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CANADA

MEDICAL JOURNAL.

ORIGINAL COMMUNICATIONS.

CANADIAN MEDICAL ASSOCIATION.

SECOND ANNUAL MEETING.

The second annual meeting of the Canadian Medical Association, was opened in Toronto, on Wednesday the 8th September. The sittings were held in the Toronto University.

The meeting was called to order by the President of the Association, the Hon. Dr. Tupper, C.B., of Halifax, Nova Scotia.

Dr. Canniff, of Toronto, and Dr. Rottot, of Montreal, Local Secretaries for the Provinces of Ontario and Quebec, acted as Secretaries to the meeting.

The Hon. Dr. McNeill Parker, of Halifax, Vice' President for the Province of Nova Scotia, and Dr. E. M. Hodder, of Toronto, Vice President for the Province of Ontario, occupied seats on the platform.

Dr. N. S. Davis, of Chicago, presented his credentials as a delegate from the American Medical Association, and was invited to a seat upon the platform, as was also the Hon. Dr. Painchaud, of Quebec.

At the opening of the session the attendance of members was not large, but towards the afternoon the attendance considerably increased, and before the adjournment, the numbers present, surpassed expectations. We have not been able to get a correct list of the members in attendance, but noticed the following :

Dr. Edmonson, Brockville; Dr. Richardson, C. B. Hall, H. H. Wright, Aikins, Canniff, Sangster, Rosebrough, Berryman, Thorburn, Toronto; Dr. Earle, St. John; Dr. Jos. Cote, St. Vallier, Quebec; Dr. J. B. Blanchet, Quebec; Hon. Dr. Parker, Halifax; Hon. Dr. Tupper, C. B., Halifax; Dr. G. J. Potts, Belleville; Dr. Henry, Ottawa; Dr. H. Blanchet, Quebec; Dr. Marsden, Quebec; Drs. R. P. Howard, W. E. Scott, E. H. Trudel, J. P. Rottot, Robert Craik, A. H. David, Francis W. Campbell, L. G. Turgeon, Montreal.

The following registered their names as delegates to the Association. Dr. Grant, Medical Profession, Ottawa; Dr. Hornibrook, from Medical Association, Perth; Dr. Russell, Medical Society, Quebec; Dr. Holden, Medical Society, Hastings; Dr. Tuck, Alumni Association, Victoria College; Dr. Geikie, Medical Association, New York; Dr. Mackintosh, Medical and Surgical Association, Hamilton; Dr. Jackson, Laval University; Dr. Herbert, do., do.; Dr. W. W. Ogden, Canadian Medical Institute, Toronto.

The following permanent members of the Association were then elected; Dr. A. P. Reid, Halifax; Dr. Pare, Dr. Patullo, Brampton; Dr. J. Widmer Rolph, Toronto; Dr. Oronhyathka, Hastings; Dr. J. P. Russell, Toronto; Dr. W. Hope, Belleville; Dr. Jos. Workman, Toronto; Dr. Frederick W. Strange, Aurora; Dr. Bovell, Toronto; Dr. R. A. Reeve, Toronto; Dr. H. A. Gordon, Toronto; Dr. Wm. H. Cumming, Toronto, Dr. Benjamin Workman, Toronto; Dr. Barick, Toronto; Dr. McLaren, Toronto; Dr. Thomas Smith, Dr. Allison. Dr. Berryman, Dr. Harvey, Stratford; Dr. Davidson, Mitchell; Dr. C. K. Fiske, Dr. E. B. Donnelly, Windsor; Dr. Hyde, Stratford; Dr. Jas. Dickinson, Cornwall; Dr. Boy, Mitchell; Dr. W. Ogden, Dr. Rowell, Dr. Hodder, Dr. McGill, Dr. J. J. Dickinson, Cornwall; Dr. W. W. Gordon, Bathurst, N. B.; Dr. Wright, Oakville; Dr. Dewar, Port Hope; Dr. Stewart, Mono Mills; Dr. Temple, Toronto; Dr. Lacombe, Saguenay; Dr. Thomas Cimon, Saguenay; Dr. David, Dr. Campbell, Quebec; Dr. Donnelly, Ha! Ha! Bay; Dr. Coleman, Seaforth; Dr. Cole, Clinton; Dr. Phillips, Grahamsville; Dr. Oldwright, Toronto; Dr. Freeman, Dr. Wiman Bethune, Dr. John Baxter, Dr. Boyle Travers, Dr. Jackson Stratford. When the name of Dr. Clarke, of Guelph, President of the Medical Council of Ontario, was proposed, a discussion arose on the propriety of his admission as being in the habit of consulting with Homœopaths.

In reference to the matter it was moved that the proposition be suspended until the Committee on Ethics have time to report on the question "of meeting Homœopathic practitioners in consultation." Carried.

The following were elected honorary members:—

Dr. Davis, Chicago; Sir Geo. Duncan Gibb, London; Dr. Barnes, Surgeon General of the United States Army; Dr. S. D. Grosse, late President of the American Medical Association, Dr. Charles A. Lee, Professor of Hygiene, New York.

Letters of apology were read from Dr. Belleau, Quebec, General Secretary of the Association, and Dr. Harding, New Brunswick, who were unable to be present.

A letter was received from the Secretary of the Toronto Club placing their rooms at the disposal of the members of the Association during their stay in the city.

The order of business was then suspended for the purpose of hearing the address of welcome.

The following address of welcome was then read by Dr. Workman.

Honourable Mr. President and Gentlemen, Delegates from the Sister Provinces.

My brethren of the Committee of Arrangements have devolved on me the very pleasing duty of addressing you, in their name, and in that of the Medical profession of Ontario, in terms of hearty welcome to the Capital of our prosperous and happy Province. I am deeply gratified by the honor thus conferred on me, affording, as it does, so happy an occasion of meeting esteemed old friends, and of making acquaintance with so many distinguished members of the Profession of which I am still happy and proud to be recognized as a member, though, in truth, after sixteen years absence from general practice, and almost constant immurement in an abode of dethroned reason, I can hardly regard myself as entitled to claim rank.

Do not, gentlemen, be so unjust towards the Committee, nor so harsh towards me, as to suppose that I have been placed before you as a representative man, in any other relation than that of simple expositorship of the cordial esteem of your Western brethren. I have heard it hinted (and there may be people mischievous enough to transform the joke into plausible fact) that the present spokesmanship has been delegated to me from certain psychological considerations connected with the course of legislation on medical affairs in the last session of our domestic Parliament. There is not any truth in this injurious insinuation; and though I am but too well aware of the fact that insanity is seriously on the increase in this country, I do not believe that our present Medical Law has been the production of men of unsound mind,—so far, at least, as the members of our Profession were concerned. There has, to be sure, been a great deal of mental perturbation, and of that nervous irritability which is so commonly presented in the incubative stage of mental alienation; but I fondly hope these threatening symptoms are now gradually subsiding, and that before the close of the present auspicious re-union, you will be able to award to us a certificate of at least average mental competency.

Our brethren who have been most prominently identified with the framing of the present law (and I assure you some of them are very

hsrewd men), have comforted us with the assurance that the law will work well, and that it cannot fail to secure the end we *all* desire—the elevation and improvement of the Profession of Medicine.

None of us can deny that this “is a consummation devoutly to be wished for,” and cheaply bought at almost any sacrifice, short of that of honour; and I am sure, when we all feel satisfied upon this score, we shall rest in perfect tranquillity.

Much allowance is to be made for our peculiar, economical and, indeed, unique political organization. You gentlemen of the East—the acknowledged cradle, but not ever the adult abode of wisdom—must not overlook the fact that it was but yesterday that, by the bare skin of our teeth, we escaped from French domination. Then we had to set up shop for ourselves; and having been left in a state of utter anemia, with that syncopal mental aberration which attends profuse loss of blood, we were quite glad to re-commence the world with a low-priced machine, flattering ourselves that we might thus save as much in dollars as would compensate for trifling inconveniences arising from the defects of rude manufacture. Some persons, indeed, allege that this sort of legislation is best suited to our political exigencies and tastes; for it is always desirable among a people habitually addicted to the reforming of abuses, that there should be no lack of this sort of material to engage their attention, as otherwise they would be likely to set to work in repealing and reconstructing their best laws, and might not even stop with this. These persons assert that the peculiar excellence of our mono-hippous machine is that, like the railway locomotive, it is found to work with equal facility backwards as forwards, and hence they aver that if our new Act shall be found to work badly we have but to complain of it, and forthwith get a better in its stead. But, for my own part, I am by no means sanguine on this head. I have never seen our Parliament open its mouth on medical legislation, but it has put its foot in it. We asked the old double-barreled gun for a better law, and we got the Parker Act, enwombing in its Trojan horse clause the Eclectics and Homœopaths, whom it affected to have entombed in a preceding clause. We disliked this; but we said there was no use looking for anything better until after Confederation, *then* we would get, from our own statute factory, a law suited to our requirements. We have got it, and some affirm that it suits admirably; but others say that, like Paddy’s breeches, it fits far too much. To those, however, who hold for “motley as the only wear,” it cannot fail to be comfortable. The great question now is, shall we ask for further legislation, or let bad enough alone. Milton tells us that in

a certain parliament house there is a storey beneath the lowest. We are already as low as the most modest and humble amongst us could for the sake of spiritual mortification, desire to go. My belief is that we had better keep out of Parliament, so long as we have to enter as mere mendicants. We are, I think, sure to come out worse than we went in. "Facilis descensus Averno est"—but the getting up stairs again—"hoc opus, hic labor est."

I do not believe that the elevation, nor even that which is styled the protection of our Profession, is to be achieved by Acts of Parliament. If we would be elevated, we must climb the steep ascent ourselves. If we press onwards and upwards, straining for the attainment of the highest possible status in Medical science and moral excellence, we shall not fail to command the approbation and respect of society; and we shall realise, in the possession of these, an elevation and protection, infinitely more potent and enduring than any which we could hope to derive from legislation.

I confess that I look forward, gentlemen, with brighter anticipations to the results of your annual assemblages, and the co-operative proceedings of district Medical organizations, as a means of advancing the welfare and vindicating the dignity of our Profession, than to any other, or to all others put together. Our greatest, and alas! too palpable want is Union—honest, earnest, self-sacrificing Union, and our next great want is prudence.

In your Association, I flatter myself, I recognize the germinant centre of the former, and to the native good sense of our brethren, I trust for the prosperous cultivation of the latter. We shall never begin to know our own strength, and to wield it profitably, until we have discovered and discarded our own weakness. On an occasion such as the present it would be equally ill-timed and indecorous to disturb the harmony of our fraternal gathering, by an exposition of our common frailties. Let it rather be the fixed and solemn purpose of each and all of us to scrutinize severely our own character and conduct, and unhesitatingly to extirpate whatever we may find unbecoming in the one or blameworthy in the other.

The threadbare proverb, that doctors differ, has been often contemptuously levelled against our body, just as though it were a reproach befitting us *par excellence*. We, indeed, often differ; but is difference in opinion on unsettled questions, or on subjects of inevitable obscurity, peculiar to us; I desire not to offend the other learned Professions by instituting comparisons; but this much I may truthfully and without

any violation of modesty say, our differences in opinion are not more unbecoming rational men and fearless inquirers after truth than are theirs; and I may safely leave it to the world to decide, whether our mode of declaring these differences is less moderate, less gentlemanly, less candid, or less charitable than is theirs. Before closing these, perhaps rather disjointed, observations, I would crave your forbearance whilst I venture to instance a short-coming in our body, which to me appears of no trivial magnitude. I allude to our too slight identification with and respect towards the Press. I would not be understood as inculcating the expediency of pecuniary patronage in the shape of bombastic advertisements. We can never descend to that meretricious means of securing the support of this potent moulder of popular opinion; and even if we tried, we should always find ourselves far overtopped by the Bohemians. But there are more roads to Rome than one. We have abundant honourable means of making ourselves felt and respected through and by the Press, without stooping to any unbecoming course. The skilful use of the scalpel does not disqualify the hand for the trenchant wielding of the pen. But I would not have the pen used as a scalpel in fratricidal warfare amongst ourselves. Surely there are among us men who can write on other than mere medical subjects. We must, if we are to acquire stronger vitality, identify ourselves more intimately with the Fourth Estate. I beg pardon, for in Ontario it should be called the *second*, as it really is *secundus nulli*. If I have committed a bull, you will pardon it as a national infirmity.

And now, gentlemen, in the name of the Committee of Arrangements, and on behalf of the entire legitimate Medical Profession of Ontario, permit me to reiterate to you our hearty *welcome!*

The Association then adjourned for luncheon, which through the kindness of their Ontario friends, was served in the College Dining Hall.

On re-opening,

A member stated that Dr. Clarke, Guelph, appeared as the representative of the College of Physicians and Surgeons, Ontario. His certificate from this body was also placed in the hands of the Committee on Credentials.

Dr. Harrison, Selkirk; Dr. Birk, Scaforth; Dr. G. D. Monton, Brantford; Dr. L. G. Turgeon, Montreal; Dr. D. Pollock, Scarboro'; Dr. L. McFarlane, Toronto; Dr. George Wright Toronto; Dr. Valentine, Toronto; and Dr. Spooner, were elected members of the Association.

The President's address was next on the order of business, and in rising to address those present he was loudly cheered. In consequence

of his non-arrival in the city till 5 o'clock in the morning he stated that he hardly felt capable of making any studied address but thought he would fail in his duty did he not briefly give his views as to the best mode of commanding the confidence of the public and securing the elevation of the Profession. The great question that would be brought before them was as to how far men who were not thoroughly in accord with them should be received in their midst and how general should be the recognition of them. He afterwards alluded to the necessity for an increased standard of Medical education, and of agreeing as to the means for raising the standard first of preliminary education and then of their Professional education. From this he suggested that a degree should be given, valid in the Dominion, and not only that, but it should be of such a character as would command the respect of the rest of the world. Adverting to the New Medical Law of Ontario, he was of opinion that the Profession was not to be benefited by spurious liberality such as that granted here. They could not allow a retrograde step of that kind without injuring themselves in the eyes of the Profession in the rest of the world. He strongly animadverted on the conduct of those gentlemen who had endeavoured to amalgamate the different ideas, from the best of motives he had no doubt, but yet under the mistaken idea that they were benefiting the public. He asked if the very Board who had sent out the licentiate did not give him his *imprimatur*, one half believing that his knowledge was worse than worthless. If the Homœopathist, as a member of the Licensing Board, passed a candidate who was an Allopath did he not think that he was licensing a man to practice whom he would not trust as a physician in his own family and *vice versa*? He looked on the step then as a retrograde one, and thought it a great blot on the scheme of legislation embraced in Confederation that education was not a part of the duties of the Dominion Government. He had strongly supported Confederation, but thought that the otherwise perfect system was weak in this respect; but he hoped that the Association would in time exert their influence in obtaining a change of the law, and to obtain such a law as would secure the confidence of the great body of the people. He thanked them kindly for the honour done in his election to the Chair during the past two years, and trusted that the future would be productive of much good to the Association. (Cheers).

On the conclusion of the President's address, it was moved that the rule be suspended so as to allow the nomination of more new members. Carried.

The resolution, sending Dr. Clarke's nomination as a member, to the

Committee on Ethics, was again brought up; Dr. Clarke complained that such was done without his sanction and in his absence.

The President, and other members, stated that Dr. Clarke was not a member of the Association and could not be allowed to speak.

The discussion was cut short by a point of order being raised.

Dr. Downey, St. Catherines; Dr. William Clarke, Guelph; and Dr. Oliver, Kingston, were then proposed as members of the Association, by Dr. Berryman of Toronto, seconded by Dr. Dovea, of Port Hope.

All, except Dr. Clarke, were elected without a division.

On Dr. Clarke's name being submitted, Dr. Richardson, (Toronto,) wished to ascertain the Christian name of the Dr. Clarke, who was now proposed as a member of the Association.

Dr. Berryman.—William.

Dr. Richardson, (Toronto,) would like to know if he was not the same Dr. Clarke, whose name had been proposed at the morning session, and whose case was now under consideration of the Committee on Ethics. If it was, he considered it was trifling with the members to endeavor to have him elected by means of a subterfuge.

Dr. Berryman, (Toronto). It is I believe the same gentleman.

Dr. Howard, (Montreal,) thought the conduct of the gentleman, who had thus attempted to force Dr. Clarke upon the Association, while his name was under the consideration of one of its Committees, was deserving of severe censure.

The President, ruled that as Dr. Clarke had already been proposed, and objections made to his admission, and his case referred to the Committee on Ethics, his election could not come up till the Committee reported.

Dr. Berryman, (Toronto,) seconded by Dr. Dewar, (Port Hope,) moved that Dr. Lizars, (Toronto,) be a member of the Association, (Hisses.)

Dr. Russell, (Toronto,) said it was generally known in Toronto, that Dr. Lizars, was constantly in the habit of meeting with Homœopaths in consultation, and he would strongly oppose the admission of any one as a member of the Association, who was guilty of such irregular practice. He would ask the mover and seconder of the resolution, if they were aware whether Dr. Lizars was guilty of such conduct as was imputed to him.

Dr. Berryman, (Toronto,) was not aware of his own personal knowledge that Dr. Lizars consulted with Homœopaths.

Dr. Dewar, (Port Hope,) did not know of his personal knowledge that Dr. Lizars was guilty of the conduct imputed to him.

Dr. Canniff, (Toronto,) said Dr. Lizars, was a personal friend; but his duty to the Association compelled him to make a statement. Dr. Lizars had frequently told him he did meet Homœopaths in consultation, and justified his action. As to the fact, there could not possibly be any doubt therefore.

Dr. Howard, (Montreal) wished to know if this Dr. Lizars was the same gentleman who connected himself a short time ago with an Eclectic College in Philadelphia.

Dr. Hyde, (Stratford,) remarked that no one present had stated that Dr. Lizars thought Homœopathy right. He had himself met Homœopaths, but only met them to set them aside, and without knowing more he would be very sorry to see the name receive the disapprobation of the members.

Dr. Phillips, stated that it was not right that a man of Dr. Lizars' standing should be convicted on the mere report of another.

The Chairman explained that a Code of Ethics existed which made it improper to consult with any one holding an exclusive dogma.

Dr. Wright (Toronto) held that it had not been asserted that Dr. Clarke or Dr. Lizars held exclusive dogmas.

Dr. Sangster (Toronto) deprecated discussion in reference to individual names, rather let it be allowed to stand and be brought up by definite resolutions.

Dr. Robert Craik, (Montreal) suggested that it would be better if the gentleman whose name was now under discussion, and whom he noticed was in the room, would withdraw. It would certainly be good taste for him to do so, and he felt sure his cause would not suffer by his absence, as he noticed the gentleman had many warm friends in the room.

The President, said the meeting was a public one, and no one could be compelled to withdraw.

Dr. Craik, was aware it would be a voluntary matter for him to do so, but he thought it would show his good taste.

Dr. Lizars arose, and attempted to gain a hearing—but was met with cries of No, No, No.

The President, ruled that Dr. Lizars could not be allowed to speak, not being a member of the Association.

Dr. Richardson, (Toronto) reiterated the statement, that Dr. Lizars did consult with homœopaths and such conduct was injuring the Profession in Toronto. He had held up against it for twelve years, and would continue to do so.

Dr. Aikins, (Toronto) did not wish to raise a new question, further

than to state that for several years Dr. Richardson and himself had lectured for years with Dr. Lizars in the Toronto School of Medicine, while it was believed that he consulted with Homœopaths. He saw no difference between the one case of accepting Dr. Lizars here and the same parties meeting him in private practice.

Dr. Morton had heard that Dr. Lizars had consulted with the Vice-President for Ontario—and he desired to know if such a man should be refused admission to the Association.

Dr. Hornibrook, (Perth) stated that Dr. Lizars should not be made amenable to the laws of the Association until he became a member. In future he would only be held responsible.

Dr. Canniff, (Toronto,) asked if the mover and seconder would guarantee Dr. Lizars' good-behaviour in future.

Dr. Berryman never knew that Dr. Lizars consulted with homœopaths, and would guarantee no such thing.

The motion for Dr. Lizars' reception was then put and lost by a large majority.

By a mutual understanding the Bye-law respecting the admission of members was suspended, and members could be proposed at any time.—Dr. E. W. B. Dixey, and Dr. Hanovan, were admitted members.

Dr. Russell, (Quebec) seconded by Dr. J. B. Blanchet, Quebec, moved for the removal of the name of Dr. Bender from the roll of the Association, he being under sentence of expulsion from the Quebec Medical Society for practising as a Homœopathist.

The matter was not in order, and stood.

The regular order of business was then returned to, and the Treasurer's report taken up. It reported the receipts at \$565, and the expenditure \$613, leaving a balance against the Association of \$48.14.

The report was adopted.

The report of the Publication Committee was afterwards submitted, and stated that 1,250 copies of the organization and proceedings of the Association held in Quebec in 1867, and Montreal in 1868, were printed at an aggregate cost of \$241. Of this addition 494 copies have been disposed of, leaving 756 on hand; the cost of the edition amounts to nearly 20 cents a copy, and the Committee recommends that they be sold at 30 cents to non-members or persons requiring them.

The report was adopted.

Dr. Howard submitted a communication entitled "Twenty years' personal experience in acute, simple pneumonia." Referred to the section on practice of medicine.

Dr. Henry, of Ottawa, submitted an abstract of an essay on purpuric fever or cerebro spinal meningitis observed in Ottawa and its neighborhood.

r. McIntosh gave notice of two papers, on the administration of chloroform in cases of infantile convulsions, and on the median operation of lithotomy.

Notice was also given by Dr. Bovell of a paper on some branch of physiology.

Dr. Freeman gave notice of a paper on gastric diseases.

Dr. Francis W. Campbell, (Montreal) thought it would be advisable, if possible, to devote the early part of the following day to the reading of the valuable papers just announced. He was glad to see that already one of the principle objects of the Association—viz: the production of papers was being carried out, and he thought it would be paying a poor compliment to their authors if their consideration was postponed till late in the following day, when members would be wearied with the discussion which would certainly follow the presentation of the various Committee reports.

Several members expressed similar views.

The Nominating Committee was then appointed, and the Association adjourned at half-past six o'clock, until 9 a.m., the following day.

SECOND DAY.

THURSDAY, September, 9th.

The Chair was taken by the Hon. Dr. Tupper shortly after 10 o'clock, who called on Dr. Davis, a delegate from the American Medical Association, to take a seat on the platform.

COMMITTEE ON ETHICS.

The Chairman called for the report of the Committee on Ethics—the Committee to which was referred the question as to Dr. Clarke's, of Guelph, admission.

Dr. Marsden, (Quebec) Chairman, stated that a quorum was not in the city, and the Committee in consequence failed to have a meeting. But he had consulted a number of the Medical Profession and asked for definite proof as to Dr. Clarke's having consulted with Homœopaths. He had received no proofs, and, besides, had been told by Dr. Clarke that he did not consult with Homœopaths. Under these circumstances he moved for Dr. Clarke's admission as a member of the Association.

The Hon. Dr. Parker, (Halifax) seconded the motion.

Dr. Mackintosh, (Hamilton) objected to Dr. Clarke's admission, and

quoted some expressions of Dr. Clarke's at the late meeting of the Ontario Medical Council, and some words made use of by Dr. Clarke, in conversation the previous night, to warrant his objecting to the motion.

After some further discussion,

The President stated that when a man of Dr. Clarke's prominence in the Profession gave his unqualified denial to being in the habit of meeting with Homœopaths, the Association did not necessarily go behind his words.

Dr. Aikins, (Toronto,) said Dr. Richardson who was so bitterly opposed to the admission of Dr. Clarke, had assented to the Ontario Act that Homœopathists and Electics should be admitted on the same Board. He called upon him to deny the fact if he could.

Dr. Hope moved, seconded by Dr. Sloane that Dr. Wm. Clarke be heard before a vote is taken upon his acceptance as a member of the Medical Association of Canada.

Dr. David, (Montreal,) said it had been decided yesterday almost by a unanimous vote that no one not an admitted member of the Association should be heard. The motion ought to be to rescind that resolution.

A member suggested that as time was precious the vote had better be taken at once.

A member stated that Dr. Clarke had already given his denial to the President of the charges made, and it was not necessary to have them repeated.

Dr. Sangster, (Toronto,) thought it intolerable that some gentlemen wished to go behind Dr. Clarke's own statements to condemn him.

Dr Mackintosh, (Hamilton) defended his action in repeating the conversation which he heard, and in giving words which he maintained Dr. Clarke made use of.

The President suggested that the language might have been used in chaff.

Dr. Hope then withdrew his motion, and that for Dr. Clarke's admission was put and carried.

NEW MEMBERS.

The following new members were elected: Dr. Cockburn, Oshawa; H.E. Buchanan, Toronto; George T. Orton, Fergus;—Abbott, Toronto;—Kennedy, Toronto; A. A. Riddell, Toronto; Dr. S. P. May, Toronto; Dr. Kincaid——Dr Morsden, Kingston; Dr. McKay, Peel.

APOLOGY.

A letter was read from Dr. W. H. Hingston, of Montreal, apologizing for non-attendance. He had been *en route* to the Association, when summoned by Telegraph to return owing to family bereavement.

REPORTS OF SPECIAL COMMITTEES.

Dr. R. P. Howard, of Montreal, Chairman of the Committee on Preliminary Examination, presented the following report :

PRELIMINARY EDUCATION.

The Committee on Preliminary Examinations beg to submit the following recommendations :

1. That all persons intending to study Medicine in the Dominion of Canada, shall furnish proof of possessing a good moral character, be required to pass a Matriculation Examination in preliminary education, and that their professional education shall be held to commence from the time of their having passed such Matriculation examination.

2. That the Matriculation examination for students in Medicine in the Dominion of Canada shall be (with some alterations to be presently mentioned) that recommended by the Council of Medical Education and Registration of Great Britain, and adopted in the amended Medical Act of Upper Canada, and shall be as follows :

“ Compulsory English or French language, including grammar and composition ; arithmetic, including vulgar and decimal fractions ; Algebra, including simple equations ; Geometry, first two books of Euclid ; Latin, translation and grammar ; natural history and logic, and one of the following optional subjects : Greek, French or English (according to the nationality of students) ; German—and the Committee are of the opinion that mental and moral philosophy should be made compulsory at as early a period as possible.”

3. That although an acquaintance with Greek is very desirable, yet, as the British Medical Council have (at their meeting in July last, 1868,) deemed it advisable to defer at present enforcing a knowledge of Greek on all Medical students in Great Britain, this Committee, while recommending that language to all students, doubt the propriety of at present fixing the period at which a knowledge of it shall be compulsory.

4. That with the view of rendering the Matriculation examination efficient and uniform, it be conducted by persons engaged in general teaching and officially connected with the Universities, Colleges, or Seminaries of the Dominion.

5. That the certificate of having passed the Matriculation examination shall testify that the student has been examined in (1) English or French language, including grammar and composition ; (2) arithmetic, including vulgar and decimal fractions ; (3) algebra, including simple equations ; (4) geometry, first two books of Euclid ; (5) Latin, including transla-

tion and grammar; natural philosophy and logic; and in one of the following optional subjects; Greek, French, or English, (according to nationality of student,) German.

6. That a degree in arts of any British or Canadian University, or of any other University of good standing, be accepted as a sufficient qualification to enter upon the study of Medicine.

Dr. Russel (Quebec) read a communication in connection with the above report from the Medical Society of Quebec. It approved of the first section and recommended that the second section be struck out and a more extensive examination instituted. It was received with laughter, and Dr. Russell said gentlemen of Ontario might laugh, but in Lower Canada, gentlemen who were educated at College had to study all the branches therein referred to. The subjects of mineralogy, astronomy, geology, and rhetoric, were taught even in the little girls' schools at Quebec.

Several members stated the standard of education embraced in the report was as high as that required in England, and it would be foolish to go further yet.

Dr. Hebert (Quebec) representative from Laval University, submitted a series of resolutions adopted by the Faculty of that institution, and similar in nearly every respect to those presented by Dr. Russell.

Dr. Davis, delegate from the American Medical Association, stated that that body had adopted a standard of a much similar kind at Cincinnati in 1866. The Colleges had failed to carry the recommendation into effect and now a determined moral effort would be made to remedy the present state of affairs. He asked the Canadian Medical Association to hold on to their present high standard, and the influence would prove of assistance to them on the American side in obtaining what they wanted.

Dr. Berryman (Toronto) advocated more stringency in the English examinations of the schools. Olegies were good in general education, but he wanted a man to come into the Profession thoroughly versed in the constitution of the English language particularly.

The report as printed above was then by unanimous consent adopted.

PROFESSIONAL EDUCATION.

Dr. Howard, of Montreal, brought up the following report on Professional Education submitted last year.

ON PROFESSIONAL EDUCATION.

As the curriculum of professional study required before obtaining a license to practice is now, since the action of the Medical Council of

Upper Canada in 1866, almost the same in Upper and Lower Canada, your Committee have not many new suggestions to make, but rather to reproduce, with such alterations and additions as have appeared to them advisable, the regulations at present existing in the Provinces of Ontario and Quebec, with the view to their adoption by the sister Provinces of Nova Scotia and New Brunswick.

1. The Committee recommend that professional education shall extend, as now, over four years from the passing of matriculation examination, not less than three of which should be passed at an incorporated University, College or School of Medicine approved of; but your Committee strongly recommend that the above period of four years be so passed.

2. That besides the six months' winter session there will be in each year a summer session of three months, so that nine months in every year shall be spent in the continuous acquisition of professional knowledge and learning.

3. That the following branches of medicine shall constitute the curriculum of Professional education, which all medical students must furnish proof of having pursued before presenting themselves for a license to practice medicine, surgery and midwifery:—

Descriptive Anatomy; Practical do., or Dissection; Chemistry; Materia Medica; Institutes of Medicine, consisting of Physiology and General Pathology; Theory and Practice of Medicine; Principles and Practice of Surgery; Midwifery, and Diseases of Woman and Children, of each of which, two courses of six months shall be required.

Clinical Medicine, Clinical Surgery, of each of which two courses of three months shall be required; Botany, Medical Jurisprudence, Practical Chemistry, of each of which one course of three months shall be required.

4. Provided, however, that two three months' courses of Practical Chemistry may be accepted in lieu of one six month's course of Theoretical Chemistry; and one three months' course of Practical Physiology, with a three months' course of Pathological Anatomy, may be accepted in the place of one six months' course of Institutes, and a three months' course of Public Hygiene may be accepted in the place of the course of Medical Jurisprudence.

5. Every student shall furnish proof of having studied Practical Pharmacy for a period of three months.

6. All students must give proof, by ticket, that they have attended, during twelve months, the practice of a general hospital whose daily average of indoor patients is not less than fifty, and that they have attended the practice of a lying-in hospital for six months.

7. That all graduates of recognized Universities and Colleges of the United States who shall have passed, before commencing their medical studies, a matriculation examination equivalent to that recommended by this Association, unless they are graduates of Arts, shall attend one full course of lectures at some University or incorporated medical school in the Dominion of Canada, and complete four years of medical study, provided they have completed the curriculum recommended by this Association.

8. That there shall be two examinations—primary and final. The primary shall comprehend the branches of Anatomy, Materia Medica, Chemistry, Institutes of Medicine and Botany, and the final shall comprehend the branches of Theory and Practice of Medicine, Surgery, Midwifery, Medical Jurisprudence, Clinical Medicine, and Clinical Surgery, and that the primary examination shall be passed at the end of the third year.

9. That the age of 21 years shall be the earliest age at which any medical degree or diploma shall be granted.

10. That the professional examinations shall be conducted in writing or orally.

The report was taken up clause by clause.

Dr. Russell submitted recommendations from the Quebec Medical Association in reference to the subject.

Dr. Hebert and Dr. Jackson, of Laval, also stated that they had been charged with similar resolutions to those presented by Dr. Russell.

The section requiring the three months' summer session in the second clause was struck out, on a vote of 30 majority, and the whole clause was afterwards eliminated, its remaining provisions being provided for by a subsequent clause.

The third clause was amended by adding that "Students in these subjects can put in their time during the summer months."

Article 4 was struck out on motion of Dr. Craik, and on motion of Dr. Russell, Hygiene was added to the course.

To clause 6 was added "or give proof of having attended six cases of midwifery."

The 7th clause passed without discussion, and the latter with Hygiene added.

The latter portion of clause 8 was altered so as to read "The Primary examination *may* be passed at the end of the third year.

Clause 10 was by unanimous consent altered, so as to read "the professional examinations shall be conducted in writing *and* orally.

On motion the preamble to the report was struck out. The Association then adjourned to an upper room in the University for luncheon.

AFTERNOON SESSION.

Upon resuming

Dr. James Allen, of Toronto, was elected a member of the Association.

COMMUNICATIONS.

A letter from the Superintendent of the Nova Scotia and New Brunswick Railway was then read. It contained an offer to take members who had attended the Convention and paid their fares hither, home free of charge.

The President also read a letter from Prof. Kingston of the Toronto Observatory, requesting the assistance of members of the Association in ascertaining the rain fall in their several localities. He at the same time offered rain gauges for that purpose to all who would furnish him with their names.

PROFESSIONAL EDUCATION.

The consideration of the report on Professional Education was then resumed.

Dr. Thorburn, (Toronto) moved, and Dr. Richardson, (Toronto,) seconded, that the report be amended by substituting as clause 11 that the professional examination, except in the case of Botany and Chemistry, shall be conducted by regular members of the profession.

Dr. Dewar, (Port Hope.) Certainly Gentlemen—most certainly I will vote for the resolution with all my heart.

The resolution was then carried unanimously.

Dr. Dewar, (Port Hope.) Now Gentleman—do it—do it.

Dr. Richardson, (Toronto) would oppose the adoption of this report until the Association had defined its position with reference to associations who do not comply with its provisions as to matriculation, medical education and examination. It was useless, and would be absurd he contended, to pass the report in its present shape—because this Association had no authority to compel its adoption. This was illustrated by the sarcastic remark of Dr. Dewar, who knowing the Association did not possess power to compel obedience—voted for Dr. Thorburn's resolution, and then tauntingly turning to the members, said—Now Gentlemen—do it—do it—We were commencing at the wrong end, and what he should primarily do was to declare that no one in future should be admitted a member of the Association who had not gone through the curriculum proposed. That principle should first be adopted. (Hear, hear!)

The report with the alterations named was then adopted.

MEDICAL REGISTRATION.

Dr. Marsden, as Chairman of the Committee, presented the following report:—

In order to carry out the Report of the Committee on Registration unanimously adopted at last annual meeting, which recommends that this Association take the necessary steps to have carried through the Dominion Legislature an Act similar (in so far as it is adapted to this country) to the Medical Act of Great Britain passed in 1858, and that a Committee be appointed to carry this report into effect, it is respectfully suggested that the following gentlemen do form such Committee:— Wm. Marsden, Quebec; F. W. Campbell, Montreal; Hon. C. Tupper, Halifax; J. A. Grant; Ottawa; Hon J. G. Blanchet, Levis; Hon. Dr. Beaubien, St. Thomas; W. Henry, Ottawa. The report of last year says:—

“That the members of the Association may have an idea of the Act which the Committee recommend, they name a few of its leading features, viz:—A council called the ‘General Council of Medical Education is established.’ This Council consists of one person chosen from and by each of the various licensing bodies and the English Universities. The five Scotch Universities choose two men between them. Six members are also named by Her Majesty. A registrar and branch registrars are appointed. Provision is made to register all licenced practitioners, up to a certain date, for a nominal sum. Qualifications obtained after passing of the Act pay a higher fee for registration. Council has the right to demand of any body their course of study and character of their examinations, and any member of the Council may attend the examinations.

“None but registered practitioners to be able to recover charges in a court of law. A severe penalty is named for any one falsely pretending to be registered.”

Dr. Howard (Montreal) moved that the report be received with the exception of the names of the Committee.

Dr. Dewar, (Port Hope,) objected strongly to any such Committee being appointed. The Medical Act of 1858 according to the *Lancet* and other great medical authorities, was a total failure. It was a disgraceful Act, found, by the experience of the last eleven years in England, to be rotten, useless and worthless. (Hisses and laughter.) As a member of the Medical Profession he would never agree to the drafting of any Act upon the principle of the Imperial Medical Act. Dr. Parker's bill though a useless one, was far superior to it. It took the

power out of the schools, while this act would put it all again into their hands.

Dr. Oldright, (Toronto) agreed that the English Act had been a total failure, and would move in amendment that the Committee named in the report be instructed to draw up an Act based upon that lately passed by the Legislature of Ontario, excepting only the clauses regarding Homœopathists and Eclectics.

Dr. Clarke, (Guelph) would not consent to any Committee being named that would go to work on the basis of the English Act.

Dr. Francis W. Campbell (Montreal) said members were expending a good deal of virtuous indignation unnecessarily. As a member of the Committee on Registration, whose report Dr. Dewar had so roughly handled, he would draw the attention of the Association to the fact that it was not intended to follow the English Act literally—on the contrary the report contained the proviso, in so far as it is adapted to this country. He fancied this clause had escaped the attention of members. Although aware that the English Act had not given entire satisfaction, he was of opinion that the feeling against it was not nearly as general as Dr. Dewar would have the Association believe.

Dr. Wright, (Toronto) and several speakers, spoke against the report, suggesting amendments and various compromises.

Dr. Aitkins, (Toronto) said they had now in Ontario a central examining board, and believed the practitioners in this province would never consent to fall back to the provisions of the English Act.

The President thought there was but one idea among the Profession—to have a Central Board and a Central Examining Committee from the whole Dominion. (Cheers.)

Dr. Wright, (Toronto) was in favor of delay, and thought the bill ought to be drafted and reported to the next meeting of the Association. He thought they would gain time by the delay. As the bill would affect the whole Dominion, it was only proper the Profession as a whole should be consulted.

Hon. Dr. Parker, (Halifax) advised the appointment of a Committee to draft a bill, and have it published through the press say within two months. This would give all the members of the Profession time to express their opinions, and instruct their representatives how to act. It would avoid unnecessary delay, and be in every way a great satisfaction.

Dr. Clarke, (Guelph) said a bill leaving out the Homœopathic and Eclectic clauses would never be passed by the Legislature of Ontario—he doubted even if it could be introduced. One of the members for Toronto, the city wherein they were met, had said he would have no bill

that did not recognize liberality in the Profession, and the clauses admitting these outsiders, for which he and his friends had incurred so much obloquy, were literally forced upon them. (Hear, hear.)

Dr. Howard, (Montreal) said that unless an almost unanimous expression of opinion could be got from the present meeting, the final decision of this matter should be postponed, and a bill drafted and submitted to the next meeting of the Association. He deprecated hasty legislation, especially in Medical matters; but he said unless they were prepared to pull together and work together, irrespective of Homœopathy or Eclecticism, they did not deserve to be an Association. If they had lost faith in the practice they had been taught—if they had become infidelized in medicine as many had become in religion, give up striving to obtain any Act at all, but come forward and tell it like men. (Cheers.)

Dr. Dalton thought the bill ought to be printed and sent to every Medical man who was registered in the Province of Ontario at any rate. He would then be able to make his remarks upon it, and if he did not, silence would give consent.

Dr. Richardson (Toronto) thought the Committee should be restricted in its powers, and that after drafting the bill nothing should be done until it was submitted to the Association. If this had been done with the last Ontario Medical Act it would never have passed in its present shape. He had always been in favor of a Central Medical Board.

Dr. Clark (Guelph) rose to a point of order. They were not now discussing the Ontario Medical Bill, and I will have to answer all the gentlemen appears to be going to advance.

The President.—Then I beg he will not say a word more. (Cheers and laughter.)

Dr. Richardson, defied any one to say that what he had said was untrue.

The President.—There was no imputation of that. Dr. Clarke only thought you was wandering beyond the lines. (Laughter.)

Dr. Fraser thought all the members of the Profession should be consulted before anything was done towards passing a Bill. He repudiated the Ontario Medical Act in so far as the clauses having reference to outside practitioners was concerned. But while the present Parliament was in power he did not believe the Act could be changed, and, therefore there was no necessity for hurrying things on.

Dr. Grant (Ottawa) also thought this Bill should be presented to the Association for its concurrence before being introduced in the Legislature. A new Medical Bill should not be brought before the country too suddenly, and when it did come, it ought to be such as would meet

with unanimous concurrence, and secure the confidence and respect of the public. (Hear, hear.)

Dr. MacIntosh said the Ontario Bill never would have been passed but for the supineness and neglect of the Profession themselves.

The President said the Association had evidently received the report of the Registration Committee without having fully understood it. He would suggest that they commence *de novo*.

The resolution was put from the Chair as follows:—

Moved by Dr. Oldright, seconded by Dr. Thornburn, that a Committee be appointed to prepare a Bill to be submitted to the Dominion Parliament after approval by this Association, providing for a uniform system of Medical education and examination in conformity with the views of this Association and the registration and licensing of Medical practitioners by a central board of examiners.—Carried unanimously.

Dr. Howard then moved, seconded by Hon. Dr. Parker, the following Committee, which was carried after considerable discussion:—

Dr. Clarke, Dr. Dewar, Dr. Hodder, Dr. Dixon, Dr. Berryman, Dr. McIntosh, Ontario; Dr. Rottot, Dr. Larue, Dr. Marsden, Dr. David, Quebec; Dr. W. Bayard, Dr. Bottsford, New Brunswick; Dr. A. P. Reed of Nova Scotia; Dr. Parker and the mover and seconder.

THE CASE OF DR. REES.

It was moved by Dr. Berryman and seconded by Dr. Sangster, That a Select Committee be appointed to take into consideration the case of Dr. Rees for certain injuries received some years ago, when occupying the position of Superintendent of the Lunatic Asylum—and that the said Committee be composed of Drs. Clark, Dewar and the mover. The motion was ruled out of order, and although the case of the venerable doctor was warmly advocated by his friends, it had to be withdrawn.

ALLEGED PROFESSIONAL IRREGULARITY.

Dr. Dewar brought up the following resolution, seconded by Dr. Clarke, "That Dr. Roseburg be requested to resign his seat on the Committee on Ethics." In a very excited manner he referred to the fact that the gentleman named went round the country advertising himself as a specialty and curer of ophthalmic diseases against the rule of the Association, setting forth that "It is derogatory to the dignity of the Profession to resort to public advertisements, or private cards, or hand-bills, inviting the attention of individuals affected with particular diseases—publicly offering advice and medicine to the poor gratis, or promising radical cures: or to publish cases and operations in the daily

prints, or suffer such publications to be made." Upon this a long discussion ensued, and the charge was ultimately referred to the Committee on Ethics.

Dr. Russell moved, seconded by Dr. Blanchet, That the name of Dr. Prosper Bender be removed from the Association, he being under expulsion by the Quebec Medical Association for having publicly advertised himself as a Homœopathic practitioner.

Dr. Berryman.—Is he the same person who was associated with you in some medical association a couple of years ago?

Dr. Russel.—Yes, he is the same person.

Dr. Berryman.—Oh! that's all right then.—(Roars of laughter.)

Dr. Bender's case was also referred to the Committee on Ethics.

THE PRESIDENT'S ADDRESS.

Dr. Canniff moved, seconded by Dr. Rottot, that the President, the Hon. Dr. Tupper, be requested to furnish for publication, the eloquent address he delivered yesterday.

The President said that he feared he would not be able to comply with the resolution very satisfactorily, as his address had been entirely extempore and he had no notes to recall to his memory what he had said. He would, however, do the best he could.—Cheers.

The motion was then put and carried.

VOTES OF THANKS.

Moved by Dr. Francis W. Campbell, seconded by Dr. Canniff, that this Association has witnessed with pleasure the presence of Dr. Davis, a delegate from the American Medical Association, and have listened with much satisfaction to his able address, and desire him to convey to that Association its cordial sympathy in the great cause in which they are mutually engaged.—Carried unanimously.

Dr. Sangster moved a vote of thanks to the Senate of the University for the accommodations so liberally granted the Association. A vote of thanks was also passed to the various railroad and steamboat companies, for carrying members at reduced rates.

At half past 6 o'clock the Association adjourned to meet at 8 o'clock in the Queen's Hotel to listen to the papers announced and to transact the final business of the Association.

EVENING SESSION.

By the kindness of the Proprietors of the Queen's Hotel, a large room in that Building was placed at the disposal of the Committee of Arrangements, and at 8 o'clock the Association resumed its sitting therein. The attendance was very large.

Dr. Tupper, C.B., President, called the meeting to order.

Dr. R. P. Howard (Montreal), then proceeded to read his paper, being the results of treatment in 168 cases of uncomplicated Pneumonia, occurring in a practice of twenty years. No abstract could possibly do it justice so we do not attempt any. We trust in time to be able to lay it in full before our readers. It was a paper of great value, and exhibited an immense amount of labor. Upon its conclusion it was unanimously resolved that it be handed to the Committee on Publication, and that it be published in the transactions of the Association.

Dr. Walter Henry, of Ottawa, read an excellent paper upon Purpuric Fever or Cerebro-Spinal Meningitis, illustrated by a few cases occurring in the city and neighborhood. This paper was also, upon resolution, handed to the Committee for publication in the transactions.

The time at the disposal of the Association being limited, it was decided to proceed to business and the papers announced, but not read, were upon resolution handed to the Publication Committee.

The report of the Nomination Committee was then read. They recommended the following as Officers of the Association for the ensuing year. President, Dr. J. A. Grant, M.P., (Ottawa); Treasurer, Dr. Scott, (Montreal); General-Secretary, Dr. A. H. David, (Montreal); Vice-President for Ontario, Dr. Canniff, (Toronto); Local Secretary, Dr. H. H. Wright; Vice-President for Nova Scotia, Dr. W. J. Almon, (Halifax); Local Secretary, Dr. A. P. Reed, (Halifax); Vice-President for New-Brunswick, Dr. W. Harding, (St. John); Local Secretary, Dr. Hamilton; Vice-President for Quebec, Dr. Landry, (Quebec); Local Secretary, Dr. J. B. Blanchet, (Quebec).

The Association then proceeded to vote for each office. Upon the nomination of President being about to be put to vote, Dr. ——— rose and proposed that Dr. Tupper, C. B., of Halifax, be re-elected President for the ensuing Year. (Great cheering.)

Dr. Tupper said he would be destitute of human feelings, if he failed to appreciate the great and distinguished honor, which the Association, composed of leading members of the Profession insisted on conferring upon him for the third time. He had intended to retire this year, and had so informed his friends, and was still willing to do so; (Cries of no! no!) but after the very hearty and enthusiastic manner in which his name had been received, he could but place himself in their hands.

The motion was then put, and was carried, amid the most enthusiastic cheering.

Dr. H. H. Wright, of Toronto, declining to accept the office of Local Secretary for Ontario Dr. De Gracie was elected thereto.

With these two exceptions the report of the Nominating Committee was adopted.

A resolution approving of the Ontario Medical Bill was then read.

Upon which a motion to adjourn was moved and seconded. On being put to the meeting it was declared lost. The previous motion being pressed the President ruled it not in order.

NEXT PLACE OF MEETING.

This question was then taken up.

Dr. Tupper said he was authorised upon behalf of the profession in Halifax, to invite the Association to hold its next meeting in that city. If they would come he could assure them of a very hearty welcome.

The Hon. Dr. McNeill Parker, of Halifax, cordially endorsed what the President had said.

A member stated that while he felt it was in a measure due to the Maritime Provinces, that the next meeting should be held in Halifax, yet as it was going to be a meeting of the greatest importance, the draft of the Dominion Medical Bill, to be taken up and discussed, it was essential that as large an attendance as possible should be secured. This he felt would not be the case if Halifax was selected, as being so far from Ontario, members in very large numbers could not attend. He therefore trusted a central place would be selected for next year.

Dr. Craik, (Montreal) said that perhaps this was the time to give utterance to a thought or two, which had been discussed by himself and a few friends. From what he had heard in conversation he felt sure there were many small places, which would willingly invite the Association were they not frightened at the expense that would be entailed in entertaining it. In fact the Association was getting like a huge elephant, rather difficult to feed. Quebec had really set a very bad example in the magnificent way in which she entertained those who went there in 1867. Montreal followed in 1868, in a similar way, and now Toronto had completely outdone both. He believed that if the Association expressed the opinion that small places would not be expected to entertain it lavishly cordial invitations would come from places, that now were compelled to hold back.

A good deal of conversation ensued, but finally it was decided that the next meeting should be held in Ottawa, on the second Wednesday in September, 1870, and that the following year the Association should go to Halifax.

DR. LIZARS.

A communication was read from Dr. Lizars requesting to be heard before the Association in explanation.

On motion this was granted.

Dr. Lizars stepped forward, and said he thanked the Association kindly for giving him this opportunity of explaining himself. The previous day he had knocked at their door for admission, knowing well their Constitution and By-laws, and being prepared to sign them, but they had refused him entrance, because he was in the habit of consulting with Homœopaths. His reasons for so doing were briefly as follows. When he came to this country, after leaving her majesty's service some 13 years ago, he found a state of things which never existed in any country he had previously been in. For the first time in his life, he found Homœopathic practitioners recognised by law; in fact in the eyes of the law, as much regular physicians as he was himself. Finding this condition of things he considered it his duty to meet them in consultation on questions of Medical diagnosis and prognosis, and had done so. Questions of treatment were not broached, except at times on his part to show the utter fallacy of their doctrine. In doing so he might have erred; if so he did so simply as he thought and believed in obedience to the law. He had also been accused of having connected himself some two years ago, for one session with an Eclectic College in Philadelphia. This he denied. There was not an Eclectic physician connected with it. When he joined it, all were regular physicians, save one, the lecturer on Anatomy, who was a Homœopathist, and he was the best anatomical lecturer he had ever heard. Before he left, this gentleman had resigned so that before his connection with it ceased, all were regular practitioners. Why he left it, was simply because the examinations were so loose as not to afford any really tangible evidence of the candidate's fitness for practice.

Dr. Richardson, (Toronto) asserted that the University of Philadelphia, the College Dr. Lizars had been connected with, was the most irregular College in the United States, and that Dr. Payne its Dean was the author of a system of Eletic Medecine. It was then moved by Dr. Berryman (Toronto) seconded by Dr. Clarke (Guelph) that having heard Dr. Lizars explanation he be now received a member of this Association.

A member desired to know before this motion was put to the meeting, whether in the event of Dr. Lizars being elected he was now prepared to sign the Constitution and By-laws and abide by them.

Several members—Yes—that is what we want to know.

Dr. Lizars—Was prepared yesterday to sign them, and would do so now but reserved to himself the right.———

Dr. Clarke, (Guelph) excitedly. Unless Dr. Lizars comes squarely up and says he is now willing to sign our laws, and abide them, and has no mental reservation what soever I will withdraw my name as seconder to his resolution.

Dr. Berryman, (Toronto) and I will withdraw my name as the mover. Dr. Clarke (Guelph) Come out like a man. Be above board. And while on my feet let me say I am no Homœopathist. I have no sympathy with them. I utterly repudiate and abhor them.

Dr. Lizars.—I am willing to sign them and abide by them, but ———.

Dr. Tupper, President, Dr. Lizars what do you mean by the reservation. The By-laws are plain and all we desire is to answer yes or no to the question of whether you are willing to sign them and abide by them.

Dr. Lizars, I am.

The motion was then put, and was declared carried.

The Committee on Ethics reported that Dr. Bender of Quebec, a member of the Association, had advertised himself as an Homœopathic Physician. They recommended his expulsion.

On motion Dr. Bender was accordingly expelled from the Association.

The motion approving of the Ontario Medical Bill, which earlier in the evening had been declared out of order was again brought forward.

It was immediately followed by a motion from those opposed to the resolution that the Association do now adjourn. (Cries of No! No! Yes! Yes!) Upon the motion for adjournment being put from the chair it was declared carried amid considerable enthusiasm.

The adjournment of the Association took place a little before two o'clock on Friday morning.

It may be well to mention that owing to the hasty adjournment, resolutions conveying thanks to the officers for the past year which had been prepared were unable to be brought forward.

EXCURSION TO NIAGARA FALLS.

At seven o'clock on Friday morning the members of the Association with a number of ladies and gentlemen from Toronto, left in the Steamer, City of Toronto, for Niagara Falls, the excursion being given by the Profession of Ontario to the Association. About eleven, o'clock the old town of Niagara was reached and after a short delay all were comfortably seated in the cars of the Niagara and Erie Railroad and by noon were safely landed at Niagara Falls. At 1.30 a splendid dinner was given the Association at the Clifton House. The Chair was occupied by Dr. E. M. Hodder, (Toronto,) supported on his right by the Hon. Dr. McNeill Parker of Halifax and on his left by Dr. Davis of Chicago, delegate from the American Medical Association. The toasts of the "Queen" "Our Guests" and the "Ladies" were given. After rambling about seeing all the sights, a little after five o'clock the train started on its return. While crossing Lake Ontario, with a bright moon shining overhead a meeting was organised on the boat, and Dr. Russell of Quebec called to

the Chair when a resolution was passed thanking the Profession of Ontario for the magnificent entertainments given to the Association, a fitting close to which was the grand excursion to Nature's wonder Niagara Falls. About ten o'clock Toronto was reached. This terminated the second annual meeting of the Canadian Medical Association which despite a good deal of hot discussion, was a great success, all parting in the best of spirits and looking forward with pleasure to the next meeting in Ottawa.

PERISCOPIC DEPARTMENT.

Surgery.

THE CURE OF ACUTE ORCHITIS IN TWENTY FOUR HOURS.

Mr. Furneaux Jordan, Professor of Surgery at the Queens College, etc., treats acute orchitis by the immediate application to the scrotum of a solution of nitrate of silver (two drachms to an ounce), in very acute cases, adding a little vesication over the femoral artery of the same side by means of linimentum iodi. In a case of severe double orchitis, with intense pain, intolerable tenderness and great swelling, this treatment effected a cure in twenty-four hours. Mr. Jordan writes (*British Medical Journal*) "The treatment of orchitis is of more than ordinary importance, from the discovery by Dr. Marion Sims that closure of the vas deferens from acute orchitis is a common cause of sterility—often where the blame is laid to the wife. The return of some urethral discharge is best removed, often in a few days, by maintaining, with iodine, a disc of milder counter irritation, the centre of the disc being the genital organs. On this principle I treat all inflammations of the genito-urinary organs, male and female; adding in the acute form, a little vesication on the sheltered position of the femoral arteries. The above treatment of orchitis is simply an illustration of a new system of treating all inflammatory diseases, and which I constantly adopt in all, with success proportionately as great as in acute orchitis."—*Pacific Medical and Surgical Journal*.

NŒVUS CURED BY INJECTION OF CARBOLIC ACID, AT MEATH HOSPITAL DUBLIN.

Mr. Porter exhibited to his class a child named Margaret B., aged ten months, who had been received into hospital, about six weeks previously, for the treatment of a large nœvus, situated on the lower part of the forehead, immediately above the nose. It was venous in charac-

ter, and when first seen was circular in form and as large as half-a-crown, projecting forwards considerably. He resolved to attempt its solidification and cure by the injection of carbolic acid, and accordingly two minims of pure acid were introduced into the nævus by means of a hypodermic syringe. Such inflammation as followed having been allowed to subside, the operation was repeated, seven times in all, an interval of several days being permitted between each injection. No untoward consequences took place; the skin was not injured; and now, after the seventh operation, the mass had become solidified, and would in due time be absorbed.—*Dublin Med. Press.*

LIGATURE OF THE AORTA IN EDINBURGH.

On Friday the 6th Aug., Dr. Patrick Heron Watson tied the aorta on account of secondary hæmorrhage from the common iliac artery after ligature. The iliac had been tied nine weeks before with catgut, under the most careful antiseptic precautions, and employing similar after treatment. In spite of this, internal hæmorrhage set in, distending the iliac fossa and cavity of the pelvis, and escaping partially by the yet unhealed incision.

The artery at the point of ligature was found to be completely divided but no trace of the catgut ligature was discovered. The diseased condition of the arterial tunics precluded the application of a ligature to the stump of the iliac. Dr. Watson, therefore, plugged the vessel with his fore-finger, took off the Dubois' aortic tourniquet, made an incision in the linea alba, opened the cavity of the abdomen, turned aside the bowels, cut through the mesentery, cleared the aorta half an inch above the bifurcation, and, carrying a ligature round it with a common aneurism needle, secured the vessel with a common silk ligature. He also secured the external and internal iliac branches upon the affected side, so as to prevent recurrent bleeding.

The patient went on well for the first forty-eight hours, but after the sixtieth hour gradually sank, dying sixty-five hours after the operation—living, however, longer than any of the eight recorded cases, except the one of Monterio, in which the patient survived the operation ten days.

The operation was undertaken merely to prevent inevitable death from hæmorrhage, which must have proved instantly fatal unless the ligature of the aorta had been performed. No further bleeding took place. The limbs regained their temperature after the operation, but before death the left limb (the side on which the iliac had been tied) had sunk in temperature some six degrees below the other, as high, at least, as the

knee; above this the temperature was the same on both sides*.—*Med. Press and Circular.*

SPIRAL WIRE TUBES IN ABSCESS DRAINAGE.

Mr. Robert Ellis describes in the *Lancet* an ingenious and effective contrivance for draining abscesses first devised by him for the treatment of a purulent accumulation in the uterus with impervious cervix. The difficulty being to get a flexible tube, the sides of which should not be easily compressible, Mr. Ellis conceived the idea of making "a tube of very fine hard brass wire, by coiling it regularly and evenly over a fine steel rod." The plan succeeded admirably; the tube "was elastic in the highest degree.....its flexibility would follow the wanderings of any sinus however crooked; and its sides, being slightly open, permitted the secretions of the cavity it penetrated, and the canal in which it lay, readily to pass through."

These tubes are recommended by the author in cases of dysmenorrhœa arising from mechanical obstruction of the cervical canal; for rectifying the bent state of the uterus which accompanies some displacements of that organ; in menorrhagic cases, to afford a safe and certain outlet for intra-uterine injections; and for the drainage of deep chronic abscesses generally. For obstetrical purposes, he uses very fine brass wire; for ordinary abscesses, fine copper wire, which is softer, may be employed. He denies that the brass or copper can do any mischief either locally or constitutionally. His plan is to wind the wire closely and regularly around ordinary knitting needles of various sizes. "Care must be taken to bend in slightly the terminal coil of the tube, so that the point of the wire may not catch in the tissues through which it is passed."

Medicine.

ACONITE.

The power of aconite over inflammation is little less than marvellous, especially in the early stages. It can sometimes at once cut short the inflammation. As might be expected, the results of aconite are most

* Sir A. Cooper first performed this operation in 1817. Since that date it has been done twice by Mr. James, of Exeter, and once by each of the following Surgeons—Murray, at the Cape; Monteiro, at Rio; South, in London; Hunter McGuire, of Richmond; and Watson, Edinburgh.

apparent when the inflammation is not extensive, or not very severe, as in the catarrh of children, or in tonsillitis, or in acute sore throat. The chief symptoms produced are moisture of the skin, and lowering of the temperature, and of the frequency of the pulse. Half a drop of the tincture, or a drop, in a teaspoonful of water, should be given every ten minutes or a quarter of an hour for two hours, and afterwards be continued every hour. If there be much prostration, a still smaller dose should be given.—*Braithwaite's Retrospect.*

ASTHMA.

Belladonna.—Belladonna is one of the most efficient remedies for asthma. But there are certain points to be observed in its administration. The tincture is the best preparation, and it must be given only once a day, viz., at night. The object of this is to bring the full force of the drug to bear upon the disease at the time at which it is most liable to come on, and moreover a larger dose can be given than when it is oftener repeated. Ten minims is the commencing dose, and it must be gradually increased up to twenty, thirty, or forty minims, as necessary. It has hitherto not been prescribed in sufficient doses, and this accounts for its failure in the hands of many who have tried it.—*Braithwaite's Retrospect.*

SCARLATINA ALBUMINURIA.

After Scarlet fever, the access of inflammation of the kidneys is indicated at once by a rise in the temperature of the body. The friends should be directed to observe the temperature of the body night and morning; and if this should rise beyond the limits of health, they should at once commence the administration of aconite in doses of half a drop to a drop of the tincture every quarter of an hour for the first two hours, and then every hour. The disease may thus be at once cut short.—*Braithwaite's Retrospect.*

OZENA TREATED BY PERMANGANATE OF POTASH.

The *Marseille Médical* gives three cases of this troublesome affection, treated successfully by irrigations of permanganate of potash, the proportion being 5 parts to 100 of water, applied by means of an irrigating apparatus, furnished with a flexible tube, the patient's head being held forward, and a copious washing of the fluid used over the mucous surfaces. After the first few days of this treatment, the abominable odour speedily diminished, and a cure followed.

TREATMENT OF EPILEPSY.

C. E. BROWN-SEQUARD, M.D., F.R.S., etc.

℞ Potassii iodidi,.....	3 j.
Potassii bromidi,.....	ʒj.
Ammonii bromidi,.....	ʒjss.
Potassæ bicarbonatis,.....	ʒij.
Infusi Calumbæ,.....	f ʒvj. m

A teaspoonful before each of the three meals, and three teaspoonfuls at bed time, with a little water. In cases of idiopathic epilepsy, in which patients derive no benefit, or have ceased to have any, from the use of the bromide or iodide of potassium, alone or combined, or of the bromide of ammonium alone.

When the patient's pulse is weak, substitute for the bicarbonate potash in the above formula the sesquicarbonate of ammonia, and for the six ounces of infusion of columbo, an ounce and a half of the tincture of that medicine with four ounces and a half of distilled water.

Dr. Brown-Sequard gives the following very important rules relative to the treatment of epilepsy by the bromides of potassium and ammonium employed together or separately.

1. That the occurrence during the day of the sleepiness, caused by the remedies, can be avoided by giving relatively small doses in the day time, and a much larger dose late in the evening.

2. That the quantity of the medicines to be taken each day must be large enough to produce an evident though not complete anaesthesia of the fauces and upper parts of the pharynx and larynx; that daily quantity being from 65 to 80 grs. of the bromide of potassium, and from 28 to 45 grs. of the bromide of ammonium, when only one of the salts is employed, and a smaller quantity of each, but especially of the second, when they are given together.

3. That an acne-like eruption on the face, neck, shoulders, &c., should be produced, and it is most important to increase the dose when there is no eruption, and also when the eruption is disappearing, unless the dose already given within twenty-four hours is already so large that any increase of it causes great sleepiness in the day time, a decided lack of will, of mental activity, dullness of the senses, drooping of the head, considerable weakness of the body, and somewhat tottering gait.

4. That it is never safe for a patient taking either of the bromides, or both and receiving benefit therefrom, to be only one day without his medicine, so long as he has not been at least fifteen or sixteen months quite free from attacks.

5. That the debilitating effect of the bromide in patients already weak as are most epileptics, ought to be prevented or lessened by the use of strychnine, arsenic, or the oxide of silver, ammonia, or cod liver oil, cold douches or shower baths, and of course, wine and a most nourishing diet. In making use of strychnine or arsenic, it must be kept in mind that not only the bad influences of the bromide, but also their favorable influences against epilepsy can be diminished by the powerful agents (especially strychnine), and that it is therefore necessary when these agents are used to increase the dose of the bromide.

6. That iron and quinine, which are generally injurious to epileptics, except in cases in which the nervous affection is caused, or at least aggravated, by chlorosis, anæmia, or malarial cachexia are more particularly injurious in cases in which the bromides are taken.

7. That a gentle purge every five or six weeks usually gives a new impulse to the usefulness of the bromides against epilepsy.

HYPODERMIC INJECTION:

℞ Morphia sulphatis,..... gr. 1-4.
Atropiæ sulphatis,..... gr. 1-60. ℥.

For one injection, in a few minims of distilled water. Our author succeeded in curing a case of epilepsy by the use of this injection.

T. S. CLOUSTON, M.D., EDINBURGH.—From extensive and very elaborately conducted experiments to determine the precise effect of bromide of potassium in epilepsy, and its proper dose, Dr. Clouston found that the diminution of the fits, and all the other good effects of the medicine reached their maximum in adults, at thirty grain doses ter die, while ill effects were manifested when thirty-five grain doses ter die were reached.

PROF. WILLIAM A. HAMMOND, M.D., ETC., NEW YORK.—In regard to the dose of bromide of potassium in epilepsy, Dr. Hammond states that the symptoms due to large doses of the bromide may be enumerated as follows, in the usual order of their occurrence: 1. Contraction of the pupils; 2. Drowsiness; 3. Weakness of the arms and legs; 4. Depression of mind; 5. Failure of memory; 6. Delusions. The first three of these are the usual accompaniments of the dose of the medicine capable of producing any influence over epilepsy. In adults they never follow less doses than ten grains. Doses of five grains produce no effect.

Iodide of Ammonium in Diseases of the Glandular System.

Dr. I. WARING-CURRAN writes to the *Medical Press and Circular* :

The iodide of ammonium in diseases of the glands I find by experience a much more active therapeutic agent than that of the iodide of potassium, whether internally administered or locally applied. In the following forms of glandular diseases I can testify to its efficacy and curative properties, and have no hesitation in pronouncing it one of the best preparations with which I am acquainted.

GOITRE.—There is no part of England wherein I have seen more cases of bronchocele than at Bacup, a cotton manufacturing valley, about twenty miles from Manchester. Sixty per cent. of the female population suffer from goitre in some shape or form. The usual history is, that it commences “*during the pains of the first labor.*” I have had ample opportunity of remarking the accuracy of the statement that there was a connection between goitre and the uterine functions, that the gland became enlarged during the menstrual period, and particularly so in old goitres in women about change of life, when the discharge is scanty and the color altered. All the several varieties of bronchocele are to be seen in the valley of Rossendale. One patient is so unfortunate as to possess one which I am confident would weigh fourteen pounds; it extends over the clavicles and sternum, upon which latter it rubs, and causes little inconvenience apparently. The enlargement has been steadily increasing for thirty-seven years.

Cases of incipient goitre treated soon after their being first observed with the iodide of ammonium, made good and permanent recoveries. I prescribe the iodide thus:

℞. Ammonii iodidi, gr. xl.
Spiritus chloroformi, ℥ ij.
Aquæ camphoræ ad, ℥ viij.

Cap. ℥ j., ter in die.

At the same time I direct the following cerate to be rubbed into the growth night and morning :

℞. Ammonii iodidi, ℥ ij.
Glycerinæ, ℥ ij.
Adipis benzoat, ℥ jss.

In some few cases I have obtained great benefit by stopping the iodide of ammonium mixture for a few days, and substituting the hypophosphites of lime. Hitherto, I have inwardly given the old standard formula of iodide of potassium, but a more extensive field in the treatment of the complaint convinces me of the superiority of the drug I advocate.

TABES MESENTERICA.—The local application of the iodide of ammonium ointment over the abdomen, and the internal administration of the same drug—the age of the patient guiding the dose to be exhibited—surpass any form of treatment previously had recourse to. Of course the convalescence is slow, and cod-liver oil or glycerine, pancreatine and suet and milk must be given; but these I include more among the articles of diet than the medicines of the physician. A steady perseverance with these measures effects much good. The iodide of ammonium appears to reduce the size of the enlarged glands whose functions are impeded, and to permit the process of assimilation to go on its natural way.

STRUMOUS ENLARGEMENT OF THE LYMPHATICS, wherever situated, if treated before pus has actually formed on the areolar tissue covering the part disorganized, will, as a rule, yield to the iodide of ammonium, combined with a generous diet and change of air. I have before me, in my case-book, the history of a girl, aged eleven years, who had long suffered from strumous enlargement of the cervical glands, the sequelæ of scarlet fever. She had taken syrup of the iodide of iron, Parrish's "chemical food," iodide of potassium, quinine, and cod-liver oil, but without effect. As a last resource, and it was one of the first cases wherein I prescribed it, I directed her to take three-grain doses of the iodide of ammonium twice a day, and to apply the cerate containing the same preparation. I had the satisfaction of observing day after day the well marked gradual diminution of the glands, and the speedy restoration to health. The relatives informed me afterwards that their patience was so exhausted with the girl failing to improve, that they were in the act of calling in further advice. Had such been done, and the iodide of ammonium prescribed, the consequences would have been unpleasant in the extreme. And how often is it that members of our profession obtain a notoriety through similar occurrences, while in one or two instances I know they had not the honesty to give credit where it was actually due and well won, but retained for themselves a success to which they were far from entitled.

SIMPLE STRUMOUS ADENITIS gives way more rapidly and with better results under the iodide of ammonium than any other treatment.

SYMPATHETIC BUBO has, in four cases which I have specially treated with the medicine advocated, terminated so satisfactorily that I cannot refrain from recording the circumstance.

ENLARGEMENT OF THE SPLEEN AFTER AGUE.—I had an opportunity last August of testing the therapeutic effect of the ammonium in some cases of enlarged spleen in a most marshy district in South Lincolnshire. Although the benefit was not permanent in any of the cases, as I

believe it was not persevered in for a sufficient length of time, yet, during the period the drug was being administered, the more immediate symptoms appeared to yield to it.

CHRONIC HEPATIC ENLARGEMENT has in several instances been recorded in my case-book, where blue pill, podophyllin, taraxacum, and nitro-muriatic acid have proved inert, turned out as cured. I can strongly recommend the drug in this disease, but I invariably blister the hepatic region first, and then dress the blistered surface with the iodide of ammonium cerate.

TUBERCULAR SARCOCELE was treated in three instances by the iodide of ammonium. In two of the cases there was a syphilitic history, and as the patients were pressing for a speedy rather than an effectual recovery, I combined four drachms of blue ointment with the iodide of ammonium cerate, with the best effects subsequently; so that I am unable to give all the credit to the iodide of ammonium—a drug which my experience teaches only requires to be fairly experimented with in order to be more generally employed in diseases of the glandular system.

TREATMENT OF JOINT AFFECTIONS BY CONTINUED EXTENSION.

Prof. Volkmann reports favourably of the method of continued extension of the treatment of diseases of certain joints. He has applied it with great success for hip-joint disease and affections of the vertebral column. In disease of the knee-joint, the results of this proceeding have not been found equally satisfactory. The cases in which continued extension was practised by Volkmann were generally those of acute, painful, and rapidly progressive coxalgia, and Pott's disease of the spine without much deformity. Ankylosis, extensive infiltration of the soft parts, periarticular suppuration, and chronic disease accompanied by formation of granulations between the bones, are all contraindications of this plan. The application of a weight, generally a sand-bag, to the extremity of the affected limb, in disease of the hip, removes pain and the tendency to muscular contraction, and also, by bringing the femur parallel to the axis of the body, serves to prevent great deformity and a faulty position of the thigh with regard to the pelvis. Professor Volkmann bases his practice upon the view that ulceration in joint-disease is produced by the close contact, and pressure of inflamed synovial and cartilaginous surfaces. This, he thinks, is proved by the facts that the caries is most intense at the hard parts placed in contact, and that a cure is generally brought about after luxation of the limb, after resection and even after removal of only one of the diseased articular surfaces.—*British Medical Journal*.

ACTION OF SULPHUROUS ACID IN REDUCING TEMPERATURE.

Dr. Robert Bird publishes a note stating that he has recently used sulphurous acid in cases where the temperature of the body was abnormally high, with a happy result. A fall in the measured heat of the tissues has almost always followed its administration continued over twenty-four hours. In several cases of remittent fever where ammonia and sulphuric ether had failed to cool the body, sulphurous acid succeeded. He usually gives it in drachm doses every two, three, or four hours, according to the intensity of the heat; the greater the heat the more frequent the repetition of the dose. In remittent fever it is specially beneficial, and in many instances in that condition of the body named by the natives internal fever. He does not regard it as a panacea for every form of diseased action, but it is a valuable addition to the list of those remedies which control animal heat. He was at first led to use it therapeutically, from finding that it had been given a high place in a list of substances powerful to absorb radiant heat. In this list sulphuric ether and ammonia take high places; but sulphurous acid takes a higher place still. It can scarcely be otherwise than that the substance, which has the power to absorb radiant heat in a shut chamber, should also have the power to absorb it when present amongst the bodily tissues. At any rate, it is not a little remarkable that ammonia, sulphuric ether, and sulphurous acid, which are large absorbers of radiant heat, are also powerful febrifuges, and that quinia, our most powerful antiperiodic, is at the same time one of the few known substances which can render the chemical rays in the spectrum luminous.—*Practitioner*, April, 1869, from *Indian Medical Gazette*.

HYPODERMIC INJECTION OF MORPHIA.

Mr. A. Evershed states (*Medical Times and Gaz.*, May 1, 1869), that this method of medication is less frequently employed than it should be. "It is especially," he says, "in cases of neuralgia that this method of administering sedatives exhibits to most advantage. The effect of a small dose of acetate or hydrochlorate of morphia—i. e., from $\frac{1}{8}$ to $\frac{1}{4}$ th of a grain—in a case of facial neuralgia, for instance, injected beneath the skin of the forearm into the areolar tissue, is sometimes almost marvellous; usually within ten minutes the patient is quite free from pain, often giving expressions to his feelings thus: 'I am quite comfortable, and free from any pain.' The effect of one such dose is startling to any one who has not had some experience in these cases; the beneficial influence continues for several hours, and in ordinary cases

not arising from organic disease, a few injections will suffice to effect a cure.

“It is exceedingly useful in almost all cases attended with local pain, and in many cases of wakefulness—*e. g.*, delirium tremens.

“It is a remarkable fact that morphia thus used has a more permanent effect in allaying pain than when given in any other way.

“After a fracture has been reduced, and the limb placed in proper position, a small dose of morphia injected into the areolar tissue of the limb is of great value in preventing muscular spasm, and I think, ought scarcely ever to be omitted.”

BROMIDE OF POTASH IN DENTITION.

Dr. Salvatore Caro in an interesting paper read before the New York County Medical Society, on the use of this remedy in “summer complaints,” remarks, in connection with the disturbances arising from dentition: “In the most severe cases of odontitis either with or without ulcerated gums or loose bowels, I have never failed to relieve the child by the local application of the bromid of potassium. Almost immediately after the first rubbing, the gums, from being turgid, swollen, and red, assume their natural colour, and a certain amount of ease is felt. Saliva commences to dribble; and, as if by enchantment, agitation, carpopedal involuntary motion, vomiting and looseness of the bowels disappear. As the vomiting and diarrhoea in this case are not the consequence of gastro-enteritis, but an excitement of the stomach and the intestinal mucous membrane, owing to the inflamed condition of the gums, I suppose it will never be cured either by the scarification of the gums or by the use of astringents or anodynes: but, as I shall hereafter prove, simply by the use of the bromide of potassium.

Midwifery and Diseases of Women and Children.

PREVENTION AND TREATMENT OF THE DIARRHŒAL DISEASES OF INFANTS.

Remarks made before the Obstetrical section of the New York Academy of Medicine, May 17th, 1869. By STEPHEN ROGERS, M.D., New York.

MR. CHAIRMAN:—As a text for the few following remarks, I present a sentence from the address of Sir Thomas Watson, on the occasion of his retiring from the presidency of the Clinical Society of London, because it expresses accurately my own sentiments in reference to the subject before us, and no doubt, those of many of the Fellows also. “What I

depricate," says Dr. Watson, "what I would fain see altered, what it is one great end of this Society to do away with, is the vagueness of aim, the uncertainty of result, the merely tentative nature of too many of our prescriptions."

In no department of medicine is vagueness of aim, uncertainty of result, and consequently tentative practice, more conspicuous, and I may add, more disastrous, than in diseases of infants, and especially diarrhoeal diseases. We lose our aim, first, by forgetting, or by never knowing, the anatomy and physiology of the infant; and we are forthwith environed by complications and inexplicable phenomena which befog every effort we make.

The digestive apparatus of the infant is, in some respects, like that of the carnivorous animals, arranged for highly animalized and easily assimilable food. This alone should teach us that the pharinaceous and vegetable substances should not enter the diet of young infants. Infants, like animals and like adults, require water; and while their proper food, milk, contains all the water usually demanded, any accident or disease which cuts off the accustomed supply of milk, as well as any circumstance which greatly increases perspiration, such as warm weather, is certain to induce thirst, for which water is the true remedy. The infant intestines, like the adult, are provided with a reservoir for the reception, detention, and absorption of the assimilable fluids. This organ is the *large intestine*, or *colon and cæcum* and the rectum included, and has not like the stomach, and a considerable part of the small intestine, any digestive function. No part of it, therefore, can perform digestion, from the anus to the caput coli—it can only absorb; and substances which are simply in suspension, not in solution, are not appropriated when introduced into this portion of the intestine. Substances, in short, which are not transmitted through membranes by osmosis, are not utilized by the rectum or colon. As an absorbing organ, however, the large intestine is very active. There can be no doubt, I think, that the digestive portions of the intestinal tube of the infant, as well as the absorbing portions, are liable to the same diseases that affect them in the adult; and as diarrhoea is one of the results of disease in both portions, in both adults and infants, we will make our classification upon this understanding. Commencing with the stomach, I will say that diarrhoea *from indigestion* is, perhaps, quite as frequent, if not much more so, in infancy as in adult age. It is very liable to occur in warm weather, to infants both breast and bottle-fed, on account of their taking more milk than the stomach can dispose of, and more than the system requires, the child taking it for thirst instead of for hunger. It is also liable to

occur in children bottle-fed on milk too much diluted; the digestive action of the gastric fluids suffering embarrassment by the very great amount of fluid, to say nothing of the grave derangements of the digestive organs, which are produced by insufficiency of nutritive material given in such habitually dilute food. The slow starvation produced by insufficient diet, and by diet which, though sufficient as to quantity, is unsuited as to quality, has many symptoms in common with much of the fatal infantine diarrhoea. This diarrhoea of indigestion is usually ushered in by more or less sudden anorexia, vomiting, thirst, nervous disturbance, and heat of skin, followed in a few hours by diarrhoeal discharges, containing more or less undigested food. Unless, the cause is repeated, the attack generally subsides with the expulsion of the offending material. It is therefore an exceedingly easy disorder to treat in both the young and old. The treatment, as a rule, need be nothing else than *physiological* and *physical* rest. This is attained by withholding food—a practice readily followed, for the patient does not desire food—quieting thirst by cold water without stint or measure, keeping the patient still, and, finally, when desire for food may return, to allow it in moderate amounts, and, if it be milk, *undiluted*.

In bottle-fed babies, whose milk has been diluted in the usual manner, from one-half to three-fourths water, nothing can be more striking than the change to undiluted milkman's milk, except, perhaps, when the dilution has been with barley, or other farinaceous decoction. Of all the compounds fruitful of infantile diarrhoea, in our city especially, those by farinaceous decoctions with milk rank first.

Children over six months often desire, and are benefited apparently, by farinaceous food occasionally; but the child should be allowed its choice to take it or not. This cannot be done by mixing it with its milk. All such articles should be given by themselves. The observation of these few plain rules for the treatment of the diarrhoea of indigestion, will be quite sufficient for most cases, medicinal aid being generally unnecessary. To avoid these attacks of diarrhoea of indigestion during our summers, every mother or nurse should be instructed to offer cold water to the infant, whether breast or bottle-fed, before offering it its food, for by so doing, the infant has the opportunity to quench its thirst with water, preserving the unembarrassed energies of the stomach for the digestion of the food.

Following the intestinal disturbance produced by an attack of diarrhoea of indigestion, the annexed train of symptoms are very often met with:—

Frequent alvine dejections of greenish, very fluid, and foetid character, frequently containing portions of undigested casein coagulum—if its diet

include milk—irritable stomach, and variable appetite, and almost continual thirst. Its discharges may be yellowish, foetid, and watery, when voided, but become green after a little exposure, generally containing mucus; and there is usually some tenesmus. The child does not have very marked fever, except at varying intervals; emaciation progresses more or less rapidly, and the tongue, as well as the anus, indicate by their redness, enlarged papillæ, and excoriation, a profound disturbance of the alimentary canal.

The case is one of chronic *colitis the usual diarrhœa of infancy*. The colon, as a receiving and absorbing cavity for the excrementitious and alimentary matter poured into it by the small intestine, and by its own excretory glands, refuses to perform its functions; consequently, as fast as material is lodged in it from above, it is hurried on through to the rectum and discharged, not only adding to its own irritability, but not permitting the absorption of much of the alimentary matter provided in the canal higher up. During the transit of a fresh supply of such material through the diseased colon, the child often has an intense febrile heat of skin, and not unfrequently convulsions, which terminate life. Both the fact that the morbid changes found after death from diarrhœa in infancy are chiefly in the large intestine, and the phenomena of the disease show conclusively that it is a *colitis* almost exclusively.

When we add to these evidences the result of the *treatment* of colitis I see no room for a doubt that the usual diarrhœa of infancy, of which so many children die among us annually, is simply colitis. The treatment is clearly to avoid the causes which set up this inflammation, and to lessen the already existing inflammation and irritability. This is accomplished by withholding food as much as possible, keeping the desire for drink satisfied with water, and thus securing physiological rest for the colon. This rest may be more completely effected by calming its pain and irritability by means of anodynes thrown over part of its surface, *viz.*: the rectum. But in this use of anodynes we should never forget that neither the rectum, nor any other part of the large intestine, can digest; that its function is to absorb, and, therefore, nothing should be introduced into it, except solutions, or substances easily soluble in water, and therefore in the moisture of the mucous membrane. Nothing but evil can come from introducing the time-honored *starch, gum-water mucilage* of various kinds, oil, albumen, etc., into a diseased and irritable colon or rectum. The watery portions of these preparations are alone absorbed, if retained long enough, and the solid residu is left behind, doing much more harm than good, and often more harm than the combined anodyne does good. The idea that in some forms of inflammatory

disease of the large intestine, its usual lubricating covering of mucus is absent, and any of the gummy or mucilaginous substances may in such case be introduced with advantage as a simple protection of the denuded tissue of the mucous membrane, is, to my mind, totally destitute of the support, not only of demonstration, but of probability; and so far as my individual experience may permit me to judge, has not practical support either. Poultices applied to the mucous membrane of the rectum no matter of what bland substance they be composed, are foreign and excrementitious, and give no rest to the bowel.

Alcoholic solutions, unless largely diluted with water, are liable to irritate, and therefore objectionable. Watery solutions, which leave no solid residuum, are clearly the most preferable, and of all preparations, the morphine salts in solution I think best. Where there is not very great irritability of the rectum, the much-used cocoa-butter suppository is a convenient and useful form of introducing the morphine, or other very soluble substances. The warmth of the bowel slowly melts down the mass, allowing the salt to come in contact with the bowel whose moisture dissolves it, and it is then absorbed, while the butter remains as excrement. But the simple watery solution of sulphate of morphine is the least irritating as well as the most active form of anodyne enema. Its dose by the rectum when thus introduced is rather less than by the mouth, and its action is more prompt and more effective to relieve tenesmus and irritability of the large bowel. I have often seen a single injection prevent all movement of the bowels for ten or twelve hours, in cases where the movements before it were almost incessant. Many adjuncts to this treatment will suggest themselves to any educated physician, and I therefore need not mention them here. I will add, however, that I rarely employ any other medication for the diarrhoea of infancy of this degree; and, so far as my observation enables me to judge, much of the favorable results claimed by our practitioners for their favorite prescriptions, such as minute doses of calomel, Dover's powder, ipecac, the sulphite salts, the bromine salts, and the various astringents, alkalies, and anodynes and disinfectants, is due to the coincident modification of the diet and care of the child. A diarrhoea, like that just described, of no great severity, having existed for some days, perhaps, suddenly suffers a great increase in the frequency of the movements of the bowels, nausea and vomiting come on, the skin becomes hot, the thirst is urgent, there is more or less extreme restlessness and actual or threatened convulsions. The dejections are, if possible, still more foetid, watery, and of various colors from black to yellow; they are often streaked or dotted with blood, and the fluid portions sometimes

stain reddish the clothes upon which they fall; there is sooner or later mucus intermingled with them, the tenesmus becomes tormenting, the anus red excoriated, and the tumefied mucous membrane of the rectum shows a tendency to descend. This has now become *acute colitis*, *inflammatory diarrhœa* of some authors, or *dysentery* of others. Its treatment does not differ from that already mentioned for colitis, except that it must be conducted with greater energy and watchfulness.

Withhold food as strictly as possible, give cold water *ad libitum*, arrest the pain and irritability of colon by morphine injections, and keep the patient as quiet and cool as practicable, for this is a disease of hot weather.

The use of pure cold water in the irritable stomach of infantile diarrhœa is theoretically opposed by many practitioners, on the ground that it keeps up the vomiting, as they allege, and furnishes indefinite quantities of fluid to protract the diarrhœal discharges. Practically, I have never seen this theory supported, unless the water were combined with some alimentary substance. It is surprising, however, to see how little milk, or arrowroot, or barley, or any similar substance combined with water, will keep the vomiting and diarrhœa going on to a fatal issue. Pure cold water, on the contrary, will soon arrest vomiting, will give physiological rest to the stomach and intestines, will furnish the much needed fluid to the blood, and thereby calm nervous agitation and afford physical rest and restoration.

As to the treatment of the prolapsus of the mucous membrane of the rectum which we occasionally see follow one of these attacks of colitis, I will add that I have found nothing of any service which does not arrest the irritability of the part, and the frequent movements of the bowels which attend it. Any agent which secures prolonged repose of the colon and rectum, will cure this condition. The most certain means which I have employed is an injection of the solution of morphine, thrown up immediately after reducing the prolapsed membrane by a cold water compress and putting the patient to bed. The bowels do not move for twelve or forty-eight hours, and recovery of tone and natural condition progresses rapidly. A single application of this kind is generally sufficient, and I have seen very few resist more than two or three. There is still another form of most fatal diarrhœal disease of infancy, presenting the following train of symptoms: A mild form of diarrhœa having generally existed for a few days, there suddenly come on vomiting and purging of a copious watery substance, at first containing feculent material, but subsequently an almost pure, opalescent, and nearly odorless fluid, without apparent pain or tenesmus. There is

total loss of appetite, great thirst, the surface of the body rapidly becomes cold, the skin shrivelled and moist; in short, a more or less rapid collapse ensues which, as a rule, terminates in fatal convulsions, or anæmic coma, and does so generally within twenty-four hours after the attack. This is the form of diarrhœa, and the only form, in my opinion, to which we should apply the name *Cholera infantum*, and when compared with all the cases of diarrhœal diseases we see, I think the Fellows of the Academy will agree with me in saying, that it composes a small minority of them.

I have no suggestions for its treatment that would not occur to the mind of any physician.

Unquestionably the wisest plan in this, as well as in all the diarrhœal diseases of infancy is to prevent them if possible. This we may do much to achieve by management of the food. While there is too much evidence to permit us to doubt that, if not a *cause*, dentition at least *attends* a period of development of the digestive apparatus of the infant during which it is liable to diarrhœal disease, we cannot close our eyes to the fact that very large numbers of our infants die before dentition or any such development commences, before six months, and die of diarrhœal disease. Any extended remarks upon the subject of the diet of infants here I deem uncalled for, and I therefore shall say but little. We, however, all accept the proposition as self-evident, that the best food for the infant is good breast-milk. We are all quite as thoroughly convinced that this is very often not obtainable. Now comes the question as to what is the best substitute for breast-milk. That the milk of some animal should compose the basis of the substitute all, with few insane exceptions, agree. Great numbers of modifications of the milk of the cow—the only available one in this part of the world—have been advocated, chiefly in the degree of its dilution, and the addition of various farinacious substances. But my observations have most thoroughly convinced me that the theoretical dilution of cow's milk, with the view of rendering it similar to the milk of the human female, is an unscientific delusion. It is founded, in the first place, upon the false premises, that our Croton, or other water, is a similar fluid to the watery portions of human milk. It still further supports itself upon the unfounded assumption, that diluted milk of the cow is more easily digested than the original fluid, on account of the excessive proportion of casein.

There is no means of demonstrating the theory that the addition of water to the milk of the cow renders it more digestible in the infant stomach. But, on the contrary, any one can demonstrate almost any day during our summers, that the labor of the infant's stomach is much

easier in the digestion of the best milkman's milk we can obtain here, than it is in the digestion of the usual dilute form, and still less than when diluted with farinacious decoctions. Providence has wisely arranged this matter so that if the milk—the food intended for the infant—be variable as to its constituents, the stomach has the power to digest and more or less completely appropriate them. Hence the milk of the human female, which is often richer in all of its constituents than many samples of the milk of the cow, is digested, and the child flourishes; and on the contrary, the milk of the cow, which possesses many per cent. more of oil and casein than the average human milk, is easily digested, and the child thrives satisfactorily. The essential points in the whole matter being that the milk given contains nutriment material within a reasonable bulk sufficient for the nutrition of the child, and that it be given soon enough after leaving the breast or udder to be sweet and good. I avail myself of this opportunity, as I uniformly do of any which presents itself, to denounce the doctrine of dilute cow's milk as infant food, as one destitute of reason and extremely dangerous. If this be true of milk simply diluted, what must be the state of the case when diluted with vegetable and farinacious substances? For about ten years of my professional life, I have watched this subject closely, having had several children of my own to raise on the milk of the cow. I have yet seen no reason for diluting the milk sold in this city, to make it fit food for the infant at any age. On the contrary, I have often found a necessity for richer milk than could well be obtained here. My experience has satisfied me, that a great part of the difficulty and danger attending the raising of children by hand, as it is called, proceeds from this tinkering of the milk used. I regard the raising of a child with a tolerably good organization as about as easy on the milk of the cow as on the breast. The essential points for the mother or nurse to observe are, that the milk be sweet, that is to say, not soured, that it be warmed to about 100°, that it be taken from the bottle through finely perforated nipples, that the bottle and nipple be kept clean, and finally, *that the child have all it will take.* And here I would repeat the precaution before alluded to not to give the child milk during the very warm weather of our summers till water has first been offered to it, else it will often take milk in inordinate quantities simply because it is thirsty, and will thus be overfed and injured. Children at the breast are often injured by this neglect. To those who may possibly regard these views of infant feeding as radical and perhaps dangerous I feel bound to say that I am supported by unquestionably competent authority. While writing these pages, I had the extreme gratification of receiving the pamphlet paper on "Food for

Infants," lately read before the Medical Society of the State of Pennsylvania, by Dr. Hiram Corson, of that State. The Dr. has extended his observations through more than thirty years, and they have obviously been well and carefully conducted. He says, "I feel quite certain that it is almost as easy to raise children by hand, if they have an abundant supply of good undiluted cow's milk, as it is by the breast." And he repeats this expression of belief, adding, with great propriety and force—as his observations are conducted in the country and villages where good milk is easily obtainable—"if, then, in the country, where the milk is good, the child should have all it will take undiluted, how very important that no water should be added to the milk brought to cities by milkmen. It is not too much to say that before it reaches the citizen's door it is only two-thirds milk." He details the symptoms he has often seen presented by infants fed, but only half nourished, on dilute milk, and those descriptions accurately apply to great numbers of the diarrhoeal disease we see here. His experience leads him to conclude that thousands of infants who die annually of these diseases, really "die from want of food," "They are starved to death," says he, speaking to the profession, "and we are not blameless." Again he says: "Little children not only need plenty of good food, but, even those who are fed at a full breast, also need occasionally a little cool water as drink.

This sentiment I am delighted to see as thus generally stated, but in the warm weather of our summers it is especially applicable. Dr. Corson very justly wonders that these facts have not more generally impressed themselves upon physicians, and that as a consequence the public teachers with few exceptions, and the text-book of to-day, are promulgating the same doctrine and giving the same rules that they have for the last hundred years, changing, if at all, for the worse, for higher dilutions, and in the face of the frightful fact that infant mortality is increasing rather than diminishing. He very properly suggests that we try a change, which can hardly be for the worse. This is very greatful support to the sentiments I uttered many months ago, in the pages of the *Record* of Oct. 1st, 1868, p. 341. With this care to properly feed infants, much, very much, can be done to prevent their diarrhoeal diseases especially diarrhoeas from indigestion; and with these simple measures for the treatment of chronic and acute colitis, vastly better results, I am convinced, may be obtained. The comparative experience of many physicians, in the city and in the country, confirms me in this belief, which I formed from an extensive public practice, added to that on my own family, and in private.—*N. Y. Medical Record*.

Canada Medical Journal.

MONTREAL, SEPTEMBER, 1869.

THE CANADIAN MEDICAL ASSOCIATION.

The proceedings of our Dominion Medical Association which held its second annual meeting at Toronto, upon the 8th and 9th of September, were attended with quite as much interest as characterized either of the preceding conventions. The previous meetings held at Quebec and Montreal, were principally occupied in organizing, and in creating laws for the government of its members; and it was anticipated that at this last meeting the Association would have entered upon its proper functions. But in consequence of the unsettled condition of the Medical Profession of Ontario arising out of the new Medical Act, and the manifest desire on the part of the members of the Medical Council to clear their skirts of any complicity in obtaining that Act, as well as of any stain of Homœopathy and Eclecticism, there arose almost a continuous stream of disputation. The sharp cutting remarks of Dr. Workman, in his address of welcome; the clear, forcible and unmistakable utterance of the President; and the decidedly hostile attitude of the Association toward Medical sects, placed before the Advocates of the Medical Act, who have declared it to be a boon, the distinct alternative of either repudiating the unnatural connection or forfeiting the respect of the regular Profession. Upon the name of an individual being proposed for membership, who has taken an active part with respect to the new Act, and who is reported by the Daily Press as having made insulting remarks about the Profession of Toronto, and of expressing his willingness to consult with Homœopaths, the question was raised whether any one in the habit of meeting, professionally, irregular practitioners, was eligible for membership. This led to a good deal of warm discussion in which persons not members of the Association, in very bad taste, endeavored to force themselves upon the attention of the Association. It was distinctly stated that the question was one of vital importance, that it was a principle and not an individual that had to be considered. It is a matter of extreme congratulation, that by an overwhelming majority it was decided that no one could be a member of the Canadian Medical Association, who either met a Homœopath in consultation, or justified such a meeting. This decision was emphasized at a later period by the refusal to admit another person until he had in the most solemn

manner declared his intention no longer to meet, in consultation, irregular practitioners. Finally on this point a member of the Association, Dr. Bender of Quebec, was expelled from membership for advertising himself as a Homœopath.

While the excursion to Niagara Falls on Friday, was most pleasant, and a fitting termination to the proceedings, we cannot omit to say that it was a pity the day could not have been used in reading papers and in discussion upon questions of vital importance to the public, as well as the Profession. As it was, only two papers were read, one by Dr. Howard, of Montreal, and one by Dr. Henry, of Ottawa. Other papers were prepared, and it is a cause of regret that the Association did not have the opportunity of hearing such men as Dr. Bovell, of Toronto, and Dr. McIntosh, of Hamilton. But the time was limited, and the election of officers had to take place. In this connection we feel that we would fail in discharging our duty, if we did not refer to the fact that a factious opposition was presented by a member, on the ground that the nominating Committee, who was appointed by the majority, was opposed to the Ontario Medical Act. We have it from one of the party, that it was the deliberate intention on their part to oppose *every one of the nominees* of the nominating Committee. This intention was fully carried out, and led to a great waste of valuable time, and unpleasant discussion. We are not prepared to say that the statement, that the meeting was packed for the occasion is correct, we can, however, express our opinion that it is a great misfortune, and will prove extremely injurious to the welfare of the Association if political intrigue and subterfuges are introduced, and tolerated by its members. The Association is a voluntary one. Its promoters are actuated by a desire to elevate and refine the Medical Profession. Surely, those who may be indifferent about the honour of the Profession, or careless as to the opinion of the medical world should not seek admission to the society with the view of sapping the foundation upon which the Association is based.

MEDICAL ETHICS.

At the last meeting of the Medical Council of Ontario, a prominent member took occasion to sneer at the fact that the Canadian Medical Association had assumed the right to adopt a code of Medical Ethics, with the view of forcing it upon the Profession generally. We would not now refer to this, as the individual in question has sought and obtained admission to the Association, had he not officiously moved a resolution which implied censure respecting a member of the Committee on Medical Ethics.

THE PRESIDENT OF THE CANADIAN MEDICAL ASSOCIATION.

The election of the Hon. Dr. Tupper, C.B., for the third time to the Presidential Chair of the Canadian Medical Association, is deserving of a passing notice. No one who has attended its meetings from the formation in Quebec, till the meeting at Toronto this month, but will willingly admit that not a little of the success which has attended this movement, is due to this gentleman. Its formation was a great experiment, for which all honor to our friend Dr. Marsden of Quebec, and its success, which we believe is now assured, we consider to be due to the able administrative abilities of the Hon. gentleman, who has with such admirable tact, presided at the three meetings. The conflicting interests of the Profession in the various Provinces, sometimes sought expression in a manner hardly calculated to allay excitement, and Medical Politics at times ran high. Amid all the surrounding excitement, the President was cool, and in matters of ruling never unprepared. His extensive Parliamentary experience gave his decisions weight and character, and the Association invariably submitted, showing the complete confidence they reposed in him. Feeling that there were others in the Profession, who were deserving of the great honor of being selected to the Presidential Chair of the Canadian Medical Association, he had strongly expressed to several friends his wish to retire, and to this is to be attributed the fact that his name was not brought forward by the Nominating Committee. Upon an amendment being read—with his name for re-election, the enthusiasm with which it was received, the large room at the Queen's Hotel, ringing with cheer, after cheer, no course was left to him but acceptance. In thus re-electing Dr. Tupper, the Association have done well—for although progressing successfully, they are hardly yet prepared to get along without his great experience. The next meeting at Ottawa, will be perhaps the most important yet held, and we will be much mistaken if the experience of that meeting does not clearly prove the wisdom of the Association in their choice. We offer our congratulations to the Hon. gentleman, upon this renewed expression of the confidence reposed in him by the Medical Profession of the Dominion.

OPENING OF THE MEDICAL SCHOOLS IN MONTREAL.

We draw attention to the fact that the classes in the Medical Faculty of McGill University, and those of the Montreal School of Medicine open on Tuesday the 5th October.