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THE USE OF ALCOHOL IN HEALTH.

BY

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Unless it be within the domain of strictly theological matters no question of the day has caused greater warmth of discussion, or has given rise to more diversified opinion, than the proposition to dispense with alcoholic mixtures as beverages in health. From the fanaticism of the "temperance" advocate at one extremity of the line of opinion we proceed by easy stages of varied belief to him who sings in consistent strains :

"Wine cheers the sad, revives the old, inspires
The young, makes weariness forget his toil
And fear her danger; opens a new world
When this, the present, fails."

However, in this instance, as in most others of the kind, the truth is to be looked for most successfully not in the extremes but in the mean of opinion; and as year after year the temperance question

receives full and free consideration on all hands this tendency towards stable equilibrium plainly manifests itself. Hence, chiefly, has arisen the moderate drinker. It is no longer the fashion in respectable society either to induce alcoholic narcosis or to abstain altogether, but to stop as soon as moderate stimulation is produced. This form of belief respecting the employment of alcoholic beverages obtains among a large, perhaps among the largest, class of those whose opinions we have a right to consider, and it behooves him who entertains a different belief to weigh carefully the evidence that has been brought forward in favor of moderate stimulation. As an example of lay opinion advocating this practice witness the following, copied from a recent number of the *New York Graphic*:

"Occasionally—but only occasionally—one reads in the reports of debates in ecclesiastical councils and synods words of real wisdom. There was an instance of this yesterday in the General Council of that new and struggling sect known as the Reformed Episcopal Church. One of the lay brethren of the council denounced in vigorous words the absurdity of calling 'total abstinence' 'temperance.' This is a distinction that should have been insisted upon long ago. Most people

are temperate in their habits of drinking as well as of eating—if they were not, the world would be made up of drunkards and gluttons—and to speak of men who are total abstainers from all that can intoxicate as ‘temperate’ is absurd. They are as intemperate in their abstinence as the drunkard is in his excess.”

Turning from positive utterances of this sort, so commonly indicative of non-scientific thought, to the calmer and abler advocacy of moderate drinking in its scientific aspect, the medical man will read with pleasure an address by Dr. Bayard, as given in the *Canadian Medical and Surgical Journal* for July, 1881. Here we have stated with great clearness, calmness and ability most of the arguments employed in favor of the use in health of a limited quantity of alcohol.

Regarding Dr. Bayard’s paper as a fair exposition of the grounds taken by moderate drinkers it is the purpose of this article to examine the premises of the arguments there deduced, and to enquire whether the writer is warranted in drawing from them the conclusion set forth.

At the outset the whole question may be summed up as follows: *is its employment as a beverage one of the proper uses of alcohol?* If so, moderate drinking is certainly a sensible and proper practice; the editor of the *Graphic* has written both a cogent and a pungent little editorial, and Dr. Bayard’s remarks, in so far as they relate to the use of spirituous liquors, are strictly scientific and strictly logical. But if, on the other hand, it can be shown that alcohol is simply a powerful organic poison, its use as a drink in any shape or in any quantity is absolutely indefensible, the leading article just quoted loses its apparent cogency, and the well-written address will require revision for future readers. And Dr. Bayard recognizes this, for he lays peculiar emphasis upon the use of an article or process as contrasted with its *abuse*. The swallowing of a proper quantity and quality of food at proper intervals is one of the conditions of healthy existence, and these circumstances of amount and kind are regulated by fairly well defined laws which it behooves all those who would live aright to study and observe. The infraction of these rules, the ingestion of food in abnormal quantity or quality, *i.e.*, the *abuse* of food is a physical wrong, and it will surely be punished by dyspepsia and other disorders.

The keeping of one’s skin clean by bathing is another matter which ought to receive the attention

of every one, inasmuch as neglect to do so exposes him to dermic and epidermic disease; but (we have the high authority of Hebra for the statement) too frequent bathing, *i.e.*, the *abuse* of bathing, is also productive of skin troubles. Again, camphor is a valuable anodyne and antispasmodic, and its value in certain maladies is undoubted; but those people who in health contract the habit of eating it are guilty of its *abuse*, and they will be sure to suffer from its ill effects.

Our first enquiry, then, is to be directed to the value or place of alcohol as a drink in health, and let it be noticed just here that the moment the investigation commences it becomes subject, as a matter of course, to the laws of physiology, hygiene and chemistry principally.

Now, I do not think that Dr. Bayard would make any attempt to defend, on purely hygienic and physiological grounds, the use of alcohol as a beverage in any quantity, in any shape, or under any circumstances whatever. As a matter of fact it is extremely doubtful whether there can be produced a single instance where alcohol in any shape subserves a useful purpose in the healthy human system. If there be such an instance Dr. Bayard has certainly failed to furnish us with it in his paper; indeed, on the contrary, we are told (I quote his own words), “they should be taught that these ideas are fallacious, that the human system can alone be supported in health by food, that alcohol is not a food in the ordinary acceptation of the term; that no tissue of the body can be built up by it, as with other articles of diet; that a dangerous craving is created by the continued and unseasonable use of it; that while in moderate quantity it produces an exhilarating effect upon the mind, this exhilaration is certainly followed by a corresponding depression; that while it imparts a temporary strength to the muscular power that power cannot be sustained under its continued use; that the primary effect of it upon the circulation is to produce a glow of warmth upon the skin, which is of short duration and leaves the body colder; that it does not support the system under the enervating influence of extreme heat; that he who *will* indulge in the use of it should *never* do so in health upon an empty stomach, and that every organ of the body suffers more or less from the excessive use of it.” Again, “we will be asked whether alcoholic drinks are necessary ingredients for the sustenance, well-being and comfort of man? If used, at what times and under what circum-

stances should they be taken, and in what quantity? And, gentlemen, let me say that, upon the advice we give, depends in a great measure the good we can accomplish. With regard to the first question we may answer that he who eats well and sleeps well does not require alcoholic drinks; that the great majority of persons are better without them; that most of the alcohol consumed is worse than useless, the evils consequent on its abuse certainly preponderating over the benefits derived from them." These statements are undeniably correct, because alcohol is a fluid as foreign to the human economy as any that can be named. Even if it were proved that it does undergo in a limited degree an ill-defined process of digestion, even if it were shown to be partially burned up in the tissues of the body, its deleterious effects upon the liver, heart, and nervous system generally are too palpable to be overlooked. If, then, it is not right (in a physiological sense) to drink one drop of alcohol, is not the taking of that drop the *abuse*? If the conclusions of Dr. Carpenter be true (and I have yet to read a refutation of them), that "in the average man the habitual use of alcoholic liquors in moderate or even small quantities is not merely unnecessary for the maintenance of bodily and mental vigor, but is even unfavorable to the permanent enjoyment of health," and that "the effect of the habit is not merely to induce certain predispositions to disease by its own agency, but also to favor almost any of those which may already exist in a latent form," the inference surely is inevitable, that the abuse of claret, port and sherry begins with the first teaspoonful, and not with the fourth glass as Dr. Bayard would have it. This contention is so important, Dr. Bayard places so much value upon the definition of *use* and *abuse*, and refers to them so frequently, that I must emphasize and try to elucidate it. We cannot flirt with physical sins any more than we can with moral misdemeanors; if it be wrong to steal, the embezzlement of 50,000 dollars does not extenuate a petty theft of five cents. It does not justify it, even if it were shown that the greater stealing had caused much destitution and distress, while the five cents had not been missed.

If, to pursue the argument, alcohol has no *locus Standi* in the healthy human economy it is no excuse whatever for drinking a daily glass of beer or wine to say that a dozen glasses of gin per diem will probably sooner or later produce cirrhosis of the liver. Nor does the attempt to illustrate the

other aspect of the case make Dr. Bayard's idea less absurd. If it be illegal to explode fire crackers within the city limits, surely the illegality begins with the explosion of the first cracker, not after the firing of the third package! Judged by his own statements (and Dr. Bayard has certainly reflected the latest *dicta* of these sciences) both physiology and hygiene sternly forbid any kind of vinous or spirituous drinking in any condition of health.

To many minds conclusions arrived at in this way would be all sufficient. The use of alcohol in health (it would appear to them) is simply a scientific problem to be solved (if solvable at all) by the physical sciences, by chemistry, physiology and hygiene, within whose province it rightly lies; and when their combined fiat goes forth to prohibit its use in health the demonstration is complete. And for my own part I am free to confess that I consider it quite possible that a certain indifference to what may be styled the sentimental, conservative and expedient aspects of the temperance question must greatly hinder an appreciation of the effect which they may have on those who are not willing to abide by the decision of science. Laboring under this probable disadvantage I proceed to consider arguments drawn from these other classes.

As an example of the sentimental argument, Dr. Bayard, quite seriously I presume, says: "the remark is often made that the world would be better without alcoholic drinks than with them, that the evil counterbalances any good that may be derived from them. The answer to this is that every nation has its stimulant of some kind, that kind Providence has permitted the *use* of them, and that if they are abused evil consequences follow." And again: "But as I have said before alcoholic drinks have been given to man, and he will continue to use them." Now let it be noted that the answer to the allegation is not an attempt to show that the world would not be better without alcohol, or that more evil than good has *not* resulted from the use of alcoholic beverages, but merely two assertions are made: (1) that every nation employs stimulants of some kind; and (2) that kind Providence has permitted the *use* of them. With every desire to give these assertions all their possible force I am obliged to acknowledge that I fail to see how they have any bearing whatever on the question at issue. The fact that all nations are addicted to stimulants in some form clearly proves (on Dr. Bayard's own showing) that all nations are

badly afflicted with a mal-hygienic practice, which it behooves them to get rid of as soon as possible. In view of Dr. Bayard's previous admission as to the baneful effects of stimulants, his *answer* rather confirms than disproves the statement to which it is intended to serve as a reply. It seems evident that, if it be wrong to lie as well as wrong to drink, it is just as little justification for the former sin to say that men have been liars since the days of Adam as it justifies drinking to say that they have been drunkards since the time of Noah.

The second section of the answer, although frequently thrust forward as a reason why drinking habits should be tolerated, has, even less cogency than the first part. If it be stated that Providence really does approve of and sanction the employment of alcohol in health I should neither agree nor disagree with the statement, for I do not know anything about it; but if He does approve of its use there can be no shadow of doubt but that He sanctions (on Dr. Bayard's own showing) the employment of a very bad thing, and that the sooner He puts His veto on it the sooner will He deserve the adjective with which Dr. Bayard qualifies His name.

However, while we avoid, as out of place here the theological question, and all it involves, as to whether the use of wine is advocated in the Bible,* something may be said relative to the statement that "alcoholic drinks have been given to man." Presuming that Dr. Bayard refers to the usual form in which this excuse for drinking is put, viz., that alcohol forms part of the materials necessary to man, is "one of God's creatures" to use the common expression, and consequently man is allowed its use—starting out with this premise, and admitting for the moment that, in consequence of this donation on the part of the Almighty, man has a right to *drink* it, an extension of this latter conclusion to other "gifts of God" will show its absurdity.

The kernels of the peach, the cherry laurel, etc.,

* Lees' "Text-Book" (page 116) has the following: "Among *certain* facts, these may be affirmed:—1. That the Bible nowhere *condemns* abstinence from strong drinks. 2. That the Bible nowhere associates *God's blessing* with the use of strong drinks. 3. That the Bible, in various ways, *commends* abstinence from strong drinks. 4. That the Bible, in various and emphatic methods, exhibits the *manifold evils* of strong drinks. 5. That the Bible is the first book that proclaimed abstinence to be the *cure* for drunkenness. 6. That the great principle of the Bible—*philanthropy*—enforces the practice of abstinence.

yield on distillation a liquid largely made up of hydrocyanic acid. It is very likely that the acid forms spontaneously in these and other vegetable products. Alcohol, on the other hand, is never found as a natural product in healthy vegetable tissues. The decomposition of saccharine solutions, as a result of a presence of the *torula cerevisiae*, is the method of obtaining it that most nearly approaches a natural process. The gift argument probably applies, as a consequence, with greater force to the employment of prussic acid as a drink than to alcoholic mixtures! If some rare plant were discovered in the centre of the African continent capable of secreting wine in the same way the cocoa-nut supplies milk, or the "traveller's friend" furnishes water, I doubt not but that it would be served up as a strong confirmation of the assertion that a beneficent Creator approves of its use as a beverage, else why did He prepare it?

If, instead of containing petroleum, limestone pockets were found to be filled with gin, would not both moderate and immoderate drinkers be pleased to thank a far-seeing Providence for the wise provision thus made for His thirsty children of coming generations?

But though the products of the *laurus cerasus* and the coal measures are not alcoholic, they are yet "gifts of God" in the same sense that wine is; and the man who sees fit to use as a drink either bitter almond oil or unrefined coal oil may properly do so, for have they not been given to him?

It would be taking up too much room to consider in its entirety the question whether every nation is of necessity wedded to stimulants that will compare in their effects with alcohol, but this may be said with confidence—even if such were proven to be the case it is no argument in favor of the use of those stimulants—none whatever.

But even a superficial view of the assertion will show it to be altogether too sweeping. What stimulant, what national stimulant, do the Mohammedans make use of that will bear comparison with alcohol? What means the significant phrase employed by these people when one of their number has got drunk on the forbidden juice of the grape, "He has left Mohammed and gone to Jesus"?

To name almost every nation that has succumbed to the two most potent factors in Anglo-Saxon domination, viz., "hell and bayonets," is simply the bringing to mind millions who have

been cursed by the introduction of a more powerful stimulant than they possessed before. That fine race, the Maories of New Zealand, the Indians of North America, the inhabitants of the South Seas and the teeming multitudes of India have to thank their European conquerors for a far worse stimulant than they would ever have thought of using if left to themselves.

An eloquent convert to Anglican Christianity not long ago admitted that the Hindoos do not object to the introduction of the Christian religion on account of its dogmatic teachings, since, in their primitive state, the two religions bear a remarkable resemblance to one another, but a firm and logical stand is taken on some questions of ethical doctrine, and the most prominent of these is the objection they have to a God who permits His children to damn their (the Hindoos) souls with drink. Can it be doubted but that the people of China would long ago have gone back to their milder teas and coffee, if the British Government had not been accessory to the crime of poisoning them with opium?

The answer to another attempt to excuse moderate drinking meets with a sufficient answer in the challenge which at the outset is given to one of the premises in Dr. Bayard's syllogism:—"a certain amount of self-control is implanted in the mind of every individual; he knows that danger attends many of his daily acts; he commits the act and avoids the danger. So with the *use* of alcoholic drinks—the danger lies not in the use of them but in the improper use of them." The fallacy in this argument is by no means on the surface. Instead of being, as it first appears, composed of a single proposition, the statements that lead up to the conclusion are best expressed in and really form part of a double proposition. Stated seriatim these are as follows: *A* 1. Many (rightful) daily acts are attended with danger, but (2) man is endowed with self-control, therefore (3) man ought to be capable of doing the act and avoiding the danger.

B 1. Drinking alcohol in health is one of these (rightful) daily acts, and (2) man is endowed with self-control, therefore (3) man ought to drink alcohol in health, but avoid its dangers. Now, unless Dr. Bayard will say that he refers to other than *rightful* acts, I think he will acknowledge that before the conclusion in *B* can be admitted he must show that (Prop. *B* 1.) drinking alcohol in health is a *rightful* act; he has failed to do this (nay, more, on his own showing it is a *wrong* act)

consequently (*B* 3) the conclusion is unproven and unreliable. I quote further: "He should know that the highest attribute of a well-regulated mind is the power of self-control, that the act of self-government is *noble* when exercised in the face of temptation, nothing without it, and he who will not restrain an injurious appetite degrades himself to the level of the brute creation." True; but it may well be doubted whether there is anything ennobling in temptation *per se*; that all depends upon whether the individual exposed to it has sufficient will-power to resist. If he has, doubtless the endeavor to overcome an obstacle gives strength and confidence to the man, and it does raise his moral status, but what will be said of him who needlessly runs into the way of temptation, who exposes himself, body and soul, to danger when there is no justification whatever for the act? Surely, there is nothing noble or ennobling in action of that kind. The driver on an express engine runs many risks in the pursuit of his avocation, and we all admit the nobility of his calling, but can any excuse be found for the traveller in the Pullman who needlessly takes a ride on the cow-catcher?

The good which Dr. Bayard sees in the withstanding of temptation and the exercise of self-control can be had to a greater and nobler advantage in the practice of total abstinence. Let him who doubts attempt to abstain from wine, and at the same time mix in that society where the temptation that goes along with moderate drinking is assumed to be had, will his way be altogether a path of pleasantness? Will he find his burden light? Or will he be likely to learn to his cost that there is room and to spare for the exercise of all his powers of temper and self-control if he refuse to drink when, in consequence, all his companions and friends regard him in the light of a "spoiler of the feast" and when the symposiarch reminds him that in Rome it is the custom to emulate the Roman practice? I hold that the moderate drinker never resists a temptation that will compare with such a one. If the truth were known I believe it would be found that many men are moderate drinkers only because they lack the moral courage necessary to become total abstainers. If it be thought that we have so few "ennobling" temptations in this life that search must be instituted for a "temperance" one, let it be looked for in the life of the total abstainer and the searcher will not look in vain.

After advocating the so-called *use* of wine and spirits Dr. Bayard proceeds to define the conditions under which liquor should be sold. I quite agree with him that no amount of prohibition will prevent *in toto* the sale of liquor; that we are certain to have drunkards in spite of all coercive measures, and that, when prohibitionists declare that if prohibitory laws prevailed all over the globe the millenium would arrive, they are subjects of a fond delusion—all this I hold to be quite true, and yet *agitation for prohibitory liquor laws* is the necessary and logical outcome of the truth that alcohol drinking is an injurious nuisance.

Thirty years ago absolute and unconditional human slavery was largely believed in the United States to be a worthy, God-permitted institution, and suited to the temperament and mental condition of the poor African. Gradually, however, the idea gained ground that only he who treated his slaves in a proper manner had any *ordained* right to them; that the Almighty, though permitting slavery, intended the slave owner to be a sort of divine trustee, and believers in this idea inculcated kindness and humanity towards his trust. Holders of the latter opinion were among the most determined opponents of abolition the North had to deal with, and they constituted the great majority of Northern "copperheads," as they were called. Now the fact is, that slavery was wrong all along, and that it was wrong under the "trustee" notion and it was wrong under the absolute ownership notion, and only when the principles of equality and freedom were preached was any progress made towards abolition.

And so with alcohol drinking: continued progress beyond a certain point is only possible when the whole truth about it is proclaimed. I do not deny the utility of teaching moderation in drinking to the people, but why teach a half truth when the whole truth will better answer the purpose? Why preach moderate drinking when the inculcation of total abstinence as the true *principle* will not only do as much as the former, but will still leave the way open for progress towards the hoped-for time when man shall break his bonds of passion and stimulation, and rise superior to the need of checks of any sort.

The evident desire of advocates of moderate drinking is to prevent the evil effects that come from alcohol; teetotalers have the same end in view, but total abstinence, while condemning bestial drunkenness endeavors to do something

more; it would remove the *temptation* to excess.

I have no hope that even our children's children will see drinking habits done away with, though all moderate drinkers were to join the ranks of teetotalism—not even if the education and general amelioration of the condition of the masses (the real effective combatants of vice) were to be brought about; but drunkenness will always reign while the way to it is paved by the "good intentions" of the so-called *use* of alcohol as a drink.

As in the case of all other half-truths and artificial barriers to vicious indulgence, much uncertainty and complexity surround the question of alcoholic excess when viewed from the standpoint of the moderate drinker. Hence the trouble about "voluntary" and "involuntary" drunkards, the difficulty of determining when a man has reached the hypothetical limit of alcoholism, and so on. The latter portion of Dr. Bayard's address shows this so plainly and is so instructive that I give it entire:

"Medical treatment has little effect upon the drunkard while he has the ability to indulge his appetite. But how the law should deal with him is a question of great difficulty. The liberty of the subject must be guarded, and the community justly claim protection from the violence of his acts. There are two classes of 'inebriates'—those who voluntarily get drunk, possessing the power to resist, and those who are so far lost that their voluntary power is destroyed. The first should be treated as misdemeanants, the last as maniacs. The voluntary drunkard should be severely punished, not by fine, which too often deprives his unfortunate family of food, but by imprisonment with hard labor. The involuntary drunkard, if I may so term him, should be *kept in restraint for a period sufficiently long to cure his malady*; how long that should be must depend upon the judgment of those in charge of him. While he may be classed as a lunatic, he is not, strictly speaking, insane. The man who drinks gets sober when the drink is eliminated. The insane man does not recover by such a process. But by continued abstinence the drunkard very often regains the power of self-control, which he cannot accomplish if left without restraint. Hence the imperative necessity for legislative action giving power to confine such persons. Did such power exist it would have a restraining influence, and give the unfortunate victim a chance of permanent reformation. Voluntary drunkenness is

easily defined, but the difficulty of the subject lies in the ability to define what constitutes involuntary drunkenness. There are many shades of drunkenness. At what point is the will so destroyed as to justify restraint?

This can only be learned by the history and surroundings of each individual case, and I hold that no individual should be incarcerated without a careful examination and report upon his case by, at least, three disinterested jurors, which report should be on file as a guard against improper restriction."

Also, "His daily experience teaches him that many, very many, become victims to the abuse. He thinks he possesses sufficient self-control to avoid the danger, and so he does up to a certain period; but let him continue to indulge at improper times and improper quantities, that self-control is lost, and cannot be regained but by continued total abstinence. He cannot say that he will reduce his allowance; one glass will rekindle his appetite, when the fire will continue to burn until disease and death follow. If an individual is so weak minded, and so much the creature of impulse and selfish desire, that, having experienced the pleasurable effects of intoxicating drinks, he will voluntarily surrender that power of will given him by Providence for his safety, and throw aside the reins of self government, and let passion run away with him, he is not to be pitied, can claim no respect, and is a fit subject for restrictive laws and punishment."

This from the moderate drinker's standpoint. Now if the law held that a man has no right to drink at all, there would be no difficulty about involuntary drunkenness. There would be no question of will. The misdemeanor should consist in the drinking *ab initio*, and the culprit should be held responsible for all his acts, because he knew that he had no right to drink at all. It seems a refinement of cruelty to say to a man, "You may proceed to a point in the use of wine which neither you nor I nor anybody else can determine with any accuracy—to a point which you will probably not recognize when you have reached it, but if you exceed that point you will be punished, and to make this method still more equitable I may inform you that if you transgress a sufficient number of times so as to prove, beyond all doubt, that you can no longer control yourself, we shall not punish you, but will simply

incarcerate you until you have regained your first wisdom."

This strained position is rendered still more invalid in the second quotation. Here the writer tacitly admits what I firmly believe to be true, viz.; that voluntary drunkenness is exceedingly rare and exceptional. No man starts out with the intention of becoming a sot. There are easier and straighter paths to the banks of Lethe than those which run through Falerian vineyards, and the uninitiated will take advantage of them.

And yet the advocate of moderate drinking would punish the unintentional drunkard, but pass by other tipplers who are kept from excess, not by any exercise of self-denial but by the mere accidental possession of will-power, for which they deserve no credit whatever. That is to say, to those unfortunates who have been unwittingly led astray by the false teachings involved in so-called moderation "moderate" ethics would mete out punishment.

Dr. Bayard admits, too, that a goodly number of moderate drinkers must, of necessity, be kept on the tenter-hooks of eternal watchfulness. Hence the minute directions about the time of administration, the quantity of liquor to be drunk, the circumstances under which it should be taken, and the extreme care that should be exercised in connection with moderate drinking, etc.

All this is avoided in the case of the total abstainer. It is not needed that he should be directed in this way, since he knows that *he has no right to use alcohol as a beverage in any quantity or at any time.*

I have reserved until the last the consideration of the argument from expediency, because one aspect of it certainly does have an important influence on governmental regulation of the sale and manufacture of spirituous beverages. With the following words of Dr. Bayard I agree in every respect: "The next question for consideration is, what has legislation done to abate intemperance, and what can it accomplish? Laws upon the statute book are useless unless carried out, and to accomplish this object the laws require to have the approval of a large majority of the community who must feel that he who evades them degrades himself. Now it is idle to expect that laws prohibiting the use of alcoholic beverages will be carried out, while the importation, manufacture and possession of them is allowed, unless the "masses" are brought to the belief that the social

use of them is degrading and injurious to health. This belief does not exist, owing to the fact that a very large majority of those who purchase and consume liquor use it in moderation, are never intoxicated, and do not feel that they are injured by it." Exactly; and one might add to this the sad fact that even a belief that alcohol is injurious to health would be inoperative to prevent drunkenness among the masses. It is always better to recognize the truth, and I think it is well stated by Spencer (Study of Sociology, p. 359) when he affirms that: "It is never the knowledge which is the moving agent in conduct; but it is always the feeling which goes along with that knowledge, or is excited by it. Though the drunkard knows that after to-day's debauch will come to-morrow's headache, yet he is not deterred by the consciousness of this truth, unless the penalty is distinctly represented, unless there rises in his consciousness a vivid idea of the misery to be borne, unless there is excited in him an adequate amount of feeling antagonistic to his desire for drink. Similarly with improvidence in general. If coming evils are imagined with clearness and the threatened sufferings ideally felt, there is a due check on the tendency to take immediate gratifications without stint; but in the absence of that consciousness of future ills which is constituted by the ideas of pain, distinct or vague, the passing desire is not opposed effectually. The truth that recklessness brings distress, fully acknowledged though it may be, remains inoperative. The mere cognition does not affect conduct—conduct is affected only when the cognition passes out of that intellectual form in which the idea of distress is little more than verbal, into a form in which this term of the proposition is developed into a vivid imagination of distress—a mass of painful feeling." Consequently I would welcome any means, direct or indirect, whereby this sad habit could be lessened, whether it be brought about on "moderate" or "immoderate" principles. Whether prohibitory laws are always beneficial, in the long run is a question as yet unsettled, although it would appear as if they are doing little for the cause of temperance in some parts of the world. Probably much depends upon the feeling in the community that adopts them. We should be willing, however, to have them, and indeed all measures of the sort, judged by their fruits, and if it be found that any form or modification of the license system accomplishes

most good in a given locality, by all means let it be adhered to. And if, on the other hand, total prohibitory laws give better results in another locality they should be adopted just as soon as possible. Only the trying of the experiment, each town, city, or community for itself, will decide the matter in a particular case. Local option is the application of the principle in medicine that we can lay down no hard and fast rules for the treatment of a disease, each case must be studied for itself and treated on its own merits.

But this, let it never be forgotten, is quite different from the rule that should guide individual action.

It may be *expedient* to permit the sale of liquor by license, but no man can shield himself behind a general law, and expect thereby to justify his personal use of alcohol. Because the law recognizes the fact that men in certain places will drink and do themselves harm in spite of all precautions, it does not follow as a matter of *right* that the individual may drink. That is a question still of personal conscience. Legislative action has already proved this when it allows him the right to agitate for repeal of or amendment to all legal enactments. Legislative measures under representative government is simply the reflection of the will or belief of the majority of the people, and they may be right, or they may be wrong. In either case the minority must submit to the majority, as this is, so far at least, the only way in which representative government can be carried on. After entering its protest the minority must be ruled by the larger mass of opinion. Regarding the state of society that cleaves to mal-hygienic practices as undeveloped, and holding the prevalence of sanitary conditions to be fairly good evidence of the reign of a higher intelligence, the reformer must see how useless it would be to enforce prohibitory measures (the legitimate outcome of teetotal belief) on a community unprepared for them. But a recognition of this truth does not do away with a man's individual responsibility. If he advises the introduction of laws permitting moderate drinking, he does so only because he knows the community is unprepared for something better. If the mass of the people around him are so lacking in self-control, so ignorant of the laws of healthy existence, and indeed so careless of the consequences that follow their rupture, as to be better controlled by the practice of moderate drinking, it does not absolve him, with his fuller knowledge, from pursuing the course which he has learned to be right. But the cases

are exceptional where the inculcation of total abstinence will produce less effect than the teaching of moderate drinking. In fact, I think it may safely be stated that for all practical purposes we need not consider them at all. If the average citizen will be influenced by an exhortation to drink moderately, he can be brought to consider the advisability of giving up the habit *in toto*.

It must follow, I think, from what I have shown that even if Dr. Bayard's arguments from necessity and expediency were ever so admissible, his concluding appeal is not made less inconsistent thereby, for when he says, "I must close my paper with an appeal to all who hear me, and may say to my professional brethren who do not hear me, in favor of *temperance in the use of alcoholic drinks*," he enters the field of individual conduct, and I think it must be admitted that no man can logically defend his own indulgence in alcoholic liquors in health. Temperance homes and asylums, the license system, legislation dealing with the manufacture and the sale of wines and liquors—all these may find some sort of plausible explanation in the *argumentum ad necessitatem*, and the total abstainer may discuss or even assist in carrying out these projects, but the healthy individual is left with no ghost of an excuse for drinking the least quantity of wine, beer or spirits.

But if moderate drinkers and drinkers that are not moderate consider that their own standard of right is a safe one to follow, and if in following it they do not feel that their conscience prohibits indulgence in alcoholic liquids, there still remains one other consideration, the substance of which the philosopher Confucius refers to. Put in a slightly different form from that expressed in the Chinese Book, many persons will recognize the hand of another apostle of equal piety and equal learning: "*Videte autem ne forte haec licentia vestra offendiculum fiat infirmis.*" Epistola Prima ad Corinthios cap. viii, 9, therefore: "*Bonum est non manducare carnem, et non bibere vinum, neque in quo frater tuus offenditur, aut scandalizatur aut infirmatur.*" Epistola ad Romanos, cap. xiv, 21.

And upon these wise and calm words of St. Paul I am willing to let the settlement of the temperance question rest, for when the heat of discussion concerning the individual right to drink wine and the communal right to sell it has been dissipated, and there remain only these ethical propositions to consider, I believe the moderate drinker

will require merely his own personal experience to shew him how untenable is his position.

Montreal, October 9th, 1881.

THE PLEA OF INSANITY IN THE CASE REGINA VS. HAYVERN.

BY

A. VALLEE, M.D., Visiting Physician to the Beauport Lunatic Asylum.

Doctor Howard, in the November number of the CANADA MEDICAL RECORD, comments upon and analyzes the evidence given by the medical men heard in the case of the Queen vs. Hayvern. It is not my intention to enter into a discussion with Dr. Howard: I merely desire to explain the evidence I gave in the case in question. No one will undertake to dispute the fact that whosoever commits a criminal act is considered sane of mind until the contrary has been established. In Hayvern's case Dr. Howard was brought forward by the defence to effect this proof of insanity. Thoroughly cognizant of the extensive experience of the Visiting Physician to the Longue-Pointe Lunatic Asylum, I naturally expected proof both serious and unassailable. Imagine, then, my astonishment while listening to the exposition of his diagnosis and his theories on the impulsion of which the unfortunate Hayvern was supposed to be the victim. Never, I confess freely, have I heard so short-sighted a diagnosis of insanity.

According to Dr. Howard, the three principal symptoms distinguishing the prisoner were sleeplessness, partial paralysis of the sensitive nerves and abatement of the temperature. In as far as the two first are concerned, their importance depends upon circumstances, but they are decidedly far from being infallible signs of insanity, as Dr. Howard contends: one must have come into contact with no other patients than lunatics to entertain such an opinion. With regard to the last abatement of temperature, it is frequently met with in mental aberration; but, before admitting a temperature of 92.05 in a person peacefully pacing his cell to and fro, it is but right for me to exact a more rigorous examination than that effected by Dr. Howard. How comes it that after discovering so abnormal a temperature he was perfectly satisfied with a single application of the thermometer in the arm-pit, without thinking

of repeating the experiment by changing the thermometer and placing it in a closed cavity? No matter how marked the depression of temperature, of itself it does not constitute a proof of insanity: but, at all events, this abatement should be clearly ascertained. Dr. Howard arrives at the conclusion that the prisoner struck the blow while under a fit of epileptic mania; and, consequently, could not be held responsible for his act. Admitting this hypothesis, the fit must have been epileptic dizziness or veiled epilepsy,—now the unsettled state of the mind, the obtuseness of its ideas, the confusion of souvenirs, are the essential characteristics of such attack; nothing analogous can be detected in Hayvern: on the contrary, every thing indicates most clearly that his crime was designed beforehand. He chose his victim, fixed his hour and, after striking down Salter, explained his reasons for so doing: "You'll never call me C...S... again."

That same evening he recollected right well what he did and, in presence of his keeper, stated he was actuated by a thirst for revenge. Whether we consider the circumstances preceding, attending, or following his act, we find nothing which can lead us to suspect insanity. Finally, in order to invoke the plea of insanity as a means of defence, one must be armed with a plausible reason; and, notwithstanding my good-will, I see none in the case engaging our attention.

I never declared, as Dr. Howard claims I did, that the knowing right from wrong is a proof of sanity; I simply said, in answer to a direct question put me by the Crown Prosecutor that, at the moment he committed the act, the prisoner could distinguish right from wrong. Had it been my desire, I might have added, in order to complete my idea, that prisoner was in the full enjoyment of his free will, and could have chosen between right and wrong. Right well do I know, just as well as Dr. Howard, that a lunatic can distinguish between right and wrong, and this I implicitly admitted in acknowledging the possibility of irresistible impulsion. The fact is, under irresistible impulsion the patient does not invariably lose the notion of what is just and what is not, of what is right and what is wrong; he is irresponsible, however, because a lesion of the intellect deprives him of his free will, and he is domineered by a power superior to his will.

What I contend is that nothing similar existed

in the prisoner Hayvern, at least if we are to judge from the evidence adduced in Court.

To sum up all: I conclude that the defence, desirous of entering a plea of insanity, should have had that plea clearly made out by their own expert. Now Dr. Howard's attempt was a complete failure; that the prisoner was epileptic was not ascertained, and, even so, the simple fact of being epileptic does not exclude the responsibility. Moreover, if we admit the evidence produced in Court, we find in the prisoner's conduct a coherency which, at first, would seem quite incompatible with the slightest suspicion of insanity.

Great, indeed, is the responsibility weighing upon the doctor's shoulders where there is a question of life and death; but I reasoned: "if a doctor is bound to do justice to the accused, he is also in conscience obliged to protect and uphold the interests of society." Under pain of sapping the very basis of society, there exists a distinction which the medical jurist must not lose sight of: he must not confound the corruption of the will, which is the work of perversion, with the loss of free will, which supposes a complete or partial lesion of the intellect. In the first case, the victim gives way to the depraved impulses of passion: in the second, he is an irresponsible being, having no longer the means to resist the impulses controlling him.

THE QUEEN *VERSUS* HUGH HAYVERN FOR THE MURDER OF JOHN SALTER.

SECOND PAPER.

Written for THE CANADA MEDICAL RECORD

BY

Dr. HENRY HOWARD, Government Visiting Physician
Longue Point Lunatic Asylum.

SIR,—I am sorry you have written in anger. It was disingenuous of you to pretend the cause of your anger was that part of my communication which was a mere abstract statement, having no more reference to you than to myself, or any other person. No one except a man wishing for cause to write offensively would be thus guilty. I am not surprised, I am past the age of being surprised, but I am sorry that a journal that has heretofore been such a *friendly* and independent journal should have made such an uncalled-for attack upon me as to preclude the possibility of my ever again writing a line for it after this communication. You will say, no loss.

In your Number for October, speaking of my evidence you say: "The following points were emphasized:—great pallor of surface, profuse perspiration, low temperature, rapid visible pulse, rapid respiration, *abdominal aneurism*, sluggish pupil, and diminished cutaneous sensibility.

Perfectly correct, with one exception. I did not say abdominal aneurism. I beg to refer you to the GAZETTE'S report for what I did say: "These are the sounds that Dr. Pominville so ably described to you, and are frequently found in persons of an *epileptic neurosis*, but they may be early symptoms of aneurism."

You see I was not trying to prove aneurism but an epileptic neurosis.

"In order to test his views upon irresistible impulse, the following question was propounded to him by the Crown Prosecutor: Could a man prompted by revenge or hatred premeditate a deed of violence, prepare and conceal a weapon, lie in wait for his victim and perpetrate a murder,—and could he, although at the time able to distinguish between right and wrong, be held irresponsible for his crime on the ground of an *irresistible impulse*? Dr. Howard asserted that *irresistible impulse* in such a case was quite possible, and would confer irresponsibility."

Never was there a hypothetical case propounded to me in the manner you have put it. The question was: "If such a man plunged a knife or dagger into the heart of a man he never knew, never saw, nor never heard of, and against whom it was impossible for him to have malice?" The Court repeated the question after the Crown prosecutor, whereupon I turned to His Honor and asked if I were to understand that the murderer never knew, never saw or even heard of his victim, and was ignorant at the time of who his victim was, and His Honor answered in the affirmative. Then I replied that I certainly should consider a man that would do such an act, seeing that it was impossible there could be malice prepense, must certainly be mad.

At that time I never said a word of uncontrolled impulse. nor was I permitted to further explain. If I was I should have said that the man was controlled by an *insane desire* to kill some one, and killed the first man he met, just as a mad dog bites the first person that comes in his way.

Again you say, "Dr. Howard denied the existence of monomania or partial insanity, and claimed that if a man is really insane upon any one point, he must be insane in all, his mind must be a *total wreck*." I

never said that his mind must be a total wreck. I stated distinctly that there are different degrees of insanity, and that what was called monomania was only a *phase* of mania, not a *form* of mania. I do maintain that an insane person's whole mind is insane, but as, for example, in typhoid fever one case may differ from another in excess or severity,—it may be mild or severe. No man would make use of such an absurd expression as that a man was partially typhoid fever; he might say that one case was worse than another, but in all cases, whether mild or severe, it would be a case of typhoid fever. So with insanity, an insane man is wholly insane, but two cases will differ very much in degree, as in the cases of typhoid fever. Again take three glasses of water, put into one a teaspoonful of prussic acid, into the second two teaspoonfuls of prussic acid, into the third three teaspoonfuls of the acid, the water in the tumblers will be all poisoned, but not to the same degree. Thus it is that I speak of a person being wholly insane. But the mind to be a "*total wreck*" there must be dementia.

Speaking of me again you say, "He maintained that although there are different degrees of insanity, it is impossible to conceive of an insane man being either *morally* or *legally* responsible for his acts."

I said legally, and maintain it. I did not say *morally* for I know better, as every one does who has ever had the charge of an insane asylum. But to be morally responsible does not constitute legal responsibility. I am quite aware that I differ with many alienists in this respect. But I cannot conceive the justice of society holding an insane man legally responsible for his acts, no matter how mild may be the case.

THERMOMETRIC EXAMINATION OF HUGH HAYVERN.

DR. HENRY HOWARD'S EVIDENCE.

"First examination his temperature was 93 4-5°, second examination 92 2-5° Fahr."

DR. VALLEE'S EVIDENCE.

"A man whose temperature is at 95 2-5 must be suffering greatly."

DR. GARDNER'S EVIDENCE.

"Witness in all his experience and reading never saw a case where the temperature was so low except in cases where death was impending."

DR. JAMES CAMERON'S EVIDENCE.

"Agreed with Dr. Gardner on the subject of temperature. The lowest degree of temperature on record is 92 1-5° Fahr."

Here Mr. Curran, Q.C., handed Dr. Cameron vol. xxiii. of the Journal of Mental Science, No. for October, 1877, opened at page 401, where was the following: "*Low temperature in the insane.* Zenker has studied nine cases of lunatics, where the bodily heat was found easily to sink; it fell in three cases as low as 32.2°, and in one case as low as 30.6°. In some of these instances there was maniacal excitement, but the sinking of the temperature was always accompanied by a tendency to lethargy."

This thermometer marking not been Fahr., Dr. Cameron undertook to explain to the Court that this temperature, 32.2° and 30.6°, was a higher temperature than that given by Dr. Howard, viz., 93 4-5° and 92 2-5° Fahr., whereupon the learned Counsel for the Crown, Mr. Davidson, Q.C., assuming that the Professors of Medical Jurisprudence in the Universities of McGill and Bishop's were better authorities than Dr. Howard with his twenty years practical experience in the treatment of the insane, thus addressed the jury: "In the very first point, viz., *temperature*, the evidence of Dr. Howard is directly in opposition to the *established principles* of medical science, and the medical gentlemen examined for the Crown have *conclusively* shown that the degree of temperature found in the prisoner by Dr. Howard would be that of a man near the *point of death*, and that was not the case with the prisoner."

Now what are the facts? Dr. Cameron ignorantly, for he would not do it wilfully, led the learned Counsel astray, and he in his turn led the Court and jury astray. Here is the true reading of the thermometer:

Dr. Zenker, 32.2° equivalent 90 2-5° Fahr.

" 30.6° " 87 3-5° Fahr.

So while Dr. Cameron held in his hand *positive proof* of a lower temperature than the temperature I quoted Hayvern's to be, he declared it a higher temperature, deceiving the Court, Crown Counsel and jury to the great prejudice of the prisoner at the bar. Not only this, but Dr. Cameron positively declared that "*the lowest degree of temperature on record* was 92 1-5° Fahr., yet here has been, on record, since October, 1877, a temperature of 87 3-5° Fahr. that he was ignorant of, notwithstanding his positive assertion, on oath, for this was an assertion, not an opinion.

But look at the fearful results of this assumed knowledge. The Counsel for the Crown accepts these statements and convinces the jury that they

broke down my testimony "*on the very first point, viz., temperature*," consequently the jury considered that the whole of my testimony was broken down. Result: verdict against the prisoner.

Had Drs. Vallée, Gardner and Cameron not have led the Court and Crown Counsel astray, they in their turn *could not* have addressed the jury as they did, whatever other plea they might have set up, and the result, for the unfortunate prisoner, *might* have been very different. It *might* have been a verdict of manslaughter, not murder. I say this from the fact that the whole effort of the learned Counsel for the Crown was to convince the jury that my evidence had been broken down, and *consequently* the plea of insanity had not been sustained and insanity established.

FURTHER PROOFS THAT I WAS CORRECT IN MY THERMOMETRIC EXAMINATION OF HAYVERN.

On the 25th of October, 1881, I received a postal card from my old friend, the father of Canadian Alienists. The following is a copy: "Have you read Charcot's lectures on diseases of old age, the June No. of Wm. Wood & Co., Library of Standard Medical Authors? If not, get it and turn to bottom of page 185 for low temperature of some lunatics."

I got the book, and here is what I found: "It is undoubtedly on account of inanition that a more or less enduring fall in temperature has been quite frequently observed in subacute and chronic mania, with symptoms of depression, chiefly melancholia, attended with stupor. But the interpretation we offer cannot be applied to all cases of this kind. Quite recently, indeed, Dr. Lowenhardt, of Lachenberg, has reported two cases of insanity, where the *rectal* temperature reached the almost incredible points of 31°, 32° and 32.5° (87.8°, 89.6° and 90.5° Fahr.), persisting during several weeks, while nutrition did not appear to be affected in any noteworthy degree. One of these patients was excitable, the other *erotic*, and both took sufficient nourishment."

Now if, as according to Dr. Vallée, "a man whose temperature is at 95 $\frac{2}{3}$ ° must be suffering greatly, what must a man be suffering at 87.8° and 89.6°? But these men were not suffering at all; on the contrary, nutrition did not appear to be affected in any noteworthy degree, and one was excitable and the other *erotic*. But according to Professors Gardner and Cameron these men should have *died*, but they were so obstinate they

would not, but persisted in this state for several weeks. I rather think that the verdict of mental scientists will be, that Dr. Howard *was in accord* with the *established principles of Medical Science*, if there are established principles, and that if Drs. Vallée, Gardner and Cameron never heard or read of so low a temperature as 92 2-5° Fahr. except where death was impending, it does not follow that other men of larger experience did not find such temperature, even central temperature, and mine was external axillary temperature.

The mistakes that these gentlemen have fallen into are: 1st, in believing that the physical symptoms to be met with in sane persons are applicable to insane persons; 2nd, conceiving that they could know anything of insanity except by experience. They might from books talk and write learnedly of insanity, but that is all. To learn the workings of the insane mind is impossible without long practical experience, and even with such experience not know the one half of what yet remains to be known.

I strongly maintain, in opposition to my confrères who testified for the Crown, that as far as clinical symptoms are of value in assisting towards diagnosing any disease, *insomnia*, cutaneous *anæsthesia* and *low temperature* are important symptoms towards diagnosing a case of insanity, although low temperature is a well-known symptom in cholera, and according to Charcot there is low temperature in persons of old age having certain diseases of the heart, such as pericarditis, senile gangrene, marasmus, and various forms of cancer, but when any of these diseases exist, there are other symptoms to guide the medical man in addition to algidity.

Much stress has been laid on my not recognising different forms of insanity, according to symptomological classification. I fully recognise different *degrees* of insanity, and insanity presenting different psychological aspects, but I deny such a thing as *partial insanity*; moreover, valuable as symptoms must always be, I consider a more useful and practical classification of insanity would be a classification from cause, and at this I have been aiming for years.

RECAPITULATION OF TEMPERATURE.

	NORMAL	98 2-5°	Fahr.
Hayvern's		93 4-5°	"
"		92 2-5°	"
Dr. Zenker, 32.2° equivalent		90 3-5°	"
"		87 3-5°	"
"	30.6°		"

Dr. Lowenhardt	31.32°	"	87.8°	"
"	32.5°	"	89.6°	"

Hayvern's temperature was low enough certainly, but here are temperatures in the insane much lower. The reader must understand that a decimal of a degree is of the greatest importance in all cases. I could not, nor would not, believe otherwise but that all my respected confrères gave, in this case, their evidence to the best of their knowledge and belief, but I fear they did not sufficiently consider their great responsibility when they each and all collectively left the impression on the Court and jury, that the knowledge of *right* from *wrong* was a proof of *sanity*, and further that no man with a temperature of 92 2-5° Fahr. "*could be otherwise than in a dying state, which Hayvern was not.*"

These were the strong points made use of by the CROWN PROSECUTOR and the COURT to convince the jury that Hayvern was, in the broadest sense of the term, guilty of murder, and for this, *as I have shown*, false impression my confrères on the side of the Crown are responsible; not wilfully certainly, yet responsible. At the moment, it was but natural that these young men should have felt some pride that the jury accepted their evidence as a proof that I had failed to establish that the crime was committed under an *insane uncontrollable impulse*.

They will now, I hope, see how far they were justified in thus unwittingly leading the Crown Prosecutor, the Court and jury astray upon what the Crown Prosecutor stated "on the very first point, *viz., temperature*, the evidence of Dr. Howard is directly in opposition to the *established principles of medical science.*"

I expect the learned Counsel will now change his opinion. Facts are stubborn things, and I have given *facts* which prove that I was perfectly in accord with the *established principles of medical science*.

In concluding this paper I would remark that, notwithstanding the evidence of JEAN BRIERE, it appears to me the greatest possible absurdity, except on the assumption of Hayvern's insanity, that he, Hayvern, should suspect Salter of trying to secure his removal to Kingston. What power Salter the convict could have to send Hayvern the convict to Kingston is to me inexplicable. One word with regard to the knife that Hayvern killed Salter with: You have laid great stress upon the fact of his having the knife, I am not surprised

*Dr. Cameron said higher than Hayvern's, and that lowest on record was 92 1-5°.

that you should, for it was the only attempt on the part of the Crown to prove malice; indeed, his Honor in charging the jury said: "It had been proved beyond doubt that there was premeditation and malice aforethought. *Hayvern prepared the knife, waited for his victim and executed his crime most effectually. The deed was one of the most skillfully performed tragedies on record. The preparation of the instrument that was to pierce the heart was also artistically effected.*"

I now ask a question which I have good reason to believe, if answered, must be answered in the affirmative:

Is it not a well-known fact to every officer of the Penitentiary of St. Vincent de Paul that the very day before Salter was killed the chief officer of that Institution took from off the persons of the convicts and from out of their cells nearly one hundred of such knives, with files, razors and other similar instruments, and did not the ex-Warden of the Penitentiary permit the convicts to have their knives and files for the purpose of making ornaments out of bones and wood?

I say this question if answered must be answered in the affirmative, and that will destroy the theory of "premeditation and malice aforethought."

Correspondence

To the Editor of THE CANADA MEDICAL RECORD.

DEAR SIR,—Knowing the interest you take in physical education, I address a few remarks to you on the subject, hoping that, if you kindly give them insertion in your widely read journal, they may be the means of awakening an interest in the minds of many who have, perhaps, never given the matter a thought, or, if they have, never appreciated fully its very great importance.

I have for several years devoted my attention to physical education, and, as a result of my long experience, am more and more convinced that, without exercise, health is impossible, and that to attain the highest, and really satisfactory results, it must be of a systematic character. I have had thousands of pupils under my care, and know by practical experience what wonders can be accomplished: it therefore appears most extraordinary to me that so few, comparatively, take any interest in what so nearly concerns their welfare and happiness; and still fewer are willing to test for themselves

the effect of devoting a certain portion of time to practicing the health and strength giving exercises of the gymnasium.

Years ago young men joined my classes merely with a view of learning a few showy feats, and after having satisfied their ambition, and duly enjoyed for a brief period the plaudits called forth by their performances, disappeared from the gymnasium; but now they come for the purpose of developing their bodily powers, and watch with keen interest the progress they make; shewing also that they have an intelligent comprehension that gymnastics is a *means to a great end*, by keeping up their attendance year after year, thereby perfecting their physical education; and, as a consequence, they learn to have that respect and proper care for their bodies which is so necessary for avoiding the numerous temptations to dissipation which lie so thickly around the path of the young.

To students, exercise presents itself with more than ordinary claims to attention, for, with the great mental strain arising from so many hours devoted to study, and the diminished vigor of circulation inseparable from remaining during long intervals in a sedentary position, it is of the utmost importance that some diversion of nervous force should be provided, and also by calling every muscle into play the circulation should be stimulated, and any undue flow of blood to the brain counteracted. By this means not only is study pursued with greater comfort, but the student is able to make what he reads his own, in other words, he can fully digest it. An overloaded stomach produces discomfort and sickness, instead of preparing welcome nutriment for the body, and an overloaded brain is equally unable to discharge its functions properly. I have been instructing the students of McGill College for so many years that I can speak without the danger of error, which is apt to arise from founding general conclusions on isolated cases, when I say that time devoted to the gymnasium, so far from being wasted, is actually time gained, from the increased capacity for study which an hour's exercise three times a week will insure. As a proof of this, I have had instances of students working for honors, who, after having absented themselves from the class for some three or four weeks, came back again, saying they found it impossible to get on without their usual exercise. Again, last session, a student sprained his wrist, and was unable to attend my class. He worked very hard for his examination, but was unable to go up

for it, as his health gave way: he afterwards told me that this would not have happened had he not been obliged to forego coming to the gymnasium, which he missed more than he should have thought possible.

Facts like these give a meaning and force to, and speak more loudly in favor of, systematic training than any amount of mere theorizing could do, and tend to elevate physical education to its rightful position, as an important and indispensable aid to mental education.

There is also another view which presents itself, whilst speaking of the many ways in which rightly conducted physical training benefits humanity, and that is, in counteracting the disposition to deformity which we often meet with in children, and which can, by giving such exercises as are proper for the age and strength, be entirely overcome; and not only so, but when deformity actually exists it can, where it is not of such a nature as to preclude any possibility of relief, be greatly improved, and in most cases entirely cured. There are many other troubles in which exercise is also specially beneficial, into which I will enter more particularly in a future letter, if you will permit me, as I must not trespass too much on your space.

I remain, yours very truly,

FRED S. BARNJUM.

Gymnasium and Academy of Physical Education,

19 University St., 16th November, 1881.

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THE HAYVERN CASE.

We publish in another column two communications on the Hayvern case, one from Dr. Henry Howard, the other from Dr. Vallée of the Beauport Asylum. Dr. Vallée goes over the case so thoroughly

that very little editorial comment seems requisite. We must again express our regret that Dr. Howard has not seen fit to submit to the profession a plain statement of the clinical facts upon which his diagnosis of insanity was based. The present age demands facts, not mere opinions; even alienist experts are not nowadays permitted to pronounce upon questions of insanity *ex cathedra*, but are expected to advance sufficient clinical evidence to substantiate their opinions.

The only point in Dr. Howard's communication which demands consideration is the question of Hayvern's temperature. Dr. Howard has misunderstood, and therefore unwittingly misrepresented, the evidence given by Drs. Vallée, Gardner and Cameron respecting Hayvern's alleged low temperature. These gentlemen, while admitting Dr. Howard's perfect good faith, were not convinced that such exceptionally low temperatures as 92.4° and 93.8° actually did exist in this case; they did not accept Dr. Howard's observations as trustworthy and reliable, because several obvious sources of error had not been guarded against. Dr. Cameron explained to Judge Monk how several fallacies might have crept in, and pointed out the means by which such errors should have been eliminated. They all testified that temperatures below 95° are commonly considered *collapse temperatures*, rarely met with except in desferescence after acute fevers, in alcoholic poisoning and cholera, the patient being then in a state of collapse. In speaking of these desferescence temperatures after acute fevers, Dr. Cameron said that the lowest collapse temperature recorded by Wunderlich, where recovery took place, was 92.4°, and the lowest recovery in children recorded by Roger was 90.2°. He did not testify that the lowest recorded temperature was 92.4°, but distinctly stated that in cholera and certain other affections the axillary temperature sometimes runs down very low indeed. Dr. Howard again seriously misrepresents the evidence when he says: "Dr. Cameron undertook to explain to the Court that this temperature, 32.2° and 30.6° was a higher temperature than that given by Dr. Howard, viz., 93.8° and 92.4° Fahr." During the cross-examination Mr. Curran handed Dr. Cameron a volume of the *Journal of Mental Science*, and asked him to read aloud to the Court an article entitled "Low Temperature in the Insane," which runs as follows: "Zenker has studied nine cases of lunatics where the bodily heat was found easily to sink, it fell in three cases as low as 32.2°, and in one case as low as 30.6°." At this point Mr. Curran triumphantly asked Dr. Cameron whether

32.2° was not very much less than 92.4°. The question was put in such a way as to lead the witness and other medical gentlemen in Court to infer that Mr. Curran was not aware that 32.2° was a centigrade reading, and that he wished to impress the Court and Jury with the great numerical difference between 32.2° and 92.4°. Dr. Cameron at once replied that Zenker's temperatures were centigrade, not Fahrenheit. Mr. Curran took the book, and after examining it asked what would be the Fahrenheit equivalent of these temperatures. The witness replied that 95° F. corresponds to 35° C., but that he could not tell the exact equivalent of Zenker's temperatures without making a little calculation; that at any rate 32.2° was not lower than the lowest case of recovery just cited (viz., 90.2°). He offered to make the calculation, but neither Mr. Curran nor the Court deemed it necessary. Had Dr. Howard and Mr. Curran been aware that Zenker's cases of 32.2° and 30.6° were centigrade readings, not Fahrenheit, and had they known the F. equivalents of these temperatures, as they ought to have done, they should have been in a position to correct Dr. Cameron in the event of error, and continue the cross-examination. Medical men are not supposed to carry always in their memories a comparative table of C. and F. temperatures, and moreover a witness box is not the easiest place in the world for arithmetical calculations, especially without the aid of pencil and paper. The fact that Zenker's temperatures were C. and not F. seemed to dawn upon Dr. Howard and Mr. Curran as a new revelation, and so filled them with surprise that the cross-examination was at once closed, and no more questions asked.

By thus criticising the evidence of Drs. Vallée, Gardner and Cameron, Dr. Howard endeavors to divert attention from the very strong objections raised by these witnesses against his own thermometric observations. The facts are as follows:—Dr. Howard examined the prisoner on Aug. 26th, and observed an axillary temp. of 93.8°; five days afterwards he observed an axillary temp. of 92.4°—collapse temperatures unaccompanied by marked symptoms of vital depression. Three weeks afterward Dr. Robillard examined the prisoner, and on six separate occasions (17th, 19th, 20th, 21st, 22nd, 23rd Sept.) found the axillary temperature invariably normal. In the face of Dr. Robillard's evidence, were Dr. Howard's observations correct? In a medico-legal case of such importance when the issues of life and death are at stake, it behooves the medical expert to be most accurate

in his examinations, and exclude carefully all possible sources of error. This, as Dr. Cameron pointed out, Dr. Howard failed to do, his observations being open to the following fallacies:

1. When Dr. Howard examined the prisoner, he found that "perspiration was pouring from every pore of his body, cold and clammy." The thermometer then registered 93.8°. Such profuse perspiration was of itself sufficient to vitiate an *axillary* observation, and render it useless for diagnostic purposes, unless corroborated by a *rectal* observation.

2. Clinical thermometers are sometimes very inaccurate, especially towards the bottom of the scale, as the slightest variation in the size of the fine capillary tube causes error. Personally we have seen a clinical thermometer possessing a Kew certificate, in which there was a certified error of between 2° and 3° at 90°. No record of temperature can be accepted as trustworthy, unless an accurate certified thermometer has been employed. Phenomenally high or low temperatures still more require the most positive proof, not only that the observation has been carefully made, but also that the thermometer employed was accurate and reliable. In Hayvern's case a certified thermometer should have been used, and when such exceptional temperatures were recorded the accuracy of the observation should have been verified by the use of one or more other certified instruments.

3. Assuming these low temperatures to have been correct, they were only *axillary* temperatures after all, and were of little value, unless confirmed or corrected by the observation of the *rectal* temperature. In clinical thermometry, the *axilla* gives the temperature of the *surface* of the body, while the *rectum* gives that of the *internal viscera*. The axillary and rectal temperature curves usually run parallel, but sometimes they do not. In cholera, for example, the axillary temperature may be 90° or under, while the rectal temperature is normal or even higher than normal. A low axillary temperature might merely denote coolness of the general surface from profuse perspiration, a feeble languid state of the circulation, or a condition of general depression. Dr. Howard's observations of low *axillary* temperature in Hayvern, if confirmed or corrected by *rectal* observations would have been valuable; uncorrected or unconfirmed they were utterly worthless.

Drs. Vallée, Gardner and Cameron testified that temperatures below 95° are *collapse* temperatures, seldom met with, and generally fatal. They are quite in accord with generally received medical opinions upon this point. Wunderlich lays down the limits of recoverable temperature as ranging from 95° to 106° , 107° . He says that temperatures below 95° and above 107° are rare and usually fatal. Although this is the general rule, there may be exceptional cases of very high or very low temperature without invalidating the rule. For instance, in cases of spinal injuries, where the power of regulating the body—heat according to external conditions seems to be lost, we have several extraordinary cases recorded. Teale reports one in which a temperature of 122° persisted for some time without danger to life; Farquharson reports another in which a temperature of 81° did not cause inconvenience; and the *British Medical Journal* gives one of 75.5° , but nevertheless the general rule holds good. It is not an established medical fact that low temperatures are diagnostic of insanity. In both sane and insane low temperatures occur where there is collapse or a condition of great debility or general depression; high temperatures occur where there is excitement or exaltation; high or low temperature is not at all characteristic of insanity, but is found in those whose bodily functions are either exalted or depressed, whether they happen to be sane or insane.

In conclusion, while we do not underrate the value of such instruments as the thermometer, æsthesiometer and electric battery, we do most strongly protest against their being elevated to a position of such importance in the diagnosis of insanity as Dr. Howard seems to indicate. If we admit, with Dr. Howard, that the æsthesiometer and electric battery give *infallible* evidences of the existence of insanity, we make its diagnosis a very simple matter. We might train our hospital nurses to the skilful use of these instruments, and they would then be quite as competent to pronounce upon a patient's sanity or insanity as we would be ourselves. Such a doctrine cannot fail to do positive injury to the cause of science and bring the profession into disrepute; mechanical measures may give material aid, but can never of themselves afford reliable data for the diagnosis of insanity. A man must be the measure of himself; his mind must be the standard of comparison by which to determine his sanity or insanity, res-

ponsibility or irresponsibility. The only safe way in such cases is to compare the individual with his former self; any measures which divert the attention of the medical man from this, his principal duty, are detrimental rather than helpful.

FIRST ANNUAL MEDICAL DINNER OF BISHOP'S COLLEGE.

In the Province of Ontario, Trinity College and the Toronto School of Medicine have, for a number of years, had, soon after the session opens, an Annual Medical Dinner, at which students, graduates, professors and friends attended. In this Province the Freshmen's Dinner was the only means adopted to introduce the new-comers to the rest of the class. It remained for the Medical department of Bishop's College to change this, and to follow the example of the Ontario Medical Schools. On the evening of the 7th of December between seventy and eighty students, professors, graduates, and guests of the Medical Department of Bishop's College sat down to their first annual dinner. It was held in the magnificent ladies' ordinary of the Windsor Hotel, and the *menu* was equal to the very best ever given by this now world-famed hotel. The tables were elegantly arranged with hot-house plants, and the entire floral decorations were under the direction of Mr. Bain, florist. The chair was occupied by Dr. F. W. Campbell, who was supported on his right by R. W. Henecker, D.C.L., Chancellor of the University, Mr. Smith, Consul-General for the United States, and Dr. Robillard; and on his left by Vice-Chancellor R. W. Norman, Thomas White, M.P., W. B. Simpson, Esq., Collector of Customs, and Dr. Hingston. The vice-chairs were very ably filled by Heber Bishop, B.A., fourth year, and Mr. William Patterson, jun., third year. The splendid band of the 6th Fusileers, under the leadership of Mr. Holland, played a selection of beautiful airs during the dinner, and appropriate pieces after each toast. Dr. Wood, the secretary, read letters of regret at not being able to be present from Sir John A. MacDonald, Hon. Mr. Chapleau, Hon. Mr. Robertson, Hon. Mr. Loranger, and the Hon. Mr. Lynch; also from a number of graduates. The usual loyal toasts were given, and heartily received. The toast of the Dominion Legislature was responded to by Thomas White, M.P., for Cardwell, who congratulated Bishop's College at the energy of its comparatively young Medical

Faculty; Alma Mater was responded to by Chancellor Henecker; the toast of "Dean and Professors" came from the 1st vice-chair, and was responded to by Professors Kennedy and Cameron.

DR. KENNEDY said:—As one of the older members of our Faculty it affords me much pleasure to respond to this toast. When I look around this board to-night, and see gathered together Professors, Graduates and Students mingling in friendly intercourse and enjoyment, I cannot but feel that as a Faculty we have every reason to be proud of the result of the efforts made during the years now past in establishing the Medical Faculty of Bishop's College. Those amongst us who can look back to its commencement well know what difficulties were encountered, difficulties which, in the earlier years, endangered our very existence, but which, as our meeting here to-night demonstrates, we have successfully conquered. A little over eleven years ago we launched our bark upon the sea of time, uncertain of the result, believing there was ample room for our existence, and not doubting but that we could materially advance the progress of medical education. Hoping for success we were not without the fear that possibly our efforts might prove a failure: that we have met with no uncertain success the number of our graduates will show. Many absent from us to-night are scattered widely indeed: in Europe, in Asia, for even China holds a representative; in South America we have men working their way to distinction; and in Canada and the United States we are not unworthily represented. We thus prove that there was a place for us, and that medical education is not degraded by our existence. Many changes have taken place in the *personnel* of our Faculty during the past ten years: of the original eleven only four remain,—death, resignation and removal to other places accounting therefor; and though we have lost men who did good work and were instrumental in making a name for the school, yet have we been so fortunate as to replace them by men equally as capable of maintaining that name and of continuing the work of their predecessors. In the choice of members this Faculty has ever made it a rule only to appoint such as were fitted for the position by their ability to teach and knowledge of the subjects to be taught. We well know that the work we have had to do has been no easy task, and when it is considered that from the first it was self-imposed, and undertaken with but the merest shadow of remuneration can it be wondered that it has been successful.

Failure is almost impossible with men earnest in their efforts, and believing in the mission they are called upon to execute. We have proved beyond a doubt that as a school we can bestow as thorough a medical education as can be obtained at any other medical school in the Dominion, and though we put forward no extravagant claim to superiority we certainly do claim that we are second to none. In the past twenty or more years medical science has advanced with rapid strides, necessitating the addition of considerable new matter to the subjects previously taught. Especially is this to be seen in the direction of practical demonstrations. Early recognizing the advances made in sanitary science, lectures on Hygiene were added to our curriculum of studies. This school not only being the first to teach this subject, but also the first to make attendance compulsory on the part of our students. Again the many new discoveries in Physiology led us to establish a chair of Practical Physiology, and for some years this was the only school in Canada in which the subject was practically demonstrated; even now we may claim to possess a more varied and extensive apparatus for the purpose. The practical departments of Chemistry and Anatomy are also fully provided for; and in the department of Practical Obstetrics we possess superior advantages. Among the early difficulties with which we had to contend was a want of confidence and support from the friends of the University which had accepted us as their medical faculty. Many were afraid that we would add but little lustre to its name. I think I am right in saying that we have done nothing to dim that lustre, but on the contrary, we have been the means of extending its name, enabling it to be recognized as a University indeed, lifting it, if I may be allowed so to speak, from being a local institution and confined to a particular portion of our population, into a position where it must exert a greater influence. It gives us much pleasure to note the establishment of a Faculty of Law, thereby increasing its claim to be called a University. I cannot pass on without a word of regard for our venerable Dean (unfortunately his infirmity prevents him from being present, but though absent in body I know that he is with us in spirit). If ever the history of the Medical Faculty of Bishop's College is written the name of Dr. David will be found prominent among the names of those who assisted at its foundation. There is no one living who knows

more or so much of the medical history of Montreal and of its medical schools than he does. Fully conversant with the details of such matters, no one was better fitted to assist in the early development of our school. Impressed as he was with the possibility of success, he earnestly devoted himself to advancing our interests, and for ten years ably filled the important chair of Medicine. Few men would care to undertake the labor of such work at his age, or to continue it as he did when fast increasing bodily infirmity rendered it no easy task to lecture. Few were as regular at their post, and not until it became impossible to continue did he relinquish his chair. That we have not been slow to recognize his ability and work is shown in that we declined to accept his resignation of the Deanship which we trust he may long continue to retain, and also as a special means of perpetuating his name in the school the Faculty established what is now known as the David Scholarship. In this connection I would make mention of the two gold medals which the Faculty has to bestow upon successful competitors, and it is rare for any school to possess two such valuable prizes so early in its history. One medal bears the name of a professor, the other the name of a member of a family distinguished in the medical history of Montreal. I refer to the Robert Nelson gold medal. This latter medal, given for a special purpose, was obtained through the interest and enthusiasm of one of our earliest graduates, himself a member of the family mentioned. It has ever been our aim to advance the well-doing of our classes, and as to-night we have successfully bridged over that dividing line which separates the student from his professor, it but makes apparent our desire to elevate the position of our students, and to show that we expect something more of them than regular attendance at lectures. The great extent and nature of the subjects now taught require much closer application on the part of the students than formerly, so that the average medical student of to-day necessarily becomes a much quieter and more studious individual than his old-time predecessor; he is therefore not what he is popularly supposed to be, and cannot be classified with the Bob Sawyer type of fiction. That our students appreciate the efforts made for their advancement, is shown by the interest they take in the prosperity of the school. Of one family two have already graduated with us, and a third is preparing to do likewise. The son

of another graduate is here with us to-night, expecting to follow in the footsteps of his father. These are facts which are encouraging, for, though comparatively a young institution, they show that we have cast off our extreme youth, and have attained an early and vigorous manhood. It is not necessary for me to occupy your attention any longer, especially as another response to this toast is to follow. I will therefore conclude with the wish that we may all live to see another ten years, and to gather around a like festive board in greatly increased numbers. At any rate I trust that, as we have thus joined together, this will be but the commencement of a series of annual gatherings which will tend to maintain that friendly feeling towards each other which at present so happily exists.

Dr. JAMES C. CAMERON congratulated the graduates and undergraduates upon the success of their first Annual Medical Dinner, and assured them that the social reunion of students, graduates and professors and the presence of the Chancellor, Vice-Chancellor, and other friends of the University, would not only tend to develop feelings of cordiality and friendship, but also make this a red-letter day in the history of the medical student in Montreal. Hitherto, the medical student has not been appreciated or understood, and has consequently been subjected to much undeserved censure. He has generally been regarded as a wild, reckless, lawless sort of fellow, fond of midnight rambles, and practical jokes, possessing an unconquerable antipathy to bell-pulls and door-knockers, and a propensity, Samson-like, to carry off the gates of the city in the dead of the night. His good qualities are generally observed and admired at a respectful distance, and he is not usually reckoned among the respected and respectable members of society, until he has emerged from his chrysalis state and soared forth a full-fledged M.D. Hitherto he has always been forced to dine and feast by himself, for even his professors have declined his repeated invitations, lest their presence might check the unrestrained flow of his *spirits*. But you, gentlemen undergraduates, have had the privilege to-night of manifesting to your friends and the general public that a medical dinner is not necessarily an orgie, and that the medical student can be and is a gentleman.

In speaking of the past record of our Medical Faculty, Dr. Kennedy has shewn you how largely

its success has been attributable to the energy, perseverance and enterprise manifested by its individual members. On behalf of the Dean and professors, I can assure you, gentlemen, that in the future this Faculty means to maintain the reputation it has so gallantly won; if its members have worked hard in the past, they mean to redouble their efforts in the future, so as to merit a continuance of that success which is the reward of honest and faithful work. The aim of this College is to give a sound practical education. The vein of practical utility runs all through its curriculum. The practical nature of our obstetrical and surgical teaching has begun to attract general attention. We have recently enlarged, refitted and re-equipped our physiological laboratory, so that practical physiology will be more than ever a feature of our college. Our clinical advantages are unsurpassed; our students have the privilege of attendance at three large hospitals: first, the *Montreal General Hospital*, which has become a household word owing to the surgical skill of such men as Campbell, Fenwick, and Roddick, and the diagnostic acumen and medical ability of such men as Howard and Ross; second, the *Hotel Dieu Hospital*, which Dr. Hingston, our Canadian Spencer Wells, has made the chosen field for his triumphs in ovariectomy; and, lastly, the *Woman's Hospital*, which furnishes unrivalled opportunities for practical instruction in the important branches of obstetrics and gynecology. Our aim, gentlemen, is to lay the foundations of your medical education broad and deep. We sometimes find the soil very hard and rocky, requiring a vast amount of blasting and hammering, picking and prying before we can get the foundation laid; at other times the soil is sandy and loose, and needs a great deal of staying and bracing before it is strong and secure,—but, when once the foundation is laid, our task is completed, it remains for you to raise the superstructure. Your health, strength, talents, perseverance and opportunities will determine whether your structure will be but a modest little low-roofed cottage, or whether it will ambitiously aspire to the dimensions of a three or four storey city mansion, with cut-stone front, mansard roof and all modern conveniences.

Gentlemen, as you are no doubt aware, we are all *human*. Even you, gentlemen undergraduates, though you may hardly credit it, are sometimes in *professional* eyes decidedly human—when for instance you slope our lectures, more particularly our grinds; when out of consideration for your overworked

professors, and from the kindness of your hearts, you vote us an occasional extra holiday; when sometimes during our lectures, your eyes are heavy and red (of course from prolonged study the night before) and you doze peacefully over your note books, regardless of our eloquence; when you fail to appreciate our anecdotes or see the point of our little jokes; and, above all, when you fail to demonstrate to each professor that you regard his particular subject as by far the most important branch in the whole curriculum.

And, no doubt, we, your Dean and Professors, seem to be in *undergraduate* eyes, at times somewhat human—for instance, when, with astonishing perversity, we persist in grinding you minutely upon the very subject which you thought so unimportant and omitted to read up; when during examination time we make our questions so ridiculously *easy*; when we do not place every one of you in first-class honors; and, particularly, when we fail to see the force of the student's logic, which demonstrates so conclusively that one can not have too much of a good thing—that if *two* consecutive holidays are good for the students, the benefits derivable from *three* must be proportionately greater. Being thus generally satisfied that we are all human, let us strive to overlook each others' imperfections and shortcomings, and rise above petty little jealousies and disagreements. Let us realize the fact that in the pursuit of knowledge we all, professors and students, are fellow-pilgrims, climbing the same rugged mountain, bound for the same distant goal. We, your professors, have somewhat the start of you in point of time, and have attained a position somewhat higher than yours. We stretch out our hands to help you: some may never reach our level, others may far outstrip us in the ascent. To-day you are our students—ere long you will be our confrères, companions and trusted friends. Let us then hope that this, our first Annual Medical Dinner, will be the means of developing a mutual kindness of feeling and an *esprit de corps* which will contribute greatly to our own happiness and advance the best interests of our University.

"Sister Faculties" brought to their feet representatives from the Art, Law and Theological Faculties of Bishop's. Mr. Scott, (son of Dr. Scott of Montreal) represented the latter Faculty, and made a very elegant little speech, and delivered it admirably. "Sister Universities" brought Mr. Cousins, a medical student of McGill to his feet.

He spoke of the *entente cordiale*, which existed between the students of McGill and Bishop's, and of the progress which medical science was making. To this onward march he believed Canadian physicians were contributing, and he was sure no school jealousy would prevent those connected with Bishop's from admitting that foremost among them stand one connected with his school, Dr. Osler, who, as a pathologist, had a reputation which was rapidly becoming world-wide (Dr. Osler's name was received with loud applause). A representative from the students of Victoria and Laval schools also responded. "Our Graduates" was responded to by Dr. J. F. T. Jenkins.

Dr. JENKINS said: Mr. Chairman and Gentlemen,—In responding on behalf of the graduates I feel much as I did some years ago when delivering the Valedictory of my class. The dignity of the charge impresses me with the weight of its responsibility. I have to tender to you the thanks of the men who are scattered from pole to pole of this earth. From Hong Kong, China, from the Sandwich Island, the West Indies, Panama and California come greetings from absent ones. They who for so long a time battled in the effort to master the difficult and intricate paths of the grand science we have adopted are each working out their respective destinies. Though the scenes they have known here know them no more forever, yet deep down in their hearts have they engraven an image more durable than the temples of gods; and with each succeeding year do they watch with pleasurable emotions the events transpiring 'neath the grand old walls of the University.

Let fate do her worst, there are relics of joy—
Bright dreams of the past, which she cannot destroy.

It may be superfluous for me to say that Bishop's College shall ever have a warm place in the hearts of her graduates. If in the professional arena we be enabled to win any honors we shall cast them as trophies at her feet. If by the way-side we pluck any bright flowers we will wreath them into garlands, and as offerings of love twine them around the portals of this our Alma Mater.

It is to the Alumni that the University must owe her future success. By the offspring is the parent judged, and in return for the loyalty of her sons her reward should be bestowed only upon them. It would look ill for a college if men could not be found within its own circle capable of filling any of the positions in its gift. We will honor our University as she honors us, as we hope her enduring progress and lasting renown will shed

lustre on our names in all our future careers. We have no just cause to doubt the perpetual life of the college: *it never stood on fairer grounds than to-day; it never ranked higher with the medical schools of America and of Europe; it never possessed more largely the affections of its children* who now send their students to their old mother for professional training. She will be perpetual! Our names upon her records and archives will be handed down forever. *Will we not endeavor to add to her imperishable fame?*

Among the proposed changes, as far as the graduates are concerned, is a complete remodeling of the Alumni Association. It has been suggested to offer medals and prizes in money for meritorious papers, based on original investigation and research. I am happy to state that a fair amount has already been subscribed, having that end in view. Another effort is to be made to establish a university paper—each of the faculties is to be represented. It has been clearly demonstrated that such a paper would be entirely self-supporting. It would be highly proper that we who draw our commissions from a common source should know more of each other, and for various reasons this object could not be so well accomplished in any other way.

There seems no better evidence that Montreal is a favorable site as a great seat of medical teaching than the fact that the field has already invited this flourishing school. These rival institutions in Montreal should not be unwelcome to the true friends of education. They should be encouraged. Let them contend, and successfully, for position. Give students the full benefit of competition, as they press hardly in the race upon our learned professors. Our places are by the side of our own men: to encourage, to uphold, to sustain them in awakening energy, in renewed zeal, in yet higher achievements and grander successes as great medical teachers. Our duty is not to pull down our neighboring school, but to build up our own higher and yet higher, keeping it ever in front that we need not say to our rivals, halt, but come on, for ever! It is our duty to see to it that, as Montreal develops into a great centre of medical teaching, no rival shall outstrip Bishop's, but that she shall be kept ever in the van, growing with the years, for the example and emulation of all rivals. All graduates join me in the wish that she may be grandly successful and perpetual in the dissemination of learning.

"The Class of 1882" was responded to by Mr. J. W. Cameron.

Mr. J. W. CAMERON said: In replying to the toast just given in honor of the graduating class of 1882, I cannot refrain from saying that, had I anticipated the arduous nature of this task, I would assuredly have declined the honor of acting as their representative on this happy occasion. I am sure that the company here assembled will fully understand this statement, and will appreciate my motives of extreme diffidence and delicacy, when I inform them that our class is composed of somewhat strange and incongruous elements. Some of our number, Sir, are short men—and yet with a rotundity of form which caused a celebrated author to exclaim:

"What tempest threw this whale ashore at *Bishop's*?"

Others again are tall, very tall, and these like Cassius of old have a "lean and hungry look, they think too much." A few of our number rejoice in married life, and already have become

"Most potent, grave and reverend seigniors,"

while those that remain are unfortunately single like myself, with no cheering smile to greet them after the day's laborious duties are finished, and, what they regret most, no excuse for late appearance in the class-room in the morning.

But, Mr. Chairman, though in those respects we are so different, yet there is one platform upon which we are all united, one subject for mutual and cordial congratulation,—I mean the splendid success of our gathering this evening. This medical dinner is the first of the kind ever held in Montreal, and the brilliancy with which it has been carried out augurs well for its yearly repetition. It has always been customary in this and other colleges to hold an annual Freshman's Dinner, at which our verdant medical friends were introduced to student life among their predecessors, vowed everlasting friendship to one another, and went home, or at least got home in some manner needless to explain, fully imbued with the idea that they were a great credit to their college. This year we have ventured upon a new departure, we have abolished the ancient footing dinner, for "its usefulness was gone," and in its place we have established an annual reunion to which our friends and professors lend grace by their presence; while it is conducted in such a manner that even "*gentlemen of the Cloth*" do not find it inconsistent with their principles to be present. Let us then hope

that this may prove the first of many similar gatherings, and when we shall pass from our Alma Mater and enter upon our professional duties, amid its trials and vexations, will it not be encouraging to feel that we are not forgotten. For by the acceptance of our annual invitation we again revive the associations of student life, form the acquaintance of new medical friends, and enjoy a reunion with our professors whom we so greatly esteem, and from whose stores of knowledge and experience we have so largely drawn. In conclusion, allow me on behalf of the class to present to our guests and friends our warmest thanks for their presence and very kind remarks, which have contributed so much to the success of the evening, while our professors and graduates know full well the esteem in which they are held by us, and do not need at my hand any lengthened eulogy, but I think I will fairly express our sentiments by concluding in the words of the poet:

"When Time, who steals our years away,
Shall steal our pleasures too;
The memory of the past will stay,
And half our joys renew.

Other toasts followed, and a right merry time was had. A little before two in the morning, as clear-headed a lot of diners as ever rose from a public dinner departed from the Windsor, and the reason was that the dinner was conducted upon *absolute* temperance principles.

THE NEW MEDICAL TARIFF.

Whether it was a wise or an unwise act for the profession of this Province to secure for their incorporated representatives power from Parliament to frame a tariff, is a matter which admits of discussion; but we think there is little doubt in the mind of any that a serious mistake was made in making only one tariff for cities and the country. The blame for this rests upon the shoulders of country practitioners, who insisted that the services which they rendered were of equal value to that of their city brethren. This argument, admitted as being true in the abstract, was shorn of its entire force, when custom was considered, and the relative cost of living taken into consideration. The one tariff rate was, however, carried, and in at least one section of the country the out-cry against it has been so great that its modification or repeal was the election cry during the late Provincial election. In the County of Brome the Solicitor General, the

Hon. Mr. Lynch, nearly lost his election on this question of the Medical tariff, and a more unjust cry was never raised against a political opponent. He was variously accused of having introduced the Bill which gave authority for the tariff, and, secondly, of having recommended its adoption by the Lieut.-Governor. The first charge was untrue, and the second, although partially true was simply a matter of routine.

But among a rural population, many of whom have but the faintest idea of the value of a physician's services these charges were believed, and their assumed author thought deserving of rejection by his constituents, whom he had otherwise served faithfully. So far as we can learn, it was not the smaller items of visits, &c., which caused the alarm, but the large sums put down for major and special operations. One *gentleman* is reported to have said, "there now, how could I afford to pay \$500 if an *ovariotomy* had to be performed on me." And yet a man, with an intelligence capable of making such a statement, is often a power in political contests. Mr. Lynch in his address promised to get the tariff repealed, and, honorable man as he is, we have no doubt but that he will try to be as good as his word. It was perhaps necessary to make this statement to save himself. If so, we regret it, for it compels him, in all probability, to take action, previous to the meeting of the College of Physicians and Surgeons. We say that we regret it, for we feel assured that if action by the Legislature can be stayed the Governors of the Provincial Medical Board will, in all probability, see their way once more to adopt a separate tariff for the country, and make it fair and reasonable as was the tariff of 1877. In Montreal, through the *Daily Star*, a number of correspondents attempted to create a feeling against the tariff, with but very partial success. They led to patients making, in a few instances, enquiries from their Medical men, and receiving replies which were satisfactory. So far as cities are concerned the tariff which came into force on the 21st of November last, as a maximum tariff, is not at all an extravagant one; on the contrary, it is fair and reasonable—exceedingly so, when compared with the prices paid in cities of over 50,000 inhabitants in the United States. Whatever may be the result of the cry raised in Brome, we trust our friend Mr. Lynch will act with caution, and, while keeping faith with his constituents, avoid acting unjustly toward a

class of professional men who are eagerly sought after when pain, pestilence and death abound in the land, but the value of whose services fade with returning health.

COLLEGE OF PHYSICIANS AND SURGEONS, P.Q.

The College has obtained judgment against Richard Birch of East Templeton for practicing without a license. The defendant has left the Province.

WYETH'S WINE OF BEEF, IRON AND CINCHONA.

(VINUM CIBI ET FERRI CUM CINCHONA.)

The admirable tonic and anti-periodic properties of Cinchona or Calisaya Bark, have been for so many years past universally recognized that they need not be insisted upon. In the above-mentioned preparation, which is especially adapted to cases of recovery from fevers (in this country so generally tinged with a malarial type), Wyeth's Wine of Calisaya Bark, to which they have always paid great attention, is made the vehicle for introducing into the system the extract of beef together with citrate of iron. Hence, they claim for this article, as a whole, pre-eminent virtues; combining, as it does, the stimulant, nutrient, chalybeate and tonic powers of its several ingredients.

PERSONAL.

Dr. Imrie (M.D., C.M., McGill, 1879), late House Surgeon of the Montreal General Hospital, and acting for a short period as Surgeon on the Allan Line of Steamships, has returned to Montreal.

Dr. H. B. Chandler (C. M., M.D., Bishops, 1880, and Wood Gold Medalist) has just completed his year as House Surgeon to St. Peter's Hospital, Brooklyn (150 beds). Dr. Chandler passed through Montreal the middle of November, *en route* for the West, where he intends to settle.

Dr. Wolfred Nelson (M.D., McGill and Bishops Colleges, 1872) formerly of Montreal, is now engaged in most extensive practice at Panama. From the *Panama Herald* of the 27th of October we learn that the contractors for the Canal Company are engaged building hospitals for their employees, and have placed them under the direction and care of Dr. Wolfred Nelson.

Dr. George W. Nelson (M.D., Bishops College.

1880 and final Prizeman of his year), has left Montreal, and for the present joins his brother, Dr. Wolfred Nelson at Panama.

Dr. Lunar (M.D., McGill, 1881), has settled in Campbelltown, N.B., replacing Dr. Balcom, who intends proceeding to the North-West.

Dr. Bell, Medical Superintendent of the Montreal General Hospital, is convalescent from typhoid fever and has resumed his duties.

Dr. Vineberg (M.D., McGill College, 1879), after visiting England, Australia, New Zealand and the Sandwich Islands has returned to Montreal in improved health.

Dr. George J. Bull (M.D., McGill College, 1869), who for a number of years practised his profession in Worcester, Mass., was obliged last year, owing to ill-health, to relinquish work, and remove to Colorado Springs. His health, we are pleased to know, has been restored, and we learn that he has decided to locate permanently there.

Dr. Eneas (C.M., M.D., Bishop's College, 1874), for several years in the service of the Government of British Guiana as a District Medical officer, is at present in Montreal on six months' leave of absence.

REVIEWS.

We have received from Messrs. Drysdale & Co. a copy of a new periodical list prepared by them. The list is very complete, and will prove of great service to all parties desiring to take up new periodicals for the ensuing year. Messrs. Drysdale & Co. will gladly send their list to anyone on application.

The Medical Record Visiting List for 1882. New York: Wm. Wood & Co. Montreal: J. M. O'Loughlin.

This Visiting List is complete, compact and convenient. A number of useful tables and formulæ are appended; the paper and binding are excellent; it is well arranged and clearly ruled, and is published in two sizes, one for thirty patients per week, the other for sixty.

Lectures on the Diagnosis and Treatment of Diseases of the Chest, Throat and Nasal Cavities. By E. FLETCHER INGALS, A.M., M.D. New York: Wm. Wood & Co. Montreal: J. M. O'Loughlin.

The author professes in this work to present a complete exposition of the subject of Physical Diagnosis as far as it relates to diseases of the chest, throat and nasal passages; to point out the symptoms and signs which are of most value in a differential diagnosis; and to outline the treatment for the various affections. The author has attempted too much, and has consequently impaired the usefulness of his book; the tables of differential diagnosis are fairly good, but the notes on treatment are short and unsatisfactory, and do not enhance the value of the book as a clinical manual. The paper and printing are good; the publishers have done their part of the work in a very creditable manner.

Text Book of Modern Midwifery. By RODNEY ELISON, M.D. Philadelphia: Peasley Blakiston. Montreal: Dawson Bros.

The author of this work does not consider that American obstetric practice is fairly treated in modern treatises on midwifery, and therefore embodies in this text book the results of his labors. We fail to find anything original in it, certainly not in its general arrangements or its illustrations, which are chiefly borrowed from the works of other authors. The style is somewhat labored in the effort to make an original compilation, for that is all that can be claimed for it. As a text book the student will find it contains all that is essential on the subject of midwifery.

A Manual of Ophthalmic Practice. By HENRY S. SCHELL, M.D., with fifty-three illustrations. Philadelphia: Dr. E. Brinton. Montreal: J. M. O'Loughlin.

In this book the writer briefly embodies the principles of ophthalmic practice, and has succeeded in producing a work that cannot fail to be of use to the students of ophthalmology. The chapter on the ophthalmoscope will be found very useful to the beginner, and also the chapter on refraction and accommodation,—this latter subject is treated very fully, instructions on the use of lenses, the manner of testing the sight, and the treatment of the various defects of vision by spectacles making it of great value. The other portions of the work deal with the various diseases met with and their treatment in a concise manner. A sheet of test types is appended at the end of the book, which will be found useful for office practice.