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CANADA

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Original Communications.

INTRODUCTORY ADDRESS TO THE FIFTY-FIRST SESSION OF McGILL MEDICAL FACULTY.

By JOSEPH WORKMAN, M.D. (McGill, '35), of Toronto.

Mr. Dean, Members of Faculties, Ladies and Gentlemen,—Should I omit to tell you that the embarrassment under which I to-night labor in appearing before you as the inaugurator of the 51st lecture-course of your school is not very much alleviated by my sense of the honor conferred on me by the distinguished Faculty who have invited me to assume the pleasing function, I would be alike unjust to my own feelings and insensible of the paternal—may I not rather say *filial?*—affection so generously manifested towards me on the auspicious occasion of the entrance of this now vigorous and prosperous school on its second half century of honorable labour. I am not, indeed, oblivious of the fact that for this happy privilege I am indebted certainly neither to my professional reputation nor to my large scientific acquirements, but to the stern fact of far advanced age, coupled, however, with that which I regard as an honor of high distinction—the circumstance of my being, with one exception, or, as I would hope, two, the oldest surviving graduate, not only of this medical *school*, but of the University of McGill *College* itself, for, as you must all well know, the Medical Faculty was not its first-born offspring, but was virtually and undeniably its nursing mother. It should never be forgotten that McGill College, as a teaching, living institution, was for many years known only through the energising vitality infused into its

crushed and torpid stem by the engraftment on it of the Montreal Medical Institution, of which this school is the direct lineal descendant. To the far-seeing sagacity of the men who accomplished this initiatory work may fairly be ascribed the honor of rescuing from oblivion, if not, indeed, from germinal death, the seedling erewhile committed to a soil not then well prepared for its reception and nutrition by the generous and patriotic James McGill; but there is in every good deed an element of vitality which would often seem successfully to resist inimical influences, and to endue its possessor, as in the wheat-grain long stored away beneath the swathings of an Egyptian mummy, with a marvellous faculty of renascence. Still, we know that the hidden thing must be brought under the sun's genial rays, and skilfully and sedulously cultured. This has been the good fortune of McGill College, which, by the energy, ability and noble devotion of the teachers in its various instructional departments, has attained an eminence beyond the most sanguine expectations of its founder and its early friends. Surely to have lived to see what I have seen, and what I now see, of the growth and prosperity of my *Alma Mater*, is a boon calling for my thankfulness to a gracious Providence. Most truly may I say, "*Nihil habeo quod accusem senectutem*"; for when all this pleasure has fallen to my lot, and when now the consciousness of senile decadence is mitigated by the manifestation of the tender politeness of robust manhood and aspiring youth, must not my present happy experience neutralize all regret over declining mental vigor? May this experience, gentlemen, await you all! It is well worth living for; yes, it is well worth living for, through even a battling, worrying life. Yet, as no pleasure is exempt from some element of associate or resulting pain, so now do some mournful reminiscences press in on my retrospect of the long past, when I view the many blanks in the roll of early friends connected with this school, both in the relation of teachers and pupils. Most truly, "*Pallida mors æquo pulsat pede pauperum tabernas, Regumque turres.*"

Long since have passed away the venerated men under whose instruction I took my seat three and fifty years ago, on the

modest benches of this school, in its infancy. They are gone, but their memory yet lives. I can still vividly recal the cheering placidity of the Nestor of the enterprise, to whose wise counsels and far-seeing predictive sagacity this school, and McGill College too, owe much more than has ever yet been accredited to him. Need I say that I allude to Dr. William Robertson? True it is, that he was not the Achilles of the longer than ten year's siege that preceded the surrender of the "Burnside" citadel, but he certainly was the able engineer who planned the lines of approach from which the final assault was to be made. In saying this, I detract not from the merits of my talented preceptor, Dr. John Stephenson, for from him I learned how valuable were the services of Dr. Robertson, who had, indeed, been his earliest medical preceptor. But valuable as were the wise counsels of Dr. Robertson in the founding of the medical school of McGill College, and in its early administration, I am abundantly warranted in stating that his services as a solid, reflective and painstaking teacher of the branches successively assumed by him were even more contributive to the ulterior success of the school. Would that, in corroboration of this frail tribute to his educational competency and zeal, I could now appeal to the testimony of others who profited by his wise and thoroughly practical precepts; but they are no longer here. I know, however, how highly they appreciated his abilities and acquirements, and I also know how valuable in after years were found his thoughtful, practical, and truly paternal instructions. In truth, we all regarded him with filial veneration.

Of the services of Dr. Stephenson, I know not what to say commensurate with either their efficiency or the irrepressible zeal and unflinching courage with which he performed them. We are told by some historians that Queen Mary (the Tudor) said to her courtiers that her heart, if examined after death, would show the word "Calais" engraved on it. If such a pathological finding may fall within the range of imaginative anatomy, we might poetically affirm that McGill College must have been legibly inscribed on the heart of Dr. Stephenson, for it constituted the warp and woof of his thoughts by day, and of his

dreams in the night; but not, as Queen Mary, was he fated to weep over the loss of the fortress. It was his fortune to realize the final success of his strenuous efforts; and though he was too early called from the scene of his labors, he lived long enough to see the object of his cherished hopes established on a secure foundation; and though the noble structures now held by your *Alma Mater* have been erected since his era, I would almost dare to say to those enquiring for his veritable memorial, as was sculptured of Christopher Wren—

"*Si monumentum quæris, circumspice.*"

I well remember his laments over the blank indifference, the chilling discouragements, and sometimes even the ill-disguised sneers he encountered in his earnest work, and these, too, in quarters from which he had a right to look for aid and encouragement. In after times, when it was seen that there was life in the thing, and some of the previously apathetic and motionless became inspired with a fervid love for McGill College, I could not help thinking how successful is success, and how inviting to flies is honey. Lord Chesterfield congratulated Samuel Johnson on the success of his dictionary, and even offered to become its future patron, but the Grub Street literary Hercules declined the honor. Just as honest old Sam *then* felt, must Dr. Stephenson many times have felt towards his new-born congratulators. He was not a man of honeyed words, but he had a good command of language, which was sometimes more forcible than flattering. This was, perhaps, rather his constitutional misfortune than his deliberate fault. He was warm in his friendships, but not always just in his resentments. His precipitancy of decision sometimes led him into errors, out of which the retracing of his steps was a task too humiliating for his self esteem; yet, with all his faults, or rather his failings, he acquitted himself, in every relation of life, with well merited general approbation.

I next come to the name of one whose memory will long be cherished, not only in this College, but in the entire community. It is that of the good, gentle, modest, patient and hard-working Andrew F. Holmes. Every industrious student that had the privilege of sitting under his instruction, or of asking his pater-

nal advice, found in him a real friend and a wise and frank counsellor. He was scrupulously punctual in all his engagements. We all knew that both in his class hours and those of his hospital visits we should lose no time in waiting for his appearance, and I doubt not that the good example thus given us by him proved fruitful in after years. Of all the qualities desirable in a medical practitioner, as, indeed, in any other member of society, none is more laudable, or more important, than punctuality in carrying out appointments. When this practice passes onward into habit, as it is in time sure to do, and when it is combined with general good order, as it was in an eminent degree in Dr. Holmes, it is sure in the end to command general respect, and to win that public reliance which more brilliant qualities, unassociated with it, often fail to secure or to retain. Of Dr. Holmes, as an honored member of society and an exemplary Christian man, eulogy, within this city, would be but intrusive supererogation. Nothing that is truly good can die. Goodness is as immortal as its Divine Author; and though men die, their good deeds live after them, and often prove abundantly reproductive. So has it been, I believe, with Dr. Holmes; and what better proof of the fact need I seek for than my present surroundings.

In reserving the name of Dr. Caldwell for the last place in this commemoration, I desire not to be understood as ascribing to him any inferior rank in the noble band of pioneers, but as he was called from life before the school had made much promising advance; and, indeed, before I took up the course of practice of medicine, I am unable to speak of his merits as a lecturer, unless in so far as I derived my information from other students, and especially from his private pupils, in whose number my lamented friend the late Dr. David was a devoted admirer, who never failed to manifest his high appreciation of the abilities and the personal worth of Dr. Caldwell. One thing was well known to us all, and that was, that Dr. Caldwell was a high-minded, polished gentleman; and I can add, for I well know the fact, that he earnestly co-operated with his colleagues in the arduous work of founding this school, and of fostering it in its struggling infancy.

Gentlemen, Professors, my purpose in offering the preceding lingering reminiscences of your school is two-fold. I would have you "to look back unto the rock out of which you were hewn, and the pit whence ye have been digged," but at the same time to look forward to the grandeur of the pile which you have been striving, and must continue to strive, to raise. Your school, in my days, could boast of only four teachers. I see it now numbers a score; and what between the splitting up of old chairs and the framing of new ones, it is utterly beyond the comprehension of an old fogy like me to divine the infinite divisibility or the immeasurable expansiveness of modern medicine. Pray Jupiter that you may not end by setting the St. Lawrence on fire, and destroying the shipping interests of this grand city,—which would be just the same as annihilating the city itself, for have not your river and its ships made Montreal what it now is? Of course I do not, in saying this, overlook the intellectual contribution of McGill College, nor the substantial quota furnished by the assiduous feeder of your commerce—my own modest province of Ontario.

I confess, however, that my fears in the direction of the danger just hinted at are materially allayed when I look down your programme of subjects, and see that your split-up chairs have not been reserved for kindling wood, but fissilated into a new brood, with a very judicious distribution of labor to each; and as to your new branches, I doubt not they are all very desirable additions in a complete course of medical education; still, I must say that I mourn not having escaped them, for I doubt whether, even with the aid of a hammer and cold chisel, they could all have been driven into my brain case. Thus far, gentlemen, professors, to you specially.

But you, dear suffering saints of students! what words can I find wherewith to depict your martyrdom? First and second year's men are, I see, caged and cribbed, with, *perhaps*, a few brief intermissions, from 9 in the morning until 10 in the night, and who knows how much your landladies deplore your consumption of midnight oil or your waste of gas? True, you are allowed a bit of Saturday afternoons as a respite, but I would

not be at all surprised to learn that you spend this in the dissecting rooms. How do you find time for shaving, darning your stockings, or sparking? Some of you, however, may as yet be beardless, and some of the more captivating of your number may have met with obliging cousins (you know what I mean), who close up the breaches of continuity in your pedal envelopes, and in all probability you will conserve your hirsute appendages, as the fair sex seem to favour this caprous variety of the *genus homo*. Still, your case is a hard one, not much better than that of Hood's toiler in his "Song of the Shirt." If, however, you live through your tribulations, you will be as stout as Indian braves, and prepared for any amount of killing.

As to you, third and fourth year's men, little need be said; like the Dublin fishwife's eels, you have become so used to flaying that you will flinch at nothing. So hold on, for if you drop off, your comrades will have no time to pick you up, and your cousins will lament their loss of time in darning and other promising amusements.

"*Dulce est desipere in loco*," says Horace, but some of you may think joking is here rather out of place. The frogs in the fable found no joke in being pelted with stones by idle boys, so I think it may be best to divert your attention to another subject, on which I promise you I shall be very serious.

Do you ever reflect how well it is for you that you have entered life after the advent of railroad traveling, electric telegraphing, ocean steam navigation, &c.? I am sure you very often gaze enraptured over those lovely photographs which you have brought with you, to keep warm your devotion to certain divinities, the mysteries of whose worship you have not required to come to this school to learn. All these triumphs of science and inventive art have been achieved since my student days. But a question yet more important is,—Have you duly appreciated the educational facilities you have enjoyed, contrasted with the lack of these, which fell to the lot of your fathers and grandfathers; and, coming home to your present position, do you duly value the profuse advantages now presented to you in this flourishing and well distinguished medical school? If you do, seize them

and profit from them while they are within your reach; opportunity neglected is often very shy of return, or even very resentful. Procrastination is not only the thief of time, but very frequently the successful hider of the stolen treasure. Some of you no doubt purpose, after quitting these benches, to pass onward to the great schools of Europe. This is well, and your present teachers will approve of your determination; but if this expectation leads you to slight present opportunities, as in truth I have sometimes observed it to do, it would be far better that your pecuniary resources were too slender to warrant the expenditure. I am quite sure that your experienced advisers here will tell you that in order to profit well by your studies abroad, you must carry a good supply of knowledge from home, and with this the fixed purpose of persistent industry and of adding all you can to your stock.

An old English proverb, which must have been coined in France, says:

> "Send a goose to Dover,
> And he will come a goose over."

The pronoun shows that this goose must have been a gander, consequently he was not a good sitter. I have, in my time, seen a few of these anserine wanderers take wing and come back again; some rather thin of feathers, but others in full plumage, and much improved in gabbling powers. Nobody ever suspected they would come back swans. But, on the other hand, I have known many clever, hard-working young men who crossed the seas and profited largely, because they started with a good capital, which they brought back largely augmented; and with this they also brought back, not decreased, but even enlarged, their constitutional modesty. Wherever you may go, gentlemen, take care of this commodity. It is an adornment no less becoming in a physician than in a woman, and as all sensible persons know that it is most usually and most largely found in those whose large acquirements have taught them how much they have yet to learn, its possessorss must, in the long run, become, if not the richest in this world's gear, yet the richest in the good opinion of all those whose esteem is worth striving for.

It is a most gratifying fact, and, indeed, one of which Canadians should feel proud, that so many of our young men have acquitted themselves with honorable distinction in foreign schools. We may rest assured that these devotees of science have striven, not alone to win honor to themselves, but to add more to their colleges at home. This is a noble proof of laudable ambition and true patriotism; let us hope that it may continue to be often exhibited, for we have a country worth honoring and loving, a grand inheritance, which we must well guard and cultivate, that we may hand it down, not merely unwasted, but amplified and enriched, to posterity.

I might here, young friends, close what I have to say to you, for though your venerable Dean, in his letter of invitation to me, made a good-natured allusion to my quondam experience as a medical teacher, I have not the hardihood, in the presence of those who constitute your professorial staff, to offer a word of suggestion as to the manner in which you should apply yourselves to the study of the various branches which you will have to master. You are in the hands of able, learned and honorable men, who will fail in nothing that may tend to your best interests. There is, however, one subject on which I would detain you for a little longer, and it is one on which my age and prolonged observance have given me some pretensions to speak with strong conviction. What I desire to say more immediately concerns those of your number who are nearing the close of their studies, and are naturally looking anxiously forward to the time when they shall take their position in the ranks of authorized practitioners of the art of medicine, but as I shall never have another opportunity of addressing you, I would request that you will all give kind consideration to my words.

I would then beg of you that you will, when you enter the field of practice, carry with you, into it, some adequate protection against the misfortune of idleness. Do not flatter yourselves that a host of sick people will be waiting for your kind attentions or your superior skill, or that those who are in good health will endeavour to become sick, in order to recruit your slender finances. You will have much wearisome waiting, not merely

for patients, but, alas! for the payment of your hard-earned fees; you will have many an hour of trying expectation, not less trying than that of a spider, yearning for the visit of a hunger-relieving fly. Learn, then, a lesson from the spider, for spiders are sagacious artists. I here allude to their skill in weaving, not in killing, which you had better not imitate. They are very close stayers at home, and they never keep a decent caller long waiting at their bell-pull. I cannot tell you how they contrive to while away their waiting hours. Most probably a good deal of it is spent in that physiological process which psychologists now call unconscious cerebration, but it is very reasonable to believe that they are then elaborating new material for use in future exigencies. In this operation you may profitably imitate them, but your cerebration had better be of the conscious sort. We know more of what they are not doing when watching their lines, than we do of their domestic engagements. They are not smoking, nor playing cards, and nothing could tempt them out to a horse-race, a cock-fight, or a nigger dance. They may not shun taverns, for flies are plentiful there; but you may rely on it, they would prefer that these patients did not poison their blood with alcohol. You will be exactly of the same opinion, in due time, if you cultivate the patronage of tavern frequenters, for they are both bad patients and bad pay. As to the class of literature most indulged in by our arachnidian brethren, I can only tell you that it is not trashy dime novels, or newspaper politics and sensational balderdash. By none of these could their spinning powers be nourished, or their intellectual faculties strengthened. I doubt whether they have, or need, any protection tariffs, though they are very earnest patrons of home industry, and they waste no time in bunkum speeches in election contests. They are profound believers in the virtue of anæsthetics, but you had better not push these pain-killers to the lethal extent which they prefer.

Now, as regards young medical practitioners, but especially those who settle in rude rural districts, in which society is necessarily of the least cultivated order, it has been my painful observance that too large a proportion fall into habits of idleness,

intellectual and moral torpor, and ultimately confirmed dissipation; nor, in truth, have these unfortunates been, in general, the least promising, or the least talented, members of the profession. I could furnish a far too numerous list of names that once ranked high in their several classes, and did honor to themselves and their teachers, but who—some sooner, some later—dropped out of the ranks of the respected, and passed out of life, sad wrecks of both physical and mental powers.

How are we to account for these calamities? Are there no means by which they may be averted? Before we can pretend to approach the treatment of any disease, it is indispensable that we understand its causes, both remote and immediate, as also the pathological results of their operation. In the cases now in question, we see but too clearly the morbid processes in progression; and both the ante-mortem and the post-mortem revelations convince us of the impotency of treatment. Prevention, we are certain, is everything; cure, nothing. We must begin at the beginning, and try to strangle the lurking foe. We must not wait to kick him out, for his posteriors are kick-proof. Keep him out, and kill him there, while he is killable.

Now as to these maleficient causes, we can hardly hope to unearth them all, for they may sometimes be both numerous and complex. I shall therefore restrict my observations to but a few of those which appear to me most prominent. I do believe that not the least potent one is the persistent mental overstrain undergone by some students of feeble enduring powers in their college courses. Having applied themselves too intently and too hurriedly to the proper subjects of their training, they become, at the end, utterly tired out, and, once liberated from their drudgery, they revolt against any resumption whatever of their past studies, despite the fact that on graduation day they may have been told by their zealous and well-wishing Dean that they must ever continue students, or, indeed, that they must consider their real studies as only then beginning. All this is very good, and beautifully sentimental, but, somehow or other, jaded brains, as well as tired limbs, ache for rest, and weakened mental stomachs call, at the least, for some change of diet. Change of mental aliment

might, in these cases, work admirably, but how or where is it to be had? The libraries of young practitioners are not redundantly stored with volumes of classic literature, nor even with those on scientific subjects in affinity with their own; and rural libraries, where such really exist, present but a meagre number outside the run of sensational novels, distensively padded biographies, and wonder-filled travels. As to congenial, improving, intellectual society, any such hypothesis, in the villages and bush settlements of Canada, or even in the richer agricultural parts, would be too ridiculous a delusion to be indulged in by any one outside of Bedlam. What, then? Must our young Æsculapeans, forced into wilderness exile and benumbing monotony because of the want of elbow-room in the cities and towns, be hopelessly doomed to mental, moral and physical degeneracy? Surely not. Surely adequate prophylactic means are available for their protection from the destructive virus. I rejoice to see that three lessons per week are given in this school in the enticing field of Botany; and could I only know that the lectures of your distinguished Principal on Natural History were faithfully followed by all medical students, my hopes of their future safety would be strong. Show me a young man who is a lover of Botany, Zoology, or Geology, and I will feel assured that he will never be an idler, nor even be at a loss as to how to fill up his spare time both pleasantly and profitably. He will find beauty and marvellous order and design in every, even the lowliest, flower or leaf, the meanest insect, the coarsest pebble, or the most unseemly rock in his pathway,—in short, "books in the running brooks, sermons in stones, and good in everything." Would not mental food such as this prove admirably nutritive and recuperative to overworked brains, and infinitely more conducive to professional success and the conservation of pecuniary resources than smoking, card-playing, horse-racing, and all that ilk, ending in never-failing tippling? In good, solid literature, another most valuable resource will be at the command of those whose domestic and academic education has prepared their faculties and taste for its appreciation; and as all medical students are supposed to have acquired a passable

knowledge of at least one of the ancient classic tongues, they cannot fail, after diligent attention to the grand models here presented to them, to appreciate elegance of diction, clearness and purity of style, and verbal frugality.

A correct knowledge of the structure of the Latin language will serve as an easy introduction to its four descendants—the Italian, Spanish, Portuguese and French, and irrespective altogether of the rich literary treasures to be found in these, the very process of studying their structural peculiarities, their distinctive powers, and their interesting affinities, can never fail to be a source of real pleasure to every one who embarks in this improving study. It is a great mistake to regard such work as a heavy task. I know of none more easy or pleasant.

As regards preserving fresh in the minds of students their acquaintance with the ancient classics, I cannot do better than to reproduce here an advice, which I well remember, given by Dr. Robertson in an opening lecture of this school. It was, that his hearers should every day read, at least, a page in some of the authors studied by them in their academic course. This, he said, he had made his own rule, and it had become to him a source of real pleasure. I have followed Dr. Robertson's advice as faithfully as possible, and I have no hesitation in now handing it down to you, as that of a clever and worthy man.

Most of you, I presume, have read with admiration those delightful words of Cicero, in praise of refining studies, in his defence of the poet Archias:—

"*Haec studia adolescentium alunt, senectutem oblectant, secundas res ornant, adversis perfugium ac solatium præbent, delectant domi, non impediunt foris, pernoctant nobiscum, peregrinantur, rusticantur.*"

Yes, it is beyond all question, that "those ennobling and refining studies, which nourished the young, will give pleasure to their old age; they will ornament prosperity, and prove a refuge and solace in adversity; they will be charming at home, and not embarrassing abroad; they will be interwoven in our dreams, bear us company in our travels, and tarry with us in our rustic relaxations."

I have said nothing to you of the protective influence to be derived from sound religious instruction and unswerving faith

in your Heavenly Protector. The function of inculcating these pertains to another order of preceptors, whose ministrations, I take it for granted, you have been early taught to seek, and to defer to with reverential respect. Nothing that I have said will, I trust, be found at variance with their teaching.

May I now, gentlemen of the Faculty, indulge in a few prophetic words embodying my present anticipations of the future of your school and its thriving motherly daughter, the University of McGill College; but in anything I may say, I must entreat you not to suppose that I am at all indifferent to the claims on my respect and fealty of the educational institutions of my own long adopted province. My heart is warm to all, but I cannot forget my first love. For whatever professional competency I had to start on, or whatever success fell to my lot in after years, I was indebted to the able men who, under such an array of difficulties and discouragement, founded this school. You may, then, well believe with what hearty satisfaction I have watched your prosperous course.

Your distinguished Principal, Dr. Dawson, once, within this College, expressed to me his deep regret that McGill University labored under the disadvantage, as compared with ours of Ontario, of having had no governmental endowment. I replied that my views in this direction differed from his; for it was my apprehension that the very amplitude of the primary (and shamefully mismanaged) endowment of ours would eventuate in its ulterior indigence. What are the facts? Whilst yours has again and again been receiving munificent donations and bequests, ours has fallen heir to nothing from the dead, and has received very little from the living. Within the past two years we have buried (not lost) three millionaires in Toronto alone. Of the dead we are instructed to speak well, or remain silent; yet is not that life which leaves nothing better to be remembered of it than the flinty fact of the heaping together of a pile of gold, a pitiable blank? Blank, then, be its memory: the charity of silence is all the honor we can award to it. What a contrast to our mole-burrow does your noble city present? Here the true value and purpose, and, let me add, the responsibility, of

wealth, seem to be understood. Your rich and generous citizens appear to consider money as valuable in proportion to the amount of good it enables them to do, and to regard themselves as faithful stewards, accountable for its disposal. By their munificent gifts to McGill College University, and to numerous other public institutions, they have won to themselves, and have conferred on the city of Montréal, an honor, of which they and all their fellow-citizens may well feel proud, and you need not hesitate to expect their liberality to be largely imitated. I do believe the tide of your good fortune has only begun to set in. Your McGills, Molsons, Redpaths, Logans, Frothinghams, Scotts, Mills, Smiths, Greenshields, Stuart-Gales—(but here I must stop, for, to enumerate all the benefactors of McGill College would require whole pages of this paper)—have but led the way. Their example will prove potently inducing, let us even hope widely contagious, though not, I trust, perilously epidemic, for a plethora of wealth is not conducive to the highest efficiency of educational establishments. I think, however, this evil will not befal you in my time. Could I but hope that the benign neurosis which promises to become so widespread here among your merchant princes and large capitalists—yes, and a goodly number of the lighter pursed—would become itinerant, and wend its way up the St. Lawrence and over our Lakes, would I not rejoice to welcome its advent, and would I not cheerfully minister to its subjects, and whisper to them that their symptoms were all promising, and their present disorder would prove eminently protective against a virulent and incurable malady which would not only torment themselves through life, but in all probability become hereditary? If any of you believe that the little nerve-modulator may be propagated by inoculation, or skin-grafting, I wish you would supply me with a little of the pure lymph, or a few small skin patches, that I might induce our physicians to make the experiment on two or three of the *élite* of our wealthy class. If the process proved successful, we could keep up our own supply, for the affection would be sure to become fashionable, and respectable too. Our fine University would then no longer have to whine over its inadequate revenues.

Among the indications of your prosperity and sagacity, I must not overlook one fact, which is truly gratifying to me, as it must also be to all my fellow provincials; it is the appearance on your professional list of three names of former residents of Ontario, all of whom have been well known to me as able and industrious workers, and as highly esteemed members of society. It is my earnest hope, and, indeed, my firm belief, that these gentlemen will add lustre to your school; nay, one of them has already done so, and has carried your name with honor far into both the old and the new world.

I have above given you credit for sagacity in your appointments, but I should add to this virtue—justice. Your list of graduates shows that no less than 236 of the entire number are now living residents of Ontario, or about 25 per cent. If to these we add the number deceased, the proportion would probably equal 30 per cent. These figures, taking into consideration the three able competing schools in Ontario, must be to you very gratifying, and should amply justify your recent nominations.

Having now said as much as the time allowable to the occasion warrants, I would yet crave the privilege of adding a few words in commemoration of departed friends and fellow-students, some of whom have left in this school and this city a record which requires no posthumous contribution from me.

The first graduate of McGill College was William Logie, in the year 1833. He was a private pupil of Dr. Robertson, and was well known as a young gentleman of excellent character, superior abilities, and commendable industry. Like myself, a matrimonial alliance led him out of Lower Canada.

Next to him, in 1834, came John Finlayson and Edward P. McNaughton. The former lived until a few years ago. He died in Elora, where he had practised successfully for many years. Poor McNaughton was fond of duck-shooting, and was accordingly drowned near his home at St. Anne's. He was a warm-hearted, impulsive, open-mouthed, good fellow.

I must here add, though, I am happy to say, not yet on the death-roll, the name of a very dear friend, Dr. Roderick McDonald of Cornwall, a graduate of this year, whose moral superior I have never known.

The year 1835, that of my own graduation, brings me to the name of a departed one, not to be forgotten by me nor by my good partner in life,—it is that of Pierre Dansereau, who stood as my best man on the happy occasion of my wedding, within five weeks after our admission to the doctorate of medicine and surgery. So you may suppose, young friends, I did not spend every night in my fifth year in nothing but medical studies. Dr. Dansereau was possessed of superior talents, and was an industrious and apt student. Of his personal worth, I shall merely say that he was a perfect specimen of French Canadian gentlemanhood, and this renders further eulogy uncalled-for.

The year 1836 brings me to the graduation of Lewis H. Gauvreau, William Fraser, and William Sutherland. Dr. Gauvreau was a gentleman of good parts, but he committed that sin which should never be pardoned to a medical man. He went into Parliament—a company which I advise you all to stand clear of. It is totally unsuited to doctors, unless they repudiate their vocation: and, in truth, I have been assured by old Parliamentary stagers that doctors are unsuited to it.

Of Dr. Fraser, many in this city must still preserve warm remembrance. He was a man of exemplary industry, solid, practical sense, and sterling probity. He held for many years one of the chairs of this school, and I had the pleasure of learning from his students that his teaching was most thoughtful and instructive.

I now come to Wm. Sutherland; but here words fail me, and words could not express all that I wish to convey of my admiration and esteem of this early friend. Of some persons we can say little, because we have but little known them. Of William Sutherland I know not what to say, because I knew him so well, and to know *him* well, was to love him dearly. He was the very soul of candour; his friendship was as firm as it was warm; his love of truth and of true manhood was as strong as was his detestation of duplicity and meanness. He was no changeling, and I believe all the friends of his youth continued such to the end of his too brief life. Of his service in this school, many on your roll of graduates have borne grateful testimony, and I am sure

his loss will long be deplored by your staff. Why, then, seek to add a leaf to the evergreen wreath of his memory? He is gone whither we all must follow, but while we who knew him remain, his memory will not die.

I might prolong this death roll by adding many other names, but I must already have taxed your feelings and your patience too heavily. I shall therefore mention only Walter Jones, the two brothers Charles and Edward Sewell, — McNider, Archibald Hall, and Aaron Hart David. These were students of this school, but they graduated abroad.

And now that you have so kindly accompanied me through my mournful retrospect, and looked down with me into the dark valley, I pray you to accept my hearty thanks for the privilege so considerately afforded me by you, on this auspicious and solemn occasion, of telling you how much and how lastingly I love your school, and venerate the University of which it so long has been, is now, and, as I pray, may continue to be, so honorable a department. I know I shall never again have a similar opportunity, for I feel that I stand very near the top of the roll of the survivors of life's battle, and the date of my call-off cannot be distant. And now that I find not words of my own in which to utter my present feelings, permit me to offer those of Erin's sweetest melodist :—

"When I remember all
The friends, so link'd together,
I've seen around me fall,
Like leaves in wintry weather,
I feel like one
Who treads alone
Some banquet-hall deserted,
Whose lights are fled,
Whose garlands dead,
And all but he departed."

COMMON ERRORS IN OPHTHALMIC PRACTICE.

By F. BULLER, M.D., M.R.C.S., Eng.,
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(*Read before the Canada Medical Association, September 6th,* 1883.)

No one can be more fully alive to the dangerous nature of the task I have in hand than I am myself. There are very few of us, in our own minds given to making mistakes, and still fewer willing to admit having been in error. Even to hint at such a thing is to vibrate the most sensitive chord in human nature. And yet, if ten years experience of special practice have demonstrated any one fact to me more clearly than another it is that the diagnosis of diseases of the eye by those who have not made a special study of ophthalmology, is far more often erroneous than correct. There is one disease in particular that I may say I have *never* known to be correctly diagnosticated under such circumstances, until irreparable damage had been done to one or both eyes. I allude to glaucoma, a disease which commonly presents no diagnostic difficulties that should puzzle any one possessed of ordinary powers of observation. The question arises wherein lies the fault. Is it that the profession regards the organs of vision as of so little importance as not to be worthy of attentive study? Or is it that the system of medical education in vogue up to the present time does not sufficiently cultivate the observing powers to enable men to unravel and interpret the most obvious signs and symptoms of disease?

I often find myself debating whether it is possible that in general practice there is as much error abroad in regard to diseases of other parts of the body, as in those pertaining to the eye. I would fain believe there is not; perhaps some of the other "ologists" present will kindly enlighten us upon this point. Nothing is further from my intention than to depreciate the attainments of my professional brethren, most of whom as I well know are earnest and painstaking in the pursuit of knowledge. I only wish to call attention to some points of interest to those who are obliged to engage more or less in ophthalmic medicine and surgery.

One does not require to be the son of a prophet to divine the

impossibility of any human mind grasping the entire range of medical science and for my own part I find the comparatively narrow limits of a single specialty quite wide enough to occupy all my spare moments. Nevertheless I am convinced that every one of us would attain a far greater degree of practical and useful knowledge if we only possessed some ready way of separating the wheat from the chaff, of distinguishing between the essential and the trivial or unimportant.

To attain this end it does seem to me that the first step to be taken is to ascertain wherein we are most liable to error, knowing this it would not be difficult to direct our labors to greater advantage and therefore to accomplish more in the short time at our disposal either as students at college or later in life when thrown upon our own resources in the matter of self-improvement.

The diseases of the eye which I have frequently seen incorrectly diagnosticated are for the most part easily recognized by simple inspection, and therefore do not demand for their recognition any profound knowledge of ophthalmology. To make this point clear, I shall be obliged to enumerate some of the characteristic features of each; and I shall commence with the most important of all, viz., *Glaucoma.*

Acute glaucoma I have usually found to be mistaken for neuralgia, or a bilious attack, the eye symptoms being almost entirely ignored, or for iritis, or for "general inflammation of the eye," a vague term evidently intended to fit almost anything. The more chronic forms of glaucoma are usually mistaken for cataract, a fatal mistake for the patient, because it is invariably coupled with the advice to wait until completely blind before having anything done. Sometimes when a case of chronic glaucoma falls into the hands of a practitioner who claims to have "paid a good deal of attention to diseases of the eye," and has mastered the use of the ophthalmoscope to the extent of seeing "through a glass darkly," the diagnosis of "disease of the optic nerve or retina" will be made, with equally disastrous results for the patient, who will be persuaded to undertake a long course of constitutional treatment, instead of submitting to a timely operation.

Let us now see how easily these errors may be avoided. In the first place, if glaucoma is sufficiently acute to produce pain resembling that of neuralgia, the pain will be accompanied with a considerable impairment of vision, this impairment often being very great; and before the pain becomes severe, there will usually have been observed, on one or more occasions, the phenomenon known as "halos"—that is, a misty circle of colored light around the lamp or candle flame at night. Temporary attacks of dimness of vision, with "halos," will often have been noticed for weeks or months before anything like an acute outbreak of the disease occurs, and they are *characteristic* of what is known as subacute glaucoma throughout its entire course.

To mistake a case of acute glaucoma for a bilious attack might justly be designated "one of the unpardonable sins." If sufficiently severe to induce nausea and vomiting, the patient will be almost blind of one eye at least, and the physician must be blind of both not to notice its condition—that is, the dusky redness of the affected eyeball, its stony hardness, the steamy cornea, shallow anterior chamber, wide, immovable pupil, and the excruciating pain not only in the eye, but about the brow, down the side of the nose, in the back of the head, and sometimes even extending to the neck and arm.

There is no such thing as general inflammation of the eye presenting the symptoms just enumerated; and as for iritis, we do not find a wide pupil and shallow anterior chamber in this disease, nor the typical steamy cornea of acute glaucoma. On the contrary, the pupil is abnormally contracted in iritis, and, if carefully observed, will be found more or less irregular from the presence of adhesions of the iris to the lens capsule; moreover, the loss of vision is less rapid and less pronounced in iritis than in acute glaucoma.

Defective vision from subacute or chronic glaucoma is easily distinguished from that of cataract. 1st, By the positive diminution in the area or field of vision so characteristic of such cases of glaucoma, and never met with in uncomplicated cataract. 2nd, By the absence of any distinct opacity in the crystalline lens, such as may easily be seen by focal illumination, or by the direct-illumination of the pupil and lens by means of the oph-

thalmoscopic mirror. 3rd, By the somewhat wide and inactive pupil of glaucoma, the condition of the pupil being normal in uncomplicated cataract.

Although it must be admitted that a positive diagnosis of a purely chronic case of glaucoma cannot always be made without the aid of the ophthalmoscope, it fortunately happens that any one skilled in the use of this instrument cannot fail, by its aid, to clear up any doubts that may exist in a given case, *and I therefore cannot too strongly insist that, in any case of gradual and progressive failure of vision, not due to any visible or obvious cause, an efficient ophthalmoscopic examination should be made with as little delay as possible.*

I have spoken of glaucoma at greater length than I should have done, but for the fact already stated that it is so rarely recognized in its early stages, and because, of all diseases to which the eye is liable, this one most urgently calls for an early diagnosis, for prompt and decisive treatment.

To many members of this Association it may seem incredible that a disease so common as iritis, and so marked in its character, should ever escape recognition; and yet that it does so escape far too frequently is abundantly proven by the multitudes living to-day with more or less complete posterior-synechia and damaged vision, the result of neglected or badly managed iritis.

So far as I can judge from my own observations, this affection is usually mistaken for conjunctivitis and improperly treated with astringents, such as sulphate of zinc or nitrate of silver, for these two remedies deservedly hold a high rank in the treatment of conjunctival inflammations, and are therefore almost always resorted to when inflammation of the conjunctiva is suspected. Just here I feel in duty bound to emphasize the fact that the use even of weak astringent solutions never fails to intensify inflammation of the iris; but the worst of it is that the physician who prescribes an astringent imagines that he has done all that is necessary in prescribing an eye wash that he has known to do good service in the treatment of inflammation of the eyes in many other cases, and the unfortunate patient is debarred from the use of *atropine*, the one essential remedy for the successful treatment of his disease. Inflammation of the iris is characterized

by symptoms so obvious that I cannot understand how anyone who has ever seen a typical case can ever make a mistake in the diagnosis of this disease as ordinarily met with. The change in the color of the iris, its dull, lustreless appearance, the contracted pupil responding imperfectly, or not at all, to the stimulus of light, the effusion of lymph at the margin of the pupil or in the iris, the dim vision, the peri-corneal character of the injection and the attendant pain, together with the absence of symptoms indicative of inflammation of the cornea or conjunctiva form an assemblage of symptoms that ought to put an error in diagnosis out of the question; and, besides all this, the use of a single drop of atropine will, in the majority of cases, display an irregularity of the pupil that the dullest observer could not possibly overlook. In the name of humanity, I would ask everyone who ever expects to treat disease of the eye to become familiar with the symptoms of iritis. For one badly managed attack of this disease may, and often does, ruin the prospects of a life, whereas if discovered early, and treated efficiently, absolute and perfect recovery is almost a certainty.

There is one common affection of the eye known under the general term *Asthenopia*, which constantly misleads the unwary. Asthenopia, in its widest sense, means a functional disturbance which renders the act of vision difficult and uncomfortable. It is usually mistaken for disease of the optic nerve or retina and often leads to the most alarming prognosis. The subject is too extensive for anything like an exhaustive discussion, but I may say that the majority of such cases depend on some error of refraction, on some muscular anomaly, or some fault in the general health, or in excessive use of the eyes. In most of these cases the great point is that the vision when carefully tested shows no actual impairment, and an apparent diminution of vision will often be found to depend on the existence of astigmatism, in which case a little judicious questioning will usually reveal the important circumstance that vision has never been really perfect. The chief complaint is of pain in or about the eyes when they are used for any length of time, sometimes so severe as to cause the patient great alarm, and since the affection most commonly occurs in nervous or irritable people

alarm becomes mortal terror, when, as too often happens, they are told the trouble is in the optic nerve and threatens blindness. Such people become a ready prey to unscrupulous charlatans.

Nothing can be further from the truth than the assumption that organic disease of the retina or optic nerve is characterized by pain or discomfort from using the eyes. Such lesions may be and usually are most frequently attended with persistent headache, but the ocular symptoms are inconspicuous at least until there is a considerable impairment of vision. With regard to the headache, there is one point that should, I think, be regarded as an axiom in medicine. *An ophthalmoscopic examination should be made in every case of persistent headache.*

No one with any regard for his own reputation will ever pronounce any case of asthenopia to be one of organic disease of the retina or optic nerve without having first carefully tested vision, more especially with regard to refraction and accommodation and then make an accurate ophthalmoscopic examination. For it is far better to make no diagnosis at all than to diagnosticate incorrectly.

There are some other common errors I had intended to speak of, but they are of minor importance and I will not trespass further upon the time of the Association, at the same time I have the strongest reasons to believe that the facts I have presented are quite worth the attentive consideration of every medical practitioner who has not made a special study of diseases of the eye, but whose position is such as to necessitate including these in his daily practice.

LEPROSY IN NEW BRUNSWICK.

By J. E. GRAHAM, M.D., Toronto,
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(Read before the Canada Medical Association, September, 1883.)

In order to gain a more accurate knowledge of leprosy as it exists in the Maritime Provinces, the writer spent some days in Tracadie and the immediate neighborhood. Tracadie is a parish with a population of over two thousand, situated on the coast of the Gulf of St. Lawrence, at the mouth of the Miramichi River. It, together with the parishes of Neguac, Pokemouche, and

Caraquet, forms a large portion of the peninsula immediately south of the Bay of Chaleur. The inhabitants in this region, chiefly of French origin, live on small farms, which they cultivate very indifferently. They spend the winters in hunting and fishing. Their diet is made up mainly of fish, potatoes and bread, with very little meat. They eat stale fish in preference to fresh.

In order to state what is known of the origin of the disease, it would be necessary to give a short account of the early history of the district. The first settlers in Tracadie were the Le Bretons, who came in the year 1778. They lived with the Indians, existed on the coarsest and most meagre diet, suffered greater hardships than most of those who followed them, their children intermarried with the families who afterwards came to Tracadie, and yet it is a notable fact that none of the name ever suffered from leprosy. This family was followed by two brothers, William and Thomas Ferguson, Charles McLoughlin, and Michel Basque. They came in 1785. The latter came from Acadia, as also did Joseph Sonier and family during the next year. In the few years following, a number of families came in from Acadia, some from near St. John, and some from the Province of Quebec.

Leprosy first appeared in Tracadie about the year 1820, in the person of Ursule Landry, who, with her sister Isabel, came from Caraquet about 1798, and married two brothers, the Benoits. The account generally given by the people is, that before leaving Caraquet these sisters washed clothes for some French sailors who were lepers. There are grave doubts, however, as to the correctness of this story. Ursule died in 1828; Isabel was the next victim. The third was François Sonier, who is said to have contracted the disease by carrying the coffin of Ursule Benoit. He stated to persons now living that the sharp edge of the coffin abraded the skin of his shoulder, and he thus became inoculated by matter which ran out from the corpse. The disease attacked others in the following order: Joseph Benoit, Ide Sonier, John Robicheau, Olivier Robicheau, and Cyril Austin. Frank Sonier was ill a number of years, and his father's house was the rendezvous of the young people of the neighborhood.

A number of these afterwards suffered from leprosy. He at one time attempted to go to Cape Breton to consult some person there who had a reputation in Tracadie for curing ulcers. He remained over night at the house of a Savoy in Seguac. Mary Savoy washed the clothes of the bed on which he slept, and afterwards had leprosy. This was the first case in Neguac. It is possible that other patients may have visited Cape Breton to see the same person, and this may account for the presence of the disease in that locality. Frank Sonier did not reach Cape Breton, having found himself too ill to proceed. It was not until a number of people who were intimate with the Soniers had taken the disease that public attention was drawn to it, and the lazaretto on Sheldrake Island, in the Miramichi River, was established. This was in the year 1844. At the same time, or, it is said by many, previous to the appearance of the disease in Tracadie, a Mrs. Gardiner, in the Miramichi district, 55 miles from Tracadie, contracted the disease. A man by the name of Moore, in the same district, also suffered from it. These were followed by Stewart and the Tingleys. McComb, of Miramichi, afterwards took the disease. It is said that he contracted it in Tracadie while working in the lumber camps. Some of the latter were natives of the United States.

THE PRESENT CONDITION OF TRACADIE AND NEIGHBORHOOD WITH REGARD TO LEPROSY.

There are now in the lazaretto 24 patients, whose names and histories were recorded. They came from a district within a radius of 25 miles of Tracadie. According to the report sent by Dr. A. C. Smith to the Department of Agriculture, there were, at the end of 1882, 26 patients in the hospital—11 males and 15 females. There was one death during the year, and four patients were admitted. There have been no admissions since the commencement of this year. Two deaths have occurred, leaving the present number, 24. On looking over the hospital records, it was found that the average length of time of residence in the hospital of those who died was about five and a half years. The average length of residence of those who are now in the hospital is four years and ten months. This includes one who has been 24 years and another 14 years in the lazaretto.

One Margaret Sonier, *nee* Robicheau, had the disease forty years ago. She is now 70 years old. Her history is a remarkable one. She was admitted to the lazaretto in Sheldrake Island in 1844, when it was first established. During five or six years residence there she lost all the fingers of both hands, leaving only the first phalanges of the thumbs. She was then sent out cured. She married one of the Soniers, and had three children, one of whom, Lucille Sonier, is now twenty-four years in the lazaretto. The other two never contracted the disease. In my opinion, the disease has not really returned since she first left the hospital. She has been subject during the last two or three years to perforating ulcers of the feet, one of which made its way completely through the foot. These have probably been caused by defective nutrition, a result of leprosy, rather than the disease itself. She is quite as well, and, I think, much more active, than most women of her age.

During the short time that the writer remained in Tracadie, he heard of four cases outside of the lazaretto. In some instances the disease is concealed as long as possible. Father Babineau is constantly on the watch for new cases, so that, as a rule, they do not long remain unrecognized. The lazaretto itself is kept in perfect order, and everything is done which can suggest itself to the Sisters to ameliorate the sad condition of the patients. It would be a great blessing if a new and more substantial building were erected, as the present one is old and gloomy at best.

The writer spent the greater part of his time in attempting to discover the manner in which the disease commenced and spread. There are three ways in which the origin and progress of the malady may be accounted for:

1. That it is purely of hereditary character.

2. That it originated in the country from endemic influences, climate, diet, &c.

3. That the disease is contagious, and was introduced from without. The surroundings having been favorable, it spread among the inhabitants, probably by inoculation.

4. That the disease is both hereditary and contagious.

Although the general opinion of writers on leprosy is that it is propagated by hereditary influences, yet in no case reported in Tracadie can this be satisfactorily proved. In every instance there was abundant opportunity for contagion, so that the part played by heredity could not be determined. It will be noticed on consulting the family charts which I have made, that the Sonier, Brideau, Robicheau and Commeau families were very much afflicted with the disease. It did not appear in these until after Frank Sonier became affected. It then broke out in several households at about the same time. Now these families came to Tracadie from Acadia (Westmoreland County), from near St. John, and from the Province of Quebec, where many of the same name may still be found. If the disease is hereditary, one cannot understand how members of the family remaining in Acadia should be free from it, and those in Tracadie should suffer to so great an extent. It will be seen, on looking over the hospital records, that the disease runs in families, and that numbers of the same names of the successive generations have suffered from it. This fact is rather misleading, as it will be found, on looking over the parish register, that a dozen of the names which occur so frequently in the hospital records would include at least three-fourths of those who have lived in Tracadie. It is not surprising, then, that people of the same name should be so frequently attacked; in fact, it could not be otherwise.

In order to prove that the disease may originate purely from hereditary influence, it would be necessary to have a case somewhat like the following: A husband and wife, of leprous antecedents, but not themselves victims to the disease, remove to a distant part of the country and raise a family of children, who have no communication with their leprous relatives. If any of these should suffer from the disease, it might then be said to have originated purely from hereditary influence. I have made as close a search as possible, and could find no such instance. In all the cases found outside of Tracadie, the disease had commenced before they left home. It is possible that, from further investigation, such an instance as I have mentioned may be found. It would go a long way to prove heredity. Several families have

left the country, and, so far as known, no case of leprosy has occurred among them. None of Ursule Benoit's children contracted the disease, but several of her grandchildren suffered from it. Laurence Commeau died in the lazaretto of leprosy. None of his children suffered from it, but it appeared in several of the grandchildren, two of whom are now in the lazaretto.

The second theory to be considered is its origin and progress through purely endemic influences. This may be excluded for the following reasons:

1. Along the New Brunswick coast north of the Bay of Chaleur and south of the Miramichi River there exists a people of the same race, religion, habits, occupation, and condition in life as those of Tracadie, yet none have suffered from leprosy. It is impossible to understand how the disease should have arisen from endemic influences and be confined to this peninsula.

2. The man McComb was of a different race from those of Tracadie, and lived under different circumstances in Miramichi. He came to Tracadie to all appearance healthy, caught the disease, and died of it. There is little doubt but that diet, mode of life, &c., may develop a tendency to the malady, but the evidence, so far as could be gathered by me in Tracadie, was quite opposed to its purely endemic origin.

The theory of contagion is shewn in many ways. The story relating to Frank Sonier's case is quite authentic. He himself of course might have been mistaken. A number of singular instances could be recorded such as smoking the pipes of lepers, washing their clothes, &c.

It is impossible to account for the appearance of the disease at the same time in the three or four different families, already named on any other theory except that of contagion.

(1.) Peter Noel came from a healthy family so far as could be ascertained. He slept during the summer with a man in the advanced stages of leprosy and a few years afterwards became a victim to the disease. He is now a patient in the lazaretto.

(2.) James McGrath caught the disease from one Michael

Gould. Peter McGrath slept with James, became leprous, and died. Peter lived for a time with the Drysdale family. Seven of Drysdale's children fell victims to the malady. He refused to send the first cases to the lazaretto, hence the greater number affected. It has been noticed that when those affected with the disease are not early removed to the hospital, but remain at home, other members of the family become leprous. When on the other hand patients are removed early, there is no further spread of the disease. It has also been a matter of observation that when patients remain at home and are careful to keep themselves separate from the family that others are not likely to become diseased. The disease has attacked patients at various ages between six and eighty, a fact which points to contagion rather than to heredity.

In accepting this theory there are many difficulties in the way, but in my opinion they are not insurmountable.

(1.) Washerwomen have been engaged for years in the hospital washing the clothes of lepers and scrubbing the floors, none of these have taken leprosy. One whose husband died of leprosy was engaged in the hospital nine years and did not contract the disease. None of the attendants, neither the physicians nor the Sisters of Charity have ever taken it.

(2.) As will be seen by the family record, one, Frank Rebecheau, the son of a leper, had three wives, all of whom died of leprosy, yet he escaped.

(3.) Julian Ferguson was admitted to the lazaretto suffering from the malady, she was at the time pregnant and gave birth to a child in the hospital. She was afterwards discharged by Dr. LaBellois as cured. In six months she returned to the hospital and gave birth to a second child. One of these children remained in the hospital, learned to smoke, and smoked the pipes of lepers. They both came out unaffected, grew up, married, and one at least is known to have a large family of healthy children.

Several children have been born of leprous parents in the hospital, and we did not hear of any afterwards having become affected. In order to overcome the difficulties raised by these

cases we must compare leprosy with other contagious diseases. How many, for instance, will escape even the most infectious diseases such as small-pox who are are brought intimately in contact with them? There are often peculiarities which seem to render it almost impossible for some individuals to take an infectious disease. Then it must be remembered that the attendants in the hospital are always careful not to expose themselves unnecessarily. The rooms are well ventilated and their living apartments are away from the wards altogether. Thus the Sisters are not nearly so liable to become affected as are members of a family when twelve or fourteen persons are crowded together in a house containing two or three rooms.

In all probability the disease is only communicated by means of inoculation and opportunities for such inoculation are very few indeed unless there has been long and intimate contact with diseased persons.

The following then are the conclusions arrived at from my observations of leprosy as it exists in Tracadie.

1. The origin and early spread of the disease cannot be explained on the the theory of hereditary transmission, although this theory may account in part for its further propagation.

2. Although endemic influences such as climate, mode of life, diet, &c., may be strong predisposing elements, they are in no case the sole cause of the disease.

3. Leprosy in Tracadie was imported from without, and, finding there favorable conditions, was propagated from one person to another by contagion.

Finally, leprosy may be regarded as one of the least contagious of diseases, and one which will only spread under a combination of favoring circumstances such as were found in Tracadie.

In conclusion, the writer desires to acknowledge his indebtedness to Dr. Smith, Rev. Father Babineau, Rev. Mother St. John and Mr. Young, for the valuable assistance rendered him in the study of the disease; their kindness and courtesy will not soon be forgotten.

REMARKS ON EXOPHTHALMIC GOITRE, HYGROMA AND ACUTE INFLAMMATION OF THE THYROID GLAND, WITH ILLUSTRATIVE CASES.

By GEO. W. MAJOR, B.A., M.D.,

Late Clinical Assistant, Hospital for Diseases of the Throat and Chest, London, Eng.; Out-door Physician to the Montreal General Hospital; Fellow of the American Laryngological Association; and Instructor in Laryngology and Diseases of the Throat, McGill University, Montreal.

There exists an amount of vagueness as to the class of cases to which the term *Exophthalmic Goitre* should be applied. This, evidently, is the result of the many ways in which this condition presents itself, and the changeable character of the symptoms at different periods in the course of the disease. That the disease is not a *goitre* in the proper sense of the term is generally admitted in modern medical works; yet this malady is treated under the heading of *Bronchocele*, and to some extent seems to be regarded as an affection of the thyroid gland. This state of things is, to say the least, unfortunate, as it is liable to lead to error and misapprehension. It would have been almost better to have adhered to the old names—Basedow's or Graves' disease—rather than to have named it from its two most prominent symptoms. Goitre proper is either an hypertrophy of the gland tissue itself or the result of the development of cystomata in the glandular substance; whereas, in Basedow's or Graves' disease, the so-called goitre is an enlargement, not the result of increased glandular development, but of increased blood supply caused by dilatation of the arteries supplying the gland, and consequent venous engorgement. Later on, glandular hypertrophy may take place, as would happen in glands in any other region under similar circulatory conditions. So that, instead of regarding the local enlargement as merely symptomatic of a serious neurosis, it has come to be looked upon as part of a disease requiring medical treatment. Parts whose vascular supply is influenced by the cervical ganglia of the sympathetic are more or less involved in this plethora, and, as a result, we have exophthalmos, impairment of digestion, rapid and irritable heart, arterial dilatation, and hyperæmia of the mucous membrane lining nose, pharynx and

larynx, giving rise to a catarrhal discharge and dysphonia,—these latter valuable, as often the earliest symptoms, and most likely to attract attention to the large compressible and cushiony thyroid gland in its earliest stage of engorgement.

By many, exophthalmic goitre is held to be the result of anæmia. Anæmia may co-exist, perhaps as a result of the neurosis we are considering; possibly as an accidental concomitant, but more likely as a secondary affection to the impairment of the digestive functions. In the severe cases which have come under my notice, there was a condition opposed to anæmia—though impoverishment of the blood afterwards followed as the result of the constitutional dyscrasia. Three cases at present under observation certainly are in no way anæmic. Artificial irritation of the cervical has, experimentally, produced conditions resembling exophthalmic goitre. This fact alone should decide the nervous origin. The exophthalmos has been accounted for in a variety of ways, but the vascular is the most likely theory. Galvanization of the cervical-sympathetic and pneumogastric diminishes the protrusion, as also the enlargement of the thyroid and the rapidity of the heart's action—another point in favor of a central cause. I remember a case under Dr. Woakes, at the Hospital for Diseases of the Throat and Chest, London, in which hydrobromic acid gave good temporary results. The use of ergot and belladonna occasionally is followed by improvement, but galvanization, certainly, is most to be relied on.

In so far as my experience goes, the disease is a very unsatisfactory one to treat—the prognosis is not favorable. The reported cases of cures seem to me to be rather exaggerated, and lacking some of the elements of the disease as now understood. The varying rapidity with which these peculiar symptoms develop is well shown in the following clinical reports:—

CASE I.—In Feb'y, 1883, X—, a married lady, and an accomplished vocalist, consulted me for loss of singing voice. Laryngoscopic examination revealed general hyperæmia, absence of swelling, and faulty approximation of the vocal bands. There was also a profuse nasal catarrh, and the Schneiderian membrane was acutely congested. The thyroid gland was tender to pressure, but no

great swelling was present; it was soft and compressible, and imparted, on gentle manipulation, a sensible thrill. The general health was much impaired; digestion was improperly performed, and there had been rapid loss of weight. No exophthalmos was noticed. The heart's action was rapid (120), and showed much irritability. Sleeplessness and despondency, alternating with hysterical buoyancy, were also complained of. Under a suitable medical and dietetic regimen, aided by sprays locally, improvement set in in the course of a couple of weeks. During the third week, and in a space of time not exceeding 24 hours, exophthalmos, almost amounting to dislocation, was developed. The appetite is good even to voracity, yet there is no gain in weight. The assignable cause was mental excitement, coupled with fatigue. The symptoms are subject to occasional remissions and exacerbations.

CASE II.—In November last, Mr. S—, aged 50, a London solicitor, of very close business habits, was enjoying a week's shooting in the Highlands; in order to rejoin his party, he was compelled, at the close of the day, to run, heavily weighted with gun and game, a distance of two miles. The same evening he found his heart very troublesome, and a peculiar sense of fullness over the thyroid region. He consulted Sir William Jenner ten days afterward, who remarked the prominence of his eyes, as also the tenderness and enlargement of the thyroid gland. Gradually dyspeptic symptoms showed themselves, and great loss of weight resulted. He was ordered to Canada for a change, annd referred to me by Dr. Clement Godson, of Grosvenor street. The sea voyage had agreed with him immensely, and all the troublesome head symptoms had disappeared, but returned upon landing. The appetite was voracious and digestion fairly good. The varying accommodation of vision was a source of great annoyance, as also the continuance of dizziness. I ordered for him digitalis and ergot, with the happiest result. So far the symptoms have been so controlled as to give comparative freedom from discomfort.

This case is interesting as showing the effect of great physical effort in producing a condition generally conceded to be the

result of mental or moral causes. The prominence of the eyes was very great and reached a maximum in less than ten days. The sea voyage proved beneficial as it also did in the foregoing case, and might prove a therapeutic measure of some value if sufficiently prolonged.

The third case at present under notice is not a typical one, but worthy of report, as showing the modification this disease may undergo, as also its occasional chronicity.

CASE III.—Z—, a young woman of 26 years, saw me in consultation at the instance of Dr. Reddy. The exopthalmos was not very marked, but the varying sight, even at the interval of a few minutes, was remarkable. At the age of 13, corresponding to first menstruation, the disease manifested itself, and has continued ever since, with catamenial aggravations. Head symptoms are particularly annoying at all times, but under the use of hydrobromic acid and galvanism relief amounting to almost entire freedom is obtained. Any mental excitement or bodily fatigue aggravates the disease, and the resulting prominence of the eyes, fullness of the throat and suffocative feeling, with salivation, are preceded by capillary congestion of the face and neck.

Acute Thyroid Cyst.—The bursæ of the thyro-hyoid region, of which there are three, occasionally take upon themselves inflammatory action, developing into cysts technically known as *Hygromata*. They vary much in size, and interfere proportionately with the healthy functions of the parts. They form, as a rule, slowly, but occasionally with great activity, and then require prompt surgical interference. Through the courtesy of Dr. Lapthorn Smith, I am enabled to report an interesting case in point:—

In consultation with Dr. Lapthorn Smith I saw P— L—, a laborer, aged 50 years, convalescing from broncho-pneumonia. Some days previously, on coughing, he had felt a sharp pain over the larynx; swelling had gradually advanced until, at the date of my visit, a large pyriform, fluctuating tumor occupied the seat of the thyroid cartilage. Swallowing even of liquids had been rendered impossible for the last 24 hours, while res-

piration was but slightly embarrassed. After making an exploratory puncture, the contents of the sac were allowed to escape, and fully four ounces of pus of a creamy consistence evacuated. After examining the wings of the thyroid with a probe to determine the presence of any diseased cartilage, the wound was treated antiseptically, and healed in a few days. Such a fortunate termination is not always secured, as troublesome fistulæ often remain, and necessitate extirpation of the bursa. In this case the Pomum Adami was largely developed, and probably accounts for the bursitis that resulted from the violent attacks of coughing.

Acute inflammation of the Thyroid Gland is a rare affection, and more likely to occur in a gland already enlarged than in one of normal proportions. The whole or only a portion of the gland may be involved, but usually the whole. It may result from mechanical injury, or from exposure to cold and inclement weather, especially when under poor hygienic conditions. It may undergo resolution or advance to suppuration. It may exert so great pressure posteriorly as to render deglutition impossible, or compress the laryngeal nerves to such an extent that life is imperilled. A brief report of a case recently under observation will best convey a correct idea of this condition :—

Joseph P—, a police constable, aged 47, a strong, muscular man, was admitted under Dr. Roddick into the surgical wards of the Montreal General Hospital, Feb. 28th, 1883, and referred to me for laryngoscopic examination. A week previously he had, when overheated, been exposed to sudden cold, and complained of some stiffness of the neck in consequence. The gland swelled and reached its maximum of development in six days. The neck presented a brawny, glossy look, and showed great distention of the fascia. The whole gland was inflamed, but the left lobe to a greater extent than the right. There was slight pitting on pressure, but *no pain*. Swallowing was fairly good ; breathing, difficult and stridulous. Externally, the larynx could be seen displaced somewhat to the right. On laryngoscopic examination there was general pharyngo-laryngeal congestion, with slight œdema. The larynx was displaced to the right and backwards,

and occupied an oblique position; the epiglottis was doubled on itself in its long diameter, with its base pulled to the right. The left vocal band was not visible; the right was intensely congested. The voice was much impaired, as approximation was impossible. Any exertion produced alarming dyspnœa, and, in consequence, the examination had to be conducted leisurely. After a week's residence, during which time fly blisters and linseed poultices were applied, he was discharged unimproved, and referred to my clinic. A dilute ointment of binioidide of mercury was ordered to be rubbed in daily, and muriate of ammonia for internal administration. A gradual improvement followed, and when last seen (August 12th) he was engaged at laboring work. The position of the larynx is markedly improved, but some displacement still exists. The right vocal band is paralyzed, owing more to the stretching of the nerve over the convex surface of the larynx than to any direct pressure. The glandular enlargement had diminished to almost its natural size. Swallowing of solids or liquids was not at any time very difficult, notwithstanding the fact that the epiglottis, from its distorted condition, could not possibly do duty as a valve. The same freedom from the accident of food entering the larynx is frequently seen in syphilitic cases, when that valve is either partially or wholly destroyed. In such cases the larynx is drawn well up under the tongue, and the food or drink thrown further back by the tongue than would be required in a healthy state. The *freedom from pain is a noteworthy point*, and one of value in diagnosis when the question of *angina Ludovici* is at issue.

TWO CASES IN OBSTETRICAL PRACTICE.

By J. CAMPBELL, M.D.C.M., and L.R.C.P., Edin.

(Written for the Canada Medical Association.)

Mr. President and Gentlemen,—While we hear a good deal about successful cases of various kinds, it is but seldom that our unsuccessful cases are brought prominently forward. A general always likes to dwell upon his victories, and try, if possible, to forget his defeats; but by thoughtfully studying out the causes of our reverses, we may be able to achieve victory in the future.

It is with this object in view that I present for your consideration notes of two fatal cases in my midwifery practice.

CASE I.—On the morning of the 8th of June, 1873, I was called to attend Mrs. C., aged 30, in her second confinement. I had, besides the confinement mentioned, also attended her in typhoid fever, complicated with a miscarriage, when she recovered, contrary to my expectations. When I arrived, I made an examination, and found that the os would hardly admit the index finger, and the pains were not by any means strong. Having been out of bed all night, I lay down on a sofa in the adjoining room, leaving the patient in charge of an experienced midwife, the husband in the meantime having left for the purpose of bringing friends who were distant seven miles. Within ten minutes I sank into a sound sleep, when I was suddenly awakened by a loud, shrill scream. I sprang to the bedside and found that the child was born. Remembering that she had flooded freely at the previous confinement, I immediately seized the uterus, which I found contracted and about the size of a fœtal head, the one strong pain having expelled the child and placenta together. While I was thus engaged the woman called for air and said she was choking, referring her distress to the precordial region. The face was cyanotic, and there was intense dyspnœa almost amounting to orthopnœa. I ordered the attendant to raise the window and give brandy, while a messenger was despatched for the nearest medical man. The surface became cold and clammy, the pulse weak, rapid, small and fluttering, until it left the wrist entirely; the heart's action was tumultuous. The patient was gasping for breath; big, round drops of perspiration were standing like beads on her livid forehead. She tossed her arms to and fro, the gasping became weaker and weaker, with longer intervals between, the muscular system gradually became relaxed, and, with a long drawn sigh, the vital spark departed. This all took place within the short space of five minutes. I still had control of the womb when the other doctor entered, and I drew his attention and that of the midwife to the fact. It only relaxed under the powerful hand of death. I also drew the doctor's attention to the bed and the

chamber to satisfy him that there was no flooding. I mention these things particularly, from the fact that the same medical man told his own and deceased's friends afterwards that the woman had died from flooding, and that he "could have taken hold of that womb and pumped a pailful of blood out of it." I was a young practitioner then, staking my all upon success. I felt that I had sustained a Waterloo defeat. I reached my office with a sad heart. I found there Dr. Stewart, of Brucefield, now of Montreal, waiting for me. I related to him the history of the case, and we talked over the matter in a familiar manner, and arrived at the conclusion that death had resulted from an embolism, which had occluded either the main trunk or a large branch of the pulmonary artery, and that no human skill could have averted the sad catastrophe which had just taken place. This was a great relief to my mind, so, with *resurgam* for my motto, I started forth afresh in my obstetrical practice.

CASE II.—I was called to see Mrs. B. early on the morning of March 19th, of the present year. Found her in labor of her sixth child. Her age was 38 years. She was the wife of a mechanic. The labor was a natural one. In a few hours she was delivered of a healthy boy. The woman was rather lean and pale, and of a despondent nature. The placenta was expelled naturally. We had the clothing changed on the spot, so that nothing soiled remained. She had neither nurse nor servant, her attendants being her husband and a rather careless daughter of 12 years. A neighboring woman visited her occasionally. I saw her upon the 20th, 21st and 22nd, and found the temperature normal and the patient doing as well as could be expected, considering that she had to take care of her child, and that she had very little help in the way of changing the soiled clothing, which I insisted should be changed every morning for three or four days at least.

I did not see her on the 23rd, as I had discontinued my attendance. On the morning of the 24th I was called in, and upon inquiry found that she had been taken with chills early on the previous night, followed by a burning sensation and pain over the uterus. She persuaded her husband to apply snow to the

part during the night, which she said had relieved her. The temperature was 103° ; pulse 130 ; the lochia suppressed. We looked upon it as a case of septicæmia, and treated it accordingly. We washed out the womb every four or five hours with carbolic acid lotion, gave large doses of quinine at short intervals, applied hot fomentations to the abdomen, changed the clothing frequently, ordered fresh air and liquid nourishment, with a fair amount of stimulation, quieted the system and relieved pain with opium, and, later on, with chloral hydrate when sleeplessness became a prominent symptom. Under this treatment the temperature gradually came down, the pulse got slower and stronger, until, on the morning of the 26th, the fever had entirely subsided, and we considered our patient out of danger from septic poisoning. The milk, which had been secreted moderately before her sickness began, did not return, and the pulse still remained somewhat rapid. The lochia had returned. The patient was, as usual, downhearted. On the evening of the 26th, I was called in great haste, and found her flooding to a dangerous extent. Felt certain that she could not last long unless the hemorrhage was stopped, and thinking it a good case for hot water injections, I used them immediately, passing the vaginal tube well up, and using the water almost hot enough to burn my hands. At the same time I gave ergot and sent for an assistant, but had the hemorrhage stopped before his arrival. This was the first time I had occasion to use hot water injections, which I had heard so strongly recommended by obstetrical teachers in Edinburgh, and I had no reason to be dissatisfied with the result. As the flooding did not return, we thought we had our patient once more. We continued giving ergot at intervals, and held ourselves in readiness for any emergency. On the morning of the 27th, when I visited my patient, was astonished to find that she had pain, which was referred to the left lung, near the nipple, accompanied with a cough and elevation of temperature. She had had a rigor during the night. Upon examination, found well marked symptoms of pneumonia of the left lung. During the day rusty expectoration set in, the sputa being of the prune-juice variety. Feeling confident that our patient must succumb,

we asked for a consultation, which took place, and we assured the husband that it was only a matter of time—his wife must go. We did not relax treatment, however, and gave liquid nourishment and stimulants without stint both per orem and per rectum. She died on the 30th, exactly eleven days from the date of confinement.

REMARKS.

The points of interest in this case are the following :—

1st. The occurrence of so-called puerperal fever without any known cause, this being the only case of the kind in my practice, and I always wash my hands in carbolic lotion and use carbolic oil when making examinations in such cases.

2nd. The next point is the occurrence of secondary hemorrhage on the seventh day after delivery, which promptly yielded to hot water injections.

3rd, The third and most important point is the attack of so-called pneumonia on the eighth day, resulting in death four days later. Was this really pleuro-pneumonia as we understand that disease? It certainly had all the characteristics of an orthodox attack.

We believe, however, that the cause of the pneumonic symptoms in question, was embolism. Here we had, to begin with, the highly fibrinated condition of the blood, natural to puerperal women, and this condition still further intensified by an exhausting hæmorrhage, rendering the formation of a thrombus and subsequently the occurrence of an embolism, highly probable. It has been shewn upon good authority that attacks of so-called pneumonia when they occur in the course of phlegmasia dolens are usually due to hæmorrhagic infarctions caused by the transmission of a clot or clots from the veins, to the right side of the heart and thence to the pulmonary artery.

It has also been proved by post mortem examinations, microscopic ond otherwise, that embolic infarctions in the lungs and other organs, follow fractures, then why not in the present case, where the conditions were so very favorable?

Valvular disease of the heart as one of the causes of emboli, could be eliminated in our case, as there was no heart disease.

An autopsy, which, however, could not be obtained, would have settled this important point.

Reviews and Notices of Books.

A Treatise on Insanity in its Medical Relations.—By Wm. A. Hammond, M.D., Surgeon-General U. S. Army (retired list), Professor of Diseases of the Mind and Nervous System in the New York Post-Graduate Medical School; President of the American Neurological Society, etc. New York: D. Appleton & Co. Montreal: Dawson Bros.

Prof. Hammond, not having been himself a specialist devoted exclusively to the study of mental alienation as superintendent of a Lunatic Asylum, it might surprise some that he should appear as a writer on this subject. He recognizes this fact and alludes to it in his preface to the present work. But, at the same time, he is well-known as having for many years devoted his entire energies to the careful examination of all the pathological phenomena connected with affections of the nervous system. He has also been a teacher of mental diseases in the largest schools of New York City. Although, therefore, many men may have acquired more extensive experience in cases of mental disorder, yet his own observations must have been very numerous, and the careful study which one of his ability is capable of giving them, render his opinions upon this difficult subject well worthy of careful consideration. The first section is devoted to a consideration of the Physiology and Pathology of the Human Mind. The second treats of Instinct, its nature and seat. The third, a very valuable one, explains the phenomena of Sleep. The author says, and doubtless has good grounds for the remark, "I think that a knowledge of the physiology and pathology of this function should form the groundwork of the study of insanity. It is in aberrations of sleep that we often find the first indications of aberrations of mind." Section IV. gives the description and treatment of the various forms of insanity. It is admitted that, as yet, no true classification, based on anatomical and pathological data can be made, but it is thought that the condition of central blood-supply is that which must be looked to, to furnish these desirable facts.

"There are indications that vaso-motor disturbances, by which the amount of intracranial blood is altered, either by increase or diminution, is the starting-point at least of almost every known form of mental derangement." We have not space to enter more fully into the merits of this new treatise, but we may say that it will be found to contain a complete description of almost all the varieties of mental disease, illustrated by numerous examples taken from the author's *clientèle*. It is written in the forcible style for which Dr. Hammond is well known, and forms one of the best modern text-books on the subject which we know of.

Medical Essays. 1842—1882.—By OLIVER WENDELL HOLMES. Boston: Houghton, Mifflin & Co.

We take credit to ourselves for being able to say that, before receiving this volume, we had read almost all the essays it contains, for no one ever read the writings of the "Autocrat of the breakfast-table" without being instructed, refreshed, and delighted. It was specially appropriate that this year should have seen the issue of a new edition of these popular essays, for it is the year in which Dr. Wendell Holmes retired from the chair of Anatomy at Harvard, of which University he had so long been a distinguished ornament. The separate parts are arranged in the chronological order in which they appeared from his pen. Perhaps the best known of them are those entitled, "Homœopathy and its Kindred Delusions" and "Currents and Counter-currents in Medical Science." The exposure of Homœopathy, as it was one of the earliest, remains one of the most complete demonstrations yet given of the utter fallaciousness of the so-called system. The "Currents and Counter-currents" is full of the philosophy of this chief of our philosophers and bears reading time and again. His remarks upon "Bedside Teaching" on "The Young Practitioner" and on "Some of my Early Teachers," contains abundant food for thought. They are all written in that bright and sparkling style which is peculiarly his own and which gives such a charm to all he says. To those who may not have read these essays, we would say,

lose no time in doing so; to those who may have already perused them, we would likewise say, by all means get this handsome new edition containing the complete collection and read them again. For it is a handsome edition, as none know better than these Boston publishers how to present such books in their most attractive style.

The Microscope and its Revelations.—By WILLIAM B. CARPENTER, C.B., M.D., LL.D., F.R.S., Corresponding Member of the Institute of France and of the American Philosophical Society. Sixth edition. Illustrated by 26 plates and 500 wood engravings. Vols. I. & II. New York: Wm. Wood & Co.

This admirable work is reproduced in two volumes, as a part of the new series of Wood's Library for this year. In addition to the original treatise, everything that is new or worthy of note has been added. It will thus be found now, as ever, a complete guide to the efficient use of the microscope, and the exponent of the wonderful discoveries made with it of late years.

Books and Pamphlets Received.

WHAT TO DO FIRST IN ACCIDENTS AND EMERGENCIES. A Manual explaining the Treatment of Surgical and other Injuries in the absence of the Physician. By Charles W. Dalles, M.D. Second edition, revised and enlarged, with new illustrations. Philadelphia: P. Blakiston, Son & Co.

THE ROLLER BANDAGE. By William B. Hopkins, M.D. With 73 illustrations. Philadelphia: J. B. Lippincott & Co.

GOUT IN ITS PROTEAN ASPECTS. By J. Milner Fothergill, M.D. Detroit, Mich.: Geo. S. Davis.

A TEXT-BOOK OF GENERAL PATHOLOGICAL ANATOMY AND PATHOGENESIS. By Ernest Ziegler. Translated and edited for English students by Donald McAlister, M.A., M.B. New York: Wm. Wood & Co.

ELEMENTS OF HISTOLOGY. By E. Klein, M.D., F.R.S. Illustrated with 181 engravings. Philadelphia: Henry C. Lea's Son & Co. Montreal: Dawson Bros.

THE MEDICAL STUDENT'S MANUAL OF CHEMISTRY. By R. A. Witthaus, A.M., M.D. New York: Wm. Wood & Co.

Society Proceedings.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Stated Meeting, July 6th, 1883.

THE PRESIDENT, DR. KENNEDY, IN THE CHAIR.

Dr. Trenholme exhibited two pairs of *Ovaries and Fallopian Tubes* removed from patients in St. Catharines. All the ovaries were diseased, being several times larger than normal, the hypertrophy and induration due to dense fibroid tissue. The tubes were intensely congested at the time of removal. The indications for the operation in each case were intense pelvic suffering, in one case dysmenorrhœa with menorrhagia and in both oöphoralgia with all their accompanying general nervous derangement. In both cases the operation was made with antiseptic precaution, but without spray, and both made a good recovery, though in one case from fifteen years of suffering, convalescence was slow. Dr. Trenholme stated that the case operated on some three months ago was doing well, being free from all those pelvic pains for which the operation was made and able to perform household duties, though previously an invalid for many years.

Dr. Gardner also shewed a pair of ovaries which he had removed eight days before. The patient, 38 years of age, had suffered from dysmenorrhœa for several years. She consulted Dr. Thomas, of New York, same months ago and he prescribed for her anteflexion, replacement twice a week, hot douche twice a day, galvanism over ovaries, and arsenic internally. This treatment was carried out by Dr. Gardner for some time, he also tried galvanic and other stem pessaries, and dilated with tents with but little or no good results. Patient was an invalid going from bed to sofa and on motion, or pressure on abdomen suffered from paroxysmal pains in iliac region. She was very anxious to be operated on. Dr. Gardner performed the operation under the spray, applying a double ligature and removing both ovaries and fallopian tubes. Patient recovered completely without a bad system; highest temperature, 100½° To-day there was a slight thrombus of the vein of left leg. Calf, behind knee and thigh, very tender. The ovaries were

both diseased, one having a cyst the size of a pigeon's egg, the other indurated masses in its tissue, tubes somewhat dilated.

Dr. GARDNER mentioned that in the case brought before the society at last meeting, when he had operated five weeks ago, his patient had the usual metrostaxis for a few days, but has lost nothing since. The uterus has undergone involution to half its previous volume. Her complexion, which was bronzed, is much clearer. Has a purulent catarrh of the bladder and lithuria; otherwise is somewhat better.

Dr. OSLER said he had often met, post mortem, with ovaries and tubes as badly diseased, yet without history of pain during menstruation.

Dr. GARDNER said why sometimes painful, is probably that, when diseased, it aggravates an innate vice. Condition of celibacy producing a want (only satisfied by a happy married life) may be one factor in production of this trouble. He believed the last case of his would have been benefited by Dr. Weir Mitchell's treatment, but the means were not available for sending her to Philadelphia, and we were not yet prepared to carry out this treatment fully in Montreal.

Dr. Gardner next exhibited a *Mucous Fibroid* the size of a turkey's egg removed by him from a woman, aged 44 years, the mother of several children, the last four and a half years ago, and had no health since. Greatly weakened by profuse menstruation, was blanched and suffered from nausea at each period. When seen by Dr. Gardner uterus was so enlarged as to half fill the pelvis. Dilated with tents, felt tumor with finger, but could not well make out a pedicle. In waiting for the next period it was found that the dilating had delayed it. Instead of 21 days it was 40, and only lasted three days and there was less nausea. Dilated again and under ether removed it without much difficulty by means of Thomas' serrated scoop, was attached to the left lateral wall and fundus. Daily irrigation of uterus with a double tube was kept up for some time, a little iodoform was also put into the uterus each time. Patient recovered completely; had no pain and no offensive odor.

Contagious Syphilitic Lesions of the Os and Cervix Uteri.—Dr. Bell read a paper on this subject, based on the reports of three cases of what had been diagnosed as simple ulceration or erosion of the os uteri in young prostitutes, in whom no other possible source of syphilitic inoculation could be found, but to whom several cases of syphilis were distinctly traceable. Three cases were traced to the first patient, two to the second, and two to the third. In the first case, the disease was communicated shortly before the patient was admitted to hospital. In the second case, it was communicated within fifteen days after the patient had left the hospital; and in the third case, a considerable period of time had elapsed. Brief reports of these cases were given, and the writer expressed his opinion that in the first two cases the sores were uterine chancres, though not diagnosed as such at the time; while in the third case, the report of which was meagre and imperfect, he thought it probable that syphilis had been engrafted upon the simple erosion of the os subsequent to her residence in the hospital. The first patient passed from observation completely on leaving the hospital; the second was under partial observation for nearly a year without the appearance of any definite secondary lesion; and the third developed secondary symptoms about three months after leaving hospital. The writer excepted the cases contracted from the third patient from the discussion, as a period of eight months must have elapsed from the time she was under observation before their inoculation could have occurred. He also drew attention, in the other five cases (which were considered reliable), to the mild character of the disease throughout, and especially to the uncertain and atypical characters of the primary sore, and expressed the opinion that, owing to the great frequency of the occurrence of simple erosions of the os uteri, many infecting syphilitic sores were probably overlooked, and that in this way might be explained many of the obscure cases of syphilis in which no history could be obtained of primary sore.

Dr. Roddick said he saw one of the parties who contracted syphilis from Dr. Bell's third case. He (Dr. R.) believed this one, as well as the other two, must have had mucous patches of the os, which must have been there for a long time, preceded

probably by chancres of the vulva. Dr. Roddick's patient had a doubtful chancre, not hard; came on fourteen days after connection. He put him on constitutional treatment at once, and thought this should be done in every case where one is pretty sure chancre exists. Don't wait for "secondaries"; give Iodide of Mercury or Hyd. with Creta. His patient is now having slight secondary symptoms. A friend of his contracting from the same woman and keeping it a secret, is having a sharp attack of secondaries.

Dr. Gardner said that out of three or four thousand uterine examinations, only saw one undoubted case of chancre of the os, and there were also ulcers on the vulva.

Dr. Shepherd thought syphilis was often implanted on an erosion of the os, and overlooked; believed in waiting for secondary symptoms before treating, as treatment sometimes delays the skin eruptions. Had had a case of squamous syphilide without any sore whatever. which disappeared under constitutional treatment.

Dr. Hingston said most surgeons used mercury for syphilis. Now, he never uses it; his treatment being, to support strength with good diet, cleanliness, gives Iodide of Potassium, Nitric and Hydrochloric Acids, and some bitter tonic. He said the Indian surgeons found they had as good success without, as with, mercury.

Dr. Roddick said he used to wait for secondary symptoms, but experience had taught him to treat undoubted cases at once. Has never yet seen or known secondary lesions delayed; always come on in two months, are always modified, never saw bad lesions if so treated; found they got over quickly, and had slight, or never any, tertiary.

Dr. Gardner said an argument for waiting for secondaries would be where there was a question of marriage.

Dr. F. W. Campbell spoke against the press publishing "fearful operations" together with name of operators. He read from a recent number of the *Star*, an account of an operation which had been performed at one of our city hospitals, showing technical terms used correctly, indicating that some medical man must have furnished the item.

Several members suggested remedies for this state of things, and from them it was traced to medical students, who were also

reporters. The Council was asked to draw up a petition to be sent to the editors of the various papers, asking them to refrain in future from publishing such articles.

CANADA MEDICAL ASSOCIATION.

THIRD DAY, SEPT. 7.

[This portion of the proceedings was inavoidably excluded from our last issue.—ED.]

The Association met at 10 a.m., the President in the chair.

DR. BOTSFORD presented the report of the Nominating Committee for the election of officers, which was as follows:—

President, Dr. Sullivan, of Kingston. *Vice-Presidents* for Ontario, Dr. Thorburn; Quebec, Dr. Robillard; New Brunswick, Dr. James Christie; Nova Scotia, Dr. McDonald; Manitoba, Dr. Lynch. *General Secretary*, Dr. Osler, of Montreal. *Treasurer*, Dr. Spragge, of Toronto. *Local Secretaries* for Ontario, Dr. Bray, Chatham; Quebec, Dr. James Bell, Montreal; New Brunswick, Dr. Coleman, St. John; Nova Scotia, Dr. Black, Jr., Halifax; Manitoba, Dr. Betts, Winnipeg.

Montreal is to be the next place of meeting, the date to be fixed by the President and Secretary, and to arrange for the meeting to be held immediately before the meeting of the British Association for the Advancement of Science.

MEMBERS OF COMMITTEES.

Committee of Management.—Drs. Hingston, F. W. Campbell, George Ross, Roddick, Lachapelle, Gardner and Rodger, with power to add to their number.

Publication.—Drs. Ross, Cameron, Fulton and Sheard.

Medicine.—Drs. Graham, Toronto; Ross, Montreal; Oliver, Kingston.

Surgery.—Drs. Roddick, Montreal; Atherton, New Brunswick, and Tye, Chatham.

Obstetrics.—Drs. M. Lavell, Holmes, and Lawson (Halifax).

Therapeutics.—Drs. Wright, Toronto; Stewart, Montreal; Small, Ottawa.

Necrology.—Drs. Fulton and Wright, Toronto; J. C. Cameron, Montreal.

Education.—Drs. Cameron, Bray, Yeomans, Bayard (St. John), Parker (Halifax), Whiteford (Winnipeg), Wilkins (Montreal).

Public Health.—Drs. Canniff, Oldright, Robillard (Montreal), Yeomans, Harding, Worthington (St. John), Larocque, Botsford, Playter, Wickwire, Covernton, Bryce.

Ethics.—Drs. Mullin, Harrison, McCammon, Bray, Grant, Prevost, Osler, Almon, Coleman.

Delegates to American Medical Association.—Drs. Grant, Ottawa; Gardner and Hingston, Montreal. The President and Secretary to give credentials to others who may wish them.

Delegates to the American Public Health Association.—Drs. Larocque, Tye, Bray, Holmes, Sweetland and Covernton.

The report was unanimously adopted.

Unanimous votes of thanks were passed to the authorities of Queen's College; to the local doctors, for the cordial words of Dr. Sullivan; to the Mayor, for the freedom of the city.

CANADA

Medical and Surgical Journal.

MONTREAL, OCTOBER, 1883.

THE QUEBEC MEETING.

A report of the first meeting of the new Provincial Medical Board will be found on another page. The subject of the preliminary examinations received considerable attention. Dr. Lachapelle in introducing his motion with reference to this matter, alluded to the very large proportion of failures on the part of candidates at this examination. The present year has been no exception to the general rule, nineteen candidates only having passed out of forty-seven. It would seem from this that the training of those presenting themselves must have been deficient; at any rate they have not come up to what by the examiners is considered a very moderate standard. At the same time it was thought that a conference between the examiners, certain members of the Board, and the heads of teaching establishments in the Province, might be useful in the way of furthering a common understanding as to the exact extent and character of the examination required. The promoters of this move disclaimed any desire to have the standard of the examination in any way lowered, their object being rather to impress upon teachers the requirements of the examiners and thus induce them to bring forward their pupils in a better state of preparation. With this understanding the committee was named, and it is to be hoped that good may come from this work and that in future years, with a similar examination, a much larger proportion of candidates may prove successful.

As this was the first meeting of a new Board it may not be out of place to make a few remarks upon the manner in which the business of this influential body is transacted. The Pro-

vincial Medical Board has several functions of an important nature to perform. It is the Registering or Licensing body and it is also, in some cases, an Examining body. In registering applicants presenting what purport to be the qualifications necessary for the license to practice, it is right that every care should be exercised, and in every case involving the slightest doubt, the matter should be submitted to the entire Board for their judgment thereon. The verdict may be one of great moment. It results either in pronouncing the applicant legally fitted and qualified for the exercise of his profession or refusing him this valuable privilege. Too much care cannot be exercised in scrutinizing and considering individual claims. It is well known that through want of vigilance in past years names have been entered upon our Provincial Register which should never have been there. Once put a name on the official list, and probably felony alone will cause it be removed. All sorts of irregular practices may be indulged in, notorious and glaringly unprofessional proceedings may be persistently carried on, and yet the act of Registration will not be revoked. Hence it is that such watchful scrutiny should be observed in looking carefully and strictly into the credentials which are laid before the Board by license-candidates. The manner in which this is done at present is as follows: A committee is named to examine the qualifications and report to the meeting thereon. Now, this having been done, nine members are appointed to act as examiners of candidates without University or other credentials entitling them to dispense with this ordeal. The examiners proceed with their duties in another apartment, the general meeting meanwhile proceeding. When they have concluded their examination and return to the meeting, it is only to find that the report of the scrutineers has been presented, a final vote of thanks for the use of the Hall is passed, and the meeting is adjourned. We must say, in our opinion, this is most unbusiness-like. Nine members from a small Board are absent, whilst the remainder pass upon the report of the scrutinizing committee and transact any other business that may be brought before them. Thus a large minority of the Board are excluded

from participation in more than one-half of the meeting, This clearly should not be. All the members of the Board should be present during the transaction of business, and arrangements should be made for the carrying on of the examinations in a way that would not interfere with this. Probably the chief reason why an abuse of this kind has been allowed to become habitual is, that the time allowed for the sitting of the Board is entirely too short to put through, with any kind of regularity or decorum the business brought before it. One day—and a very short day at that (10.30 a.m. to 4.30 p.m., with an hour's intermission)—is not enough. The Board now sits *twice* a year. We think if one session of two days *once* in the year were to be the rule, and if proper arrangements were made *beforehand* for the examination of candidates, that the efficiency of the Board would be greatly increased and its business could be conducted with a becoming calmness and dignity and not rushed through with railroad speed as is now the case. We hope these considerations may receive the attention of the President and members, as we are by no means alone in the views we have expressed above.

"L'ECOLE DE MEDECINE ET DE CHIRURGIE."

In August last we wrote with reference to the Laval-Victoria contention, "causa finita est." The recognized head of the Catholic Church had, after long consideration, pronounced adversely to the old school, which had been definitely ordered to discontinue, on pain of the most severe ecclesiastical displeasure. But we were hasty in having so written, the cause was *not* finished—far from it. Within a very few weeks from the promulgation of the Bishop's *mandement* enforcing the Pope's decree, messages from Rome announced that the decision was reversed—that the Professors of the *école* might continue to teach Anatomy and Physiology without finding themselves outside the pale of the church, and that students might learn the same subjects from their instructors without that step leading to their everlasting condemnation. The *école* now enjoys the unique privilege of announcing in its prospectus for the

year that it re-opens "by the express and paternal desire of the Holy Father." What powerful agency has been influential in thus entirely changing the respective attitudes of the two schools? The answer to this must be found in the potent words, *civil rights*. The old school had civil rights, and it has already been decided by the highest court in the Empire that these shall not be superseded by any ecclesiastical authority. Many in Montreal will remember how the entire local militia was paraded to enforce the burial of Guibord. It would have led to unpleasantness had similar measures been required to force an entry into the Hotel Dieu or otherwise protect the privileges of an old and legally-established corporation. The lesson then taught has been well learned.

THE PROVINCIAL MEDICAL BOARD.

The semi-annual meeting of the Medical Board of the Province of Quebec was held in the city of Quebec, on Monday, 26th ult. The following members were present:—Dr. C. E. Lemieux, President; Hon. Dr. J. J. Ross, Vice President; Drs. A. G. Belleau and F. W. Campbell, Secretaries; Dr. E. P. Lachapelle, Treasurer; Dr. Larue, Registrar. Hon. Dr. Robitaille (Lt.-Governor), Drs. Joseph Lanctôt, J. A. Duchesneau, R. A. Kennedy, D. A. Hart, Malcolm Guay, W. Marsden, Charles Gingras, R. P. Howard, J. L. Leprohon, T. A. Rodger, Geo. Ross, H. A. Mignault, P. E. Grandbois, Jos. Marmette, L. D. Lafontaine, N. H. Ladouceur, C. S. Parke, E. A. de St. George, Henry Russell, L. T. E. Rousseau.

The minutes of the last half-yearly meeting, 9th May, and of the triennial meeting of the 11th July last, were read and approved.

It was moved by Dr. Lafontaine, seconded by Dr. Howard, and resolved, "That the members of the Provincial Medical Board have learned with much regret of the death of the lamented Dr. Ed. Laberge, of Ste. Philomene, a member of the Legislative Assembly of the Province of Quebec, and formerly a governor of the College of Physicians and Surgeons of this Province; that the members of this Board desire to express

their sincere sympathy with the family and friends of the late Dr. Laberge in the irreparable loss which they have sustained by his death which occurred on the 22nd August last.

The Secretary of the Pharmaceutical Association communicated to the Board that the following substances have been added to the list of poisons and suggested the approval of the Board therefor. This was granted. The drugs are as follows: Croton Oil, Chloral Hydrate, Croton Chloral, Belladonna and its preparations, Digitalis and its preparations, Indian Hemp and its preparations, Chlorodyne and Paregoric.

It was moved by Dr. Lachapelle, seconded by Dr. Howard, That a committee composed of Drs. Campbell, Trudel, Lanctôt, Duchesneau, the mover and seconder, be appointed to make enquiries concerning complaints which have been made of the present mode of conducting the preliminary examinations; and that this committee be authorized to call together the directors of the colleges and high schools, and normal schools of the Province, as well as the Examiners for the Board, in order to confer with them, and to ascertain whether the present programme of the preliminary examination corresponds with that of the teaching given in these establishments: and without in any way diminishing the severity of the examinations, to arrive at an understanding which would be highly advantageous to all, and which should put an end to the existing discontent by showing that incapacity alone can be the cause of rejection at the preliminary examinations.

A committee was then named to examine the credentials of candidates. The following members were appointed to conduct examinations for the license, viz: Anatomy, R. A. Kennedy; Surgery, George Ross; Jurisprudence, H. A. Mignault; Physiology, C. S. Parke; Practice of Medicine, R. P. Howard; Materia Medica, L. T. E. Rousseau; Chemistry, Malcolm Guay; Midwifery, T. A. Rodger; Botany and Hygiene, Jos. Lanctôt.

A committee composed of the President, Vice President, the Secretary for Quebec, and Dr. Marsden, was appointed to draw

up and submit to the Legislature an amendment to the law governing the practice of dentistry in this Province.

The following graduates were sworn, upon presenting the diplomas of their respective Universities and received the Diploma of the College, viz :—MM. Nap. Morency, Ste. Marie de la Beauce; Edmond Perron, Eboulements; Chs. Tessier, St. Bonaventure d'Upton; Emile Sylvain, Cap. St. Ignace; Geo. Wm. Lachaisne-Jolicœur, St. Sauveur de Quebec; W. G. Thompson, Henri Archambault, Joseph Thèodore Peladeau, Jean Frèdèric Prud'homme, A. J. Hopkins, Avila Gauthier, Ls. Arthur Moll, Jas. Stewart, Edmond Bastien, Guillaume Frs. Prèvost.

Four candidates presented themselves for examination for the license. Of these, one only, Allan D. McMillan was admitted.

On motion of Drs. Howard and Rousseau, the thanks of the College were given to Laval University for the use of their rooms; and the meeting adjourned at 5 p. m.

OUR MEDICAL SCHOOLS.

McGill.—The opening lecture was delivered by Dr. Workman of Toronto, an *alumnus* of 1835, and, with the exception of Dr. Roderick McDonald of Cornwall, the oldest living graduate of the University. We have great pleasure in presenting our readers with a full report of his interesting address, which is of permanent value in connection with the early history of the school, giving, as it does, personal recollections and reminiscences of the founders. The lecture hall of the Redpath Museum was crowded with students and citizens, and the conversazione afterwards was largely attended. The new professors, Drs. Shepherd, Gardner, Browne and Stewart, gave special introductory lectures to their classes on Tuesday, the 2nd inst. The attendance of students promises to be considerably above the average.

Montreal School of Medicine.—After the trials of the past summer, it must have been a day of special joy to the pro-

fessors and students of this school to meet again. Dr. D'Orsonnens, the President, delivered a stirring address, in which he said: "This meeting of the Montreal School of Medicine is, certainly, its most glorious day, for the School, threatened in its very existence—nay, thunderstruck, I should rather say—but a few weeks ago, and apparently lost forever in the eyes of every one, is seen again by its friends, in this the opening day of its lectures, more renowned and more brilliant than ever, and with a still greater guarantee of success for the future than before. It is, then, with the greatest joy that the school opens for you its doors, for it can no more be represented to the public, unaware of all that took place, as in rebellion against the Holy See, the school being now about to resume its teaching on the formal order of His Holiness Leo XIII. Moreover, the sending from Rome of an apostolic delegate to Canada is, for the school, a sure guarantee of a still more perfect reestablishment, and the proof that it will be forever now, even in the eyes of ecclesiastical authority, established on a solid and immovable basis. How many ill-feelings disappear, and how many scandals are arrested, by this energetic action of our Holy Father! and how happy you Christian families must have felt upon hearing the good news. Thanks, then, to the Sovereign Pontiff, who kindly listened to our cry of distress, and replied in a manner so prompt and so paternal."

Bishop's College and Laval (Montreal Branch).—The classes reassembled on the 2nd inst. There were no special introductory addresses.

College of Pharmacy.—This College opened on the 2nd inst., in new rooms, at 223 McGill Street. A large number of students have entered, and a successful season is anticipated.

Toronto School.—Dr. J. H. Richardson delivered the opening lecture in the presence of the Mayor and a large gathering of students and citizens. He urged upon the authorities of the university to establish a chair of Physiology and a suitable laboratory as it is impossible for schools of medicine, dependent

solely on the fees of students, to spend the money necessary for teaching the purely scientific branches.

TRINITY SCHOOL.—Dr. Sheard gave the introductory address in the presence of the Faculty and a large gathering of citizens and students.

KINGSTON WOMEN'S MEDICAL COLLEGE.—The co-education troubles of last winter have resulted in the establishment of a separate school of medicine for women in Kingston, which, on the 2nd, was formally opened by the President, Dr. Lavell. $7,500 have been subscribed, sufficient working expenses for five years. Three scholarships have been founded, one by Mrs. Dr. Trout, of Toronto, one by Mrs. McNeill, of Kingston, and a third by the ladies of Kingston. The old students have returned and new ones are expected. The Faculty is composed entirely of the Professors in the College of Physicians and Surgeons who will repeat their lectures to the ladies.

TORONTO WOMEN'S MEDICAL COLLEGE was opened by Dr. Barrett, the President, in the presence of the Mayor and a large gathering of ladies and gentleman. Speeches were delivered by the Mayor, Mr. Beatty, M.P., Principal Caven, and Mrs. McEwen. Subscriptions to the amount of $1,200 have been promised and a suitable building has been secured. The hospital authorities have arranged a special place in the theatre for the women and every facility will be afforded them. A large class is anticipated.

WESTERN UNIVERSITY, LONDON, ONT.—The second session of the Medical Faculty was opened on the 1st with an introductory address by Dr. Bucke of the London Asylum, who spoke in hopeful terms of the prospects of the school.

STILL ANOTHER.—A meeting of the Winnipeg medical profession was held in the Education offices recently for the purpose of taking steps towards the formation of a medical college there. The following charter members were appointed, with

instructions to submit a bill of incorporation to the Provincial Legislature :—Drs. Kerr, Jones, Brett, Whiteford, Good, Patterson, Blanchard, A. A. Ferguson, R. B. Ferguson, Sutherland, Codd, Wilson.

PRELIMINARY EXAMINATIONS.—The matriculation examination of the Provincial Medical Board was held at Quebec from the 20th to the 22nd September. Forty-seven candidates went up, of these nineteen were successful. The names of the latter were as follows: Kenneth Cameron, Montreal; L. Jos. Sirois, Bic; P. Marchildon, St. Justin; Edward L. Quirk, Alymer; Dos. Fournier, St.-Simon de Rimouski; Vilda J. Groulx, Belle Riviere; Rollo Campbell, Montreal; J. Alb. Marcotte, Ste Monique de Nicolet; H. Desilets, Bécancourt; Chas F. Carle, Ste-Ursule; S J Girard, St. Germain; P J L Bissonette et J. A. Dagnault, St. Jacques le Mineur; Joseph F. E. Ferland, Lanoraie; Nas Gingras, St. Nicolas; E. A. Laferrière, Ste Cuthbert; Cyprier Rioux, Trois-Pistoles; Alf. Duhamel, St. Justin; G. Tremblay Belanger, Quebec.

THE ILLINOIS STATE BOARD OF HEALTH has issued a very complete report on "Medical Education and the Regulation of the Practice of Medicine in the United States and Canada," giving a compendium of the laws regulating admission in each State and Province, and a statement regarding each medical school. Under "Canada," the Medical Acts of the various Provinces are given, a list of the schools, with number of students, percentage of graduates, fees, &c. The Toronto Woman's Medical College is erroneously stated to be homœopathic. An interesting summary is given, from which we gather that there are at present 89 regular medical schools in the United States and 12 in Canada; 48 colleges have become extinct. In the session of 1882-83, there were 9,764 students in the regular colleges in the States and 648 in Canada. The average percentage of graduates to matriculates is—in the United States, 33.2; in Canada, 25.4. There are 3,487 physicians in Canada, the ratio population being 1 to 1,112. New Mexico, South Carolina and Utah are the only States in which the ratio of

physicians to the population is above 1 to 1,000. Maryland and Colorado are the most over-doctored States; the proportion in the former is 1 to 329, and in the latter 1 to 341. A list of twenty-four institutions is given where diplomas are not recognized by the Board, and a number of others, concerning the "good standing" of which the Board has not yet decided.

QUADRUPLETS.—Drs. Edwards and McTaggart, of London, Ont., report a remarkable case. A woman, already the mother of four children, had what was supposed to be an early miscarriage in the last week of January, '83. Her abdomen continued to enlarge, and finally became of an immense size. On September 14th, 1883, she was confined of *four* living children, two boys and two girls, the time elapsing between the birth of the first and that of the last child being one hour and forty-five minutes. Three of the children weighed somewhat over four pounds, and one slightly under that weight. There was only one placenta. At last report all were alive and doing well.

M. SOUVIELLE.—We have been shown a letter from Prof. Rosenthal, of Erlangen, in which full details are given of the attempt by this man to obtain the degree of that University by presenting a forged thesis. Fortunately, the gentleman into whose hands it was placed for criticism recognized the production as spurious, and the fraud was detected. The worst feature of the case is that M. Souvielle passed himself off as a Canadian and a Montrealer, and has, by his disgraceful action, smirched the fair name of both the country and the city.

THE HOMEWOOD RETREAT.—This private asylum at Guelph, Ont., will be opened for the reception of the insane and inebriates next month, with accommodation for fifty patients. Dr. Lett, for thirteen years assistant superintendent of Ontario public asylums, will have charge. Mr. Langmuir, so long Inspector of Asylums in that Province, is President of the Association. From our personal knowledge of these gentlemen we can heartily recommend the Retreat to the support of the Profession.

Obituary.

JAMES A. SEWELL, M.D., EDIN.

The death of this well-known physician of Quebec took place at his residence, St. Ursule Street, on the 2nd inst. Dr. Sewell was born in Quebec in 1810, and was a son of the late Chief-Justice Sewell. After receiving his professional education in Edinburgh, where he graduated in 1833, he settled in his native town, and had there been engaged in active practice to within a few months of his death. He was one of the original members of the Faculty of Medicine of Laval University, and held the chair of Medicine, and was also Dean of the School. He was chairman of the Marine Hospital Commission, and one of the physicians to the Hotel Dieu. As a governor of the College of Physicians and Surgeons, he took an active part for many years in all the affairs of the Board. At the organization of the Canada Medical Association in 1867, Dr. Sewell was President of the Quebec Medical Society, and took the chair on the first day of the meeting. Subsequently, in the year 1871, he was elected President of the Association. For many years Dr. Sewell was a constant contributor to the *British-American Journal* and the *Canada Medical Journal*, in the files of which many of his interesting cases and communications will be found. He was an ardent advocate for the use of tea as a stimulant, and as an antidote to the effects of opium and in uræmia.

Dr. Sewell was twice married, and leaves a large family. Two sons are in the profession, both graduates of Edinburgh. One, James A., practices in England; the other, Colin C., at Quebec. He was a cousin of the late Dr. Stephen C. Sewell, Professor of Materia Medica in McGill College, and of Dr. E. C. Sewell.

Dr. Sewell will be greatly mourned and missed in Quebec, where his kindly disposition and professional skill endeared him to people of all ranks.

Personal.

Drs. Wadsworth and Edes, of Harvard, were in town last month.

Dr. Merrill has been appointed one of the physicians to the Hôtel Dieu.

J. H. Harrisson, M.D. (McGill, '83), has begun practice in Cornwall, Ont.

N. E. Chevalier, M.D. (McGill, '73), of Lewiston, Me., has moved to Iberville, Q.

Archibald McLeod, B.A., M.D. (McGill, '83), has settled in New Westminster, B.C.

The Gilchrist Scholarship of the year has been taken by H. G. Creelman, a graduate of Halifax.

B. E. W. Hurdman, M.D. (McGill, '82), of Aylmer, Q., has passed for the double qualification at Edinboro'.

Hastwell W. Thornton, B.A., M.D. (McGill), has returned from London, and will settle on his estate at New Richmond, P. Q.

We regret to hear of the death of Mr. John Menzies of Pembroke, a third year student in the Medical Faculty, McGill College.

Many members of the profession had the pleasure of meeting Drs. Delmege and Gipps, of H.M.S. "Canada," during her stay in the city.

We regret to see that Dr. John B. Campbell, of Westfield, Cha. Co., N.Y., a graduate of Victoria College, Cobourg, died of an overdose of chloral.

Sir Wm. MacCormac, of St. Thomas's Hospital, spent a day in Montreal, and Drs. Howard and Hingston had the pleasure of entertaining him.

Thomas Gray, M.D. (McGill, '79), late of Brigus, Nfld., has returned from Europe. He intends settling in his native province, Ontario.

William Stephen of Montreal and J. W. Ross of Cohoes, N.Y., and W. A. Shufelt of Knowlton, P.Q. (McGill, '81), have gone to England to pursue their studies.

We are rejoiced to hear that the scandalous statements in the daily papers concerning Dr. Joseph Williams, of Boston, are without reasonable foundation.

Prof. Galbraith of Dublin, of "Galbraith & Houghton's Manuals" fame, is in the country. He attended the opening lecture of McGill Medical Faculty.

R. J. B. Howard, B.A., M.D. (McGill, '82), has returned from London for the winter, to enter upon his duties as one of the assistant demonstrators of Anatomy, McGill College.

Dr. Picault, of Notre Dame Street, was tendered a complimentary dinner on the 20th ult. by the French Societies of the city, on the occasion of the 50th anniversary of his arrival in Canada.

W. S. Oliver, M.D. (St. And.), Brigade Surgeon, has returned, and commenced practice in Toronto. Dr. Oliver was the first to demonstrate experimentally the connection between measley beef and tapeworm. He is also well known as the inventor of improved methods of arranging and supporting the soldier's kit.

Last month we visited our friend and *quandam* city *confrere*, Dr. O. C. Edwards, who is now settled in the new Province of Assiniboia. His home is on the well-known Bell Farm, in the centre of the Qu'Appelle Valley District. We were pleased to observe the success which the doctor has met with in this rapidly-settling locality, his known ability and genial character having rendered him deservedly popular with all.

Medical Items.

—Louise Lateau, the celebrated Belgian bleeding girl, is dead.

—Professor Penhallow, for some years Professor at Tokio, Japan, and lately experimental botanist at the Houghton Experimental Farm, has entered upon his duties as Lecturer on Botany, at McGill College, during Dr. Dawson's absence.

—The New York *Medical Journal* has published an excellent student's number, giving full details of most of the Canadian and all of the American schools. It will be of great service to students and useful for reference to practitioners.

—The Dentists of the Province held a meeting in Montreal on the 10th of September. They repudiated the amendment to their Act passed (unknown to them) last session, which allows

a dentist of ten years' standing to enter upon the study Medicine without passing the Matriculation.

—The Cincinnati *Lancet and Clinic* is responsible for the statement that there lives in Porkopolis a physician who when called to see a case which he does not understand, is habitually seized with a sudden call of nature, and while in the seclusion granted by the haunts devoted to evacuant purposes, he gets out his "ltttle giant crammer" and posts up.

—We had thought that a split fowl to the head (warm) for apoplexy, a hair of the dog that bit you to cure the hydrophobia, &c., were things of the past; but to prove the contrary, it is only necessary to turn to the Patent Office Record of this Dominion for the month of June, 1883. No. 16,845 is entitled a a patent for "Improvements in Ointments," and it informs us that the Department has been graciously pleased to grant a monopoly of the following valuable prescription for a term of five years:—

CLAIM.—A compound composed of the following ingredients: Fresh unsalted butter, two pounds; *black wool cut from the sheep's breast at the full of the moon*, one ounce; three fresh eggs, and flour of sulphur, two tablespoonfuls.

The patentee is one Francis McKay, of Lobo, Ont. Perhaps some of our readers would like to be supplied with this preparation, or to arrange with the fortunate possessor of it to pay a royalty and be permitted to manufacture it for themselves.

THE MEDICAL VOYAGE OF LIFE.—The following clever chronological classification of the ills to which human flesh is heir, may give a faint conception of the gauntlet which we poor mortals have to run: First year: icterus neonatorum, hyperkinesis intestinalis and vaccination. Second year: dentition, croup, cholera infantum and fits. Third year: diphtheria, whooping cough and bronchitis. Fourth year: scarlatina, worms and meningitis. Fifth year: measles. Now half the children are dead. Seventh year: mumps. Tenth year: chorea and typhoid fever. Fifteenth year: hyperæsthesia sexualis. Sixteenth year: spermatorrhœa, chlorosis, and spinal irritation. Eighteenth year: blenorrhœa urethralis. Twentieth year: bubo, alcoholic

cephalalgia, vertigo. Twenty-fifth year: matrimony. Twenty-sixth year: insomnia de infanto. Thirtieth year: dyspepsia, nervous asthenia. Thirty-fifth year: pneumonia. Forty-fifth year: lumbago, presbyopia. Fifty-fifth year: rheumatism, alopecia. Sixtieth year: amnesia, deciduousness of teeth, bony arteries. Sixty fifth year: apoplexy. Seventieth year: amblyopia, deafness, anosmia, general dyskinesis, atonic digestive tract, rheumatismus deformans. Seventy-fifth year: finis.

MEDICAL BARONETCIES.—So far as we can learn, twenty-six baronetcies have been confered on members of the medical profession during the last one hundred years. George III bestowed baronetcies on Sir Walter Farquhar, 1796; Sir Richard Jebb, Sir Everard Home, and Sir Henry Halford, 1809. The baronetcies of Jebb and Home are now extinct. George IV gave baronetcies to Sir M. Tierney and Sir Astley Cooper, 1821. The baronetcy of Tierney is now extinct. William IV conferred baronetcies on Sir Charles Mansfield Clarke, 1831, and Sir Benjamin Brodie, 1834. We believe the following is a complete list of the baronetcies bestowed on members of our profession by Her Majesty: Sir James Clark, 1837; Sir Henry Marsh and Sir Philip Crampton, 1839; Sir Henry Holland, 1853; Sir Charles Locock, 1857; Sir William Fergusson, 1866; Sir James Simpson, 1866; Sir Dominic Corrigan, 1866; Sir Thomas Watson, 1866; Sir William Lawrence, 1867; Sir William Jenner, 1868; Sir James Paget, 1871; Sir Robert Christison, 1871; Sir William Gull, 1872; Sir George Burrows, 1874; Sir Spencer Wells, 1883; Sir Andrew Clark, 1883; Sir Prescott Hewett, 1883. Of the baronetcies conferred by the Queen, one, that of Marsh, is extinct. Of the eighteen medical baronets created during the present reign, eight survive. Of the eighteen Victoria baronetcies, eleven have been given to physicians, five to surgeons, and two to obstetric physicians. All the eight medical baronets now living practise in London.

Married.

GROVES—MONK.—On Wednesday, September 12th, at St. John's Church, South March, Ont., Geo. H. Groves, M.D., Carp, Ont., to Fanny, eldest daughter of G. W. Monk, Esq., M.P.P.