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CANADA

MEDICAL JOURNAL

ORIGINAL COMMUNICATIONS.

An Essay on the Contagion, Infection, Portability, and Communicability of the Asiatic Cholera in its relations to Quarantine; with a brief History of its Origin and Course in Canada, from 1832. By W. MARSDEN, M.D., ex-President and Governor of the College of Physicians and Surgeons, Canada East; Honorary Fellow Medico-Botanical Society, London; Corresponding Fellow Medical Society, London; Honorary Fellow Montreal Pathological Society; Honorary Fellow Berkshire Medical Society and Lyceum Natural History; Honorary Fellow Medico-Chirurgical Society, New York; Member by Invitation of the American Association, &c., &c., &c.

A synopsis of the following Essay was laid before the American Medical Association at its annual meeting, held in Cincinnati, Ohio, in May, 1867.

My chief object in this Essay, is to bring within the reach of the members of the medical profession *authentic data* connected with what must ever be an important epoch in the medical history of this continent; and I have been induced to publish it from the fact that, statements connected with the history and progress of Asiatic Cholera, since its first introduction into Canada, have from time to time found their way into print, and been received as reliable data, many of which were mere fictions, and others exaggerations and misrepresentations. I therefore determined to describe some of the events and scenes in which I have been an active participator, and submit the record of *a living witness;* a kind of evidence that must daily become more valuable and interesting as time rolls on, and we examine such testimony from a greater distance.

To the medical gentlemen, both in this Dominion and in the United States, who have kindly responded to my appeal for facts connected with this subject, I return my most sincere and grateful thanks.

That fell fiend, and until very recently, almost intractable scourge, Asiatic Cholera, first set its deadly foot-print on the American continent at Quebec, in Lower Canada, on the 8th of June, 1832, whence it extended its ravages with the tide of "human travel and human traffic" in every direction, sowing the seeds of misery and ruin, and reaping a fruitful harvest of desolation and death.

I had the honour to submit a plan of Quarantine for Asiatic Cholera, which I originated in 1856, to the resident physician of New York, Lewis A. Sayre, M.D., in the autumn of 1865; of which he says in his annual report, presented 4th January, 1866: "The plan of Quarantine suggested by Dr. Marsden, with some slight modifications, is the most perfect I have yet seen that could be adopted; and I would earnestly recommend the Government to adopt it as a uniformity along the entire coast." That plan which has since received the endorsement and approval of the entire United States of America, including the Surgeon General and Army Medical Staff, and the leading physicians and surgeons of the Union, is declared to be "*the most perfect system of Quarantine yet known*," and is founded on the assumption that Asiatic Cholera is an infectious, portable, and communicable disease, and can be communicated and transmitted, both by persons and personal effects and is therefore a controllable disease.

My opinions on this subject are founded on my own experience and observations, which commenced with the first case of the pestilence that appeared on this continent, and extended over six separate and distinct visitations.

The result of that experience is, an indelible conviction that Asiatic Cholera is not endemic in Europe or America; but is an exotic, having its origin in India, where only *it is endemic* and indigenous, and whence it has constantly been imported into Europe and America by persons and personal effects tainted by its deadly poison; and *that its progress can be arrested by an efficient and uniform system of Quarantine, whether on sea or land, and its infectious properties can be destroyed by proper chemical agents.*

[Since I commenced this paper, the Metropolitan Board of Health of New York, has demonstrated the soundness of my principles; and internal Quarantine, or as it is expressively called "stamping out," has become a *fait accompli.* To Elisha Harris, M.D., Registrar of Vital Statistics, belongs the honour of having been the first to carry this successful practice into operation in America.]

One of the gravest errors into which a physician can fall, and one calculated to lead him into fatal mistakes, is the confounding sporadic or

common cholera, or cholera morbus, (which is common to every country and every clime,) with Asiatic cholera; and which Kennedy most properly calls "the contagious cholera,"

So identical are the symptoms and characteristics of these two distinct varieties of diseased action, having a common name, and in malignant cases, a common termination—a sudden and hideous death, that it is extremely difficult, if not impossible, to diagnose accurately and at once between them, unless you accept the doctrine of contagion.

Common cholera or cholera morbus *never* becomes epidemic, but consists of isolated cases, often of very malignant type, and occasionally resulting in death; whereas the Indian or Asiatic variety being once sown, spreads from person to person, and from place to place; exactly in proportion to the nature of the intercommunication between the sick and healthy, the extent and character of the exposure to the disease, and the susceptibility of the persons exposed. Wherever the pestilence has appeared in point of time, to have been communicated from a continent to an island, or from an island to a continent, or from one continent to another, or from one part of a country to another, the same strong evidence of contagion or infection is still developed, as first marked its progress throughout India, and the Indian Ocean. In England it first appeared at a seaport town which had frequent intercourse with the Baltic, and on this continent it first appeared at Quebec, which had maintained frequent intercourse with the three kingdoms, as I will show hereafter.

A definition of the meaning intended to be conveyed by the term contagious is essential to the proper understanding of this subject, no less to the pathologist than the physiologist. The latter, stickling for the literal meaning of the derivative of *con* and *tango*, insists on absolute contact to propagate disease. This is not the sense in which the term ought to be used in reference to Asiatic cholera. On that account, it is that I have used the term infectious in preference to contagious, the disease being transmissible from individual to individual through the medium of the atmosphere at a very limited distance,—say a few feet,—without personal contact. Now, although contagion comprehends infection in the general acceptation of the term, and signifies the transmission of disease from one person to another, by direct or indirect contact, I generally apply the term infection to Asiatic cholera, because the disease is reproduced and communicated by the approximation of persons or effects tainted, poisoned or infected, by the pestilence *without actual contact.*

"Kennedy," in the preface to his admirable work on the History of the Contagious Cholera remarks on this subject,—The variety of

Indian Cholera under consideration has had several names assigned to it, as the "epidemic cholera," the "spasmodic cholera," the "epidemic spasmodic cholera," "cholera asphyxia," the "malignant cholera," &c. &c. It matters little what name is bestowed upon a disease, provided the name leads to a knowledge of its *identity;* none of the preceding, however, seem sufficiently expressive for that purpose. In India, the *species* of cholera to which this variety belongs, had existence from the earliest ages, and, occasionally, had prevailed to a great extent, in an exceedingly virulent form, even previous to the year 1817; during these periods, some, or all of the above names, might very well apply; but, in 1817, the disease assumed a contagious property, which there is no evidence to prove it ever before possessed; and a name was then wanting to distinguish the new variety. Writers convinced of its propriety, have abstained from using the title "contagious cholera," in deference to the opposition of the non-contagionists." With every respect for the ability displayed in this opposition, I cannot pursue a similar course. My defence must rest on the facts adduced in favour of contagion, and the common practice, in physical philosophy, of adopting the hypothesis which best explains the phenomena.

So much has been said and written on the subject of cholera, and especially on its character and treatment, that it is my intention in the following essay, to confine myself entirely to the consideration of the abstract question of contagion or infection, in reference to its bearings upon Quarantine. In doing so, I intend to deal with *facts*, and present them to you properly attested, leaving you to interpret them at your leisure, and in your own way, as I do not intend to extract from the countless volumes of published evidence that is is already within your reach, but will cull fresh cases from my note-books, and other authentic unpublished sources, within my reach.

On each of the six invasions of Asiatic Cholera with which Lower Canada has been visited, I have been enabled personally to trace the earliest cases of the disease to importation, and its subsequent extension to uninterrupted intercourse between the sick and healthy, and to a want of a proper system of Quarantine.

Among the inaccurate statements connected with the origin of Asiatic Cholera on this continent, I find the following in Dr. Milroy's Report to the Colonial Office, on the Cholera Epidemic in Jamaica, 1840—51; and printed by order of the House of Commons, on the 11th May, 1854.

"In the first visitation of Cholera, in 1832, in the New World, it has been very generally believed that the earliest cases occurred at Quebec, in Lower Canada, about the beginning of June in that year. They have

been confidently ascribed by some writers to direct and traceable importation by vessels from Europe, but this point is far from having been distintly made out, and Dr. Douglas, the medical officer at the Quarantine station at Grosse Isle, informed me that he has serious doubts upon its accuracy."

The gentleman whose authority Dr. Milroy cites was not at the time referred to, a medical officer at Grosse Isle at all, nor was he then in the Province; therefore, any thing he said on that subject was mere hearsay, and not in accordance with the facts, which leave no doubt on the minds of unprejudiced persons that Cholera was introduced into America through Quebec, and was "traceable to importation." The first case of Asiatic Cholera on this continent occurred at Quebec, in Lower Canada, on the 8th June, 1832, in the person of an Irish emigrant. Two vessels, the "Elizabeth" from Dublin, and the "Carricks" from the same place, arrived at the Quarantine station, Grosse Isle; the former on the twenty-eighth of May, with 200 passengers, having had twenty-two deaths from Cholera on the voyage; and the latter, on the third of June, with 145 passengers, having lost forty-two from Cholera in fifteen days. I say "from Cholera," although the report of the Boarding Officer was from some "unknown disease." Yet the vessel having come from a port known to be infected, and a case of Cholera having occurred after the arrival of the vessel at the Quarantine station, which proved fatal in three hours, there can be no manner of doubt as to the nature of the "unknown disease." There was at that time no proper system of Quarantine, no separation of passengers from Cholera vessels, and other ships. The only separation consisted in removing those *actually sick* from among those who continued *apparently* healthy, and who were *at once* sent on their journey.

Constant and uninterrupted intercourse was permitted between the Quarantine station and the city, by boats and steamers; and passenger steamers were even permitted to proceed to Grosse Isle, and take passengers direct to Quebec and Montreal. The unusual number of 7151 emigrants had arrived in the harbour of Quebec from the Grosse Isle Quarantine station between the second and the fifth of June, all of whom had been more or less subjected to exposure and contact with the infected; and whatever might have been thought of such a system of Quarantine at that time, (a mere rope often being the only means used to separate passengers from each other) it would surprise no one in the present advanced state of our knowledge on this subject, that Cholera had "overleaped the bounds," (to use a favourite phrase of the non-contagionists), of such a system of Quarantine.

The history of the British barque "Brutus," from Liverpool, with 330

passengers, is highly interesting in reference to this visitation. It appears by the letter of W. W. Thompson, M.R.C.S.L., the surgeon of the vessel, that cholera broke out on board about eight days after leaving the river Mersey, which induced the captain to put back. It also appears from this letter that between the 27th of May, when the first person was attacked, and the 13th of June, the day on which the vessel arrived at Liverpool, 117 cases had occurred, with 81 deaths and 20 recoveries. Had the "Brutus" been less severely visited, the captain would, no doubt, have held on to his destined port, and the passengers for their own sakes would have spoken of the occurrence of cholera on board their vessel as little as possible, and so the matter would have been hushed up. The occurrence of 81 deaths at sea, among 330 persons on board the same vessel, cannot be accounted for, says the eminent authority Graves, unless on the supposition that the disease is contagious, and he adds, "*one such positive fact is worth a volume of negative evidence*"

On Thursday, the 7th of June, the steamer "Voyageur," of Montreal, Captain Morin, left the Quarantine station with an enormous number of passengers for Montreal, and when about nine miles above Quebec was found to be so dangerously overloaded, that she was compelled to put back during the night, and re-land 200 passengers. She proceeded next morning on her voyage, and cholera broke out on board, on her trip up to Montreal, and several deaths took place on the passage.

Before arriving at Three Rivers, an emigrant named Kerr was taken ill, and died before the vessel came into the Port of Montreal. Another emigrant named McKee had been seized on the afternoon of the same day (9th June), and was taken from the boat to a tavern on the wharf. The body of Kerr was exposed and visited by numbers of persons, (as also McKee's,) at the tavern. A soldier from the barracks visited and assisted in rubbing his body, and was among the first victims, and the first soldier in the garrison who died. It was reported at the time that some dead bodies were thrown into the river from the steamer "Voyageur" on going up, but this fact was never authenticated. However, after the vessel passed Sorel, a feather-bed belonging to a passenger, who had died of cholera, was thrown overboard, a man named Latour, who lived on one of the small islands in the vicinity, saw it, and going out in a canoe, took it up and carried home his prize, and hung it up to dry. He took cholera immediately, and died in twelve hours. His wife also took the disease and died.

A poor fisherman who lived at the village of Contrecœur, a little below Montreal, was out fishing in his canoe, when a raft came floating past.

The captain of the raft asked the old man to take one of his men ashore, who had died, and bury him. He had not heard about the Cholera, took the body ashore, and buried it. During the same night he took ill and died. His wife also sickened; and people passing by on Sunday morning, and seeing the house shut up, mentioned the fact to his nephew, whom they met at the parish church. Going to his uncle's house, he found his uncle dead, and his aunt dying. After doing his duty by his relatives, he went home to the second concession, where he took ill, and died. There were no other cases between these two points several miles apart.

A Canadian drover from *William Henry* left that place, where there had been a few cases of Cholera, to go to the Eastern Townships. His way lay through the unsettled forest for several miles. In the centre of this lay one of the way-side taverns, and was the only house in the forest. He arrived about midnight, rested, and took some refreshment, and in a couple of hours proceeded on his journey. The next day the tavern-keeper was attacked, and soon after his wife, and both of them died.

The history of such cases as the foregoing, together with the following, which I read in a Maine local paper in the early part of 1833, first awakened my suspicions to the possible contagion of Asiatic Cholera, and the reading of Kennedy's unanswerable work on the "Contagious Cholera" confirmed my impressions, that non-contagion was a dangerous and fatal doctrine.

A sailor belonging to the State of Maine died of Asiatic Cholera in 1832, in a northern European port in the Baltic, where Cholera prevailed. A chest containing his clothing and personal effects were sent home to his relations, who lived in a small straggling village on the Atlantic Coast, near Bangor, Me. It arrived about Christmas, 1832, and was opened immediately on its arrival. The inmates all remarked a peculiar heavy odour in opening the chest, and soon after began one by one to sicken, when the whole were within a few hours hurried into eternity by a disease resembling Asiatic Cholera in all its malignity. There had been no Cholera in the State previous to this, nor was there any after, until 1834. This last case is attested by Professor R. D. Mussey, late of Boston and now of Cincinnati, Ohio.

Let us now return to the steamer Voyageur.

A man who landed from her, died on the wharf on Saturday night, the ninth of June, in Montreal. Several other cases took place on the wharf, as well as in lodging-houses in the neighbourhood, and the disease spread rapidly.

Of the passengers who returned and remained in Quebec on Thursday night, a number went to the lodging-house of one Roche, in Champlain

street, where cholera broke out violently. Fifty-six persons died of Cholera, in this one house, during the season of 1832.

In most of the early cases of Cholera in Montreal, communication could be traced with Kerr and McKee, and the other passengers of the steamer "Voyageur." On the 11th, several new cases occurred, and a continued and regular increase took place until the 19th. From Montreal we next trace the disease West and South. It appeared at Lachine on the 11th, among emigrants from Montreal on their way to Upper Canada, on the 13th it reached the Cascades in the person of a clergyman from Montreal, who died at Côteau du Lac. On the same day a boatman direct from Montreal died of Cholera at Cornwall. On the 16th, it reached Prescott, the first case being from Montreal. On the 18th, a boatman from Montreal died at Brockville. On the 20th, it arrived at Kingston. On the 21st, the first case occurred at little York, now Toronto. The victim was a merchant tailor from Montreal, who had fled from fear of the pestilence. On the 22nd a vessel from Kingston, called the "Massasunga Chief," with 200 emigrants on board, arrived off the town of Niagara, but having Cholera on board, was not allowed to come into port, and Cholera did not get then into Niagara. Here we have conclusive evidence of propagation by man in exact proportion to the rapidity of his movements.

I will mention another fact of an official character connected with the garrison, which tells against the epidemic or atmospheric theory: "The garrison of Montreal, consisted of a portion of two regiments, in all 450 men, of whom 46 died of cholera previous to the 19th of June. Under orders from the Army Medical Department, the men were then removed and encamped under canvas on the Island of St. Helen's, near and opposite to the city. Strict non-intercourse was maintained, and the result was, that no more deaths occurred, although the city was decimated, and steamers were daily passing close to the Island, freighted with the sick and dying." In the same category, I may mention, "on official authority," that under an order of the Government, the Troops at Newcastle Sunderland, Edinburgh, and Glasgow, where cholera prevailed in 1831 and 1832, were confined to their quarters, and no communication or intercourse permitted with the citizens, and not a case of cholera occurred among them.

The disease then spread in a westerly direction along the course of the St. Lawrence to Montreal, but did not appear at *any of the intermediate places where no landing or communication had taken place;* thence to Upper Canada, and to the North-Western States of the American Union; and at the same time by Lake Champlain in a southerly direction to New York, Philadelphia, and other cities in the United States, till it reached New Orleans in the extreme South.

Having said that it did not attack any intermediate place between Quebec and Montreal where no passengers were permitted to land, I may mention that whilst these two cities were decimated the town of Three Rivers, equi-distant from each city, where steamers touched both ways daily, escaped entirely in 1832, by establishing a system of non-intercourse, and not allowing a solitary passenger to land there till the disease had subsided. Can this extraordinary exemption from the pestilence be accounted for excepting on the principle of contagion.

To be continued.

A case of Phlegmonoid Erysipelas commencing in the structures surrounding the Cæcum. By G. A. McCALLUM, M.D., Dunville, Ont.

J. H., æt. 60, the subject of the following rather interesting case, had been for some time previous to his present illness in a debilitated condition from frequent attacks of diarrhœa. April 5th, he was seized with severe rigours, followed by acute pain in the abdomen. He had throughout the day been complaining of some pain through the bowels, and on going to bed at night the chills commenced. After they had subsided, the pain was exceedingly severe; medical aid was obtained; and under the use of opiates and fomentations, the patient became easy; he was then ordered a purgative of turpentine and castor oil; however, as soon as the effect of the opiates wore off, the pain was still complained of, but more particularly now in the right inguinal region. His attendant next put him on a course of mercury, with counter-irritation over the tenderness, and this treatment was continued without benefit until the 19th, when I was called to see the case. It then presented the following symptoms—the patient was very weak and emaciated; pulse 100, small and feeble; complete loss of appetite; tongue coated; bowels constipated, and the urine high coloured; in the right inguinal region there was considerable tympanitis, which did not extend over the rest of the abdomen, it appeared as if the cæcum was distended with flatus; under deep pressure in the lower part of this region there was a good deal of tenderness, but I could discover nothing like a tumour; the pain was very much increased by moving the leg. Ptyalism had by this time been produced without any alleviation of the symptoms, and there was every indication for an opposite line of treatment; accordingly the calomel and opium were discontinued, and tinct. ferri chloridi and quinine with brandy, and beef tea, ordered in their stead, flax-seed poultices to be applied over the pain, and to have ¼ gr. doses of morph. sulph. to procure rest.

24th.—Not much improved, although he finds the poultices grateful, and is enabled to sleep pretty well at night under the influence of the morphia; has a sallow, anxious countenance; pulse still about 100, but very small; tongue coated with dark fur; and the lips and teeth with sordes; there is not much swelling in the right inguinal region, not so tympanitic, but the tenderness is about the same. On examining more closely, a resonant point was found below Poupart's ligament, apparently in the femoral canal; this was very tender under pressure and when he coughed. Treatment continued.

25th.—General symptoms about the same; the resonant tumour below Poupart's ligament, yesterday and last night, was very painful; had a poor night's rest; however, towards morning he became easier, and on taking off the poultice in the morning it was discovered that the whole thigh, but especially the anterior surface, was very much swollen; œdematous *tympanitic*, and except a space in Scarpa's triangle, which was very tender, the sensation was almost *nil*. Not so much tenderness above Poupart's ligament now. Treatment continued; ordered castor oil to move his bowels, as he had not had a passage since the 19th.

28th.—To-day my friend Dr. Mulvaney of H. M. gun-boat Britomart, saw the patient with me. We found him exceedingly low; the oil had not operated until yesterday, emptying the bowels of a quantity of dark scybalæ, but as its action seemed inclined to continue and causing a great deal of pain in the region of the cæcum, the diarrhœa and pain were allayed by opiates. The thigh now showed a blush of redness on its anterior surface, was quite tympanitic and very tender over a large extent of surface. At one point, about the junction of the upper with the middle third, it appeared somewhat boggy. A free incision was accordingly made into it; nothing but a sanious fluid escaped. Treatment continued, except that the brandy was increased from ℥ iv to ℥ vi per diem.

29th. Diarrhœa commenced again, and motions passed involuntarily, and to-day hectic symptoms have set in; a little pus was discovered about the edges of the wound, and small bubbles of fetid gas were escaping; this accounts for the resonant tumour below Poupart's ligament and the resonance over the thigh. A point higher up and more external, was found to be boggy, made an incision into it with the same result as before. Treatment continued.

30th. Pulse to-day very small and frequent, sweating profusely, &c., the opening in the thigh discharging freely a thin, dark-colored, very fetid pus, bubbles of gas with an odour feculent in character, are constantly escaping from the wounds and rendering the atmosphere of the

room almost intolerable. Still continued the iron and quinine with plenty of brandy and beef tea, and ordered a solution of permanganate of potash, as a disinfectant, to be sprinkled on the poultices and about the bed.

May 1st. To-day the whole integument on the anterior part of the thigh, from a short distance below Poupart's ligament to near the knee, seems to be loose from the muscles beneath, and when pressure is made above Poupart's ligament the flow of pus and escape of gas is very much increased, showing a communication; his pulse is rather better, as is also his general appearance; large portions of cellular tissue are sloughing away; the tenderness above Poupart's ligament has almost disappeared; made another incision at the most dependent part of the diseased tissues, and allowed of the free exit of a quantity of pus which had collected there. Treatment continued.

3rd.—Much better to-day; looks brighter and feels stronger; hectic symptoms diminishing; discharge from the incisions very profuse, but less fetid and more healthy in character. Continued treatment, and bandaged from the toes up to the incisions.

5th.—Still improving; hectic symptoms nearly gone; appetite middling, and strength improving generally. Treatment continued.

9th.—Able to sit up in bed; considerable discharge from the cuts yet, but the pus is laudable; has no pain anywhere, and is on a fair way to recovery.

This case presents many interesting points, the disease occurring, as it did, in a person debilitated by previous frequent attacks of diarrhœa was necessarily of an asthenic character from the beginning, and owing to its seat and peculiar course, renders the recovery rather remarkable.

It was evidently not a peritocæcal abscess, from the fact that it had no tendency to point anywhere; the unhealthy inflammation, where we could see its action, as in the thigh, was inclined to spread rapidly, and large masses of dead cellular tissue were thrown off through the free incisions made. I am confident that it is to the free incisions and strong supporting treatment that the patient owes his life.

Case of Acute Rheumatism.—Pericarditis—Effusion on the Brain and death by Coma. Under the care of Geo. E. FENWICK, M.D., Prof. of Clinical Surgery, McGill University. Reported by Geo. Ross, A.M, M.D., House Surgeon, Montreal General Hospital.

Martha L., aged 26, was admitted into the Montreal General Hospital on the 26th of March, 1868, suffering from acute rheumatism.

The joints principally affected on admission were the ankles and the left knee. She has had one previous attack of the disease but was not aware of her heart having been then affected. There was to be heard at the base of the heart and for some distance along the course of the aorta, a soft, blowing systolic murmur; the action of the heart was quite regular and not at all excited, and there was no precordial pain; it was, therefore, thought that the murmur had probably existed prior to this attack.

She was immediately ordered the following treatment:

Haustus Niger, horâ somni sumend. and R. Potass Bicarbon ʒ vj. Aquæ ℥ xij. capt. coch: mag. duo secundâ quâque hora, together with extra beef-tea and milk. The joints to be swathed in cotton wadding and oil-silk. Under this management the case prospered favourably until the 1st of April, when the pulse rose somewhat in frequency and there was some slight pain and oppression in the precordia complained of. The pain and swelling had now almost completely left the lower extremities and had shifted to the elbows and wrists. On this day auscultation discovered an indistinct friction sound over the heart, but it could not be found to exist with the second sound, though sufficiently recognizable with the first.

April 2nd. Not so well to-day—pulse 110, tongue somewhat dry; complains of thirst; friction sound of the same character, but more distinct. No other joints affected, but the swelling remains unaltered in those previously inflamed. Omit the former medicine R. Acid Nitro-muriatici dil ʒ iv. Aquæ ℥ vi. capt. coch. mag. quartâ quâque horâ, and also R. Hyd. Submur. gr. ij. Pulv opii gr. ¼ quartâ quâque horâ—to be taken alternately.

April 3rd.—At noon to-day, the hour of visit, the patient expressed herself as feeling much better; had slept well and the expression of distress had quite disappeared from the face; tongue somewhat moister but slightly furred, and thirst less—pulse about 100—friction sound as yesterday. About 2 p.m., I was summoned by the nurse of the ward to see her, as she seemed suddenly much worse, and was said to be not quite "right in her head." On enquiry I found that for some time after the visit she had apparently dozed quietly, when she awoke and began talking incoherently and counting imaginary numbers on the wall. She appeared, however, when I saw her, rational enough, and answered me that she felt considerable pain in the chest. The pulse was now 145 and the respiration very rapid; on putting my stethoscope to the heart I found the heart's action very much increased in force, and the friction murmur exceedingly intensified. I ordered a large mustard plaster over the heart. At 3.30 p.m., saw her again with Dr. Drake, the house sur-

geon. She had now lapsed rapidly into a state of insensibility, from which she could only be partially aroused by a loud question or rough shaking, but could answer nothing—the pupils were strongly contracted and insensible to light; pulse 100; skin perspiring freely, and warm; respirations slower but no stertor; no vomiting and no especial heat of head. A messenger was at once despatched for Dr. Fenwick, but before his arrival, viz., at 5 p.m., she expired. The condition of profound coma remained until the end. When the insensibility was first noticed with the contracted pupil, narcotism was suspected, but on investigating we found that since 5 p.m. the evening before, she had taken but *four* of the powders, which would amount to only two grains of opium in all, in 22 hours, which rendered that suspicion nugatory.

Autopsy. Twenty hours after death. The *Brain* was first examined. The sinuses of the *dura mater* were found filled with exceedingly dark but tolerably fluid blood; the cerebrum itself, however, presented no especial marks of congestion. In the sac of the arachnoid was a considerable effusion of serum. The vessels of the *pia mater* were all intensely congested. The ventricles of the brain were found filled with clear transparent serum, in which floated the large and over distended choroid plexuses: the *amount* of serum could not have been less then *two ounces.* The base of the brain appeared healthy.

On opening the chest there were found to exist extensive and tolerably recent adhesions between the pericardium and the pleuræ of both lungs. The opposed surfaces of the pericardium were strongly adherent at the apex of the heart (apparently from previous inflammation), and more loosely over the auricles and base of the heart generally, where we found evidences of recently effused lymph. The membrane itself presented a most vivid congestion in patches with spots of apparent ecchymosis. The valves, both mitral and aortic, were found healthy, but the lining membrane of the aorta for a distance of two inches from the valves, was found extensively affected by atheromatous degeneration, roughened and worn away in patches, thus accounting for the basic murmur heard, without any disease of the semilunar valves.

The lungs and kidneys were healthy.

The foregoing case has been thought worthy of record, owing to the rarity of an organic lesion of the brain occurring during the course of acute rheumatism, also the suddeness with which alarming head symptoms developed themselves, and the rapidity with which they ended fatally.

MONTREAL GENERAL HOSPITAL, 1st June, 1868.

A Case of Obstruction of the Bowels overcome by Electro-Magnetism. By F. H. BRATHWAITE, M.D., of Prince Albert, Ontario Co., Ontario.

H. G——, shoemaker by trade, sent for me on the 5th inst. I found him complaining of much pain in the bowels, with bilious vomiting. He is of an eminently bilious habit, and is habitually costive. He suffered at times from bilious colic, and has been ruptured from boyhood,—the hernia has always been irreducible.

I at first endeavoured to allay the irritability of the stomach by chloroform and small doses of submurias with morphia, and by applying mustard sinapisms externally. As soon as the stomach would admit of a cathartic, I gave of submurias grs. x and jalapine grs. v, (at this time I did not suspect any obstruction, as his bowels had moved the previous morning, slightly.) This was retained for over five hours. Emesis again set in; no evacuations followed from the bowels. *Wednesday*, I gave four pil. catharticæ co., retained seven hours, no evacuation. *Thursday morning*, I now gave four croton oil pills, one drop in each, one every hour. I waited two hours after they were finished and repeated the ol. tiglii in stronger doses.—No use. I had been continually employing fomentations of turpentine, hot water, vinegar, &c., poultices of bran, bread and mustard. I had been administering copious stimulating injections, with no result. *Thursday afternoon*—Inflammation of bowels evidently setting in, chills, great pain over bowels, pulse 110—120; full and hard; tongue furred. I requested a consultation. My friend, Dr. Ware, saw the case with me. We agreed that cathartics had been pushed far enough. Sedatives with large alterative doses of calomel were now given every three hours. A mercurial impression was desired. A large fly blister was laid on the bowels; at this time the vomiting, although not so frequent, was decidedly stercoraceous. This treatment, with injection, was kept up until the Monday following. *On Friday, 8th*, we noticed a tumour (fœcal) to the right of the umbilicus, which disappeared in a couple of days, and was evidently pressing against the bladder, as the patient was incessantly making water. I tried to find it *per anum*, but could not.

Tuesday 13th.—He was sinking fast; appearance cadaverous; pulse 110—120; weak and fluttering; intense thirst; bowels bloated; old rupture becoming much distended and painful, (the hernia had not hitherto caused any inconvenience.) The stercoraceous vomiting was still taking place at longer intervals. Cold clammy sweats would now and then break out; in short, the man was dying. My friends Drs. Ware and Warren were, with myself, in despair. A good, honest man

was passing away before our eyes, and we were powerless for good. We thought of liquid mercury, but it frightened us. We thought of cold dashes of water on the bowels, but that was worse. We had done every thing; cathartics and stimulating injections had failed, sedatives and blisters had subdued the peritonitis, but that was not sufficient to save the man. Alteratives of mercury did not produce any appreciable results. All had failed. I would have bled the man at the outset, but he wanted more rather than less blood. As a *dernier resort* we applied electricity, a powerful electro-magnetic battery was employed, (one of Kidder's), one pole kept secure at the anus, and the other first moved up and down the spine, then passed slowly over the several parts of the colon. How the bowels twisted and tortured themselves! How they contracted into knots and relaxed again! The full strength of the battery was employed for nearly an hour. *And before the galvanic influence could pass away, we poured into him about an ounce of castor oil.* The man slept, and awoke to evacuate his bowels. Six or seven fearfully offensive motions followed, and the man is now (May 16) quite convalescent.

I have taken the liberty of recording this case, as an instance of life saved when death seemed inevitable, and as a lesson to my medical brethren never to give up *such cases* until the man is dead. I look upon this case as one of pure obstruction from fœcal impaction, (the accumulation perhaps of months), complicated with hernia. I am satisfied that the rupture had nothing to do with bringing about the obstruction; it threatened, however, at last to wind up the case summarily. Galvanism, I am aware, is recommended as a means of overcoming such obstructions, but it has generally failed. Could it have been because a cathartic was not given after the galvanism, or could it have been because the cathartic, if given, was given after the active effects of the battery had passed off?

REVIEWS AND NOTICES OF BOOKS.

Epidemic Meningitis or Cerebro-Spinal Meningitis. By ALFRED STILLE, M.D., Professor of the Theory and Practice of Medicine in the University of Pennsylvania. Philadelphia: Lindsay & Blakiston. Montreal: Dawson Bros.

This is an exceedingly well written volume of nearly 200 pages upon a disease which, within the last few years, has been attracting considerable attention both on this continent and in Europe. Fortunately, Canada

has, in a measure, been exempt from it; for although, we believe, isolated cases have occurred in various portions of the Province, so far as we are aware, we do not know of its having in any portion assumed an epidemic form. Dr. Stille's opportunities of studying the disease have been very extensive, several hundred cases having come under his observation while attending the Philadelphia Hospital. In giving its history, he confines his attention to the various epidemics which have occurred since the beginning of the present century. He says, "Its outbreaks have occurred almost simultaneously in regions as widely separated as Europe is from America, and annually it has made mid-winter attacks upon towns and rural districts, the salubrious and unhealthy alike, completing the cycle of its progress in a period varying from ten to fifteen years. Three such periods have occurred during the present century. The first of eleven years began in 1805, and terminated in 1816, the second of thirteen years, occurred between 1837 and 1850, and the third extended from 1856 to the present time. These two conditions, of simultaneous appearance in widely remote places, and of annual recurrence for a series of years, characterize no other disease whatever." The symptoms are given with much care, and a careful study of them would tend to prevent the numerous erroneous diagnoses which, we believe, have everywhere been made in connection with this disease. We have not the space to copy them at full, for they are very lengthy, but we give one or two extracts. After detailing the symptoms which usher in the attack, and which are in a great measure similar to those of ordinary meningitis, he says, "These phenemena more or less gradually assume a graver aspect, or usher in a heavy chill, which, in its turn, is followed by alarming symptoms, and especially by excruciating pain in the head, a livid or pale and sunken countenance, and extreme restlessness. The pulse is as often slow as frequent, and the skin but little, if at all, warmer than natural. The vague pains which opened the attack are now concentrated, and seem to dart in every direction from the spine, which is also, especially at its upper part, the seat of severe aching; and, in a large proportion of the cases, its muscles become more or less rigidly contracted, so that the head is drawn backwards, or the whole trunk is arched as in tetanus. * * In many cases eruptions appear upon the skin. During some epidemics the only one observed is herpes labialis; in others the eruption resembles roseola, measles, or the mulberry rash of typhus, or, from the first, it consists of petechiæ, vibices, or extensive ecchymoses." Headache, Dr. Stille says, is a very constant symptom, and is usually felt in the forehead between the eyes. It varies in intensity in different epidemics, and is often relieved by dry cupping or blisters on the nape of the neck. He

alludes to two symptoms, which he states are thoroughly characteristic of the disease. The first is cutaneous sensibility, due to hyperæsthesia of the skin. The second is pain in the spine and limbs, and is almost uniformly present. The various modes of treatment are discoursed at good length; but we do not gather that any particular method has been more effectual than another. The little volume will well repay perusal.

Obstetric Clinic; a Practical Contribution to the Study of Obstetrics and the Diseases of Women and Children. By GEORGE T. ELLIOT, Jr., A. M., M.D., Professor of Obstetrics &c., in the Bellevue Hospital Medical College. New York: D. Appleton & Co. Montreal: Dawson Bros., 1868.

That Dr. Elliot is a close student, and a man of thoroughly practical ideas, the work from his pen, the title page of which we give above, proves beyond question. For fourteen years he has been connected with the obstetric department of the Bellevue Hospital, and during that time he kept full and accurate notes of every case of any clinical interest which was observed within its walls, and from these he has deduced a few facts and theories having a direct application to obstetric practice. Each fact or theory has a separate chapter devoted to its consideration, to which are appended the most interesting cases in illustration and the clinical remarks which were made on the cases reported. Perhaps the most interesting as well as the most important chapter in the entire volume is the first one, which is on the relations of albumin-urea to pregnancy, a condition so full of danger to the pregnant female. It is the custom in Bellevue to examine the urine of all cases admitted to the obstetric wards, and Dr. Elliot gives the results of four hundred and thirty-seven examinations, and in twenty-three albumen was present. In three of these cases, however, it was distinctly proved that the albumen present depended upon the admixture of pus. Deducting these, it gives us a ratio of one in nearly twenty-three cases. In making this calculation it is to be borne in mind that most of the women whose urine was examined were pregnant for the first time, and these especially liable to complications. Dr. Elliot urges early and continued examination of the urine, so as to detect the first trace of albumen. Its presence in this condition involves all the dangers associated with its appearance in other states of the system, but it entails a singular power, especially in some constitutions to that much dreaded complication of the puerpural state, convulsions, and also to mania. In summing up this chapter he hopes that experience and study will ere long enable us greatly to diminish the dangers which are associated with this condition of the kidneys.

Chapter iii. is on chloroform, and venesection in Puerpural Eclampsia, and consists almost entirely of cases, some thirty-three of them being reported. We have read a number of them, and they shew conclusively the almost wonderful controlling power of chloroform over this terrible complication. He says, "if only one method of treatment was given to me for these cases, my choice would unhesitatingly be for chloroform." He alludes to the fondness many New York Physicians have for Sulphuric Ether, but all things taken into consideration, he believes that chloroform is the most prompt and certain means we possess, of arresting and controlling the convulsions. Puerpural Mania occupies a brief chapter; he writes hopefully of the majority of cases, and recommends sending them to an asylum to be the last resort of the physician.

Chapter xvii is an article on "Kyesteine in the urine, as an indication of pregnancy" which was published some nine years ago in the *New York Journal of Medicine.* The experiments were made by Dr. Elliot and Dr. Van Arsdale. They examined the urine of one hundred and sixty pregnant women, and kept a tabulated statement of over one hundred and fifty-three. After careful examination of this large number of cases they came to the conclusion that they saw nothing conclusive as to recognize peculiarities in the urine of pregnancy." We think that there is nothing positive in its (Kyesteine) indications, and that its appearances can scarcely even be called "corroborative." In his preface, Dr. Elliot says that since he first published this paper, further experience has confirmed him in the opinion expressed.

We have had much pleasure in looking over this work, and are fully convinced it contains a mass of valuable information. We cannot avoid saying, however, that we do not admire Dr. Elliot's style of writing; we think many of his sentences a little ambiguous and difficult to understand. With this exception, which we hope to see improved in future editions, we have been much pleased with it. Messrs Appleton & Co. have printed it upon paper of very superior quality.

PERISCOPIC DEPARTMENT.

Surgery.

THE TREATMENT OF VENEREAL DISEASE.

By Dr. G. H. B. Macleod.

The treatment of venereal disease divides itself into the local and constitutional. The former is of course alone required in the case of the

soft chancre, but both are necessary in true syphilis. It may, however, be here said that a mere excoriation demands the simplest possible application. Water dressing, or a very weak stimulant, or astringent solution applied on a thin teased-out flake of carded cotton; or what often succeeds better, a little chalk powder, or starch, dusted over the breach of surface, combined with attention to the bowels and the avoidance of wine, will probably suffice. In dressing this, and all such sores, the greatest gentleness should be enjoined. The old dressing should be removed by a stream of lukewarm water, and then the new application put on without any "scrubbing" of the part, and with as little irritation as possible. If the foreskin is returned over the dressing, the thinner the layer of lint or cotton put under it the better, and the patient should be forbidden to examine, as he is apt to do in his anxiety, the part during the intervals between the dressings, as the irritation thus caused is most pernicious. Twice a day is as often as the dressings should be renewed in any case.

"Herpes præputialis," as it may depend upon want of cleanliness, contact with leucorrhœal or other irritating discharges, stricture of the urethra, deranged bowels, and especially the acidity arising from excesses at table, or from the dyspepsia which attends gout, will, for its cure, demand the removal of whichever of these causes may be present. Locally the same applications may be used as are employed in excoriation, especially dry absorbent powders. Caustic is most injurious, and should never be applied. Lime water with opium forms a good wash, or some port wine, having water and tannin added, according to the requirements of the sore.

If a chancre is seen early it should be thoroughly and completely destroyed. This rule holds good as regards both sores. We destroy the virus of the non-infecting chancre in order to prevent local complications, to avoid it spreading or becoming phagedenic, to prevent the bubo of absorption, to hinder it from multiplying itself on the patient or being communicated to others. We destroy the hard chancre, *not* from any hope we can entertain thereby to prevent constitutional infection, because by the time we are able positively to say "this is a hard chancre," *the system is already infected*, but by adequately appplying caustic we convert the infecting chancre into a simple suppurating sore, we prevent its communication to others, we remove any depot of virus which may remain in the hard base to feed the disease in the system, we give the patient's anxiety a certain relief and inspire him with some confidence, and we also guard ourselves from the imputation of having omitted such application when afterward constitutional symptoms appear. It is probably true:

that if the poison of the hard sore is inoculated on a breach of surface that the specific chancre may so quickly follow that we may be able to destroy the virus, while it is yet local, but it is the rare exception that the sore is thus seen by the surgeon. In the great majority of cases when the chancre comes under observation the time has gone past for any effectual action being taken to prevent the entrance of the poison into the economy, and if we have no other aim than to obviate *that* in applying escharotics to the sore, we would far better omit this painful step altogether. If we use means to destroy the chancre before the hard base, swelling glands, and other evidence of its infecting character, appear, we can have no possible grounds on which to say that we have had a true chancre to deal with at all, or that we have, by our caustic, prevented constitutional empoisonment; but, on the contrary, there are four chances to one that it is a sore which would never have been followed by any such evil results; whereas, if we wait till such evidence is supplied, then all hope of achieving the end in view is gone, as such indications as we can rely upon as demonstrating the nature of the sore are themselves evidence of the constitutional implication. This is the great obstacle to a decisive opinion regarding the effects of preventive treatment of syphilis. Men unconsciously deceive themselves. Caustic is applied, and no constitutional disease appears, then they conclude that it has been prevented by the local application; if, on the contrary, the constitution is invaded, then they think the escharotic was too late in being used, or it was not effectually applied. We are apt to forget how much more common the simple sore is than the infecting, and how many non-venereal lesions are aggravated into formidable and confusing ulcers by the applications which the patient, in his fear and anxiety, so often uses himself before he comes to us. Thus, then, we conclude that all suspicious sores should be effectually destroyed at as early a period as possible.

There are many caustics in use for the destruction of the chancre. Some of these are too deliquescent, others too weak, others too painful and slow in their action. The hot coal, or "dottle" from a tobacco pipe which are occasionally used by the vulgar, are more to be relied on than many of the escharotics employed by surgeons. I have experimentally tried all the caustics which have been recomended, and very much prefer strong nitric acid, or the acid nitrate of mercury to them all. I generally employ the former. It is very manageable, penetrating, and rapid. The sore must be well exposed, wiped dry, and a large drop of the acid put upon its centre by means of a spun-glass brush, or a bit of wood, and then the edges and whole surface rapidly destroyed. The patient should be placed with his back against the

wall, so as to prevent his withdrawing his person when he feels the sharp sting of the acid. Plunging the part into water or pouring a stream over the sore, quickly arrests further destruction, and allays the pain. Such simple means succeed in neutralizing the acid just as well as an alkaline solution. The spray apparatus should not be used to diminish the pain, as it hardens the tissues, and so prevents the caustic penetrating, and it renders the surface of the sore wet, and so neutralizes the acid. Caustic soda and potash; sulphuric, hydrochloric, acetic, and chromic acids; chloride of zinc; Velpeau's paste (sulphuric acid and saffron); alum; sulphate of zinc or copper; the hot iron; Ricord's application of animal charcoal six parts and sulphuric acid two parts, and many other escharotics which have been used, are in my opinion inferior to strong nitric acid and the acid nitrate of mercury, for the reasons before given. It requires no prolonged and painful applications, like chloride of zinc, or Velpeau's and Ricord's paste; it penetrates as no alum, or sulphate of zinc or copper, or chromic or acetic acids can do; it is not so formidable or painful as the actual cautery, and is not too deliquescent like caustic potash. Excision terrifies the patient, and is not effectual, as the records of the Dreadnought sufficiently prove, as not only is it very difficult to excise the whole sore, but the edges of the large wound are very apt to become inoculated, and thus matters are made worse than ever. Of all the local applications the most useless, in my opinion, is nitrate of silver. It is not powerful enough to destroy the sore effectually, and so fails in fulfilling its most important requirement; and it causes much irritation (especially if repeatedly used) and inflammation in the sore, gives a pseudo-hardness to the base, excites the lymphatics, and altogether does much mischief. It introduces features into the case which do not legitimately belong to it, and so occasions confusion, while, as has been said, it gives rise to unnecessary complications. No caustic should be applied to a chancre so long as it is inflamed. By the use of water, or some soothing application, or possibly by the aid of a leech and fomentations, or steaming, the excited action should be subdued before the escharotic is employed. One thorough application should suffice. The repeated use of a caustic does infinite harm. If it has once been properly applied, it should not again be required, unless phagedena set in. After the uses of the caustic a poultice, or, what is quite sufficient in most cases, warm water dressing, should be employed to cause the slough to separate, and then we have a simple ulcer to deal with, the applications to which will, like any other non-venereal sore, depend on its requirements at the moment. If it is slow to heal, or fails to heal from excess or defect of action, it will demand soothing or stimulant dressings; but if

it presents, as is usual, the characters of a healing granulation, then the simpler the applications the better. Water alone, or medicated by the addition of a small amount of metallic salt, or an astringent, or a solution of opium, will in very many cases suffice. As in the management of other ulcers, we may have occasion to change the remedies, as a "tolerance" is attained in the effect of any particular application; and it should always be remembered that black-wash is not a fit dressing, unless the ulcer requires a stimulant, and in that case it is not so cleanly as a weak solution of sulphate of zinc. Many would seem, by their unfailing use of black or yellow wash, to imply a belief in some specific effect of a mercurial on a venereal sore. So far from such a remedy being good for all chancres, it is supposed by not a few greatly to predispose the soft sore to phagedenism. Black or yellow wash are only useful when a metallic stimulant is demanded, and then, too, we may use the mercury in the form of vapour, if we please, though it has no special advantages, and is somewhat troublesome. Let not the ulcer be "oppressed" by remedies, but use the simplest dressing which will fulfil its wants. It matters comparatively little what wash is used, so long as it fulfils the requirements of the sore as to stimulation, soothing, etc. If its wants are properly recognized, there are plenty of agents which we can use. No stimulant application is, as a rule, better than Hey's red wash, Ricord's aromatic wine, or a solution of tartrated iron, or a weak solution of the muriated tincture of iron; nor does any astringent answer better than tannin and glycerine; nor is any soothing dressing superior to a watery solution of opium. All ointments are bad, as being apt to become rancid and poison the sore. After the destruction of the virus, the local management of soft and hard chancres is the same in all respects. They are both by the caustic reduced to the condition of simple granulating sores, and are to be treated accordingly. The hard chancre often heals up very quickly.

The bubo which may attend the soft chancre should be treated early, and with the aim of preventing suppuration. If it arise from the absorption of virus from the ulcer, our measures will fail to effect that end, as suppuration is sure to result; but we may by judicious measures diminish the area of inflammation and limit the amount of suppuration. If, on the other hand, the bubo be a simple adenitis, then, by the employment of the antiphlogistic treatment, we may, in most cases, prevent suppuration altogether. Rest is especially necessary, together with fomentations, preceded, it may be, by the application of leeches, and the administration of salines. Low diet should also be enjoined. Bubo is most frequently due to the repeated irritation of the ulcer by caustic or other applications, and our measures for preventing suppuration are not unfre-

quently thwarted by the irritable or scrofulous disposition of the patient. An opiate suppository at night is highly useful, by giving rest and preventing erections, by which the ulcer is irritated and the glandular complication augmented. When it is evident that pus is going to form, we apply poultices, and open the abscess freely parallel to Poupart's ligament. Small incisions are to be reprobated, and "multiple punctures" are worse than useless. A poultice will be employed till the pus is removed, and then the cavity of the abscess managed like a hollow ulcer. If the edges of the wound get inoculated by the pus, then we must apply caustic to them as to the primary sore; and if the skin get thin and undermined and so diseased as to be incapable of recovery, then we must remove or destroy it. If a gland project from the cavity of the abscess and prevent its closure, then we must excise it, or destroy it by caustic. Sinuses must be split up, and dressed so as to granulate from the bottom. The knife should always be preferred to caustic for opening buboes, and with the aid of the spray apparatus, we can accomplish it without pain. It is possible that the use of caustic may render the inoculation of the edges of the opening less likely to occur, but its slowness and painfulness more than counterbalance such advantages.

If the tendency to suppuration is checked, and enlargement and hardness in the gland alone remains, then the counter irritation should be employed. Blisters, or iodine, or a stimulant embrocation, may assist the removal of such deposits, but there is always great risk by their premature or inappropriate use of reviving the inflammation or inducing suppuration.

The hard rolling glands which accompany the infecting chancre demand no local application. They should be simply guarded from all irritation. Malplaquet's plan of using finely powdered bichloride of mercury, and pressure after vesication, is seldom of much use, and is no compensation for the possible harm resulting from the irritation it causes, and the laying up which it necessitates. So, too, all kinds of counter-irritation are apt to be injurious. The hard glands are here part of the constitutional affection, and are only legitimately amenable to the remedies against such constitutional disease, with the other traces of which they will disappear. If from any cause an abscess should form in the groin in connection with the hard chancre, then it must be treated like any other abscess in the same part.

Phagedena may affect either chancre, but it is infinitely more common in the soft than in the hard, and is in it much more destructive. It may prove a most terrible affair in broken-down intemperate persons, and demands most energetic treatment. The patient should be isolated, and

the most perfect cleanliness and ventilation enforced. If mercury was being administered it must be stopped, and that food which is most nourishing and easiest of digestion given, with a liberal allowance of wine, unless the patient be plethoric (which he very rarely is) and there is evidence of acute inflammation round the sore. Phagedena is usually a sign of depression and feebleness, and is to be managed accordingly. If, however, there is acute inflammation present, then it must be subdued in the ordinary way. The sore must be freely cauterized with strong nitric acid, and the application renewed as often as may be required to arrest the disease. When, by means of carrot or linseed meal poultices, combined with disinfectants, the eschar is separated, a strong solution of potassio-tartrate of iron (30 grains to the ounce) forms the best dressing, and a drachm of the same salt should be administered in the 24 hours internally, with a full opiate at night. It is some years now since we have had any bad cases of spreading sore to deal with in the Lock Hospital, and this I attribute mainly to the early and free use of the salt of iron just mentioned.

As regards warts and vegetations of a syphilitic origin, they should be removed with scissors, and the part from which they sprung touched with caustic or perchloride of iron. There is not the least fear of excessive hæmorrhage, and the spray apparatus will greatly diminish the pain. Warts can be very effectually destroyed by touching them with strong nitric, chromic, or acetic acid daily, till they are completely killed, and then removing them with a spatula or the nail. In the female, syphilitic vegetations occasionally attain an enormous size, hanging down in dendritic irritable masses, which exude a most nauseous discharge.—*Glasgow Medical Journal.*

DISLOCATION OF THE SHOULDER OF NINETY-TWO DAYS DURATION, REDUCED BY MANIPULATION.

By J. M. Boisnot, M.D., of Philadelphia.

On September 10th, 1867, Mr. B., æt. 30, came into my office with an injury of his right shoulder. He had fallen upon his hands, and the efforts made to prevent this, added to his natural weight of 180 lbs., served to produce the condition herein described.

It is necessary to state here that the date of this visit was *thirteen weeks* subsequent to the receipt of the primary injury; he had consulted a physician, obeyed his instructions for the treatment of what he called, "*a bad sprain with a fracture of one of the little bones,*" and had even

attempted to use the arm when some of the pain had subsided in order "to get rid of the stiffness."

My examination of the case showed a difference in the shape of the two shoulders, the injured having lost the roundness, so prominent a feature in the natural condition, presenting instead a slight elevation in front and beneath the outer third of the clavicle; the motions of the arm very few, imperfect, and attended by pain.

I diagnosed this condition as luxation of the humerus forward, and told him my further examination and treatment would be attended to on the following day, when I could place him under the influence of ether.

Sept. 11th, 1867, my friends Dr. Wm. M. Turner, and Dr. Thomas G. Morton, having examined the case, and agreeing with me as to its nature, gave their assistance in the work of reduction.

Ether was used, and upon total relaxation, the body was held firmly, and the arm so rotated by manipulation that the attachments formed were broken up, and the head of the humerus restored to the glenoid cavity, from which it had been absent just 92 days. The subsequent treatment consisted in keeping the elbow well in toward the middle line of the body, and supporting the head of the humerus in its natural position; for these purposes I applied the apparatus which I devised some time ago, for the treatment of fracture of the clavicle.

October 28th, 1867, he was discharged well, and with ability to use the arm freely and without pain; at this writing, March 17th, 1868, he has perfect use of the arm. This case is another plea for careful examination of patients who have received injuries, in order that a correct diagnosis may be made, without which, treatment becomes mere guess work; it shows that difficult and long standing dislocations of the shoulder joint may be reduced by manipulation; and lastly, as a matter of no slight importance, the necessity of proper after-treatment in the matter by rest and support, the appliances for which receiving as much attention in their adjustment, as those employed in cases of fracture.—*Philadelphia Medical and Surgical Reporter.*

CLINICAL REMARKS ON THE TREATMENT OF VARICOSE VEINS.

By Stephen Smith, M.D., Surgeon to Bellevue Hospital.

The treatment of varicose veins is palliative or radical. The palliative treatment is directed to the external support of the veins by means of such appliances as may be adjusted to the part, and will make equal pressure at all points. In the lower limb, a bandage properly applied will answer the purpose temporarily, but it is so easily displaced that it

serves no useful purpose where the patient leads an active life. The elastic stocking is a far better appliance, and is generally resorted to by those who can afford them.

The radical treatment aims at the obliteration of the vein, and hence, a permanent removal of the conditions on which the disease depends. In carrying out this treatment we must necessarily resort to operative measures, and no one of the various operations hitherto adopted has proved to be free from danger. Too frequently inflammation has occurred, and occasionally it has assumed a severe type and terminated fatally. The form of inflammation most dreaded was phlebitis, or inflammation of the vein itself. This disease was thought to be almost certainly induced when the vein was simply wounded, and but few surgeons had the hardihood to penetrate a vein in their operations. But inflammation also frequently occurred when the instruments employed were passed in the neighbourhood of the vein, or when excision of the vein was performed, and occasionally proved disastrous. These results have from time to time brought nearly every operation into more or less disrepute, and rendered surgeons timid about resorting to radical measures.

The obliteration of the vein by caustics has given more general satisfaction than any single method. And yet it is not free from severe if not dangerous consequences. We do not always sufficiently limit its local action, and it may then penetrate deeply and extend widely and do great harm. It is not, therefore, a remedy which can be placed in the hands of every practitioner with perfect safety.

Of the two methods of treatment, namely, the palliative and radical, the latter is infinitely preferable, provided our procedure is safe and effective. Those conditions I think have now been secured. The method to which I refer is the injection of the vein with persulphate of iron. The operation has been performed frequently in this hospital, and with the happiest results.

The attention of the profession of this city was first called to this method of treating varicose veins by Dr. Minor, of Brooklyn, in 1860. He reported five cases, in all of which the injection was successful, and in none were there unfavourable consequences.

It may seem strange that an operation which involves puncture of a vein should be attended with no severe inflammatory symptoms, when the older operation by transfixion was so frequently dangerous, and occasionally fatal. This is explained by the fact that in injections the vessel is itself medicated by the persulphate, which tends powerfully to arrest the inflammatory process.

It must be stated also in regard to the persulphate that it is a non-

irritant to the internal membrane of the vein. However freely it is employed, the inflammation is still very inconsiderable, rarely amounting to more than a blush of redness, and slight swelling; and at the most giving but a small subcutannous abscess, or, as in one case, a light erysipelas. You must remember that I speak now of the persulphate of iron. Some have mistaken, and have employed the perchloride, which, though powerfully hæmostatic, is nevertheless an irritant, and creates frequently considerable local inflammation.

The immediate effects which we obtain by injections of the persulphate are the same as those which we seek by other methods, namely, the formation of a clot. This clot is very firm, and at once perfectly occludes the vessel. It is much more firm and effective than those clots which form from external pressure, or other mechanical agencies.

The operation is very simple and can readily be performed by any one. A common subcutaneous syringe is first charged with the liquid persulphate, (Squibb's preparation); the patient takes the erect position so as to distend the veins of the leg; the needle of the syringe is then passed into the cavity of the vein, which is pressed by the finger, and five, ten, or fifteen drops injected. In a few minutes the clot is detected by external examination, and the needle withdrawn. The patient should remain in bed for several days, and cold applications be made to the puncture.

As a precautionary measure I always apply a compress and roller over the trunk of the vein on the cardiac side to prevent the possible escape of a coagulum from the mass into the general circulation. I usually inject the larger trunks, and generally inject at several points at one sitting.

In the treatment of varicose veins, therefore, you should, in my opinion, adopt radical measures. The time has passed when you should be satisfied with merely palliative treatment in a case which demands interference. Palliative measures, as the term indicates, are not curative; they leave the affected part in no better condition than when first employed; they are a constant source of annoyance, and to the poor a burdensome expense, which cannot long be endured.

In the method by injection of the persulphate we have a remedy which answers every indication, and may be regarded as entirely safe and efficient.—*Exchange.*

A NOTE ON CHRONIC URTICARIA.

Chronic urticaria is often a very troublesome affection, and a few hints regarding it, based on hospital experience, will be doubtless acceptable to our readers. Dr. Hillier, physician to the Skin Infirmary of this

hospital, considers the disease to be one requiring the utmost discrimination for its treatment. Occasionally a case will be found to depend on one article of diet, which it requires careful inquiries and observation to ascertain. One case was found to be caused by cheese, another by coffee, another by tea. In such cases the mere disuse of the offending article will sometimes cure the disease. When the patient is of a rheumatic tendency, alkaline medicines are of use. In very many cases colchicum is of great service; some of these are probably gouty in their nature. In many of them, however, it is not possible to find any indications of a gouty constitution. Dr. Hillier has seen great benefit from the use of quinine, especially when the attacks occur with marked periodicity. When there is no gastro-intestinal irritation, arsenic has been sometimes found useful. Unfortunately it is not always easy to decide what remedy shall first be tried. One case coming under Dr. Hillier's care from time to time is always cured by a few doses of cod liver oil. Dilute nitric acid has occasionally been found serviceable.

Of twenty-eight cases of which Dr. Hillier has notes, nine were either cured or received much benefit from the use of colchicum and alkalies. In four, quinine was given, of which three were cured, and of one the result was not known. In two cases nitric acid relieved the patients. Of three cases under alkaline treatment alone, two were cured, and in one the result was unknown. Arsenic cured one very obstinate case, and aggravated another case.

In all cases of chronic urticaria it is important to enquire as to the possible existence of bugs, fleas, pediculi corporis, or of the acarus scabiei. It is not uncommon for patients to suffer a long time from urticaria caused by one of these parasites, whilst other signs of their irritation are almost absent. In these cases ointment containing stavesacre or sulphur, with attention to cleanliness of bed and body linen, will cure the disease. Local applications in other cases appear of little permanent use; lotions or ointments containing chloroform, or nitric or acetic acid lotions, give momentary relief.

Pruriginous strophulus, a disease of infants, closely allied to urticaria, is usually relieved by the syrup of the iodide of iron.—*Lancet.*

Midwifery and Diseases of Women and Children.

THE OBSTETRIC HAND.

The following excellent suggestions from the pen of Dr. Robert Barnes, we find in the *Medical Times and Gazette*, and we fully indorse its teachings:

"In ordinary labour the obstetric hand is the only instrument required. It is also the only instrument called for in many of the greatest difficulties. In mal-presentations, in placenta prævia, in many cases of contracted pelvis, in not a few cases where, after perforation, the crochet and craniotomy forceps have failed to deliver, the bare hand affords a safe and ready extrication. One cannot help seeing that practice is often determined by the accidental perfection of, or familiarity with, particular instruments. Thus, a man who has only reached that stage of obstetric development which is content with a short forceps, will be armed with a good perforator and crochet. He cannot fail to acquire skill and confidence in embyrotomy, and greatly to restrict the application of the forceps. Again, the preference generally given on the continent to cephalotripsy over craniotomy and extraction by the crochet or craniotomy forceps is the result of the great study directed to the perfecting of the cephalotribe. At the present day we may boast of having good and effective instruments of all kinds, each capable of doing excellent work in its own peculiar sphere, and, moreover, endowed with a certain capacity for supplanting its rival instruments. For example, the long forceps to supplant craniotomy in a certain range of cases of minor disproportion. Hence, it follows that it is of more importance to have a good forceps which can save life than it is to have a good perforator and crochet which destroy life. At the same time, it is eminently desirable to possess the most perfect means of bringing a fœtus through a very narrow pelvis, in order to exclude or to minimize the necessity of resorting to the Cæsarian section. Our aim should then be to get the most out of all our instruments—to make each one as good of its kind as possible. And admirable is the perseverance, marvellous and fertile the ingenuity, that have been brought to this task. I will not say it has all been misdirected; but certainly the cultivation of the hand, the study of what it can do in the way of displacing cold iron, has been much neglected. It would be not less instructive than curious to carry our minds back when the forceps and other instruments now in use were unknown, and to confront the problem which our predecessors, Ambrose Paré, Guillemeau and others had to solve—namely, how to deliver a woman with deformed pelvis without instruments. That they did successfully accomplish in many instances with the unarmed hand that we do now with the aid of various weapons, there can be no doubt. If this implies greater poverty of resources on their part, it not the less implies also greater manual skill. I am confident that the possession of instruments, especially of the craniotomy instruments, has led within the last century to a neglect of a proper use of the hands, which is much to

be deplored. We are only now recovering some of the lost skill of our ancestors."—*St. Louis Med. Reporter.*

Medicine.

ABSTRACT OF A CLINICAL LECTURE ON PYÆMIA AS A RESULT OF ENDOCARDITIS.

By Samuel Wilks, M.D., Physician to Guy's Hospital.

The following is an abstract of a very full report of the case taken by Mr. J. R. Stocker.

Alfred F—, aged 25, was admitted on January 1, 1868, for heart disease. He stated that he had rheumatic fever in 1851; and that the doctor then informed him that his heart was affected, but he had no symptoms referable to it until four months ago. He then became very ill, with shortness of breath, palpitation, etc., followed by some swelling and pains of the joints. On admission, he was seen to be very ill, having sallow countenance, and suffering great distress from shortness of breath and palpitation. The heart was most irregular and rapid in its action, with a loud systolic murmur, heard loudest over the apex. The urine had a good specific gravity, and was slightly albuminous. The legs were somewhat œdematous. He was ordered a saline mixture, with a pill of digitalis, squill, and mercury.

In four days he was much better; the breathing being less oppressed, and heart's action checked. He was then ordered to take ferrum tartaratum.

On January 14, he suddenly felt giddy, and afterward had intense headache.

On the 24th, there was an aggravation of the original symptoms, and great irregularity of the heart's action, with dyspnœa.

On the 31st, he found his right arm and leg very weak and numb. After four days this weakness had increased; and at the same time there was some hesitation in his speech and forgetfulness of words. He had also pain and swelling of the joints.

On February 14, he lay in a most precarious state. There was great irregularity of the heart's action. He had complete right hemiplegia, with partial aphasia; that is, a forgetfulness of many words. Thus, being told the name of a key, he would use the work "key" for every other object presented to him; and being shewn his grapes, and various names for them suggested to him, and among them the correct appella-

tion, he would not assent to any of them. He could read certain words on his bed-card, but not others. He thus continued in a barely living condition until March 1, when he died.

Post-Mortem Examination.—The left middle cerebral artery was plugged, and a large part of the left hemisphere disorganized by an abscess; the pus being green and thick. The lungs were in a state of splenization. The heart showed the mitral valve much diseased, the columns and cords covered with vegetations and shreds of fibrin. The liver contained throughout minute points of pus. The spleen had several fibrinous masses which were softening, and some were purulent—indeed, were distinct abscesses. The kidneys contained fibrinous masses not softening.

I bring this case before your notice, because it is the most marked which I have ever seen of the pyæmic process in connection with endocarditis. This disease is one of great interest pathologically, but has scarcely received a full recognition at the bedside of the patient. Although isolated cases of the disease may be found scattered through the journals, it has never been systematically treated of in the text-books of medicine. You know that, by the term pyæmia, we generally understand that form of disease in which the blood is infected by some purulent or kindred fluids; and that certain marked symptoms result, with a tendency to abscess in various parts of the body. The source of the infection is to be found on the surface of the body, and the deleterious matter is taken up into the veins. But now I have to tell you (in a clinical lecture, as I have been doing for many years past in the pathological lectures,) that the arterial blood may be in a like manner primarily infected at the very centre of the circulation. Just as, in ordinary pyæmia, the poisoned blood travels from the circumference to the centre, so here the converse process is in operation, the seat of the infection being the heart itself.

I should tell you that it has long been known that fibrinous masses have been found in the kidneys and spleen of those who have died of cardiac disease, and various theories have been mooted in explanation of their origin; the term capillary phlebitis having been much used of late years, after Rokitansky. We are indebted, however, more especially to the late much to be lamented Dr. Kirkes for unravelling this subject in a most masterly manner. If you refer to his paper, you will find that he had discovered the fact that, if particles of fibrin or vegetations were washed off the valves of the heart, they would be carried into the blood and plug up the vessels; they thus might lead to the destruction of any part, as of the brain or a limb, by the occlusion of the artery proceeding hereto. A case of this kind is now known by the term embolism. It

was also stated by Dr. Kirkes, that the fibrinous masses just spoken of as occurring in the kidneys and spleen, were also owing to small particles of fibrin blocking up the smaller arterial twigs; and he also showed that, with these formations, the blood was necessarily deleteriously affected, and that the patient suffered from symptoms of pyæmia. Now, it has so happened that the first-named facts contained in the doctrine inculcated by Dr. Kirkes have received the attention of the profession; but the latter have been too much disregarded, although equally important. The case of plugging of a large vessel and its effects are so manifest, that the case of blood-poisoning by smaller particles of disintegrating fibrin have been much overlooked except by a few pathologists, who have now and then published isolated cases of the affection. Thus cases by myself and others may be found in the Transactions of the Pathological Society and in the Guy's Hospital Reports. I might say that Dr. Kirkes and myself had, some years ago, some interesting correspondence on the subject.

In an ordinary case of pyæmia, death is most frequently due to a poisoned state of the blood, without any sufficient disease of a vital organ to account for the event; but we have no difficulty in pronouncing upon the character of the disease, from the peculiarity of the symptoms and the existence of a wound on the surface of the body. In the case, however, of pyæmia of the arterial system, arising from infection at the centre of the circulation, no such manifest cause may exist; and, after death, when the fibrinous masses or infractions are found in the viscera, they are believed to be inert, and the valvular disease is considered sufficient to account for all the symptoms and the ultimate issue of the case. Sometimes, however, the cardiac distress is but slight, while the symptoms of blood-infection are most marked, and then we begin to gain an insight into the importance of this variety of embolism. Thus, in a case which I published in the Transactions of the Pathological Society four or five years ago, the man had gangrene of the leg from the impaction of a plug of fibrin in his femoral artery; but, previous to this, he had several attacks of severe illness, accompanied by pains and swelling of the joints, called rheumatic, but which were in reality of a pyæmic origin.

In the case of ordinary pyæmia, an abscess may form in the brain, lung, or other organ, and so lead to death; but far commoner is it for these organs to show a lesser disease indicative of the morbid process in operation, while death is due directly to the altered state of the blood. So, in embolism, there are the striking instances of the imbedding of a plug in a vessel, leading to the destruction of the organ which it supplies; but there are also the other cases where the changes in the organ merely point to the blood-infection which is the real cause of the fatal

tissue. Why in one case the symptoms are more severe than in another, may be due to the state of softening or disintegration of the fibrin. In one case the deposits are hard; in another they may have softened into a creamy fluid. I had until lately held the opinion that the material into which fibrinous matter softened was not true pus, but only pus-like; for, if examined by the microscope, no cells are seen; and that, if true pus were found either at the source of infection in the heart or in the viscera, endocardial ulceration must have taken place, and the tissues beneath must have been involved. In the present case, however, there was no proof of this deep-seated implication of the tissues; but yet the spleen and brain contained actual and well formed abscesses. I have never before seen so true an example of pyæmia from such a cause.

I wish you principally to remember the fact that the blood may be infected from disintegrating fibrin in the heart; and that all the symptoms of pyæmia may result, as violent rigours, followed by sweating, great prostration, sallow skin, pains and swelling of the joints, etc. I do not know that suppuration is necessary to the production of rigours, although it generally implies the introduction of a deleterious substance into the blood. Some of the most striking instances of this were those related in the London Hospital Reports, in which transfusion of fluid into the veins was performed. I have very little doubt that many of the symptoms which we witness in heart-disease are really due to the state of the blood, although overlooked from the greater attention given to the condition of the mechanism of the heart. Thus, in this very case, the patient is said to have had rhematic pains and swelling of the joints, but these were probably pyæmic; and, carrying my memory back to other cases where death occurred after rheumatic endocarditis, I believe now that death was due to blood-poisoning, although at the time we thought the derangement of the affected valve sufficient cause for the event. In other diseases, too, it may give us a clue to the occurrence of certain symptoms; as, for instance, in scarlatina. Here there is the well-known rheumatic affection constantly occurring as a sequel to the disease, and at the same time endocarditis. Also, on post mortem examination, as I have elsewhere shewn, these fibrinous masses already mentioned may be found.

The purport of these remarks is that, in endocarditis or valvular disease of the heart, attended by the presence of vegetations of fibrinous coagula, a blood-poisoning may occur, giving rise to all the symptoms of pyæmia; and also that these may exist to a lesser degree in the form merely of pyrexia, prostration, pain in the joints. The facts are pathologically known, but are not sufficiently recognized from a clinical point of view, owing to the attention being too exclusively confined to the mere deranged mechanism of the heart.

I would also say that these symptoms by no means imply a fatal result. They come and go; the proof of this being found eventually in the cicatrices and remnants of deposits met with in the organs of the bodies of those who have died with heart-disease.—*British Medical Journal.*

PREVENTION OF EPILEPTIC ATTACKS.

M. Broca has presented to the Academy of Medicine an ingenious little apparatus, which has been invented by M. Rozier, of Bordeaux, with the object of exercising an instantaneous compression of the arm, and of thus preventing attacks of epilepsy whenever these are preceded by the aura epileptica. The apparatus had been contrived for an epileptic patient, a quarryman, who was never six weeks without being subject to a fit, and who was warned each time by a peculiar sensation which he felt in the right index. Scarcely a few seconds elapsed between the occurrence of this sensation and the explosion of the attack. It was consequently needful that the compression should be instantaneous. For eleven months the quarryman has constantly worn this little apparatus, and has never once had a complete attack. It is a sort of brasselet, and seems admirably adapted for all the purposes aimed at by the inventor.—*Lancet.*

MEDICAL NEWS.

The proposed alterations at the Royal Infirmary, Edinburgh, it is estimated, will cost £100,000. Mr. Kelley exhibited recently at a meeting of the London Pathological Society, a specimen consisting of two kidneys, both of which were found on the right side, none being on the left.

The distinguished Russian surgeon, Pirogoff, well known for his ingenious operation at the ankle, died recently.

Dr. Robley Dungleson, for many years Professor of Physiology in the Jefferson Medical College, Philadelphia, has resigned his appointment. Dr. James R. Wood has resigned his Professorship of Operative Surgery and Surgical Pathology in the Bellevue Hospital Medical College. The first medical college established in the United States, was the Medical Department of the University of Pennsylvania.

Nine students from the Dominion of Canada graduated at Bellevue College, New York, in March. The majority are from the Maratime Provinces. A Medical College has been established at Detroit, to be called the "Detroit Medical College." The citizens subscribed liberally towards its foundation fund.—Five nurses from the Nightingale—one of the institutions for training females as nurses—recently left London for Sydney, Australia, to accept situations as head nurses to the hospital in that town.—The Queen has subscribed £250 stg. towards the rebuilding of the Royal Infirmary, Edinburgh.—Sir James Clark has had a severe attack of Bronchitis, from which he is slowing recovering.

Canada Medical Journal.

MONTREAL, JUNE, 1868.

MEDICAL PRACTITIONER'S (COLONIAL) BILL.

The Medical Practitioners (Colonial) Bill introduced into the House of Lords, has attracted considerable discussion in the medical periodicals of Great Britian. The *Medical Times and Gazette* of April 25th, in an editorial article headed "Topics of the day," stated, "That this bill is nothing less than an attack on the rights and privileges of registered medical practitioners of the British Empire, which were secured to them by the Act of 1858. That persons whose names are upon the Imperial Register and who wish to practice in New Zealand, Canada or Australia, may be made to undergo the annoyance of fresh examinations as well as be mulcted in fresh fees." As regards our own colony, or rather that portion of the Dominion of Canada heretofore constituting Lower Canada, certain Legislative enactments have existed since the reign of George III., bearing on the practice of the profession of medicine and surgery in this Province.

In the year 1847 the Canadian Legislature granted an act of incorporation to the medical practitioners of the Province constituting them the College of Physicians and Surgeons of Canada East. By the provisions of that act no persons can practice the Profession of Medicine or Surgery in the Province without first obtaining the License of the College. The wording of the act bearing on all graduates of British Universities or Colleges is as follows: "But any person who has obtained a degree or diploma in any University or College in Her Majesty's Dominions shall be entitled to such license without examination as to his qualifications." As the law now stands, persons practising Medicine, Surgery or Midwifery in Canada East, and who do not hold the license of the College, are unable to enter a court of law and prosecute a patient for non-settlement of a professional claim; furthermore they are liable to summary conviction and fine before a magistrate for continuing to exercise their profession.

without having procured the necessary license. It appears to us that the question involved is whether we Canadians have the power to enact our own laws regulating these matters. If we have, and it is hardly to be believed that our right to enact and enforce our laws will be questioned, then is it impossible for any Imperial Act to become operative in our Dominion, so as to clash in any way with the enactments of our Legislature.

We have certainly extended to our brethren in the British Isles the right hand of fellowship by admitting graduates or licentiates from their Universities or Colleges who come amongst us, to the same privileges which we enjoy, the only requisite being that they shall appear in person. make oath that they are the parties mentioned in the Diploma which is submitted, that they obtained the same after a regular course of study, and having paid the registration fee the License of the College is granted.

It is time we should thoroughly understand our position, as it is unreasonable to expect us, although colonists, to make a one sided or blind bargain. We have Colleges and schools in Canada, in which the curriculum of study is quite equal to the best in the United Kingdom, and yet the right of registration in the Imperial register is not granted to our graduates or licentiates; or in other words, our Universities and Colleges are simply ignored as educational institutions. Our Colleges and Universities, many of them, possess Royal charters, they hold the same letters patent as those held by the time honoured institutions of the mother country, their prescribed curriculum is the same as that exacted by the Colleges at home, and in the matter of preliminary studies we have taken an exact copy of that prescribed by the General Medical Council of Education and Registration of Great Britain, and although we have done everything required of us, and of the educational institutions in the United Kingdom, still the privileges which they possess are withheld from us. Why is this? Surely not because we turn out less competent men, nor is it because of the fear of our flooding the avenues of practice with our graduates; in Canada, numerically, our graduates count by twenties, while the home Colleges turn out their thousands; what good and sufficient reason, then, can be advanced for refusing steadily and persistently to recognize those colonial educational institutions that have conformed in every particular to the wise and salutary enactments of the General Council of Medical Education and Registration of Great Britain? We have heard that it is because of the lack of supervision, the absence of any direct means of inspecting our method of conducting our examinations and of being satisfied that these examinations are fairly and honestly made. This is a matter which could be readily and satisfac-

torily attended to, without the necessity or expense of sending a special commissioner to inspect our schools.

There are men to be met with in any of the colonies, men unconnected with any of the schools, whose report would be perfectly reliable if that were needed, but we hold that the proficiency of the graduates of any given University or College should be sufficient to stamp the character of the instruction they received, but if more is needed, if an inspecting officer or several such be deemed necessary, they are to be had without the cumbrous and expensive method of sending out persons from the mother country to inspect and report on the character of our educational course. These observations are suggested because we regard the action of the home authorities as narrow-minded and unjust, and although alive to the necessity of caution in granting equal privileges to Colleges separated by thousands of miles, yet all things being equal, we think it would conduce to the credit of the authorities for liberality, and a desire to give to us, as Englishmen, equal rights and equal representation, if we are recognized on equal terms with those educational institutions which alone possess the superior advantage of having existed a half century or so longer.

THE AMERICAN MEDICAL ASSOCIATION AND THE CANADIAN MEDICAL ASSOCIATION.

The American Medical Association held its annual Session, May 5th, at Washington, D.C., which seems to have been one of great interest and harmony. We are pleased to see that delegates were appointed to represent that Association at the next meeting of the Canadian Medical Association, to take place in September. The gentlemen selected are C. C. Cox, M.D., LL.D., of Maryland; Drs. John L. Atlee, of Pennsylvania; N. S. Davis, of Illinois; Charles C. Dee, of New York; Grafton Tyler, of the District of Columbia; W. M. Wood, of the Navy, and S. D. Gross, of Philadelphia.

We are informed by Dr. Caniff, Secretary for Ontario of the Canadian Medical Association, that he received a letter from Dr. Atkinson, the Permanent Secretary of the American Association, inviting delegates from the Canadian association to be present at the late meeting. Dr. Canniff conferred with the General Secretary, Dr. Belleau, and they decided that in the present partially organised state of the Association, and in the absence from the country of the President, Dr. Tupper, C.B., the kind invitation proffered by Dr. Atkinson could not be responded to. Dr. Canniff communicated to that effect, and at the same time on behalf of the Canadian Association expressed a hope that the

American Association would feel it desirable to send delegates to Montreal in September. This invitation, as we have seen, has been gracefully responded to.

We hasten to assure the distinguished gentlemen who form the delegation, that the most fraternal greeting awaits them from the Canadian Medical Association. Nor shall the city of Montreal be found wanting in the most kindly courtesies.

CONVOCATION OF VICTORIA UNIVERSITY, COBOURGH, ONTARIO.

The annual Convocation at Cobourgh, last week, was the most imposing and successful that has been held. The Baccalaureate sermon on Sunday evening, the sacred concert on Monday evening, the Alumni Meeting on Tuesday afternoon, the Alumni Dinner on Tuesday evening, the Convocation on Wednesday afternoon, and the *conversazione* on Wednesday evening, were all occasions of peculiar interest.

THE ALUMNI ASSOCIATION.

On Tuesday afternoon a general meeting of the Alumni Association took place. B. M. Britton, Esq., M.A., of Kingston, occupied the Chair. The following officers were elected for the next year:—

Rev. A. CARMAN, President of the Albert College, Belleville, *President*, W. BEATTY, Esq., M. P. P., of Welland, *1st Vice President*, WM. CANNIFF, Esq, M.D., M. R. C. S. of Belleville, *2nd Vice President*, H. HOUGH, M.A., *Secretary*, REV. PROFESSOR BURWASH, M.A., *Treasurer*.

Graduates residing in Cobourgh compose the Managing Committee.

After choosing the officers, the attention of the meeting was called to the general interests of the University, and especially to the position resulting from the threatened withdrawal of the government grants to the colleges. The Alumni present were of one mind on this question. Decided and strong resolutions were passed, pledging the Association, whose members reside in every part of the province, to sustain the college, and claiming its right to continued legislative aid. The graduates and former students of Victoria College are thoroughly in earnest on the subject, they simply insist on the right thing being done; and we doubt not that they with the other friends of denominational colleges, will, if it should become necessary, make it manifest at the next elections that secularism must not enjoy a monopoly of public aid.

On Tuesday evening the Annual dinner of the Association was given, at which the Chair was occupied by the President, the Rev. A. Carman,

M.A. Animated speeches were made by the Rev. W. M. Punshon, M.A., Rev. Dr. Ryerson, Rev. Dr. Nelles, Rev. A. Carman, M.A., W. Beatty, Esq., M.P.P., Dr. Boulter, M.P.P., Professor Wilson, William Kerr, Esq., M.A., B. M. Britton, Esq., M.A., W. W. Dean, Esq., M.A., W. H. Kerr Esq., of Montreal, Ashton Fletcher, Esq., M.A., Dr. Peltier, Dr. Canniff, Dr. Lavel, Dr. Potts, H. Hough, Esq., M.A. G. Young, Esq., M.A., J. Mills, B.A., Dr. Diamond, Dr. Fielding, and Dr. O'Rielly. It was exceedingly encouraging to observe the earnest devotion to the interests of the University, manifested by all present.

THE CONVOCATION.

The Annual Convocation is every year regarded with increasing interest. To the students the conferring of degrees is much more than a mere ceremony, to the graduates and their friends it is one of unmingled pleasure; the friends of our denominational college, see, in the annually increasing number of graduates, the importance of the work it is doing in the country; while the crowd of visitors and distinguished strangers from a distance, and the eloquent addresses delivered, heighten the *prestige* from year to year, of this important occasion. The Convocation last Wednesday was the best and the most encouraging that has ever been held. The proceedings were opened by an impressive prayer by the Rev. James Elliot, President of the Conference. Then followed the Latin Oration, by Mr. Edward Charlton, of Ilderton; the Greek Oration, by Mr. James Mills, of Penville; and the Valedictory Address, a very excellent oration on "Cowper," by Mr. James Roy, of Cobourg. Mr. Roy's oration was exquisitely tender and beautiful, and his elocution was very superior.

The degrees were conferred by the Rev. S. S. Nelles, D. D., President of the University. The following degrees were conferred:

B. A.—James Mills, *Gold Medallist.*– Jonathan B. Dixon, Thos. E. Morden, Edward Charlton, *Silver Medallist.* James Roy, W. H. Rowson, James E. Blair, John Scott, Henry Bleecker, Henry H. Shaler, Wm. Wilkinson.

M. A.—Ashton Fletcher, B.A., LL.D., J. R. Youmans, B.A., Osborne Lambly, B.A., Alfred McClatchie, B.,A., W. F. Morrison, B.A., Andrew Milne, B.A., W. C. Washington, B.A., Byron M. Britton, B.A., W. H. McClive, B.A., LL.B., Cyrus A. Neville, B.A., W. C. Henderson, B.A., David Kennedy, B.A., Wm. R. Parker, B.A., E. B. Ryckman, B.A., Jacob E. Howell, B.A., J. C. Wilmott, B.A.

L L. B.—J. J. McClaren, M.A., B.C.L., (*ad eundem*;) J. B. Doutre.

M. D.—Thos. Adams, B.A., R. Garneau, R. P. Aikman, J. Sylvestre, T. Brunskill, A. Marotte, C.H. Brereton, J. Gingras, J. S. Diamond,

J. Drainville, J. Fielding, A. Laferiere, P. D. Goldsmith, S. A. Longtin, W. A Hughson, J. Robitaille, F. King, J. Archambault, R. C. Lloyd, C. S. Stokes, C. Luiz, C. Williams, G. D. Loughead, B. Walden, A. MacLay, P. Valois, L. McAllister, L. Brodeur, A. N. McBrien, H. Choquette, D. Newkirk, E. Valcourt, J. B. Olver, J. Demers, M. O'Reilly, A. Beliveau, F. H. Pope, N. Richard, F. S. Sproule, S. McHenry, B. Vigneau, D. Martel.

D. D.—Rev. J. E. James, Govornor, Sheffield College, England.

Professor Geikie then addressed the Graduates in Medicine, with wise and impressive counsels.

The Prince of Wales Gold Medal was presented to Mr. James Mills, by the Rev. W. M. Punshon, M. A; *the Prince of Wales Silver Medal* was presented to Mr. Edward Charlton, by the Rev. L. Taylor, D. D.; *the Ryerson Prize* to Mr. A. G. Knight, by the Rev. Dr. Ormiston; *the Webster Prize*, to Mr. W. H. Rowson, presented by Dr. Browse; *the Hodgins Prize*, to Mr. James Roy, by Wm. Kerr, Esq., M.A.; *the Cooly Prize*, to Mr. J. W. Sparling, presented by Rev. Dr. Jeffers.

Literary Association Prize, for best English Essay, to Mr. James Roy, presented by W. W. Dean, Esq., M. A.; do. do. for Elocution, to Mr. John Scott, by Rev. A. B. Carman, Esq., M. A.; do. do. for English essay, to Mr. D. Robson, by Dr. Canniff; do. do. for Elocution, to Mr. James Allen, by W. Beatty, Esq, M.P.P. *The Punshon Prize* for Elocution and Composition, was founded at this Convocation by W. Kerr, Esq, M.A.; it was presented to Mr. James Roy, by Rev. Dr. Ryerson.

Each of these presentations was accompanied by suitable remarks, addressed to the successful competitor, and the variety of speakers and subjects sustained the interest of the meeting throughout. Rev. Dr. Ormiston was in one of his happiest moods. He was proud of being the first living graduate of Victoria College, and he cordially and earnestly bore testimony to the noble service the College had rendered to the cause of education. No description can do justice to the address of Mr. Punshon. Brilliant, strong, conclusive, practical, wise, he contributed greatly to the success and influence of this most important Convocation—important at this critical time,—and effectually rallying the friends of "OLD VIC." to the support of our educational standard. His remarks on the relations between Revelation and Science put the subject in its true light, and with remarkable vividness and force. Great as is his eloquence, the simple-hearted earnestness of his soul is, to us, the chief charm of his magical speaking.

PROCEEDINGS OF THE ANNUAL SESSION OF "THE MEDICAL ALUMNI ASSOCIATION OF VICTORIA UNIVERSITY," HELD AT COBOURG, ON TUESDAY AND WEDNESDAY, THE FIFTH AND SIXTH DAYS OF MAY, 1868.

First day's session commenced at 11 o'clock, A.M., John Hubert Sangster, M.A., M.D., President, not being present.

H. Peltier, M.D., Edin., Montreal, 1st Vice President, was called to the chair.

By direction from the chair the names of the Alumni present were recorded as follows, viz.,

S. S. Corbett, Perrytown; Benjamin Walden, Elginfield; Charles Williams, Glenwilliams; Thos Burnskill, Bondhead; John S. Diamond, Toronto; Laughlin McAllister, Duntroon; Chas. A. Breaston, Bradford; Thomas Adams, B.A., Tweed; R. P. Aikman, Ancaster; J. Fielding, Orono; Ralph E. Lloyd, Stouffville; Wm. A. Hughsan, Delaware; George D. Loughead, Ballymote; Daniel Newkirk, Walsingham; Calvin Luter, Galt; Chas. S. Stokes, Toronto; Alfred N. McBrien, Newtonville; Miles O'Riely, Hamilton; Perry D. Goldsmith, Dundonald; Thos. S. Sproul, Maxwell; Archibald MacLay, Fingall; Frank King, Port Robinson; Samuel McHenny, Sandhill; Jobes B. Oliver, Ragles; Francis H. Pope, Bothwell; E. W. Tegart, Scotland, Co. Brant; Jas. D. Stewart, Ottawa; William Canniff, Belleville; J. Stuart Scott, Cobourg; George J. Potts, Belleville; George Burnham, Ashburnham; William A. Willoughy, Grafton; Marshall M. P. Dean, Reene; S. L. Nash, Ameliasburgh; William Wade, Cobourg; Joseph A. Fife, Hastings; A. M. Rosebrugh, Toronto; George Alra Carson, Whitby; Robert A. Corbett, Perrytown; Walter Bayne Geike, Aurora; C. A. McRae, Erin Village, Wellington; George Abbott Norris, Omomee, James Stimson, St. George, Co. Brant; B. Vigneau, St. Gregorie de Nicolet; R. Garneau, St. Ann de la Perault; J. Sylvester, St Guilleaume D'Upton; A. Marrotte, Montreal; J. Gingras, St. Hyacinth; J. Drainville, Berthier; A. Laferrière, St. Cuthbert; S. A. Langtin, Montreal, J. Robitaile, Quebec; J. Archambault, Terrebonne; P. Valois, Montreal; L. Brodeur, Varennes; H. Choquette, Varennes; E. Valcourt, St. Simon; J. Demers, St. Bruneau; Remi Beliveau, Montreal; Nap. Richard, Montreal; A. N. Pelletier, Antrim; W. Sergius Bald, Antrim. Among the visitors present were Dr. G. H. Boulter, M.P.P., North Hastings; Rev. A. Carman, M.A., President Albert College, Belleville; Rev E. B. Ryckham, Kingston; W. W. Dean, Esq., A.B., Barrister, &c., Belleville.

Minutes of former Session held at Yorkville, near Toronto, 1st and 2nd days of October, 1867, were read and approved.

Draft of Constitution was read and submitted.

Moved by Dr. Rosebrugh, seconded by Dr. Canniff,—That the draft of the constitution, By-laws and rules of order now submitted for adoption, by Dr. Potts, chairman of that committee, be adopted, provisionally only. Carried.

REPORT OF COMMITTEE ON ETHICS, SUBMITTED.

Moved by Dr. J. S. Scott, seconded by E. W. Tegart, M.D—That the consideration of the report of the committee upon "Medical Ethics" be deferred until the annual meeting at Toronto in October next; but that the adoption of a Code especially adapted to the requirement of this Association be recommended, and that Drs. Peltier and Rosebrugh be added to the committee. Carried.

Moved by Dr. Rosebrugh, seconded by Dr. Scott—That the election of officers be deferred until the current meeting in Yorkville in October next. Carried.

Moved by Dr. Nash, seconded by Dr. Tegart, that we adjourn to meet at 6 o'clock P. M. Carried.

AFTERNOON SESSION, 6 o'clock P.M.

Hector Peltier, M.D., Edin., Vice President, and thirty-one members present.

Minutes of morning Session read and approved.

Moved by J. S. Scott, M.D., seconded by Dr. Canniff—That the reading of papers be postponed until to-morrow morning at nine o'clock A.M. Carried.

Moved by Dr. Diamond, seconded by Dr. McAlister—That Dr. James Fielding, from the Yorkville Medical Branch, be requested to respond to the annual toast, "The Graduates in Medicine for the Session of 1867-68, at the Alumni Dinner." Carried.

Moved by Dr. Rosebrugh, seconded by Dr. Remi Beliveau—That Dr. Joseph Archambault, from the Montreal Branch Medical Department, be requested to respond to the toast, "The Graduates in Medicine for the Session of 1867-68." Carried.

Moved by Dr. Scott, seconded by Dr. Rosebrugh—1st. That this association has learned with pleasure of the engagement of Dr. Canniff as one of the Editors of the *Canada Medical Journal* and most heartily congralate the Publishers in securing so efficient an aid to the Editorial Staff of that Journal.

2nd.—That the Secretary be requested to furnish the proceedings of

this association to Dr. Canniff for publication in the *Canada Medical Journal.* Carried.

Moved by Dr. Willoughby, seconded by Dr. Burnham—That a list be now opened for subscribers to the *Canada Medical Journal.* Carried.

Moved by Dr. Rosebrugh, seconded by Dr. Willoughby—That we do now adjourn to meet here at 9 o'clock A.M., to-morrow morning. Carried.

Second Day.

The adjourned Session of the Medical Alumni Association Victoria University met at the hour of nine o'clock A.M., Dr. Wm. Wade, Cobourg, fourth Vice President, in the chair. The Association having resolved to take into consideration charges which had been made against certain members of the association, of irregular and unprofessional practices, it was moved by Dr. Potts, seconded by Dr. Willoughby, that all persons present who are not members in good standing in the Medical Profession be requested to withdraw. Carried.

Vice-President Wade desiring to retire from the chair to take part in the debate, Dr. Canniff was requested to take the chair.

The first charge had reference to advertising by posting bills to announce that a certain Doctor would be in a certain place at such a time. It was shown that it had been done without the accused gentleman's knowledge and contrary to his wishes.

The second charge referred to the conduct of one who had associated himself with an "Eclectic." This case occupied two hours and was fully discussed by nearly every member present. The difficulty was finally met by the following resolution.

Moved by Dr. S. L. Nash, seconded by Dr. Tegart—That the Association does not approve of the principle of associating professionally with the so called Eclectics and Homœopaths, but are willing to abide by the decision of the Canadian Medical Association, which meets in September next in the city of Montreal. Carried.

The third case was in reference to a "Victoria Wine Bitters" advertised and exclusively vended by one who also professed to be an Eclectic. The individual in defence declared the article was sold not as a medicinal remedy, but simply as a Bitters, having for its object the reformation of drunkards, but he admitted when asked, that the Wine Bitters contained one-thirteenth of the whole quantity of pure alcohol.

Moved by Dr. Scott, seconded by Dr. Nash—That this Association disapprove of the course pursued by Dr.——in advertising his Wine Bitters, as calculated to bring reproach on the Profession of Medicine. Carried.

The fifth case was one in which an Alumnus was charged with resorting to the practice of "Cancer Curers" and adopting the usual course pursued by these quacks in the treatment of this disease. This case also elicited considerable discussion, during which Dr. Peltier entered the room. Dr. Canniff at once vacated the chair, and conducted the Vice President, Dr. Peltier, to the chair.

Moved by Dr. Miles O'Riely, seconded by Dr. Tegart—That in the opinion of this Association, the advertisement published by Dr—— as a cancer curer is detrimental to the dignity of the Profession and of this Association, and that he be requested to discontinue the same. Carried.

Dr. Peltier, Vice President, accordingly requested Dr.——to discontinue the practice and plan of his advertisement.

Moved by Dr. Rosebrugh, seconded by Dr. Potts—That whereas some of the members of this Association have published cards in the "public prints" of an irregular character, and whereas this association has not as yet adopted a Code of Medical Ethics, we cannot allow this occasion to pass without expressing our disapproval of the same.

Moved in amendment by Dr. W. B. Geike, seconded by Dr. M. P. Dean—That this Association views advertisements calling attention to special modes of treating special diseases, as cancers, chest affections, ruptures, &c., as at variance with the universally acknowledged rules of Medical Ethics, and hereby expresses its entire disapproval of the publication of such advertisements by any of its members. Amendment carried. The convocation exercises commencing at three o'clock P.M., it was moved by Dr. Scott, seconded by Dr. Diamond—That we do now adjourn to meet at six o'clock P.M. Carried.

The afternoon Session commenced at six o'clock P.M., Dr. Wm. Wade, fourth Vice President, in the chair.

Moved by Dr. Potts, seconded by Dr. Diamond—That in consequence of the prolonged Session of this morning, and attendance on the convocation exercises engaging the time of Dr. Potts, secretary, the minutes of this morning's Session, not being in readiness, are not required to be read, and that this afternoon's Session be considered a continuation of the morning Session. Carried unanimously.

Moved by Dr. Rosebrugh, seconded by Dr. Canniff.—That Dr. Potts of Belleville, Dr. Brouse of Prescott, Dr. Edmonston of Brockville, and Dr. R. A. Corbett of Perrytown, be appointed delegates of this association to attend the next meeting of the Canadian Medical Association to be held in the city of Montreal, in September next. Carried unanimously.

Moved by Dr. Caniff, seconded by Dr. Corbett, and resolved—That the thanks of this association be presented to the county council of the

united counties of Northumberland and Durham, for the favour accorded in placing their council chamber at the disposal of the Medical Alumni Association of Victoria University, and that the secretary furnish that body with a copy of this resolution. Carried unanimously.

Moved by Dr. Rosebrugh, seconded by Dr. Corbett—That the thanks of this Association are due and are hereby tendered to Dr. Potts, secretary, and the committee of management, for the zeal and efficiency with which they have discharged their duties in preparing the business of this meeting. Carried unanimously.

Moved by Dr. Potts, seconded by Dr. Dean—That the thanks of this Association is hereby tendered to the Grand Trunk, Great Western and Northern Railroad authorities for their liberality in furnishing return tickets at one fare, to members attending the Session of the Medical Alumni Association of Victoria University, and that the Secretary forward a copy of this resolution to each. Carried unanimously.

Moved by Dr. Dean, seconded by Dr. Burnham—That when the report of this Session of the Medical Alumni Association Victoria University, appears in the *Canada Medical Journal*, three hundred and fifty copies be procured and distributed among the Medical Alumni of Victoria University. Carried.

Moved by Dr. Corbett, seconded by Dr. Tegart—That the reading of the papers prepared by the members of this Association named in *circular*, and which should have been read during this morning Session, be deferred till the meeting of this Association in Yorkville on the 1st October next. Carried.

Moved by Dr. Diamond, seconded by Dr. Fielding—That the name of Dr. J. S. Scott, Toronto, be added to the delegates appointed to meet the Canadian Medical Association in September next in the city of Montreal.

Moved by D. Willoughby, seconded by Dr. Diamond.—That all members of this Association discountenance and discourage all reprints of an immoral tendency which sometimes appear in the public prints with regard to medical examinations, at Coroner's Inquests, &c.; &c., as these have a tendency to lower the standard of morality among classes reading these journals in which they are published. Carried.

Moved by Dr. Scott, seconded by Dr. S. L. Nash.—That the truss presented by Mr. G. V. M. Relyea of Belleville, be referred to a committee, to consist of Drs. Diamond, Geike and Potts, to report at the next Session of this Association. Carried.

Moved by Dr. Potts, seconded by Dr. Corbett.—That we do now adjourn and stand adjourned until the next Session of the Medical

Alumni Association Victoria University, to be held in Yorkville on the 1st day of October next, of which all members shall receive due notice. Carried.

The Chairman congratulated the Association on the fraternal spirit and harmonious zeal for the general welfare of the profession, evidenced by the cordial and wholesome character of the friendly discussions held during the two days the Association had been in Session, and earnestly recommended that, in the future, continued effort for the advancement of our Profession and the uprightness of our conduct in our several fields of practice, might mark us as members of the Medical Alumni Association of Victoria University, thereby adorning the ranks of the honorable profession of which we are members, and honoring the University with which we are so intimately connected, and bidding all a hearty farewell, announced that the Session of the Medical Alumni Association of Victoria University is adjourned, to stand adjourned until the next regular meeting, to be held in Yorkville on the 1st day of October next, of which all members shall receive due notice.

GEORGE J. POTTS, M.D., *Secretary*
Medical Alumni Association, Victoria University,.

Belleville, 15th May, 1868.

MEDICAL ASSOCIATION OF THE COUNTY OF HASTINGS, ONTARIO.

A meeting of the members of the Medical profession of the County of Hastings was held in the town of Belleville on Wednesday the 20th May. There were present, Drs. Lister, Holden, Bradley, Burdett, Hope, Potts, Wilson, Day, Oronhyatekha, Powers, Howell, Boulter, M.P.P., Stewart, and Canniff. Upon motion it was *Resolved*:—

"That we organise into an association to be called the Medical Association of the County of Hastings, to consist of the regular practitioners who are registered under the New Medical Act, residents in the said County."

Committees were then appointed to arrange the question of Medical Tariff, and to prepare a Constitution and By-Laws. The meeting now adjourned to give time for these Committees to prepare their respective reports.

The following Constitution was subsequently adopted.

CONSTITUTION.

NAME.

Article I.—That this Association shall be called the Medical Association of the County of Hastings.

Article II.—That the Members shall consist of the Regular Practitioners of the County of Hastings, who are registered under the New Medical Act, by paying the sum of One Dollar.

OBJECT.

Article III.—The object of this Association shall be to advance Medical Science and the interests of the Profession.

Article IV.—Each Member shall sign a declaration that he will observe the Constitution, By-Laws and Rules of Order of the Association, and be governed in his professional career by the Code of Medical Ethics adopted by the Association.

OFFICERS.

Article V.—The Officers of this Association shall consist of a President, First and Second Vice-Presidents, and Secretary-Treasurer.

Article VI.—The Officers shall be elected annually by Ballot.

Article VII.—The Majority of the votes cast shall determine the election of a candidate for office.

Article VIII.—Any Member who shall violate the Constitution or any of the By-Laws or Rules of Order, or who shall have been guilty of any gross violation of *Medical Ethics*, shall be censured or expelled by a two-third vote of the Members present, but no motion to expel a Member shall be acted upon unless he shall have been duly notified in writing.

Article IX.—That the Constitution and By-Laws may be altered by a two-third vote at the annual meeting, and the President may direct the Secretary to call a special meeting when required.

BY-LAWS.

Article I.—The Annual Meeting of this Association shall be held on the *Third Wednesday in May*, at Belleville, commencing at 10 o'clock A.M.

Article II.—To meet the expenses of the Association, a Tax on each Member shall be levied from time to time for that purpose.

RULES OF ORDER.

Article I.—During the Session of the Association the ordinary Parliamentary Rules of Order shall be observed in respect to debates.

The Association then proceeded to the elections of Officers, which resulted as follows: President, Dr. William Hope, Belleville; 1st Vice-President, Dr. G. H. Boulter, Stirling; 2nd Vice-President, Dr. James Lister, Belleville; Secretary-Treasurer, Dr. George J. Potts, Belleville.

The Association then adopted a Tariff to be observed by its Members.

The Association then adjourned, having passed a resolution that a

Report of the proceedings be furnished the *Canada Medical Journal* for publication.

TO OUR SUBSCRIBERS.

With this number, the fourth volume of the *Canada Medical Journal* is brought to a close. Those of our subscribers who are in arrear will receive their accounts with this issue, and we would earnestly request a speedy remittance. There are many subscribers in arrear, some indeed, who have never contributed one shilling towards our support. This is not right, and in mercy to themselves the publishers have determined to remove their names from the list of subscribers.

To those gentlemen who have fully recognized our usefulness, and also, the necessity of supporting a medical periodical in the Dominion of Canada, and who have regularly paid their subscription, we beg to tender our sincere thanks.

THE CHEMISTS' ASSOCIATION, MONTREAL.

The regular monthly meeting of the above association was held on the 4th of June. A very interesting and instructive paper upon Strychnine was read by Dr. Girdwood, who, we may add, has paid very great attention to this the subject. It is intended, we believe, to have the Association represented by delegates at the annual meeting of the American Pharmaceutical Association, which takes place this fall at Philadelphia. The Chemists' Association has had a very successful season, all the members taking an active interest in its support. It is now, we believe, thoroughly established, and we hope its next session will be even more successful than the one just closed.

THE AMERICAN MEDICAL ASSOCIATION.

This Scientific Association held its annual meeting in Washington on the 6th of May, and continued in session three days. A good deal of interesting matter was laid before the meeting and ordered to be printed in its transactions. A resolution to establish institutions in the United States for the training of nurses, similar to those in operation in London was referred to a special committee. The committee on Medical Ethics offered a resolution endorsing consultation with females who had received a regular medical education. A good deal of discussion took place upon this resolution, and the matter was indefinitely postponed. The Association decided to hold its next meeting in May, 1869, at New Orleans.