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Original Communications.

THE THERAPEUTIC VALUE OF ALCOHOL.

BY DR. W. E. BESSEY.

(Continued.)

That the therapeutic value of alcohol has been greatly over-estimated is quite certain, and it is equally certain that such exaggerated notions as have been too generally held concerning it must give way before evidence and enquiry, and the old theories concerning it become rapidly exploded. As in the preceding portion of this article I have not sought to put forward my own private opinions unsupported by other testimony, so, in this, I do not propose to confine myself entirely to my own *ipse dixit*.

I think it will be generally conceded that *contraria contrarius curantur*, and not *similia similibus curantur*, is the fundamental principle of allopathic practice; and, if so, there can scarcely be two opinions about the following axioms in therapeutics, namely: 1st. That an *irritant* remedy is never *indicated* to allay *irritation*. 2nd. That a remedy which excites or quickens the circulation is not indicated in a condition of already excited circulation as obtains in congestion and inflammation. 3rd. That a remedy whose action upon the alimentary canal in a state of health is such as to produce an irritated, congested, or inflamed condition with a vitiated condition of the secretions, is not a remedy calculated to allay these conditions when present as disease; and, in short, is not *indicated* in the treatment of such diseases as dyspepsia, diarrhœa, dysentery, or in gastric, typhoid or typhus fevers, diseases in which these lesions are peculiarly characteristic. 4th. That a remedy whose action upon the blood is such as to cause retention of effete matters in that fluid, is not indicated but contra-indicated in diseases primarily dependent upon such a state of things for their origin, as in gout, rheumatism, plethora, obesity, &c. 5th. That a remedy whose action upon the nervous centres is to produce degeneracy of structure and impairment of function, must be contra-indicated and *not indicated* in debility of the nervous system. 6th. That a remedy whose long-continued action upon a glandular structure is known to promote structural changes cannot be indicated in organic degeneration of such organs. 7th. That an agent whose introduction into the healthy system is known to lessen the tone of muscular fibre and produce lessened functional capacity or impaired function in nerve tissue, thus causing muscular and nervous debility, is not indicated as a promoter of strength in cases of prostration from disease. 8th. That a beverage whose action is to produce excitement of glandular function, and thereby stimulation of the mammary glands to the production of an excessive secretion, which secretion, under such circumstances, has been proved to be deteriorated in quality, though increased in quantity and which eventually produces loss of function in a part, is not wisely indicated for the use of nursing mothers. 9th. Is it therapeutic wisdom to administer to a man prostrated to the lowest ebb of life, a course of stimulation which all experience shows will prostrate a person in health, even to the extent of producing delirium tremens, functional and even organic derangement and death? 10th. As food is acceded to be that which repairs tissue waste, and as physiological chemistry teaches that alcohol contains no substance which can supply the want of tissue of any portion of the system, even that which results from common muscular activity and from the very pulsations of the heart itself; therefore not being able to furnish elements for structural repair, it is not a food and cannot afford even muscular strength; and must be regarded as only the scourge applied to the back of the slave or the horse, which excites but to exhaust, and is not the flour or beef in the one case, or the hay and oats in the other, upon which the exhausted frame falls back to recuperate its wasted energies. In short, why recommend the administration of a class of beverages to give strength to the system, which Dr. Brinton and others have proven cannot be taken without o s of strength. As fuel, it has been supposed to heat the body, but the experience of Arctic navigators and others exposed to cold, is, that it diminishes instead of increasing the heat of the body and the power of resisting cold and exposure; and that oils, sugars and starch, are the kinds of food which heat the body. It may be argued that the patient may be kept up for days in the state of continued excitement produced by small doses of alcoholics frequently repeated, until the patient recovers. This cannot be, for the over-excited organism needs repose and must and will have it. Thus a degree of activity above that which the exhausted organism (in low forms of disease) is capable of sustaining is produced, and, as a necessary consequence, a corresponding depression follows, the exhausted vital forces give way, and, if the patient was barely at living point before, and the enfeebled organs barely capable of performing the necessary vital functions, the prostration which follows must be below living point, and the p[illegible] typhoid, or maniacal inebriate, whose exhausted nature

seeks repose, falls below his vital zero and is gone—"gone to that bourne from whence no traveller e'er returns," to require the restoration of his physical system.

It might well have been supposed that an agent which has worked such a baneful influence upon the moral condition of millions of the race, and which modern investigators have clearly established to be a fruitful cause of disease, would have, long ere this, been expelled from the list of remedies for disease, or have been confined to the narrowest limits which necessity would permit, instead of having been allowed, upon the *ipse dixit* of a Todd, however eminent or successful (although his success has been questioned) to become the almost universal panacea of human ills, or, as especially in its milder forms of ales and wine, to have become alike the sauce of the gourmand and the condiment of the dyspeptic. All the while the great Apostle being held responsible for the teaching, because, forsooth, he happened to advise his younger brother to take a little "wine for his stomach's sake," and "his often infirmities." At the same time, that it may fairly be questioned whether St. Paul was not a much wiser theologian than physician, in which latter capacity there is no account of his excelling.

I argue, besides, that the truly scientific physician will never prescribe a remedy the precise nature and strength of dose he does not fully understand. Now, as most alcoholic preparations are of variable strength, he has no means of knowing this except by surmise or testing; and as to the particular form of alcohol present, whether *methylic*, *ethylic*, or *amylic*, he is quite as far from having the remotest conception. The difference in the action of these various forms of alcohol is very clearly stated by Dr. W. B. Richardson, F.R.S., as follows: "Does he (the physician) want a quickly acting stimulant, which eliminates rapidly, taking out little force, he has it in methylic alcohol. Does he want an alcohol that shall create a more lasting impression (draw out more power) he has it in ethylic alcohol. Does he want to reduce the body, to prostrate it for many hours, he can do it with amylic, or butylic, or caproylic alcohol. But, (he continues) when he is ordering alcohol by the general loose names of gin, brandy, rum, wine, or ale; he has no conception of what he is prescribing nor of the effect of his prescription."

Baron Liebig, thus argues, in his Animal Chemistry (1863), as to the *force wasting* action of alcohol and its consequent negative character as a food: "The circulation will appear accelerated at the expense of the force available for voluntary motion, but without the production of a greater amount of mechanical force." "Wine," he continues, "is superfluous to man. It is constantly followed by the expenditure of power. These drinks promote the change of matter in the body, and are, consequently, attended by an inward loss of power, which ceases to be productive because it is not employed in overcoming outward difficulties, *i. e.*, working." In other words, that alcohol abstracts the power of the system and employs it in the endeavour to eliminate the alcohol itself, instead of in some useful endeavour.

I argue that alcohol is contra-indicated in all forms of indigestion and dyspepsia, because of its action upon the albuminous food, solidifying it and thereby making it more difficult of digestion; by its action upon the pepsine of the gastric juice rendering it incapable (until a fresh supply is thrown out) of dissolving the albuminous articles of food in the stomach; thus, in two ways interfering with digestion and favoring indigestion. Again, it irritates the mucous lining of the stomach, favors repeated congestions of the organ, inducing change of structure, vitiating the gastric secretion and thus promoting positive organic disease, as induration and ulceration in the organs, and by its action in promoting congestion of the mucous membrane of the whole alimentary canal, aggravating all such cases as diarrhœa, dysentery and congestive forms of fever. Speaking of their use in such cases, Dr. Ellis says: "If they do not relieve they are sure to aggravate, therefore, they are not safe, and I do not use them; nor is their use necessary, as there are plenty of remedies far more certain as well as more safe."

In all diseases affecting or impairing the function of the several organs engaged in the important office of nutrition, emaciation results as a consequence of lack of nourishment, accompanied by a wasting of the tissues of the body; for the system, in the absence of a supply of nourishment, has been obliged to draw upon its store-house of nourishment or fatty deposit, through the absorbents, for the support of the vital functions, and the exhausting process may be greatly exaggerated if the poison acting be one exerting a depressing power over the nervous system, as in the case of typhus and typhoid. If alcohol were *food*, then, under these circumstances, it would be strongly indicated, and must prove beneficial rather than hurtful. On this point Dr. Lees remarks: "The end of food is the generation of force, with which man performs the works of life. But the possible methods by which food can generate power are only three: (1) by the organisation of tissue; (2) by the supply of the chemical ingredients of the blood; and

(3) by furnishing fuel for oxidation and the consequent production of heat. It is now seen that alcohol can do none of these things; it cannot make tissue, or supply salts and phosphates, or feed the furnace."

Dr. Lionel S. Beale, M.D., F.R.S., physician to King's College Hospital, in a paper read before the British Medical Association, 1863, says of alcohol as a remedy: "Alcohol does not act as food; does not nourish tissues; it may diminish waste by altering the consistence and chemical properties of fluids and solids. It cuts short the life of rapidly growing cells, or causes them to live more slowly. The remedies which act favorably, really seem to act, not by increasing vital power, but by decreasing the rate at which vital changes are proceeding. The tendency to increased formation of adipose tissue may be explained upon the same view; and the stunting which follows its exhibition to young animals is readily accounted for."

However, in a recent article (1872), in the *Medical Times and Gazette*, he (Dr. Beale), claims that alcohol *is digested* and *assimilated*, augmenting the biliary secretions and increasing the production of bile, fat, liver sugar, amyloid substance or glycogene, and therefore *is food* to the system; although he admits that it does not nourish tissue, and does not raise but lowers the bodily temperature. Now, granting that it does all he now claims for it, what advantage? Does the ability to produce exaltation of function and excessive secretion of an organ without nourishment of tisssue or elevation of temperature constitute an article a food? Evidently not. Besides, are not excesses of bile, (as in bilious disorders) of fat, (as in obesity and fatty degeneration) of sugar, and amyloid substance or glycogene, (as in diabetes) objectionable conditions and unfavourable to the health and well-being of the person in whom they exist. Or even if these conditions can be produced during fever—which he confesses the difficulty of doing without risking congestion of the alimentary canal, brain coverings or lungs,—what advantage is to be gained, if—as he asserts—no heat is obtained from this extra quantity of fat and sugar in the blood, besides the questionable advantage arising from an excessive and disordered secretion and a retention of effete matters in the vital fluid, since it is proven to favour an excess of those decomposing organic compounds which physiology teaches us, are always present in the circulating current, especially in fevers, in which disease elimination and not retention is called for. Hence if alcohol could even be proven to be a food in fever, (which I deny) it must at least be one of doubtful quality.

Professor Lehman (physiological chemistry) says: "We cannot believe that alcohol, &c., belong to the class of substances capable of contributing towards the maintenance of the vital functions." On this point Dr. Ainstie fancies that (in some mysterious way) it does support the system and sustain life, but cannot explain how. Dr. E. Smith, F.R.S., says: "Alcohol is not a true food. It interferes with alimentation (1859). If it were food it would support tissue or produce heat (both of which actions have been claimed for it erroneously). On this latter point Dr. Ainstie, in a lecture to the Royal College of Physicians (1867), abandons the notion that alcohol *warms* the body. He says: "Alcohol, as has been abundantly proven by the admirable researches of Dr. Sydney Ringer, does not elevate but reduces bodily temperature, when given even in the largest non-intoxicating doses, except in cases where the temperature is already below the normal standard. There can be no doubt," he says, "of the correctness of this observation, which I have repeatedly verified." This being the fact, it is evident that the administration of alcohol in cases of collapse, &c., should first be preceded by the employment of the thermometer to ascertain the exact degree of temperature at the moment, and whether it be below 98°, the use of which will also shew the influence of the remedy in this condition. This remark is parti ularly applicable to cases of extreme prostration in typhoid or other low fever, where its administration is resorted to. For that there are conditions or states in typhus and occasionally in typhoid fever where stimulants are beneficial is unquestionable; but the kind of stimulant selected, the time and mode of administration, and the question as to their necessity and safety at particular periods, are questions to be decided by the judgment and experience of the attendant. My own judgment is decidedly in favor of ammonia, either in the form of the spiritus mindererus, or the aromatic spirits; and my experience would favor their early and continued administration, in moderate quantity, in connection with fluid nourishment. On the subject of the therapeutic value of alcohol as a supporter of the system, or food, Dr. Lees says: "General experience, special experiment, the quantitive measurement of the lessened oxidized products of combustion in the blood, and the test of the thermometer, all unite in a demonstration of the fallacy that alcohol is a warming agent or fuel to the body; and, whatever the science of the future may settle as to the destiny of alcohol, it cannot disturb in the least the certainty of this fact."

It is contra-indicated in meningitis and cerebritis

or congestion of the brain and its coverings, as also in similar affections of the cord, except in the stage of collapse, when its use becomes dependent upon the judgment of the practitioner. It is contra-indicated in functional and organic affections of the heart, in the former adding to the difficulty by inducing loss of muscular power, and in the latter case inducing fatal syncope Its deleterious action upon the liver contra-indicates its use by persons laboring under such affections, and its action in promoting the formation of sugar by the liver is sufficient to contra-indicate its use in diabetes. In the form of gin, or malt liquors, it is especially hurtful by favoring congestion in Bright's disease; and in lung affections the facility with which it produces congestion of that organ causes it to be strongly contra-indicated. It is, therefore, found to be *not* a nitrogenous food or restorer of the system when reduced under the action of wasting disease, and *not* a carbonaceous food or heat producer; and it must also be adjudged contra-indicated in exalted functional or organic diseases of the brain, lungs, liver, kidneys, stomach and bowels. It remains now but to consider the propriety of its administration in low fever cases, and to nursing mothers.

There can be no doubt that a stimulating dose of alcohol may be used with advantage in cases of sudden faintness or temporary prostration where there is no loss of substance,and where the system merely requires to be roused to take care of itself. And it is useful also in cases of prostration from mechanical injuries and in fainting from loss of blood. It may even be resorted to with advantage in paroxysms of depression in fevers and lingering diseases, unattended with inflammatory action or important organic lesion. While externally as a spirit bath for restless children and infants, it is often serviceable, producing by its anæsthetic action upon the peripheral extremities of the nerves, a gently soothing anæsthetic effect,much more pleasing and satisfactory than that obtained by the use of opiates and soothing cordials. It is also useful externally, as a powerful sedative and soothing agent, acting, both by its anæsthetic influence and its evaporating tendency, as a sedative lotion. I can imagine a condition of feebleness of the digestive organs, where congestion is absent and there is no symptom of irritation, in which it may be of temporary benefit in promoting digestion; but of such cases Professor Laycock, M.D., thus speaks: "Indigestion, being temporarily relieved by alcoholic stimulants, it lays the foundation of an ever-growing habit of taking them in women, and excites a more and more urgent desire in the drunkard; and it is in this way that many persons of position and education become irrecoverable sots." And upon this point Dr. Wilks, of Guy's Hospital, London, in his lectures on diseases of the nervous system, says: "I have seen so many cases of persons, especially ladies, who have entirely given themselves up to the pleasures of brandy drinking, become parapalegic; and from what we hear of our continental neighbours, it would seem that the diabolical compound styled *Absinthe*, is productive of exhaustion of nervous power in even a much more marked degree It would seem that the volatile oils, dissolved in the alcohols, give additional force to its poisonous effects."*

As regards its value as a therapeutic agent in fever, two uses have been suggested for it as a medicine in this class of diseases; the one, that of a *fuel* to support animal heat when solid food cannot be taken; the other, that of an anæsthetic, like chloroform, which will prevent the destructive waste of the nervous system, as evidenced in low muttering delirium —the use, as it were, of a brake upon a car going down grade. My opinion in this case is, that *facts* are opposed to *fancy*, that milk, cracker, gruel, animal broths, fruit juices, grapes, unfermented wine, or even claret wine, would be better *fuel* than alcohol, and the old-fashioned spiritus mindererus and aromatic spirits of ammonia, are infinitely better as stimulants, while frequent sponging with cold or tepid water, cold affusions, (*Currie*), packing in cold wet sheet (*Brand*) immersion in cold bath 10° below temperature of body (Murchison,) vinegar and water, or, (as there is no possible objection to its external use,) frequent spongings with the spirit bath (℥ j spirits vin. rec: to ℥ xvj. water) of Neligan, are infinitely preferable for soothing the nervous

* Dr. Amory, of Paris, "considers the symptoms induced by the use of *Absinthe Liqueur* as different from those induced by alcohol. In absinthism there being no paralysis but violent epileptiform convulsions; while, in alcoholism, paralysis is the prominent symptom." That alcohol does produce epileptiform convulsions, and favor them when established, I have had ample evidence in general practice. I have now in my mind two persons, one is peculiarly subject to epileptiform convulsions when intemperate, but when abstaining they become much less frequent, not appearing for a period of from six to eight months. A young man of good family has this summer been much given up to dissipation, which, after an excessive bout of drinking and abstinence from food for several days, has resulted in epileptiform convulsions of the most violent character, attended with loss of intellect for hours. Four of these have taken place in a single day. Abstinence from spirits, the use of food and liberal doses of ammonia bromide have arrested their appearance for weeks. At the time I write a return to his old habits has caused the fits, though not so severe or frequent, to re-appear.

system and regulating the pulse. Although in the early stage of congestive fevers there is no remedy at all equal to aconite in very small but frequently repeated doses,—$\frac{1}{4}$ to $\frac{1}{2}$ a drop every hour.

The treatment of fever *without alcohol* is, in my opinion and experience, not only the most rational, but also, in a very large proportion, the most successful. In the years 1860-61, I had the opportunity of witnessing epidemics of typhoid and puerperal fever; the latter in company with my then tutor, Wm. Freeman, Esq., M.D., M.R.C.S., Eng., the former in company with Dr. William Hume, (since deceased.) The result of my observations in those epidemics was that in nearly every case where alcoholic stimulants were largely used there was great debility with prostration, in some cases death, while in all the cases of recovery the main dependence had been placed in spiritus mindererus and nourishing diluents, chiefly milk. The mortality was about five per cent. In the puerperal fever cases, all those in whose cases blood-letting or leeching was resorted to, died. The use of alcoholics aggravated the local symptoms of metritis and increased the prostration, while opium, spirits terebinthinae, and simple emollient poultices to the abdomen, with simple diet, and spirits mindererus, almost ad libitum, seemed to act more favourably and favour recovery.

With respect to the prevailing errors in the stimulating or alcoholic theory of practice, Dr. Archibald Billings, London, in "Principles of Medicine," thus writes: "Tonics give strength; stimulants call it forth; stimulants excite action, but action is not strength; on the contrary, over action increases exhaustion. One thing necessary to the recovery of the nervous system in fever is arterial blood. To produce this of good quality, *digestion* and *free respiration are required.* (Both of which alcoholics interfere with.) The digestion having been disturbed, (as shewn by Carpenter and Beaumont,) it is useless to supply other than fluid nutriment—I have found *milk* the best—until some renewal of the nervous energy takes place. This restoration will not be expedited by (alcoholic) stimulants."

In 1863 an epidemic of typhoid fever broke out in Franklin, a frontier district, Province of Quebec. I had just graduated, and spent the season in the place treating a number of fever cases, ten of which were typhoid. Among this lot I lost one, a case of typhoid, aged 43 years. I found in all the cases a predisposition to congestion of either the lungs, brain coverings, or bowels (enteritis). My principal remedies were spiritus mindererus (in maximum doses every three hours,) sulph. of quinine with sulphuric acid—and port wine. I had been taught to believe in the wine treatment. My experience was that, in a number of cases the wine was refused or not agreeable, and, when taken, aggravated the fever symptoms. I accordingly depended in those cases more especially, on quinine and milk diet, with beef tea, to support strength, and liqr. ammonia acetatis to allay fever. All these did well. My patient who died used the same remedies up to the twenty-first day. I stopped the liqr. ammonia acetatis, fever symptoms being all gone, and gave wine (8 oz. in 24 hours) and beef tea freely. Milk was refused by this patient. He grew more prostrated daily; congestion of bowels (enteritis) ensued, and he sank, utterly exhausted, in three days.

That fever may be successfully treated without alcoholic stimulants I have often proven since in general practice, and I am borne out in this opinion by the reports of Dr. Henderson, of Shanghai, and Dr. Bishop, of Naples, who reduced their mortality rate from twenty-eight to seven, by abandoning alcohol as a remedy. Also by Dr. King Chambers, (physician to H.R.H. the Prince of Wales,) who, under the stimulating plan, lost one patient in five. Without stimulants only three deaths in 121. And he thus speaks to his students on the subject: "Above all, I would caution you against employing wine as a substitute for the true restorative treatment. It may be useful as an *adjunct*, but never in its place."

Dr. Higginbotham, F.R.S., Nottingham, says:—"I was educated to the opinion that port wine was absolutely necessary in the low and sinking state of typhus and typhoid fever, and was desirous of forming a wine depot, with the assistance of my benevolent friends." Soon after the typhus fever broke out in a village in Derbyshire, and it was observed that numbers of the rich died, who had been treated with the artificial stimulus of wine, and that the poorer lived, who had little else than natural stimulants, pure air and pure water, and simple (principally milk) diet. The fact was so apparent that it became a common saying: "The doctors were blamed for killing the rich, and the Almighty was praised for curing the poor." From this simple fact I was induced to try the experiment of treating typhoid fever without wine. My treatment of the fever (for four months in the parishes of Barford and Radford) was, attention to free ventilation, cleanliness, particular attention to the digestive organs, commencing with an emetic dose of ipecacuanha, aperients, salines, and in the low stage a decoction of Peruvian bark, and, throughout, a light nutritious diet. "I only lost two patients—*both of them had wine given them by their friends*, as I afterwards discovered." He also

speaks of another subsequent epidemic in which, with his son, he treated twenty-seven cases without alcohol—giving quinine sulphate with a compound infusion of orange peel only, with frequent supplies of mild nutriment night and day. The result was most successful. He says: "There is no doubt patients often recover in spite of the wine given; but, after long experience and observation, I am of opinion, that its administration in typhoid fever is always injurious in its operation, and often fatal in its effects, the patients dying from exhaustion." I hold that alcoholics are especially contra-indicated in fever, from their direct influence in impairing digestion and interfering with respiration and preventing the due oxygenation of the blood. Oxygen being the stimulant, *par excellence*, which the system needs in low forms of disease. So much so is this the case, that chlorate of potash, yielding six equiv of oxygen in its decomposition, is found to be one of the very best possible remedies in the low forms of typhus and typhoid. Alcohol, by its faculty of causing the retention of at least 30 per cent. more carbon than is usual in the blood, diminishes the vitality, or life-sustaining quality of the blood, and thereby adds so much the more to the peril of the case. On this subject, Dr. Vierordt, of Carlshure, says, as the result of experiments: "The mean number of expirations in a minute is fourteen; that number increases after meals. The amount of carbonic acid expired diminishes considerably after the ingestion of fermented liquors, and does not return to its natural quantity for the space of two hours."

Professor Lehman says, on this point: "We should forbid the use of spiritous drinks, and not prescribe tinctures, which might hinder the necessary excretion of carbonic acid." Dr. Lees says: "No doubt alcohol does hinder the excretion of foul air from the body, and retains effete, bad matter of various kinds; thus promoting, on the one hand, the production of diseases like rheumatism and gout, and, on the other, of bilious and typhoid fevers." All this goes to show that, under the administration of alcohol in fevers, the body is not properly ventilated, the blood not duly oxygenated, the digestive functions but tardily performed—all of them conditions operating in direct opposition to the patient's recovery. The proverbial predisposition of drinkers to erysipelas is another evidence of the truth of the position, that the blood is rendered excessively impure from retained effete matters, the morbific element being chiefly bile. For "it never occurs except when the whole mass of blood is surcharged with biliary elements, and the attempt of the system to get rid of it rapidly through the skin is what constitutes the exanthem known as erpsipelas," (Trall), which condition is induced by the use of alcoholics.

Dr. Ainstie, author of "Stimulants and Narcotics," 1865, is almost the only authority who still clings to the idea that, in some mysterious manner, alcohol *does* act as a food in low forms of disease. This he gathers from the patient's ability to live without anything else than spirits and water for a given time, which is merely due, in the opinion of competent physiologists, to a lessening of vital function, which is sustained in a less degree of action by the fats already stored up in the system. In fact the patient like *Bruin* in winter, lives upon his own tissues, and emaciation and debility is the result, followed, on partial revival of the digestive powers, by a voracious appetite. He considers alcohol an anæsthetic, and lays great stress upon its usefulness in the treatment of neuralgia, and, after advancing the idea of supporting the organism, in the absence of ordinary food, by stimulants, and considering that from small doses there is no recoil, but an improvement in the tone and frequency of the pulse, he goes on to speak of its sedative influence as that which is beneficial (?) in inflammatory affections, namely, the reduction of unduly frequent circulation, by the administration of wine and spirit; thus admitting, in one portion of his work, the sedative action of the drug, and in another, asserting that there is no recoil from its use in fevers. He says further "The classical illustration of the favourable *soporific* influence of alcohol (not its stimulating or tonic influence, as some would have us believe,) is to be found in its use in low fevers, such as typhus and typhoid. Given a certain rapidity of pulse, we may nearly always assure ourselves, in cases of these diseases, that the patient will be unable to obtain natural sleep, but, in place of this, will pass off into a state of coma or delirium. ..... There is nothing which meets the exigency of this condition with an efficiency which at all approaches that of alcohol, administered in repeated non-narcotic doses," Where this effect is obtained it is due to its sedative or anæsthetic action upon the nerves.

After denying the correctness of the assertion that a depression, or recoil, always follows stimulation, in p. 79—by working out the problem of continuous stimulation in this way, that, after each dose the patient would have sunk lower than ever before. Ignoring the fact of the melting away or absorption of tissue to supply the place of food, and also the presence of food in the form of milk, broths, &c., as usually given, he goes on to say: "If stimulation means the calling forth, that is, the getting rid of a

certain quantity of force already existing in the organism, either the accumulated stores of this must be immense, or they must be simultaneously repaired by that which can *create* force, or the vitality must, after a very short time, become completely exhausted, and the patient, whether cured of his fever or not, must be "improved off the face of the earth." This, however, is actually what does happen, as can be shewn by the increased mortality rate under the use of alcoholic stimulants; and, even in Dr. Anstie's own work, he admits this, at page 129, where he says: "So well known is this effect (that of reducing undue frequency of the pulse) that a certain degree of frequency of the pulse is taken very commonly as the best indication for the necessity of administering stimulants, at the same time that he admits (1865), with Dr. Stokes, the importance of testing the strength of the heart's action by the audibility of its sounds through the stethescope." Although he thinks, nevertheless, on the whole, the mere frequency of its action is the safest guide. He cautions against a too free use of the spirit, stating its object to be to administer small quantities at short intervals. "For, he says to narcotise a fever patient, is a most serious and dangerous step; and the well-meant zeal of those who have desired to procure sleep, has often induced coma, from which the patient has only recovered to *collapse* and quickly sink." Thus admitting, in the plainest terms, the prostrating and dangerous effects of alcohol in this disease, except in the smallest doses. He is still more explicit in 1868, three years later, when he lays down as the law (in an article in the *Lancet*, January 25th) that alcohol cannot be scientifically administered *until* the urine of the patient has been analyzed, and the sphygmograph, (not the stethescope as before the sphygmograph was invented) or pulse writer has been applied for the course of many hours; otherwise, mischief, not benefit, will result. He says: "Even the slight and trivial symptom of flushing in the face is a sign of the first degree of the poisonous action, namely, a vaso-motor paralysis, and shows that, at least, we have touched the border line at which the beneficial action of the alcohol ceases, and its poisonous effects begin."

Now, I think it is pretty clear from the admissions of Dr. Anstie himself, (the greatest advocate of alcohol as a medicine in the present day,) that, in fever, at least, "it does not elevate but reduces bodily temperature, when given in even the largest non-intoxicating doses, *except in cases where the temperature is already below the normal standard*, 98°; and hence I argue that its advocates should never order it without having first ascertained the temperature of the body by the *clinical thermometer*. Dr. Anstie also admits an important fact, in recommending the use of the *sphygmograph* as a test of the degree of tonicity present in the muscular walls of the heart and coats of the blood vessels—which is a direct test of the degree of muscular tone in the whole system. Now, if these precautions were resorted to, we should soon have the question definitely settled as to whether alcohol does improve the muscular tone of the system under disease, or not. Sir Benjamin Brodie, F.R.S., in his "Physiological inquiries" thus speaks of alcohol as a means of procuring rest in the irritability of fever. He says: "Alcohol removes the uneasy feeling and the inability of exertion which the want of sleep occasions. But the relief is only temporary. Stimulants do not create nervous power, they merely enable you, as it were, to use up that which is left, and then they leave you more in need of rest than before."

The valuable aid of the thermometer, as an index of animal heat, and the sphygmograph as an index of muscular tone or debility, during the administration of alcohol is well illustrated series of experiments published in the *Chicago Medical Journal* of 1867, one was with Bourbon whiskey, the other with sherry wine. Results as follows:

		Temp. in mouth.	Pulse.
Before whiskey drank at	10.30 p.m.	98¼	83 per min.
After 4 oz. "	11 "	97¾	85 "
" " "	11.30 "	97½	89 "
" " "	12.30 a.m.	97½	85 "

"The sphygmograph shows that while the number of beats increased from 83 to 89 per minute during the first hour, the *force* of the heart pulsations was weakened, whence a congestion of the venous radicals, (which Dr. Anstie warns against as the first indication of its injurious action) would ensue."

Dr. King Chambers writes: "Physiologists have always taught, as confirmed by all experiment, that large doses of alcohol immediately, and small doses after a time, depress the nervous centres; the primary action is anæsthetic—a diminution of vitality in the nervous system."

The use of the sphygmograph does not express the whole truth, although it does much, for we must have to do, in prescribing alcohol, with the quality as well as the quantity, and the precise indications intended to be met by its administration. On this point Dr. Aitken speaks strongly, showing the extreme variance in the strength of alcoholics generally prescribed, and protests against "the blindly empirical and routine mode in which alcoholic beverages are generally prescribed in absolute ignorance of their constitution and genuineness." (P. 242, Practice Med., vol. II.) *(Concluded in the next No.)*

CANADIAN MEDICAL ASSOCIATION.

The fifth annual meeting of this association opened in Montreal, on Wednesday, the 11th September, in the Building of the Natural History Society. The attendance of members from the Province of Quebec, was fair, but the other Provinces of the Dominion were sparingly represented.

A letter was read from the President of the Association, (Dr. Sewell, of Quebec,) stating that up to the last moment he was in hopes of getting away, but that the critical condition of one of his patients made it impossible for him to leave.

Dr. C. C. Hamilton, Vice-President for Nova Scotia, was called upon to preside, and Dr. McNab, from New-Hampshire, was requested to take a seat upon the platform.

Dr. David, drew attention to the fact that at the last meeting, a resolution had been passed rendering the proposer and seconder of any new member, liable for the subscription.

Dr. Marsden, of Quebec, then read the following address of the President:

GENTLEMEN,—The next thing in the order of proceedings is the address of the President. Last year Dr. Parker extended his observations over such a very large field, embracing almost every possible subject, that I really find but little left to comment upon or suggest. There are, however, one or two points upon which I would like to touch briefly. It is to be regretted that little or no progress was made last session with the Medical Bill. It will be again submitted to-day for your consideration, and in its discussion it is very much to be desired that all sectional or private interests may be laid aside. The question is not this Province or that, this school or the other. We are here to discuss and adopt such a "Bill" as will conduce most to public good and the elevation of our own profession. Let me, therefore, bespeak from the members of this Association that reciprocal kindliness of feeling, which will tend greatly to the peace and harmony of the meeting, while it will expedite the business in which we are all so interested. Medical education is, without doubt, the most important subject that can occupy the attention of a body like this. No argument of mine is necessary to show that this must be the foundation of the professional character in every country. I trust, therefore, that the Bill now to be considered and which has for its object the advancement of medical education in this country, will be sufficiently advanced at this session that it may be laid before Parliament at its next meeting. On looking over the curriculum to be enjoined on medical students I am struck with the small amount of time given to clinical instruction. Although two courses of three months upon clinical medicine and clinical surgery are all that is required at most of the recognized schools, still a moment's reflection will satisfy any one that this is far to little. Clinical instruction, as now conducted, is made subordinate. and, as it were, a secondary branch, instead of being put forward as one of the most important and most indispensable subjects of professional instruction.

The importance of demonstrations in lectures, upon all subjects, medical or otherwise, requires no proof, and surely no demonstration can be so effectual, to the medical student as the illustration of the remarks of the professor, by an exhibition of the patient in all the different phases of the disorder. Again, not only should the number of clinical lectures in the different schools be increased, but greater facilities should be afforded to the student to prosecute his studies at the bed-side. For this purpose the Hospital Fees should be much reduced, or, if possible. entirely abolished. With regard to this matter I am happy to say that in Quebec we have taken a step in the right direction. Our hospitals are almost free, while the number of clinical lectures on medicine and surgery, apart from those given on diseases of the eye, amount to 360 per annum—240 only are required by law. I believe the student cannot too soon commence his attendance at the hospital, and although his medical education may not be sufficiently advanced to enable him to profit by this attendance, to its fullest extent, still if he is observant, he will pick up much which will be invaluable to him hereafter, and he will learn much which will render the lectures he will receive later on in the College far more intelligible, and therefore far more profitable than they would otherwise be. To the same effect is the language of the great Trousseau. Addressing his class he says: "Clinical instruction should not be deferred till near the end of the student's curriculum. From the day on which a young man determines to be a physician, he ought to attend the hospital. It is essential to *see—to be always seeing*—sick persons. The heterogeneous materials, though amassed without order, are nevertheless excellent materials. They may be for the present useless, but at a later time he will find them stored in the treasure house of his memory." And they will become of incalculable service to him. Let me here throw out a hint which, if acted upon, might be of advantage to our students in all the different schools. I allude to the situation of house surgeon in our various hospitals. Hitherto, I am of opinion, these officers have retained their appointments too long, to the exclusion of others from those advantages, which they themselves (it is to be presumed) no longer require. In each hospital I would like to see a house surgeon and an assistant house surgeon. The former should be a licensed practitioner, the latter a student in his fourth year, who, if found qualified, should succeed his chief the following year on being received. By this arrangement each house surgeon would spend two years in the hospital, a rotation system would be established, a stimulus would be given to the students, and a larger number of them would benefit by the advantages thus afforded. I do not hold positively to the periods here laid down, but I believe the hint here thrown out might be acted upon, or modified, to the great advantage of our students. Again, in the interest of the students, there is yet

another point upon which I would touch. I allude to the adoption of trimestrial examinations in all schools of medicine. My colleagues and myself can testify to the immense amount of labour which this entails on the professors, but we can also testify to the immense advantages it affords the students—and herein we are amply repaid. These examinations are conducted by a committee of the Faculty, each professor examining on his own branch in the presence of his colleagues. At Laval there are three terms in each year; consequently the student undergoes twelve of these almost public examinations in the course of his four years' study. The advantages to be gained by the students are, first, and perhaps above all, a strong inducement to him to commence his studies in earnest the very day he enters college; secondly, by these examinations he discovers whether his lectures or private reading have been profitable to him or not; and lastly, he learns to appreciate and take in the full scope of his professional questions, and, by frequent habit, he obtains a facility of answering. The quarterly examinations above alluded to are of course an addition to the usual weekly examination in each class. The course of study is I see to extend over a period of four years. This is not too long, but perhaps it would be well to specify distinctly in the bill that no degree *ad practicandum* could be conferred before the full expiration of his term.

It has been suggested by the Association of Medical Superintendents of American Institutions for the Insane, that in every school of medicine, conferring degrees, a course of lectures should be given on insanity and medical jurisprudence as connected with disorders of the mind. As most of the cases of insanity in their earlier stages come under the care of the ordinary physician, this is, perhaps a subject which may advantageously occupy the attention of the different collegiate councils of this Dominion.

Last year Dr. Parker directed the attention of this Association, in very earnest language, to the necessity of establishing institutions for the treatment of inebriates. It is very much to be regretted that up to the present moment the Government of this Dominion has taken no action in this most important matter. It is true that Dr. Wakeham, with that enterprise and intelligence which have always characterised him, did some years ago, at his own risk and cost, open an institution in the neighborhood of Quebec, for the purpose alluded to, and has maintained it ever since upon a most respectable footing, though I fear at a considerable pecuniary loss. This he has borne, in the hope, hitherto a vain one, that Government would ere this have come to his assistance. It is also true that an Act was passed by the Local Legislature in 1860, authorizing the interdiction of inebriates, so that now these persons may be controlled and sent to such institutions for treatment So far so good. But still this does not exonerate the General Government from the great responsability which lies upon it in this matter. I agree entirely with your late President that all governments are as much morally bound to make provision for the treatment of this class of sufferers as they are to find hospital accommodation for the treatment of other forms of disease, whether of the mind or body. It will no doubt have been seen by many of you that Drs. Parrish and Dodge, Superintendents of the Sanitariums of Binghampton and Media, have been formally invited to appear before the British Parliament to give a detailed history of Inebriate Asylums in the United States, the system of treatment adopted in them, and its success. This is a most praiseworthy step on the part of Great Britain, and will be followed no doubt by other governments, our own, may it be hoped, included.

There is yet another subject to which this Association might call the immediate attention of the Government.

As the law now exists no insane person, however violent (*being also an epileptic,*) can be admitted into the public asylums of the country. The consequence is our gaols constantly contain several of these doubly afflicted persons, who are exposed to the jeers and gibes of those around them, inducing, no doubt very frequently, epileptic paroxysms, which, under more favourable circumstances, might have been avoided. Why an insane person, because he is also an epileptic, should be less dangerous to himself or others, or requires less the protection of Government for the same reason, I am at a loss to understand. On the contrary, being doubly afflicted, he should be a special object of sympathy, care, and protection. I believe this matter has only to be brought under the notice of the Government to be at once remedied. There are some other points upon which I might well, as for example the better regulating of the duties of chemists and druggists in large cities. medical fees in courts of justice and at coroners, inquests, &c., but as there is a good deal of work before the Association, and but little time to do it in, I prefer waiving these, so that we may proceed at once to the discussion of the bill.

The address was ordered to be printed in the transactions of the Society.

Dr. Marsden, Quebec, stated that in consequence of many members not paying their subscriptions and from the paucity of their numbers, the Society had so far been unable to publish several very valuable papers, which had been read before them. They were extremely valuable, and to obtain them the profession would pay any price. Dr. Howard's paper, read at Toronto three years before, was full of statistics of priceless value—but practically they were a dead letter—for the Association was unable to publish them. During the course of the meeting he would give notice of a motion upon this subject.

Upon motion of Dr. R. Palmer Howard, the following nominating Committee were appointed:

Dr. HAMILTON, of Nova Scotia, Dr. Botsford and Dr. Freeman, of New Brunswick; Dr. Hamilton, of Ontario; Dr. Marsden, Dr. Tessier, Dr. Peltier, Dr. Dagenais, Dr. Lafleur, Dr. F. W. Campbell, Dr. Beaubien, Dr. Scott and Dr. Hingston, of the Province of Quebec.

Dr. R. PALMER HOWARD, chairman of the Bill Committee, stated that as the usual routine business had been proceeded with, he considered that the time

had arrived to consider the much vexed Bill. He said that it would be in the recollection of many of the members of the association that at the meeting held three years ago in the City of Toronto in Ontario, which was a very large and influential meeting, a resolution was almost unanimously passed, appointing a committee to draw up a Dominion Medical Act, the object of which was to render the system of medical education, medical examination and registration, uniform throughout all the Provinces of the Dominion. The Association at that time seemed to have imbibed the spirit which was so rampant in political circles, respecting Confederation. It did not require very much forethought, nor did it require very much sagacity to see what a great boon it would be to the medical profession generally to have a uniform system of admission to the practice of medicine throughout the whole of Canada. Amongst the best minds at that meeting, the oldest and most matured minds, there was a general *consensus* that it would be a great boon to the professfession if the young men, in all the provinces, had to go through a somewhat similar course of instruction, so that there should be the same standard of education, both preliminary and scientific. Starting with that great general principle, it was determined to get a representation of the interests of each province and each university, which should form a committee to consider the subject. In the discussion of the Bill it was right to say that a very active part was taken by the members of the profession of Montreal. It so happened that he was appointed the chairman of the committee, and that being a very important post he naturally consulted with the influential members of the profession residing in Montreal. They had several meetings, which were attended, some of them, by gentlemen who were not members of the committee, and who represented the profession generally. Independently of those meetings he had held extensive correspondence with gentlemen in the various provinces, and all the suggestions thrown out by these persons were embodied, as far as they could be, in the bill, when it was presented to the committee for the first time in Session at Ottawa. That Committee met the day previous to the General meeting, and it was 3 o'clock in the morning, before the bill reached the state in which it was presented to the association at Ottawa. At that meeting it was agreed by general consent that only the great principles of the bill, the great matters upon which there might really be honest difference of opinion, should be discussed, and the minor matters of detail left to be discussed afterwards. A series of very important amendments were adopted at Ottawa, altering very much the character of the bill. The number of representatives was altered, the proposals to have branch councils was rejected, and it was agreed that there should be but one examining board, so that, as they would see, three very important principles in the bill were altered, though not in his opinion, improved. It was then agreed that the bill as amended should be printed and distributed amongst the profession and brought up for discussion at the next annual meeting to be held at Quebec. It so happened that the amendments were not embodied in the body of the bill, but were printed upon the back. When the Committee met at Quebec, they proceeded to embody them in the body of the English bill, and so presented it to the meeting. It was not however seriously discussed, as the French members of the association objected strongly to its discussion being then entered upon, as the amendments were not embodied in the body of the French copy of the bill. In this way discussion was evaded, and no progress was made. At the Ottawa meeting, the Ontario members being present in large numbers, had spoken—in fact it was their vote, which extinguished the branch Councils, and substituted one great Central Examining Board, but as there were few Lower Canadian members present, their voice was not heard. Last year at Quebec, the discussion was evaded, but to-day he hoped to get an expression from his fellow practitioners of French origin. What he asked the association to do now was to proceed to discuss the leading clauses of the bill, so as to get an expression of opinion from the association, respecting the great principles involved in the measure, and not to attempt to take up all the clauses. He would mention further the clauses which he believed to be the principal ones. The fourth was that respecting the General Council, and of course was one of the most important clauses, dealing as it did with the number of members to compose it, and the proportion to be assigned to each province. Then clause 21 was one of the leading clauses of the bill, for it was one affecting the registration, and determining whether a young man should not only hold a diploma from a University, but also pass an examination before the Licensing Board, or whether the diploma should be sufficient. The 24th was important, empowering the Council to appoint a board of examiners; the 25th would naturally be one of these important clauses, for it decided who should compose the examining board, and what interests should be represented. The 26th also came under the same category, as it defined the powers of the councils in the matter of examining students, and the 28th clause which gave power to the Council to recognize or otherwise new medical schools. These clauses really contained the pith of the whole Act, and if they could agree respecting the principles involved in these clauses, there would be no difficulty in arranging the details afterwards. Therefore, he moved that the Association should resolve itself into a committee to proceed to discuss the bill.

The Association then went into Committee, Dr. Marsden in the chair. The time of adjournment having arrived, the Association adjourned till half-past two o'clock.

AFTERNOON SESSION.

When half-past two o'clock arrived, the attendance being too small to discuss the bill, Dr. De Bonald read a paper on the extinction of Syphilis.

He stated that it was one which a few years previously he had read in Paris, and his object was to explain how the disease might be eradicated, and to

give rules for preventing fresh contamination. The feeling of American medical men was that this disease could be cured, but the question was how could the number of syphilised persons be ascertained? He proceeded to detail the various methods by which the necessary information might be obtained, but all of them he abandoned as virtually impracticable. The disease was one which could be avoided, and this encouraged him to construct a plan for its eradication. His project was first to subdue the existence of syphilis, and secondly to gives rules and regulations for the prevention of fresh contamination. He next went to explain the plan which he had conceived as the means of ridding society of the enervating disease which constituted the subject of his paper, the foundation of the plan being the increase of strong sanitary and police regulations, the working of which, as he detailed them, he was satisfied would exterminate the disease, and leave no chance for further contamination.

Dr. TESSIER, Quebec, thought that the question was a most interesting one, but it was one in regard to which the people seemed to be asleep, though it was cutting down the manhood of the country every day. He strongly doubted the practicability of the proposal as to statistics, but to put the houses of ill-fame under the control of the police would have a good effect in diminishing the disease. He thought that the meeting was indebted to the lecturer for bringing the matter before the society, for the study of the subject would do a great deal of good, and moved a vote of thanks to him, which was carried.

Dr FRANCIS W. CAMPBELL, Chairman of the Committee upon Canadian Necrology, read the following report.

MONTREAL, September 11, 1872.

The Committee upon Canadian Necrology beg to report that death has taken away two prominent members of the association, during the period which has elapsed since the meeting in Quebec last year.

First on the list is the name of William Fraser, M.D., M.F.P., and S., Glasgow, one of the foremost physicians of Montreal, and Professor of Institutes of Medicine in McGill University; also an attending physician of the Montreal General Hospital, who died on the 24th of July, after a brief illness. Dr. Fraser had practised his profession in Montreal for nearly forty years, and was esteemed by all who knew him. His professional brethren looked upon him with confidence as a sound and able practitioner, and his death is a loss not only to the profession of the city in which he lived, but to this association, in which he took much interest.

Second on the list is one well known to all who have at all regularly been present at the meetings of the Canadian Medical Association—Jean B. Blanchet, of Quebec, whose death occurred on the 21st of July. At the organization of this association, at Quebec, in 1867, he was one of the most active medical men present; and in the following year, when the association met at Toronto, he was elected Local Secretary for the Province of Quebec. In 1870 and in 1871 he was re-elected to the same position, which he filled throughout the whole term of his election, with the utmost fidelity and attention. Dr. Blanchet graduated at McGill University in 1863, and immediately went to England, taking out while there the diploma of the Royal College of Physicians, London. On his return he settled in Quebec, where he was rapidly gaining a first class position. He had suffered for a year or more from a troublesome malady which at length required surgical interference. In May of the present year he submitted to an operation at the hands of Dr. Hingston, of Montreal. His recovery quickly followed, but in a couple of months afterward another disease was manifested, which in a comparatively short time cut him off. By his death the profession in Quebec have lost one of its most prominent members, while this association has lost one of its most indefatigable workers and supporters, as well as a pains-taking office-bearer.

All of which is respectfully submitted,

FRANCIS W. CAMPBELL.
M.D. L.R.C.P., Lond.,
Chairman.

On motion this report was ordered to be published, with the proceedings of the Association. Dr. George W. Campbell suggested that extracts from the report should be sent to the families of those whose names were mentioned. He thought it would be a graceful act to do so, and that it would be appreciated. It was agreed that this should be done.

Dr. F. W. CAMPBELL enquired if the Committee on Necrology were only the include in their report those members of the Association who died during the year, or whether the Report should include all prominent members of the profession.

The Chairman announced that it was not to be confined to members of the Association.

Dr. HOWARD, moved that the Association again go into Committee to discuss the Medical Bill.

Dr. LE BARON BOTSFORD of St. John, N. B., moved in amendment,

"That it is inexpedient to occupy the time of this Association with a discussion on the Medical Bill." He believed that one of the great difficulties the Association had had to contend against had been the discussion of this bill. It had been before them at several meetings, but even supposing that they could all agree upon it, the question arose whether it would be received by the various Legislatures. It might be said that they could only make the trial, but if, in making the trial they took measures which were destructive to their association, he would ask them why they should do it this injury. In doing so they injured an association which ought to range around it the intellect and numbers of the professions. Why was it that there were so few persons present that they might in reality say that the association was dying out? They ought to render themselves prominent by the course they pursued, and ought to have up scientific subjects for discussion and treat them in such a manner as to command the respect of the medical profession, and the public generally. Men came to the meetings of that Asso-

ciation to teach and be taught. When they assembled there they expected to be benefitted by the discussion of such matters as interested every one. The humblest might be able to give them information which would be useful, and if they spent their time in that way it would be better and more beneficial than if they frittered away their time in attempts at legislation, which when finished might not be acceptable. For these reasons he thought that it would be better for them to throw out the bill and attend to the business which would give them a standing in their own eyes, as well as in the eyes of the public at large.

Dr. TRENHOLME, (Montreal) seconded the motion, on the ground that there were not sufficient persons present from Ontario, there being only three present from that Province, where there were more that one half of the medical men in the Dominion; and inasmuch as the bill which was contemplated was one intended for the whole Dominion, it was impossible that they could enter upon its discussion with the hope of obtaining any practical result. Until they found that in the Dominion generally, and amongst the profession generally, there was a more recognized necessity for introducing such a bill it was in vain for them to attempt to carry it out. If it could be carried out, if it were possible to obtain a central examination board, no one would be better pleased than he would; but he believed that they were wasting their time, injuring the Association, and losing the benefits they might otherwise obtain by the interchange of medical opinion, by discussing the bill.

Dr. MARSDEN, (Quebec) thought it was very evident that the bill, as it stood, was not going to be acceptable to all the profession. If they could carry the draft of a bill by any majority at that meeting, they could not go to the Legislature and present it as the sentiment of the Dominion of Canada. They could not say that it was the sentiment of Ontario, though they had a law there which was similar in many respects to the one proposed to be brought forward, the Ontario Bill, and which was a very excellent one indeed. He had been looked upon with suspicion for saying that, it was an excellent one and would kill out the Homœopathists and Eclectics, but it had done so. But he did feel that, seeing there were only three gentlemen from Ontario, even if they carried their proposal, they could not go with any grace to the Legislature and present it for the Dominion, as it would be opposed by the Ontarians. In medicine, as in politics, unfortunate divisions were the ruin of everything, and therefore he hoped that the discussion would be postponed *sine die*.

Dr. GRANT, M.P. (Ottawa) said that at the last meeting of the College of Physicians and Surgeons of Ontario, of which he was a member, he had presented a copy of the Bill with a view of obtaining their views, and he found them unanimously opposed to it. Among the outside profession, the same feeling prevailed—viz. opposition to the contemplated Bill. For his own part, he should like to see some bill which would meet the requirements of the profession generally, but he was satisfied that the profession in Ontario was averse to any legislation which would interfere with the bill they now had. At the introduction of the Ontario Bill he was opposed to it, but although he was as strongly opposed as he could be to it, yet he knew that since its passing not one homœopathic or eclectic practitioner had graduated in the province ofOntario. Prior to the passing of that bill no less than from 25 to 30 graduated annually and obtained as good practices as men who had graduated honorably in a university. He was satisfied that if the bill had accomplished no other good, it had done a great benefit in putting down the principles of homœopathy and eclecticism, and establishing the principle that there was only one basis for entering the profession—an educational one, and not the flimsy basis on which homœopathy and eclecticism rested.

Dr. ROTTOT, (Montreal) said that while in favor of a common standard of Medical education, he thought it advisable that each province should retain the management of it.

Dr. HINGSTON (Montreal) did not see why they should throw away the bill. If there was any necessity for a bill of this kind three years ago, there was a still greater necessity for it to-day. He did not agree with those who thought that the continued discussion of this bill had done the Association harm, indeed he considered the discussion of it its legitimate business. He felt that it was wrong that that which had received so much of their attention should now be thrown aside without making a strenuous effort for its success. Ontario had a Medical Bill of her own, and so had Nova Scotia, and so Quebec, so that a graduate of the latter province was a graduate of Quebec alone, and had no right to practice in Ontario. He asked if after confederation that was the position in which a medical graduate should be placed. New Brunswick and Manitoba would doubtless soon have Bills of their own, so that before very long, we would have five Provinces with five distinct Bills, and the graduates of one Province not entitled to practice in any other. Every day proved the necessity of this bill and he hoped its discussion would take place.

The General Secretary Dr. DAVID, said he thought it was desirable, although they had spent three years in its consideration, not to proceed with it further. He had received letters from several prominent medical gentlemen in Ontario which showed that they would give a decided opposition to the bill. He considered it a waste of time, labour and money for them to go on with the discussion. He was of opinion that it was more than shameful that the medical men of this province should not be allowed to practice in the other portions of the Dominion. But still they would have to submit to the state of things until a general act was passed, which would remove this disability.

Dr. R. P. HOWARD remarked that when the bill was discussed in Ottawa there was a singular absence of representatives from Lower Canada. There were then only three or four French medical men from the Province of Quebec, present, and the Upper

Canada men, who were in attendance in large numbers expressed their opinions upon the bill. Now, however, as soon as the professional men of Quebec were about to proceed with the task, it was proposed to put off the discussion. He hoped that the present opportunity would not be lost by the assembly of giving an opinion upon the important subject before them. He moved that the chief features of the bill be discussed, and the grave question, as it had been rightly termed, decided, at least as far as the Province of Quebec was concerned.

Dr. C. C. HAMILTON, (Nova Scotia) advocated the discussion being entered upon, and the bill pressed forward as much as possible. It would be a much more difficult matter to have uniform medical legislation fifty years hence than it was to-day. It was only by perserveance any object could be obtained.

Dr. HOWARD pointed out that the bill had been modified to suit the wishes of Ontario, and now was nearly a counterpart of the law in that Province. He believed that they covld settle the grave questions at issue in a very short time, and very much more easily than they could ten or twenty years hence.

The amendment was put and lost and the original motion carried, and the Association went into committee, Dr. Marsden, (Quebec,) presiding.

A discussion upon the first clause at once took place, when

The SECRETARY informed the meeting that the first three clauses had been passed a year ago, at one of the meetings of the Association. It was, however, decided to go over them again.

Dr. ROTTOT, (Montreal,) objected to the bill on the ground that it placed the control of the education of medical practitioners in the hands of the Federal Government. Therefore he moved that this Association, although desiring that the laws and regulations concerning the examination and registration of medical men should be uniform and similar in all the provinces of Canada, nevertheless reject the principle of the contemplated Medical Act, which puts the preliminary and medical education under the control of the Federal Government. He was in favor of laying down some basis of education and then leaving each Province to carry it out.

This motion was seconded by Dr. ———— and after some desultory discussion, was rejected by 17 to 11. The hour for adjournment having arrived the Association separated, to meet the following morning at ten o'clock.

THE DINNER.

In the evening the members of the medical profession of Montreal entertained the Association to a dinner, in the St. Lawrence Hall. About seventy medical men sat down. The dinner was served in the magnificent style for which the hotel is famous. The chair was occupied by Dr. William E. Scott, President of the College of Physicians and Surgeons of Quebec, having on his right the Mayor of Montreal, and on his left Dr. C. C. Hamilton, of Nova Scotia, the Vice-chairs being filled by Drs. Peltier and Hingston. The usual loyal toasts were given, as well as numerous volunteer toasts, and shortly after midnight the party broke up. Music was played during the evening by Gruenwald's splendid orchestra.

SECOND DAY.

Session opened at 10 a.m. Dr. Hamilton (N.S.) in the chair.

Dr MARSDEN moved that the next place of meeting should be St. John, New Brunswick. By the time of the meeting they would have direct communication by steam and rail. New Brunswick would like it, and the Association had not yet met in the Eastern Provinces. He believed that their going there would be attended with very beneficial results, and promote the great cause they had in view. He believed that it would probably hasten the results that they all wished heartily to bring about, though they did not agree as to the details. It might be that they would then be able to mature their project for a medical bill which would be acceptable to the whole of the country.

Dr. HAMILTON, of Ontario, seconded the resolution.

Dr. HINGSTON expressed a hope that at the next meeting the greater part of the time would be devoted to the reading of papers on scientific subjects, and their discussion.

Dr. BOTSFORD (N.B.) said that he was very glad that the proposition had come from Dr. Marsden that the next place of meeting should be St. John, N.B. When he left St. John he was told to urge that city should be selected as the next place of the meeting. There was one advantage in the selection of St. John, that the weather was more cool than in the interior of the country, and they could offer as good accommodation as any part of the country, for the hotels there were equal to any other in the Dominion. By selecting the Maritime Provinces they would enjoy a pleasant trip, and would at the same time be able to attend to their business. In conclusion he stated that he could say on authority that by next year the communication would be direct either by steam or rail.

The resolution was then put and carried.

Dr. TRENHOLM stated that at the last meeting he had given notice of a motion to change the time of meeting. He believed that September was a very inconvenient month for the great majority of practitioners.

A good deal of discussion ensued upon this question, many expressing the view that it was impolitic to settle the time of meeting definitely, that it should depend to a certain extent upon the place of meeting. It was finally decided that next year the Association should meet the first Wednesday in August, and a notice of motion to change the time again next year was given.

The Nominating Committee submitted the following gentlemen to the Association for office-bearers for the ensuing year:—

Dr. James A. Grant, M.P., Ottawa, President.

Dr. McDonald, of Hamilton, Vice-President for the Province of Ontario.

Dr. W. Marsden, Vice-President for the Province of Quebec.

Dr. C. C. Hamilton, Vice-President for the Province of Nova Scotia.

Dr. Steves, Vice-President for the Province of New Brunswick.

Dr. Peltier, Montreal, General Secretary of the Association.

Dr. Berryman, Toronto, Secretary for Ontario.

Dr. H. Blanchet, Quebec, Secretary for Quebec.

Dr. Gordon, Halifax, Secretary for Nova Scotia.

Dr. Earle, St. John, Secretary for New Brunswick.

Dr. Robillard, Montreal, Treasurer.

PRIZE ESSAY COMMITTEE:

Drs. Hingston, Hodder, Wm. Bayard, Larue, Yates and A. P. Reed.

COMMITTEE ON MEDICAL EDUCATION:

Drs. Howard, Rottot, Worthington, James Sewell, Canniff Ogden, Dickson, McGillivray, Botsford, Earle, Tupper and Parker.

COMMITTEE ON MEDICAL LITERATURE:

Drs. Black, Fenwick, Dagenais, Marsden, Larue, Bethune, McIntosh, Fulton, Oldright, Freeman, George Hamilton and Wickwire.

COMMITTEE ON NECROLOGY:

Drs. F. W. Campbell, Workman, Larue, DeWolff and Harding.

COMMITTEE ON PUBLICATIONS:

Drs. David, Robillard, F. W. Campbell, Trenholm, Dagenais, Hingston and Peltier.

AUDITING COMMITTEE:

Drs. Fenwick, Peltier and Scott.

J. B. BOTSFORD,
Chairman.

On motion the Report was adopted, and the gentlemen named were elected office-bearers of the Association for the ensuing year.

The PRESIDENT observed that, according to the fourth article of the Constitution, it was provided that the President and Vice-presidents should enter upon the functions of their respective offices at the beginning of the next Meeting, and the other officers immediately after election. He should give notice that at the next Meeting he would move to alter the Constitution so as to apply the same principle to the other officers as was now applied to the President and Vice-presidents.

DR. TRENHOLME then exhibited to the Asscoiation a number of new instruments, used in the treatment of diseases of females, which he had obtained in London, during the present summer.

THE MEDICAL BILL.

Dr. HOWARD said that, before asking the Society to consent to what he was about to do he would like simply to state why. As they were aware, at last, by a final vote they ultimately got an expression of opinion from an influential portion of Lower Canada respecting the principle involved in the bill. After a good deal of debate and after much having been said upon the question, they at last got a formal motion from Dr. Rottot representing a very large and influential portion of the French Canadian influence in medicine in Lower Canada to the effect that as a whole they objected to the bill, and that they felt they could not go on with a bill which would be a Dominion Act. Whilst they were willing to have a bill for each Province they did not feel disposed to to adopt the principle which would ultimately confer upon the Federal Government the jurisdiction in medical matters. That, of course, was what he was aiming at, and what they had been working to obtain for the last three years. It was evaded at Ottawa because there was not an attendance from this Province. It was postponed at Quebec because the amendments were not translated into French, and yesterday it was almost choked by a vote to suspend the discussion of the subject. Fortunately however, by the good taste of Dr. Rottot, the discussion was brought on, and subsequently a formal vote of eleven to seventeen, at a very small meeting, was obtained on the principle contained in the preamble. But the minority represented plainly the feelings entertained by a very influential portion of the French practitioners of Lower Canada. He, as a Lower Canadian, did not feel that it would be right in him to take any further active part in advocating a bill which was not acceptable to his compatriots here. It would be futile for them to go before the Local Legislature to obtain a bill which would not be acceptable to a large and influential portion of the profession. Having at last obtained an emphatic opinion from Lower Canada, he proposed, with the consent of the Association, as the chairman of the committee in charge of the bill, to withdraw its further discussion, and he requested permission for the committee, having reported, to be discharged. He hoped the Association would see the propriety of that proposal. As a Dominion bill, it could not be discussed at present, and therefore he hoped that it would be withdrawn. He need not say that it was a very great disappointment to him, but then there was nothing but disappointment in this world, in medicine as in other matters.

Dr. TRENHOLME seconded the resolution, but he did it with great regret, because he thought the French practitioners did not appreciate the position. No one more than he would like to see the whole of the Dominion thrown open to practitioners who might find that they could advance his interests by removing from one place to another. They might rest assured that they would never get the whole Dominion thrown open to them until they themselves accepted the principle of the bill. They could not get the one without accepting the other. If they desire to be able to practice their profession in any part of the Dominion from the Atlantic to the Pacific, they must consent that in the matter of medical education there should be uniformity throughout the whole Dominion

Dr. HOWARD remarked that it would be more acceptable to him if some other gentleman seconded the resolution, because Dr. Trenholme was one of the gentlemen who, the previous day, had tried to choke discussion of the bill. Dr. Hingston had seconded his original motion, and perhaps he should have asked him to second this one; he would now do so.

Dr. HINGSTON said he would do so, not with pleasure, but with great pain. He would suggest that the discussion of the Bill should be held over for two years, by which time perhaps some of the angularities which at present existed might be smoothed over.

Dr. TRENHOLME wished to remove any impression of inconsistency in his conduct in offering to second Dr. Howard's resolution. His reason for trying to prevent discussion of the Bill the previous day, was because he saw that it could not be carried, and that to occupy the time of the Association with it was, in his opinion, wasting valuable time. He had not in the sightest degree changed his opinion as to the necessity which existed for a Bill such as was in the hands of members of the Association.

Dr. HOWARD said that while it was for the Association to decide whether the Bill should be entirely dropped or only postponed, he felt that he must retire from the position of chairman of the Bill Committee. He had many reasons for wishing to do so, but one very strong one was, that from his position of chairman, and his connection with one of the teaching bodies of the country, he felt that he had considerably impeded the progress of the Bill. If the Committee should be continued, he suggested the name of Dr. Craik should be substituted for his own.

Dr. ROTTOT observed that he was not opposed to the Bill in *toto*, but to some of its provisions. He hoped that Dr. Howard would still continue as chairman of the Committee.

Dr. ROUSSEAU (of Quebec), also hoped Dr. Howard would not retire.

Dr. HOWARD thought that as the Committee had reported that their work was accomplished, they should be discharged. The Bill was in the hands of the Association, and when wanted could be found with the Secretary. The recent Medical Bill passed in Nova Scotia was in a great measure the result of the labors of this Association. He therefore thought that those who had maintained that the time of the Association had been mis-spent in discussing this Bill, were mistaken. He thought that for the present it should be withdrawn, as the Province of Quebec, which was the only one in which there could be any very great difference of opinion, had emphatically spoken against the principle of the Bill.

Dr. C. C. HAMILTON, (Nova Scotia) moved that the further consideration of the Medical Bill prepared by the Committee at the request of the Association be deferred for two years.

Dr. ROUSSEAU, (Quebec) seconded the resolution, which was carried.

A motion by Dr. HOWARD, seconded by Dr. Gilbert of Sherbrooke, to discharge the Bill Committee, was lost on a division.

A vote of thanks to Dr. Howard as chairman of the Bill Committee was carried by acclamation.

Dr. MARSDEN, announced that he had the pleasure of submitting an offer which must be very gratifying to the Association, as it would tend to make the next meeting of the Association very interesting. Dr. GRANT, M.P. (Ottawa), and Dr. Worthington (Sherbrooke), had offered to the Association a gold medal for the best Essay on the Zymotic diseases of Canada, the Essays to be submitted to the Essay Committee without signature, and with an appropriate motto, before the first day of July next; and to be presented to the next meeting of the Association.

This announcement was greeted with applause.

Dr. MARSDEN gave notice that at the next meeting he would move that in future the subscription to the Association be $4.00.

PAPERS.

Dr. R. P. HOWARD read a paper detailing three case of Scarlatinal Pleurisy, in two of which Paracentesis Thoracis was performed, and in the other nature spontaneously evacuated the pus, through one of the larger bronchial tubes. Two of the cases recovered, and the third died (one of the cases where the pus had been evacuated. The deductions drawn from the three cases was the advisability of performing Paracentesis early—say within the first week.

A vote of thanks having been awarded Dr. Howard, the Association adjourned for lunch.

AFTERNOON SESSION.

Dr. GRANT, the newly elected President, took the chair, when the Association assembled in the afternoon.

Dr. MARSDEN gave notice that at the next meeting he would move that the by-laws should be amended so as to enable the Association to strike off the roll of the members of the Association all permanent members that had been absent from three consecutive meetings and had failed to pay their subscriptions.

Dr. H. WRIGHT (Toronto), thought that the members from the Upper Provinces could not attend the meeting so long as they were held in the fall months of the year.

Dr. BOTSFORD thought it important for the welfare of the Association that the whole Dominion should take an interest in it, and that every possible step should be taken to secure this object. It would be a great pity if a large and influential section of the profession were to be shut out practically from attending the Association because of the time of meeting.

Dr. MARSDEN gave notice that he would move as the next meeting that the time for holding the meeting should be reconsidered.

Dr. HINGSTON then exhibited a case of double hair lip, upon whom he had operated several years previously. The method of operation was described,

and the instruments employed were exhibited. The Association was much interested.

Dr. G. E. FENWICK then read a paper upon stone, illustrated by 16 cases of operation. The method employed was the lateral, and every case was successful. The extracted stones were exhibited.

Dr. HINGSTON congratulated Dr. Fenwick upon his admirable success, not having had a single fatal case. It was gratifying to know that in Canada the statistics of this operation would compare with any part of the world, but the success of Dr. Fenwick, achieved through coolness and ability, was not by any means the average.

Dr. FENWICK extolled the lateral operation in Lithotomy, although he had seen it stated in a letter of Dr. Trenholme, published in the Canada Medical Record, that Sir Henry Thompson had stated that he had had 70 successive successful operations on children, which he considered due to the fact that he always used the straight staff.

Dr. MARSDEN thought that the successful result of Dr. Fenwick's operations showed that surgeons in this country could take their position alongside those of any other.

Dr. BOTSFORD expressed the opinion that stone in the bladder was a very rare disease in New Brunswick.

Dr. GRANT also remarked upon the extreme rarity of the disease in the Ottawa district.

Dr. HAMILTON believed that in Nova Scotia the disease was even more rare than it was in New Brunswick. In a practice of thirty-eight years he had never heard of a case.

Dr. FENWICK stated that the majority of his cases were from the City of Montreal.

Dr. GILBERT (Sherbrooke), stated that the disease was an exceedingly rare one in the Eastern Townships.

Dr. HINGSTON read a paper upon *Lithotrity*.

Dr. MARSDEN did not think the disease was more frequent now than formerly, but that there were more skillful surgeons in the country. In olden times surgeons feared to perform the operation of Lithotomy, and not unfrequently allowed patients to wear themselves out by pain and suffering. Now, as soon as the disease was recognized, operative interference was at once recommended.

Votes of thanks to Drs. Fenwick and Hingston were put and carried.

Dr. HINGSTON observed that Drs. Howard, Fenwick and himself had prepared papers, not so much because of anything special they might contain, but in the hope of setting an example, so that, in coming years, others would imitate them, and bring valuable and interesting matter before the Association.

The following gentlemen were appointed a committee to examine and report upon prizes sent in to compete for the Gold Medal, Drs. David, Howard, Fenwick, Rottot and Peltier, all of Montreal.

The members of the Association resident in St. John were appointed a committee of arrangements for the next meeting.

Votes of thanks were passed to the different Railway and Steamboat Companies, who granted members tickets at reduced rates.

The TREASURER reported a balance on hand of $22.4, after paying all the expenses of the previous year.

Dr. HINGSTON suggested that the Association should adopt the course taken by the British Medical Association, and get members in future to open the scientific part of the meetings by addresses upon Surgery, Medicine and Midwifery these addresses not to occupy more than half an hour in delivering. If this was made a prominent feature of the Association, he felt certain that it would be productive of very great benefit.

The PRESIDENT said that if they were to be a working body, and desired to accomplish anything, the sooner they began work in earnest the better. They had spent five or six years in the discussion of the Medical Bill which had now been found useless. It would be very well if, for the next meeting in the Maritime Provinces, they had addresses upon a few of the more important departments of medicine. If they could get the co-operation of some of the members of the profession to obtain addresses upon Surgery, Surgical Pathology, Medicine, and Sanitary Science it would be very desirable, and add much to the interest of the proceedings of the Association.

Dr. F. W. CAMPBELL moved, seconded by Dr. G. E. Fenwick, that the following gentlemen be requested to give addresses at the next meeting at St. John, New Brunswick:—Medicine, Dr. R. P. Howard, Montreal; Surgery, Dr. Hingston, Montreal; Midwifery, Dr. Hodden, Toronto; Hygiene, Dr. Botsford, St. John, N.B.

Dr. HAMILTON suggested that a committee should be appointed to consider the amendments necessary in the Constitution and the By-laws, and report to the next meeting.

Dr. MARSDEN moved that the committee should consist of Dr. Hamilton, Dr. Gordon, and Dr. Botsford.

The resolution was seconded and carried.

Dr. HAMILTON proposed a vote of thanks to the medical gentlemen of Montreal for the very handsome manner in which they had entertained those who had visited them from a distance. He could say with a good deal of satisfaction that he had never met with so warm a reception as he had received on the present occasion, and he should remember it with very great pleasure in the future. Therefore he moved "That the thanks of the medical gentlemen from a distance be given to the medical gentlemen of Montreal for the handsome manner in which they have received them."

Dr. MARSDEN seconded the resolution, which was carried.

Dr. HINGSTON moved "That the thanks of the meeting be given to the officers of the Association for their services during the past year, and that the special thanks be given to the Secretary, Dr. David, for his services for the past three years. He added that although he knew that Dr. David must be glad to be relieved from his labours, he very deeply regretted his withdrawal from the post.

Dr. FENWICK seconded the resolution, bearing testimony to the value of Dr. David's services.

The resolution was carried unanimously.

A vote of thanks was also proposed to the Natural History Society for the use of their rooms.

The PRESIDENT, before putting the resolution, said that he wished to return to the Association his very sincere thanks for the honor they had conferred upon him in electing him their President. When he came to Montreal on the present occasion he had not the slightest idea that so great an honour would have devolved upon him, inasmuch as when he entered the room yesterday he saw the "household gods," as he might term them, of the profession assembled, and inasmuch as he knew that Montreal was the great metropolitan centre, as far as the profession of medicine was concerned, in the whole Dominion of Canada. He felt proud that a young country such as we had; young, it was true, but extensive as to territory, extending from the Atlantic to the Pacific, should have men who take a prominent part in the profession of medicine. He regretted that the honor had not devolved upon some individual who would have been better able to have performed the functions of President of so distinguished a body than himself. He felt, however, that, although young in years, he should endeavor to do the utmost he could in order to give the Society, as far as possible, a return for the confidence they had placed in him. He was exceedingly pleased that Dr. Hingston had thought fit to move in a direction, which he was satisfied would be materially conducive to the prosperity of the Association. He knew perfectly well that since the British Association was inaugurated, no department had taken a more prominent position than that in connection with medicine. They were well aware that they could only judge as to the advance in the various departments of medicine by the ideas brought out by the men who were leaders in their various departments, and which were admirably explained in the addresses delivered such as those given during the meeting at Birmingham. He was perfectly satisfied that by the addresses to be given next year, as specified in the resolution of Dr. F. W. Campbell, great good would be done not only to themselves as a body in this Dominion, not only in advancing the material interests of the Association, but at the same time in showing to their brethren on the other side of the line, that we were a progressive people, so far as the profession of medicine was concerned, and that in the Dominion of Canada we were determined to keep pace with the times. (Applause.) And more than that, their brethren on the other side of the Atlantic would feel proud to render them any assistance they could when called upon to co-operate with them in the hope that the day was not far distant when they would not only be a united body throughout the length and breadth of the Dominion, but also in the United States and Great Britain, so that they might take the position their profession deserved from one end of the universe to the other. (Applause.)

The PRESIDENT then appointed Drs. Hingston, Marsden, Campbell and Trenholme, Montreal, and Dr. Hodder, of Toronto, a deputation to the American Medical Association.

Dr. HAMILTON suggested that the Association should petition Parliament in favor of establishing inebriate asylums.

Dr. MARSDEN thought that that was a subject which should be discussed at the beginning of a meeting, and not at the end of one.

The matter then dropped, and the Association closed its deliberations.

Progress of Medical Science.

DR. RICORD ON SYPHILIS.

(Meeting of the British Medical Association at Birmingham, August, 1872.)

In the Surgery Section a paper was read by Mr. Acton, M.R.C.S. Lond., on the Treatment of Syphilis.

The Chairman (Sir W. Fergusson) then introduced Dr. Ricord, of Paris, who received a hearty welcome from the meeting.

Dr. RICORD, after acknowledging the reception which had been accorded him, said he had not prepared an address, as he he had not come with the intention of speaking; but Mr. Acton had caught him and obliged him to speak, which was a trick. (Laughter.) He had come to listen and to learn, but not to teach. However, he must say something, though there was no necessity for him to say much, as Mr. Acton had so nearly stated his views and his mode of treatment that there was very little for him to add. There was one great question in regard to syphilis, and it was this: could it be cured radically? In former times all venereal affections, no matter what, were considered as belonging to syphilis, and certainly there was then an immense number of radical cures by mercury or any other means. In this way swellings of the glands, soft chancres, even warts, and other things not belonging to syphilis, were easily enough cured, radically cured; and there were no after-consequences, no secondary symptoms. This explanation would account for the immensely large number of cases of (reputed) syphilis which used to be radically cured. But, since syphilis had been correctly diagnosed, the inquiry to which he had devoted a large part of his life was to see what belonged to syphilis, and what resembled it without belonging to it. There had been great differences in the results of treatment—so much so that a doubt, as Mr. Acton had said, had arisen whether real syphilis could be cured. That doubt as to the curability of syphilis was not recent; it was a doubt which old authors had expressed; and one particularly, with a curious name, which they would probably remember—"Mercuriallis"—thought that now and then an armistice might probably be made with syphilis, but that there was no real cure. In fact, they frequently saw that a long time—months,—years—after the symptoms had been treated new symptoms appeared. And so the doubt whether syphilis could be radically cured, or whether the cure was only temporary, with

a prospect of the symptoms returning, might still remain; he (Ricord), however, had established the law of the unicity of the diathesis of syphilis. The law of syphilis was the same as the law of small-pox, cow-pox, or measles. A man could have but one attack so long as the disease remained in the constitution—that was to say, according to his opinion a new attack could not take place while the system was still under the influence of the old diathesis. Well, it was exactly so with syphilis; as long as a patient was labouring under the diathesis of syphilis, another *infection* of syphilis could not occur—it was impossible. For instance, after indurated chancre, and the appearance of secondary symptoms, it was not possible for the patient to contract a new indurated chancre, with swelling of the glands, manifestation of skin disease, and so on. After one attack the patient could not have another infection as long as the influence of the first remained in his body; a second contagion could not take possession of the system at the same time. If, perchance, something of the kind took place, the symptoms would not follow the regular evolution. So, when a patient had constitutional syphilis, if a new chancre appeared to be hardened they would not find the glands swell, or the early manifestation of skin disease appear; and so of other symptoms. Superficial ulceration might take place, just as a spurious form of vaccination might arise on one who was still under the vaccine influence; but it was not a true case, it was not attended with the sequelæ. But if the constitutional disease were cured, if the syphilitic disposition were completely eradicated, then the patient would be able to contract a fresh indurated chancre, with all the subsequent symptoms. If this were the case—and he had observed it with great care, his experience dating back forty years—it proved that syphilis could be cured; and if syphilis could be eradicated, to ascertain whether a patient was cured or not when all the symptoms had disappeared there would be nothing else to do (though he knew that could not be done) but to try inoculation from an indurated chancre. If vaccination did not take, they were sure the vaccine disposition continued; if it did not continue, vaccination could take effect. In regard to syphilis, the proof had not been carried to this extent; but he had been able to observe that as long as the syphilitic influence continued, a patient could not contract an indurated chancre anew, and, that, consequently, if cured, a new infection might take place. This was a great point gained in science, and it proved what he had said, that syphilis could be radically cured. Now, as to the treatment of the disease. As he had told them, Mr. Acton's ideas were completely his ideas, explaining his manner for treatment and his practice. He would first speak of the treatment of the first stage—that was to say, the primary sore. As soon as he had ascertained that there was a hardened chancre, with a swelling of the glands—not inflammatory, because the glands in this case never suppurated,—he immediately instituted the mercurial treatment. There was one point on which there was some difference of opinion: many believed that it was impossible to prevent the accession of the secondary symptoms, the first manifestation of constitutional disease; many thought that no matter what treatment was employed the sequelæ would appear, Well, he had ascertained that if the treatment were soon begun and well carried through, the bursting out of the first secondary symptoms, the roseola, the swelling of the glands of the neck, etc., might be prevented. If this were not frequently the case it was because the treatment was resorted to too late, when the disease had had time to take root, and secondary symptoms were about to show themselves. In such cases it was not astonishing that secondary symptoms should appear, and the treatment ought not to be blamed; if the treatment were steadily continued they soon disappeared. But if the treatment were begun early, the observation of forty years gave him the assurance that secondary symptoms would not appear. When secondary symptoms had appeared the best treatment was, as Mr. Acton had said, mercury. If they wished for a perfect cure, this treatment must be continued. In general it was not persisted in long enough; it was dropped as soon as the symptoms disappeared, or a short time after, and then it was not astonishing to see them reappear. But if the treatment were continued five or six months, having regard at the same time to sustaining the constitution in general, relapses would be found to be infrequent. He observed very few cases of relapse, and there would not be many when the treatment was well kept up—when the patient had patience enough, and the physician sufficient courage. After six months of that treatment and no symptoms re-appearing, then the treatment with iodine must be begun, and continued for five or six months more. When a patient went to him, he said, "You will have a year's treatment—do you consent to that?" "Yes." Very well; we will go on. If not, good-bye." There were cases in which syphilis occurred in a healthy person—the only disease was syphilis. Then treatment was very easy—the case was a simple one; they had but one enemy to fight—all went on regularly. But, unhappily, in many instances syphilis was not alone; there was something else—scrofula, skin disease, scurvy, low constitution, poorness of the blood. They must understand that such complications as these altered the case; the treatment did not act so powerfully as it would do in the first case, as many of these complications were aggravated by the treatment. For instance, syphilis and scurvy might co-exist—and the characteristic of the latter was poorness of the blood, while that of the former was a plastic condition of the blood. Here, therefore, was a counteracting influence to the treatment for syphilis. Now one thing must be known, Perhaps he was speaking too long? (No; go on.) Well, in many instances syphilis became the secondary consideration, and they must begin with the constitution of the patient, as debility was the disease that required first treatment. They must attack the strongest enemy first. Syphilis was sometimes quiet, and stopped and waited till they came to it. So, when they had improved the constitution, they might commence with the treatment, and they must begin by treating the constitutional complication.

The best treatment was the proto-ioduret of mercury. The stomach bore this well in general. Sometimes it gave rise to a little diarrhœa, which was an easy thing to moderate; but when the stomach was not tolerant of the remedy, one capital treatment was that which Mr. Acton had told them he had confidence in—namely, rubbing-in. If this were not an unpleasant and disagreable operation, certainly it would be in general about the best; he himself should prefer it. In rubbing-in, the action of the remedy was powerful and quick, and the stomach was not at all troubled with it. If it were not so disagreable, and were a thing that could be done without being noticed, he should give it the preference. However, there were cases in which the skin was otherwise affected, in which there was a skin disease, and then friction could not be used. In a case of complication of syphilis and herpes rubbing-in could not be resorted to. In general, patients bore the iodide of potassium well, and in large doses. For his own part he frequently employed forty, sixty, eighty, even a hundred grains a day, and more. They must bear in mind that if they gave too small doses to some patients they would have no result; it was a remedy that passed through the body with great rapidity. He had great experience of it, and he had found that in half an hour it had passed away in the urine. Iodide of potassium was a sort of broom of the blood. So they saw that the methodical treatment was this: mercury, iodide of potassium. But only one for the first stage, and only the other for the later stage of syphilis? No, the rule was absolute that as long as there were secondary symptoms well marked, mercury must be given; when there was a mixture of secondary and tertiary symptoms, mercury and iodide; for tertiary symptoms, iodide. To treat some patients with iodide would not advance them in any way. Why? Because there was frequently in the constitution, in the blood, something of the second stage, something that required the mercurial treatment. This might not show itself, but when iodide of potassium ceased to do good, the disease remaining stationary, let them go back to mercury again. and they would have a splendid result where they had thought there was no further possibility of curing the patient. This was what Mr. Acton had said, and he was completely and absolutely of Mr. Acton's opinion. But there was another thing. When syphilis had lasted for a long time, and had a great effect on the constitution, it in some way disappeared, and left the patient with a complication existing that was not existing before. Sometimes a long course of treatment brought on a new disease—wasting of the constitution, poorness of blood. They must then stop all the specific treatment, and applying themselves to the principal symptom, restore the constitution by preparations of iron, bark, tonics, and proper food, so bringing the patient to the possibility of undergoing anew a regular methodical treatment, either by mercury or iodide, or a combination of these two remedies. In former times, when a person was thought to be syphilitic, physicians seemed unable to entertain any other idea than that of syphilis, and acted exclusively against a specific disease, neglected everything else, and in that way they experienced all the bad effects and accidental symptoms which a bad administration of the symptoms would produce. Mr. Acton had spoken of the use of bromide of potassium. His views were exactly the same as Mr. Acton's with respect to the use of the remedies at different stages, the necessity of having regard to the complications that might exist, and of dropping the treatment for a while till the constitution was restored. This was regular and methodical, and his own manner of practice. But now, was bromide of potassium an anti-philitic remedy? He did not believe that it was. He might be mistaken; but he had experimented with it in syphilitic symptoms, and without any apparent result. But it was a splendid remedy in complications of syphilis. In some cases of symptoms referable to the nervous centres, bromide of potassium was an adjunct, and came to the help of mercury or the treatment by iodine. In some cases of brain disease with syphilis, and of disease of the spine or epilepsy, bromide of potassium did wonders. So that they would see it was a remedy to be applied in nervous complications that might occur, but they must not depend on it as an anti-syphilitic remedy. Now, there were symptoms following syphilis which were not syphilitic, and these must not be treated with mercury or iodide of potassium. For instance, there might be necrosis. Well, they could not bring a dead bone back to life, no matter what quantity of mercury or iodide of potassium they might give. A physician must know these things, and he (Mr. Ricord) ought almost to apologise for bringing them forward. It should be observed that specific remedies did not always act specifically. Certainly, there was no specific effect without a specific cause, but specific causes did not always act specifically. So there were some effects of syphilis, such as disease of the bones, that would afterwards act as a common irritant. In syphilis there might be an ulcerated bone in the nose or mouth, bringing on suppuration; mercury or potassium would not remove that, but let the diseased bone be removed, and the patient was frequently cured. They must take note of all these conditions—the nature of syphilis, the manner in which it conducted itself, its action on the constitution. Let them particularly take note that the general law of syphilis was the same as the general law of small-pox, vaccine, and measles. If they were sure of this from what he had said and from their own experience, then they might be sure that syphilis could be perfectly, radically cured. They could tell their patients that, and give them courage and hope. If the patient had courage to go through with the treatment, and the physician had courage enough to stick to it, the patient might be radically cured. He thanked them for the reception they had given him; it reminded him a little of his hospital in Paris.

A question was asked whether Dr. Ricord was a believer in salivation.

Dr. Ricard replied—No, surely not. Salivation was an accident following the treatment, and it must be avoided as much as possible. There was but one case in which he approved of salivation, and that

was in disease of the eye—iritis. When this occurred and salivation was brought on, the inflammation of the iris subsided.

The Chairman conveyed the thanks of the meeting to Dr. Ricord, and observed that they must all feel obliged to the gentleman who put the question about salivation. It was very pleasing to himself to hear that the old-fashioned system of looking to salivation for everything did not hold a place in Dr. Ricord's mind.

Dr. GROSS asked whether the soft chancre was capable of contaminating the constitution.

Dr. RICORD said his opinion was that a soft chancre, when accurately diagnosed, never gave rise to constitutional disease. This was a law as absolute as possible. But they must be careful, or errors of diagnosis might be made. It was not always easy to establish the difference between soft and hard chancre, but when the diagnosis was certain, they might be sure they would not have any constitutional disease after the soft chancre. On the contrary, even as long as six months after hard chancre secondary symptoms would appear. This was one of the most clearly established facts in practice. But the hardness of the chancre was not always well marked (*bien formulée*); it might be very superficial in those varieties that were attended with excoriation. When there was a something like parchment at the base, a chancre was very easily taken to be soft, but was not so; and he had had cases sent to him as instances of soft chancre which had been followed by secondary symptoms, but which were well characterised by the parchment-like base. However, there was a symptom of more value than the parchment base, a symptom that was one of the most important witnesses to constitutional affection, and that was the non-inflammation of the glands—they were cold and dull. In general several of them became enlarged; it was very seldom that only one was found to swell after hardened chancre; and not only were the glands swollen but the enlargement frequently occurred on both sides, in both groins. The enlargement of the glands was of much value as a characteristic of hardened chancre. The enlarged glands appeared very early, even during the first fortnight of the existence of the sore. With the soft chancre the glands did not always swell; in a great many cases there was no swelling. They would never find a real hard chancre without swelling of the glands; and they would also find many cases of soft chancre with swelling, these cases depending upon surgeons confounding the hard chancre with thickening dependent upon inflammatory infiltration of the tissue immediately around the sore. But if the glands should swell after soft chancre, it was probable that suppuration would come on. With hard chancre there was no inflammation and no suppuration. The older writers directed their efforts to cause an indurated sore to suppurate, in the belief arising from the practical observation that when a bubo suppurated there was no constitutional disease, and therefore they were under the belief that the poison was thrown out of the body. In their quaint way of putting the fact, "they did not like to shut up the wolf within the fold." But they could not bring on specific suppuration in the case of indurated glands; it is impossible. He had tried all means of doing it, and could not succeed in the cases of specific suppuration. In the instances of soft chancre what had they to do—await the occurrence of suppuration, which might either be attended by simply inflammatory or specific bubo? With the soft chancre the inflammatory bubo appeared sometimes two, there, or four weeks after the occurrence of the chancre, and it had the characteristic pus of the soft chancre. There was such a difference between the hard and soft chancre that it was difficult to make a mistake. When a patient consulted him (M. Ricord) suffering from soft chancre he said to him, "Be quiet; you may have a bubo; that will suppurate, but your constitution will be unaffected; you will not be liable to secondary symptoms." With a hard chancre he could predict indurated glands, attended by constitutional symptoms, within six months, provided proper treatment were not followed. He would add, that when it was decided that the case was one of hard chancre or soft chancre, the treatment was very simple. When there was a doubt as to the nature of the chancre, he waited till some characteristic symtoms arose. But there were cases in which the existence of a soft chancre did not prevent a patient from contracting a hard chancre. The patient might have the two species at the same time, contracted from different sources. The two species, hard and soft chancres, do not depend upon the difference in the ground, but on a difference in the seed (*contagium*). So that the new comer who had relations with a woman suffering from the two species could take his choice. If the patient had a true indurated chancre and well diagnosed secondary symptoms, he might catch the soft chancre as often as he pleased, and it would be unattended with specific constitutional disturbance.*

Mr. LORD (London) asked Dr. Ricord what was his experience of municipal interference in respect to contagious diseases in Paris, and what was his opinion as to the effect of such interference in promoting immorality and degrading the character.

Dr. RICORD said it was surely a very good thing to have the women examined. It made the disease less frequent—no doubt of it. From what had already been done in France he saw that the same practice would be beneficial here. It was already a great thing that English sailors no longer brought the disease into France; the French would take care it did not return back into England, and that was a free exchange.—*Lancet.*

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* Dr. Ricord has established a law on which he sets great value, and for the verification of which thinks the present and future generations will owe him a debt of gratitude. It is that of having discovered and described the UNICITY of the syphilitic diathesis—in fact, subjecting syphilis to the LAW which is common to small-pox, cow-pox, measles, &c. —ED. L.

ON THE ADMINISTRATION OF STIMULANTS IN FEVER.

BY DR. LIONEL S. BEALE, F.R.S., PHYSICIAN TO KING'S COLLEGE HOSPITAL.

Alcohol.—The mode of action of alcohol upon the organism during the febrile state is very complex, and before discussing the nature of the modifications in the pathological changes probably effected by it, it is necessary to refer to the great distinction between the two objects for which wine and other stimulants are given during illness. Alcohol is prescribed—1, For the purpose of promoting digestion, improving the appetite, and relieving unpleasant sensations about the stomach; and 2, With the view of directly influencing those most active and serious abnormal changes which are taking place in the blood and in the tissues in all bad forms of fever, which, if they progress beyond a certain degree, will certainly lead to a fatal result.

I propose to defer the consideration of this latter part of the subject until the action of alcohol in moderate doses in the healthy state and in cases of slight fever has been discussed. The forms in which this substance is taken are very numerous, and nothing is more remarkable than the capriciousness exhibited by different stomachs as regards the reception of alcohol. Some persons like and can take without suffering any form of alcohol. With others beer and malt liquors agree well—better than wine or spirits. A certain number can even take porter, but not ale, or *vice versâ*. With some dry sherry is the only wine that will agree. Port wine suits others; while not a few prefer, or can only take without suffering from derangement of the digestive organs, certain hocks or clarets, or sherry or cider. Brandy or whisky diluted will often agree when every other kind of alcoholic drink fails; but even pure rectified spirit properly diluted will not always be absorbed by the stomach without exciting discomfort and favouring the development of unpleasant gases, with certain organic acids, among which butyric, acetic, and valerianic are found.

No one has yet been able to give any satisfactory explanation of the fact that a little wine will occasion in some stomachs the greatest disturbance. Within a few minutes, not only is the process of digestion stopped, but there is pain, an unpleasant feeling of nausea, not unfrequently accompanied by an actual desire to vomit. In other persons a glass of wine will occasion no inconvenience at the time, but may lead, in the course of from twenty-four hours, to the development of that unpleasant collection of symptoms which constitutes what is often termed a "bilious attack." Vomiting, purgation, and free diuresis afford relief; but sometimes the disturbance lasts for days, and is not allayed until the stomach has had twenty-four hours' complete rest from work, or until free action of the alimentary canal and all the glands that pour their secretions into it has been promoted by a dose of mercury. It is, after all, not improbable that this most unpleasant action of alcohol indicates a highly sensitive but not unhealthy action of the nerves of the stomach, and that tolerance of wine and spirits is due to a change which has been induced in the finest nerve fibres—in consequence of which their sensitiveness has been impaired. The tolerance of opium, tobacco, and some other poisons is probably to be explained in the same manner. Nor is tissue change limited to the nerves of the stomach; for it is an unquestionable fact that many of those persons who habitually subject their tissues to the influence of alcohol and tobacco, or both, at an early age, exhibit very distinctly signs of change in many tissues of the body. They look older; and indeed, physiologically speaking, their tissues are considerably older, and have deteriorated in a much greater degree, than would have been the case if they had not been exposed to the action of alcohol.

It is very remarkable how great a difference, as regards the capacity for the assimilation of alcohol, is observed in the same person when in ordinary good health, and when suffering from even a slight cold. I have observed this many times myself. When in health a very small quantity of wine will disagree, and not unfrequently give rise to a serious disturbance of digestion; but when one feels depressed and miserable from a feverish cold, three or four glasses of wine may be taken within a very short time with benefit, and with a feeling of immediate relief. Persons accustomed to alcohol in one form may take with advantage some other alcoholic fluid during illness.

If at the outset we have any reason to apprehend that an attack of fever is going to be severe, it is very desirable to administer small quantities of alcohol early in the disease. In this way the stomach may be accustomed to the remedy; whereas, if its use is postponed until the patient is very ill, and alcohol required in very large doses, the stomach is often in so highly irritable a state as to reject it. The patient's life may be in jeopardy from this circumstance, or fatal exhaustion alone may actually destroy him.

Of Giving Alcohol to Young Persons.—My conclusions as regards giving alcohol to the young are in the main not at variance with the opinions of those who advocate extreme temperance. My own experience leads me to believe that the majority of young healthy people would do well without alcohol; and I believe the habitual daily consumption by young persons—even of a moderate quantity—of wine or beer, is quite unnecessary, and mere waste, while in some instances it is positively injurious to health. At the same time, there can be no doubt that in certain cases where the health fails in children, and even in infants, great benefit results from giving small quantities of wine daily for a short time. Hard-working people, students, professional men, and people actively engaged have been advised to take stimulants, as a general rule—and some, no doubt, require them; but I believe many would enjoy very good health without any alcohol at all, while the recommendation that they should take plenty of claret or other light wine is bad advice for several reasons. Not only is a bottle of light wine not required, but in many cases it is actually injurious. That people who can get it will often take a bottle of light wine,

and more, is quite certain ; but that they require it, or that it is good for their health, will not bear discussion.

Up to the age of 40 very little stimulant is, as a general rule, really desirable for healthy persons, and I expect most people of average health would get on better without any. My own personal experience is this :—I was never very strong, though always able to get through a very considerable amount of physical exertion without suffering from fatigue. Up to the age of 40 I hardly ever touched stimulants of any kind, and when I did take a little I not unfrequently experienced an attack of sick headache before my ordinary condition of health was restored. Lately, however. I have found the advantage of half a tumbler of ale daily ; and I can bear half an ounce, and sometimes three or four ounces, of wine without suffering. I dare say, as I grow older, I may, like most persons, require a little more ; but when in the country, and taking plenty of exercise, I feel very well and contented without any stimulants whatever. The experience of some members of my family who have lived to be old, and that of many persons of whom I have inquired, accords with my own. In old age, I believe, stimulants are really necessary, and sometimes are even more important than food itself. I feel sure the life of many old people is prolonged by the judicious use of alcohol, and I think that some, who have been very careful all through life, take far too little stimulant when they grow old.

Of the Probable Action of Alcohol in the Body.—But we may now very briefly consider the influence of alcohol upon the organism, and its probable operation as an article of diet. What becomes of alcohol when it is taken into the stomach ? There is no doubt that if the spirit is strong when introduced, it is much diluted by the pouring out of fluid from the vessels and glands of the stomach, and that it is quickly absorbed, in its diluted state, into the blood. That this is so is proved by the familiar fact that the smell of alcohol is often very perceptible in the breath. Moreover, as is well known, alcohol has been detected by chemical tests in the breath, in the sweat, in the urine, and the other secretions by a number of observers. Alcohol has also been proved to exist in the blood. There is, therefore, no doubt that alcohol, as alcohol, may not only be taken up by the blood, but may circulate with the nutrient fluid, and eventually pass away from it unchanged. But it must not therefore be concluded that *all the alcohol every person takes* is thus absorbed as alcohol, caused to circulate through the body as alcohol, and at last excreted unchanged ; for such a conclusion would be opposed to the facts of observation and experiment. The truth seems to be, that some of the alcohol taken is unchanged in the system, but that a considerable and very varying proportion of the total quantity introduced is caused to disappear altogether as alcohol, and to pass through most important changes, escaping at last from the organism probably as carbonic acid and water.

A certain quantity of alcohol is *digested* and *assimilated ;* and it is quite certain that the capacity for the digestion of alcohol varies very remarkably in different individuals. It is most probable that the alcohol is taken up by, and carried with, the portal blood to the liver. It is then appropriated with other substances by the bioplasm of the hepatic cells, and completely changed. Its elements are rearranged, and added to the constituents which form the liver-cell, and which gradually break up to form the ingredients of bile, the liver-sugar, and the so-called amyloid matter.

It is the living matter of the yeast-cell that splits up to form alcohol and carbonic acid, water, and a form of cellulose. We shall not be surprised to find that another form of living matter—that of the liver-cell—has the power of appropriating alcohol, rearranging its elements, and causing them to combine with other elements to form compounds having properties very different from those of the materials out of which they were made. And it seems probable that under certain circumstances other forms of bioplasm of the body are able to take up and appropriate alcohol ; for it is certain that in some prolonged cases of exhausting disease a large amount of alcohol is readily assimilated, while ordinary foods can only be taken in such infinitesimal amount that we cannot attribute to them much influence in the maintenance of life. In severe cases of fever, as I shall again have occasion to state, the greater proportion of the alcohol introduced is probably not oxydised as used to be supposed, but appropriated. Its effect is to lower, not to elevate, the temperature ; and, so far from increasing the dysponœa in bad cases of bronchitis, pneumonia, etc., by throwing increased work upon the lungs, as used to be affirmed, it has a directly contrary effect.

Dr. Parkes has shown that diluted alcohol, given daily in such proportions that not more than two ounces of absolute alcohol are consumed in the twenty-four hours, in most cases improves the appetite, and slightly quickens the heart's action ; but that larger amounts have an opposite effect as regards the appetite, and greatly increase the cardiac beats.

Anstie and Dupré showed that if doses of alcohol sufficiently large to produce narcotic effects are taken, alcohol escapes in the excretions, but when smaller quantities are taken it is not to be detected. This may be the true explanation of the fact that alcohol in certain cases cannot be detected in any of the secretions at all. It is certain that the quantity required to produce narcosis varies greatly in different individuals, and perhaps this may account for the different results obtained in the course of different experiments.

Dr. Dupré has quite recently proved that, of the alcohol taken in moderate doses (48 to 68 grammes of absolute alcohol), only a minute fraction is excreted as alcohol, while by far the larger proportion is disposed of in the system in some other manner. Dupré's observations show that this alcohol is not stored up in the system as alcohol, and slowly evolved in the form of alcohol. He remarks that the amount of alcohol eliminated per day does not increase with the continuance of the alcohol diet, and that, therefore, all the alcohol taken daily must

be disposed of daily, and converted into some other substance in the system.

We must therefore conclude that, of the alcohol taken, only a small but very variable amount is excreted as alcohol, but that the larger proportion, at least in the case of most organisms, is changed in the system; not simply acted upon by other things in a state of change, as may be effected out of the body, but actually taken up by the living matter or bioplasm, appropriated and converted into other substances. Though probably not applied to nutrition of tissues, its elements may perhaps assist to form some of the constituents of bile, sugar, fatty, and amyloid matter.—*Med. Times and Gazette.*

SUCCESSFUL LIGATION OF RIGHT CAROTID ARTERY FOR ANEURISM.

Dr. PIGNE-DUPUYTREN exhibited to the San Francisco Medical Society a patient on whom he had performed this operation. The aneurism being on the right side and so near the innominate artery, it became a nice point to decide where the ligature should be placed, that it should not be too near the innominate to prevent the formation of clot, or upon the diseased artery where a similiar difficulty might arise. The ligature came away on the 17th day. In five months the tumour had entirely disappeared. —*Pacific Med. Journal, Aug.*, 1872.

THE CANADA MEDICAL RECORD

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THE CANADIAN MEDICAL ASSOCIATION.

The fifth Annual Meeting of this Association, which has just closed its session in Montreal, is noteworthy for two things, and, although the attendance of the Profession from the various provinces was small, still they were all represented, and considerable interest was manifested in the proceedings. The first thing worthy of note, as having occurred, was the abandonment by the Chairman of the Bill Committee of the proposed Dominion Medical Act, after an expression of opinion from the French Canadian members of the Association. When the time for the consideration of the Bill came round, an attempt was made, as will be seen by our report, to at once abandon the Bill, and thus prevent the time of the Association being occupied by its discussion. Those who made this move were doubtless actuated by the best of motives, but we think that the Association would have made a mistake had they succeeded in carrying the motion proposed for that purpose. At Ottawa a large representation from the Province of Ontario fully expressed themselves upon the Bill: for instance, striking out the Branch Councils and substituting one large Central Examining Board. At Quebec, owing to the amendments which had been made at Ottawa not having been translated into French and embodied in the Bill, its discussion was postponed till the present meeting in Montreal, so that, to say the very least, the Association was bound, in all fairness to those gentlemen who had laboured so arduously upon the Bill Committee, to give time for an expression of opinion by the members in the Province of Quebec. The resolution to abandon the Bill was lost, and the meeting at once entered upon its discussion. The French speaking members of the Association freely stated their opinion, which was that, while approving of much in the Bill, they were opposed to handing over medical legislation to the Federal Government. A resolution to that effect was proposed by Dr. Rottot, an influential representative of our French Canadian brethren, and although it was lost by a small majority, still the expression of opinion was so universal and decided, that when the Association met the following morning, Dr. Howard, Chairman of the Committee who had charge of the Bill, asked leave to withdraw it. To this the Association would not consent, but, by unanimous agreement, its discussion was postponed for two years, the Bill still remaining in the hands of the same Committee. While we regret that the result is as stated, we cannot express surprise, for all must have seen that, with the French element opposed to the Bill, it was an impossibility to carry it through the Parliament of the Province of Quebec. This being the case, its abandonment, for the present at all events, was a necessity; still it would have been a great pity to have been forced to do so, without having given an opportunity to that section of our medical population who, up to the present meeting, have had no fair means of thoroughly understanding the proposed Act. The discussion was conducted with the best of taste and with the utmost good feeling, and we trust that, though the French and English members of the Profession differ at the present moment, upon this subject, the time is coming when such will not be the case—when the entire Profession of the Province will unite hand in hand, and press the measure to a successful termination. Our own opinion is that it only requires time to convince all of the desirability of a Dominion Act. The universality of Medicine shows that those who practice it should

not be confined by Provincial boundaries. The barriers which now surround each Province can only be removed by mutual concessions, and, in breaking these down, we hope the Province of Quebec will eventually take a prominent part. The object to be obtained—the right of all Canadian graduates to practice from the Atlantic to the Pacific—is one well worth sacrificing minor details for; that all will see this before long we feel convinced.

The next thing worthy of making mention is the fact that no inconsiderable portion of the meeting was occupied by purely scientific papers and discussion, which gave to the present gathering an interest and a character which none of the preceding conventions have possessed. In this respect, several members of the Profession in Montreal set a good example in having papers prepared, which we have reason to believe will bear good fruit next year. The last session of the Association, held on the Friday afternoon, is admitted to have been exceedingly interesting, in a professional point of view, and its action in requesting addresses upon certain subjects at the next meeting from prominent members of the Profession—in this respect following the plan of the British Medical Association—will cause all to look forward with much pleasure to the Sixth Annual Convention, which takes place at St. John, New Brunswick, on the first Wednesday in August. Altogether, we consider that the Association has taken a new lease of life, and that the plans proposed, to give interest and *eclat* to its future meetings are such as must succeed, and we now call upon the Profession to give it their cordial support.

THE LATE Dr. AGNEW OF TORONTO.

John Noble Agnew M. D., was born in Edinburgh, Scotland. He came to Canada when about two years of age with his parents, so that he was essentially a Canadian. His general education was acquired at the GrammarSchool, and for some time at Toronto Universsty. He entered a theological school at Toronto, but after a short time, he altered his course, and commenced the study of medicine in Victoria College. Graduating in 1857, he commenced practice in the township of Pickering, but after two years he removed to Toronto where he found a larger field for the exercise of his professional skill, which was of no mean order. His talents and general attainments soon secured him a respectable position among the physicians of that city. He always took an active part in all matters pertaining to the interest of the profession, and to his zeal much of the success of the medical section of the Canadian Institute was due, of which he was secretary for some time. Dr. Agnew's standing in the profession was sufficiently indicated by his election on two successive occasions to represent the county of York, including Toronto, in the Medical Council of Ontario, where he took an important part in all deliberations. He was appointed lecturer in Victoria Medical School in 1870, and lectured one session when he saw fit to retire. He held the post of School Trustee for two years, and took an active part in political matters, and was a thorough Canadian. During the last few months he had occasional attacks of fainting when he would became momentarily unconcious, and he felt premonitions of early death. His death took place suddenly, on the 15th August, in the 40th year of his age. A large number of the profession, and the general public testified their regard in following his remains to the grave.

PERSONAL.

Dr. Lucas, Gold Medallist, McGill College, Session 1869, obtained the M.R.C.S., Eng., in July last, as also Mr Robert S. Mutch, of Prince Edward Island.

Dr. Grant, M.P., of Ottawa, has been elected President of the Canadian Medical Association. We congratulate him upon this distinguished mark of respect, which the Association has bestowed upon him.

Dr. Marsden, of Quebec, who was elected one of the Vice-Presidents of the Association, was fully entitled to the honor, having been one of its founders and chief originators.

Dr. Russel, of Quebec, has returned from Europe.

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