who wanted to establish that the man was insane. On examination I found that, properly-speaking, he was not insane, but that he was an imbecile, who never had

any intelligence to loose, and consequently could not be held responsible for the killing of his brother; nevertheless, (as I stated) a very dangerous man to society, being a homicidal "imbecile" that did not know the value of life. I told the Crown prosecutor what my evidence would be before the jury, and he, like a sensible and intelligent man that he is, at once abandoned the case, till he could report to the Attorney-General. Had he been a thick-headed obstinate man he would have gone on with the case, and should the jury have accepted of my testimony, the man would have been acquitted, and a homicidal Imbecile set loose upon society to commit another murder, but as it is there will be no trouble in having the fratricide locked up for life.

You see the difference, gentlemen, in these three cases: the first was a veritable criminal, for he had been tried and found guilty of murder—in fact of the murder of three—but was supposed, by kind-hearted people, to have become mad while awaiting the carrying out of his sentence.

The second case was that of a man, not a criminal but accused, who spent six months in a Lunatic Asylum, and then six months in prison without trial, becoming insane after having committed the crime, and recovering.

The third was an untried Imbecile, who it was certain had shot and killed his brother, yet under existing laws could not be tried for his act.

Now, in these three cases, any mistake on the part of either Lawyers or Doctors would have terminated with either injustice to the accused or to society; so that it was necessary that the whole proceedings should be conducted by all engaged without any prejudice, and simply with the intention of arriving at the truth, without at all considering consequences.

But these cases show also that it is necessary to have a law by which all accused of crime should be tried at the first opportunity for their crime, quite independent of their mental state. They also show that the duty of the judge, jury, and lawyers is one thing, and the duty of the medical man is another, all having separate duties to perform, but uniting for

one great object: to arrive, if possible, at truth. I say if possible, because no matter what caution is taken, no matter what their united wisdom may be, cases can arise where it is impossible to speak with certainty. For example, an epileptic maniac, who had shown no signs of mania say for five or ten years, holds conversation to-day, for a couple of hours, with a particular friend; in one hour after the conversation he kills a man in some lonesome place, and is found and made prisoner for the murder while the blood of his victim is still warm on his hands; and, when made prisoner, shows no sign whatever of insanity, denies the killing, and can show no reason whatever for the act—or says he can shew no reason—nor any reason for the blood stains upon him. Now, who on earth can say, positively, that this man was insane when he committed this crime, no man in the world could say so positively; yet he may have been insane, he may have committed the crime under an insane impulse, and labour at the time under the delusion that the man was going to kill him. It would be strong circumstantial evidence in favor of his been insane, if his victim had been to him a perfect stranger, that he had never even seen before, but, on the other hand, if his victim had been one with whom he had been well acquainted, and with whom, it had been well known, he had lived at enmity for years, then there would be strong circumstantial evidence against his having committed the deed in a fit of insanity. Still he might have been insane. What would be the duty of a medical man in such a case? Simply state the facts to the judge and jury, and the judge and jury would have quite enough to do. Afterwards, of course, in such a doubtful case, the accused would have the benefit of the doubt, yet this man *might* have been perfectly sane when he committed the crime, and might possibly have been a wilful murderer. I have at present an Epileptic in the Asylum subject to attacks of recurrent mania, G. J., aged 22, admitted for the second time April, 1877. Had no maniacal attacks since the January previous. One day in June in making my ordinary visit at 2 o'clock, he was well and cheerful, at 6 he made a sudden rush

through the ward screeching, don't let him kill him ! and before he could be stopped pushed his two hands out through the panes of glass, cutting them dreadfully, his cry all the time was "Don't let him kill him ! will none of you save him ?" When I returned in the morning I went at once to see the poor lad, he had just awoke out of a quiet refreshing sleep. I said, "What happened you George my boy ?" His reply was "Nothing sir, I was dreaming I saw Kennedy (a lunatic in the ward with him), shooting you in the yard ; he had the pistol to your forehead." Now, there is no doubt, but had the poor boy met with Kennedy at the moment of his insane impulse, he would most likely have strangled him, and afterwards when spoken to about the matter, of course, deny it, and tell of his dream. You see how similar this actual case is to the imaginary case I have just supposed for you. I could give you other similar cases to the one I have just given, but this is sufficient.

You now see, gentlemen, the great responsibility that rests upon judge, jury, lawyers and doctors, when the plea of insanity is set up for the defence of one accused of murder or of any other capital offence. I could tell you of how, in my own day, in the very town I lived, in Ireland, nearly forty years ago, a poor, miserable imbecile was tried, found guilty and hanged for the crime of raping a married woman. The man had no friends, no one to defend him, and had no idea, in the world, of what the whole proceedings meant—even up to his being hanged ; the creature had not half the intelligence of a very stupid dog. And it is not so very many years ago since there was a man hanged in Montreal for killing an infant, of whom he was the father and his daughter the mother. Why, he and his whole family were a family of imbeciles, living together like a lot of the lower brutes ! What things these two creatures were to hang, as a warning to evil-doers ! Hanging two dogs would have produced as great a moral good to society. On the other hand, gentlemen, though I would not if I could, nor could not if I would, give you actual cases of vile murderers that escaped the punishment due to their crime on the plea of insanity, yet there is not the slightest doubt of that fact.

Gentlemen, if I have taken up your time with all these cases, real and supposed; it is to impress you with the fearful responsibility the judge, the jury, and the medical witnesses have where, in a trial for murder, the plea of insanity has been set up for the defence. What law, then, do we want that will, as far as it is possible, secure equal justice to all—justice tempered with mercy? We want a law by which every man shall be, at the earliest possible opportunity, tried for his supposed offence, quite independent of his mental state, whether it be sound or unsound. Let the man be tried, at all events. If the plea of insanity be set up, let the widest possible latitude be allowed to the defending advocate. But let the Crown take the greatest possible caution that nothing in the case shall go wrong; therefore, let the Government have sworn medical experts, men of experience, and let these experts be present at the trial, and hear all the evidence for and against the accused, — and having examined him, let them give their testimony before the judge and jury, not with any desire to either convict or acquit the accused, but simply that the jury may have all the information possible upon which to find their verdict, and the judge all the information possible upon which to pass a just sentence. If the judge and jury are satisfied that the accused was sane when on his trial, but was insane when he committed the crime of which he is accused, why of course he must be acquitted and set free. If they are satisfied he not only was insane when he committed the crime, but insane at the time of trial, he must either be sent to a lunatic asylum, or be discharged when cured; or his friends must give security for his safe-keeping. He must in all respects be treated as an innocent man suffering from a terrible disease. If the judge and jury are satisfied that the accused was *sane* when he committed the crime and became insane while awaiting trial, like case No. 2, let him be found guilty, and sentenced, as if he were sane at the time of trial, but let him be sent first to a Lunatic asylum to be, if possible, cured of his disease. If the accused should be found subject to homicidal fits of insanity, for the sake of society let

his sentence be to be imprisoned for life, in either an asylum or penitentiary. If judge and jury should be satisfied that the accused was a dangerous homicidal Imbecile, like case No. 3, that I read for you, why, of course, sentence him to life-long imprisonment in the Penitentiary, such a creature should never be at large once found to have homicidal tendencies, or tendencies worse than homicidal. As you already know, my theory is that all these criminal imbeciles should be locked up for life, but I would have it done according to law.—But none hanged.

A few remarks, gentlemen, with regard to criminal Lunatics, in a Lunatic Asylum, and I am done. For example, I am obliged to consider every insane person who comes from prison to be a criminal lunatic, whether they have been tried or not: it is no business of mine. My duty is when I consider them fit to be discharged, to send a certificate signed by another medical man and myself to the Honourable Provincial Secretary stating that fact, and His Excellency the Lieutenant-Governor issues an order either to discharge the person or send them back to prison.

Now this places me, or any man that would or may occupy a similar place, in a very false position. These creatures, before they enter, and after they enter the asylum, are told that their discharge depends altogether upon me, and every day there is the everlasting cry, "Doctor, I am well; give me my discharge." This cry comes in every shape and form, and when they get weary in asking for it they come to hate me, and look upon me as an enemy, which is by no means safe or pleasant to me; indeed, I have been more than once struck and had my life endangered. But it is also injurious to the insane person himself, and often retards his recovery. The insane person should know from the beginning that I had no power to grant his discharge—and I should have no power—my simple duty should be to treat them for their disease to the best of my capacity. How, then, you will say, should they be discharged, if the medical attendant should not discharge them? I have spoken of government medical experts; well, a part of the duty of these experts should be to hold, with the medical

attendant, a board at different periods of the year, say every three months, at the lunatic asylums, for the purpose of examining into the mental state of the patients, discharging those whom they found fit to be discharged, and returning to prison those that should be returned for trial. And I hope, for the sake of medical attendants, of proprietors of asylums, who are exposed to unjust criticisms though they were very saints—and above all, for the sake of the insane themselves—that whatever legislation may take place on the subject I have treated of, that these particulars will not be lost sight of; and that the law may accurately define the exact duties of judges, juries, lawyers and medical experts, in all cases where the plea of insanity is set up for the accused; and that it will also accurately define the duties of experts, medical attendants, and proprietors of asylums, as to their several duties—particularly as to who shall be discharged and retained in asylums—and as to when Boards shall be held.

If, Mr. President and gentlemen, I have detained you long, you will make all allowance when you consider the great importance of the subject, and when you remember that, as men of science, we are bound to do all in our power to have humane and equitable laws, and to use every effort to raise the standard of morality and civilisation—the grand standard that all should be taught to aim at, “to do to others as we would that others should do unto us.”

At the conclusion of the reading of this paper it was moved by Dr. RODDICK, seconded by Dr. KENNEDY, and carried unanimously:

“That this society desires to express to Dr. H. Howard its thanks for the very practical and suggestive paper just read.”

Hospital Reports.

MEDICAL AND SURGICAL CASES OCCURRING IN THE PRACTICE OF THE
MONTREAL GENERAL HOSPITAL.

Case of Aneurism of the Innominate Artery.—Proposed Ligature of Carotid.—Refusal of Patient.—Subsequent Death and Autopsy.—Under DR. FENWICK.—Reported by Mr. J. J. GUERIN.

W. W., æt. 43, was admitted into the Montreal General Hospital on the 14th April, 1877, suffering from a pulsating tumour under the right clavicle, and considerable pain.

He has always been a healthy man—has never had any venereal affection. Has often, however, had very heavy lifting and carrying when following his business, that of an undertaker.

About six months ago he began to suffer from pain in the back of the neck, on the right side, and up the corresponding part of the temple and head. It was paroxysmal in character and sometimes very intense. Its situation varied occasionally, being sometimes located along the right clavicle and shooting out to that shoulder. Three weeks ago he began to have a tickling sensation of the throat, and a short cough without any expectoration. From that time his voice became gradually altered in quality, becoming hoarse and husky as it now remains. A short time ago he had a sudden attack of unconsciousness—apparently syncopal—which, however, was at once recovered from and has not since returned. But it has made him since very timid as regards moving about, for he is always afraid of a similar attack seizing him.

On examination of the chest, strong abnormal pulsation is seen at the right sterno-clavicular articulation. The same may be very distinctly felt by the hand pressed over the same region. When carefully examined by pressing the points of the fingers down above the inner end of the clavicle and in the episternal pit, the smooth, rounded surface of an oval pulsating tumour can be distinctly made out. There is excessive pulsation of the carotid on that side. The apex beat of the heart is of increased

force, and is found in the 6th interspace, $\frac{3}{4}$ of an inch outside of the nipple line. Heart sounds distinct.—No murmur. A very small area of slight dulness is noticeable at the inner extremity of the right infra-clavicular region. Lungs clear throughout. All the other large vessels were examined but no sign of any other aneurism was to be found. Radial pulses alike. Veins of right arm and side of neck somewhat enlarged and prominent. Pupils equal.

The diagnosis was aneurism of the arteria innominata, probably alone, but possibly involving that portion of the arch from which it springs. It had evidently been increasing rapidly for some time, already pressing upon the recurrent laryngeal nerve to an injurious extent. For this reason, and from the fact that it was the source of very great suffering to the patient, Dr. Fenwick believed that it was proper to treat it by operation. He favored the method of the distal ligature of the carotid, and thought also of using temporary compression of the axillary by an elastic bandage. Consultation of the Hospital staff was held, and the patient advised to submit to the operation. The dangers of the procedure were, of course, explained to him, and after some delay, he finally decided upon refusing to allow any interference. He therefore left the Hospital on the 4th of May, having been somewhat relieved as to pain, for which hypodermic injections had been freely resorted to.

He returned home and continued his usual avocation until the first week in July, when he died quite suddenly.

AUTOPSY, BY DR. OSLER.

On opening thorax, lungs collapse and are not adherent. Thymus is large.

Pericardium looks large, and on opening it the heart is found surrounded by a clot of blood, which, when removed, about filled the hands placed together. The pericardial surfaces are healthy. The ascending aorta is reddened and pouched, but on superficial examination no rupture is seen. The heart and great vessels with the aneurism were removed together, and on dissection the following was found: Heart flabby. Left ventricle large

but walls not much, if at all, hypertrophied; mitral valves a little thick; aortic semi-lunar valves opaque and thick, but competent. The ascending portion of the arch appears dilated, especially in two saccular pouches on the right side, both of which are very thin. On one of these is found a small rupture, about the size of a pin's head, through which the hæmorrhage had evidently taken place into the pericardium. The whole arch is considerably dilated, the intima very atheromatous and rough. The orifice of the innominate is slightly dilated, that of the left carotid very much so. On tracing up the innominate a sacculated aneurism is found springing from the right side of the vessel, the orifice of communication measuring $\frac{3}{4}$ " by $\frac{1}{4}$ ". The sac is about the size of the closed fist, and is more than one half obliterated by dense laminæ of fibrin. The right pneumogastric is involved in the wall of the sac. The walls of the right subclavian and carotid arteries are healthy. Nothing abnormal in the other organs.

Extensive compound Fracture of the Skull with loss of bone substance.—Wound of the Dura Mater.—No paralysis or convulsions.—Complete Recovery.—Under Dr. Ross. Reported by Mr. H. N. VINEBERG.

M. S., laborer, æt. 26, was admitted into the Montreal General Hospital on the 11th of May, 1877, with a severe compound fracture of the skull, together with a number of scalp wounds and general bruising of the face and head. He is a strong, muscular, well built man, and of medium height.

It appears that he and a companion, while in a state of intoxication, on the night previous to his admission, had fallen to sleep on the track of the Northern Colonization Railroad, somewhere near Lachute, and were suddenly and unceremoniously awakened by a blow from the cow-catcher of a locomotive. The Engineer could give no account as to how the injury was inflicted.

Condition on admission: The skull wound is $2\frac{1}{2}$ inches long and an inch wide, extending from the right upper angle of

the forehead backwards, irregular in outline and exposing the dura mater for its whole extent. The broken edge of the lower part of the parietal bone is quite movable. At the anterior part of the wound is a small rent in the dura mater, through which some brain matter can be seen escaping. The detached fragments of the bones were afterwards found by one of the employees on the road. The scalp wounds are three in number, one of them, situated at the back and upper part of the head, is of considerable size, and exposes a portion of denuded skull.

There is considerable ecchymosis of right eye, with some swelling of the upper lid, and slight ecchymosis of left eye. The face presents a number of cuts and abrasions. He is partially conscious, and when asked how he got hurt, replies that he received a blow from a "cow-catcher," but is not very communicative.

Pupils are of normal size and respond freely to light. No paralysis.

Pulse 120, full and strong. Respiration 20, and easy. Temp. 100°. Urine high colored, sp. gr. 1020, contains neither albumen nor sugar.

The edges of the scalp wounds were brought together by silver wire, and the deeper cuts on face by fine silk. Ordered an ice-cap to the head, and to have plenty of milk.

May 12th.—Had a very restless night; when dressing wounds to-day, some pus was seen escaping from the anterior part of the skull wound. The scalp is becoming adherent to the dura mater. Removed one of the stitches at this part of the wound to allow free exit to any pus which might form. The other wounds are doing well. Patient is conscious, and gives an intelligible answer to any question put to him. Passes urine in bed. Morning temperature, 97°; evening temperature, 102°. Pulse, 136.

13th.—Passed a restless night; not so intelligent to-day; when asked how he feels, he replies "first-rate"; wounds of face almost all united. Takes plenty of nourishment. Morn-

ing temperature, 100.5° ; evening temperature, 103° . Pulse, 144.

15th.—Rather more conscious yesterday and to-day; passes better nights. Had ol figlii gtt. ii last night and bowels have acted freely. Still passes urine in the bed; wounds are looking healthy and doing well. Temperature ranges from 99° in the morning to 101° in the evening. Pulse has been gradually falling since last report; to-day it is 104.

16th.—Temperature 101.4° . Pulse 132. Patient wanders considerably, but answers questions quite rationally; wounds are granulating and secreting healthy pus; wet pieces of lint were put between the edges of the wound.

17th.—Had a very restless night. He is quite delirious to-day. The scalp wound at back of the head is foul looking and there is considerable oedema about it. Superficial redness of the skin of the right side of the face and neck. Bowels moved once last night; ordered ol liglii gtt. ii. Ice-cap removed and ordered carbolic acid dressing. Temperature, 100.6° . Pulse 132.

19th.—Had a good night. Is more rational to-day than he has been for the last two days; the redness of face and neck has entirely disappeared, oedema of right eye-lid gone, and for the first time was able to separate the lids. Pupils have a tendency to oscillation, alternately dilating and contracting. Removed a portion of the edges of the posterior wound, which had become gangrenous. Swelling of this part of the head not increased in extent, and when pressed upon, pus escapes from the wound. Takes food well. Had no vomiting. Temperature has only been once above 100° since last report. Pulse 112.

21st.—Sleeps well all night. Answers questions at random, but when told two or three times to put out his tongue, he does so. Tongue is large, flabby, and heavily coated with a white fur. Marked oscillation of the pupils. Passes urine and fæces in bed. No signs of any paralysis. Wounds beginning to look healthy again. Temperature 101.8° . Pulse 104.

23rd.—He is quite rational to-day, better than he has been

at any time since the accident. Wounds looking more healthy, and pus secreted is beginning to have a more healthy appearance. Temperature 99.8° . Pulse 108. Still passes urine in bed. Tendency to oscillation of the pupils persists.

27th.—Swelling at back part of head almost gone, but when pressed upon, pus escapes from the wounds near by. Wounds are all granulating and doing well. He is quite rational now. Temperature 99° . Pulse 92.

June 1st.—Scalp wounds almost all closed, with the exception of the posterior one. As there was danger of the scalp over the skull wound closing too soon, Dr. Ross ordered a pledget of dry lint to be placed between the scalp and the skull. Patient is up now for the most part of the day. Tongue moist and clean. Bowels regular. Temperature ranges from 98° to 99.6° . Pulse averages 96.

13th.—There is slight œdema of the right upper lid and parts around to-day. Has had no chill nor rigor. Temperature rose yesterday to 100.4° but to-day it is down to 97° . Pulse 80.

15th.—œdema of right upper lid diminished. Slight increase of the swelling of the parts beyond and above the lid, where a seam of fluctuation can be felt. This fluctuation is directly over the course of the anterior branch of the temporal artery. Wounds all healed with the exception of a small portion of the scalp at the anterior part of the skull wound, and a small portion of the posterior wound.

27th.—A plate of bone about an inch long and half an inch wide, the thickness of the outer table, came away to-day from the posterior wound. Part beneath presents a healthy, granulating appearance, Dr. Ross removed two spiculæ of bone, which were loose, from the skull wound. The wound is healthy and granulating. œdema of right side of forehead has entirely disappeared.

August 7th.—Discharged, all wounds healed with the exception of a spot, half inch in diameter, at the seat of the posterior wound.

Reviews and Notices of Books.

Cyclopædia of the Practice of Medicine. Edited by Dr. H. VON ZIEMSEN, Professor of Clinical Medicine, Munich, Bavaria; vol. xv.—*Diseases of the Kidney.* By Professor CARL BARTELS, of Kiel, and Professor W. EBSTEIN, of Goettingen. Translated by Reginald Southey, M.D., Oxon, London, and Robert Berthelot, M.D., of Philadelphia. Albert H. Buck, M.D., of New York, editor of the American edition; 8vo., pp. 796. New York: William Wood & Co., 27 Great Jones street, 1877.

The first and larger part of this volume is from the pen of Professor Carl Bartels, of Kiel. The author of this paper, we learn, from the sketch of his life, is a self-made man of marked ability and persevering industry. He was the son of a farmer, whose means were so limited as to preclude the possibility of his giving his son Carl the advantages of a thorough education. Young Bartels was forced to become an apprentice to a neighbouring farmer, but after three years he received the position of clerk to a large estate near the city of Altona. He employed his leisure time in study, so that at the end of four years he was enabled to enter the University of Kiel, where he arduously pursued the study of anatomy, chemistry and physics. During the first Schleswig-Holstein war he served as a musketeer, and on the cessation of hostilities he returned to Kiel and pursued his studies. He had almost completed his state examinations when war again called him to the camp, and, as there was a lack of medical men, he received the position of sub-surgeon. After various positions in charge of military hospitals, he at length graduated in December, 1850; and the following spring he supervised the work published by Frerichs on Bright's Disease, being at the time clinical assistant to Professor Frerichs. After Frerichs left Kiel, Bartels remained as assistant at the Medical Clinic—at first under F. Weber, and subsequently under Professor Gaetz. In the summer of 1858 Gaetz died, and the year following Bartels was appointed ordinary professor of the University of Kiel and

director of the Medical Clinic, which position he still retains. He has contributed several papers, chiefly to the periodicals of his country—some of which are on the subject of renal affections.

The first part of this paper by Professor Bartels is devoted to the consideration of the structural diseases of the kidney and the general symptoms of renal affections. These he divides into local symptoms, functional symptoms (which are noticeable by the quantity and quality of the urine), and general symptoms—as disorders of the blood, of the nervous system, and of assimilation, as resulting from an arrest or an improper performance of the functions of the kidney; or, in other words, as a consequence of imperfect depuration of the blood in renal disease.

The author then proceeds to discuss the diffuse diseases of the kidneys, and the classification which he adopts, and which he states is based on his own clinical experience, is as follows :

1. Hyperæmia of the kidneys.

(a.) The active. (b.) The passive, due to venous stasis.

2. Ischæmia of the kidney and its results (the renal affection of cholera).

3, Parenchymatous inflammation of the kidneys.

(a.) Acute. (b.) Chronic.

4. Interstitial inflammation of the kidneys, or connective tissue induration.

5. Amyloid degeneration of the kidneys.

The author admits that this classification is incomplete, as it does not include all forms of diffuse changes that are observed in the kidneys, as he states that there are occasionally cases met with in which these varieties are combined in many different ways, "but it would serve no practical purpose to establish separate divisions for all these mixed forms."

After discussing these several divisions, in the chapter on parenchymatous nephritis, he gives, in a supplement, a description of the acute parenchymatous nephritis of pregnancy. We next come to the second stage, of some writers, of Bright's Disease, or, as our author gives it, chronic parenchymatous inflammation of the kidney. In this condition the author is of opinion that perfect and absolute rest is necessary for their

successful treatment, and he remarks that he has confined his patients to bed for long periods. This, of course, is but following out the dictates of prudence, because, in this condition, there is an excess of urea in the circulating fluid which is not excreted by the kidney, and increased exertion must result in increased tissue metamorphosis.

Professor Ebstein completes this volume by giving us chapters on the following subjects:—Inflammation of the pelvis of the kidney, suppurative nephritis, and perinephritic abscess; tumours of the kidney; foreign bodies in the kidney, pelvis, and ureter; animal parasites, and anomalies in position, form and number of the kidneys. To this is superadded a short discussion on diseases of the renal vessels. This is a most important volume,—and although we must admit that many questions discussed are far from being definitely settled, yet we may remark that the subject-matter of these discussions are fully up to the literature of the day.

The Ear, its Anatomy, Physiology and Diseases.—A practical treatise for the use of *Medical Students and Practitioners*.

By CHARLES H. BURNETT, A.M., M. D., (with eighty-seven illustrations). 8vo. pp. 615 Philadelphia: HENRY C. LEA, 1877.

In this work another valuable contribution has been made to the already voluminous literature of aural surgery. The author rightly deeming that an adequate knowledge of this difficult and intricate subject can only be attained by a thorough and intimate acquaintance with the anatomy and physiology of the parts concerned in affections of the ear, has devoted the large space of 142 pages to their consideration, and in so doing has availed himself to the fullest possible extent of every modern authority from whom useful information could be obtained. This part of the work, therefore, comprises a pretty complete *resumé* of all that is known or taught by anatomists and physiologists of the present time concerning the structure and function of the human ear, and to those who are interested in these subjects will amply

repay a careful and attentive perusal. The remainder of the work comprising some four hundred and forty odd octavo pages is devoted to a consideration,—first, of the methods and means of examining patients, the properties and qualities of sound, tests of hearing, &c.; second to the diseases of the ear, their diagnosis and treatment. To the busy practitioner who, it is to be feared, too often overlooks the importance of making an early and correct diagnosis of disease of the ear, and is apt to be content with prescribing in all cases some form of “ear drops,” which, a little reflection would show, must generally be either inert or else more or less harmful in their action; this portion of the work may be cordially recommended, as there is probably no other book of the kind in the English language which contain so concise and yet so complete an account of the numerous diseases to which the ear is liable. We can safely predict that every intelligent medical man who takes the trouble to make himself familiar with the leading facts concerning this class of disease, as given by Dr. Burnett, will not only admit that the time thus employed was far from being wasted, but that the earnest labours of Otologists within the last few years have taken away the sting of reproach contained in the hackneyed phrase that “nothing can be got out the ear but fees and wax.”

Admitting the great difficulties which beset the Otologist in the pursuit of his special science, it is only fair to accord all honour to those who have contributed so much towards its advancement, and we feel certain the profession will fully appreciate the author's laudable, and we may add highly successful effort, “to present concisely and clearly the present aspect of Otology, and indicate the direction in which further researches can be most profitably carried on.”

There are some parts of the work which seem open to criticism, but on the whole it bears ample evidence of having been well thought out and carefully written. The chapter on chronic catarrhal inflammation of the middle ear, is as usual somewhat disappointing, but this is due to the unfortunate and intractable character of the disease, rather than to any fault in the manner

in which the subject is handled. If the author makes any mistake in discussing the treatment of this disease, it is a mistake on the right side, the side of caution in the use of remedies which prove injurious. In speaking of the giddiness which is so often associated with chronic disease of the middle ear, especially after inflation of the tympanum, Dr. Burnett lends his support to a theory which seems to us a little far-fetched, to say the least, viz: that the vertigo is caused by pressure on the cerebo-spinal fluid, through a small communication which has been shown to exist between the latter and the fluid contents of the internal ear, the round and oval windows being unduly compressed by forcing air into a diseased and comparatively unyielding tympanic cavity.

There are some few expressions which might as well be given in plain English instead of resorting to other languages in making such statements. For instance, the word *recidive* instead of *relapse*, has a very unenglish sound and might readily puzzle a student unfamiliar with the German medical literature. The book, however, is a very valuable one, and will doubtless soon prove to be its own best recommendation.

The Physician's Visiting List for 1878—being the twenty-seventh year of its publication: For 25 patients weekly: Tucks, pocket and pencil. Philadelphia: Lindsay & Blakiston.

This useful little book which has been the companion of the Physician in his daily rounds for twenty-six years, has lost none of its freshness, nor general appreciation. It is the most convenient visiting list yet published, and although many others have from time to time seen the light, yet is the Visiting List of Lindsay & Blakiston generally preferred and most extensively used. Our readers are familiar with its appearance and usefulness, and we doubt not many have already provided themselves with a copy for the ensuing year. The one before us is intended for twenty-five patients only, but on enquiry at the book-stores our subscribers will be able to procure editions for fifty or one hundred patients weekly. The interleaved edition is, to our mind, the most useful, as short notes or memoranda of cases under observation can be taken at the time, which is to the busy practitioner a desideratum.

Extracts from British and Foreign Journals.

Unless otherwise stated the translations are made specially for this Journal.

On the influence of Ovarian Compression in recent Hysterical Contractions.

In the twentieth number of the *Progres Médical*, we cited a curious instance of the influence exercised by ovarian compression in recent hysterical contractions. We have observed two additional cases of the same nature, the particulars of which we shall briefly relate.

The first case is that of a young girl of this city, aged about 25, who, during a seizure became deaf and suffered from contractions of the muscles of the right side of the body and of those of the lower jaw. These manifestations occurred with great frequency in her case, and when she was left to herself they lasted several days. During their continuance her friends used to hold communication with her by writing on her forehead, either with the finger or with a pencil. Everything written in this way she could perfectly comprehend. The hysterical symptoms which remained permanent were, amaurosis of the right eye, hemianæsthesia and ovarian hyperæsthesia of the same side. On three occasions in a space of less than two years, we were enabled to put a stop to the contractions of the muscles of the jaws, those of the limbs, and last of all the deafness.

The second case occurred in the practice of M. Charcot at "la Salpêtrière." A girl of seventeen years of age subject to frequent hystero-epileptic seizure, had, on the 4th of last June, violent attacks of this kind lasting for three hours, and followed by rigidity of the maxillary and lingual muscles. Every attempt at separating the jaws failed. With the experience of our former case, before our eyes, we practiced compression of the ovary on the right side, for we knew that in this case the hyperæsthesia and hemianæsthesia occupied the right side of the body. The compression was rendered more difficult than in previous

cases, by reason of the rigid contraction of the abdominal muscles. As soon as we placed our hands in the depth of the pelvis in the region of the ovary, or in other words, as soon as we felt the iliac artery pulsating, the muscles of the lower jaw became relaxed and it was drawn to the right side, giving the patient a very strange appearance. Soon it resumed its ordinary position but remained still somewhat open. As one looked down the widely open mouth, one could see in the back of the buccal cavity the tongue bent backwards and doubled on itself, the tip seemed glued to the uvula, and, in fact, one would almost imagine that she was on the point of swallowing her tongue. On continuation of the pressure the tongue suddenly lengthened itself like a piece of elastic, and underwent rapid movements of alternate lengthening and shortening. These phenomena soon ceased, however, and affairs began to take their usual course, the patient recovering with but slight impediment of speech. The girl subsequently suffered from similar attacks in which the same occurrences were noted, but they disappeared under this plan of treatment.

In these two cases, as in former ones, success crowned the undertaking. Experience alone, will decide whether this will always be the case. We must bear in mind that we deal merely with recent hysterical seizures, and that in permanent contractions of several weeks or even days standing ovarian compression has no effect whatever.—*Le Progres Médical*, 23rd June, 1877.

On the Treatment of Paralysis of the Facial Nerve.—By Dr. J. MUSCAREL.

The author of this article relates how unsuccessful he has been in the treatment of that form of facial paralysis depending on cold; how he has tried leeches, cupping, blisters behind the ears, revulsives, sudorifics, and various electrical contrivances. For the last sixteen or seventeen years Dr. Muscarel has employed the following plan:—On the first day he introduces a platinum needle to the depth of one centimetre, or one centi-

metre and a half, in the direction of the stylo-mastoid foramen, towards the exit of the facial nerve from the cranium. A second platinum needle is placed horizontally in front of the orbit of the paralysed side, in the upper muscular fibres of the orbicularis palpebrarum. A battery of feeble strength is placed in connection with these needles, and an intermittent current is made to pass through them for eighteen or twenty minutes. It is hardly necessary to say that excessively violent contractions, almost convulsive, occur in the fibres of the orbicularis palpebrarum. On the second day the needle is placed in the lower part of the muscle. On the third, fourth, fifth and sixth days the facial needle is placed in the facial muscles one by one, the other needle being always kept in the region of the stylo-mastoid foramen. In more than a dozen cases the author has met with success in seven or eight sittings. The following cases are the most striking :

CASE I.—A servant maid, æt. twenty-eight, in perfect health, while washing clothes at a river bank, caught cold. She was menstruating at the time. Soon after she experienced difficulty of articulation, immobility of the left cheek, inability to close the left eyelid. That evening sinapisms were applied and sudorifics given. On the next day, there being no improvement whatever, the treatment above described was used.

On the first day the facial needle was put into the orbicularis ; the second day into the middle, and on the third day into the upper, middle and lower parts of the face. Complete recovery ensued.

CASE II.—A cavalry officer, aged sixty-five, gouty and rheumatic, fell asleep in a railway carriage with his face exposed to a cold draught. Paralysis of the facial nerve was the result. Two days afterwards this treatment was carried out. The condition was entirely done away with at the seventh sitting.

CASE III.—A cutler, æt. twenty-nine, after a hard day's work, with exposure, found himself the next day with his face drawn to one side. Electricity was applied in the usual way. He was very susceptible to the influence of the agent, so that a very slight current was used. Only four sittings were required — Condensed from *Bulletin Générale de Thérapeutique* of the 30th July, 1877.

On the treatment of Urinary Fistulæ, by Digital Compression.—At the meeting of the Surgical Society of Paris, held on the 8th of August last, M. Delens made mention of a communication made at a former meeting of the Society by M. Maréchal, Surgeon of the Navy, on the utility of digital compression in urinary fistulæ.

This plan has previously been resorted to, but not with the same care that M. Maréchal has bestowed on it. The author recommends that the patient should hold himself well bent forwards, and hold closed with his fingers the openings of the fistulæ during the emission of urine. Compression should be regulated according to the effect produced. There is danger of extravasation should the pressure be too great and the urethra not pervious. The patient, whom M. Marechal brought before the Society, was cured eight years ago, but still as a matter of habit he never micturates without making compression. Undeniable success attended this treatment, in two cases related by the author.—*Bulletin Général de Thérapeutique*, 30 Aug., 1877.

Hydrastis Canadensis in Uterine Hæmorrhage.—Dr. Gordon of Hannibal, Mo., states that he has, for the last ten years, made extensive use of the tincture of hydrastis in cases of uterine hæmorrhage, with such satisfactory results, that he now seldom resorts to any other remedy. When the hemorrhage is severe, he gives twenty to thirty drops of the tincture at short intervals, until the actual bleeding is controlled. The remedy is then continued in doses of from two to five drops at longer intervals. When there is much prostration from loss of blood, he combines the tincture of cinchona flava with the hydrastis.

In menorrhagia, two to five drops of the tincture of hydrastis, every two or three hours or oftener, usually gives prompt relief. Larger doses may be used if necessary. After the flow is reduced to its normal quantity, the minimum dose is continued twice a day until the next menstrual period, when, if necessary, the larger doses are resumed. In dysmenorrhœa

dependent on chronic endometritis, from seven to ten drops of the tincture, with an equal quantity of a solution of bromine (gtt. i-Oj.), three times a day, have given very satisfactory results.—*Chic. Med. Jour. & Exam.*, August, 1877.—*Medical Record*.

The Relation of Erysipelas to Puerperal Fever.—Dr. Lühe, of Plön, relates a series of cases of puerperal fever, originating from erysipelas, which are of significance as regards the mode of conveyance of the poison and the efficacy of disinfectants. The place has been free from any contagious puerperal disease for some years. A lady then suffered at the time of her delivery from slight erysipelas of the face. Three days later one of her attendants had a severe, but simple, attack of the same complaint, accompanied by much œdema, and the formation of large blisters. On the fifth day after her delivery the lady herself was attacked by symptoms of puerperal peritonitis which proved rapidly fatal. Shortly afterwards two other puerperal women attended by the same midwife, were attacked by a similarly rapid and fatal form of peritonitis. The midwife, an intelligent person, was instructed to make a thorough disinfection of her person, clothing and instruments, and although she did not give up practice, no further cases of puerperal fever occurred.—*Archiv. für Gynäkologie*, B. xi. H. 1.—*Obstetric Journal*, Sept. 1877.

Erysipelas of the Pharynx.—Dr. F. HESSE, (*Deutsch Med. Wochschr.*) reports three cases of erysipelas of the mucous membrane of the soft palate and pharynx. He also adds others from other sources.

There appears to have been no doubt that these were true cases, as in each case the erysipelas came by spreading from a similar affection of the true skin. The interesting point is that in all three cases there was a diphtheritic membrane developed on the tonsils, which has its analogue where in erysipelas of the skin the inflammation is so intense that the part dies. The disease begins with chilliness, and runs its course attended by high fever, difficulty of swallowing, and especially by dryness of the nose and throat.

CANADA

Medical and Surgical Journal.

MONTREAL, NOVEMBER, 1877.

OUR EXCHANGES.

We have had a large and valuable exchange list since we first began our publication in 1864; and while we think it as well to announce this fact, and to notice the regularity with which exchanges have been received, we desire to call attention to some anomalies which we are unable to understand. For instance, *The Dublin Journal of Medical Sciences*, was received with regularity up to the year 1873, when, without apparent cause, it stopped. We wrote to one of the editors but no reply did we get, nor indeed was any notice taken of our communication; we waited a considerable time, and then reluctantly removed the name of that journal from our exchange list. Quite recently, in September last, we received a copy of *The Dublin Journal of Medical Sciences* for the month of January, 1877, it came from the publishing house of Fannin & Co., Grafton Street, Dublin, and was mailed some time in August. *The Glasgow Medical Journal*, Quarterly, came to our address with tolerable regularity up to the year 1874, when it ceased to be received by us. Whether it is sent to our address or not we are unable to say, nevertheless we do not receive it. We now have to notice *The Australian Medical Journal*. We observe that it is announced that this journal is published on the 15th day of each month. On the 3rd of September last we received, via California, three numbers of *The Australian Medical Journal* for the months of January, February, and March, 1877. On reference to the post mark on each wrapper,

we notice that three numbers were mailed at Melbourne, Australia, on the 23rd July, 1877, and reached the Montreal post-office on the 3rd September following, six weeks after leaving the office of publication; and again on the 26th of October, we received the April, 1877, number of *The Australian Medical Journal*, which was mailed at Melbourne on September 13th, last. We are desirous of knowing the difficulty in the case of our valued contemporary. Are we to infer that the journals were published on the day or shortly before they were mailed to our address; does the delay originate in the Melbourne postal arrangement? and are we to expect the future numbers of the *Journal* to come to hand, as in the past, six months after publication. We mail our own journal with regularity to the address of our contemporary, and should be glad to receive a like courtesy in exchange. We may furthermore call the attention to our present address, which will be found on the cover of each number. Drawer 386, post-office, Montreal. This address will preclude the chance of any of our exchanges being mislaid.

TRANSACTIONS OF CANADA MEDICAL ASSOCIATION

In our advertising columns the fact is announced that this volume will be ready for issue about the middle of November, and members of the Profession wishing to subscribe are invited to send their names to the Secretary of the Committee on Publication.

The papers read at the recent meeting, together with the President's address and proceedings will make an exceedingly interesting volume—one creditable alike to the Association and the profession in Canada. Nothing, we feel assured, will do more towards placing the Association on a better footing, and gaining for it the hearty support of medical men throughout the country than the publication of its transactions. The financial position of the Association is such, owing to the low figure of the annual fee, that the volume is published by subscription, and we would urge upon our professional brethren to send in their names, and not to let this opportunity pass of assisting in what all must regard as a most praiseworthy undertaking.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

The Annual Meeting of the Medico-Chirurgical Society of Montreal took place on the evening of Friday the 19th of October, 1877, in the Natural History Society's Rooms, the President Dr. GEO. E. FENWICK, in the chair. There were present, Drs. Henry Howard, Kennedy, Osler, Loverin, Edwards, Dugdale, McConnell, Park, Armstrong, Shepherd, Ross, Falton, Proudfoot, John Bell, Richard MacDonnell.

The minutes of the previous meeting were not read.

The President read his annual address. He referred to the value of many of the papers read during the past year, many of which had found their way into the Medical press both of England and the United States.

The subject of the report of contagious diseases to the Health department, as well as that of renting rooms for the exclusive use of the society, was dwelt upon. He concluded by referring with deep regret to the melancholy death of Dr. Cline, whose life, sacrificed in the discharge of his duty, was a loss the society could ill sustain.

It was proposed by Dr. Trenholme, seconded by Dr. Henry Howard, and unanimously resolved :

“That this Society desires to express its profound sorrow at the sudden death of Dr. Cline, the late Secretary of this Association, and to make known its high appreciation of the integrity, ability, and geniality which had won for him the esteem and respect of every member. And, while deploring his sudden removal from our midst, as he was about to enter upon a most promising career of usefulness, it desires to convey to his family its unfeigned sympathy in their irreparable loss and affliction. Also, that a copy of this resolution be forwarded to the family of the late Dr. Cline.”

Dr. Howard in seconding the resolution, stated how much, though a comparative stranger to Dr. Cline, he had been struck with the ability and assiduity he had displayed in the performance of his duty as Secretary of this Society.

The Treasurer's report was then submitted to the meeting, and Drs. Ross and Dugdale appointed as Auditors. It was adopted.

A ballot for the election of officers for the ensuing year took place, with the following result :—President, Dr. F. W. Campbell ; First Vice-President, Dr. H. Howard ; Second Vice-President, Dr. Ross ; Councillors—Drs. Fuller, Roddick, and John Bell ; Secretary, Dr. Richard MacDonnell ; Treasurer, Dr. Proudfoot (re-elected).

The following new members were proposed : Dr. Blackader—Proposed

by Dr. Reddy, seconded by Dr. Richard MacDonnell. Dr. C. A. Wood—
Proposed by Dr. F. W. Campbell, seconded by Dr. Kennedy. Dr. Oakley—
Proposed by Dr. Osler, seconded by Dr. Roddick.

The chair was then, on motion of Dr. Ross, taken by the newly-elected President.

It was then moved by Dr. Ross, seconded by Dr. TRENHOLME: That a vote of thanks be tendered the President and Officers of the past year.

Dr. H. HOWARD read a paper entitled "The Medical Jurisprudence of Insanity."

A brief discussion took place on the paper, in which Drs. Fuller Trenholme, Fenwick and Proudfoot took part.

Dr. HOWARD, in answer to the question whether a pauper patient was obliged first to be sent to the common jail before the asylum, replied that it was merely necessary for the medical man in attendance to forward properly framed certificate to the Provincial Secretary, and that on his authority the patient could be sent to the Asylum direct. He stated that the delay, complained of by some members of the Society, is due to the fact that, before the Longue Pointe Asylum was built, there were not enough beds in the St. Johns Asylum, and therefore the applications had to remain on the table until vacancies occurred.

It was then announced that Dr. Roddick would read a paper at the next meeting on "Antiseptic Surgery."

An adjournment was then moved.

Personal.

DR. BURLAND has been appointed House Surgeon, Montreal General Hospital, since Dr. CLINE'S decease.

DR. JAMES BELL, Apothecary Montreal General Hospital, has been appointed Assistant House Surgeon.

W. D. OAKLEY, M.D., (Prizeman of class, 1877,) of Belleville, Ont., has been appointed apothecary to the Montreal General Hospital, vice Dr. JAMES BELL, promoted.

DR. BLACKADER ('71.) and Dr. C. A. WOOD, (Bishop's '77) have begun practice in the city.