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CANADA

# MEDICAL JOURNAL

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## ORIGINAL COMMUNICATIONS.

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*Lectures on the Pathology and Treatment of Joint Diseases.* By LOUIS BAUER, M. D., M. R. C. S., Eng., &c.

### IV.

#### PROGNOSIS OF JOINT DISEASES.

From the preceding remarks of the discourse we may sum up the following prognostic axioms.

From the collective character of joint affections, we must come to the conclusion that they constitute formidable diseases.

In their respective courses, they are slow and protracted, often of years duration.

In their commencement and development they are insidious, and may have proceeded to considerable disintegration of normal tissue before the patient becomes aware of the impending difficulty.

The restitutive powers of some of the articular structures are of an indifferent character, owing to the imperfections of their nutrition.

In as far as the osseous structure is concerned, recovery depends on the gradual destruction of the affected parts which of course is necessarily tedious.

In most joint diseases the affected structures undergo changes more or less disqualifying them for the performance of their respective physiological offices, thus either impeding or annihilating the usefulness of the articulation.

The suppuration of articular cavities leads to their perforation, to extensive subfascial burrowing of pus, and not only involves the extremity, but the constitution at large.

Reflex pains and spasms accompanying joint diseases are of the most violent and torturing character, upsetting rest and appetite, placing the very existence of the patient in jeopardy.

Caries of the articular faces may cause so copious a drainage as to gradually bring the patient to hectic, pyæmia and multilocular abscess in the vital organs.

Finally, malposition, deformity, false and true ankylosis may terminate these diseases, and disable the patient for the rest of his life.

All this should be borne in mind when taking charge of cases of this description, and our prognosis should be guarded under all circumstances, however slight and insignificant the cases might appear at the first glance; for the objective symptoms are not a reliable barometer of the actual condition with which one may eventually have to grapple.

Notwithstanding all I have said in this respect, the prognosis of joint diseases is infinitely better to day than it was fifty years ago. The present generation has achieved a clearer insight into the physiological and pathological character of joints than our professional ancestors; it has successfully rid itself of errors, heresies, and notions which obscured the unbiassed clinical understanding of this class of diseases; and since then we have steadily improved in therapeutic efficiency and self-reliance. What was formerly a *noli me tangere*, has become a coveted object of diligent investigation and treatment. And the results of our cherished efforts are in every respect gratifying to the professional pride, and afford reasonable satisfaction to the patients concerned.

It will scarcely be necessary to enter into prognostic details, inasmuch as they may be inferred from the previous section of these lectures, or may be yet especially alluded to under the succeeding heading.

## V

### TREATMENT OF JOINT DISEASES.

The most important proceeding in this direction is a thorough and systematic examination, comprising both the antecedents of the patient and the present clinical aspect of his disease. In reference to the former, the state of health of his immediate and remote ancestors should be ascertained, as it might possibly affect the prognosis of the case. Next to this is the previous history of the patient, whether he has passed through the ordinary infantile diseases without sequelæ; whether the previous state of his constitution and health has been strong and vigorous, or otherwise. It might be as well to inquire into the character of his temperament, mode of living, residence, domestic surroundings, &c., in order to form an approximate idea as to the status and vigor of his system. The next object of inquiry would be the probable causation of the impending disease. In this respect, gentlemen, I should advise to be searching and persevering, for most parents know so little about it, that we are obliged to sharpen their memory. They will assign the most trivial

causes, and harp upon the same with great pertinacity, simply because the true occasion is in the past, and has slipped their memory, whereas trivialities are brought forth because they happened at a time, soon after which the disease assumed form and importance. I have been startled by the simplicity with which even modern writers on the subject, have allowed themselves to be stultified with the most innocent and harmless occurrences, as for instance "sitting down on the grass," or "on a cold stone," or "having run about a good deal," &c. I cannot persuade myself that such trivialities can constitute legitimate and reasonably acceptable causes of joint diseases, even if they are printed over the signature of a respected surgical name.

In closely investigating further, you will learn that there have been *traumatic influences* of some kind or other, more or less *direct* upon the articulation, and if nothing of the kind could be traced, I would not hesitate in assuming the same, if the previous health of the patient had been untainted with manifestations, which can be justly ascribed to chronic nutritive derangements and a vitiated domestic atmosphere. That a traumatic accident has by weeks and even months preceded the actual disease is no argument against its injury, since we know from the preceding remarks, that more or less time will necessarily intervene between the accident and the disease, to bring about those changes in the structures, which can attract attention. Moreover, it is mostly the local pain and the disturbance in the use of the joint, before any notice at all is taken, and either of them are but mere remote results.

We may then proceed with a general inspection of the patient; his general appearance; as to the present state of his health, and the actions of the respective systems. If the patient presents pallor, general attenuation, and prostration, you may rest assured that the disease has far advanced, and shaken his general health by the incidental reactions upon rest, appetite and nutrition.

The patient should then be undressed so as to obtain a full view of the articulation, and the affected member in general; we ought to note its circumference and position, and compare it with the other extremity; institute locomotion, and carefully observe how the joint is used and the limb is put to an account. If the patient should limp, we ought to determine whether the limping depends on immobility or tenderness of the affected articulation, or on malposition, or deficiency in the length of the member.

In fine the patient should be placed on a suitable table, so as to be accessible from all sides, and be put under the full influence of an anæsthetic, that volition may be suspended and the rest of the examination be

painless. These preparations I regard as essential, to obtain a full knowledge of the character and extent of the disease.

I do not deem it necessary to enter into the full details of the examination with which you are already acquainted. But a few points deserve special attention. In the first place, we have to ascertain the condition of the bones constituting the affected joints, and find out whether the disease has originated remote from the joint, in the periosteum or in the bone itself. In either case, we shall find by comparison, that the circumference of the bone is increased and the adjacent tissues more or less infiltrated, its surface be uneven, pressure upon it be tender, and by bending the bone, we occasionally find that it has lost its elasticity and hardness. We have next to direct our attention upon the condyles, compare their size, elasticity and sensitiveness with the corresponding condyles of the other limb. Frequent practice will enable us to discern changes which are easily overlooked and ignored by the novice. There is a certain degree of elasticity in the condyles, which is lost by the morbid alterations, even the increased tenderness of the bony structure becomes manifest, though the patient be in anæsthesia. On moving the joint carefully, we ascertain the degree of mobility and the changes that may have taken place in the articular surfaces. Polypiform growths of the synovial membrane may thus be discovered, when they are too small for the touch of the finger. Crepitus would be the evidence of destruction of cartilage; its absence proves nothing to the contrary, as we have learned on a former occasion. If the joint allows an undue lateral or rotatory movement, we may infer that the lateral or intermediate ligaments have become destroyed, and if combined with crepitus, it may indicate that the articular faces have been materially flattened and changed in form. If the periarticular tissues of a joint are largely infiltrated, and the joint itself is either dry or contains but little fluid, we have the more reason to suspect bone disease, and centre our attention upon the condition of the osseous structure. A distension of the articular cavity without induration of the periarticular structures, indicates synovitis.

During the anæsthesia, we can but ascertain whether the malposition is produced by interarticular adhesion or muscular contractions, or both, and, moreover, whether the contracted muscles still retain their expansibility, or have more or less lost it. If there are sinuses about the joint we must try to discover their course and termination, though they may be very circuitous. I have found pewter and elastic probes more available for this purpose than silver ones; and large probes better than the finer ones. In this way, gentlemen, we shall arrive at a clear under-

standing of our case, and establish a reliable diagnosis as a basis of therapeutic action.

THE FIRST STAGE is the disease but virtually. The affected structures are but in a state of congestion and hyperaemia with incident tenderness, there are no substantial changes as yet, and by at once taking prompt measures, we may succeed in obviating future mischief. The earlier this is done the surer we may count on success. Nay more, I should consider myself justified in treating every injury to the joint as a virtual affection of the same. A few weeks restraint is nothing in comparison with those terrible maladies that may eventuate from apparently insignificant causes. But with all the precautions imaginable, and with the most appropriate and prompt treatment, we are not always able to prevent the consequences, more particularly if they refer to injuries of the periosteum and the bony structure.

*The very first therapeutic axiom* in the treatment of joint diseases is *rest, absolute and unconditional*, and the next, *proper position* of the affected articulation. The efficacy of these two is greater and more reliable than the entire antiphlogistic apparatus, and they generally suffice to meet the exigencies of the first stage.

The affected joint is to be rendered immovable by appropriate bandages, materials, or special appliances; and if the affection concerns the lower extremity it would be additionally advisable that the patient takes to his bed and thus get rid of the superincumbent weight upon the affected joint. The ordinary way of rendering a joint immovable, is by hardening bandages, by leather, gutta-percha, wooden, wire or light metallic splints, that are adapted to the form of the extremity. If the morbid condition of the joint is not far advanced, so that we may not require to inspect the articulation often, and thus disturb the dressing, stiff bandages are certainly preferable, otherwise, splints should be chosen. The stiff bandages are made by impregnating the outer portion of the dressing with flour, starch, or dextrine-paste, plaster of Paris or the liquid glass. Inasmuch as these bandages are more or less impermeable to the perspiration, it is necessary to first surround the extremity with a well applied flannel bandage, under which the unevenness of the surface should be filled with cotton wool. How the rest is done, is indeed very indifferent, as long as it fulfills its object. Until the bandage is perfectly dry, it would be advisable to fasten a splint to the member. In some instances it may be advisable previous to the application of the bandage, to apply an appropriate number of leeches, so as to reduce the hyperaemia and stasis, the effects of which are, however, but transitory. The fixture of the joint should immediately follow.

Except in recent injuries, the application of cold is rarely demanded, but if resorted to, it should be efficiently applied in the form of ice bags, for which purpose one part of the joint may be relieved from the bandage and exposed to the action of that remedy.

The position of the affected joint should be such in which the patient is most comfortable and at rest. It is chiefly governed, however, by the tendency of certain muscles to contract, and therefore, should at once be placed in an antagonistic position. If you remember that portion of our discourse in which I referred to muscular contraction, you will know to choose the position which is most appropriate. In adopting the same, muscular contractions and malpositions will thus be obviated. Some surgeons advise to give the extremity such an angle as will be most conducive to its usefulness. We have nothing to do with that object at this juncture; our object is to relieve the disease and thus preserve the entire usefulness of the joint; their advice is in place when the joint is about ankylosing. The straight position of the elbow joint gives more relief than the flexed one, irrespective to the fact that the latter favours the contraction of the biceps and brachialis. And a straight limb bears more vertical weight than a bent one, and may be used to greater advantage in locomotion.

The same treatment holds good in perforating wounds of the joints, with the additional rule that the wound be carefully cleaned, its margins properly approximated and united. In this way I have seen many an incised and punctured wound close by first intention, without any inconvenience whatsoever. Different is it with torn and contused wounds, where the first intention is but exceptional, and suppuration the rule. Immobility and proper position of the joint, are likewise the chief indications here, and should be scrupulously observed, but the dressing should circumvent the wound and leave it accessible to local treatment.

In using dextrine, starch and plaster of Paris bandages, that part in the neighbourhood of the wound should be protected by a coating of varnish so as to render it unimpregnable to the discharge.

I rather prefer to secure the immobility of the joint by wire and metallic splints (tin or sheet iron) inasmuch as they will permit the use of permanent bath, which I consider invaluable in the treatment of such wounds. We owe the introduction of this remedy to B. Langenbeck, to whom surgery is indebted for many and valuable improvements. If suppuration of the joint ensues, you will do the most for the recovery of your patient by giving free vent to the discharge, and by keeping the suppurating surface in a very clean condition. By these means, and eventually by free incisions into the articular cavity, I have saved many a patient.

There is hardly any necessity for medication, unless incidental derangements demand therapeutic interference. The local treatment suffices to check and ameliorate the articular disease; time and patience accomplish the rest. Beyond those local remedies I have mentioned, nothing else is required at this juncture. From painting the articulation with tincture of iodine, I have seen no benefit; and fly blisters interfere with the fixture of the joint, cause a needless irritation to the patient, and sometimes give rise to reflexed muscular contraction, as I have seen.

IN THE SECOND STAGE the indications of treatment become more diversified. The pathological character of this period is expressed by structural invasions of a more decided nature; by more copious infiltrations and effusion within the joint; by reflexed pain, muscular spasm and consequent malposition; and, in fine, reactive disturbances of the constitution.

If the patient has been properly attended to at the first stage, the disease will but rarely advance to the second, and if the local affection was of a nature that could not be checked in its advance by due precaution, the second stage will be at least materially mitigated by the previous treatment.

Assuming, however, that the patient comes under your charge with the full pathological and clinical force of the second stage, the same remedies and appliances commend themselves, for *rest* and *position* are their imperative axioms whilst the disease is in active progress. In this stage the antiphlogistic treatment is resorted to in vain, as long as rest and position of the joint are disregarded, and the limb permitted to bend, rotate, or assume any prejudicial posture. Nay more, the antiphlogistic remedies even fail to give the slightest relief or to alleviate one single symptom; my own personal observation has decided this fact conclusively, and I do not entertain the slightest doubt that other surgeons have met with the same negative results. But in securing rest and position to the affected articulation, we almost instantaneously give relief to our patient, and initiate progressive improvements. Having done this it rests with you whether you deem local depletion and the application of ice or narcotic fomentation additionally necessary. I have but rarely and I may say but exceptionally needed them, although I mean not to deny the fact that the distended capillaries may temporarily and usefully be depleted by leeches, wet cups and scarifications; the effect of which you have, however, to render permanent, by means of which I shall soon speak.

If the affected member has already been placed in malposition, you have promptly to reduce the same to insure articular rest. This should be done under the full influence of anæsthetics. I consider chloroform better than ether, and equally safe. If I stated the number of chloroform



applications that I have made with complete safety, it might be considered as grandiloquy, and as a slur upon professional brethren who have had the misfortune of meeting with fatal accidents. My mind is free from any such intention; I simply state the facts. Yet I cannot divest myself of the impression that many accident cases might have been obviated by the use of a proper and reliable article, by discrimination of patients, and due care by the administrator.

Of all the chloroform offered for sale in the market, I deem that of Dr. Squibb of Brooklyn the best; it is always of the same purity and specific gravity, of the same physical quality and physiological action, and I use it with perfect confidence.

The mode in which I administer chloroform is very simple, although, perhaps, not economical. I form a coarse towel into a short and wide funnel, with an inch opening at the apex for the free access of air; and look more upon the action of the lungs as indicative, than upon that of the heart. At the very moment that the thoracic respiration ceases, and the diaphragmatic suction prevails, I suspend chloroform inhalation, whether the patient be under its full influence or not. This seems to be the margin of its legitimate use, beyond which the danger commences.

Patients addicted to the copious use of alcoholic liquor, and those that present a leuco-phlegmatic, bloated and hydraemic appearance, are not fit recipients of chloroform; nor would I deem it safe to administer it to patients with a weak and flat pulse, in whom the propelling power of the heart is more or less impeded by the fatty degeneration of that organ.

It has been my fortune almost always to be assisted by reliable and experienced men who watched the effects of the chloroform, and did not divide their attention by looking after the operative proceeding. In a few instances I came near losing my patient by chloroform, and averted the fatal catastrophe only by noticing the impending danger in time. But these mishaps were clearly traceable to that carelessness which arises from the divided attention of the assistant.

The patient being under the full effect of chloroform, we now proceed to reduce the malposition, and bend the limb either in the opposite or intermediate position from that in which we found it. If we meet with resistance we have to overcome the same by a legitimate effort of physical power. I would not hesitate to break up inter-articular adhesions if they offered opposition. If intra-articular effusion opposes the reduction of the malposition, I would certainly perform paracentesis of the joint. If muscular contractions are in the way, I would resort to myotomy or tenotomy.

There are authors who oppose every and all interference with the

position of *inflamed joints*, as downright meddlesomeness, and as reprehensible surgical practice, and advise *the reduction of the inflammation* as the preliminary step. I apprehend that their advice is actuated much more by traditional fears, in interfering with inflamed articulations, than by experience.

Unless I were permitted to adopt that plan, I would decline all responsibility attached to the treatment of any joint disease.

I have already stated that antiphlogistic remedies have very little effect upon the inflamed structure of a joint, and none whatever if the articulation is permitted to be disturbed in its needful rest, by the jerks of the patient, or the spastic oscillation of irritated muscles.

If under such circumstances, and under the purely antiphlogistic treatment, the disease becomes arrested, it is in spite of, and not by virtue of such treatment, and probably has been protracted thereby. I could prove this by uncountable cases, and produce the individual patients to prove the facts by their own stories. But such evidence is scarcely needed to gentlemen whose own ore of experience will furnish them with sufficient affirmative facts.

No one will deny the beneficial results of relieving an inflamed articulation of its morbid product, provided that the process of removing the same does not entail additional danger. Mr. Barwell does me the honor of eulogising the operation which has benefitted so many of his patients.

That the operation, if properly performed, is harmless, I shall prove to you on a future occasion.

The division of muscles for therapeutic and orthopædic purposes in joint diseases has met with an unfair adjudication. Barwell, Davis, Prince and other writers on the subject are *in toto* against this operation; they hold that extension is quite sufficient to control the spastic affection of muscles agitated by the reflexed effects of joint diseases. My experience in extension in the affections of joints is certainly not inferior to any one of these gentlemen, and perhaps not inferior to them collectively. I say so with due respect to the literary merits of these authors. And I can bring forth, if required, the very proofs of Dr. Davis's error by cases which he had treated by extension for months in succession and in his very establishment, without subjugating the muscular resistance.

Need I state to you that I have availed myself with avidity of all suggestions and means promising aid and comfort to this class of my patients? And it would surely be a source of gratification to me if I could consistently and truthfully acknowledge my professional indebtedness for information, valuable or practically useful. As it is, I am impelled

to state, that I have derived little or no benefit from extension *per se* in the treatment of progressive joint diseases. Whatever benefit I have derived from it at all, is unquestionably due to *its collateral effect upon fixing the affected articulation.*

The collective experience on this question I can sum up in the following aphorisms.

1st. Extension cannot part the inflamed articular surfaces, for which it has been erroneously designed by its author.

2nd. Powerful extension is perhaps the promptest remedy against an ephemeral muscular spasm, as every one has experienced with himself if he has happened to be suddenly attacked by spasms of the muscles of the calf, but it cannot be relied on in persistent spastic agitations of the muscles.

3rd. In many instances, extension will not only fail to relieve the spasms, but will re-act unfavorably upon the violence of the existing joint disease, if persisted in.

4th. The division of the contracted muscle is the surest and unfailing remedy.—

The most violent periods in the course of joint diseases I have observed, in consequence of keeping a retracted muscle on the stretch, and nothing short of division would give relief, though many things and the most stringent antiphlogosis were vainly tried before.

It is indeed a most egregious error to assume that the division of contracted muscles is merely of mechanical importance; in some, as yet physiologically unexplained manner do the contracted muscles relate to the existing joint disease. The retractions never appear before the disease has advanced to a certain degree of violence and structural invasion, and unless overcome in an effective manner, they increase to actual contracture. In all these cases the disease is necessarily protracted, and when at last it subsides, the contracture remains though its original cause has disappeared. On the other hand, the original joint disease may be reproduced after years of extinction, if the contracted muscles are unduly and persistently extended. Some cases of this description are but too lively in my remembrance, and my experience on this subject is too dearly bought to be ever forgotten.

From all this it follows that certain muscular groups stand in vital relation with certain joints, one actuating and irritating the other through the same source of nervous supply. Hence the division of so contracted muscles has a vital bearing on the status of the joint, aside from the mechanical relation. In this view we have to judge the therapeutical character of the operation. Dieffenbach already suggested the *antispastic effect* of

myotomy and tenotomy; I not only accept his view as correct, but from experience, I am justified in enhancing the same, that in joint diseases at least, it is the most reliable, prompt and unailing antiphlogistic.

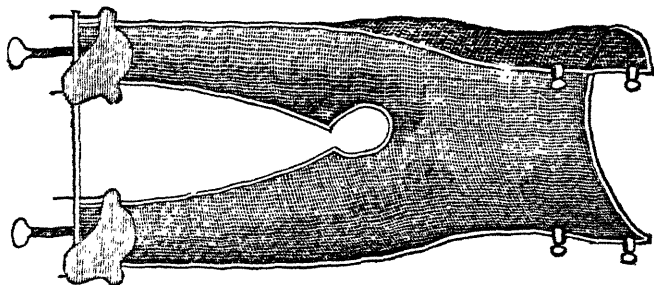


Fig. 1.

Having suggested and practised myotomy as an antiphlogistic, it is but natural that I should spread before you the grounds on which it stands. The way in which I came to the knowledge and appreciation of this remedy, was simply this; acting on the conviction that rest and position were the two great axioms in the treatment of joint diseases, I had to dispose of muscular resistance as best I could; and often not being able to get rid of it by any other means, I resorted to division. The effects of the division upon the arrest of the joint disease being strikingly beneficial, I gradually included the same as a remedial agent. A practice of fifteen years duration of this operation entitles me to a vote on its merits.

More than in the first stage, rest and position of the affected joint are requisite in the second; and it is in this where special apparatuses are profitably resorted to, to accomplish so important an object. In hip disease, my wire apparatus has not yet been exceeded by any later invention, I place it before you for inspection [fig. 1]. You will see that it consists of a heavy wire frame, which is so covered with wire webbing as to fit the posterior half of the body, from the axillary cavity to the sole of the foot. There is an opening for the anus; the foot boards move by a screw and bolts. To protect it against the corroding influence of urine and faeces, that part of the apparatus most exposed, should be thickly covered with varnish. The average price of the same for children is fifteen dollars currency. In using the apparatus, (fig 2) you have to line it with cotton or other wool or tow, and whilst the patient is under chloroform, you place him in it, and fasten by means of flannel bandages, body and limbs, so securely as to insure his position. If you should desire likewise to apply extension, for greater security of rest and

position, you may apply longitudinal and circular strips of stout adhesive plaster, and fasten the former to the foot board.

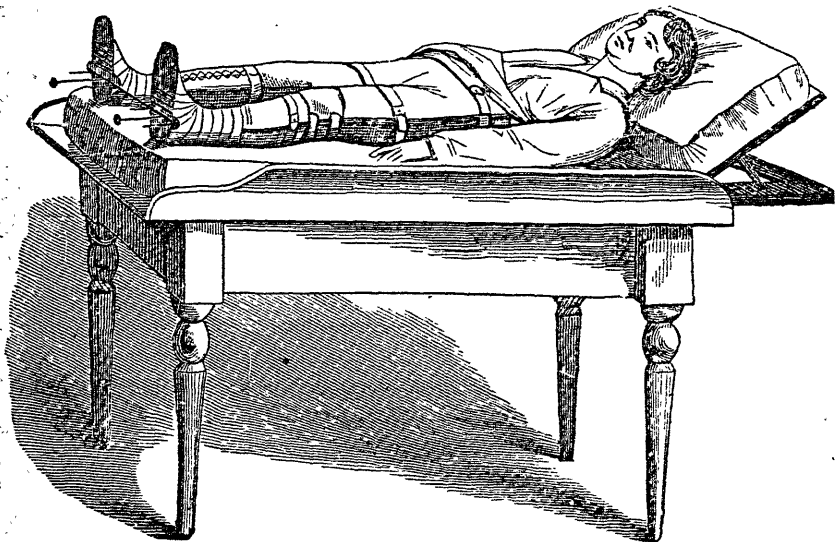


Fig. 2.

Some writers, among them Mr. Barwell, have challenged the originality of this invention, and boldly pronounced it a copy of Bonnet's wire apparatus. I apprehend that Mr. Barwell has seen neither, otherwise he could not have come to so inapplicable a conclusion. I have never claimed the introduction of wire into surgery; that point is conceded. Bonnet's apparatus is a clumsy and unwieldy contrivance, produced for no other purpose than to raise the patient by means of pulleys, in such a manner as to obviate painful jarring; my apparatus is an improved Dzondi-Hagedorn where direct extension can be exercised, whilst the counter extension rests with the healthy extremity on the same principle which we employ in having our boot pulled off.

I leave it for you to decide, whether the mode of extension commonly employed in hip disease, offers the same advantages as my apparatus.

In this position and rest are insured; the patient can pass his feces with perfect ease, by raising the lower end of the apparatus, and placing a bed pan under it. You can carry the patient from one place to the other, put him in a carriage, draw or drive him into the open air, and thus meet all the objections that have been raised to confinement.

In the other mode, the extension is a fixture of the bed, but what is

still worse, it allows the patient to accommodate himself to the position, so as to render extension nugatory. I have seen the patient turn right around, with the perineal band, and accommodate himself so ingeniously that the malposition became as bad as if there had been no restraint whatever.

Davis, Vedder and Barwell, have successively suggested *portative extension apparatus* to obviate the confinement of the patient. The honor of the original suggestion is entirely due to Davis, and the merits of the same ought to be liberally accorded to him, for it certainly has broken the ice of the scrofulous heresy, and paved the way to the rational ideas of therapeutics, which *had been previously advanced*, but disregarded up to that time. Sayre, though strictly speaking, but an exponent of Davis, nevertheless deserves some credit for the adroitness with which he has propagated and popularized the instrument, which seemed to have been an elephant in the hands of the inventor.

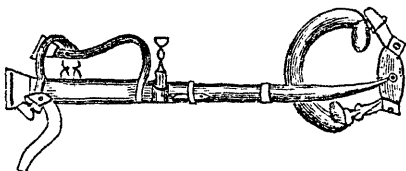


Fig. 3.

Davis's instrument as improved by Sayre is here shown (fig. 3.) But all the before named apparatus are at fault in one essential point: they neither fix the affected joint, nor do they prevent the adduction of the extremity. The amount of extension exercised by them is, moreover, very insignificant, and if it was fifty times as much, it could not separate the articular surfaces of the hip joint, as is erroneously claimed by their respective authors. Besides they depend on adhesive strips for their fastenings, which do not stick well in cold weather, and easily slip in warm. Sayre's modification to circumvent the affected extremity with a semi-circular addition at the lower end of the instrument, so as to gain two purchases and two fastenings, was an acceptable improvement in the adjustment, but no more.\*

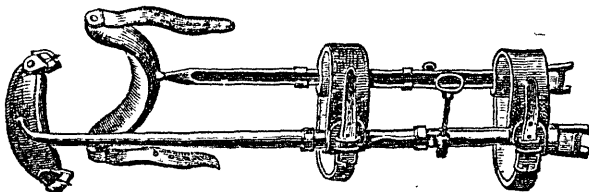


Fig. 4.

\* The latest contrivance of this kind is that of Dr. Taylor, of New York. He needed not to have gone to the expense of a patent (1) because it offers no superior inducements and is not likely to be employed by any one else.

These deficiencies in the mechanical construction of portable apparatus, have obviously induced Andrews of Chicago to fasten a straight steel crutch to the boot, allowing shortening and elongation. In appropriating thus the foot for extension, the tuber ischii for counter extension, and the screw as the moving power, he happily supplied a desideratum and got rid of the annoyance and insufficiency of the adhesive strips.



Fig. 5.

I had seen nothing of Andrews' very acceptable improvement when I constructed the apparatus which is now before you (figs. 4 and 5). From this to that which I now use, was but one step (figs. 6 and 7), it needs no description or explanation, its construction speaks for itself. Not knowing the chronological priority of either Andrews' or my appliance, I will concede with pleasure this honour, if such it be, to my diligent co-labourer on this field of surgical culture.

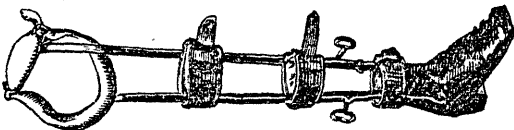


Fig. 6.

My instrument affords both efficient extension in a vertical line, and complete fixture to the joint, wherein lies its chief usefulness. For two years I have had it in use, and it has given me the fullest satisfaction, in promptly responding to all the indications that can possibly be realized by such a contrivance, and above all it has guarded against the re-shortening of the adductor muscles once divided, which so often happened in my practice, when I used Davis's, Sayers's, and Vedders's apparatus.

That of Barwell, I know but from its illustration; I have never seen nor used it, and forego an opinion on its merits.

With all advantages that may possibly accrue from my instrument, I must warn against its premature use at the second stage, unless the disease has substantially subsided, and you intend only to follow up the results of your treatment by its application; the superincumbent weight is too much for an inflamed hip joint, even when supported.

To secure the rest and position of the knee joint, I generally prefer metallic splints to stiff bandages. You can handle them better without jarring the joint; you can leave a part, or the entire joint free, for observation and local appliances, and lose nothing in the mechanical effect; you can take them off and re-apply them with the greatest ease: you can combine extension with them, give it inclined plane, &c., and thus secure all the advantages for your patient that could be desired. I generally keep a set of these splints on hand, so as to be prepared for emergencies. The price is but trifling.



Fig. 7.

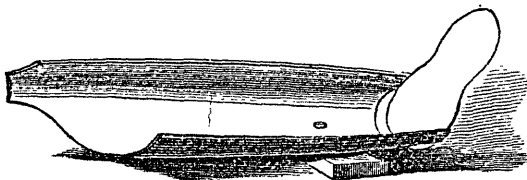


Fig. 8.

One is a simple gutter splint (fig. 8) for simple cases. The other has a semicircular deficiency at the knee joint to expose one or the other side (fig 9). The third consists of two splints joined by intermediate iron braces designed to leave the knee joint entirely free. (fig. 10)



By drawing bandages from one side to the other across the knee, a moderate degree of anterior pressure may be exercised. If the patient has so far recovered as to resume locomotion with safety, a portative apparatus of an approximate efficacy, should be substituted for the metallic splint. For this purpose, stiff bandages, leather or gutta percha splints, or a special contrivance (figs. 11 & 12) would equally answer. The last consists of two braces along the limb, three or four bands, with a knee cap made of buckskin. If the patient's limb is much attenuated and cylindrical, it would be an improvement to connect the apparatus with the boot, so as to prevent slipping.

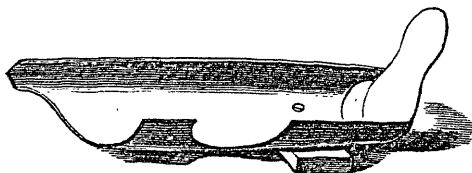


Fig. 9. (See page 159.)

Sayre has introduced, for the purpose just mentioned, a portative extension apparatus for both knee and ankle joint, with a view of parting the affected articular surfaces, and thus alleviate pressure upon one another. My belief is that such an object is unattainable by any mechanical contrivance, and moreover superfluous.

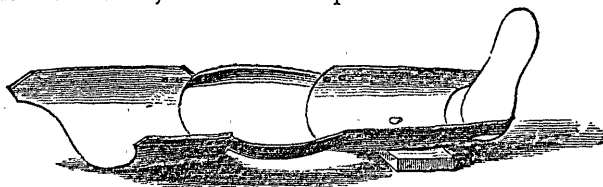


Fig. 10. (See page 159.)

In placing an affected joint in such a position as to have the largest possible contact of the articular surfaces, we at any rate diffuse the pressure, if it actually does exist. Sayre's knee apparatus can only be used when the limb is fully extended.

In order to perform paracentesis of an articular cavity, the rule ought to be observed, to place the joint in such a position as to drive the liquid to the most accessible spot. At the hip joint this is at the posterior circumference of the acetabulum. The glutei muscles being attenuated, we generally succeed in discovering fluctuation at that particular place.

Whilst the surgeon is about inserting the trochar, an assistant takes hold of the affected extremity, and rotates it inwards, which gives the greatest distension to the posterior wall of the capsule. This

manœuvre not only facilitates the entrance of the instrument, but likewise the exit of fluid, and prevents the entrance of air.

At the knee joint we have to procure first a straight position, which drives the entire liquid into the anterior portion of the joint. By means of a tightly applied flannel bandage, commencing at the toes, we obviate œdema; the joint is then surrounded with stout adhesive straps, from the tuberosity of the tibia, to beyond the patella; the unevenness of the joint being previously filled with graduated compresses or with cotton. Thus the liquid is driven to the cul de sac, where it is easy of access.— That place in the cul de sac between the duplicature of the vagina femoris and the tendon of the biceps, is most available, there being no muscular structure interposed. Having thus well prepared the articulation, you will easily enter with the instrument, and the liquid will rush out through the canula with great velocity: by moving the finger across the distended portion, you still more facilitate its exit, and with the same finger close the wound, while the other hand withdraws the canula.

I have thus in numerous instances entered the articular cavity, and repeatedly the same articulation, without having caused in a single instance reactive trouble, scarcely ever failed to give instantaneous relief to the joints, although in many cases but temporarily.

This is the same procedure which I invariably adopt in the treatment of hydrarthrosis, and which has proved in my practice a very reliable method.

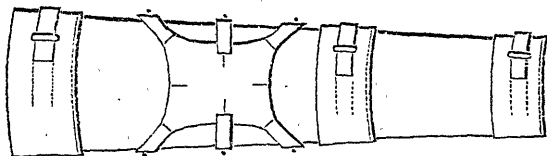


Fig. 11. (See page 160.)

Puncture of the joint, in these cases, has been unjustly abandoned by the best surgical authorities, (among others, Nélaton) who considers it dangerous, inasmuch as there is not sufficient centrifugal pressure of the liquid, to prevent the entrance of air, for he states most emphatically that the inter-articular fluid runs out slowly and never entirely. By the plan just advanced we overcome all difficulties and dangers, thus one of the objections may be considered disposed of. The other concerns its efficiency; in this respect, I can but state, that with the exception of one single case, I have radically relieved twenty-seven cases; one by three, two by two, and the balance by one puncture. Of course I have continued compression of the articulation for some weeks after the operation.

All the cases operated on were protracted ones of not less than three months, and the majority of more than a year's standing.

This plan, then, compares very favourably in point of dispatch and efficacy, with any other I know of, and certainly is not as hazardous as the injections suggested and practised by Bonnet and Nèlaton.

Compression of affected joints is one of the most estimable auxiliaries in their treatment, and should be resorted to wherever it is practicable; but when resorted to, it should be thorough and decided. Whether the substance employed for compression has any additional virtue, and whether, therefore, porous or impermeable substances should be used, I am not as yet decided; my experience is almost entirely confined to the use of adhesive plaster spread on Canton flannel, on account of its pliability and durability; and I have been satisfied with the usefulness of these substances.

When, in spite of this treatment, the disease should advance, the articular cavities become more and more distended, and the tendency to disruption is manifest, then the question of free incision arises.

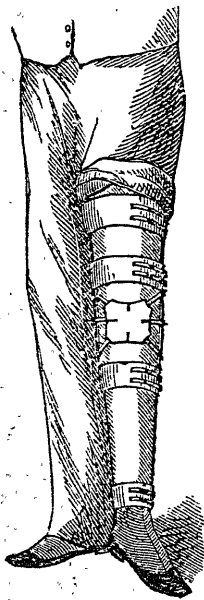


Fig. 12.  
(See page 160.)

Gentlemen, I am most anxious to put my views on this question so definitely on record, as to leave no doubt as to their bearing and meaning: therefore, I wish to be understood. *First.* That I do not advise nor practice any meddlesomeness with joints at all, unless the strongest indications prevail. *Second.* A moderate quantity of liquid within the articular cavity, whether this liquid be essentially synovia, or plastic or purulent effusion, is no indication *per se*, to puncture a joint, for the two former liquids may readily be absorbed and got rid of, and so may pus by previously undergoing a fatty degeneration. I have met with such cases, and but lately the joint of one of my patients opened in the middle of the thigh, from which I could squeeze a large quantity of pus, fragments of cartilage and other detritus, which had for months painlessly occupied the joint, and had completely undergone fatty degeneration. *Thirdly.* I puncture the articular cavity if the effusion is progressive, the distension of the joint very painful; and for the purpose of reducing an existing malposition, provided the latter depends in part or *in toto* on the presence of intra-articular effusion. *Fourthly.* I open affected joints by free incisions, when progressive sup-

uration of the internal articular surface exists, and threatens disruption of the capsular apparatus.

If I am not mistaken, my esteemed friend, John Gay, Esq., of the Great Northern Free Hospital of London, has first claimed the legitimacy of this operation, and received a goodly share of abuse for it. I have to offer but a few remarks on the usefulness of free incisions. The very essence of surgical wisdom is to imitate nature, and to avail ourselves of similar means for certain purposes. In suppuration the joint is first distended to its utmost capacity by pus, and then spontaneously opened, and the matter forced into the adjacent tissues. The ordinary place of perforations is near the bone, sometimes in part below the periosteum, mostly under the respective fasciæ of the extremities, into the interstices of the muscles, and along the bone; additional destruction is thus caused.

If a joint disease has acquired this character, the joint, as such, ceases to exist: all the structures constituting the internal surface undergo pathological changes, which mostly admit of no reconstruction; the articular cavity is simply an abscess, and should be treated as such. The old surgical axiom "*ubi pus ibi evacua*," has received its qualification by modern surgery, but its full sway must be recognized, whenever the abscess manifests its tendency to spontaneous opening. For if we have to choose between the alternative of spontaneous perforation, and its undesirable sequelæ, and free incisions,—no surgeon can hesitate in his preference. Sometimes it might be advisable to puncture the joint, and even repeatedly, with a view of obviating the danger of spontaneous disruption; but if the latter presents itself in unmistakable signs; we should not hesitate in changing the articular cavity into an open abscess, and give free vent to its contents. Hancock, of London, claims exsection of the joint as preferable to free incisions, being more efficacious and less dangerous. There is some conditional truth in this proposition, well deserving consideration. If you freely open a joint and find pathological changes, beyond those of simple suppuration, as for instance, extensive caries; the sequestration of a bone; the partial or total destruction of intra-articular ligaments and cartilages; in fact changes that would require many months to overcome, exsection of the joint would be infinitely preferable, in such case the free incision would be the initiatory step towards it. On the other hand, if the joint is in a condition of simple suppuration, so that the closing up of the articular cavity by granulation might be safely relied on, the free incision will suffice. In fact, both are distinctly different remedies for distinctly different purposes, and one cannot be substituted for the other.

Having laid down the general principles for the second stage of joint

diseases, we may now refer to a few special points. One of them is the treatment of subperiosteal extravasation or effusion; another, the special treatment of those necrobiotic disintegrations of one or the other condyle, to which I have adverted in another part of our discourse. The management of the former is very plain: a subcutaneous division may give all the needful relief, and stop the impending trouble, at any rate prevent its increase. The other is of a more subtle character, requiring a clearly established diagnosis, settled therapeutical principles, and consistent action. How to arrive at the first I have already indicated, and to render the diagnosis still more conclusive the use of an explorative trochar would be advisable. If we have become thus satisfied of the nature of the complaint, trephining by a small instrument, and the subsequent scooping out of the disintegrated tissue, is the most direct and legitimate remedy. I must, however, confess that I have, but in a few cases, resorted to this operative procedure, though with marked success; my personal experience is therefore limited, but it would seem the most appropriate and direct remedy when a clear diagnosis can be obtained.

In summing up the treatment of the second stage of joint diseases, you will perceive that I rely exclusively on local appliances with a view of obtaining *first*, *rest* and *position* of the affected articulation. In procuring these I have occasionally to divide resisting muscles and to puncture joints.

*Second.*—Compression of the inflamed structures.

*Third.*—Paracentesis and free incisions in joints when suppuration prevails.

*Fourth.*—In dividing periosteum, and in removing disintegrated bony structure by trephine and scoop.\*

In the second stage of this class of diseases, we have often to deal with violent constitutional disturbances, which are more readily overcome by proper local treatment than by any other devised medication, nevertheless the utmost attention should be given to proper diet and hygiene, which is the more necessary as all these cases are more or less protracted, and therefore more or less bear upon the constitutional vigor.

Now, gentlemen, let us contrast the treatment just described with the measures of the old school. Ours is mild when compared with the barbarous derivatory appliances. Moreover, ours is effective; the other

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\* Kirkpatrick, *Medical Press and Circular*, Dublin, Aug. 21st, 1867, recommends the use of escharotics, especially potassa c. calce, for the same therapeutic object, and relates most beneficial results.

is worthless. By our treatment the joint is placed in a condition of spontaneous recovery. The other proposes to subjugate, by direct means, a disease over which it never had nor could exercise any positive influence. Nor is this all; by applying the actual or potential cautery, new troubles are superadded and new taxation is imposed upon an already overtaxed constitution.

But derivation is not only barbarous, useless, and obnoxious, it is even inconsistent with the very pretensions for which it is used. Supposing tubercular depositions are at the bottom of a joint disease, these depositions are either latent and innocuous, or they act like any other foreign substance in creating circumferential inflammation with a view of eventual elimination. In the former proposition, we know nothing whatever of the presence of those depositions; simply because they give no trouble. If we could possibly anticipate the time when such tubercular depositions would be likely to take place, then derivation might be relied upon as a preventive of the impending danger.

But since we have quietly to wait until the so called tubercular depositions are formed, and until they are undergoing the process of softening and compromising the surrounding structures, there is not even a pretence of reason to employ derivation, just as little as if any other foreign substance was lodged within the precinct of the organism. It is claimed that tubercle is not only without organization, but even, not susceptible of it: derivation can therefore exercise no action upon the tubercle itself; that much must be logically admitted. Can it prevent the disintegration of the adjacent structures, and re-establish their former type? of course not; then what is to be expected from derivation at all?

The progress of pathology has been most fruitful in recognising the existing physiological laws which govern alike health and disease. The most reliable observers tell us that inflammations once set up, will run their course to their termination, whether medication be imposed or not. The idea of bringing a recent pneumonia, bronchitis, pleuritis or a catarrh of the air passages to an abortive end has been so thoroughly exploded that no wise practitioner follows any other than the expectant method of treatment, and Hughes Bennett has earned for himself a lasting distinction in proving that fact by clinical statistics. If you concede the fact you have to accept the inferences, that is to say, if you cannot cut off or shorten the course of a recent disease by any means; what can you hope to do in cases of long standing, in structural disintegrations, and more particularly then, when the cause (tuberculosis) is persistently at work.

It will be equally easy to demonstrate the utter uselessness of deriva-

tion in the primary affections of the synovial lining. In the mildest form of them (hydrarthrosis) there is a degeneration of the synovial membrane which Johannes Muller describes as lipoma arborescens, which is fully compatible with the increase of the natural secretion, but in which, however, the absorbent powers seem to be entirely lost. Next you have the so called ca<sup>arrh</sup> of the synovial lining in which, according to Volkman, the epithelium is partly thrown off, partly converted into pyogenic source: there you have morbid secretion and loss of absorption. And if you have to deal with a more parenchymatous suppuration of the membrane, you have no longer synovial membrane, but a luxuriantly granulating and secreting surface, with very doubtful absorbing endowments.

The *restitutio ad integrum* is absolutely conditional to the re-establishment of absorption, and this is a question of time. Can you reach or overcome such a difficulty, by blistering or any other derivant applied to the external surface of a joint? Certainly not; like in pleuritic or pericarditic effusions you have either to tap or patiently wait.

I do not want to enter more deeply into the discussion of the therapeutic value of derivation, heretofore unduly praised and over estimated. All I propose is to make a few hints and suggestions, and leave the rest to your mature deliberations.

*To be continued.*

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*A Case of Fracture of the Cranium,—removal of depressed portions of bone—recovery—under the care of JOHN REDDY, M. D., L. R. C.S.I., &c. Physician to the Montreal General Hospital.*

The following interesting case reported by Dr. John Bell, A.M., apothecary to the Hospital, I wish to lay before your readers. I have added the appearance of the wound when seen by me, and the operation. I have further to note, that at the time of the accident a small portion of the brain came away, Dr. Fraser informs me, about the size of a marble. The stage of collapse lasted a few hours after admission, but urgent signs of compression immediately following, decided me as to the course to be pursued; 29th September, Donovan walked about three miles to pay me a visit, when he appeared in good health and spirits, the wound being firmly cicatrized. 7th October—called again, quite well.

Thomas Donovan, mason, aged 32, while working on the new St. Paul's Church, fractured his skull, on the 19th July last, in the following manner. The beams for the floor of the body of the building had been laid, and while attempting to cross one of these, missed his

footing and fell to the floor of the basement below. He passed through a distance of thirteen or more feet, and alighted on his head, which struck the corner of a mortar-pan, inflicting a broad V shaped or horse-shoe wound in the scalp, the apex of which was near the crown of the head, the cornua of the wound extending nearly parallel to the upper and posterior edges of the parietal bone. The left shoulder was also very much contused. He was first seen by Dr. Fraser, who immediately ordered him to be taken to the Montreal General Hospital, where the wound was dressed by the House Surgeon to await any procedure the attending Medical officer, Dr. Reddy, might deem necessary.

“The dimensions of the wound already described were about an inch and a half long, the scalp being detached somewhat more than an inch all round, a considerable depression existing about the centre and the edge of the surrounding bone, could be felt in its entire thickness. After a careful examination, assisted by my colleague, Dr. Fraser, I proceeded to apply the trephine, but finding the part I had selected, although apparently fixed and solid, was moveable, by means of a lever and forceps, I removed three pieces of the cranium. I found the dura mater separated for about two inches, and lacerated to the extent of one inch, and a large clot underneath; clots, also, lay between it and the detached portion. On their removal a free hemorrhage resulted, which could only be restrained by lint placed in the bleeding aperture as well as the application of ice.”

The fragments removed, each including the whole thickness of the parietal bone, and being of a triangular form, were of the following dimensions:

	Length.	Breadth.
1st.	1½ inches	1¼ inches.
2nd.	1½ “	1 “
3rd.	1 “	¾ “

For nine days after the operation, his head was covered with a large bladder filled with pounded ice, and after this was discontinued the wound was dressed with lint wet in iced water, constantly changed.

He was almost continuously delirious for five days after his injury; at times he could recognize his friends, then he would doze off and wake again delirious. After that time, however, he rapidly regained perfect consciousness.

For three or four days after the accident there was paralysis of motion of the right side. Sensation of pain was never entirely in abeyance in the right leg, although it was in the right arm. On the third day sensation returned in the arm, and at the end of a fortnight was so far restored that he only felt as if his fingers were covered with a very thick skin.



Both sensation and motion rapidly returned in the leg, which he was able to extend and flex on the fourth day after the operation. On the 11th of August he regained the power of moving his fingers, and on the 13th he was able to bend his arm a little at the elbow.

Aug. 15th. Patient is able to lift his arm from his side, and can extend and flex the forearm with considerable quickness and power.

19th. To-day he walked across the ward and back to his bed.

21st. Walked about again to-day as he had done for some days past, but on lying down did not feel so well as usual—suffering some pain in his head and increased heat in the neighbourhood of the wound, which has been heating steadily and secreting a large amount of healthy pus.

31st. Wound nearly all cicatrized and closing rapidly. Can use his arm with considerable freedom, in every direction. Walks about and sits up for a good part of each day. From this time till he was discharged from the Hospital, which was on the 19th September, he gradually regained strength and the more perfect use of his limbs. From walking about the wards of the flat on which he lived, he ventured down-stairs and could use a staff with the affected hand. Every day for about a week before leaving the Hospital he walked down three flights of stairs, about the Hospital grounds and up to his ward at night. When he left the Hospital, sensation and motion were perfect both in his leg and arm, and the wound on his head had closed with the exception of a small point which was covered over with a piece of dry indurated pus. From the time of admission he was ordered a liberal diet consisting of bread, tea, soup, two pints of beef juice, one pint chicken broth, corn-starch, two ounces of butter, one egg, and six ounces of brandy, *per diem*. The brandy was reduced in quantity as the necessity for its administration decreased.

Montreal General Hospital, Sept. 26th, 1867.

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#### THE CANADIAN MEDICAL ASSOCIATION.

CONVENTION AT QUEBEC, October 9 and 10th, 1867.

Some months ago the Quebec Medical Society passed a series of four resolutions—the first referring to the necessity of having a uniform system of granting licences—the second asserting that degrees from Universities should only have an honorary value and that licenses to practice should emanate from a central board—the third that a Committee should be appointed to confer with the various Universities and Schools on the subject, and the fourth called a convention of the profession to meet at Quebec on the second Wednesday in October to consider the

above questions, and to form a Canadian Medical Association. These resolutions were printed in circular form and distributed largely throughout the Dominion. Considerable interest was excited, and we were not at all astonished to find the St. Louis Hotel, Quebec, on the morning of the 9th, filled with Medical men from all the Provinces, awaiting the opening of the Convention. The grand hall of the Laval University had been kindly put at the service of the Convention, and at ten o'clock upwards of one hundred and fifty Delegates were in attendance.

Dr. Sewell, the President of the Quebec Medical Society, having taken the chair, and the members having been called to order he said: "Gentlemen, the Duke of Buccleugh on opening a scientific meeting held last month in Dundee, said it would be a bad compliment to himself as well as to the Society, who had elected him to the honorable position of chairman, to declare himself unequal to the task. He (Dr. Sewell) had not, he regretted to say, this inward conviction, on the contrary, he knew many of his colleagues who would have filled the chair better than he could hope to do. Having been called upon, however, as the President of the Quebec Medical Society to preside at the opening of this interesting and important meeting, he would do so to the best of his ability, trusting all would accord him a generous support. He should be proud at any time to act as the representative of his colleagues, but he was particularly so on the present occasion, surrounded as he was by so many eminent practitioners from all parts of this new and great Dominion of Canada, met together for the first time in Convention, to discuss topics connected with the advancement of the Medical profession. Whatever tends to raise and dignify our profession tends also to the comfort and well being of society. Whatever tends to make individual members of that profession, better men and better physicians, contributes most materially to the advantage of the public at large. There is nothing selfish then in this, or similar Conventions which take place annually throughout the world. We are not seeking our own aggrandisement nor our own individual advantage, we desire to promote the general welfare of our fellow-men and shall rest content to benefit with the mass. We, in this part of the Dominion, have long known and felt the advantages of an Association, similar to the one suggested, in a limited degree; but the profession having been incorporated, for many years we have managed our own affairs and enjoyed advantages which he believed many of our brethren in other parts of Canada do not possess. We were to all intents and purposes a Medical Convention on a small scale, and having tasted the good fruit arising from this source is one great reason why we wish so earnestly to see those advantages extended through the whole Dominion. He looked upon this

day as a most important one in the history of Canada—one replete with interest and full of bright promise for the future, not only to ourselves, but to the public at large. Moreover he was satisfied that this meeting had a national as well as a scientific importance, which must commend it to all reasonable and right thinking men. He might shew what Associations similar to the one proposed, had done on the other side of the Atlantic. He might point to the high *Status* which Medicine holds in Great Britain and Ireland. He might show how largely they have contributed to the scientific reputation of British and Continental Medicine; how they have drawn together large bodies of professional men and cemented that social bond of unity and good feeling which should always exist among men engaged in the same glorious work of relieving the sick and suffering, of saying a word of comfort to the depressed, or of extending the hand of sympathy to the destitute and friendless. He might also point to the improved system of education, both general and professional, which is now insisted upon throughout the world, to the sifting ordeal through which young men have to pass before they are entrusted with the lives of their fellow creatures; to the many points connected with hygiene, so intimately interwoven with the welfare of mankind, which have been discussed and fully ventilated in these meetings. All this, and much more, have these associations effected both at home and abroad. May we not then look for similar good results from the Canadian Medical Association, now being so happily inaugurated. Does not this large meeting of medical men, many of whom have left extensive practices, and have travelled four, five or six hundred miles to be present here and to add their quota to the storehouse of Canadian medical science—does not this fact alone, augur well for our future destiny? Why should our reunions not succeed and result in the same manner as similar meetings have done in other countries? He could see no reason why they should not; but there must be no lukewarmness—no hanging back—no petty jealousies to mar the general harmony—we must all put our shoulder to the wheel—we must all work heartily, and success would finally crown our efforts. He would now do what perhaps he should have done at first, namely, offer his thanks and those of the other members of the Quebec Medical Society to the delegates and other members of our profession now present,—very many of whom are here in answer to our invitation,—not only at a great sacrifice of personal comfort, but also at a great pecuniary loss, to assist in deliberating upon those important subjects in which we are all so much interested and which are to be submitted to the consideration of the meeting. As I said before, the presence of so large a number of delegates

is a guarantee of our ultimate success, and these gentlemen deserve, as they have, our most cordial thanks. Dr. Sewell concluded his remarks amid loud applause.

Dr. Landry, Vice President of the Quebec Medical Society, in French, welcomed the members of the convention to Quebec.

Dr. Steverman of Lunenburg, N. S., proposed, seconded by Dr. Jackson of Quebec, that the following gentlemen, viz: Drs. Berryman, Jackson, Steverman and Harding be appointed a committee to examine and verify the credentials of the delegates and to continue to receive the credentials from such delegates as may hereafter arrive.

Dr. Worthington, of Sherbrooke, did not see the necessity of the resolution, as the invitation was extended to all licensed practitioners, and all here were, in fact, delegates. He thought the committee should be one, in fact, to see that all were medical men duly licensed—not homœopaths, &c.

Dr. Hingston, of Montreal, was of a similar opinion.

Dr. Marsden of Quebec, gave some explanations, showing that the office of the committee would be that mentioned by Drs. Worthington and Hingston—simply to ascertain that none but legally qualified medical practitioners were in attendance.

Dr. Fenwick, of Montreal, thought if this was the intention of the resolution it was not explicit enough. Half the members present had no papers to present.

Dr. Hingston, of Montreal, proposed the following amendment, seconded by Dr. G. E. Fenwick, of Montreal: That all the members present being presumed to be duly licensed practitioners in the Dominion of Canada, be members of this meeting, and that the following be a Committee to register their names and places of residence—viz., Drs. Berryman, Peltier, Parker, Steverman, and Harding.

The amendment being put, was carried unanimously.

The committee then retired. The following comprises the names of those delegates who registered their names:

Drs. U. Arcand, Becancour; W. T. Aikins, Toronto; M. H. Aikins, Peel, Ontario; F. J. Austin, Sherbrooke; J. G. Blanchet, Levis, H. Blanchet, Quebec; J. B. Blanchet, Quebec; P. Baillargeon, Quebec; A. G. Belleau, M.D.C.M., Quebec, G. A. Bourgeois, St. Gregoire de Nicolet; Edouard Belleau, St. Michel; D. E. Burdett, Belleville, Alp. Brodeur, Roxton Falls; A. T. Brosseau, Montreal; Vercheres de Boucherville, Beauharnois; George Badeau, Three Rivers; Hon. P. O. Beaubien, Montmagny; C. V. Berryman, Toronto; Charles Battersby, Waterloo; J. G. Bibaud, Montreal; P. Bender, Quebec; L. Catellier, Quebec; Gustave

Chevalier, Bedford; county of Missisquoi; Charles Gaspard Couillard, Ste. Marie (Beauce); Francis W. Campbell, M.D. L.R.C.P.L., Montreal; William Canniff, Beileville; Alexis Charbonneau, St. Paul l'Ermite; Chs. E. Casgrain, Windsor (Ontario); Joseph Coté, St. Valier; L. Dion, Quebec; F. Dusault, do.; N. De Rainville, St. Barthelomie; P. Desjardins, Quebec; A. L. De Martigny, New Liverpool; C. L. De Martigny, Beauharnois; G. H. Dufresne, St. Stanislas de Batiscan; Samuel David, St. Ours; G. P. Degrassi, Toronto; J. A. Duchesneau, Terrebonne, county of Terrebonne; John R. Dickson, Kingston; Adolphe Dagenais, Montreal; Alphonse Deschamps, do.; Chs. Dubuc, do.; Chs. Timothé Dubé, Trois-Pistoles; Geo. Dunn, River du Loup en haut; F. X. Duplessis, St. Ferdinand d'Halifax; James R. De Wolf, Halifax; S. L. Earle, St. John N. B., J. E. Fortier, Quebec; Geo. E. Fenwick, Montreal; A. G. Fenwick, Three Rivers; W. Fuller, Montreal; L. A. Fortier, St. Clet, county of Soulange; W. W. Forest, Ste. Claire; L. D. Gilbert, Haltey, E. T.; Romuald Garipey, Montreal; Gendron St. François, Rivière du Sud; Amedée Gaboury, St. Martin, Isle Jesus; J. B. Gibson, Dunham, county of Missisquoi; J. B. Garneau, Ste. Anne de la Perade, (Champlain); W. Gardner, Beauharnois; J. B. Garvie, City Medical Officer, Halifax, N. S., Séraphin Gauthier, Montreal; George Grenier, do., R. Hamilton, Sutton, C. E.;—Hillary, Aurora, Ontario; O. A. Hébert, Quebec; R. P. Howard, M.D., L.R.C.S.E., Montreal; W. H. Hingston, M.D., L.R.C.S.E. do; J. John Harding, New Brunswick; G. A. Hamilton, St. John, N. B. P. A. Imbleau, Ste. Famille; Alf. Jackson, Quebec; E. L. Lemieux, do.; Lavoie, L'Islet; E. Lindsay, Cap Rouge; A. Lachaine, St. Joseph de Lévis; L. H. A. La Rue, Quebec; J. E. Landry, do.; L. A. Lepailleur; Ste. Martine, county of Chateauguay; Camille Lafontaine, Berthier (en haut); J. A. Lapierre, Montreal, Napoleon Lavoie, Islet; Alex. Lesage, St. Grégoire le Grand; Eustache Lemire, Montreal; Alphonse Lenoir, Tannerie Rolland, Montreal; B. H. Leblanc, Pointe St. Charles, do., D. L. LaRose, Pointe aux Trembles; P. Laruc, St. Augustin, Port-neuf; P. O. Lasisseraic, Ste. Julie (Somerset); C. O. Lebel, St. Gervais; W. Marsden, M.D. Quebec; H. W. McGowan, Bolton, District of Bedford; C. Morin, St. Nicholas; V. Martin, Chicoutimi; M. M. Metivier, Iberville; A. J. McMaster, Toronto; P. Munro, Montreal; H. Muir, Halifax, N. S.; J. D. Millet, Lanorais, county of Berthier; P. E. Mount, Montreal; J. W. Mount, Acton Vale; E. Munro, jr., Montreal; J. Marmette, Montmagny; A. T. Michaud, Kamouraska, A. Mignault, St. François (Montmagny); Jos. Painchaud, Quebec; R. Palmer, Riverside, (Hopewell); E. Provost, Sorel; C. S. Parke, Quebec; C. F. Painchaud, Varennes; D. McN Parker, Halifax, N. S.; H. Peltier, Montreal; P. Provost, Mem-

ramcook, N. B.; J. C. Poitvin, St. Martin; John W. Pickup, Beauport; L. S. Poulin, St. Hubert; F. S. Palardy, Vercheres; A. H. Paquet, St. Cuthbert; U. M. Poisson, Arthabaska; F. X. Perreault, Pointe aux Trembles; R. H. Russell, Quebec; Louis Roy, do.; G. Rousseau, do.; F. Rinfret, do.; Ol. Robitaille, do.; F. E. Roy, Quebec; J. R. Richardson, do.; Jean Philippe Rottott, Montreal; Edmond Robillard, do.; Sajuste Roy, St. Jean Port Joli; A. M. Rosebrugh, Toronto; James H. Richardson, University of Toronto; Charles Robinson, County of Peal, Ontario; Guillaume Ernest Roy, Boucherville; L. Telesphore Rousseau, St. Casimir; Jos. Ovice Rousseau, Nicolet; H. C. Rutherford, Dundas (Ontario); Thos. G. Roy, St. Joseph Levis; J. A. Sewell, Quebec; O. S. Strange, Kingston; W. E. Scott, Montreal; D. F. A. Sirois, St. Paschal; John H. Sangster, Toronto; P. W. Smith, Digby, N. S.; Jos. Steverman, Lunenburg, N. S.; James Stanfield, Indian Lorette; S. J. A. Simard, Quebec; Adol. Taschereau, M. D., Levis; J. M. Turcotte, Montreal; H. Therian, Rivière David (Yamaska); Hon. Dr. Tupper; C. B., Halifax, N. S.; L. Tétu, Rivière Ouelle; F. Z. Tassé, St. Laurent (Montreal); J. Taschereau, E. Taschereau; P. O. Tessier, Quebec; James Thorburn, Toronto; Chs. Verge, Quebec; L. L. Voligny, St. Elizabeth; F. Valade, Ottawa; A. Vanderheyden, Levis; J. L. Wherry, Quebec; W. Wakeham, Leeds (Mégantie); H. W. Wright, Toronto; and E. D. Worthington, Sherbrooke.

Dr. Harding, of New Brunswick, did not know till a few moments ago that he had to propose the following resolution, but he felt a good deal its importance. He then referred to a movement which took place a short time ago in the Province of New Brunswick. The legislature passed an act enregistering the profession under the name of the Medical Faculty of New Brunswick. The profession in that province viewed with satisfaction the proposed Canadian Medical Association.

Moved by Dr. Harding, seconded by Dr. Marsden, that it is expedient for the medical profession of the Dominion of Canada, to form a Medical Association, to be called the Canadian Medical Association.

Dr. Marsden, of Quebec, viewed the resolution which he seconded as a most important one. He had long felt and advocated the formation of such an Association, and was much gratified at the success which promised to attend his exertions. On the passing of this resolution the functions of the Quebec Medical Society as connected with this Convention would cease, a new state of things being inaugurated.

Dr. Sewell then put the resolution which was carried unanimously, when he declared the Canadian Medical Association to be formed.

Dr. J. B. Garvic, of Halifax, moved, seconded by Dr. H. Blanchet, of Quebec: That the officers of the Canadian Medical Association shall be

elected annually, and shall be a President, four Vice-Presidents, one for each Province, one Recording Secretary, four Corresponding Secretaries, one for each province, and a Treasurer.—Carried.

Moved by Dr. Tassé, Inspector of Prisons, seconded by Dr. LaRue of Quebec, that a nominating committee be appointed, composed of Drs. Marsden, Tessier, Robillard, Howard, Roseburgh, Harding, Hamilton, Steverman, DeWolf, Sangster, Wright and Dickson.

Moved in amendment by Dr. Richardson, of Toronto, seconded by Dr. Hillary of Aurora.

That the elections of four Vice-Presidents and Secretaries be left to the delegates of each Province.

Moved in amendment to the amendment by Dr. Worthington of Sherbrooke, seconded by Dr. Gilbert of Hatley :

That the Nominating Committee for the Election of Officers be composed of two representatives from each of the incorporated schools of the Dominion of Canada, and two from each of the several Provinces not connected with the medical schools.

A good deal of discussion ensued upon the main motion and upon the amendments, but upon the amendment being put it was lost.

The amendment to the amendment was then withdrawn, when, the main motion was put and carried. It being one o'clock, the Convention adjourned till two o'clock.

At 2 o'clock the members of the Convention assembled, but as the Nominating Committee had not concluded their labours, it was nearly 3 o'clock before the meeting was called to order by Dr. Sewell, who then announced that the members of the convention and their ladies were invited by the proprietors of the Beauport Lunatic Asylum to visit that institution to-morrow at two o'clock. The Convention would meet at the Laval University at half-past one, when the Quebec Medical Society would provide means of transit to the Asylum.

Dr. Marsden, on behalf of the nominating committee, recommended the following as the list of officers for the Canadian Medical Association. —President, the Hon. Dr. Tupper, C.B., of Halifax. Vice-President for Quebec, Dr. Peltier; Secretary, Dr. D. C. MacCallum. Vice-President for Ontario, Dr. E. M. Hodder, Toronto; Secretary, Dr. Wm. Canniff, Belleville. Vice-President for Nova Scotia, Dr. R. S. Black; Secretary Dr. DeWolf. Vice-President for New Brunswick, Dr. Le Baron Botsford; Secretary Dr. W. T. Harding.

General Secretary, Dr. A. G. Belleau, of Quebec, Dr. R. H. Russell, of Quebec, Treasurer.

The Association then proceeded to elect its officers. The Hon. Dr.

Tupper, C. B., was elected President by acclamation. He was then conducted to the chair, (amid loud applause,) which was vacated by Dr. Sewell.

Dr. Tupper in acknowledging his election said:—He was sure they would believe him when he said that, taken entirely by surprise, he could find no words adequately to express the deep emotions excited by the great and undeserved honor which they had just conferred. Her Majesty the Queen was graciously pleased to mark her appreciation of his services in promoting the political union of the British North American Provinces, and he had had the high gratification of being seven times elected to represent his native county in the Parliament of his country, but he could assure them that no distinction that he had ever received had been a source of greater gratification or pride than his appointment by the vast body of distinguished and able representatives of the medical profession which now fill this Hall. When he saw before him so many gentlemen who had by their great learning and professional attainments, achieved a European as well as British American reputation, he felt deeply his unworthiness to fill the high position to which their kindness had elevated him; but inadequate as he might be to discharge the important duties of President of the Medical Association for the Dominion of Canada, he would yield to no man in ardent desire to promote to the best of his ability the interests of the profession to which he had the honor to belong. The last time he was in this Hall, it devolved upon him to respond on behalf of the Union Delegates from the Maritime Provinces, to an address presented to them by the distinguished faculty of the far famed University of Laval. The organization of this association was but a fitting sequel to the Union of the British American Provinces which has now been consummated, and which would, he hoped and believed, give increased elevation to all those institutions, whether political, professional or social, upon which the status and character of a country must depend. It was not his province to speak but to listen, but he could not refrain from saying that he trusted their deliberations would show to the world that their leading objects were to protect the health and lives of the people of this Dominion from the unskilled treatment of incompetent men, and to provide in the most effectual manner for the due qualification of the members of a profession so important as their own. Again thanking the gentlemen for the great honor they had done him, he must beg that kind co-operation and support at their hands, without which he should be quite unequal to the position in which they had been pleased to place him.

Dr. Peltier was then unanimously elected Vice-President for the Province of Quebec.



On the motion to make Dr. D. C. McCallum Corresponding Secretary it was proposed in amendment by Dr. Fortier, seconded by Dr. Desjardins, that Dr. Rottot's name be substituted for that of Dr. McCallum as Corresponding Secretary for the Province of Quebec.

Dr. Rottot rose and said he would prefer that an English-speaking, practitioner should be chosen, as the Vice-President for the Province of Quebec was a French-speaking member.

Another amendment was proposed by Dr. Gilbert, that Dr. Hingston's name should replace that of Dr. D. C. McCallum. It was seconded by Dr. A. G. Fenwick.

A member said Dr. McCallum should not be elected, for he had not shown interest in the movement, not being in attendance.

Dr. R. P. Howard said Dr. McCallum was absent, not because of lack of interest in the movement, but simply because he was not named by the Faculty of McGill College to represent it at the Convention.

Dr. Hingston declined the honor, stating the Association would be better served by Dr. McCallum, and Dr. Gilbert withdrew his amendment.

Another amendment, proposed by Dr. Gauthier, named Dr. Penchaud as Secretary.

Dr. Scott, of Montreal, said Dr. Penchaud resided at Varennes, fifteen miles from Montreal, and thought it was desirable that the Secretary should reside in the same city as did the Vice-President, which was in Montreal. The amendment proposing Dr. Penchaud was put to vote and lost.

The other amendment proposing Dr. Hingston was then put and carried, Dr. Hingston having consented to serve. Dr. Hingston was then declared the Secretary for the Province of Quebec.

Dr. A. G. Belleau, of Quebec, was then elected the General Secretary of the Association.

Dr. R. S. Black was then elected Vice-President for Nova Scotia, and Dr. DeWolf Secretary for the same.

Dr. Botsford was elected Vice-President for the Province of New Brunswick, and Dr. W. T. Harding Secretary for the same.

On the motion to elect Dr. Hodder, of Toronto, as Vice-President of Ontario, being put, Dr. Richardson, of Toronto, moved that Dr. Beaumont's name be substituted.

Dr. Dickson of Kingston, gave the reasons why the committee had named Dr. Hodder. Dr. Beaumont's name was not mentioned at all in Committee. Dr. Hodder held the highest gift of the College of Surgeons in his possession, viz., the Fellowship, and had done as much as any one in Ontario to advance medical education. He

had also been engaged in teaching medicine for the past twenty-seven years, and was still so engaged.

Dr. Aiken, of Toronto, supported Dr. Hodder, and gave his reasons for so doing. Dr. Hodder would have been here had it been possible.

The amendment naming Dr. Beaumont as Vice-President for Ontario was put and lost. Dr. Hodder was then elected. Dr. Canniff, of Belleville, was then elected Secretary for Ontario.

Dr. R. H. Russell, of Quebec, was then elected Treasurer of the Association.

After some further conversation, the Convention adjourned at 5 o'clock, to meet the following morning at 9 o'clock.

#### SECOND DAY, OCTOBER 10th.

Nine o'clock this morning was the hour named for the Association to re-assemble; but the dissipation of the previous night made many rise somewhat later, and it was quite ten o'clock when Dr. Tupper, C. B., took the chair, and called the meeting to order. Dr. A. G. Belleau, the General Secretary, then read the minutes of the previous day's proceedings, which, after one or two slight corrections, suggested by Dr. Marsden, of Quebec, were declared confirmed.

Dr. Sangster, of Toronto, rose and said he had observed that the morning papers had stated that the reporters from the press had been refused admission to the meeting of the Convention. If such was the case he certainly thought a mistake had been made, and that no time should be lost in rectifying it.

Dr. Marsden, of Quebec, rose and offered an explanation. The Quebec Medical Society who had called the convention together had decided that as many private details would have to be arranged at the opening of the convention, not to admit reporters, but the moment the Canadian Medical Association was formed, the functions of the Quebec Society ceased. He thought that after that reporters should have been admitted.

Moved by Dr. Canniff, of Belleville, seconded by Dr. John R. Dickson, of Kingston,

That the members of the Press be admitted to all the deliberations of the Canadian Medical Association.—This was carried unanimously, but we did not see that any representatives of the fourth estate made their appearance.

Dr. A. M. Rosebrugh of Toronto, said that as considerable expense would be incurred in the first working of the Association, he would move, seconded by Dr. Marsden of Quebec, that the members present be assess-

ed in the sum of four dollars for the current year, and that that sum be paid forthwith to the Treasurer.

Dr. Rousseau, of Quebec, proposed in amendment, seconded by Dr. Fortier, of St. Clet, that the subscription to the Association for this year be \$2.

A good deal of discussion ensued both upon the original motion, and upon the amendment. Many seemed to be of opinion that if the subscription was only \$2, a greater number of country practitioners would join. Finally Dr. Rosebrugh withdrew his motion for \$4, when Dr. Hingston of Montreal moved, seconded by Dr. DeWolf of Halifax, that the annual subscription be \$3. Some further discussion took place, when the motion for \$3 was put and carried by a small majority.

The Treasurer then opened his books and the members present began rapidly to pay their subscriptions.

Moved by Dr. J. B. Gibson, of Dunham, County of Missisquoi, seconded by Dr. P. O. Tessier of Quebec.

That a committee of seven members shall be appointed to frame a constitution and by-laws for the government of the Canadian Medical Association, to report at the next annual meeting, and that the following gentlemen do form the said committee:—Dr. J. E. Landry, of Quebec, Dr. Marsden, of Quebec, Dr. Peltier, of Montreal, Dr. W. H. Hingston, of Montreal, Dr. H. H. Wright, of Toronto, Dr. J. H. Sangster, of Toronto, Dr. Canniff, of Belleville,—This motion was carried.

Dr. Dickson of Queen's College, Kingston, moved, seconded, by Dr. Francis W. Campbell, of Montreal, that the following be a committee to consider the question of preliminary education, and to report at the next meeting; Dr. Sangster, Toronto; Dr. Parker, of Halifax; Dr. Sewell of Quebec; Drs. R. P. Howard and Rottot Montreal; Dr. Hamilton, of New Brunswick; Dr. Aiken, of Toronto; and Dr. Painchard, Varennes.

Dr. McNeil Parker, of Halifax, rose and made the suggestion that at the close of the conference the various committees should meet and arrange preliminaries as to how the subjects allotted them should be taken up.

The President then remarked that the more correct form to bring forward the resolutions would be simply affirming the necessity for the formation of committees; afterwards, to name the committees.

It was then proposed by Dr. Landry of Quebec, seconded by Dr. Blanchet of Quebec, that a committee be appointed to report on such means as will insure a uniform and elevated standard of Medical education throughout the Dominion of Canada, and to report at the next meeting of the association.—Carried.

The following gentlemen were then proposed and elected members of the said committee: Dr. F. A. H. LaRue, of Quebec, Dr. J. R. Dickson, of Kingston, Dr. R. P. Howard, of Montreal, Dr. H. H. Wright, of Toronto, Dr. Trudel, of Montreal, Dr. James H. Richardson, of Toronto, Dr. C. V. Berryman, of Toronto, Dr. E. D. Worthington, of Sherbrooke, Dr. McMaster, of Toronto, Dr. D. Burdett, of Belleville, Dr. W. Bayard, of New Brunswick, Dr. McNeil Parker, of Nova Scotia, Dr. P. O. Tessier, of Quebec, Dr. C. F. Painchand, of Varennes.

It was then moved by R. H. Russell, M. D., of Quebec, seconded by W. J. Aiken, M. D., of Toronto, that a Committee be appointed to report on the best means of having a uniform system of granting licenses to practice medicine, surgery, and midwifery in the Dominion of Canada. —Carried.

Dr. Russell was proceeding to speak upon the necessity which existed for some action being taken, when Dr. Sangster, of Toronto, suggested that it would be better not to enter on the discussion just now, so little time being at their disposal, but to wait the report of the Committee which would be appointed.

This being the general opinion, Dr. Russell did not continue his remarks.

Some discussion took place as to the *personnel* of the Committee. Several members stating that there seemed to be too much the idea that none but members, "professors or lecturers" of schools should be appointed on these Committees. The profession outside of the schools had as much at stake, and as much interest in this matter, as had the schools, and they trusted a fair representation would be given them.

After several lists had been suggested it was at length decided that this Committee should be the same as the Committee on medical education, substituting that of Professor George W. Campbell, of McGill University, Montreal, for that of Professor R. P. Howard.

Moved by Dr. W. H. Hingston, of Montreal, seconded by Dr. E. Robillard, of Montreal, and

*Resolved.*—That a committee of eleven members be named to report on the best means of obtaining a system of vital statistics, and that the following gentleman be elected members of the said Committee: Dr. J. C. Taché of Ottawa, Dr. F. H. A. LaRue, of Quebec, Dr. G. E. Fenwick, of Montreal, Dr. Hingston, of Montreal, Dr. Canniff, of Belleville, Dr. Bayard, of New Brunswick, Dr. H. S. Muir, of Halifax, Dr. L. Tassé, Dr. Harding, of New Brunswick, Dr. Beaubien, of Quebec, and Dr. Thorburn, of Toronto.

Moved by Dr. N. De Rainville, of St. Barthoelmie, seconded by Dr. E. Lindsay, of Quebec:

That a Committee of seven members be formed to consider the best means of securing the proper registration of licensed practitioners in medicine throughout the Dominion of Canada.

Proposed in amendment by Dr. H. H. Wright, of Toronto, seconded by Dr. W. T. Aikins, of Toronto.

That the Committee to consider the question of Registration be the same as the one on By-Laws.

The amendment being put to vote was declared carried.

On suggestion of Dr. Hingston who said his time would be so much occupied on the Committee of Statistics, and other Committees, the name of Dr. Francis W. Campbell of Montreal was substituted for his own, in the registration department of the by-law Committee.

The question of appointing a Committee on the subject of Hygiene was discussed at some length. Some considered the subject of sufficient importance to demand a separate Committee, but the majority decided that the subjects of Statistics and Hygiene were so intimately connected that it was impossible to separate them. The question of hygiene was then by unanimous consent referred to the Committee on Statistics—a motion being made by Dr. Hingston of Montreal, seconded by Dr. Robillard of Montreal, to the effect "that the Committee on Statistics be styled the Committee on Statistics and Hygiene."

The following were named a committee to draw up a code of Medical Ethics for the government of the profession, viz. Drs. Marsden and Sewell, of Quebec; Dr. T. S. Parker, of Guelph; and Dr. A. M. Rosebrugh, of Toronto, Dr. Hamilton and Dr. Wadell, St. John, N. B., Dr. J. B. Garvie, of Halifax; and Dr. Steverman, of Lunenburg, N. S., Drs. Munroe and Peltier, of Montreal; Dr. Bovell, of Toronto; and Dr. Burdett, of Belleville.

Moved by Dr. Sangster, of Toronto, seconded by Dr. Parker, of Halifax, Nova Scotia, and it was unanimously

Resolved that the cordial thanks of this Association are due and are hereby tendered to Dr. J. A. Sewell, the President of the Quebec Medical Society, and to the members of the same society for their earnest and continued exertions in the originating and carrying to a successful issue the formation of a Medical Association for the Dominion of Canada, and the members of this Association cannot separate without giving expression to their very high sense of the courtesies extended to them and their appreciation of the very excellent arrangement for the comfort and convenience of the delegates.

This resolution was carried amid enthusiastic applause.

The question of the next place of meeting was then taken up. A com-

mittee was spoken of to select the place, but it was decided to settle upon the place of meeting in open conference. Dr. Tupper remarked that it would give the Medical Profession of Nova Scotia, and especially of Halifax, very great satisfaction if that city, all things being equal, could be selected as the next place of meeting. As that occasion, however, would be one of very great importance, if it was thought a full attendance could not be obtained at a place so remote as Halifax, they would forego the pleasure, for the good of the Association—in the hope that when the Association was in full working order, it would give them the pleasure of a visit.

Dr. Sangster, of Toronto, said that all local considerations should be abandoned for the general good, and he knew of no place so likely to secure a large attendance as Montreal. He had great pleasure in proposing that the first Annual Meeting of the Canadian Medical Association be held in Montreal, on the first Wednesday in September, 1868. This was seconded by Dr. Gilbert of Hatley.

Dr. Wright, of Toronto, moved in amendment, and seconded by Dr. Canniff, of Belleville, that the time of meeting be changed to the first Wednesday in June.

Some discussion ensued—but on the amendment being put to vote it was lost, and the main motion, naming Montreal as the place of meeting, and the first Wednesday in September as the time, was carried by acclamation.

The members from Montreal present assured the Association of a warm welcome from the profession in that city. The question of arrangements was left to the Montreal members.

Moved by Dr. R. P. Howard, of Montreal, seconded by Dr. Parker, of Halifax, Nova Scotia, and

Resolved unanimately that the thanks of this Association are due to the Rev. Mr. Methot, Rector of Laval University, for the kindness and public spirit with which he has afforded accommodation to the Association at its first meeting, and are hereby tendered.

Moved by Dr. Parker, of Halifax, seconded by Dr. DeWolf, of Halifax,

That all payments of monies connected with the Association shall be on the order of the Vice-President, countersigned by the Secretary of the Association.—Carried.

Moved by Dr. Worthington, of Sherbrooke, seconded by Dr. Gilbert of Hatley,

That the proceedings of this conference be published in the Canada Medical Journal, and that 300 copies of that journal be sent to the

various Vice-Presidents for distribution, also that 200 copies of the proceedings of the conference be struck off in French in pamphlet form, under the care of the editors, and that they be distributed among the members. Carried.

It was announced that the various committees would meet in Montreal two days previous to the next annual meeting to arrange finally their reports.

Dr. Tupper was requested to leave the chair, and Dr. Sewell was called thereto. It was then moved by Dr. W. E. Scott, of Montreal, seconded by Dr. R. P. Howard, of Montreal, and resolved, that the thanks of this meeting be voted to the Honorable Dr. Tupper, C.B., for his able and impartial conduct in the Chair, which has contributed so much to the success of the meeting.

Dr. Tupper having briefly replied, he declared the meeting adjourned to meet in Montreal, on the first Wednesday in September, 1868.

#### VISIT TO BEAUPORT LUNATIC ASYLUM.

In accordance with the invitation given the previous day, those members of the Association whose time permitted, found on the adjournment of the meeting that ample provision had been made to transport them in ease and comfort to Beauport Asylum. At 2 o'clock upwards of thirty carriages, in which were a number of ladies, left the Laval University for Beauport.

The day had opened gloomy and wet, but brightened up about noon, and made the drive a most agreeable termination to the proceedings of the Conference. So lovely was the drive that almost too soon the Asylum was reached. A grand triumphal arch was erected outside the entrance to the grounds, and a perfect plantation of well-trimmed evergreens marked the long line of carriage drives through the lawn that fronts the spacious buildings. The proprietors, Dr. Landry and Dr. Roy, received their guests at the principal portico, and after the usual interchange of compliments, showed the whole party round the premises. Attended also by Superintendents Vincelet and Mrs. Vincelet, and the Resident Physician, Dr. Pickup, the visitors proceed along the entire suite of rooms on one floor, ascending the end stairway, and returning through the suite of rooms above, passing through corridors, refectories, dormitories, parlours, and sleeping apartments and cells, till each of the buildings devoted respectively to the male and female patients had been thoroughly inspected, and nearly all of the 614 patients seen.

#### THE LUNCH.

The visitors having completed their inspection of the Asylum, were shown into a spacious hall where a sumptuous lunch was spread for them

The hall was nicely decorated with flowers and evergreens, interspersed with mottoes of welcome.

DR. LANDRY, after the customary loyal toasts, proposed the health of Dr. Tupper, the President of the Association. He alluded to the success which had attended the efforts of the medical men of Quebec to bring the profession more closely together, and congratulated all upon the choice they had made of Dr. Tupper as President. The Association was started under good auspices and must succeed. The presence of so many medical men was highly complimentary to the Asylum, and Dr. Roy and himself were proud of the opportunity of showing how such institutions were managed. The institution had met with every support from the government of the former Province of Canada, and hoped to deserve assistance from those who were now in power, almost by public acclamation. The proprietors had but one feeling, that of thankfulness for the past, and confidence for the future, and heartily welcomed the association and its distinguished President.

DR. TUPPER acknowledged the toast in a happy manner. After referring to the honor conferred upon him by the profession, he spoke of the kindness he had met with from his Confreres, throughout the Dominion, and more especially at the Convention. From the first hour he had become acquainted with Quebec and its inhabitants, he had formed an impression of the great advantages attendant upon an alliance of his own province with those to which she was now united. He would carry away with him a most grateful recollection of his reception here and the hospitality extended to him. The ball of last evening had given him a livelier and still more exalted idea of the loveliness and refinement of the ladies of Quebec. He had often wondered how so remote a city as Ottawa could have been selected as the seat of Government, but he now saw how desirable it was that the grave business of legislation should be disposed of elsewhere than amidst such continuous scenes of fascination and excitement as had been presented in this gay city of Quebec. His friends the delegates to the Medical Convention were deeply sensible of the attentions they had received, and particularly from the proprietors of this the most important institution of Lower Canada, an institution which appealed to the sympathies and feelings of all, and which was conducted in a manner reflecting the highest credit upon the country and the gentlemen who have undertaken its management. He concluded by asking permission to propose the toast of "The Ladies of Quebec" which was enthusiastically received.

DR. LANDRY proposed "The Delegates to the Convention." The medical men of Quebec heartily welcomed their brethren of the Domin-



ion, and trusted that the acquaintanceships which had been formed, would long continue. There could be no doubt of the benefits of intercourse of this kind between members of the same profession.

The toast was briefly responded to by Dr. Parker, of Halifax, Nova Scotia, Dr. Dickson, of Kingston, and Dr. Rottot of Montreal.

The guests then re-entered their carriages, and returned to Quebec. Thus was brought to a close, the first Medical Convention ever held in Canada. On all hands it is admitted to have been a very great success, even beyond the anticipations of its most sanguine projectors. An Association started under such auspices, has the elements of vitality, and we are much mistaken, if the Canadian Medical Association, does not soon take rank, as the leading scientific Association of the country. The profession of the Dominion owe a debt of gratitude to the Quebec Medical Society, the callers of the Convention. They must feel amply repaid for their exertions (which must have been great) by the success which has attended them.

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## PERISCOPIC DEPARTMENT.

### Medicine.

#### GENERAL RULES FOR DIAGNOSIS AND TREATMENT OF DISEASES OF THE HEART.

By DAVID WOOSTER, M. D.

##### RULES FOR DIAGNOSIS.

I. If the patient, otherwise in good health, complain of uneasiness in the præcordial region, cardiac disease may be suspected.

II. If a murmur is heard at the base, systolic in time, (that is, with the first sound of the heart,) which diminishes in intensity as the ear is moved towards the left nipple, it indicates roughness of the aortic orifice.

III. If a systolic murmur be heard at the præcordia, and if it increase in intensity as the ear is moved toward the left nipple, and diminish as the ear is moved up the sternum, it indicates *mitral regurgitation*, that is, insufficiency of the mitral valves.

IV. A murmur heard at the base of the heart, (about the junction of the third ribs with the sternum,) thence down the sternum, coincident with the *diastole*, (second sound of the heart,) indicates *aortic regurgitation*. If to this sign be added visible superficial pulses, and a hammering pulse at the wrist, aortic regurgitation is certain.

V. A murmur coincident with the second sound heard about the left nipple, or in the fifth interspace below and to the right of the left nipple, and along the heart towards its base, and nowhere else, indicates mitral constriction. [This murmur is very rarely heard.] If to this be added a slight cough, the lungs being sound, and hypertrophy of the right ventricle—mitral constriction is indubitable.

VI. A murmur heard loudest above the base of the heart in the upper part of the thorax, indicates aneurism of the aorta, or innominata, or subelavian artery. If to this sign be added a pulse of unequal strength in the two wrists, or absent in one wrist, aneurism is almost certain. Difficulty of deglutition and paroxysms of dyspnoea add greatly to the probabilities of aneurism; indeed, with the preceding signs, render it indubitable.

VII. If there be bulging of the left side, near the mid sternum, and heaving impulse of the heart, and strong full pulse, there is *hypertrophy* of the heart.

VIII. If there be a visible undulatory impulse, or heaving of chest, if the pulse be not strong nor very resistant, if the first sound of the heart be clear and more distinct, and seem nearer the ear, and have more of a knocking character, there is *dilatation* of the heart. If there be much bulging of the interspace, and if the pulse be strong enough for hypertrophy; if the apex be outside of the left nipple and below the sixth rib, there is hypertrophy with dilatation. If there be also dropsy of the lower extremities, the probabilities of dilatation become certainties.

IX. Basic murmur, coincident with first sound heard loudest at the junction of the third costal cartilage with the sternum, and thence down the sternum, attended with persistent and jugular pulse, indicates almost positively tricuspid regurgitation—insufficiency of the tricuspid valves: if to these two signs general turgidity of the venous system be added, *tricuspid regurgitation* becomes certain.

X. An *endocardial murmur*, whether systolic or diastolic, whether at the base or apex, heard suddenly during course of an acute rheumatism, or after a violent blow on the præcordia, or during Bright's disease of the kidneys, indicates *endocarditis* in the most positive manner.

XI. An *attrition* or *friction* sound heard over the præcordia, that is, over the fifth left costal cartilage, while the patient holds his breath, indicates *pericarditis* in the most positive manner.

XII. *Softening of the heart*, without fatty degeneration, occurs only in cases of asthenic or adynamic diseases of an inflammatory nature. If in such cases the pulse grows feeble out of ratio with the intensity of the adynamic disease—for example, a typhus or typhoid fever—and remains weak

and unequal, become easily excited and fluttering, if at the same time the patient feel steady præcordial uneasiness, *softening*, of the non-fatty variety, is extremely probable.

XIII. If the same symptoms mentioned in the foregoing rule be observed in a *bon-vivant* of luxurious and idle habits, especially if he be at the same time an intemperate drinker, *fatty degeneration* of the heart is almost indubitable. If to these symptoms be added epileptiform seizures, and if the respiration varies greatly in uniformity as to frequency and force without any external cause, and at the same time the patient be over forty years old, *fatty degeneration* may be considered certain.

XIV. *Angina pectoris* cannot be mistaken if the suffocation, præcordial pain, the dread of imminent death, have once occurred, so as to be described by the patient in these or similar terms, without having been questioned by the physician. The symptoms pertain, in their clearness and pertinence, to no other affection.

XV. A *murmur* coincident with the first sound heard at the base and propagated up the aorta, in an anemic person, whose blood under the microscope exhibits defect of red or excess of white globules, is an inorganic *murmur*, and indicates merely altered condition of the blood, or altered dynamism of the heart.

#### PRINCIPLES OF TREATMENT.

I. The first and most important principle to be kept in view in treating a diseased heart, is, *to diminish the labour it has to perform*.

II. This is done in two ways. Directly, by diminishing the amount of blood in the body; by *diminishing* the functional activity of all the organs not concerned in secretion, and by *increasing* the functional activity of the skin, liver, kidneys, lungs and alimentary canal.

III. Blood may be abstracted directly, either from the arm by venesection, or from the præcordia by cups, when from general plethora or overwhelming local congestion, a sudden diversion to the blood-current is deemed essential; or the total quantity of blood in the system may be diminished by reducing the weight of the body—the loss of eight pounds of weight is the loss of one pound of blood. Blood never is to be taken with a view of cutting short an inflammation, or *curing* either an acute or chronic affection, but merely for the purpose of relieving an urgent symptom, or arresting an imminent catastrophe. On the other hand, bleeding is not so hazardous as many would wish us to believe. If the digestive organs are unimpaired, loss of blood by hemorrhage is restored with astonishing rapidity. In this respect, anemia from traumatic hemorrhage or venesection is widely different from pathological anemia, depending on lesions of nutrition, assimilation and innervation; in short, on lesions of

all the organs of the body. Blood deterioration in this case is repaired with extreme slowness, and this is not to be used as an argument against venesection, leeching, or cupping. A few pints of beef tea will restore as many red globules as are removed by a copious bleeding.

IV. So local bleeding, even in *anemia* of slow growth and long duration, is not always objectional to mitigate a threatening local symptom. For example : take a case in another department of pathology. A child of six months, more or less, badly nourished, with insufficient mother's milk, and cow's milk and farinaceous mixtures, has chronic diarrhœa. If in the course of treatment we intentionally diminish without arresting the diarrhœa, the child now has tonic spasm of the fingers and toes, the eyes pitch back under the brow, or look straight onward, seeing nothing ; it rolls its head and moans, and starts with sudden shrieks. This child is anemic, very pale, waxy almost, but its head is burning hot. Now, if a single leech be applied at the anterior fontanelle and allowed to fill, and after it drops off, the bleeding be encouraged by the application of compresses wrung out of hot water, not only over the bite, but over the whole top of the head, for the space of a whole hour ; if this be done within the first twelve hours after the tonic spasm becomes manifest, the chances are more than two in three the child will recover, providing it be nourished with *beef juice*, and medicated solely with minute doses of creasote subsequently, and kept warm at the abdomen and extremities. Now, this is a case in which an apology is needed : yet I have bled in twenty recorded cases in this manner, and in seventeen have had the satisfaction of seeing my little patients recover.

V. As a general rule, *depletion* by bleeding is not required in diseases of the heart.

VI. By abstinence from hard labour, mental or physical ; by abstinence from all severe exercise, and by avoiding all violent emotions or passions, the demands of the heart are obviously lessened, and hence its labours are lightened.

VII. By aperients regularly taken, by diuretics often repeated, by hepatic stimulants taken from time to time, by unobstructed access to the atmosphere at all hours of the day and night, by baths, frictions and abundant passive exercise, the functions of the liver, skin, lungs, kidneys and alimentary canal are certainly increased, and that not in a way to be detrimental to alimentation, assimilation and nutrition.

VIII. Whatever degree of sedative impression we desire to make on the heart, must be made slowly, not suddenly. A violent blow on the pit of the stomach will stop the heart forever. A thousand light blows or a heavy weight would produce but little effect. Small doses of cardiac

sedatives, often repeated and carefully watched, are better than large ones however judiciously administered.

IX. The quality of the blood must be maintained as near the normal standard as possible, while its quantity may be diminished by restricted diet, and certain evacuants, in proportion as the disease of the heart advances.

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#### TREATMENT OF MENORRHAGIA.

We have collected from some of the hospitals a few hints respecting the treatment of the different pathological conditions of which this symptom is so frequently an exponent, and these will probably be interesting as well as useful.

ST. BARTHOLOMEW'S HOSPITAL.—Dr. Greenhalgh remarks that by far the greater number of cases of menorrhagia are due to fibroid or fibrous out-growths or in-growths from the uterus, which are mostly treated by a pill composed of one-twelfth of a grain of bichloride of mercury combined with quinine and belladonna, to which is frequently added small quantities of the aqueous extract of aloes, taken night and morning for some weeks; a mixture composed of diluted sulphuric acid, tincture of Indian hemp, mucilage, liquid extract of ergot, syrup, and infusion of quassia, three or four times a day, being ordered just prior to and during the catamenial flow. Between the "periods" a draught of iodide or bromide of potass, with the liquid extract of ergot, sal volatile, and infusion of quassia, is given twice a day. If the loss of blood have been very great, or the patient be anæmic, the tincture of sesquichloride of iron with the liquid extract of ergot, chloric ether, syrup, and infusion of quassia, twice or thrice a day, with the pills, are prescribed. Where the patient is more or less plethoric, which is rarely the case, the sulphate of magnesia and digitalis, either with dilute sulphuric acid or salines, and scarifications or leechings of the cervix uteri, are found most serviceable in cases of subinvolution of the uterus attended with menorrhagia due to imperfect recovery from labour or miscarriage, hyperlactation, or other affections leading to constitutional debility, especially in the strumous habit, the syrup of the iodide of iron, with or without ergot, and with the pill above referred to, are found very efficacious. A similar course is pursued, sometimes with, sometimes without the pills, where the commencement of malignant disease is the exciting cause of this symptom.

In cases of Bright's disease and other affections interfering with the stasis of the blood, gallic or tanic acid, usually combined with henbane,

prove valuable hæmostatics; some preparation of iron with arsenic being usually ordered between the "periods." Where polypi, portions of retained ovum, or fibrinous clots are detected, they are removed.

Dr. Greenhalgh particularly draws attention to the frequency of menorrhagia as the result of collections of fecal matter in the large intestines and rectum, and of hepatic derangements occasioning mechanical irritation and congestions of the hæmorrhoidal vessels and uterus. For calculi, in additions to the pills, he prescribes repeated doses of the compound decoction of aloes with tincture of nux vomica.

In all cases he recommends quiet of mind and body; rest in the recumbent posture; nutritious and unstimulating diet; cold acid drinks; tepid or cold water vaginal injections: great moderation or total abstinence from sexual excitement.

He now and then has recourse to the following means: Matico-cotton plugs or pessaries; astringent vaginal injections; sponge tents; iodide of lead and atropine pessaries; iodized cotton; Hodge's and other pessaries in cases of misplacements of the uterus, &c.

Dr. Greenhalgh adds that *cæteris partibus*, menorrhagia is more prevalent among women of lax fibre, more especially if they have had many children or abortions in rapid succession; in those subject to acne, pruritus or eczema, and about the climacteric; in those of intemperate habits of various kinds, &c. He considers it is by no means always easy to determine whether the case is one of menorrhagia or threatened abortion.

UNIVERSITY COLLEGE HOSPITAL.—In all cases Dr. Hewitt attaches much importance to rest during the "period." Daily use of the vaginal douches of cold water is a valuable means of diminishing the congestion and restoring the lost tonicity of the uterus. The tincture of iron, in doses of from fifteen to twenty minims three times a day, combined with a few drops of glycerine, is very frequently given, and found efficacious where the system is debilitated from repeated losses of blood. In many cases Dr. Hewitt administers a few doses of ergot in powder (half a drachm three times a day).

The point to which the greatest attention is directed is procuring an exact diagnosis of the state of the uterus. Obstinate menorrhagia is often, Dr. Hewitt says, found to be due to some physical alteration of the uterus, overlooked and consequently not treated. Of the latter class of cases, retroflexion of the uterus is a most marked instance.

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We would call attention to the advertisement of Dr. Canniff's work on Surgery. It is a first class book, and as a Canadian production, should be encouraged.

# Canada Medical Journal.

MONTREAL, OCTOBER, 1867.

## THE MEDICAL CONVENTION OF CANADA:

We publish in this number of the Journal the proceedings of the most important meeting of the Medical fraternity that has ever been held in Canada. It is in every respect a matter of rejoicing that the profession throughout the Dominion of Canada has met and established (we trust on a firm basis) a Canadian Medical Association. The main object of that meeting was the advancement of our noble calling—the elevation of our profession. All honour then to the projectors of that meeting.

We believe that the idea originated with Dr. Marsden of Quebec, but the details, work and arrangements were carried out by the members of the Quebec Medical Society. Much credit is due the gentlemen composing that Society for the handsome manner in which the members of the Convention were received and treated during their sojourn in Quebec. Now that the Association is formed, we would gladly see it prosper and become an instrument for good in the hands of each and every member of the profession. In this connection we may be excused for bringing before the notice of our readers the *Canada Medical Journal*, and in doing so we desire to enter most fully into an explanation of our position as editors of this periodical. It will be observed that this is the fourth year of our literary existence. The journal is published by the Messrs. Dawson Bros. at their own risk, and thus far there is a broad margin against the publishers: as an enterprise, therefore, it is not a paying one. We, the editors, have no pecuniary interest in the periodical. Our only desire, hitherto, has been to see our profession well and liberally represented by a periodical of a purely literary character. There is no good reason why the circulation of our journal should not be four or six times what it is, and this could be effected by concerted action. There are numerous members of the profession throughout the Dominion who would become subscribers to the journal were they solicited; their names and residences we have not got, nor is there any means at our disposal of acquiring the information. We call then on all members of the profession to whom this number is sent, to forward to the publishers a list of practitioners in their immediate vicinity, with their names and address, who

would be likely to become subscribers; but it is not alone subscribers we need, we would solicit literary aid. If each member of the profession would take the trouble to note down the particulars of any special case and forward them for publication, we will undertake to see them fairly through the press. Now that a Medical Association in the Dominion of Canada has been most happily inaugurated, we would be glad to see this journal become the organ of that Association, and if, as we trust, a larger circulation is obtained, the journal can be augmented in size, or if it remains as at present, the subscription if thought excessive, can be lessened. These proposals we make in good faith; we are alone solicitous of shielding the liberal publishers of the journal against pecuniary loss, and at the same time, of making the journal the recognised organ of the profession throughout the Dominion of Canada. Indeed, were it possible, we would gladly publish the journal every week, but to do this we would necessarily require a regular corps of contributors. For the present such a project is impossible, but we do look forward to the day when in Canada there will be published each week the doings and observations of so important a body as the members of our profession. Medicine and Surgery are advancing rapidly as sciences, and we do not think that in Canada we are much behind the times—indeed, if we except the published results of our experience, which are meagre, we must admit from personal observation and knowledge of what is doing amongst us, that the profession in Canada will compare favourably with any country in the world.

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#### DISTRICT OF BEDFORD MEDICAL SOCIETY.

We are glad to notice that our friends in the District of Bedford are alive to the advantages which may be derived from forming themselves into a society. At the request of a number of practitioners, Dr. Gibson called a meeting of the profession of the District at Sweetsburg for the 28th of September, and on that day the following gentlemen were in attendance. Drs. Chamberlain, Brigham, Gibson, Cotton, Meigs, Battersby, Erskine, Hamilton, Jamieson, Wood, McGowan, Chevalier, Brown, Bowell, Smith, Kennedy, Whitwell. Dr. Chamberlain was called to the chair, and Dr. Whitwell requested to act as Secretary. On motion of Dr. Gibson, seconded by Dr. Brigham, it was resolved that the practitioners of the District of Bedford, Province of Quebec, do form themselves into a society, to be called "The District of Bedford Medical Society," and that the annual subscription be \$1. The following officers were elected for the present year." *President*, Dr. Chamberlain. *Vice-President*, Dr. Charles Battersby. *Secretary-Treasurer*, Dr. Whitwell. *Executive Com-*



*mittee*, Drs. Brown, Erskine and Meigs. The Committee were requested to draw up a code of by laws. After a vote of thanks to the chairman the society adjourned to meet at the same place on the 8th January next.

We wish the society every possible success, and will at all times be happy to publish its proceedings, which we trust our friend and old fellow student—the Secretary-Treasurer—will forward to us. The present information we glean from one of our daily city papers.

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#### TO OUR SUBSCRIBERS.

We are extremely anxious to obtain as complete a list of the members of the profession in the Dominion of Canada as is possible; unfortunately we are unable to get it from any official source, and have therefore to make an appeal to our subscribers. If every physician who receives the *Journal*, would take the trouble to forward to us a list of the practitioners in his neighbourhood, we would get a fair list, and we respectfully ask them to do us this favour, at their earliest convenience.

We again appeal to our subscribers for contributions. Subscribers in arrears would oblige the publishers by a remittance of the amount due.

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#### THE QUEBEC MEDICAL SOCIETIES BALL TO THE DELEGATES.

The ball, which was given to the members of the Canadian Medical Association by the Quebec Medical Society, took place in the evening of the 9th October, in the Music Hall, and was a gathering which did credit not only to the Society, under whose auspices it was undertaken, but to the ancient capital itself. Between eight and nine o'clock the guests began to arrive—and at half-past nine the Lieut. Governor, Sir N. F. Belleau (who was received at the entrance by a guard of honor from the 9th Volunteer Battalion), entered the room, the Band of the 30th Regiment playing the National Anthem. By eleven o'clock the Music Hall presented a gay appearance, the only drawback being its somewhat crowded state, the bright uniforms of the regulars and the volunteers contrasting well with the more sombre dress of the delegates. Dancing was kept up with unusual vigor till an early hour in the morning, staid professors of medical universities, in whose countenance a smile is seldom supposed to appear, tripping the light fantastic toe with an energy that showed how fully they appreciated the opportunity the Quebec Medical Society had afforded them of forgetting for the nonce the weightier matters which occupied the attention of the Association. At midnight a splendid supper, embracing everything that the most fastidious could desire, was spread in the large dining hall of the St. Louis Hotel, to which every guest did ample justice, nothing stronger than tea and coffee being supplied.