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CANADA
MEDICAL RECORD

SEPTEMBER, 1897.

OPENING ADDRESS AT THE 65th ANNUAL MEETING, BRITISH MEDICAL ASSOCIATION, MONTREAL, 1897.

By T. G. RODDICK, M.D., M.P., President.

Professor of Surgery, McGill University.

You have been welcomed to the Dominion of Canada by the Noble Earl who is the worthy representative of our beloved Queen; you have been welcomed to the Province of Quebec, to which this city belongs, by our eloquent and justly-esteemed Lieutenant-Governor; the Chief Magistrate of our city has given you "*Caed mille failthe*" in a manner in which only an Irishman with such a great sympathetic heart as he possesses can give; and now I rise to welcome you on behalf of the medical profession in Canada, and to thank you for the honor conferred on this city and country by your presence here to-day. Would that I could find suitable language in which to thank you also for the high honor you have done me in electing me to preside at this great meeting of the British Medical Association, an honor which is appreciated none the less by the consciousness that it is not a personal matter but a compliment to Canadian medicine.

This meeting of the British Medical Association in Canada is an event which will serve still more to impress upon the memory of our people the year 1897, the year of the Diamond Jubilee of our beloved Sovereign, Queen Victoria. In no part of her vast Empire—not even in its very heart—did her subjects celebrate the great event with more enthusiastic loyalty and devotion than in Canada, especially in this province, the home of the French-Canadians. We Canadians of both tongues love and honor our Queen. Long may she live! Deeply, too, have we appreciated here the splendid reception accorded in the old home to our Premier, the Right Hon. Sir Wilfrid Laurier, whose distinguished bearing and grace of manner eminently fitted him for the important part it was his peculiar privilege to play in the magnificent ceremonies of the Jubilee. A French-Canadian, Sir Wilfrid's presence in England as the chosen representative of the Dominion was an object lesson to the Empire and to the world in the harmony existing between the two nationalities which comprise the Canadian people.

And here let me express on behalf of every representative from the British Isles, and on behalf of every Canadian present, the genuine pleasure we feel in having among us on this memorable occasion so many of our brethren from the United States. This only proves the cosmopolitan character of our profession; this is only another recognition of the unity of medicine. Legislators may squabble, the air may be filled with wild alarms, and war may appear imminent day by day, but our relations are not disturbed in the slightest degree; our interests are common—we are kinsmen in science; we go forward hand in hand, irrespective of race or creed or color, having one intent only,—the advancement of our noble profession, and through that the amelioration of the ills of mankind.

It is my privilege also to welcome the representative of another Republic, La Belle France, to whose gifted men of science our profession is so greatly indebted. This gentleman, who bears the credentials of his Government, and officially represents the great nation of which he is so bright an ornament, is known far and wide as the Professor of Physiology in the University of France, Dr. Charles Richet. In coming to Canada it cannot be said, nor will he feel, that he comes to a foreign country, for in the Province of Quebec he will find another France, with a delightful mingling of the old and the new: his own beautiful language spoken with all the grace and purity of the old *régime*.

But we are further honored by the presence among us to-day of the most illustrious surgeon of our generation, Lord Lister, who stands for the rise and zenith of modern surgery. It has been well and truly said that as long as surgery is scientifically discussed Lord Lister's name cannot fail to be mentioned. We have only to compare the surgery of the time before 1873 with the surgery as practised to-day to appreciate all that he has done for the science. Can it be for a moment questioned that Lord Lister has made operative proceedings possible which only twenty-five years ago would have been considered criminal? Undoubtedly, the most powerful agency in the development of surgery in this century has been the introduction of the antiseptic and aseptic methods of wound treatment which he initiated. It is due to his efforts that surgical wards have been freed from pyæmia, and the mortality of lying-in hospitals reduced to the limits of normal parturition. For the past twenty years honors many and great have been showered upon him. Oxford, Cambridge, Edinburgh, Glasgow, Dublin, Toronto, and now McGill, have vied with one another in hastening to do him homage. Our Sovereign, in conferring upon him the richly deserved distinctions which he bears with such gracious dignity, only gives expression to the general feeling of his countrymen throughout the Empire and his admirers the world over. We are glad, I say, to have him with us to-day; his presence is an intellectual stimulus and an energizing force in our deliberations.

It is, I understand, an unwritten law of the Association that the President shall not in his address encroach upon the topics which belong by right and usage to the readers of the main addresses and to the presidents of the various sections. I have observed that the majority of my predecessors have contented themselves with discoursing on objects and circumstances of local in-

terest: they describe the town or city in which the meeting is held or perhaps they discuss questions of a public character. In the absence of an address on public medicine, others have taken that for their theme. It has been my unhappy lot to select and consider subjects only to find in quick succession that they had already been appropriated either by the Association Journal, in describing so fully Montreal and its surroundings, or by the editors of the Official Guide or Souvenir, who have given a very comprehensive description of Canada, or by some of the gentlemen who preside over the sections, who, I have been led to understand, purpose discussing questions of medical education. I fear, therefore, that what I have to say this afternoon will fall far short of the brilliant presidential addresses which members of this Association have been accustomed to in other years. Indeed when I look at the long roll of eminent men who have been my predecessors in this high office—men oftentimes distinguished for their literary gifts as well as for their exalted position in the medical world—I confess that I marvel at my temerity in accepting so great a responsibility. In speaking of my predecessors allow me especially to refer to the retiring President, Dr. Henry Barnes, whose courteous and kindly manners, together with his sterling ability, makes us all glad to know that his election as a Vice-President for life insures his continued official and active connection with the Association. Here might I also be permitted to say how greatly I appreciated the many kindnesses and courtesies extended to me by the President (Dr. Saundby) and members of the Council when in London last winter, making the initial arrangements for this meeting.

With respect to the other addresses, which it is customary to deliver on these occasions, medicine will be dealt with by one whose reputation is now world-wide—by our Osler—whose professional education was in great part received in this city, and who, I am happy to say, is still a Canadian. How he has been able to escape the alien law is a puzzle to many; but he has really only been borrowed for a time: he is merely passing through the United States in bond. We are only waiting until we can find a place large enough to hold him, when we shall coax him back. Sorry am I that his old colleagues in his own department of medicine, Howard and Ross and Macdonnell, are not here to share with us the genuine pleasure we experience in finding him in the position which he occupies to-day. One of these, the late lamented Howard, had much to do with moulding his career and setting him to the task which he has so ably accomplished.

You will hear addresses in Surgery and Public Medicine, delivered by gentlemen who have devoted their lives to their special subjects.

Before proceeding further, however, allow me, for the benefit of those who may not be acquainted with the work of the British Medical Association, to give in as few words as possible a general idea of its organization.

The British Medical Association.

When, in 1832, Sir Charles Hastings, of Worcester, communicated to a few of his personal friends the idea he had conceived of a medical association which should bring the whole provincial profes-

sion of England into a common brotherhood, it may be safely affirmed that he did not dream that he was laying the foundation of an association which would ultimately not only embrace the whole of the British Isles, but extend to that Greater Britain beyond the seas, and become an association of imperial magnitude and of imperial importance and significance. I have no hesitation in expressing my belief that the British Medical Association will be an important factor in bringing to a successful issue that great scheme of Imperial Federation which now exercises the minds, and, let me add, the hearts, of the leading statesmen of the Empire. Sir Charles Hastings' aim was to bring town into professional union with town, county with county; now it has become the aim of the Society he called into being to add State to State—and may I not say continent to continent?—until all the nations and peoples who live under the British flag are brought within the beneficent influence of the Association.

With respect to the objects of the Association, as set forth on its foundation, they may briefly be stated to be:

1st. The collection of speculative and practical information through essays, hospital reports, infirmaries, dispensaries, or private practice.

2nd. Increase of knowledge of the medical topography of England through statistical, meteorological, geological, and botanical inquiries; the investigation of the modification of endemic and epidemic diseases in different situations and at various periods, so as to trace, as far as the recent state of the art would permit, their connection with peculiarities of soil and climate or with the localities, habits, and occupations of the people.

3rd. The advancement of medico-legal science through succinct reports of cases occurring in courts of judicature.

4th. The maintenance of the honor and respectability of the profession generally in the provinces by promoting friendly intercourse and free communication of its members and by establishing among them the harmony and good feeling which ought ever to characterize a liberal profession.

During its earliest years the movements and proceedings of the Association were quiet and unostentatious, the meetings simple in their arrangements; but it was not long before medical societies began to join the newer body, and towns in all parts of the Kingdom soon came to regard it as an honor to entertain the Association. Gradually the best men of each district enrolled their names, and the membership increased so greatly that subdivisions into branches became a necessity. Each branch, with its own ordinary and annual meetings, was practically a replica of the parent society, possessing its own president, vice-president, secretary, treasurer, council, and by-laws, subject to the approval of the Council of the Association, to which, besides, each branch sent representatives according to its numerical strength. In 1837, five years after the foundation of the Association, there were three of these branches formed, namely, the East Anglian, the Bath and Bristol, and the Lancashire and Cheshire. By the end of 1878 the Association had spread over the whole United Kingdom, the total number of branches at that date being 30—one of the 30, it is interesting to note, being Jamaica, the first Colonial branch to be formed. It was organized in 1878.

Two years later we find that Australia appears for the first time, contributing three branches to the Association. Since then 36 more branches have been added, making a grand total of 65, with a collective membership of nearly 17,000. Of the branches 27 are Indian and Colonial. Doubtless before long those portions of Africa which are now becoming rapidly civilized will also add their quota, so that it is possible that within the lifetime of all present the British Medical Association will be represented wherever the British flag flies. As Nova Scotia is always to the fore in matters intellectual, it is not surprising that the first Canadian branch of the Association should have been formed in Halifax. It was started in 1887, four years ahead of Montreal, Toronto, Manitoba and British Columbia. Canada has now seven branches, the Ottawa and Quebec branches having been formed within the last year. The formation of the Manitoba, Toronto and Montreal branches was the immediate result of the visit to this country of Mr. Ernest Hart. In 1891, Mr. Hart, who has been editor of the *British Medical Journal* since 1867, and who has been well and truly described as the pivot on which the machinery of the whole Association revolves, passed through Canada in that year, and addressed *en route* the members of the profession in Winnipeg, Toronto and Montreal. Of the Manitoba branch, which began with 25 members, Dr. Ferguson was nominated as president, and Drs. Thornton and Lamont as vice-presidents. In Toronto the branch also began with 25 members, Dr. Macallum being nominated president, and Dr. Thistle, honorary secretary. In Montreal the meeting was largely representative in spite of the short notice given, and 26 members of the profession at once signed applications for membership. The officers nominated were: President, Dr. (now Sir William) Hingston; first vice-president, the late Dr. George Ross; second vice-president, Dr. Jas. Perrigo. The members of the Council were: Drs. Roddick, F. W. Campbell, and Geo. Wilkins. In the course of a very happy speech made on this occasion by Mr. Hart, he remarked that he looked forward to the time when the Canadian membership would be large enough to invite the Association to hold a meeting in Canada; and he hoped that the first meeting held outside the limits of the British Isles might be held in this country. Little did we think at the time that Mr. Hart's hopes would be so quickly realized. But the idea has ever been present with us, and those who subsequently attended meetings of the British Medical Association in England have lost no opportunity of advocating the claims of Canada, and especially of this the metropolitan city of Canada, as a place of meeting for the Association.

One of the secrets of success of the British Medical Association is that it makes no distinction in the treatment of its members. Colonial members have all the privileges of the British members, and are always warmly welcomed at the headquarters in the Strand, and at the annual meetings. The Association has a large reserve fund of £40,000 sterling, which is the joint property of the members, to be used for public or professional purposes, and any suitable applications for grants for medical research, whether from British or Colonial members, always receive attention.

A gentleman to whom the Association is greatly indebted is Mr. Francis Fowke, who was appointed Secretary and General Manager

in 1872. At that time the Association was in rather a precarious condition financially, owing to its deficient organization; but shortly after Mr. Fowke took up the reins of office, matters were found to improve. About the time he was appointed the subscriptions amounted to £4,677. Ten years later they had nearly doubled, the amount being £9,147; and in 1891 they had reached the very respectable sum of £14,759. It is interesting to note how closely the advertisements in the *Journal* kept pace with the increase in membership. In 1871 the amount received for advertisements was £1,992; in 1881, £6,089; and in 1891, £14,568. The head office, which had been in Birmingham, was moved to London in 1872, where, after two removals, the present commodious premises in the Strand were taken. In 1879 the Association began the printing as well as the publishing of its *Journal*. The library, which now contains 10,000 volumes, and which includes nearly every modern medical work of note, and many valuable books of reference, has developed in that time. That the British Medical Association is the largest and most influential guild in the world cannot be questioned. Moreover the good it accomplishes increases from year to year, and more than keeps pace with the expansion of the Association. Imagine the mighty power of the collective action of 17,000 earnest men pitted against false dogmas and ever battling for the truth! It is not, however, by greatness of numbers that the Association will be judged—it is by the diversity and quality of results. It is impossible to imagine any combination of circumstances which would render this great Association any less necessary or useful than it is to-day. It will undoubtedly continue to grow in numbers, to increase in importance, and to be ever more and more an influence making for the amelioration and elevation of mankind.

The Canadian people, and especially the citizens of Montreal, are highly flattered and gratified that Canada should be the first country without the United Kingdom to be honored by a meeting of the British Medical Association; and while they hope that it will not be long before the honor is repeated, our people are not insensible to the claims of other portions of the Empire, more especially the great island continent of the Antipodes, Australia. Either Sydney or Melbourne would be a fit meeting place for such an imperial organization as this; and should the next meeting which is held outside the British Isles be held under the Southern Cross, our hospitable Australian kinsmen may count on a large contingent from the Dominion of Canada.

Climatic Conditions.

As it may be presumed that to the majority of those present here to-day Canada is almost an unknown country, I have thought that among one or two other subjects a few remarks on the atmospheric conditions and health resorts of the Dominion would not be without interest.

The best way to understand the atmospheric conditions of a country is first to understand its physical features. The physical features of Canada are very remarkable. Broadly speaking, the country is separable by climatic and physical conditions into three great regions, the Eastern, Central and Western Regions, which approximately run north and south in the general trend of the con-

tinent. The Eastern Region, which includes the older provinces of the Dominion, Ontario, Quebec, Nova Scotia, New Brunswick, and Prince Edward Island, besides the great fur territory stretching far to the east and northeast of James' Bay, extends from the Atlantic to Lake Superior and the chain of Great Lakes running in a northerly direction from Lake Superior to the Arctic Ocean. Between this great chain of lakes and the eastern base of the Rocky Mountains is the immense interior continental plain which constitutes the Central Region of Canada, its southern part consisting of open prairie, its northern part of forest lands. The third part of the division, the Western Region, is naturally very well defined, consisting of the wide and wild mountainous border of the Continent on the Pacific side—the Rocky, Selkirk, and Gold Ranges, which form the great Cordilleran belt, whose average width in Canada is 400 miles.

Eastern Canada, our first and largest region, is geologically of very ancient origin. Here geologists have placed the nucleus of the continent—the broad belt of crystalline rock of great antiquity called the Laurentian Plateau. This region is remarkable for its immense number of lakes, large and small, and for its irregular and winding rivers with numerous rapids and falls. Between the Laurentian Plateau on the north and the Appalachian mountain system on the south, lies the great Valley of the River St. Lawrence. The basin of this majestic river covers 530,000 square miles, of which 460,000 are in Canada. Above the city of Quebec, the base of the Laurentian highlands and the ridges of the Appalachian system diverge, and the mighty river flows through an extensive low country of notable fertility, in earlier days the great granary of Canada.

It may be added *en passant* that Mount Royal, which gives such distinction and character to our city, represents the basal remnants of a volcanic vent of great antiquity. From its picturesque summit may be seen similar abrupt elevations far off towards the east and south—Montarville, Belœil or St. Hilaire, Mt. Rougemont, with Mt. Yamaska behind it, Mt. Shefford, and the conical Mt. Johnson or Monnoir. The Adirondacks are visible in the distance to the south-west, and the Green Mountains to the south-east.

Included in the Eastern Region is one of the most remarkable geographical features of Canada—the great fresh-water lakes or inland seas, Superior, Huron, Erie and Ontario, which form the perennial reservoirs of the St. Lawrence. Together with Michigan, which is wholly in the United States, they have an aggregate area of 94,750 square miles, an area larger than that of Great Britain. They stand at four distinct levels above the sea—Ontario 247 feet, Erie 573, Huron 581, and Superior 602. The Niagara Falls, the greatest and most impressive of the natural wonders of our continent, are the direct result of the great height of Lake Erie above Lake Ontario, the river connecting the lakes being only a few miles long. Besides the St. Lawrence, Eastern Canada has several other great rivers, notably the Ottawa, which has a course of 1,800 miles, and a basin of nearly 1,000,000 square miles, the St. Maurice, the Saguenay, and the St. John, the glory of New Brunswick, which, together with the Atlantic Slope, has a basin of 50,214 square miles. The Central and Western Regions also have their abundant share of large and small lakes and great rivers, an

account of which would fill reams of paper. It should be noted that the Canadian rivers and lakes collectively cover an area of 130,000 square miles, and contain one-half the fresh water on the globe.

I draw special attention to this series of vast lakes and rivers because it exerts an immense and beneficent influence on the climate of Canada. It preserves the mean temperature while the land experiences the extremes. In summer the water is cooler and in winter warmer than the land conditions, which tend to modify the differences, and to favor uniformity of climate. Without these waters, too, we should have vast regions of comparatively little value, as in Africa, Asia, and in the United States west of the Mississippi River, where large tracts of land far from water are nothing more than arid wastes. Our climate is more uniform than that of Europe; the meteorological differences are produced by position alone, but Europe has a higher mean temperature, and the extremes there are not so marked or so wide apart as in Canada. Owing to the great area of Canada, extending over 20° of latitude, or from the latitude of Constantinople to that of North Cape in Norway, the range of temperature is naturally very wide. The southern boundary stretches over fully 4,000 miles, along which line we find that Southern Ontario has the latitude of Central Italy, Nova Scotia that of Northern Italy, Manitoba and Vancouver that of Central Germany. Speaking generally, the Canadian summer may be stated at 60° F. to 70° F.

From its vast and varied extent, Canada may be said to be the possessor of several climates. Taking Solly's classification as to position, we have in Canada all the three land climates, the low, the medium, and the high. The first has an elevation up to 2,500 feet, the second up to 4,500, and the third from 4,500 upwards. As to temperature and humidity, Canada comes under the category of "cold, moderate and dry."

Health Resorts.

In the eastern region of the Dominion there are at least two localities which have been proved to possess many of the qualities which constitute a climate for convalescents from fevers and other depressing diseases, and also for consumption in the incipient stage. I refer to the region in the Province of Quebec among the Laurentians north of this city, of which the village of Ste. Agathe is the centre; the other being the Muskoka District, in Ontario.

The first has been called the Adirondacks of Canada, having many of the features, physical and climatic, of that now celebrated plateau situated in the north-eastern part of New York State, and stretching from the Mohawk Valley in the south 150 miles north, almost to the frontier line. The average elevation of the two regions is about the same, being from 1,600 to 1,800 feet. The immense pine forests, together with the moderate temperature, constitute the chief characteristic of the Canadian district, from the medical point of view. No very systematic meteorological observations have yet been taken of the Ste. Agathe region, but the indications will probably prove to be very similar to those of the American resort. It is in contemplation to erect a Sanitarium on Trembling Mountain, overlooking the village of Ste. Agathe, which

will doubtless in time rival the Adirondack Cottage Sanitarium near Saranac Lake Village, which has proved such a marked success under the able management of Dr. E. L. Trudeau. The elevation of the Sanitarium will be 2,500 feet, thus having an altitude of nearly 700 feet greater than the establishment at Saranac. It is the intention of the Quebec Government to set apart a sufficient portion of the Crown Lands to form a natural park in that part of the Province. It will be called the Trembling Mountain Park, and will cover an area of 100,000 acres of land, in which are several beautiful lakes. Within the boundaries of this park the Sanitarium will be constructed. There is, therefore, no reason to doubt that we will shortly have within our own lines a health resort possessing all the advantages of the Adirondacks region, and capable of affecting for good the same class of patients now so decidedly benefited by a residence in those mountains.

One hundred miles north of Toronto, in the highlands of Ontario, is the Muskoka Lake region, an area of about 10,000 square miles, perhaps the most picturesque portion of the whole Province. Within this district, which has a mean altitude above the sea of about 800 feet (200 feet above Lake Huron), there are nearly a thousand lakes and ponds, connected by innumerable streams. The chief lakes are Muskoka, Rosseau and Joseph. These contain about 400 islands. It is a region abounding in pine forests; the climate is dry, and the air pure and invigorating. The Muskoka region has been found undoubtedly to possess remarkable advantages for those with phthisical tendencies. The death rate from phthisis in this section of Ontario is proved to be less than one-tenth the rate which obtains in other parts of the Province. At Gravenhurst the Muskoka Cottage Sanitarium for the cure of incipient phthisis has recently been founded, under the best auspices, with accommodation for forty patients. The present Sanitarium consists of a large and well-planned main building, surrounded within easy distance by a number of small cottages. The grounds, which embrace seventy-five acres, are situated on Lake Muskoka. Pine forests and rocky ridges protect the buildings on the north and west sides, whence come the colder winds in winter. Like the Adirondacks Sanitarium, the intention is to occupy it all the year round. The progress of this institution, at present in the experimental stage, will be watched with much interest.

In the Central Region of Canada, that section of the Northwest Territories known as Southern Alberta—the home of the cowboy—has much to recommend it as a health resort. This strip of prairie and hill country is bounded on the north by the Canadian Pacific Railway, and on the south by the International boundary line; its eastern boundary extends as far as Medicine Hat; its western boundary to the summit line of the Rockies and British Columbia, comprising in all an area of about 20,000 square miles. The plain here has an elevation above sea-level of 2,700 feet, which gradually increases up to the entrance of the Crow's Nest Pass, where the elevation is 4,500 feet. Calgary, the capital of Alberta, is itself 3,500 feet above sea-level. With this gradual incline from a low to a high level altitude, the patient can choose the locality which suits his particular case. In a long experience Kennedy knows of only two cases of phthisis originating in that country—one of acute

tuberculosis with a hereditary tait, which proved fatal; the other, of the ordinary type, recovered without leaving the place. He claims for the climate of Southern Alberta a dry aseptic atmosphere and a dry soil, the greatest possible number of sunshiny days (90 per cent.), with cool nights. Patients can live there all the year round, and with the exception of an occasional snowstorm, which may cover the prairie to a varying depth, nothing need interfere with their practically living in the saddle. The so-called Chinook wind has a remarkable influence over all this western section of Canada. It is a warm wind which blows with varying intensity from west to southwest. McCaul, who describes it very graphically, speaks of its approach being heralded by the massing of dark clouds above the mountain tops, and a distinct wailing and rumbling from the passes and gorges. Its effect in winter is little short of miraculous. When the real Chinook blows the temperature often rises in a few hours from 20° below to 40° above zero. The snow, which in the morning may have been a foot deep, disappears, and before night everything is dripping. But in the space of a single day all the water is lapped up by the thirsty wind, and the prairie is so dry that a horse's hoof hardly makes an impression.

The cases which have been most especially benefited by Alberta's climate are pulmonary tuberculosis in the earliest stage, although neurasthenics and anæmic women are likewise favorably affected to a marked degree. It is well-known that delicate lads sent from the British Isles to this section of the Northwest to work on the cattle ranches become in a year or two healthy and vigorous men, and are scarcely recognized on their return.

Still further west, and nearly midway between Calgary and the Pacific Coast, is the beautiful Valley of Kamloops, another all-the-year-round resort which has much to commend it to those suffering from many forms of tubercular disease. This picturesque valley, which lies between the Rocky Mountains and the Cascade Range, has a low altitude climate of 1,100 feet, but is exceedingly dry, showing an annual rainfall of only 11.05 inches, with an average of about 75 rainy days in the year. The rain soon disappears, the soil being light and gravelly. In this region we have an illustration of the local variability of climate recently pointed out by Bryce, who, in referring to the two not very distant localities of Vancouver and Kamloops, showed that whereas the former has an annual rainfall of 35 inches, the latter records but 11 inches and a decimal. The mean annual temperature of the Valley of Kamloops is 46.03° F., the annual range being only 22.8. The tuberculous patients who appear to be most benefited by a residence in Kamloops are those in whom there is a tendency to chronic congestion. Cases of bronchitis are likewise said to do well there. The climate can also be recommended for consumptives where cardiac disease exists as a complication.

That Canada is an exceptionally healthful country is the general testimony of the army and navy surgeons who have been stationed in Canada with the different regiments from the time of the conquest to the present day. Crawford, who was attached to one of the regiments stationed in Montreal many years ago, and who subsequently left the army and practised in this city, published elabor-

ate and carefully collected statistics to prove that few portions of the British Empire have a climate equal to that of Canada. In fact his statistics prove conclusively that out of every 1,000 of the troops stationed at the various garrisons throughout the Empire, the percentage constantly ineffective from sickness was smaller in this country by 7 per cent. than at Gibraltar, which was then taken as the type. I think it can be satisfactorily proved that Canada is expressly fitted to develop a hardy race capable of great endurance. The races of the British Isles and the French race have certainly not degenerated here. Hingston proved this very conclusively some years ago by observations made upon the medical students attending the various schools in this city. He found that the lumbar strength of the British Canadian of the third generation exceeded by 20 lbs. that of the recently arrived English and Scotch students. But the French Canadian of the tenth generation did better than all by nearly 30 lbs. Not only has the French Canadian increased in strength but also in height and weight over the original Normandy stock.

Has the intellectual improvement in our people kept pace with the physical? We are a modest people, but I think we can say it has. We have a very respectable literature of our own, but the best intellect of the country is as yet absorbed in the practical affairs of life, and has too seldom found expression in art and literature. It is not very long since a distinguished American litterateur, Charles Dudley Warner, gravely attributed what he called the literary inactivity of Canada to the coldness of the climate. He said, in short, that the cold benumbed our intellectual faculties, and we had to spend so much of our energy in trying to keep warm that none was left for any other purpose. It must be admitted that if we measure the intellectual capacity of our people by the number of books produced in Canada the result is not all we might desire; but the climate is not to blame. Especially it is not the cold, for the winter is the season devoted pre-eminently to intellectual effort and intellectual amusements. If Mr. Warner had said that the heat of our summer was an unfavorable factor in our intellectual life he would not have shot quite so wide of the mark; he would not have been right, but he would not have been quite so wrong. The very vicissitudes of our climate, by training the system to endure severe physical conditions, must react favorably upon the mental attitude.

Canadian Spas.

We have in Canada several mineral springs of undoubted therapeutic value, and they are pretty generally distributed all over the Dominion, although differing materially in temperature and composition. The best known Canadian spas are the Caledonia, the St. Leon and the Plantagenet Springs, in the Province of Quebec, and the Banff Springs, in Alberta. Other springs in the Province of Quebec are the Abenakis and the Caxton. Besides these there are at least three or four artesian wells or springs. Of these the chief are the Laurentian Spring in the east end of this city (a mild alkaline water with sodium bicarbonate as its predominating ingredient), and the Radnor, a well of some considerable repute situated in the County of Champlain. This was discovered a very few

years ago when boring for water to supply the workpeople engaged at the well known Radnor Forges. It has been likened to the German Seltzer, many of the properties being alike. It bids fair to become a rival in time of the celebrated Apollinaris water, to which it is preferred by many. The well is over 400 feet in depth. In the Province of Ontario the chief springs are the Winchester and the Preston, and those in the town of St. Catharines, near Niagara Falls. The best known and the most popular are the Caledonia Springs, situated on the line of the Canadian Pacific Railway about midway between Montreal and Ottawa, and about 9 miles from the Ottawa River. They consist of four springs—the gas, the saline, the white sulphur, and the intermitting or Duncan spring. The first three are situated within a distance of three or four rods of each other, and the mouths of the latter two are not more than four feet apart. The intermitting spring is situated about two miles from the others. This is so named because the discharge of gas is not regular, some minutes elapsing between the periods of quiescence and disturbance. The average temperature of these springs is about 46° F. The intermitting spring has the largest percentage of chloride of sodium, and differs from all the others in possessing a greater portion of chlorides of calcium and magnesium. It has also nearly twice the proportion of carbonate of magnesium that the others contain. It has been found that taken judiciously and under advice these waters have a remarkable effect in subacute and chronic rheumatic conditions. People suffering thus are found flocking to Caledonia from all parts of this continent and even South America, especially during the months of July and August. Gouty conditions depending upon liver disturbances also yield very readily to these waters. The waters of St. Leon and Plantagenet are similar in many respects to those just described, and as a rule suit the same class of patients.

All the springs so far mentioned yield cold waters. But Canada also possesses the most famous thermal springs on this continent.

Banff, now a picturesque town magnificently situated in the heart of the Rocky Mountains, yet within the limits of that division of the Northwest Territories known as Alberta, has become one of the noted health resorts, although frequented more on account of its remarkable thermal springs than for its climatic advantages. The town is built on the banks of the Bow and Spray rivers, two large glacier streams, and is surrounded by mountains towering many thousands of feet above the level of the sea. The winter is short, beginning in December and ending in February, and is much milder than Ontario. Very little rain falls, and the days as a rule are bright and cloudless. Prolonged periods of warm weather are experienced during winter. March and April are variable; May is warm and bright; June is the month in which the greatest rainfall occurs; July, August, September, and October are very warm and very dry with cool nights. At all seasons, with the exception perhaps of June, the air is dry and notably aseptic. It is positively stated that no case of malaria or tuberculosis has ever been known to originate at Banff. Independently of the springs, then, Banff has much to recommend it from a climatological standpoint.

The far-famed Thermal Springs of Banff were only discovered

some 15 years ago during the construction of the Canadian Pacific Railway. At its source in the mountain side it has a temperature of 127° F, and the air is charged for some distance around with the steam emitted from the pool to which the water flows. The most recent analysis shows it to contain the following ingredients :—

Calcium sulphate	56.85
Magnesium sulphate	12.39
Calcium carbonate	3.29
Sodium sulphate	15.60
Sodium carbonate	35.73
Silica	traces.
Organic matter	traces.

The waters of Banff have been used with great benefit in rheumatism, gout, sciatica, and glandular affections, in certain forms of skin disease, and especially, it is thought, in tubercular affections of the skin and mucous membrane. Aided by the admirable climatic conditions the waters have also been found to benefit in a marked manner functional diseases of the liver, stomach and kidneys, and tubercular joint affections. In debilitated constitutions from any cause the activity of the skin is noticed to be increased, the heart and vascular system strengthened and the muscular and nervous systems much improved in tone. Rachitic and delicate children are much benefited by the Thermal Springs. This seems a large order; but the therapeutic effects of these springs have been carefully studied by competent medical men who have been stationed there for some years. The climate doubtless assists materially the action of the waters in very many cases.

I doubt if the Canadian profession sets a sufficiently high value on the therapeutic properties of our own mineral springs. When visiting the Spas of Great Britain and Europe, one is impressed by the caution exercised by patients in the method of using the waters which have been prescribed. There, competent local medical men are always to be found, who can give the proper advice regarding the water to be taken for the ailment from which the patient suffers, and the judicious use of baths. Here, unfortunately, in many places no professional advice is available, and the patient consequently does very much as he pleases, or as the hotel proprietor may advise, and in consequence more harm than good constantly follows the use of the waters.

Medical Education in Canada.

The general question of medical education is one of great importance and of unceasing interest, nor is this interest confined to the profession : it is becoming universal. The needs of medical education are fortunately being more fully realized by those who, on account of their wealth and influence, are in a position to render that substantial assistance which is so requisite. The time was when every medical school was a purely proprietary concern "run" for the money that was in it. We feel in Canada, and I think I can speak for the profession in the neighboring Republic, that this day is passed, that high-minded philanthropists like the Right Hon. Lord Strathcona and Mount Royal, the late John Henry Molson, the McDonalds, the Drakes, and others with us, and the Johns

Hopkins, the Stanfords, the Vanderbilts, the Rockefellers, the Miss Garretts, and others with them are beginning to realize that unendowed instruction in medicine must lead to imperfect results, and that private endowment, in the absence of State aid, has become an absolute necessity to a proper medical training. I am not an advocate for State aid to universities, and I rejoice that the university to which I have the honor to belong is not so dependent, as it might thus be deprived of those gifts of private munificence to which I have just referred. All honor to those far-seeing, open-handed men and women who are giving of their abundance in order to elevate the standard of medical education, and by so doing benefit their kind. As Gould very tersely puts it in one of his clever articles: "I think our reliance must be upon private bequests, and these can be secured only as we interest the rich. We must never weary showing the neglect of the greatest, most palpable, most certain means of doing good. There is a strange fatality in men, an unaccountable inability of seeing the need that lies nearest the good that is dearest. There is more money to-day devoted to astronomy than to the prevention of disease. It is positively wonderful to think that men should be more interested in stars and constellations that in their bodies and their physiological life."

A question which is now-a-days agitating the minds of those especially interested in medical education is the kind of groundwork which is likely to bear the most direct relation to the future studies of the medical student. I think it is now conceded by all that he is placed at a greater advantage who first passes through an Arts or a Science course. I am happy to be able to report that from 15 to 20 per cent. of those who are studying medicine in this country to-day have had a collegiate training in either Arts or Science. Which of the two should the parent or guardian choose? Had I a son whose instincts were in the direction of Medicine, I think I should choose for him the Science course. The late Professor Huxley thought it was a most self-evident proposition that the educational training for persons who proposed to enter the medical profession should be largely scientific; not merely or even principally because an acquaintance with the elements of physical and biological science is absolutely essential to the comprehension of human physiology and pathology, but still more because of the value of the discipline afforded by practical work in these departments in the process of observation and experiment, in inductive reasoning and in manipulation.

The subjects in the Science curriculum might be specially selected for the future medical student. Of course it may be said in favor of the Arts course that many of the subjects such as physics and chemistry constitute part of the curriculum; but then calculate the loss to the future surgeon of that training of the hand and eye which would lead him up to be a skilled operator; or to the scientific physician whose complicated instruments of precision employed in the diagnosis of disease need some mechanical knowledge for both their use and repair. Besides, the number of those has been increasing in number and complexity with the increase of scientific knowledge.

But can we not make a new departure; can we not urge that a special scientific education be arranged by the universities for those

who desire to enter the medical profession? Such a course would embrace elementary Latin and Greek, French and German, physics, chemistry, biology, psychology, elementary mechanics, a practical laboratory course on electricity and drawing. After two years' study this might entitle the successful candidate to the degree of Licentiate in Science.

Something of this kind has been recently attempted in the University of McGill. By a special arrangement with the Faculty of Arts it is now possible for students to obtain the degree of B.A. along with M.D., C.M., after only six years of study. It has been decided to allow the primary subjects (anatomy, physiology, and chemistry) in Medicine to count as subjects of the third and fourth years in Arts. It follows, then, that at the end of four years' study a student may obtain his B.A. degree and have two years of his medical course completed. The last two years of study are of course devoted to the third and fourth year subjects in medicine. A certificate of Licentiate in Arts will be given along with the professional degree in medicine to those who previous to entrance upon their professional studies proper have completed two years in the Faculty of Arts, and have fully passed the prescribed examinations therein. By this plan also during the first two years of the Arts course the medical student practically completes his studies in physics, chemistry, botany, and elementary psychology. This scheme is still in the experimental stage, but there is every reason to believe that it will result satisfactorily. What deters so many from taking a full course in Arts or Science before entering Medicine is the length of time consumed before the doctorate degree is reached, although I hope the time is not far distant when every graduate in Medicine in Canada shall of necessity be also a graduate in Arts or Science. I might state that the standard for the ordinary matriculation examination for entrance to Medicine exacted by all universites and licensing boards in this country is, with one or two exceptions, very high. I doubt if the requirements in this way of the Medical Council of Great Britain are any higher.

Now as to the purely professional portion of Medicine, I might state that we have in the Dominion of Canada no fewer than 11 medical schools, including one for women only, all having the power of granting degrees, and all connected directly or by affiliation with university bodies. To enumerate them: Beginning with the Atlantic Provinces, we have in Halifax the medical school attached to Dalhousie University, the only medical school in the Maritime Provinces; in this province there are four schools, Laval in Quebec, Laval in Montreal, McGill and Bishop's in Montreal; in Ontario, four schools, namely, the Royal College of Physicians and Surgeons, Kingston; the University of Toronto Medical Faculty, Trinity Medical College, and the Ontario Women's Medical College, in Toronto; in London, Ontario, the Western University Medical Faculty; and lastly, in Winnipeg, the Manitoba University Faculty of Medicine. All told, we had in Canada, during the last winter sessions, 286 teachers, including professors, lecturers, and demonstrators, and 1736 students. The tendency for the past two years has been to increase the teaching staff quite out of proportion to the increased number of students. Taking McGill we find that there are in the present year 53 teachers

for 388 students, being a proportion of nearly one to eight. Laval, in Montreal, has 36 teachers and 197 students, a still greater proportion. The Toronto School of Medicine had during the past year 41 teachers and 293 students. We find that this proportion compares well with the larger schools in the United States; thus, in 1893, there were in Havard Medical School 71 teachers to look after 471 students; at the Columbia Medical College in New York with 661 students there were 105 teachers (1 to 6); in the University of Pennsylvania the teaching staff in the same year comprised only 84 members with 825 students, being a little over 1 to 10. What does this mean? Ten years ago when McGill had 237 students, a staff of 23 professors and demonstrators was considered sufficient. Why are so many more thought necessary now-a-days? The number of subjects taught has not increased very much. The answer is that the subjects are differently taught, the old-fashioned daily didactic lectures are now given two or three times a week only; although I should be sorry to see them further reduced in number, I believe that so many are absolutely necessary. It is in the dissecting room, the chemical, physiological, therapeutical and pathological laboratories that we see the change. These which before were for the most part only "side shows" are now made to hum with the practical work which is done within them, while demonstrators are moving about busily, engaged in examining and instructing.

In clinical teaching also we have made marked advances. A creation of the last few years is the clinical demonstrator, who takes small classes of students into the wards or the out-door department of our hospitals, and gives them that "bedside instruction" which is so essential, leaving the clinical professor to deal with the full classes in the lecture or operating room. Thus each student is enabled personally to examine the case, to study the physiognomy of disease, and to make deliberate, thorough and systematic examinations. He thus learns to use his special senses, and gets into careful habits of observation which once thoroughly acquired will be found to contribute largely to future success. With this in view we encourage students to attend the out-patient department of the hospital as early as the second year.

In order to make the clinical instruction more complete and more thorough, chemical and bacteriological laboratories have been added to the pathological departments of our hospitals. Thus it will be seen that laboratory methods everywhere prevail, all with the idea of developing the scientific spirit in students and of cultivating methods of thought with observation.

The question sometimes arises, however, may the student not be getting too much of a good thing? Is it not possible that laboratory teaching may be overdone? because, as Welsh very truly says, "The student whose knowledge of a subject is derived exclusively from laboratory courses is likely to lose his perspective in details, to acquire only a fragmentary knowledge of the subject, to fail to comprehend the general bearing of observed facts, and not to acquire the general principles and systematic conceptions which are essential. Laboratory work should be accompanied and supplemented by the reading of text-books and by lectures." I am convinced that with us in Canada laboratory work is not overdone,

but on the contrary, in some departments needs and deserves further encouragement. I hope every laboratory teacher in the country realizes that the object of a college is to give a good general education, and not to make experts in various branches. I have long felt myself, however, that the didactic lectures were being unfairly dealt with. There is a feeling abroad that they should be practically elbowed out of sight. I think the didactic lecture has its place in the medical course; and while I quite feel that the old plan of compelling students to listen to five didactic lectures a week in all of the great subjects was a mistake, I still feel that a good lecturer can teach in this way a certain something which cannot be imparted by practical instruction or by recitations. The personal influence of a good lecturer very often makes an impression which nothing else can make; and if such lectures are made also demonstrative, as by the use of diagrams, the lantern, experiments, etc., they must of necessity fill a very important place in the medical course.

Hygiene is at last receiving in this country the attention which its importance demands; all medical schools in Canada have facilities for teaching it. In McGill University the scope of the teaching of hygiene has been vastly extended, thanks to the generous endowment of that department recently by the Chancellor, the Right Hon. Lord Strathcona and Mount Royal. The subject can now be taught in a scientific and, at the same time, eminently practical manner. There will be three teachers associated with the professor himself, viz., the heads of the Departments of Practical Chemistry, of Pathology, and of Bacteriology. This is following very much the German system, also adopted by the University of Pennsylvania, the chemical and bacteriological aspects of the subject being really regarded as the most important. An extensive working museum, with sanitary apparatus of every kind, forms part of the scheme, and will doubtless add greatly to the efficiency of the course when it is completed. Should the experiment succeed, you will be rejoiced to hear at no distant date that the other schools in Canada have followed the lead of their elder sister.

I fear I have given you a very imperfect idea of medical education in Canada; and it may be charged against me that I have been partial in my description to my own University; but I assure you that such was furthest from my thoughts. The Medical Faculty of McGill University has the right of seniority, and might fairly, I think, be taken as a type of Canadian Medical Schools. Be assured there is no mean spirit of rivalry abroad. We are all working with one object only, the advancement of medicine in Canada. The teaching facilities of some medical schools in this country may be and are actually greater than others, owing to the munificence of citizens, and the school attached to McGill is, I am happy to say, in that position; but although assistance has been rendered in a general way, with two exceptions, the chairs are still unendowed. Yet we have great expectations which we hope will be realized in the near future. Let us hope that our sister universities throughout Canada will be equally fortunate; so that before long we shall be able to report that we are all marching abreast equally equipped.

The facilities for clinical teaching in the larger cities of Canada

are admirable. Speaking for the city of Montreal, we have in the five general hospitals, the Hotel Dieu, Montreal General, Notre Dame, Royal Victoria and Western Hospitals, nearly 800 beds. The number of students attending the three medical schools was last session 646 ; and considering that only about half—those of the third and fourth years—have access to the wards, there will be at least two beds for each student. The number of outdoor patients attending the five hospitals daily would aggregate at least 300, so that there could be no possible cause for complaint regarding both the quantity and quality of clinical material available in this city.

While on the subject of hospitals, I would take this opportunity of saying that the training schools attached to the large English hospitals are in a very flourishing condition, and are found to contribute not a little towards the thoroughness of the practical teaching. It was my intention to have referred at some length to the whole question of Nurses and Nursing, but the limits of this address forbid. I might say, however, while as a profession we feel the absolute necessity for the training school, and thoroughly appreciate the services of the well trained nurse, both in hospital and in private practice, there is the fear that the supply may exceed the demand. A project is on foot now, however, which may delay, if not actually prevent, such a result. I refer to the recent establishment by that most estimable and charitable woman, the Countess of Aberdeen, of the Victorian Order of Nurses—another outcome of the jubilee of our beloved Queen. Her Excellency's idea in establishing this Order is to supply the sparsely settled parts of our great Northwest, the outlying districts of Canada generally, and the poor in towns and cities with nursing aid. In this great work hundreds of nurses will in time be employed. The scheme, which is purely non-sectarian, and appeals to all, irrespective of nationality, when thoroughly worked out and more generally understood will become one of our national institutions. Let us wish it every success.

Medical Legislation in Canada.

Time will not permit of my discussing the subject of medical legislation in Canada at any length ; and, besides, you will find it very fully treated in the excellent Official Guide and Souvenir, prepared for you by the Executive Committee. In addition I might explain, however, that when the British American provinces became confederated in 1867, under the British North America Act, the governance of educational matters was taken away from the Federal authorities and handed over to the provinces, each to look after them in its own way. In consequence we have since had a curious complexity of Medical Legislation, there being practically no uniformity among the provinces in regard to standard of study or qualification for practice. Each province has its own medical board or medical council, as the case may be, which has the power to grant a licence to practise either after examination or on simply presenting the diploma of certain recognized universities. In the provinces of Ontario and British Columbia an examination is exacted ; in the others the licence is given under certain restrictions on presentation of the degree, although in the Maritime Provinces an examin-

ing board is now about to be established. In this way, as can readily be seen, a Chinese wall is built round each province, and the frontier is carefully guarded, so that it is unsafe for a medical man to pass from one to the other unarmed with a licence, because of the risk of fine or even imprisonment. Such a condition of affairs is hardly credible, and probably exists nowhere else to the same extent. What is the remedy? Two remedies have been suggested—either the establishment of a central examining board in each province, with a uniform standard of matriculation and a uniformly high standard of curriculum which shall in time lead up to a general scheme of reciprocity; or secondly, a Dominion Examining Board. The first scheme is at present under serious consideration, although there are many difficulties in the way of its accomplishment, none of which is insuperable, however, providing a spirit of conciliation prevails. The second alternative (a Dominion Examining Board) would in many respects be more desirable, because not only could the licentiate practise in any part of the Dominion, but he could register in Great Britain, and thus receive recognition all over the Empire. As you are doubtless aware, we as a profession suffer in this country from being inhabitants of provinces which are confederated. In an enactment, now of some twelve years' standing, the British Medical Council decided, in effect, to recognize the degrees of universities situated in autonomous provinces only. As a consequence, Australians obtain privileges which are denied to us, being permitted to register in Great Britain without examination. We are being punished for belonging to a colony whose form of Government is recognized to be in advance of theirs and likely to be imitated by them. Let us give our Australian brethren a hint: if the confederation of your provinces be in contemplation, see to it that all matters of professional education are left in the hands of the Central Government, at least as far as qualification for registration is concerned. By so doing you will avoid the almost inextricable tangle in which we in Canada find ourselves. Let common school education go to the various provinces if you will, but for the profession of Medicine (and doubtless Law also) there should be a uniform standard of matriculation, a uniform curriculum of medical studies, and one Central Examining and Registering Board composed of the best men from all the universities. We hope in Canada to reach that ideal at no distant date; in fact I have the very best authority for stating that it is not impossible of accomplishment. Some scheme of reciprocity first arranged would doubtless make the task less difficult; but failing that, our duty is to arrange for some legislation which shall give our better and more ambitious students an opportunity of passing a Dominion Licensing Board (or whatever it may be called), which shall give the privilege of practising their profession not only in any part of their native country, but in any part of the world over which the British flag flies. Such a scheme need not interfere in any way with the autonomy of the provinces. Each may still retain its Provincial Board for the purpose of examining and issuing licences to those candidates who are satisfied to practise their profession in the limited sphere of their own provinces. I think the legislators of this country will some day (and not far distant either) be induced to see that the system which at present obtains is unworthy of a great and growing country.

In conclusion, allow me to express the hope that the arrangements made by the Executive Committee for the entertainment of our guests may meet with appreciation and approval, and that the memories of the brief sojourn here may be all that is bright and happy. The loyalty and unanimity with which the profession throughout the Dominion has co-operated with us in Montreal to make this meeting of the British Medical Association a success from every point of view, deserves and receives our heartiest thanks. We are also greatly indebted for the kind and ready assistance of the Dominion Government, the Quebec Government, and the Civic Government of Montreal. Our hands have been strengthened, and the cause we have so much at heart has been furthered by the active good-will of the country's official representatives.

One word more: It is a good thing to be here to-day, in the midst of this great gathering so full of power and vigor. The fruits of such a gathering should be tangible, enduring, not ephemeral, not for to-day, but for all time. To our kinsmen from beyond the great seas, let me express the earnest hope that in the future our kinship will be a more real and living thing than in the past. We are members of one great family, members one of another, in a peculiar and very real sense. Let that once be recognized, and the statesman's task will be an easy one. In more than words has Canada shown herself worthy of her high heritage, worthy of a part in the Empire, worthy to share in its trials and its triumphs. We, who know her history, can say with well-founded confidence:

> So in the long hereafter this Canada shall be
> The worthy heir of British power and British liberty,
> Spreading the blessings of her sway to her remotest bounds,
> While with the fame of her fair name a continent resounds,
> True to her high traditions, to Britain's ancient glory,
> Of patient saint and martyr, alive in deathless story;
> Strong in their liberty and truth to shed from shore to shore
> A light among the nations till nations are no more.

ADDRESS IN MEDICINE

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BRITISH MEDICINE IN GREATER BRITAIN.

To trace successfully the evolution of any one of the learned professions would require the hand of a master, of one who, like Darwin could combine the capacity for patient observation with philosophic vision. In the case of Medicine the difficulties are enormously increased by the extraordinary development which belongs to the history of the present century. The rate of progress has been too rapid for us to appreciate, and we stand bewildered and, as it were, in a state of intellectual giddiness, when we attempt to obtain a broad, comprehensive view of the subject. In a safer "middle flight," it is my purpose to dwell on certain of the factors which have moulded the profession in English-speaking lands beyond the narrow seas,—of British medicine in Greater Britain. Even for this lesser task (though my affiliations are wide and my sympathies deep), I recognize the limitations of my fitness, and am not unaware that in

my ignorance I shall overlook much which might have rendered less sketchy a sketch necessarily imperfect.

Evolution advances by such slow and imperceptible degrees that to those who are part of it the finger of time scarcely seems to move. Even the great epochs are seldom apparent to the participators. During the last century neither the colonists nor the mother country appreciated the thrilling interest of the long fought duel for the possession of this continent. The acts and scenes of the drama, to them detached, isolated and independent, now glide like dissolving views into each other, and in the vitascope of history we can see the true sequence of events. That we can meet here to-day, Britons on British soil in a French province, is one of the far-off results of that struggle. This was but a prelude to the other great event of the eighteenth century, the revolt of the colonies and the founding of a second great English-speaking nation, in the words of Bishop Berkeley's prophecy—

"Time's noblest offspring."

Surely a unique spectacle that a century later descendants of the actors of these two great dramas should meet in an English city in New France! Here the American may forget Yorktown in Louisburg, the Englishman Bunker Hill in Quebec, and the Frenchman both Louisburg and Quebec in Chateauguay; while we Canadians, English and French, in a forgiving spirit, overlooking your unseemly quarrels, are only too happy to welcome you to our country, this land on which and for which you have so often fought.

Once, and only once, before in the history of the world could such a gathering as this have taken place. Divided though the Greeks were, a Hellenic sentiment of extraordinary strength united them in certain assemblies and festivals. No great flight of imagination is required to picture a notable representation of our profession in the fifth century, B.C., meeting in such a colonial town as Agrigentum under the presidency of Empedocles. Delegates from the mother cities, brilliant predecessors of Hippocrates of the stamp of Damocedes and Herodicus, delegates from the sister colonies of Syracuse and other Sicilian towns, from neighboring Italy, from far distant Massilia, and from still more distant Panticapaeum and Istria. And in such an assemblage there would have been men capable of discussing problems of life and mind more brilliantly than in many subsequent periods, in proportion as the pre-Hippocratic philosophers in things medical had thought more deeply than many of those who came after them.

We English are the Modern Greeks, and we alone have colonized as they did, as free people. There have been other great colonial empires, Phœnician, Roman, Spanish, Dutch and French, but in civil liberty and in intellectual freedom Magna Græcia and Greater Britain stand alone. The parallel so often drawn between them is of particular interest with reference to the similarity between the Greek settlements in Sicily and the English plantations on the Atlantic coast. Indeed, Freeman says, "I can never think of America without something suggesting Sicily, or of Sicily without something suggesting America." I wish to use the parallel only to emphasize two points, one of difference and one of resemblance. The Greek colonist took

Greece with him. Hellas had no geographical bounds. "Massilia and Olbia were cities of Hellas in as full a sense as Athens or Sparta." While the emigrant Britons changed their sky, not their character, in crossing the great sea, yet the home stayers had never the same feeling towards the plantations as the Greeks had towards the colonial cities of Magna Græcia. If, as has been shrewdly surmised, Professor Seely was Herodotus reincarnate, how grieved the spirit of the "father of History" must have been to say of Englishmen: "Nor have we even now ceased to think of ourselves as simply a race inhabiting an island off the northern coast of continent of Europe." The assumption of gracious superiority which, unless carefully cloaked, smacks just a little of our national arrogance, is apt to jar on sensitive colonial nerves. With the expansion of the Empire and the supplanting of a national by an imperial spirit, this will become impossible. That this sentiment never prevailed in Hellas as it did later in the Roman Empire, was due largely to the fact that in literature, in sience and in art the colonial cities of Greece early overshadowed the mother cities. It may be because the settlements of Greater Britain were things of slower growth, that it took several generations and several bitter trials to teach a lesson the Greeks never had to learn.

The Greek spirit was the leaven of the old world, the workings of which no nationality could resist. Thrice it saved Western civilization, for it had the magic power of leading captivity captive, and making even captive conquerors the missionaries of its culture. What modern medicine owes to it will appear later. "The love of science, the love of art, the love of freedom—vitally correlated to each other and brought into organic union," were the essential attributes of the Greek genius (Butcher). While we cannot claim for the Anglo-Saxon race all of these distinctions, it has in a high degree that one which in practical life is the most valuable, and which has been the most precious gift of the race to the world—the love of freedom.

> "Of freedom in her regal seat
> Of England."

It would carry one too far afield to discuss the differences between the native Briton and his children scattered so widely up and down the earth. In Canada, South Africa, Australia and New Zealand types of the Anglo-Saxon race are developing which will differ as much from each other, and from the English, as the American does to-day from the original stock; but amid these differences can everywhere be seen those race qualities which have made us what we are—"courage, national integrity, steady good sense, and energy in work." At a future meeting of the Association, perhaps in Australia, a professional Sir Charles Dilke, with a firm grasp on the subject, may deal with the medical problems of Greater Britain in a manner worthy of the Address in Medicine. My task, as I mentioned at the outset, is much less ambitious.

Could some one with full knowledge patiently analyze the characteristics of British medicine, he would find certain national traits sufficiently distinct for recognition. Three centuries cannot do very much (and that period has only just passed since the revival of medicine in England), but the local conditions of isolation,

which have been singularly favorable to the development of special peculiarities in the national character, have not been without effect on the medical profession. I cannot do more than touch upon a few features, not distinctive but illustrative, features which may be useful as indicating the sources of influence upon Greater Britain in the past, and which may, perhaps, be suggestive as to lines of progress in the future.

Above the fireplace in Sir Henry Acland's study are three panelled portraits of Linacre, Sydenham and Harvey; the scroll upon them reads, *Literae, Praxis, Scientia.* To this great triumvirate, as to the fountain heads, we may trace the streams of inspiration which have made British medicine what it is to-day.

Linacre, the type of the literary physician, must ever hold a unique place in the annals of our profession. To him was due in great measure the revival of Greek thought in the sixteenth century in England, and in the last Harveian Oration Dr. Payne has pointed out his importance as a forerunner of Harvey. He made Greek methods available; through him the art of Hippocrates and the science of Galen became once more the subject of careful, first-hand study. Linacre, as Dr. Payne remarks, "was possessed from his youth till his death by the enthusiasm of learning. He was an idealist, devoted to objects which the world thought of little use." Painstaking, accurate, critical, hypercritical, perhaps, he remains to-day the chief literary representative of British medicine. Neither in Britain nor in Greater Britain have we maintained the place in the world of letters created for us by Linacre's noble start. It is true that in no generation since has the profession lacked a man who might stand unabashed in the temple at Delos, but judged by the fruits of learning, scholars of his type have been more common in France and Germany. Nor is it to our credit that so little provision is made for the encouragement of these studies. For years the reputation of Great Britain in this matter was sustained almost alone by the great Deeside scholar, the Surgeon of Banchory, Francis Adams, the interpreter of Hippocrates to English students. In this century he and Greenhill have well maintained the traditions of Linacre. Their work, and that of a few of our contemporaries, among whom Ogle must be specially mentioned, has kept us in touch with the ancients. But by the neglect of the study of the humanities, which has been far too general, the profession loses a very precious quality.

While in critical scholarship and in accurate historical studies British medicine must take a second place, the influence of Linacre, exerted through the Royal College of Physicians and the old Universities, has given to the humanities an important part in education, so that they have moulded a larger section of the profession than in any other country. A physician may possess the science of Harvey and the art of Sydenham, and yet there may be lacking in him those finer qualities of heart and head which count for so much in life. Pasture is not everything, and that indefinable, though well understood, something which we know as breeding is not always an accompaniment of great professional skill. Medicine is seen at its best in men whose faculties have had the highest and most harmonious culture. The Lathams, the Watsons, the Pagets, the Jenners and the Gairdners have influenced the profession less by their special work than by exemplifying those graces of life, and refine-

ments of heart, which make up character. And the men of this stamp in Greater Britain have left the most enduring mark—Beaumont, Bovell and Hodder in Toronto; Holmes, Campbell and Howard in this city; the Warrens, the Jacksons, the Bigelows, the Bowditchs and the Shattucks in Boston; Bard, Hossack, Francis, Clark and Flint in New York; Morgan, Shippen, Redman, Rush, the elder Wood, the elder Pepper and the elder Mitchell of Philadelphia—Brahmins all, in the language of the greatest Brahmin among them, Oliver Wendell Holmes,—these, and men like unto them, have been the leaven which has raised our profession above the dead level of a business.

The *literae humaniores*, represented by Linacre, revived Greek methods, but the Faculty at the end of the sixteenth and the beginning of the seventeenth centuries was in a slough of ignorance and self conceit, and not to be aroused even by Moses and the prophets in the form of Hippocrates and the fathers of medicine.

In the pictures referred to, Sydenham is placed between Linacre and Harvey; but science preceded practice, and Harvey's great Lumleian Lectures were delivered before Sydenham was born. Linacre has been well called by Payne, Harvey's intellectual grandfather. "The discovery of the circulation of the blood was the climax of that movement which began a century and a half before with the revival of Greek medical classics and especially of Galen" (Payne). Harvey returned to Greek methods, and became the founder of modern experimental physiology, and the great glory of British scientific medicine. The demonstration of the circulation of the blood remains in every detail a model research. I shall not repeat the oft told tale of Harvey's great and enduring influence, but I must refer to one feature which, until lately, has been also a special characteristic of his direct successors in Great Britain. Harvey was a practitioner and a hospital physician. There are gossiping statements by Aubrey to the effect that "he fell mightily in his practice" after the publication of the *De Motu Cordis*, and that his "therapeutic way" was not admired; but to these his practical success is the best answer. It is remarkable that a large proportion of all the physiological work of Great Britain has been done by men who have become successful hospital physicians or surgeons. I was much impressed by a conversation with Professor Ludwig in 1884. Speaking of the state of English Physiology, he lamented the lapse of favorite English pupil from science to practice; but, he added, "while sorry for him, I am glad for the profession in England." He held that the clinical physicians of that country had received a very positive impress from the work of their early years in physiology and the natural sciences. I was surprised at the list of names which he cited—among them I remember Bowman, Paget, Savory and Lister. Ludwig attributed this feature in part to the independent character of the schools in England, to the absence of the university element, so important in medical life in Germany, but above all to the practical character of the English mind, the better men preferring an active life in practice to a secluded laboratory career.

Thucydides it was who said of the Greeks that they possessed "the power of thinking before they acted, and of acting too." The same is true in a high degree of the English race. To know first what has to be done, then to do it, comprises the whole

philosophy of practical life. Sydenham—*Angliæ lumen* as he has been well called—is the model practical physician of modern times. Linacre led Harvey back to Galen, Sydenham to Hippocrates. The one took Greek science, the other not so much Greek medicine as Greek methods, particularly intellectual fearlessness, and a certain knack of looking at things. Sydenham broke with authority and went to Nature. It is an extraordinary fact that he could have been so emancipated from dogmas and theories of all sorts. He laid down the fundamental proposition, and acted upon it, that "all diseases should be described as objects of natural history." To do him justice we must remember, as Dr. John Brown says, "in the midst of what a mass of errors and prejudices, of theories actively mischievous, he was placed, at a time when the mania of hypothesis was at its height, and when the practical part of his art was overrun and stultified by vile and silly nostrums."

Sydenham led us back to Hippocrates; I would that we could be led oftener to Sydenham! How necessary to bear in mind what he says about the method of the study of medicine. "In writing, therefore, such a natural history of diseases, every merely philosophical hypothesis should be set aside, and the manifest and natural phenomena, however minute, should be noted with the utmost exactness. The usefulness of this procedure cannot be easily overrated, as compared with the subtle inquiries and trifling notions of modern writers, for can there be a shorter, or indeed any other way of coming at the morbific causes, or of discovering the curative indications than by a certain perception of the peculiar symptoms? By these steps and helps it was that the father of physic, the great Hippocrates, came to excel, his theory being no more than an exact description or view of Nature. He found that Nature alone often terminates diseases, and works a cure with a few simple medicines, and often enough with no medicine at all." Well, indeed, has a recent writer remarked, "Sydenham is unlike every previous teacher of the principles and practice of medicine in the modern world." He, not Linacre or Harvey, is the model British physician, in whom were concentrated all those practical instincts upon which we lay such stress in the Anglo-Saxon character. The Greek faculty, which we possess, of thinking and acting has enabled us, in spite of many disadvantages, to take the lion's share in the great practical advances in medicine. The three greatest scientific movements of the century have come from Germany and France. Bichât, Laennec and Louis laid the foundation of modern clinical medicine; Virchow and his pupils of scientific pathology; while Pasteur and Koch have revolutionized the study of the causes of diseases; and yet the modern history of the art of medicine could almost be written in its fullness from the records of the Anglo-Saxon race. We can claim every practical advance of the very first rank—vaccination, anæsthesia, preventive medicine, and antiseptic surgery—the "captain jewels in the carcanet" of the profession, beside which can be placed no others of equal lustre.

One other lesson of Sydenham's life needs careful conning. The English Hippocrates, as I said, broke with authority. His motto was:

> "Thou Nature art my Goddess; to thy law
> My services are bound."

Undue reverence for authority as such, a serene satisfaction with the *status quo*, and a fatuous objection to change have often retarded the progress of medicine. In every generation, in every country, there have been and ever will be *laudatores temporis acti*, in the bad sense of that phrase, not a few of them, men in high places, who have lent the weight of a complacent conservatism to bolster up an ineffectual attempt to stay the progress of new ideas. Every innovator from Harvey to Lister has been made to feel its force. The recently issued life of Thomas Wakley is a running commentary on this spirit, against the pricks of which he kicked so hard and so effectually. But there are signs of a great change. The old Universities and the Colleges, once the chief offenders, have been emancipated, and remain no longer, as Gibbon found them, steeped in port and prejudice. The value of authority *per se* has lessened enormously, and we of Greater Britain have perhaps suffered as the pendulum has swung to the other extreme. Practice loves authority, as announced in "the general and perpetual voice of men" (Hooker). Science must ever hold with Epicharmus that a judicious distrust and a wise scepticism are the sinews of the understanding. And yet the very foundations of belief in almost everything relating to our art rest upon authority. The practitioner cannot always be the judge—the responsibility must often rest with the teachers and investigators who can only learn in the lessons of history the terrible significance of the word. In the treatment of fever the fetters of a thousand years were shattered by Sydenham, shattered only to be riveted anew. How hard was the battle in this century against the entrenched and stubborn foe! Listen to the eloquent pleadings of Stokes, pleading, as did Sydenham, against authority and against the bleedings, the purgings and sweatings of fifty years ago. "Though his hair be grey, and his authority high, he is but a child in knowledge and his reputation an error. On a level with a child, so far as correct appreciation of the great truths of medicine is concerned, he is very different in other respects, his powers of doing mischief are greater; he is far more dangerous. Oh! that men would stoop to learn, or at least cease to destroy." The potency of human authority among "the powers that be" was never better drawn than by the judicious Hooker in his section on this subject. "And this, not only with 'the simpler sort,' but the learneder and wiser we are the more such arguments in some cases prevail with us. The reason why the simple sort are moved with authority is the conscience of their own ignorance; whereby it cometh to pass that having learned men in admiration, they rather fear to dislike them than know wherefore they should allow and follow their judgments. Contrariwise with them that are skillful, authority is much more strong and forcible; because they only are able to discern how just cause there is why to some men's authority so much should be attributed. For which cause the name of Hippocrates (no doubt) were more effectual to persuade even such men as Galen himself than to move a silly empiric." *

Sydenham was called "a man of many doubts," and therein lay the secret of his great strength.

Passing now to the main question of the development of this

* Ecclesiastical Polity, Book II., VII., 2.

British medicine in Greater Britain, I must at once acknowledge the impossibility of doing justice to it. I can only indicate a few points of importance, and I must confine my remarks chiefly to the American part of Greater Britain.

We may recognize three distinct periods, corresponding to three distinct waves of influence: the first from the early migrations to about 1820; the second from about 1820 to 1860; and the third from about 1860 to the present time.

The Colonial settlements were contemporaneous with the revival of medicine in England. Fellow-students of Harvey at Cambridge might have sailed in the Mayflower and the Arbella. The more carefully planned expeditions usually enlisted the services of a well-trained physician, and the early records, particularly of the New England colonies, contain many interesting references to these college-bred men. Giles Firman, who settled in Boston in 1632, a Cambridge man, seems to have been the first to give instruction in medicine in the new world. The parsons of that day had often a smattering of physic, and illustrated what Cotton Mather called an "angelical conjunction." He says: "Ever since the days of Luke the Evangelist, skill in *Physic* has been frequently professed and practised by Persons whose more declared Business was the study of Divinity." Firman himself, finding physic "but a meane helpe," took orders. These English physicians in the New England colonies were scholarly, able men. Roger Chillingworth, in Hawthorne's *Scarlet Letter*, has depicted them in a sketch of his own life,—"Made up of earnest, studious, thoughtful, quiet years, bestowed faithfully for the increase of knowledge, faithfully, too, for the advancement of human welfare,—men thoughtful for others, caring little for themselves, kind, just, true, and of constant if not warm affections," a singularly truthful picture of the old colonial physician.

Until the establishment of medical schools—University of Pennsylvania, 1763; King's College (afterwards Columbia), 1767; Harvard, 1782—the supply of physicians for the colonies came from Great Britain, supplemented by men trained under the old apprentice system, and of colonists who went to Edinburgh, Leyden and London for their medical education. This latter group had a most powerful effect in moulding professional life in the pre-revolutionary period. They were men who had enjoyed not alone the instruction, but often the intimate friendship of the great English and European physicians. Morgan, Rush, Shippen, Bard, Wistar, Hossack and others had received an education comprising all that was best in the period, and had acquired the added culture which can only come from travel and wide acquaintance with the world. Morgan, the founder of the Medical School of the University of Pennsylvania, was away seven years, and before returning had taken his seat as a corresponding member of the French Academy of Surgery, besides having been elected a Fellow of the Royal Society. The War of Independence interrupted temporarily the stream of students, but not the friendship which existed between Cullen and Fothergill and their old pupils in America. The correspondence of these two warm friends of the colonies testifies to the strong professional intimacy which existed at the time between the leaders of the profession in the old and new worlds. But neither Boerhaave, Cullen nor

Fothergill stamped colonial medicine as did the great Scotchman, John Hunter. Long, weary centuries separated Harvey from Galen; not a century elapsed from the death of the great physiologist to the advent of the man in whose phenomenal personality may be seen all the distinctive traits of modern medicine, and the range of whose mighty intellect has had few, if any, equals since Aristotle. Hunter's influence on the profession of this continent, so deep and enduring, was exerted in three ways. In the first place, his career as an army surgeon, and his writings on subjects of special interest to military men carried his work and ways into innumerable campaigns in the long French wars and in the War of Independence. Hunter's works were reprinted in America as early as 1791 and 1793. In the second place, Hunter had a number of most distinguished students from the colonies, among whom were two who became teachers of wide reputation. William Shippen, the first Professor of Anatomy in the University of Pennsylvania, lived with Hunter on terms of the greatest intimacy. He brought back his methods of teaching and some measure of his spirit. With the exception of Hewson and Home, Hunter had no more distinguished pupil than Philip Syng Physick, who was his house surgeon at St. George's Hospital, and his devoted friend. For more than a generation Physick had no surgical compeer in America, and enjoyed a reputation equalled by no one save Rush. He taught Hunterian methods in the largest medical school in the country, and the work of his nephew (Dorsey) on surgery is very largely Hunter modified by Physick. But in a third and much more potent way the great master influenced the profession of this continent. Hunter was a naturalist to whom pathological processes were only a small part of a stupendous whole, governed by law, but which could never be understood until the facts had been accumulated, tabulated and systematized. By his example, by his prodigious industry and by his suggestive experiments he led men again into the old paths of Aristotle, Galen and Harvey. He made all thinking physicians naturalists; he lent a dignity to the study of organic life, and reestablished a close union between medicine and the natural sciences. Both in Britain and Greater Britain he laid the foundation of the great collections and museums, particularly those connected with the medical schools. The Wistar-Horner and the Warren museums originated with men who had been greatly influenced by Hunter. He was, moreover, the intellectual father of that interesting group of men on this side of the Atlantic who, while practising as physicians, devoted much time and labor to the study of Natural History.

I wish that time permitted me to do justice to the long list of men who have been devoted naturalists, and who have made contributions of great value. Benjamin Smith Barton, David Hossack, Jacob Bigelow, Richard Harlan, John D. Godman, Samuel George Morton, John Collins Warren, Samuel L. Mitchell, J. Aiken Meigs and many others, have left the records of their industry in their valuable works, and in the Transactions of the various Societies and Academies. In Canada, many of our best naturalists have been physicians, and collections in this city testify to the industry of Holmes and McCullough. I was regretting the humanities a few minutes ago, and now I have to mourn the almost complete sever-

ance of Medicine from the old Natural History. To a man, the most delightful recollections of whose student-life are the Saturdays spent with a preceptor who had a Hunterian appetite for specimens —anything from a trilobite to an acarus—to such a one, across the present brilliant outlook, comes the shadow of the thought that the conditions of progress will make impossible again such careers as those of William Kitchen Parker and William Carmichael McIntosh.

Until about 1820 the English profession of this continent knew little else than British medicine. After this date in the United States the ties of professional union with the old country became relaxed, owing in great part to the increase in the number of home schools, and in part to the development of an American literature. To 1820 one hundred and fourteen native medical books of all kinds had been issued from the press, and one hundred and thirty-one reprints and translations, the former English, the latter few in number and almost exclusively French (Billings). Turning for few minutes to the condition of the profession in Canada during this period, I regret that I cannot speak of the many interesting questions relating to the French colonies. I may mention, however, that with the earliest settlers physicians had come, and among the Jesuits, in their devoted missions, there are records of *donnés* (laymen attached to the service) who were members of the profession. One of these, René Goupil, suffered martyrdom at the hands of the Iroquois. *

Between the fall of Quebec in 1759 and 1820 the English population had been increased by the settlement of Upper Canada, chiefly by United Empire Loyalists from the United States, and after the war of 1812 by settlers from the old country. The physicians in the sparsely settled districts were either young men who sought their fortunes in the new colony, or were army surgeons who had remained after the revolutionary war or the war of 1812. The military element gave for some years a very distinctive stamp to the profession. These surgeons were men of energy and ability, who had seen much service and were accustomed to order, discipline and regulations. Sabine in his *History of the Loyalists* refers to the Tory proclivities of the doctors, and says that they were not so much disturbed as the lawyers and clergymen. Still a good many of them left their homes "for conscience sake," and Canniff, in his *History of the Profession in Upper Canada*, gives a list of those known to have been among the United Empire Loyalists. The character of the men who controlled the profession of the new colony is well shown by the proceedings of the Medical Board, which was organized in 1819. Drs. Macauley and Widmer, both army surgeons, were the chief members. The latter, who has well been termed the father of the profession in Upper Canada, a man of the very highest character, did more than any one else to promote the progress of the profession, and throughout his long career his efforts were always directed in the proper channels. On looking through Canniff's most valuable work one is much impressed by the sterling worth and mettle of these old army surgeons, who in these early days formed the larger part of the profession. The minutes of the Medical Board indicate with what military discipline the

* Parkman, Jesuits in North America.

candidates were examined, and the percentage of rejections has probably never been higher in the history of the province than it was in the first twenty years of the existence of the Board. One picture on the canvas of those early days lingers in the memory, illustrating many of the most attractive features of a race which has done much to make this country what it is to-day. Widmer was the type of the dignified old army surgeon, scrupulously punctilious and in every detail regardful of the proprieties of life. "Tiger" Dunlop may be taken as the very incarnation of that restless, roving spirit which has driven the Scotch broadcast upon the world. After fighting with the Connaught Rangers in the war of 1812, campaigning in India, clearing the Sangur of tigers—hence his soubriquet "Tiger"—lecturing on Medical Jurisprudence in Edinburgh, writing for Blackwood, editing the *British Press* and the *Telescope*, introducing Beck's Medical Jurisprudence to English readers, and figuring as director and promoter of various companies, this extraordinary character appears in the young colony as "Warden of the Black Forest" in the employ of the Canada Company. His life in the backwoods at Gairbraid, his *Noctes Ambrosianæ Canadensis*, his famous "Twelve Apostles' as he called the mahogany liquor stand (each bottle a full quart), his active political life, his remarkable household, his many eccentricities—are they not all portrayed to the life in the recently issued "*In the Days of the Canada Company*"?

Turning now to the second period, we may remark in passing that the nineteenth century did not open very auspiciously for British medicine. Hunter had left no successor, and powerful as had been his influence it was too weak to stem the tide of abstract speculation, with which Cullen, Brown and others flooded the profession. No more sterile period exists than the early decades of this century. William, a great naturalist in skin diseases, with a few others, save it from utter oblivion. The methods of Hippocrates, of Sydenham and of Hunter had not yet been made available in every day work. The awakening came in France, and such an awakening! It can be compared with nothing but the renaissance in the sixteenth and seventeenth centuries, which gave us Vesalius and Harvey. "Citizen" Bichât and Broussais led the way, but Laennec really created clinical medicine as we know it to-day. The discovery of auscultation was only an accident, of vast moment it is true, in a systematic study of the correlation of symptoms with anatomical changes. Louis, Andral and Chomel extended the reputation of the French School, which was maintained to the full until the sixth decade, when the brilliant Trousseau ended a long line of Paris teachers, whose audience had been world-wide. The revival of medicine in Great Britain was directly due to the French, Bright and Addison, Graves and Stokes, Forbes and Marshall Hall, Latham and Bennett were profoundly affected by the new movement. In the United States Anglican influence did not wane until after 1820. Translations of the works of Bichât appeared as early as 1802, and there were reprints in subsequent years, but it was not until 1823 that the first translation (a reprint of Forbes' Edition) of Laennec was issued. Broussais' works became very popular in translations after 1830, and in the Journals from this time on the change of allegiance be-

came very evident. But men rather than books diverted the trend of professional thought. After 1825 American students no longer went to Edinburgh and London, but to Paris, and one can say that between 1830 and 1860 every teacher and writer of note passed under the Gallic yoke. The translations of Louis' works, and the extraordinary success of his American pupils, a band of the ablest young men the country had ever seen, added force to the movement. And yet this was a period in which American Medical literature was made up largely of pirated English books, and the Systems, Encyclopedias and Libraries, chiefly reprints, testify to the zeal of the publishers. Stokes, Graves, Todd, Bennett and Williams furnished Anglican pap to the sucklings, as well as strong meat to the full grown. In spite of the powerful French influence the text-books of the schools were almost exclusively English.

In Canada the period from 1820 to 1860 saw the establishment of the English Universities and Medical Schools. In Montreal the agencies at work were wholly Scotch. The McGill Medical School was organized by Scotchmen, and from its inception has followed closely Edinburgh methods. The Paris influence, less personal, was exerted chiefly through English and Scotch channels. The Upper Canada Schools were organized by men with English affiliations, and the traditions of Guy's, St. Bartholomew's, St. Thomas's, St. Georges', and of the London Hospital, rather than those of Edinburgh, have prevailed in Toronto and Kingston.

The local French influence on British medicine has been very slight. In the early decades of the century, when the cities were smaller, and the intercourse between the French and English somewhat closer, the reciprocal action was more marked. At that period English methods became somewhat the vogue among the French; several very prominent French-Canadians were Edinburgh graduates. Attempts were made in the medical journals to have communications in both languages, but the fusion of the two sections of the profession was no more feasible than the fusion of the two nationalities, and the development has progressed along separate lines.

The third period dates from about 1860, when the influence of German medicine began to be felt. The rise of the Vienna School was for a long time the only visible result in Germany of the French renaissance. Skoda, the German Laennac, and Rokitansky, the German Morgagni, influenced English and American thought between 1840 and 1860, but it was not until after the last date that Teutonic medicine began to be felt as a vitalizing power, chiefly through the energy of Virchow. After the translation of the Cellular Pathology by Chance (1860), the way lay clear and open to every young student who desired inspiration. There had been great men in Berlin before Virchow, but he made the town on the Spree a Mecca for the faithful of all lands. From this period we can date the rise of German influence in the profession of this continent. It came partly through the study of pathological histology under the stimulus given by Virchow, and partly through the development of the specialties, particularly diseases of the eye, of the skin, and of the larynx. The singularly attractive courses of Hebra, the organization on a large scale in Vienna of a system of graduate teaching designed especially for foreigners, the remarkable expansion of the

German laboratories, combined to divert the stream of students from France. The change of allegiance was a deserved tribute to the splendid organization of the German Universities, to the untiring zeal and energy of their professors, and to their single-minded devotion to science for its own sake.

In certain aspects the Australasian settlements present the most interesting problems of Greater Britain. More homogeneous, thoroughly British, isolated, distant, they must work out their destiny with a less stringent environment than, for example, surronds the English in Canada. The traditions are more uniform, and of whatever character have filtered through British channels. The professional population of native-trained men is as yet small, and the proportion of Graduates and Licentiates from the English, Scotch and Irish Colleges and Boards guarantees the dominance of old country ideas. What the maturity will show cannot be predicted, but the vigorous infancy is full of "crescent promise." On looking over the files of Australian and New Zealand journals, one is impressed with the monotonous similarity of the diseases in the Antipodes to those of Great Britain and of this continent. Except in the matter of parasitic affections and snake-bites. the nosology presents few distinctive qualities. The proceedings of the four Intercolonial Congresses indicate a high level of professional thought. In two points Australia has not progressed as other parts of Greater Britain. The satisfactory regulation of practice, so early settled in Canada, has been beset with many difficulties. Both in the United States and in Australia the absence of the military element, which was so strong in Canada, may, in part at least, account for the great difference which has prevailed in this matter of the State license. The other relates to the question of ethics, to which one really does not care to refer, were it not absolutely forced upon the attention in reading the journals. Elsewhere professional squabbles, always so unseemly and distressing, are happily becoming very rare, and in Great Britain and on this side of the water we try at any rate, to wash our dirty linen at home. In the large Australian cities differences and dissensions seem lamentably common. Surely they must be fermented by the atrocious system of election to the hospitals, which plunges the entire profession every third or fourth year into the throes of a contest in which the candidates have to solicit the suffrages of from 2,000 to 4,000 voters! Well, indeed, might Dr. Batchelor say, in his address to the Fourth Intercolonial Congress: "It is a scandal that in any British community, much less in a community which takes pride in a progressive spirit, such a pernicious system should survive for an hour."

Of India, "of Vishnu-land," what can one say in a few minutes? Three thoughts at once claim recognition. Here, in the dim dawn of history, with the great Aryan people, was the intellectual cradle of the world. To the Hindoos we owe a debt which we can at any rate acknowledge; and even in medicine many of our traditions and practices may be traced to them, as may be gathered from that most interesting *History of Aryan Medical Science* by the Thakore Saheb of Gondal.

Quickly there arises the memory of the men who have done so much for British medicine in that Great Empire. Far from their homes far from congenial surroundings, and far from the stimulus of scien-

tific influences, Annesley, and Ballingall, Twining, Morehead Waring, Parkes, Cunningham, Lewis, Vandyke Carter and many others have nobly upheld the traditions of Harvey and of Sydenham. On the great epidemic diseases how impoverished would our literature be in the absence of their contributions? But then there comes the thought of "the petty done, the undone vast," when one considers the remarkable opportunities for study which India has presented. Where else in the world is there such a field for observation in Cholera, Leprosy, Dysentery, the Plague, Typhoid Fever, Malaria, and in a host of other less important maladies? And what has the British government done towards the scientific investigation of the diseases of India? Until recently little or nothing, and the proposal to found an Institute for the scientific study of diseases has actually come from the native chiefs! The work of Dr. Hankin and of Professor Haffkine, and the not unmixed evil of the brisk epidemic of plague in Bombay may arouse the officials to a consciousness of their shortcomings. While sanitary progress has been great, as shown in a reduction of the mortality from 69 per mille before 1857 to 15 per mille at present, many problems are still urgent as may be gathered from reading Dr. Harvey's Presidential Address in the Proceedings of the Indian Medical Congress. That typhoid fever can be called the "scourge of India" and that the incidence of the disease should remain so high among the troops points to serious sanitary defects as yet unremedied. As to the prevalence of venereal diseases among the soldiers—an admission of nearly 500 per mille tells its own tale.

On reading the journals and discussions one gets the impression that matters are not as they should be in India. There seems to be an absence of proper standards of authority. Had there been in each Presidency during the past twenty years thoroughly equipped Government Laboratories in charge of able men, well trained in modern methods, the contributions to our knowledge of epidemic diseases might have been epoch-making, and at any rate we should have been spared the crudeness which is evident in some of the work (particularly in that upon Malaria) of zealous but badly trained men.

In estimating the progress of medicine in the countries comprising Greater Britain the future rather than the present should be in our minds. The strides which have been taken during the past twenty years are a strong warrant that we have entered upon a period of exceptional development. When I see what has been accomplished in this city in the short space of time since I left, I can scarcely credit my eyes. The reality exceeds the utmost desires of my dreams. The awakening of the profession in the United States to a consciousness of their responsibilities and opportunities has caused unparalleled changes, which have given an impetus to medical work which has already borne a rich harvest. Within two hundred years who can say where the intellectual centre of the Anglo-Saxon race will be? The mother country herself has only become an intellectual nation of the first rank within a period altogether too short to justify a prediction that she has reached the zenith. She will probably reverse the history of Hellas, in which the mental superiority was at first with the colonies. At the end of the next century ardent old-world

students may come to this side "as o'er a brook," seeking inspiration from great masters, perhaps in this very city; or the current may turn towards the schools of the great nations of the South. Under new and previously unknown conditions the Africander, the Australian, or the New Zealander may reach a development before which even the "glory that was Greece" may pale. Visionary as this may appear, it is not one whit more improbable to-day than would have been a prophecy made in 1797, that such a gathering as the present would be possible within a century on the banks of the St. Lawrence.

Meanwhile to the throbbing vitality of modern medicine the two great meetings held this month, in lands so widely distant, bear eloquent testimony. Free, cosmopolitan, no longer hampered by the dogmas of schools, we may feel a just pride in a profession almost totally emancipated from the bondage of error and prejudice. Distinctions of race, nationality, color and creed are unknown within the portals of the temple of Æsculapius. Dare we dream that this harmony and cohesion so rapidly developing in medicine, obliterating the strongest lines of division, knowing no tie of loyalty but loyalty to truth—dare we hope, I say, that in a wider range of human affairs a similar solidarity might ultimately be reached? Who can say that the forges of Time will weld no links between man and man stronger than those of religion or of country? Some Son of Beor touched with a prophetic vision, piercing the clouds which now veil the eternal sunshine of the mountain top, some spectator of all time and all existence (to use Plato's expression), might see in this gathering of men of one blood and one tongue a gleam of hope for the future, of hope at any rate that the great race, so dominant on the earth to-day, may progress in the bonds of peace—a faint glimmer, perhaps, of the larger hope of humanity of that day when "the common sense of most shall hold a fretful 'world' in awe." But these, I fear, are the dreams of the closet student who knows not the world nor its ways. There remains for us, Greater Britons, of whatsoever land, the bounden duty to cherish the best traditions of our fathers, and particularly of the men who gave to British medicine its most distinctive features, of the men, too, who found for us the light and liberty of Greek thought—Linacre, Harvey and Sydenham, those "ancient founts of inspiration," and models for all time in Literature, Science and Practice.

THE

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Editorial.

BRITISH MEDICAL ASSOCIATION, SIXTY-FIFTH ANNUAL MEETING, MONTREAL, 1897.

The Montreal branch of the British Medical Association is deserving of the many congratulations extended to it for the admirable manner in which all the arrangements of this meeting were carried. While a few did the greater part of the work, the whole profession of Montreal rendered every aid possible in promoting the success of the meeting. The arrangements for the meetings of the sections were perfect, and this may be said of almost every item of the extended programme arranged for the gathering. The only real difficulty presenting itself to visitors and members was that of how to take it all in, whether at the section meetings, general meeting, or in regard to the abundant means of entertainment provided. Each section was well provided with interesting papers, and an opportunity was afforded of listening to men of wide reputation in each; but as the sectional work went on simultaneously, one could only do a limited amount of audience work, and either remain in one section and obtain some information or sip at the different fountains, and have no other remembrance than the fact of having been there and seen the faces of some of the lights of the profession. The Medical and Surgical sections seemed to be the favorite ones, while such sections as that of Pharmacology had but slim audiences.

It would seem that the day of drugs was fast vanishing into the past, if one can come to such a conclusion from the indifference manifested generally by medical men in regard to them. This is further exemplified in the want of interest shown in the excellent museum display. It was generally conceded by those who examined the collections, that at no past meeting was there such a full and varied exhibition of physicians' requisites; but there was no interest taken in it by the members and visitors, much to the regret and disappointment of the many exhibitors, who had at great expense and effort arranged to show the perfection of their productions in the line of drugs, apparatus, literature, etc.

This may be accounted for largely, probably from the fact that the building where the exhibit was held was in a different part of the city, instead of being in close proximity to the sectional meeting place, where members could have passed through on their way from one section to another; and doubtless the fact that firms keep their products so constantly before the members of the profession led many to conclude that but little that would be new would be seen.

We give two of the principal addresses, and for these we are indebted to the *Daily Journal*, which appeared each day of the meeting, and from which, owing to the good work done by the representatives of the *British Medical Journal*, a good résumé of all that occurred at the meeting could be obtained. It was remarkable how considerate the clerk of the weather and old probs were, as the finest spell of clear, bright, sunshiny typical Canadian weather that we have had during the summer began on the day of the meeting, and continued throughout and after; this was an important item in regard to the carrying out of the many out-door entertainments provided, and in giving our visitors from across the water a favorable opinion of our country, which has only too thoroughly been depicted, by many who should know better, as a land of snow and ice. Our city owes much to the generosity and beneficent hospitality of many of its wealthy citizens who assisted in the entertainment of the guests. The magnificent conversazione of Lord Strathcona and Mount Royal was one to be remembered, and must have impressed our visitors with the fact that we had grown beyond the log

cabin stage. This conversazione and that of McGill University could only be characterized as grand successes, and a credit to any city in the world. We hope in our next to give some of the other addresses and a résumé of the work done, as well as a description of the excellent displays at the museum.

MONTREAL MEDICO-CHIRURGICAL SOCIETY.

A dinner was given by the Society to Lord Lister on Tuesday evening, August 31st, which was largely attended by the members of the profession in Montreal, Canada and the United States. The chair was occupied by the President of the Society, Dr. Wilkins, who had on his right His Excellency the Governor-General. As the Conversazione at Laval University was to begin at 9 o'clock p.m., the time for the dinner was limited and but few speeches were made. After the toast of the Queen was honored, Dr. Wilkins proposed the health of His Excellency the Governor-General, Lord Aberdeen, who responded in his usual happy manner, expressing the pleasure it gave him to share with the members of the profession in Canada in offering this tribute of appreciation to the honorable guest of the evening.

Dr. Wilkins then in a few well-chosen remarks proposed the toast of Lord Lister, referring to the honor which had been conferred on the Medical profession in appointing one of its members to a place in the House of Lords, and the worthiness of the chosen recipient of this token of high esteem. He also referred to the great work done by Lord Lister for the profession and humanity in the inauguration of the methods of antiseptic surgery, which would for all time be known as Listerism, and by that term the name of the honorable guest of the evening would be cherished by generations of physicians and surgeons to come, as of one who had been instrumental by long, arduous, persistent labor, in introducing one of the greatest advances in the history of medicine. The following address was then read to Lord Lister, and an illuminated copy presented to him.

MY LORD—The members of the Montreal Medico-Chirurgical Society rejoice in the opportunity afforded them of congratulating your Lordship on having been selected by the best sovereign that ever graced a throne for the high dis-

tinction of the peerage. No one in the medical profession was more worthy. Through a long period of years you have, through methods, well nigh perfect, sought after truth with an intelligence and discernment given to few, with a patience and assiduity, and above all with a truthfulness and modesty that cannot but exert a salutary influence on all searchers for scientific truth, and with a success unsurpassed with history of modern medicine. These purely scientific researches of your earlier years were the foundation on which at a later period you built the magnificent structure of antisepsis which placed you on the scroll of fame with Harvey, Hunter, Jenner, Simpson, and Pasteur. In advancing scientific and practical surgery you have advanced every branch of the healing art, and by investigations which have lead you to the detection of the causes of disease you have brought us to a knowledge of the hinderances to the healing process. Henceforth, present and future generations may point to your Lordship with pride as the man who has brought relief from suffering in every quarter of the globe. May your years be many, and may they be filled to repletion with the happiness which is born of having done nobly and well.

Lord Lister was deeply affected, and replied feelingly in a brief address, thanking the Society for the compliment paid him, and stating his keen appreciation of it as coming from members of his own profession on another continent.

CANADIAN MEDICAL ASSOCIATION.

Annual Meeting, Aug. 30th, 1897, Montreal.

But little was attempted at this meeting other than the merest routine business and election of officers. Nothing definite was done in regard to the only point of interest attached to the meeting, that of a scheme for interprovincial registration. Ontario had failed to come to an agreement, while all the other provinces of the Dominion had acquiesced in the plan which had been outlined and under consideration during the year. We hope that before another year passes this desirable confederation will be accomplished. The following report of the meeting is from the *Daily Journal*:—

"The thirteenth annual meeting of the Canadian Medical Association was held in the Synod Hall, Montreal, on Monday, August 30th, when Dr. James Thorburn, of Toronto, resigned the Chair to the newly elected President, Dr. V. H. Moore, of Brockville. Dr. Roddick, Chairman of the Local

Committee, having welcomed the visitors to Montreal, Dr. Moore delivered his presidential address. He referred to the formation of the Association, just one hundred days after the formation of the Dominion, and to the election of Dr. Tupper, now Sir Charles Tupper, as the first president. He sketched the objects of the Association, which was established to promote the science of medicine, to unite the members of the medical profession in the Dominion of Canada, and to secure a uniform standard for medical education and for the license to practice in the Dominion. While the Association had been successful in attaining the two objects first named, the third has not yet been reached. Under the British North America Act educational matters were placed under the control of the Legislatures of the Provinces which passed Acts providing for the formation and election of a Medical Council in each province. In these Councils was vested the control of medical education, and the right to grant licenses to practice. Diversities in the requirements of the Councils in the different provinces thus arose, and at the present day there was nothing of more importance to the medical profession in Canada than the establishment of uniformity in medical legislation. The medical profession in Canada was now very nearly of one mind on this subject, and was divided only upon points of minor importance. He hoped that a united effort would be made, and that the Medical Acts of the various provinces would be brought into harmony one with another. Inter-provincial registration would then be easy of attainment, and Canada might then turn to the mother country, and seek reciprocity with her, with every prospect that it would be obtained. Then any person who obtained a license to practice in any Canadian province would be free to practice his profession in any land over which floated the Union Jack. As it was, Canadian medical institutions required as high and, in some instances, a higher standard of preliminary education than was demanded in Great Britain. A four years' course, and in Ontario a five years' course was already required, and in two years' time the fifth year, which was to be spent in clinical and technical work, would be obligatory. Finally, the examinations for graduation and for the license to practice were well calculated to test the know-

ledge of candidates. Canadian medical colleges were well equipped, the teaching they gave was of the best, the practical instructions excellent, and the clinical opportunities plentiful. There were between sixty and seventy hospitals in Canada, and over forty in Ontario alone, while there were a dozen well-equipped Universities and a large number of collegiate institutes and well provided schools. In concluding his address Dr. Moore extended to the members of the British Medical Association a most cordial and sincere welcome. He trusted that they would not only derive advantage from the scientific discussions which would take place, and carry away a warm memory of the hospitality of Montreal, and of Canada at large, but would also gain a knowledge of the resources of Canada, and would learn to appreciate its free institutions and the enterprise and industry of its people. The President received a warm vote of thanks for his address, and after the transaction of some formal business, the Association proceeded to the consideration of a scheme of interprovincial registration. Dr. Walker for New Brunswick, Dr. Beausoleil for Quebec, Dr. Thornton for Manitoba, and Dr. McLeod for Prince Edward Island were able to announce that the scheme had been accepted by the provinces which they severally represented. At a meeting on Tuesday a report recommending the formulation of an agreement was adopted, and it was resolved that the Canadian Medical Association should meet next year in Quebec under the Presidency of Dr. Beausoleil. Dr. H. B. Small of Ottawa was elected treasurer, and Dr. F. N. G. Starr of Toronto was re-elected secretary.

"On Monday evening the Canadian Medical Association gave a smoking concert to the members of the British Medical Association; a full programme had been arranged, and was highly appreciated by the large number of guests present, who testified their gratitude to the gentlemen who had been at so much pains to provide a most agreeable evening by the applause which they accorded to the songs, recitations, etc."

THE AMERICAN PEDIATRIC SOCIETY.

The American Pediatric Society is making a collective investigation of infantile scurvy as occurring in North America, and earnestly requests the co-operation of physicians, through

their sending of reports of cases, whether these have already been published or not. No case will be used in such a way as to interfere with its subsequent publication by the observer. Blanks containing questions to be filled out will be furnished on application to any one of the committee. A final printed report of the investigation will be sent to those furnishing cases.

[Signed].

J. P. Crozer Griffith, M.D., *Chairman*, 123 S. 18th St., Phila.

William D. Booker, M.D., 853 Park Ave., Baltimore.

Charles G. Jennings, M.D., 457 Jefferson Ave., Detroit.

Augustus Caille, M.D., 753 Madison Ave., New York City.

J. Lovett Morse, M.D., 317 Marlboro St., Boston.

Committee.

MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

Arrangements are now about completed for the meeting of the Association at Louisville on October 5-6-7-8, 1897. The different passenger associations have granted a round-trip rate of one and one-third fare on the certificate plan. The sessions will be held at the Liederkranz Hall, and the headquarters will be at the Louisville Hotel. The following are among those whose papers have been accepted:

J. B. Murphy, Chicago: "Address on Surgery."

J. V. Shoemaker, Philadelphia: "Address on Medicine."

I. A. Abt, Chicago: "The Nature of Croup following Measles."

J. C. Ayers, Cincinnati: "Further Observations in the Use of Hydrogen Dioxide in the Treatment of Blepharitis Marginalis."

W. F. Barclay, Pittsburgh: "Milk; Its Production and Uses."

J. F. Barnhill, Indianapolis: "Regarding Hypertrophied Faucial Tonsils."

J. M. Batten, Pittsburgh: "Report of Five Cases of Heart Disease."

J. K. Bauduy, St. Louis: "Some New Thoughts in the Treatment of Locomotor Ataxia."

A. C. Bernays, St. Louis: Paper.

A. F. Bock, St. Louis :. "The Surgical Treatment of Basedow's Disease."

John Young Brown, St. Louis: "Some Remarks on Appendicitis."

Sanger Brown, Chicago: "Some Anomalous Conditions of the Spinal Cord, with Report of Cases."

Eug. G. Carpenter, Cleveland: "Posterior Radicular Neuritis."

W. Cheatham, Louisville: "Of what Assistance has the Serum Treatment of Diphtheria been to the General Practitioner."

Archibald Church, Chicago: "The Differential Diagnosis and Treatment of Cerebral Hemorrhage and Cerebral Softening."

J. W. Cokenower, Des Moines, Ia.: "Neurotic Deformities in Children."

A. H. Cordier, Kansas City: "Ectopic Pregnancy, Clinical and Pathologic Phases."

J. Homer Coulter, Chicago: Paper.

Ephraim Cutter, New York: "Beef—A War Paper."

Richard Deway, Wauwatosa, Wis.: "Some Cases of Insanity in Adolescence."

Arch Dixon, Henderson, Ky.: "To Drain or not to Drain."

Kennon Dunham, Cincinnati: "The Hypodermic Syringe and its Uses in Malaria."

C. Travis Drennan, Hot Springs, Ark.: "Report of a Case of Anesthesia Produced by Mercury, with Remarks."

Sherwood Dunn, Los Angeles: "Mothers and Daughters."

J. Rilus Eastman, Indianapolis: "Diagnosis by Inspection in the Urinary Tract."

A. R. Edwards, Chicago: "The Diagnosis of Abscess of the Liver based upon a Study of Twenty-five Cases."

Jos. Eichberg, Cincinnati: "Typhoid Fever Treated Without Cold Baths."

C. Fisch, St. Louis: "The Antitoxic and Bactericidal Properties of the Serum of Horses treated with Koch's New Tuberculin (T. R.).

F. R. Fry, St. Louis: "Pressure Symptoms After Head Injuries."

A. H. Goelet, New York: "The Surgical Treatment of Fibroid Tumors of the Uterus."

Spencer Graves, St. Louis: "Appendicitis."

H. Hatch, Quincy, Ill.: "Severe Injuries from Electricity, and What Best to Do."

A. G. Hobbs: "Mouth-Breathing in Children."

Discussion opened by Dr. H. W. Loeb.

B. W. Holliday, Cleveland: "The Civic Aspect and Therapy of Some of the Common Neuroses."

A. F. House, Cleveland: "Symptoms and Surgical Treatment of Perforated Intestinal Ulcers."

W. H. Humiston, Cleveland: "Cocaine Anesthesia in Perineorrhaphy."

C. C. Jacobs, Frostburg, Md.: "The Treatment of Obstructive Lesions of the Urinary Tract, Anterior to the Bladder, with Especial Reference to the Enlargement of the Prostate Gland."

A. C. Klebs, Chicago: Paper.

E. L. Larkins, Terre Haute, Ind.: "Appendicitis."

F. F. Lawrence, Columbus, O: "Hysterectomy."

Elmer Lee, New York: "The Elimination of Empiricism in the Treatment of Pneumonia."

I. N. Love, St. Louis: "The Relations of the Secular Press to Medicine and the Public."

C. F. McGahan, Aiken, S.C.: "The Treatment of Pulmonary Phthisis"

A. H. Meisenbach, St. Louis: "A Plea for Early Operation in Cholelithiasis."

L. Harrison Mettler, Chicago: "Neuroses of Gout."

Robt. T. Morris, New York: Paper.

Harold N. Moyer, Chicago: Paper.

A. M. Owen, Evansville, Ind.: "Cathartics and Constipation."

A. J. Ochsner, Chicago: "Treatment of Hernia in Old Men."

Curran Pope, Louisville, Ky.: "Sanatoriums a Necessary Factor in the Treatment of Chronic Diseases."

Joseph Price, Philadelphia: Paper.

J. Punton, Kansas City: "The Growing Needs of Medical Political Organization."

D. C. Ramsey, Mt. Vernon, Ind.: "Municipal Sanitation of Tuberculosis."

A. Ravogli, Cincinnati: "Tuberculin in Dermatology."

B. Merrill Rickets, Cincinnati: "Abdominal Incision for Ascites."

Byron Robinson, Chicago: "The Classification of Peritonitis."

Enno Sander, St. Louis: "The Carlsbad Springs of the United States of North America."

E. W. Saunders, St. Louis: "Therapeutic Properties of Infant Foods."

E. J. Senn, Chicago: "The Treatment of Suppurating Fistulous Tracts."

E. B. Smith, Detroit: "Experimental Surgery."

J. O. Stillson, Indianapolis: "Retro-bulbar Optic Neuritis."

L. Strauss, St. Louis: "Primary Tuberculosis of the Rectum witn Report of Cases."

J. A. Stucky, Lexington, Ky.: "Intratympanic Surgery in Chronic Suppuration."

J. B. Taulbee, Mt. Sterling, Ky.: "The Treatment of Wounds by the Open Method."

H. M. Thomas, Chicago: "Experimental Work on the Penetrability of Vaporized Medicaments in the Air Passages."

K. K. Wheelock, Fort Wayne, Ind.: "Plastic Operation for Reforming Interpalpebral Space."

Alex. C. Wiener, Chicago: "Congenital Dislocation of the Hip."

Frank Woodbury, Philadelphia: Paper.

Titles of Papers should be sent to Dr. Thomas Hunt Stucky, President, Louisville, or to Dr. H. W. Loeb, Secretary, St. Louis.

Book Reviews.

The Diseases of Women, a handbook for Students and Practitioners By J. Bland Sutton, F.R.C.S. Eng., Surgeon to the Chelsea Hospital for Women; Assistant Surgeon Middlesex Hospital, London, and Arthur E. Giles, M.D., B.Sc. London; F.R.C.S. Edinburgh; Assistant Surgeon Chelsea Hospital for Women, London. With 115 illustrations. Philadelphia, W. B. Saunders, 925 Walnut street. 1897. Price $2.50; 436 pages.

In the modest preface the authors merely state that it has been their earnest desire to relate facts and describe methods belonging to the science and art of gynæcology, in a way that will be useful to students for examination purposes, and which will also enable them to practise this important department of surgery with advantage to their patients and with satisfaction to themselves. A careful perusal of the work shows that the authors have well succeeded in their task. Facts only are stated in the plainest language and most concise terms, no space being wasted in quoting mere theories. The first chapter of 17 pages speaks of the anatomy of the reproductive organs of women, the second of their physiology. Then comes a chapter on methods of examination. Chapters fourth and fifth are taken up with malformation, which is of least value, although they could hardly be left out entirely. Chapter sixth, on retention of menstrual products; chapter seventh, and four following chapters, on diseases of the vulva, are quite exhaustive. Chapters eleven, twelve and thirteen are devoted to diseases of the vagina; chapters fourteen to twenty-three treat of the uterus, those on deformities and displacements being very good. The operations of ventrofixation and Alexander's operation are described very clearly, and their indications and contra-indications are set forth impartially. The chapter on pessaries is very good. In discussing operations, the vaginal and abdominal routes are treated with much

fairness, and the opinions expressed by the authors are those held by the majority of leading gynæcologists of the present day. We fully agree with them in their condemnation of vaginal fixation and in their hearty approval of ventrofixation and Alexander's operation in suitable cases. In speaking of posterior colpotomy, or opening into the peritoneal cavity by the vagina, the authors highly commend it for breaking down adhesions or removing small ovarian tumors or prolapsed ovaries or a tubal pregnancy in its early stages. The limit of our space prevents a more extended notice of what we may safely say is one of the most satisfactory manuals which have appeared for some time. The type is large and plain, and the paper good, reflecting credit upon the mechanical department of the publishers, while the manner in which the subject matter is handled will add much to the already great reputation of Dr. Bland Sutton as well as to that of his less known collaborator, Dr. Arthur Giles.

Flint's Medical and Surgical Directory of the United States and Canada. Issued annually. 1897. Compiled by A. L. Chatterton. J. B. Flint & Co., 104 Fulton Street, New York. Price $6.00, delivered.

This is the first appearance of a book which is to be issued annually, containing the names and addresses, and where possible the date and college of graduation, of all physicians practising in the United States and Canada. There is also a digest of the medical laws of the States and Territories and Provinces of the United States and Canada; also a list of the Medical Colleges of those two countries, as well as a list of the sanitariums and private medical institutions. There are over one thousand large pages, and over one hundred thousand names of physicians are printed.

An immense amount of work must have been done to put this list in its present position.

The work will be useful to authors and journalists. The publishers are desirous of having sent to them corrections of any errors that may be observed as well as any new information in regard to names which should be included.

The book is kept standing in type, and changes are daily made as information is received.

The Menopause, a consideration of the phenomena which occurs to women at the close of the child-bearing period, with incidental allusions to their relationship to menstruation. Also, a particular consideration of the premature, especially the artificial menopause. By Andrew F. Currier, A.B., M.D., New York city. New York, D. Appleton & Company, 1897.

It is now some fifteen years since an original work on the menopause in the English language has appeared. Tilt's work upon the subject was long the only one of its kind, and was last seen in a reprint published in the United States about that time. That work may have been useful in its day, but it contained a great deal of statistical information from which, as it seems to the writer of the present work, unwarrantable deductions have been drawn. It also has handed down the hoary tradition, which has been current from time immemorial among the laity and the pro-

fession, that the menopause is an experience fraught with peril and difficulty. This and all similar teaching the author declares to be incorrect and unwarrantable in the light of his own experience and observation. Dr. Currier has the great advantage over Tilt, inasmuch that he has the immense amount of information obtained from thousands of cases of artificial menopause to draw upon. Dr. Currier points out some of the errors of the past on this subject. He says: if hæmorrhage were exhausting the patient, she was told that, if she could only pass the menopause, she would be secure, no matter whether the hæmorrhage were due to benign or malignant disease; and if the menopause were suspected, too often the doctor neglected to examine his patient and find out—with assistance, if unable alone—whether the disease were malignant or not, and whether there was good cause for thinking that the menopause could produce a cure.

He points out that the menopause causes as little discomfort in the majority of cases as puberty does. It is only the exceptional woman who has a hard time and comes to the doctor to tell him about it. He also devotes a chapter to showing that there is no relationship between cancer and the menopause, and he shows that the percentage of women who, during the menopause, are affected with cancer is ridiculously small. Concerning the question of the treatment of the ills of the menopause, the author hopes that his work will stimulate those who read it to a more careful and systematic investigation of these ills, and that, when surgical intervention is necessary, it will be resorted to instead of loading them down month after month with drugs.

Altogether, the book is a most timely one, and should be read by every practitioner of medicine who has ever been consulted for the so-called troubles of the natural menopause, while the abdominal surgeon will find much of interest with reference to the artificial menopause.

Annual of the Universal Medical Sciences and Analytical Index. A yearly report of the progress of the General Sanitary Sciences throughout the world. Edited by Charles E. Sajous, M.D., Paris, and seventy associate editors, assisted by over two hundred corresponding editors, collaborators and correspondents; illustrated with chromo-lithographs, engravings and maps. The F. A. Davis Company, Philadelphia, New York, Chicago; Australian Agency, Melbourne, Victoria.

The value of such a publication, as what is briefly called by the profession "Sajous' Annual," is beyond all question, for it collects and places in a permanent form, easy of reference, a digest of the medical thought of the year. In this busy age, rendered still more busy by the means by which business is facilitated.—how hard sometimes even to get time to read our weekly budget of medical literature. How hard, indeed, sometimes to preserve that literature for binding, and when bound, amid much dross, the precious metal is difficult to find. All this is overcome by this volume, and any special subject that is desired can in a very few seconds be found. Such a book ought to be found in the library of every medical man, and we are glad to know that the work has an excellent sale among the profession in Canada. We believe,

however, that, if its value and importance was fully understood, its sale, large as it is, would be very materially increased. We make this remark from practical experience, for we have been subscribers to it from the first year of its publication, and have become so used to it that we would find it difficult to be without it. The issue for 1896 consists of five volumes, and these volumes simply teem with valuable information, and arranged in much the same way as in previous issues. A few improvements have, however, been made. The length of the abstracts have been increased so as to make it possible to convey more fully the author's meaning, and to furnish the reader with sufficient data to enable him to utilize that author's suggestion to the best advantage. To carry this out, a re-arrangement of the entire text was necessary, and this additional labor necessitated an increase in the number of the editor's immediate assistants. Under their direction this idea was carried out, and the best work of the year prepared and submitted to the Associate Editor of the Department to which the article belonged. In this way the very best results were obtained, although it will necessitate a little more labor on the part of the reader who desires to inform himself as to the progress of the Medical Sciences as a whole. In the opinion of Dr. Sajous, and we heartily endorse his views, this class of readers is entitled to the greatest respect and encouragement. The professional reader who seeks to familiarize himself with every branch of medicine can alone be considered in these days as well informed. The epoch of absolute specialism belongs to the past. Every disease known represents but one link of a chain, and to totally ignore portions of that chain is to refuse the light its other links may afford, and limit one's capabilities. In practical medicine this is not permissible. A very important part of the work is the Analytical Index and Cyclopedia of treatment, which occupies a large portion of the fifth volume. It gives a summary of every practical article quoted in the annual proper, and of all the criticisms introduced by the Associate Editors—the active principle of the whole year's labors. The brevity of the excerpts gives them a most striking character—yet they combine most instructive material, and practically bring everything up to date. The type used is such as to give comfort to the majority of its readers, for which we believe they will be thankful.

Hyde on the Skin—New (4th) Edition. Just Ready.

A Practical Treatise on Diseases of the Skin. For the use of Students and Practitioners. By J. Nevins Hyde, A.M., M.D., Professor of Dermatology and Venereal Diseases in Rush Medical College, Chicago, and Frank H. Montgomery, M.D., Lecturer on Dermatology and Venereal Diseases, Rush Medical College, Chicago. New (fourth) edition. In one octavo volume of 815 pages, with 110 engravings and 12 full-page plates, 4 of which are colored. Cloth, $5.25; leather, $6.25. Lea Brothers & Co., Publishers, Philadelphia and New York, 1897.

Dr. Hyde's work on diseases of the skin was first published in 1883, and at once took a high position as a book of reference, and one which it has steadily maintained in the succeeding editions. The present (fourth) edition has been brought quite up to our

present state of knowledge on dermatological subjects. As in most branches of medicine, during late years, considerable strides are being made. In the 1893 edition thirty-five new diseases were considered. In the present edition almost every page has been changed, and new chapters have been added and old ones re-written on some twenty-five subjects, and critical corrections have been made or new paragraphs added in as many other subjects.

It contains some one hundred and ten engravings and twelve plates in colors and monochrome. Many of these illustrations are new to the volume. As stated in the last preface, the doctrines based upon the recent progress of dermatological science, which have not been completely established, have been for the most part briefly noted, while essential facts, those especially resting upon pathological and bacteriological research, have been set forth and, when practicable, considered in detail. Much material which existed in the preceding editions, and which no longer possesses any value, has been omitted. There are some eight hundred pages in the book, neatly bound in cloth or leather, the typographical work being entirely in keeping with the literary value of the work and the usual character of the output of the publishers.

The work opens with a general description of the anatomy and physiology of the skin, symptomatology, etiology, diagnosis, prognosis, therapeutics and classification. Then, in order, appears a minute consideration of the various affections of the skin, under the heads of disorders of glands, inflammations, hæmorrhages, hypertrophies, atrophies, new growths, neuroses, parasitic affections. In all, over three hundred and fifty diseases of the skin are described.

Symptoms, etiology, pathology and diagnosis are fully gone into in each affection, but where this work exceeds is in the detailed directions for treatment; all methods which the author has proved are fully described, as well as those of the leaders throughout the world in this specialty. Numerous formulæ abound, and minute explanations in regard to the best means and remedies to be adopted in every variety of the affection.

The work is adapted to be a thorough guide to the general practitioner in his management of this interesting class of affections; at the same time, it is sufficiently comprehensive to be a book of reference for the specialist, as well as a complete and epitomized text-book suitable to the wants of the student.

In every respect it is representative of the most modern aspects of dermatology, and one of the best books on the subject now available.

Manual of Static Electricity in X-Ray and Therapeutic Uses. By S. H. Monell, M.D. Founder and Chief Instructor of the Brooklyn Post-Graduate School of Clinical Electro-Therapeutics and Roentgen Photography; Fellow of the New York Academy of Medicine. Illustrated. 614 pages, octavo, cloth, gilt. Price, $5 net; postage, 35 cents. William Beverley Harison, Publisher, 3 & 5 W. 18th Street, New York, 1897.

The author has presented us in this book with a complete résumé of all that is known in regard to static electricity, and more

especially its therapeutic applications, a subject about which but little is known compared with the Faradic or Galvanic forms. The thoroughness of the work done may be judged from the extent of pages which the information covers—over six hundred—and each article gives evidence of being as brief and to the point as is possible with an intelligent presentation.

The book is largely a therapeutic treatise. There are two parts. In its first of forty chapters, six chapters are devoted to the Holtz apparatus, its permanency in therapeutics, opinions in regard to it, the care of it, and methods of using it, its therapeutic action, precautions to be observed, how to regulate the strength of a static application and other hints. Some sixty-four pages are devoted to X-Ray methods, a description of the apparatus required and how to use them; the Holtz apparatus is considered preferable for surgical and medical X-Ray work, its use in diagnosis and medico-legal cases. Chapter ten describes how to work X-Rays photography. Then X-Ray effects in general are discussed; explanation of the injurious effects sometimes observed. It is explained that dermatitis is impossible in X-Ray work with the Holtz apparatus and convective methods. The therapeutic properties of the X-Rays are referred to, and everything relative to this interesting and modern subject is here discussed and made plain.

Chapter twelve is devoted to Electro Physiology, the actions of static electricity are described, its sedative effects and action on the various functions of the body and power of regulating them; its want of action in health is pointed out, and its modifying influence on most of the functions of the body; how it brings about the changes is here made clear and the wide range of its action learned and the modifying influence of concomitant conditions.

The therapeutics of static electricity is very fully dwelt upon, and one is struck with the wide range of morbid conditions in which it is recommended, and with remarkable results in many instances. He urges a careful attention to the proper care of the apparatus as being a very important point in securing good results. The first group of derangements considered is that of rheumatic diseases; here, as in all cases, minute directions are given for all that is to be done, how to seat the patient, where to place the electrodes, when to vary its intensity, length of seance, and the modifications to be observed in the various forms of the disease. Numerous illustrative cases are interspersed throughout the text. The author regards this method of treatment as one of the most successful in all this class of affections, including rheumatoid arthritis, gonorrhœal rheumatism, chronic gout and the uric acid diathesis; it increases the elimination of urea and carbonic acid, and reduces in corresponding amount the uric acid in the system by increasing the consumption of oxygen and making its metabolic changes more complete. Its great field is shown to be in the various forms of neuralgias and neuritis, which it will, it is claimed, relieve in all cases where a neoplasm or severe local pathological condition is not the cause, or when a general ailment such as diabetes is the cause. It is gratifying to learn that such excellent results as are here indicated can be obtained in such rebellious cases as sciatica, the neurasthenias, chronic chorea, hysteria and migraine. The chapter on pain is very instructive, showing the many forms which can be relieved, and

its advantages over medical anodynes in incurable forms where it exerts a palliative action.

Chapter twenty-seven shows that static electricity has a wide range of usefulness in skin affections in combination with other appropriate treatment.

Among other affections in which it is recommended are chronic and subacute inflammatory conditions within the thorax, morbid mental states, chronic cachexias, impaired voice of singers, debility of old age and chronic invalidism, paralytic diseases, etc. The use of static electricity in gynæcology is fully discussed in chapter forty, and it is shown that a variety of abnormal conditions can be relieved by its use. Some one hundred and fifty pages at the end of the book are devoted to historical therapeutics, showing what has been done in the past with this agent.

The book is one of great interest, and is replete with the information needed by anyone desiring to add this somewhat discarded therapeutic agent to his *armamentarium*. The author might be regarded as over enthusiastic from the sanguine character of the work throughout, in regard to the wide range of usefulness of static electricity, and the wonderful superiority of the Holtz machine; but from such a practical observer and teacher as Dr. Monell, one must accept his results as from one qualified to dictate; and if skeptics or others desire to prove the manifold advantages of static electricity in the large range of affections in which it is recommended, no better preparation is available than the perusal and study of this excellent and comprehensive work.

International Clinics. A quarterly of clinical lectures on Medicine, Neurology, Surgery, Gynæcology, Obstetrics, Ophthalmology, Laryngology, Pharyngology, Rhinology, Otology, and Dermatology, and specially prepared articles on treatment. By Professors and Lecturers in the leading Medical Colleges of the United States, Germany, Austria, France, Great Britain, and Canada. Edited by Judson Daland, M.D. (Univ. of Penna.), Philadelphia, Instructor in Clinical Medicine and Lecturer on Physical Diagnosis in the University of Pennsylvania; Assistant Physician to the Hospital of the University of Pennsylvania; Professor of Diseases of the Chest in the Philadelphia Polyclinic; Fellow of the College of Physicians of Philadelphia. J. Mitchell Bruce, M.D., F.R.C.P., London, England, Physician to and Lecturer on the Principles and Practice of Medicine in the Charing Cross Hospital. David W. Finlay, M.D., F.R.C.P. Aberdeen, Scotland, Professor of Practice of Medicine in the University of Aberdeen; Physician to and Lecturer on Clinical Medicine in the Aberdeen Royal Infirmary; Consulting Physician to the Royal Hospital for Diseases of the Chest, London. Volumes I and II. Seventh Series. 1897. Cloth, $3.00 per volume; half leather $3.25. Philadelphia: J. B. Lippincott Company, 1897. Dominion Agent, Chas. Roberts, 593a Cadieux St., Montreal.

We are in receipt of volumes I. and II., seventh series, International Clinics.

This publication, as most of our readers are doubtless aware, is issued quarterly in a neatly bound volume, in cloth or half leather, of

some three hundred and fifty pages. This is the seventh year of its existence. The work has been a success since the beginning, and continues to increase in popularity, as the scope of its work and aim of its promoters is better understood. It seeks to place before its readers the most recent clinical teachings of the leading clinicians in England, Ireland and Scotland and the United States and Canada.

The contents of each volume are considered under the headings of treatment, medicine, neurology, surgery, gynæcology and obstetrics, ophthalmology, laryngology, pharyngology, rhinology, otology and dermatology.

In the two last volumes we notice among the various authors of contributions the names of J. M. Baldy, M.D., Simon Baruch, M.D., J. M. Dacosta, M.D., LL.D., Sir Dyce Duckworth, M.D., LL.D., F.R.C.P., G. Hunter Mackenzie, M.D., T. McCall Anderson, M.D., Byron Bramwell, M D., F.R.C.P. (Ed.). F.R.S. (Edin.); C. H. Burnett, A.M., M.D., H. A. Hare, M.D, Thos. J. Mays, A.M., M.D., C. W. Mansell Moullin, M.D., Robert Saundby, M.D., F.R.C.P., J. William White, M.D., etc. These names indicate the character of the articles which are published, and it can be said that most of the contributions are interesting epitomes of the subjects discussed, given in terse, choice and appropriate language, rendering their perusal anything but a task, and conveying the latest thoughts of the writer as well as that of the recent authorities on the subject. Of special interest are the articles by Thomas J. Mays, A.M, M.D., on hæmoptysis and its treatment. The practical application of hydrotherapy, by Simon Baruch, M.D. Relations of optic nerve atrophy to general medicine, by Casey A. Wood, M.D. The management of uterine hæmorrhage by C. S. Bacon, M.D. The mastoid operations by Seth Scott Bishop, M.D., LL.D. The sequelæ of Iritis by S. D. Resley, M.D. Abdominal palpation in pregnancy by A. H. Freeland Barbour, M.D., F.R.C.P. Evacuation of the urine in prostatic enlargement by C. W. Mansell Moullin, M.D. The palliative treatment of diseases of the rectum by Joseph M. Matthews, M.D., and many others. The article on Rules Governing the Treatment of Appendicitis by J. William White is a masterpiece and a paper of great value, embodying the very best advice on this live subject.

Those who can keep the volumes of this work on their library shelves will certainly have for reference a treasure store house of information of inestimable value.

A System of Medicine. By many writers, edited by THOMAS CLIFFORD ALLBUTT, M.A., M.D., LL.D., F.R.C.P., F.R.S., F.L.S, F.S.A., Regius Professor of Physic in the University of Cambridge, Fellow of Gonville and Caius College. Volume II. MacMillan & Co., Limited, London. The MacMillan Co., New York. Price 25 shillings. 1897.

Since the issue of the first volume of this System, the volume on gynæcology has been published, and was recently reviewed in our pages. This second volume of medicine proper was somewhat delayed, owing to the fact that the report of the Commission on Vaccination had not appeared, and the writers of the articles on vaccination thought it better to delay their articles for the information to be gleaned from it.

This volume contains the articles on infectious diseases of chronic course, such as tuberculosis and leprosy; diseases of uncertain bacteriology, such as measles, scarlatina, smallpox, yellow fever, typhoid and some sixteen other affections; infectious diseases communicable from animals to man, glanders, anthrax, rabies, etc. Diseases due to protozoa, malaria, dysentery, etc.; the intoxications, such as poisoning by food, snake poison, alcoholism, etc.; internal parasites, and some addenda.

The article on tuberculosis by Sidney Martin is of a general nature. The lesions produced by the bacillus tuberculosis and their retrogressive changes are described, then the lesions of the different parts of the body. In the pathology of tuberculosis the role of the bacillus as the cause is pointed out; the modes of infection are intimated, and extensive reference is made to various inoculation, feeding and inhalation experiments. The infectiousness of sputum, milk and meat is considered, and immunity is explained. A general description is given of the symptoms produced, but the special symptoms and physical signs and other details of the different varieties are reserved for the articles on the different organs of the body in succeeding volumes.

The subject of actinomycosis receives more than usual attention at the hands of Theodore Dyke Acland, the history of its recognition is given in detail, a photogravure of a section of liver affected with the disease illustrates the article. Its minute structure, anatomical distributions, invasion, method by which the disease spreads, biological position, comparative biology and pathology, and its clinical course, prognosis and treatment, form the heading of the divisions of this interesting article, which represents a large amount of labor, judging from the bibliography and reference list at the end.

The article on whooping cough by E. Stace Smith is a well written and instructive résumé of this subject. Its symptoms are vividly described, and its complications and sequelæ dwelt on at length, and an exceedingly sensible and scientific line of treatment is recommended. Jonathan Hutchinson's article on constitutional syphilis is a masterly presentation of this subject, given in classical language by one who has for many years given this subject special consideration. The subject, like tuberculosis, is considered in a general way, and all the present known facts are compressed into a comparatively short article of thirty pages, in such a manner as to be very interesting reading and replete with everything pertaining to this common affection. The article on vaccinia, occupying one hundred and thirty pages is one of the most exhaustive in the volume. It is considered in three sections the first on vaccinia in man, a clinical study, is by T. D. Acland; the second on the pathology of vaccinia by S. M. Copeman; the third on vaccination as a branch of preventive medicine, by Ernest Hart. The subject is very fully considered from every point of view, the various reports and appendices issued by the Royal Commission on vaccination between 1889 and 1896 being frequently referred to. An immense amount of statistical matter has been boiled down and the results given. A strong preference is given for glycerinated vaccine, stored in capillary tubes; it is said that mostly all the saprophytic and pathogenic bacteria which may contaminate the lymph are destroyed after a few

weeks. This article is undoubtedly the most complete presentation of the subject now available, and is worth the cost of the volume to anyone wishing to be abreast on the subject. Articles which are authoritative references, and will remain the best available for some time to come, are those on Malaria by Wm. Osler, Dysentery by Andrew Davidson, Amœbic Dysentery by Henri A. Lafleur, Alcoholism by H. D. Rolliston, Rabies by German Sims Woodhead, V. Beriberi by Patrick Manson. The articles on internal parasites are complete and well illustrated; and a unique and exhaustive article at the end by J. C. Verco and E. C. Stirling on hydatid disease is the best presentation of this subject hitherto available. This volume maintains fully the high standard attained by the first and aimed at by the workers for this System.

A Text-Book of Diseases of Women. By Charles B. Penrose, M.D., Ph.D., Professor of Gynæcology in the University of Penn.; Surgeon to the Gynecean, Philadelphia. Illustrated. Philadelphia. W. B. Saunders, 925 Walnut street. 1897. $3.50 net.

This book has been written for the medical student. The Author has presented the best teaching of modern gynæcology, instruments by antiquated theories, or methods of treatment. He has in most instances recommended but one plan of treatment for each disease, hoping in this way to avoid confusing the student or physician who consults the book for practical guidance. Another praiseworthy feature is the omitting of all facts of anatomy, physiology and biology which may be found in all the general text-books upon these subjects.

A careful perusal of several chapters shows that the Author possesses to a great degree the gift of explaining clearly with the fewest words, while the engravings are so admirably selected that the dullest student cannot fail to understand. In speaking of methods of examination, it says, that no examination of a woman is thorough unless a careful visual examination of the external genitals has been made—not only because the discovery of discharges and of lesions may throw light upon the conditions found higher up in the pelvis, but because the examiner protects himself. A great many unfortunate cases of syphilis have been acquired by physicians from a primary sore upon the examining finger. Another point of importance is the necessity for absolute cleanliness on the part of the physician; we have known many who, while very scrupulous, washing their hands after examination, never thought of doing so before one.

The chapter on gonorrhœa in women is specially good, also a valuable chapter on the effect of the removal of the uterine appendages.

One of the best chapters in the book is one on the technique of gynæcological operations, as well as one on the after-treatment of coeliotomy.

In regard to the engravings we notice, what we think is an improvement, that is, that the names, the various tumors and organs are plainly written on the pictures themselves. The paper is extra heavy and the type extra large. We have no doubt that it will prove of great value to the large number of students—not only in

Philadelphia, for whom it was especially written, but that it will be gladly welcomed in many other centres of medical education. Considering that Dr. Penrose, although a comparatively young man, has succeeded to the position formerly occupied with so much distinction by the late and great William Goodell, is a sufficient guarantee of his ability to fill his position in a satisfactory manner.

Tuberculosis of the Genito-Urinary Organs—Male and Female. By N. Senn, M.D., Ph.D., LL.D., Professor of Practice of Surgery and Clinical Surgery, Rush Medical College; Attending Surgeon to Presbyterian Hospital; Surgeon-in-chief St Joseph's Hospital, Chicago. Illustrated. W. B. Saunders, 925 Walnut St., Philadelphia, Pa.

This monograph of over three hundred pages discusses a subject which is of extreme interest to both physician and surgeon, and being the work of an author and teacher whose work and writings command the greatest respect, it will be received as a welcome addition to our knowledge on a form of disease often only recognized in its later stages.

There are ten sections describing the disease as it affects the male genital organs: penis, urethra, spermatic cord, seminal vesicles, prostate, testicles and epididymis; the female organs of generation: vulva, vagina, uterus, Fallopian tubes and ovary, and lastly of the bladder and kidney. The scanty literature on the subject and the unsettled condition of the pathology of this variety of tuberculosis in the male genital organs is pointed out. The statistics of this variety are given and illustrative cases described. The portion on the testicles and epididymis is illustrated with several wood cuts and one colored plate; the treatment is mainly by castration, curetting or cauterization.

In regard to the affection as it occurs in the female organs of generation, the same paucity of literature on the subject is apparent, and the greater difficulty in making a diagnosis in the female is pointed out, as well as the fact that it is often not recognized and mistaken for some other affection such as carcinoma.

The possibility of infection as a result of sexual intercourse adds to the interest and importance of this subject.

The affection is shown to be caused by either primary infection, the bacilli being deposited from the blood, or secondary to other adjacent foci. The importance of making sections for microscopical examinations of portions of suspected spots of infection or by examining scrapings or the secretions for bacilli is pointed out. The treatment by injections of 10 per cent. iodoform glycerine emulsion is recommended, and a cut of Senn's syringe for the purpose given.

The frequency of this disease in the Fallopian tube is referred to, and the special opportunities for the study of this variety owing to the common gynæcological operation of removal of the tubes. Two beautiful colored plates show the typical appearance of this condition.

More appears to be known in regard to tuberculosis of the kidneys, owing to the light thrown by bacteriological examination of the urine, catheterization of the ureters and the employment of the cystoscope, by means of which it is now more easy to distinguish it from renal calculus, tumor, catarrhal pyelitis and suppurative

pyelonephritis, tumor, stone and inflammatory affections of the bladder.

A very minute description is given of the symptoms and means of diagnosis of these affections, and the peculiarities of the urine, which point to its presence and what is to be learned by palpation, percussion, rectal insufflation, rectal palpation, catheterization of the ureters, cystoscopy, inoculative experiments, etc. The medical treatment of this affection as might be expected is not of much avail. Should the biocidal action of Koch's new tuberculin stand the test of further observation, these cases would probably be spared the more severe treatment of nephrotomy and nephrectomy, which are now the only rational curative resources.

The book is a most interesting contribution to our modern medical literature, and undoubtedly fills a niche not hitherto occupied, and in a pleasing, attractive manner reduces to a more comprehensive grasp the scattered fragments of knowledge on this abstruse subject.

A System of Practical Medicine. By American Authors. Edited by Alfred Lee Loomis, M.D., late Professor of Pathology and Practical Medicine in the New York University; and William Gilman Thompson, M.D., Professor of Materia Medica, Therapeutics and Clinical Medicine in the New York University. To be completed in four imperial octavo volumes, containing from 900 to 1000 pages each, fully illustrated in colors and in black. Vol. I. Infectious Diseases. Just Ready. Vol. II. Diseases of the Respiratory and Circulatory Systems, and of the Blood, Kidneys and Genito-Urinary Organs. Just Ready. Vol. III. Diseases of the Digestive System, of the Liver, Spleen, Pancreas and other Glands. Gout, Rheumatism, Diabetes, and other Constitutional Diseases. In Press. Vol. IV. Diseases of the Nervous System and of the Muscles. Diseases of doubtful origin, Insolation, Addison's Disease, etc. In active preparation. For sale by subscription. Per volume: cloth, $5.00; leather, $6.00; half Morocco, $7.00. Lea Brothers & Co., Publishers, Philadelphia and New York.

The second volume of this System has appeared in a comparatively brief period after the first, indicating commendable activity on the part of the writers and publishers.

It considers diseases of the respiratory system, diseases of the circulatory system and the mediastinum, diseases of the blood, diseases of the kidneys, diseases of the bladder and prostate gland.

The contributors to this volume are Richard C. Cabot, Thomas D. Coleman, Warren Coleman, Ethridge Cutler, I. N. Danforth, Reginald H. Fitz, William Whitworth Gannett, Irving S. Haynes, Alfred Lee Loomis, Henry P. Loomis, A. Lawrence Mason, Charles Quimby, Frederick C. Shattuck, S. Edwin Solly, James Tyson, Herbert Whitney and James T. Whittaker. The articles consigned to each writer represent the subject upon which the latter are presumed to be most conversant with, and hence each subject is brought quite up to date in every respect, and may be regarded as an authoritative presentation of all the known facts.

Diseases of the nose and throat are first taken up, and given as full consideration as compatible with the character of the work, with ample details for treatment.

Before the various pulmonary diseases are considered, a very full description is given of the methods of examination to be adopted in chest affections, and a full résumé of the various items of physical diagnosis as applied to the pulmonary organs, a mastery of which will make recognition of the abnormal conditions to be met with comparatively easy. We know of no better presentation of this subject than is to be found here, and the same may be said in regard to the section on the means of diagnosis of diseases of the circulatory system.

The method of examining sputum is pointed out—macroscopic, microscopic, bacteriological and chemical.

The various diseases of the respiratory system are then taken up, and are dealt with minutely; throughout each article one meets with quotations and references from the most recent writers and their works, evidencing a thoroughly modern presentation of our present ascertained facts.

The affections of the heart are accorded a similar treatment, and a careful study of what is here presented will make any physician completely *au fait* with this interesting class of affections. In the diagnosis of pericarditis one would like to see mention made of the new points in diagnosis pointed out by Ewart, such as the posterior pericardial patch of dullness, the tubular breathing below the right mamma and the posterior pericardial patch of tubular breathing.

The treatment of the affection of the lungs and heart is very fully described, and one need not go beyond the directions given to be able to cope in accordance with our most recent ideas with these forms of disease.

The article on arterio-sclerosis is illustrated by some beautiful colored plates as well as wood cuts, and this subject is considered very exhaustively, making one of the most interesting chapters in the book. The articles on aneurism, thrombosis and embolism are also similarly illustrated and exceedingly instructive. A very interesting section is that on diseases of the blood, by Frederick C. Shattuck, M.D., and Richard C. Cabot, M.D. The valuable addition to our means of diagnosis of proper examination of the blood has assumed a somewhat more important place than formerly, although it is stated that a reaction against it has already risen in Germany, on account of the fact that there are only a few diseases in which this method is absolutely necessary to establish a diagnosis; but it undoubtedly gives valuable diagnostic aid in many cases, and helps in distinguishing the stages of some affections, as well as affording information in regard to the degree of severity of some diseases.

The methods of the clinical examination of the blood are then fully described, how to prepare and examine the fresh blood, estimation of the corpuscles and hæmoglobin, the methods of using the hæmocytometer for the counting of red and white corpuscles, the hæmatocrit and hæmatometer, the examination of fixed and stained blood films, etc. A beautiful plate in colors exemplifies the normal varieties of leucocytes in the blood, also that of lymphatic leucæmia; two other plates are to be found illustrating the articles on anæmia and leucæmia.

The final chapters discuss diseases of the kidneys, bladder and prostate gland and the abnormalities of the urine; the latter article

is well illustrated, and gives the methods of chemical analysis and the microscopical examination of the urine. The final article on uræmia is quite up to date, the various theories are fully considered, the urea theory, hydraemia, Frerich's ammonæmia theory, and Feltz and Ritter's potash theory, and the recent work of Bouchard is freely drawn on.

This volume fully maintains the position aimed at by the promoters of this work of becoming a representative system of modern medicine by American authors.

Clouston on Mental Diseases. New edition. Clinical Lectures on Mental Diseases, by Thomas S. Clouston, M.D., F.R.C.P.E., Lecturer on Mental Diseases in the University of Edinburgh. Fourth edition, thoroughly revised. Octavo 736 pages, 15 full page plates, Cloth $4.75, with Folsom's Laws of the United States on the Custody of the Insane ($1.50),—$5.50 for the two works. Lea Brothers & Co., Philadelphia and New York, 1897.

There is no class of diseases in which the general practitioner is as a rule so deficient in as those pertaining to the mind. The great variation in the forms of mental disease, and the fact that all forms are most amenable to treatment if diagnosis is early and the appropriate management applied, render it very necessary that the general practitioner, who usually has the first opportunity of seeing the cases, should be well informed in regard to mental diseases.

This work, while containing sufficient detail for the specialist, is especially prepared to be a guide to the general practitioner, who, as we have hinted, should be able to recognize every variety of mental aberration—usually only a manifestation of some brain degeneration in its first manifestation—in order to fulfil his full duty towards suffering humanity. This work is arranged in a series of lectures, each given as if a patient was present for illustration and carrying out the clinical method of teaching, the most attractive and profitable to the reader. The book contains some eight hundred pages, and the subject is included in twenty lectures. At the beginning of each lecture—which rather embraces the entire subject than what could be given in the time usually given to an ordinary lecture—is a résumé of all that is contained in the section; then follows a detailed description of the form of disease, first the pysiological varieties of the mental state under consideration, then the true psychopathies with all their varieties; the character of the affection and of its different stages; the differential diagnosis, prevalence, prognosis, and finally the treatment.

The opening lecture is one of much interest to the student and practitioner, it points out the method of studying a case clinically, and what points are to be considered in making a diagnosis, such as the temperament, and diathesis, education, heredity, and the organic unity of the body in which one organ is allied with the manifestation of all the others, especially the association of the brain functions and mental conditions with the conditions of the organs generally, then the influence of all conditions associated with the reproductive organ upon mental states. What questions to ask and the mental attitude of the examiner are pointed out.

In regard to classification, Dr. Clouston adopts as the best

now available—although as yet unscientific and incomplete—the symptomatological basis, and includes all the mental diseases under the eight heads of; state of mental depression; state of mental exaltation; state of regularly alternating mental conditions; state of fixed and limited delusions; state of mental enfeeblement; state of mental stupor; state of defective inhibition and the insane diathesis. The clinical classification based on causes and the activities of the body other than mental, and which endeavors to take into consideration the whole natural history of the disease is referred. And he points out that a perfect classification will be based on a pathological basis, which will come in the future when the physiological and pathological conditions of the brain are thoroughly understood.

A very instructive table is given, in which the most important anatomical, physiological, psychological, and pathological characteristics of the brain are considered, and the influence of them on mental conditions.

He finally gives fifteen rules for the clinical examination of a patient, which are worthy of being closely studied and mastered. In the descriptions of the various diseases every variety is illustrated by case reports, the perusal of which makes one familiar with the peculiarities of this class of patient, and impresses lessons upon the reader in such a way as to be lasting.

In regard to treatment, which becomes more intelligible when preceded by a full minute description of the affection and its underlying pathological states and causation as we find here; full details are given in regard to medication, health resorts and their mineral waters, diet and regimen, most favorable environments, mental attitude of attendants, and tact in their management, dangers to be on the alert for, such as suicide, etc., the advisability of asylum or home treatment, nursing required, the use of hypnotics and sedatives or stimulants, baths, etc.

Lecture nineteen is one of great interest on the medico-legal and medico-social duties of medical men in relation to mental diseases, it gives suggestions in regard to cases which he should advise treated at home, the degree of control considered necessary, and their responsibility in regard to business transactions, the signing of medical certificates, what to observe in order to arrive at a conclusion and how to describe his condition; the responsibility of a patient in regard to crime, and his responsibility in regard to making a will, making contracts, marriage, etc., how to detect feigned insanity, how to advise in regard to eligibility for marriage, the education of children with neurotic tendencies, etc.

A summary of the general treatment and management of insanity looked at as a whole is given in the twentieth lecture. At the end is a collection of colored and other plates illustrative of various portions of the text.

This book is one of the most complete and authoritative of its kind published, and should be on the shelf of every general practitioner, not only for occasional reference, but to be carefully studied more especially by practitioners who have not had the advantage of a course at college; and for the student no better text book could be recommended.

Clinical Lessons on Nervous Diseases. By S. Weir Mitchell, M.D., LL.D. Edin. Member of the National Academy of Sciences; Honorary Fellow of the Royal Medico-Chirurgical Society of London. Handsome 12mo., 299 pages, with illustrations and two colored plates. Cloth, $2.50. Lea Brothers & Co., Publishers. Philadelphia and New York, 1897.

The author of this volume is one of the most celebrated of the workers in neurology in the United States, where so much good work has been done in regard to this class of diseases.

There are eighteen chapters in this neatly bound book of two hundred and ninety pages, each considering some interesting variety of nervous disease, or combination of diseases. The method of treatment in these articles is in the form of a clinical lecture. In the first article on hysteria, psychic anæsthesia for touch, psychic anosmia, psychic blindness, the report of the case is first given in detail, in regard to personal and family history; and the *status praesens* is then carefully investigated one point after another, according to the method of neurologists, then the case is summed up, and its particuliar character pointed out, and inferences drawn.

In this way each subject is treated, illustrated often with several cases. Among the most interesting chapters are those on some disorders of sleep, choreoid movements in an adult male, motor ataxia in a child of three years, the treatment of sciatica, erythrometalgia, pseudocyesis, and hysterical contractures. The cases are chosen from among the more interesting of the cases in his special hospital, and are each typical of the class it represents. These lessons are of equal interest to the specialist and general practitioner. The latter in the perusal of the cases becomes initiated into the methods adopted by this well-known teacher in studying and examining this class of cases. It is an exceedingly interesting and instructive book, and well worthy of a place in every physician's library.

A Handbook of Medical Climatology. Embodying its Principles and Therapeutic Application, with Scientific Data of the Chief Health Resorts of the World. By S. Edwin Solly, M.D., M.R.C.S., late President of the American Climatological Association. In one octavo volume of 470 pages, with engravings and colored plates. Cloth, $4.00. Lea Brothers & Co., Publishers, Philadelphia and New York, 1897.

Other than brief references to the subject in text-books on the practice of medicine and articles in medical journals, the practitioner has had no authentic source where full information could be obtained in regard to climate and the circumstances and conditions which justified him in sending any given case away from home for the change in his climatic conditions, which would prove of benefit. Hence, a special work on this subject, by one who has spent a lifetime in making observations, and collating facts from every available source, is one to be welcomed by the profession. The author believes that it is possible to prescribe a climate with as much precision as a drug, and with far greater effect in appropriate cases.

At the present time, when physicians depend less on the action of drugs than on the skillful management of their cases on general

principles, and where dependence is placed rather on dieting, exercise, rational hygienic care, and nature's remedies of heat, cold, light, water and electricity, a knowledge of what can be accomplished by change of air, and its allied accompaniments, is particularly desirable.

Although the work is published in the United States, and the result of the labor of one of its citizens, it treats of the climates of the world. And Canadians can judge of the extent of the work done in Canada, and therefore what is still undone when we find here some six pages in a book of four hundred and seventy devoted to this country, and purporting to be about all that is definitely known in regard to a country which nearly equals in extent the whole of Europe, and within whose boundaries the possibilities from a health resort point of view are varied, and likely to assume great importance in certain classes of abnormal conditions, when their merits are more closely investigated. The publication of a work of this kind will undoubtedly stimulate workers in various parts of the country, and point out how to make observations which will be of use in giving definite information in regard to the virtues of our temperate, bracing climate. As yet in this presentation little but mention is made of the possibilities of the Rocky and Laurentian ranges of mountains, the Muskoka Lake district, Caledonia Springs, the Ste. Agathe district, St. Leon Springs, Dalhousie, N.B., and the region of the great lakes.

The subject matter is divided into three sections. In the first the principles of medical climatology are dealt with, and its relations to general climatology defined. Climate is made up of six elements —earth, air, water, sunlight, temperature and electricity, acting upon each other, producing modifications in various proportions. Medical climatology is compared to a pyramid made up of nine parts. The base, or climatics, includes portions of meteorology, geography, geology, botany and zoology; then physiology, the general and particular influences of climate upon the human organism; then ethnology, or the distinction of race; geographical pathology or the distribution of disease; classification of climates, general climatotherapy; individual climatotherapy; study of special climates and regions, and finally the individual case and its appropriate climate. These subjects are taken up seriatum, making a section of exceedingly interesting and instructive reading.

In the second section is discussed the ailments to which climatic treatment is applicable, and the way and how climatic meteorological factors influence them, each group of diseases being considered in turn. In this respect phthisis receives a large consideration, and what is said of it is applicable to other diseases.

The idea the author endeavors to convey is that there is no particular climate to be recommended for particular diseases, but the different sections of the book are to be studied together, and a climate chosen for an invalid, upon rational grounds, employing scientific data as a guide rather than the empirical, and in this way putting medical climatology abreast of the other branches of scientific medicine.

The third section takes up about two-thirds of the book, and describes the various health resorts of the world, and especially of America. The author states that one can estimate approximately

the general meteorology of a place where no reliable data is obtainable, by taking into consideration the elevation, latitude, distance from the ocean, proximity of large bodies of water or mountains, aspect, configuration, and the nature of the soil and vegetation. Humidity is the most important factor. Weather, which consists of the individual atmospheric conditions from day to day, is different from climate, which refers to the average values of the current weather conditions with their ranges in a given locality in connection with the above mentioned points to be observed, and points out that the latter as a whole may be beneficial, even where the weather is unpleasant and may be adverse if precautions are not taken. The work abounds in illustrative maps colored, and many showing the mountains in relief, while numerous meteorological tables, analyses of mineral waters, and numerical notes, attest to the vast amount of labor expended by the author in bringing the work to its present complete and comprehensive state.

This interesting, useful, and unique work should be in the possession of every practising physician.

Transactions of the New York Academy of Medicine.

Instituted 1847. Second series, Vol. XI, for 1894. John S. Brownne, Librarian, 17 West 43rd street, New York.

The volume covers nearly seven hundred pages. There is a list of the officers of the Academy, the committee and officers of sections, and a list of all the presidents of the Academy from its organization, and at the end a list of all the items of scientific work done and papers read in the sections.

The following papers appear in this volume:

Observations upon Abdominal Surgery in Relation to the General Practitioner, by A. Vanderveer, M.D.; Observations on Excessive Intestinal Putrefaction, by C. A. Herter, M.D., and E. E. Smith, Ph.D.; the Prevention of Disease, by W. W. Potter, M.D.; Scorbutus in Infants, by W. P. Northrup, M.D.; Scorbutic Pseudo-Paralysis, by H. L. Taylor, M.D.; Remarks on Scorbutus in Infancy, by L. Starr, M.D.; Pott's Disease of the Spine, by A. M. Phelps, M.D.; Greek as the International Language of Physicians and Scholars in general, by A. Rose, M.D.; Some Recent Measures in the Treatment of Epilepsy, with special reference to the use of Opium, by J. Collins, M.D.; Appendicitis, strictly a Surgical Lesion, by J. A. Wyeth, M.D.; Persistent Albuminuria and Glycosuria, with frequent Hyaline Casts, in Functional Nervous Diseases, by L. C. Gray, M.D.; a Nomenclature for the Different Classes of Infectious Diseases, by W. H. Thomson, M.D.; the Nature and Management of Functional Gastric Disorders, by C. G. Stockton, M.D.; Clinical Observations on Erosions of the Stomach and their Treatment, by M. Einhorn, M.D.; Ten Years' Experience with Alexander's Operation for Shortening the Round Ligaments of the Uterus, Sixty-five Operations, by P. F. Mundé, M.D.; Climate and Health, by C. F. Taylor, M.D.; Defective Vision in its Relation to Crime, by F. Van Fleet, M.D.; The Pathology and Treatment of Intralobular Occlusion Jaundice, by W. H. Porter, M.D.; The Treatment of Inoperable Malignant Tumors with the Toxins of Erysipelas and Bacillus Prodigiosus, by W. B. Coley, M.D.; Anniversary Discourse—on the New Use of some Older Sciences, by

C. L. Dana, M.D. ; the Treatment of Diphtheria, including Serum Therapy, by H. W. Berg, M.D. ; The Influence of the Bicycle in Health and in Disease, by G. M. Hammond, M.D. ; The Wesley M. Carpenter Lecture—Import and Facts relative to Malignant Disease, by J. D. Bryant, M.D. ; Scientific Work in the Sections of the Academy.

Schafer's Course of Practical Histology, by Edward Albert Schafer, LL.D., F.R.S., Jodrell Professor of Physiology in University College, London. Second edition, 12mo, 307 pages, 59 engravings ; cloth, $2.25. Philadelphia & New York Lea Brothers & Co., 1897.

To know that Professor Edward Albert Schafer is the author of any work is in itself a guarantee of its worthiness for world-wide distribution, and in this book we have this fact further borne out. The same author's "Essentials of Histology," now in its fourth edition, is one of the most largely used text-books on this continent, and all those who have read it must have been struck by the pleasant and interesting manner in which he disclosed the secrets of the histologist. The same style flows through the text of this "Course of Practical Histology."

The aim throughout has been to assist the student in carrying on histological investigation independently of the constant presence of a teacher. Of course, all the methods of treating the tissues for histological purposes could not be embraced in a volume of this size, but the author has taken care to select the more general methods upon which, in his experience, complete reliance can be placed.

He begins with a chapter on the instruments used in histology, in which the microscope itself receives sufficiently clear but terse treatment, without explanations of its optical construction being entered upon. The methods of preparing specimens for the microtome are shown, and the methods of using the different kinds of microtomes are demonstrated. The art of microphotography is touched upon, and two full-page illustrations of microphotographic apparatuses are given. A chapter is devoted to each of the different tissues and organs, and in each chapter all the more common and useful methods of hardening, sectioning and staining, are given, besides other peculiar forms of treatment which certain special tissues receive.

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SANMETTO IN GONORRHŒAL INFLAMMATION AND EMACIATION.

I have used Sanmetto in a number of cases of gonorrhœal inflammation, and find it all that could be desired. I also consider it as a good constitutional treatment where there is an emaciated condition of the system superinduced by venereal disease.

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SANMETTO IN POST GONORRHŒAL GLEET.

Dr. Percy Nowell, L.R.C.P.I., L.M., L.R.C.S.I., Mem. Brit. Med. Assoc. Crowborough, Sussex, England, writing, says: I had a very obstinate case of gleet (post-gonorrhœal) under my care—which did not show any sign of going, and was beginning to worry my patient. I had tried every remedy suggested in different works on surgery and therapeutics, but the wretched thing persisted. I put the patient on Sanmetto, a dose three times daily. In a week the thing was practically cured. I shall always stock Sanmetto in my surgery."

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The ideal remedy must not only do its work but it must also do it quickly. Touching this point is an article in the *Boston Medical and Surgical Reporter*, by Hugh Engel, A. M.,M. D. The author says:

"Antikamnia has become a favorite with many members of the profession. It is very reliable in all kinds of pain, and as quickly acting as a hypodermic injection or morphia. It is used only internally. To stop pain one five-grain tablet (crushed) is administered at once; ten minutes later the same dose is repeated, and, if necessary, a third dose given ten minutes after the second. In 90 per cent. of all cases it immediately stops the pain."

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