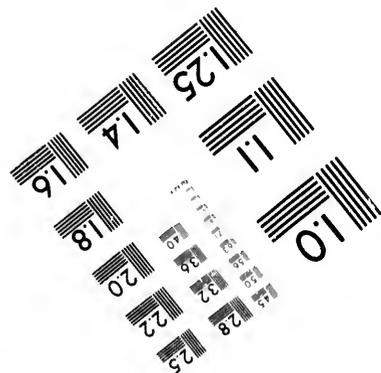
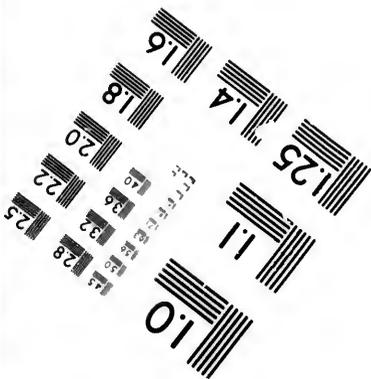
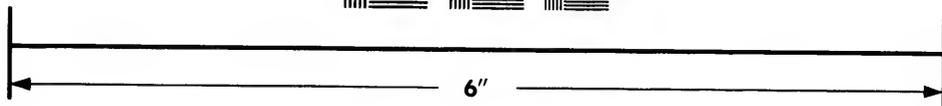
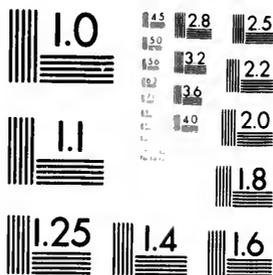


**IMAGE EVALUATION  
TEST TARGET (MT-3)**



**Photographic  
Sciences  
Corporation**

23 WEST MAIN STREET  
WEBSTER, N.Y. 14580  
(716) 872-4503

23 28  
32 25  
22  
20  
9

**CIHM/ICMH  
Microfiche  
Series.**

**CIHM/ICMH  
Collection de  
microfiches.**

10



Canadian Institute for Historical Microreproductions

Institut canadien de microreproductions historiques

**1980**

Technical and Bibliographic Notes/Notes techniques et bibliographiques

The Institute has attempted to obtain the best original copy available for filming. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of filming, are checked below.

L'Institut a microfilmé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de filmage sont indiqués ci-dessous.

- |  |  |
|--|--|
| <input type="checkbox"/> Coloured covers/<br>Couverture de couleur   | <input type="checkbox"/> Coloured pages/<br>Pages de couleur   |
| <input type="checkbox"/> Covers damaged/<br>Couverture endommagée  | <input type="checkbox"/> Pages damaged/<br>Pages endommagées   |
| <input type="checkbox"/> Covers restored and/or laminated/<br>Couverture restaurée et/ou pelliculée  | <input type="checkbox"/> Pages restored and/or laminated/<br>Pages restaurées et/ou pelliculées  |
| <input type="checkbox"/> Cover title missing/<br>Le titre de couverture manque   | <input checked="" type="checkbox"/> Pages discoloured, stained or foxed/<br>Pages décolorées, tachetées ou piquées   |
| <input type="checkbox"/> Coloured maps/<br>Cartes géographiques en couleur   | <input type="checkbox"/> Pages detached/<br>Pages détachées  |
| <input type="checkbox"/> Coloured ink (i.e. other than blue or black)/<br>Encre de couleur (i.e. autre que bleue ou noire)   | <input type="checkbox"/> Showthrough/<br>Transparence  |
| <input type="checkbox"/> Coloured plates and/or illustrations/<br>Planches et/ou illustrations en couleur  | <input type="checkbox"/> Quality of print varies/<br>Qualité inégale de l'impression   |
| <input type="checkbox"/> Bound with other material/<br>Relié avec d'autres documents   | <input type="checkbox"/> Includes supplementary material/<br>Comprend du matériel supplémentaire   |
| <input type="checkbox"/> Tight binding may cause shadows or distortion<br>along interior margin/<br>La reliure serrée peut causer de l'ombre ou de la<br>distortion le long de la marge intérieure   | <input type="checkbox"/> Only edition available/<br>Seule édition disponible   |
| <input type="checkbox"/> Blank leaves added during restoration may<br>appear within the text. Whenever possible, these<br>have been omitted from filming/<br>Il se peut que certaines pages blanches ajoutées<br>lors d'une restauration apparaissent dans le texte,<br>mais, lorsque cela était possible, ces pages n'ont<br>pas été filmées. | <input type="checkbox"/> Pages wholly or partially obscured by errata<br>slips, tissues, etc., have been refilmed to<br>ensure the best possible image/<br>Les pages totalement ou partiellement<br>obscurcies par un feuillet d'errata, une pelure,<br>etc., ont été filmées à nouveau de façon à<br>obtenir la meilleure image possible. |
| <input type="checkbox"/> Additional comments:/<br>Commentaires supplémentaires:  |  |

This item is filmed at the reduction ratio checked below/  
Ce document est filmé au taux de réduction indiqué ci-dessous.

|     |     |     |     |     |     |     |     |     |     |     |     |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 10X | 12X | 14X | 16X | 18X | 20X | 22X | 24X | 26X | 28X | 30X | 32X |
|     |     |     | ✓   |     |     |     |     |     |     |     |     |

The copy filmed here has been reproduced thanks to the generosity of:

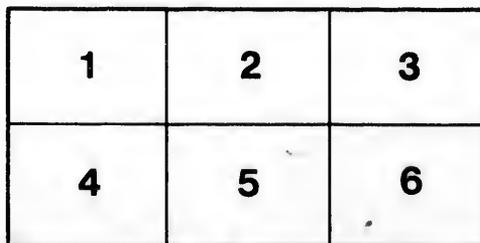
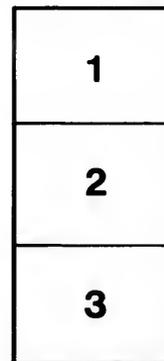
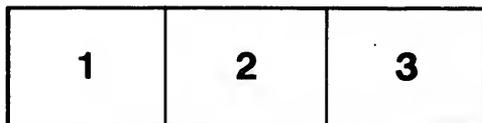
Library of the Public  
Archives of Canada

The images appearing here are the best quality possible considering the condition and legibility of the original copy and in keeping with the filming contract specifications.

Original copies in printed paper covers are filmed beginning with the front cover and ending on the last page with a printed or illustrated impression, or the back cover when appropriate. All other original copies are filmed beginning on the first page with a printed or illustrated impression, and ending on the last page with a printed or illustrated impression.

The last recorded frame on each microfiche shall contain the symbol → (meaning "CONTINUED"), or the symbol ∇ (meaning "END"), whichever applies.

Maps, plates, charts, etc., may be filmed at different reduction ratios. Those too large to be entirely included in one exposure are filmed beginning in the upper left hand corner, left to right and top to bottom, as many frames as required. The following diagrams illustrate the method:



L'exemplaire filmé fut reproduit grâce à la générosité de:

La bibliothèque des Archives  
publiques du Canada

Les images suivantes ont été reproduites avec le plus grand soin, compte tenu de la condition et de la netteté de l'exemplaire filmé, et en conformité avec les conditions du contrat de filmage.

Les exemplaires originaux dont la couverture en papier est imprimée sont filmés en commençant par le premier plat et en terminant soit par la dernière page qui comporte une empreinte d'impression ou d'illustration, soit par le second plat, selon le cas. Tous les autres exemplaires originaux sont filmés en commençant par la première page qui comporte une empreinte d'impression ou d'illustration et en terminant par la dernière page qui comporte une telle empreinte.

Un des symboles suivants apparaîtra sur la dernière image de chaque microfiche, selon le cas: le symbole → signifie "À SUIVRE", le symbole ∇ signifie "FIN".

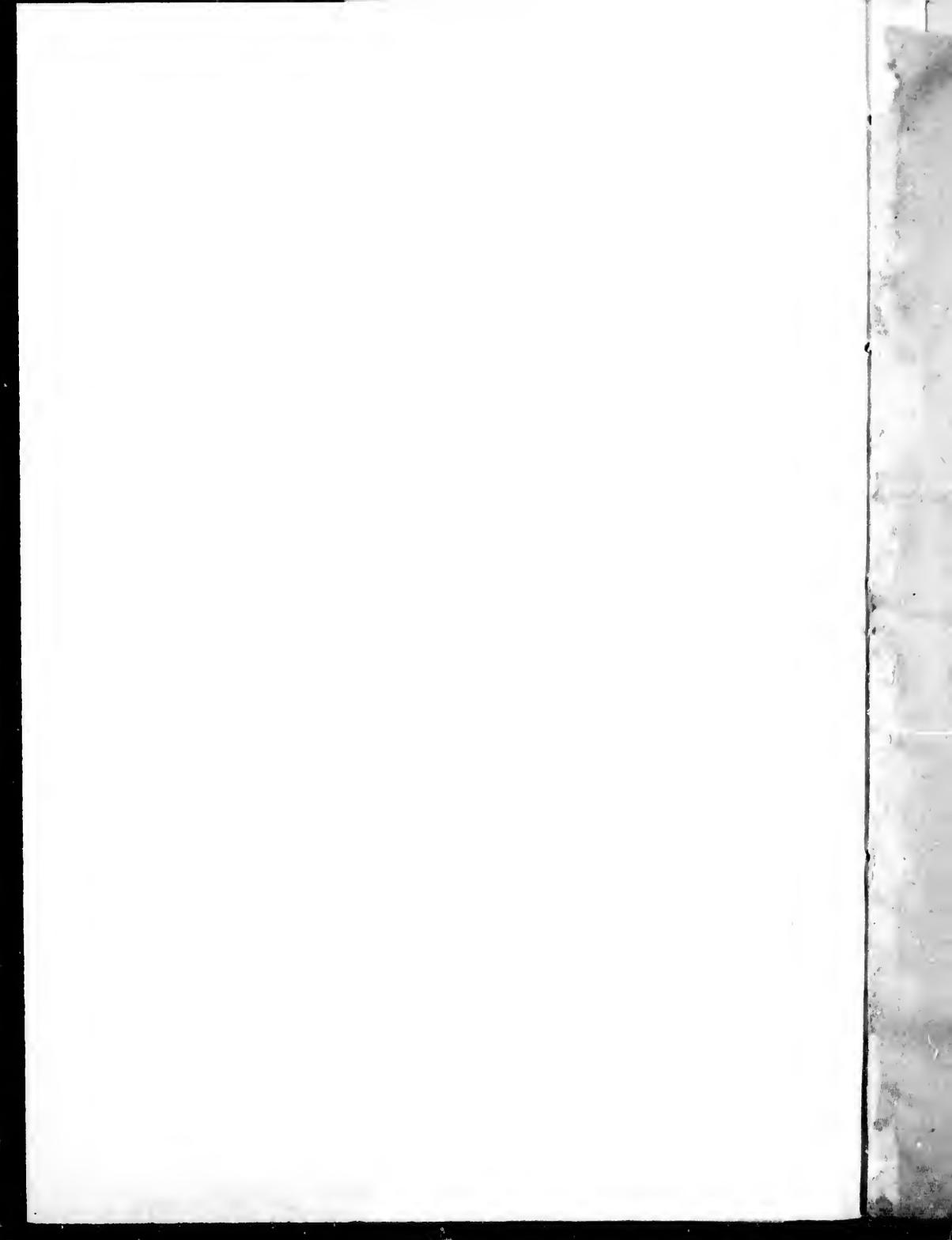
Les cartes, planches, tableaux, etc., peuvent être filmés à des taux de réduction différents. Lorsque le document est trop grand pour être reproduit en un seul cliché, il est filmé à partir de l'angle supérieur gauche, de gauche à droite, et de haut en bas, en prenant le nombre d'images nécessaire. Les diagrammes suivants illustrent la méthode.

ails  
du  
modifier  
une  
nage

rrata  
o

pelure,  
n à

32X



ADDRESS

DELIVERED BEFORE THE

CANADA MEDICAL  
ASSOCIATION,

AT ST. JOHN, NEW BRUNSWICK,

August 6th, 1873.

BY

J. A. GRANT, M.D., M.P.,

PRESIDENT.

---

1873

(3)

B2349

# A D D R E S S .

---

GENTLEMEN OF THE CANADA MEDICAL ASSOCIATION:

Exactly six years have elapsed since the first organization of this Association. Our meetings up to the present have been in the Provinces of Quebec and Ontario, but on no previous occasion have we assembled under more auspicious circumstances, welcomed as we are to so favourable a position as the City of St. John, the chief commercial centre of the Province of New Brunswick. From the wide spread character of our New Dominion, we could not expect the presence of many from the distant parts at these meetings; still, on every occasion, this Province, as well as Nova Scotia, was ably represented, and it is a recognized fact, that to the activity, energy and ability of the gentlemen from the Maritime Provinces, who previously filled the Presidential chair, this Association owes in a great measure its present degree of usefulness. Thus we observe that in medical science, as well as in diplomatic affairs, these Provinces have taken no small part in the prosperity of the whole Dominion.

It was with no assumed feelings of humility that I expressed at our previous meeting, at Montreal, my lively sense of the responsibility of the duties that devolved

upon me, performed with such marked distinction by my worthy predecessors. I trust that my efforts, however inadequate, will not flag in the accomplishment of what is right and best for that *noble profession* in which we should be, in the strict sense in the inspired words, "members one of another." We have a common estate in the science of medicine. We have a good work before us, and we do well to acknowledge our unity, and activity, in promoting, by these annual meetings, a oneness of feeling in the profession of the Dominion, and the advocacy of medical science in its most progressive form; side by side with the high-toned and intellectual members of the American Medical Association, alike interested in the advancement of medical science on this continent. Relying on the spirit which prompted you to confer on me the highest honour within the gift of the medical profession of this Dominion, I shall endeavour to discharge the duty as your presiding officer, in this position of trust and responsibility. Knowing, as I do, the great value of time in our short sessions, and how much work is expected to be accomplished, I shall confine my remarks more especially to the appropriate subjects of the occasion. At our previous meetings much time was occupied in the discussion of a Dominion Medical Act, an able draft of which was presented by Dr. R. P. HOWARD of Montreal. After a lengthy debate, the conclusion arrived at was that this measure should rest *pro tem*. That the Medical Profession of the Dominion should be united by an Act in the Commons, is a point warmly and zealously advocated by

many of the ablest members of our profession. By the Confederation Act, unfortunately all matters pertaining to education, as well as to public health, do not come within the jurisdiction of the Dominion Government, and consequently are strictly matters of local legislation. It is much to be regretted : still, by the consent of the Local Governments, much may yet be accomplished, towards bringing about those radical changes, so necessary in order to simplify, in the widest and most comprehensive sense, subjects both educational and sanitary.

In the Province of Ontario, for the first time in this country, the three bodies—Allopathic, Eclectic and Homœopathic—sat in one council and deliberated upon medical affairs. This union was considered somewhat unique, by many staunch old conservatives in the profession. However, when the fact became known that during those nine years, not a single homœopathist or eclectic passed as such in Ontario, the reason of the union can readily be comprehended. An uniform standard of medical education was established, written and oral examinations demanded from each student, and being compulsory, was the means of directing in the proper channel many who might otherwise have found an easier entrance into the medical profession. Recently the Chief of the Homœopathic body has seen fit to withdraw from the Council of Ontario, and we anticipate that extra medical legislation may arise, in order to gratify those who consider their professional claims, somewhat ignored. I merely mention the facts, in order that the profession in these provinces may apprehend the nature of that

union so heterogeneous and characteristic. The great aim and object of this Association is to cultivate and advance medical knowledge; to elevate the standard of medical education; to promote the best interests of the profession, and to direct public opinion, as to the duties and requirements of medical men; to encourage a fraternity of feeling in the profession in the most comprehensive sense. With these objects in view, on the present occasion three Addresses will be delivered; one in Surgery, by Dr. HINGSTON, of Montreal; one in Medicine, by Professor HOWARD, of McGill University; and one in Obstetrics, by Dr. BAYARD, of St. John. In addition, a Gold Medal is offered for the best Essay on Zymotic diseases. We anticipate a lively discussion on many points of interest, which will doubtless arise out of those papers. We look forward to a greater degree of activity in future in the Association, as general medical topics will occupy the deliberations of all interested in work, such as must tend to advance the best interests of our profession in this country.

The subject of medical education is a topic which at every meeting of this Association, has received well-merited consideration. Although somewhat worn, it is of such vital importance that it cannot be too frequently discussed, more especially when we observe the present manifest disposition of the rising generation to rush through a course of collegiate study, and enter into the practice of the medical profession, devoid of that literary training, so requisite in order to develop those powers

of thought and observation so necessary, particularly when matters of life and death are concerned.

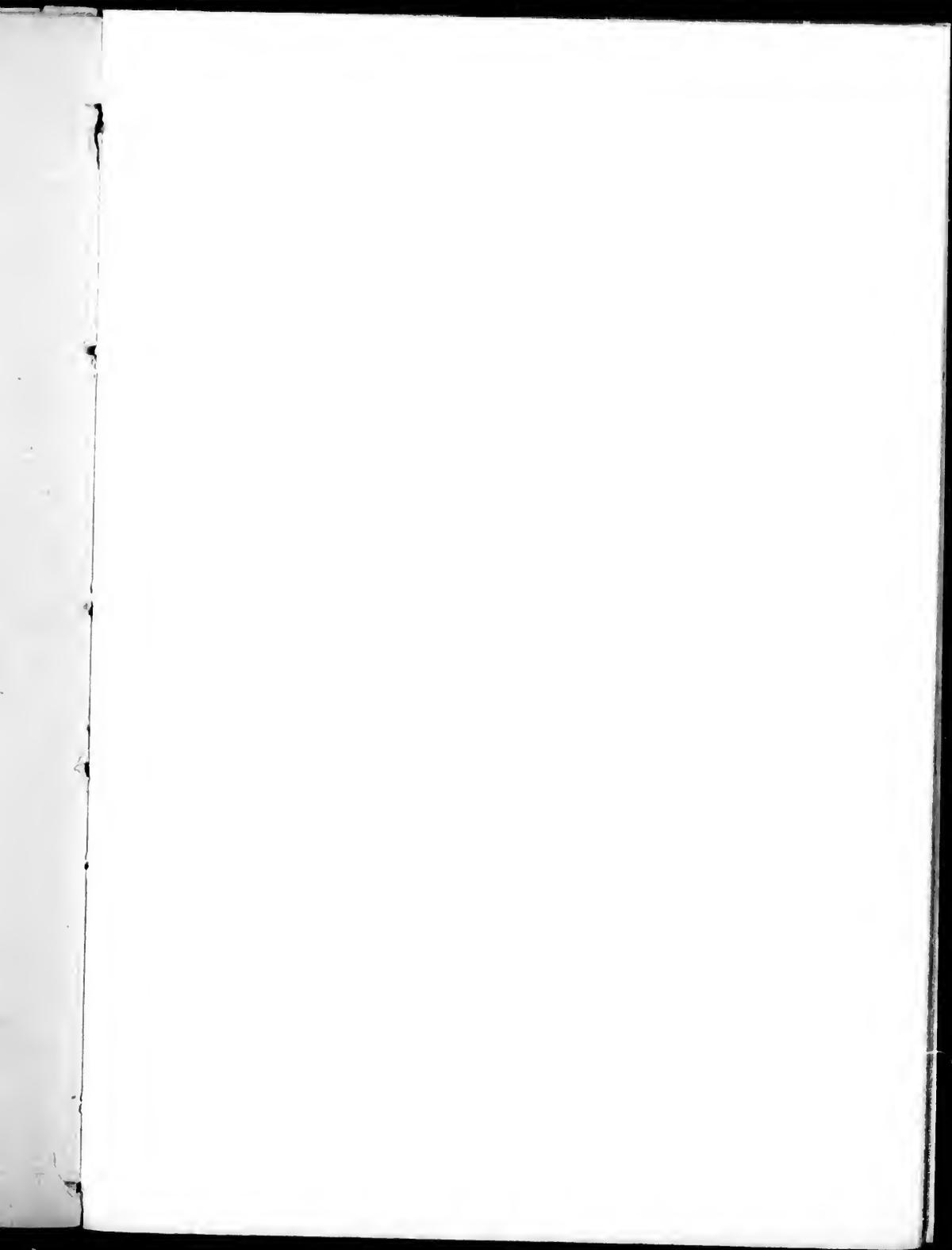
“ A profession that does not equal the age of its educational machinery, that is unable or unwilling to represent its modes of thought, and its forward tendencies in its demands from those who seek admission into its ranks, ceases to be a profession, because it loses its claims to a scientific character.”

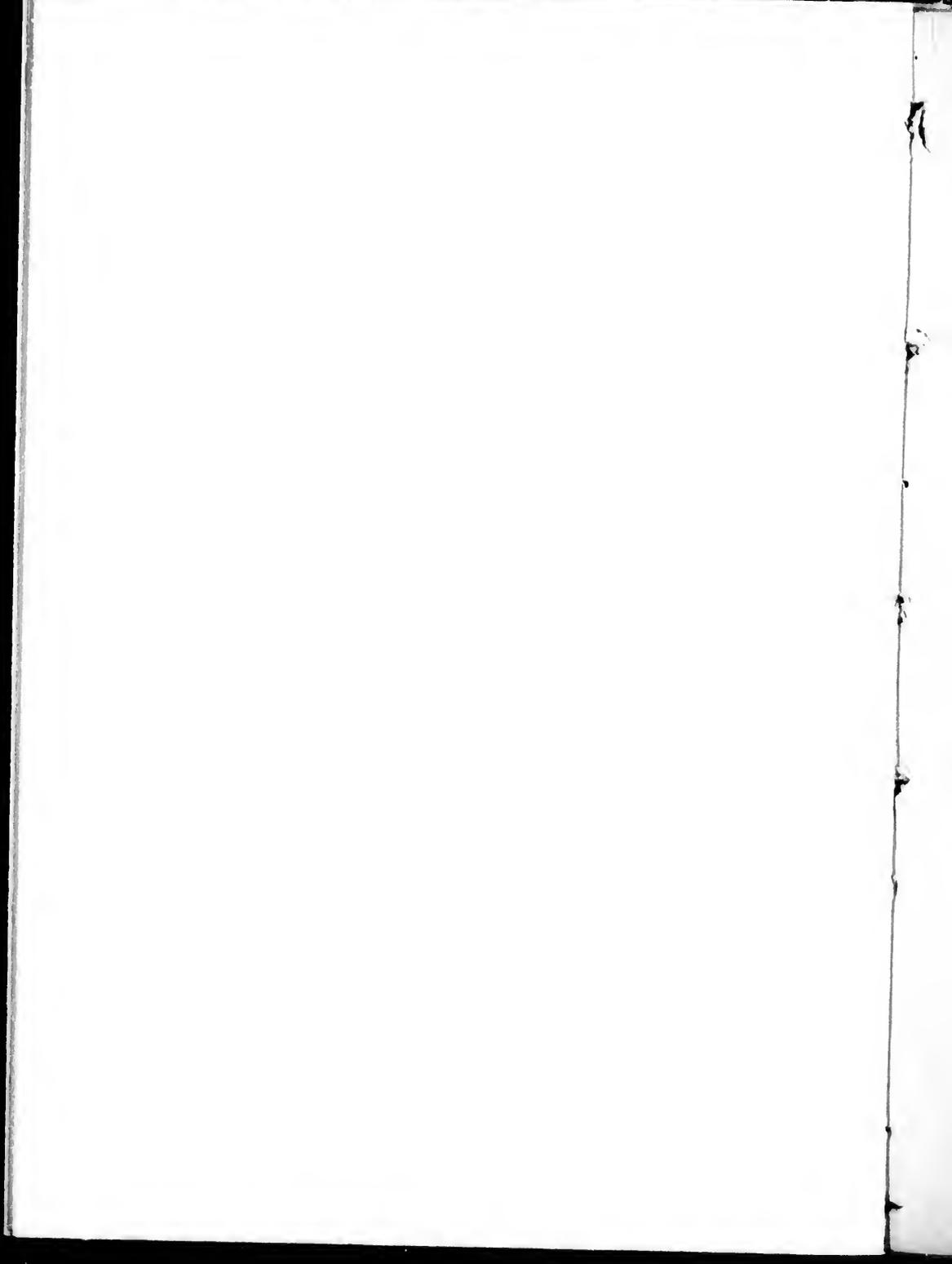
Great changes are yearly taking place in the progress of human thought and human industry, and in each department of science, only those methods are recognized, which rest on an educational basis. A defective preliminary education, is the first and undoubtedly the great error in the present system of medical education. There should be one standard of preliminary education exacted in all the Provinces, from those who desire to enter the medical profession. A greater degree of uniformity now exists, than prior to our discussions on this subject. So long as there is a diversity of interest in matters educational, difficulty will attend the bringing about of that uniformity which would be arrived at by a Dominion Medical Act. Important changes are usually slow in their development, yet we look forward to the time when we shall have one chief educational centre, so guiding and directing the medical profession of this entire Dominion, as to build up an enlightened opinion, such as the members of this Association have at heart. While recognizing the progress of medical education in each Province, and the marked ability of those active in imparting a sound medical training, we must await the

spontaneous action of all, alike interested, to extend the principles of confederation we now enjoy, so as to unite us as a profession, strengthen our position as a body, and thus increase our sphere of usefulness.

There is a point to which I would now desire to call the attention of this Association, viz., the advisability of having thoroughly trained female nurses. In private as well as hospital practice we constantly experience a great want in this respect. In each of the large cities having extensive hospital accommodation, some system might be inaugurated by which those desirous of becoming skilled nurses might avail themselves of the facilities offered, and in course of time, supply a deficiency now generally felt in the practice of the profession. Such skilled nurses to obtain certificates of qualification and fitness for the position of honour and trust. Every town and city in the Dominion would gladly encourage the employment of such talent, and in that sphere woman would occupy her true position, as the administerer of the prescribed medicines, capable as she is of those soothing, delicate and kindly attentions, so necessary at the sick bedside, and so cheering and gratifying to the patient. Miss NIGHTINGALE has thus fully expressed her ideas:

“I think the Anglo-Saxon would be very sorry to turn woman out of his own house, or out of civil hospitals, hotels, institutions of all kinds, and substitute men-housekeepers and men-matrons. The contrast between even naval hospitals, where there are female nurses, and military hospitals, where there are none, is most striking in point of order and cleanliness.”





In points of sanitary domestic economy, woman carries off the palm, and, by her tidiness and cleanliness, establishes a degree of order seldom seen without her. The cheering look, the tender hand, the watchful eye, and the innate powers of observation, are such, that many little necessities for the sick patient are carefully thought of, that might escape the sterner powers of the skilled and educated physician.

The Sisters of Charity, who officiate as nurses in the Catholic hospitals of the Dominion, have, by their skill, dexterity and general neatness, earned a well-deserved reputation. Why should not the Protestant Institutions of Canada have a sisterhood alike charitable and philanthropic?

The subject of medical evidence in courts of law is one possessing no ordinary degree of interest. The value of such evidence in questions involving the causes of death, by unknown means, has been long recognized as having attained, with the various achievements of science, a remarkable degree of accuracy.

The position of the scientific expert is one of great importance. His deductions are based on a SOUND KNOWLEDGE of human structure; of the laws which regulate the organic functions; of the chemical laboratory in the system, possessing an action and reaction peculiarly its own; and of the disturbing forces, which induce death, under extraordinary circumstances. The courts of law at home and abroad consider such testimony of great value, and upon it frequently hinge matters of life or death. In carrying out such investigations both a tho-

roughly scientific knowledge and a perfectly disinterested mind are necessary. The great aim and object in view is to bring to the surface the principles of truth and honour, no matter how trying the attendant circumstances. Medical men should bear in remembrance the responsible and dignified position they are called upon to fill in medical enquiry. It is not upholding the status of our profession to find its members become partisans in courts of law. Cases of malpractice are not fortunately of frequent occurrence and when such do arise the professional man should never be found occupying an unenviable position, as the instigator of enquiry for purely selfish and personal motives. The whole profession suffers by disregard to ordinary professional courtesy. In courts of law our opinions wield a recognized power and influence, and it is gratifying to observe that in the various medical schools, the subject of medical jurisprudence is receiving well deserved consideration. Through the various medical Societies any professional irregularities in the law courts should be reported and, by this Association a power exercised, that would be productive of the most beneficial results. Regularities as well as irregularities should be noted by those interested in the welfare of the medical profession. In Canada we are yearly enlarging and increasing our medical periodicals, which give evidence of improvement by the abundance, variety and general excellence of the various contributions and selections. How is our Canadian Medical literature to be supported? This is a question which must strike forcibly the most ordinary observer. In

the larger cities as well as the rural districts there are those who from their position, experience and knowledge of matters medical, could do much towards building up in this country such an expression of opinion as would tend materially to strengthen and consolidate the very best interests of our profession. It is generally acknowledged that there are more medical journals than receive remunerative support, and that much labour, zeal and self-sacrifice are necessary on the part of both editors and publishers in order to promote the vitality of this form of medical literature. Such efforts are worthy of the highest commendation, for by means of local medical journals, many facts are brought to light, which otherwise might have passed, unrecorded. In Canada, as in Great Britain, hospital reports, are yearly acquiring a greater degree of importance, and our medical students are being stimulated thus towards the cultivation of one of the most necessary branches of study, viz., to observe rightly and report intelligently. The country as well as the city practitioner should contribute regularly to our journals. The city with its extensive hospitals, large libraries, well-organized medical societies, has very great advantages; and yet it has been remarked by an able writer in favour of the country medical man, that "*original thought is usually best cultivated in comparative solitude.*" A high degree of excellence in medical journalism can scarcely be expected in so new a field of enquiry, and considering the efforts put forth to fan into vitality such able journals as the *London Lancet* and *London Medical Times and Gazette*, *Edinburgh Medical Journal*, and others of like

celebrity, we should not be discouraged. In the recording of medical facts, it is prudent and right that such should be communicated plainly, avoiding, as far as possible, newly-coined words and obtruse phraseology, which in no way whatever will be acceptable to the plain, *common sense* practitioner. It is common sense which is most required at the sick bedside; it is this sense after all which achieves the greatest degree of success, educated, enlightened, and elaborated through the various scientific achievements and astounding discoveries, of this age of progress. Every physician in regular practice in city and country, should not only take one or more medical journals, but contribute as well. A large and lucrative practice, a high and influential position, are not alone sufficient to perpetuate a worthy name and reputation. These are perishable and will die out, when well-timed and well recorded facts, will last and establish true and genuine worth. ZIMMERMAN remarked "*that the greatest medical writers of any age were the best physicians.*" Those who communicate their views should rather be encouraged than decried. It is quite unnecessary to urge upon those who read the best medical journals, the importance of such publications. It is high time that those who fancy they can learn nothing from medical journals, should retire and leave the field to those more willing in every respect to keep pace with the progress of medical science in its various departments. Let us then as an Association encourage and uphold our journals and contribute in every possible way, towards building up and sustaining so worthy and so requisite a branch of literature.

In conclusion, I would merely advert briefly to the subject of Sanitary Science, identified as it is with national progress, and surrounded at present with more than an ordinary degree of interest. We are daily in possession of telegraphic news as to the prevalence in the Southern States of a much dreaded disease. Under such circumstances, I cannot permit this opportunity to pass without calling upon all interested to bring about, in every possible way, such sanitary measures as will tend to lessen the spread of cholera, should we be so unfortunate as to have a visitation of that disease. In the absence of danger, sanitary measures are frequently lost sight of, and even a moderate expenditure is a sufficient cause for the delay observed in carrying into operation the necessary precautions. While there is no occasion for alarm, there is a necessity for action on the part of health authorities. Mr. SIMON, the Medical Officer of the Privy Council of England, says:

“The dangers which particularly have to be guarded against, as favouring the spread of cholera contagion, are particularly two: first, and above all, there is danger of water supplies, which are in any degree tainted by house refuse or other like kinds of filth, as where there is overflow, leakage, or filtration, from sewers, house drains, cesspools, foul ditches, or the like, into streams, springs, wells or reservoirs, from which the supply of water is drawn, or into the soil of which the wells are situate,—a danger which may exist on a small scale at the pump of a private house, or on a large scale, in the source of supply of public waterworks;

and, secondly, there is the danger of breathing air which is foul with effluvia from the same sorts of impurity."

Filth percolating into well water is a very fertile source of disease. The report of Dr. BALLARD, of Islington, concerning the propagation of enteric fever, by milk polluted with enteric fever poison, through leakage into the well which supplied the cattle with water, is conclusive evidence as to the occasional origin of so trying a disease.

The subject of sanitary legislation is one of vast importance inasmuch as by preventable diseases, thousands of lives are lost which might be saved annually. We require fresh air, pure water and clean food; this brought about, even in a moderate degree, would confer an inestimable blessing on society at large. So strongly impressed are the members of the American Medical Association, on this subject, that at their last meeting, at St. Louis, in June, a strong resolution was passed recommending the establishment of a "National Sanitary Bureau," with relation to the general Government at Washington, similar to the Bureau of Agriculture. It is quite evident, considerable new life must be thrown into this subject, and should sanitary regulations be thoroughly and systematically carried out, by skilled operatives, the advantage which would accrue to this Dominion would be beyond computation. An enlightened opinion would thus be built up, through the exercise of which, we might possibly effect such sanitary changes, as would be most conducive to the best interests of the general public.

Gentlemen of the Canada Medical Association,—We have assembled here for very important purposes, the eyes of the community at large are upon us; watching, cheering and guiding us along, in the performance of duty. At best we have only a few short years before us, and in the multiplicity and diversity of work, a single life can accomplish but little. Let that little be well done, keeping steadily before us the remarkable and striking aphorism of Hippocrates, which has been paraphrased by one of our greatest lyrics:—

“Art is long and time is fleeting;  
And our hearts, though stout and brave,  
Still like muffled drums are beating  
Funeral marches to the grave.”

---

