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CANADA MEDICAL & SURGICAL JOURNAL

SEPTEMBER, 1880.

Original Communications.

THE PRESIDENT'S ADDRESS.

DELIVERED BEFORE THE CANADA MEDICAL ASSOCIATION AT ITS
13TH ANNUAL MEETING AT OTTAWA.

By R. P. HOWARD, M. D., L. R. C. S. E.

Gentlemen of the Canada Medical Association :

It is now thirteen years since the representatives of the Montreal profession of the several Provinces of Canada assembled at Quebec, hopefully, unanimously resolved "Qu'il est expedient pour la profession medicale du Domaine du Canada de se former en Association de Medecins sous le nom d'Association de Medecins du Canada." Were the question, *Of what use has the Association been?* to be to-day put to any one half-dozen of its most loyal members, perhaps no two of the answers would agree, unless indeed in an impromptu negation of any use. Yet a more deliberate consideration of the question, in my opinion, justifies a more favorable answer.

PRELIMINARY EDUCATION.

One of the important subjects that first engaged the attention of the Association was the general education of students about to enter upon the study of medicine. The committees appointed from time to time to report upon that subject, not only advocated qualifications at least equal to those recommended by the Medical Council of Great Britain, but urged the propriety of having the preliminary examinations conducted

by experts, *i.e.*, by men actually engaged in teaching classics, mathematics, etc., and further insisted upon the great importance of compelling all persons purposing to study medicine, to prove their possession of a liberal education, by passing a matriculation examination before beginning their medical studies.

MEDICAL CURRICULUM.

Another subject closely allied to, although perhaps not of quite equal importance with the last, upon which the Association has from the beginning expressed emphatic opinions is the duration and character of the medical curriculum. It has invariably recommended that four full years, dating from the time of having passed the matriculation examination, should be devoted to the exclusive study of the various branches of knowledge which compose the medical curriculum, and that at least three of them should be spent at a qualified medical school. As to the character of the curriculum, it has advocated one quite as comprehensive as the curricula of the institutions of high repute in Europe—perhaps too comprehensive in some respects. There is no reason to doubt that the views and opinions expressed from year to year by this Association have had much to do in bringing about the excellent regulations affecting these matters now obtaining in the Provinces of Ontario, Nova Scotia and Quebec. And if nothing more had been effected by our Association, that, in the speaker's opinion, must be regarded as ample justification of the *raison d'être* of this Society—nay, as sufficient warrant for honest pride on the part of its founders. This will appear more evident if I remind you that no equally satisfactory provisions regulate the admission to our professions in the adjacent Republic, notwithstanding its wealth and its advanced position in all the practical sciences and arts. I venture to say that at this day, in not one of the United States, is it obligatory upon a candidate to pass an examination before a competent board as to his educational attainments prior to his entrance upon the study of medicine. And in not more than one or two of the many excellent institutions of that enlightened and prosperous country does the

medical curriculum require four years of study on the part of the student. And what has a perusal of the debates which took place last July at the meeting of the "General Council of Medical Education" in great Britain shown? Amongst other things, first, that some of the corporate medical bodies in that country do not compel the matriculation examination to be passed before the student begins his medical studies—and second, that "the great principle" often approved by the council "of requiring the national educational bodies to examine in general education, leaving the medical bodies free to complete the system of medical examinations, was not even re-affirmed." Now when we reflect that very many of the most enlightened and influential men in the Mother Country, and amongst our American friends, have long been wishing and working for a better state of things, but from various causes have not as yet succeeded in securing it, we may see additional grounds for congratulating the Canada Medical Association upon the favorable position in which the medical profession stands in Canada, and upon the influence the Association has exercised in bringing it about. Let us hope that the sister province of New Brunswick will ere long, pass a medical bill which shall place the requirements of the medical student and the terms of registration of medical practitioners upon as satisfactory a basis as obtains in the three Provinces already mentioned.

STATE MEDICINE.

The Association has had also, at different times, under discussion, various topics appertaining to state medicine. Many reports have been made by its members upon vital statistics and matters of sanitary science; and committees have been appointed upon several occasions to memorialize the Dominion Government respecting those subjects. Now, while unable to say whether these committees have always discharged the duties thus entrusted to them, I am persuaded that the recognition by the Association of this growing importance of State medicine as evinced in the existence of a standing committee upon that subject, whose duty it is to make an annual report

thereon, the discussion of these reports by the members, and the memorials upon sanitary topics now and then transmitted to the Government—all serve to excite the attention and awaken the interest of medical men, and of the Legislature, in a department of medical science of the highest concern to humanity. And it appears to me that this is one of the most important offices, nay, duties, of Associations like ours. Not alone as Christian men endued with more or less of the spirit of the Divine Physician—not alone as educated men possessing the knowledge and therefore responsible for its use,—but as members of a profession the purpose and genius of which are to prevent and alleviate human suffering and to save life, we are bound to take at least the lead in informing and urging upon the attention of the people, that vast numbers of persons are yearly carried off by disease in consequence of the non-observance or the breach of well-established hygienic laws: and that by well-advised and efficiently administered efforts a large proportion of those very diseases, which, from their general prevalence are popularly regarded as unavoidable, may be prevented altogether. For the same reasons, it is our province to direct the attention of the Executive and the Legislature of our country to the claims of sanitary matters upon their most serious consideration, as affecting interests of at least equal importance with those concerning the rights of property or the administration of justice.

It is true that hitherto our Government, in common also with the Executives of many other countries, has not bestowed upon sanitary matters and vital statistics much consideration. But who is to blame? Partly, no doubt, the legislators themselves, who have undertaken to represent the interests, personal as well as material, of the people; but partly—perhaps largely—the people themselves. Do not place-seeking, reward-asking, job-hunting, municipal dishonesty, party spirit, sectional and religious rivalries and jealousies, and provincial avariciousness so hamper our Executive and our Legislature, and so tax our revenue, that time cannot be given to the consideration of matters affecting public health, and money cannot be spared to de-

fray the cost of the measures required to prevent unnecessary disease and death. Is our own profession entirely exempt from culpability in this matter? Have we, as good citizens, earnestly advocated the need of more attention on the part of the public and the Government to sanitary affairs? Nay, have *we*, as physicians, the trusted advisers and natural guides of the public in all that concerns the prevention of disease, used our influence with the people themselves and with their representatives in so zealous and able a manner as to make both feel the importance of the subject? Have the several members of our profession who have been elected to the Legislature of their country done all that they might to initiate and secure legislation on subjects appertaining to State medicine?

In this connection, I congratulate the Association that, as you will presently learn, there is good reason to believe that the appeal which has been made by your body to the Federal Government for aid in carrying out a scheme of health registration in the Dominion will be successful to at least a moderate extent.

But to continue our reflections upon some of the *uses* served by the Canada Medical Association.

ORIGINAL COMMUNICATIONS.

It has been instrumental to some extent in inducing not a few members of the profession to contribute some valuable communications to the common store of medical experience and fact.

Hitherto Canadian physicians have devoted their time and talents chiefly to the teaching or to the practice of medicine; and comparatively few have recorded their experience of the diseases they have treated, whether in hospital or private practice. Very few have written a book or even a pamphlet upon medical topics, and our medical journals, numerous as they are, do not contain very many articles written by Canadians, but consist mainly of extracts from foreign periodicals.

It must be admitted also that the men whose opportunities as officers of asylums and hospitals, or whose exercises as teachers of science confer upon them special advantages, are equally with their brethren the general practitioners vulnerable on this point. Within the past few years, however, the number of papers

read at the annual meetings of the Association has been increasing, the original contributions to the medical journals are becoming more numerous, and several meritorious works upon medical topics have of late emanated from Canadian minds.

It is an encouraging fact that for the second time in our history—first at Montreal and now at Ottawa—we have had to divide into sections in order that sufficient time may be afforded for the reading of papers prepared by the members of the Association. While some fifteen papers, in addition to four reports, were read at the Montreal meeting, about twenty papers are in hand or promised for the present one, besides several reports upon special subjects.

Even should these papers contain no new facts, which is a highly improbable supposition, they will more or less fulfil one of the special uses of these meetings—they will tend to disseminate knowledge, which is the next best thing to discovering scientific truth.

Having thus far endeavored to point out some of the good that has been effected by the Canada Medical Association, permit me to follow the example of several of my predecessors, and to suggest for your consideration some objects which appear to me deserving of the approval and advocacy of this representative body—*i.e.*, let us contemplate what further good we should strive to secure.

UNIFORM SYSTEM OF REGISTRATION OF BIRTHS, DEATHS AND MARRIAGES.

If I do not press upon your attention the great importance to this Canada of ours of a law providing for an uniform system throughout the Dominion of registering births, deaths and marriages, it is because the subject has been frequently brought before you at former meetings, and not that I do not regard it as *the first* question in State medicine demanding the adoption of the Government and the advocacy and active support of this body. On the contrary, the following remarks of one well qualified to judge, when speaking of Dr. Farr's work as "Registrar-General of Births, Deaths and Marriages" in Great Britain, in my opinion truthfully set forth the value of such a system:—

* * * “Taking the work of the Registrar-General’s department for 40 years, I do mean to say that it has no parallel ; that it has served a purpose of good far beyond all expectations of it ; that it is the finest piece of contemporary vital history that has ever been written ; and that we, the representatives of health and science in this day, could not have been the scholars of health we are if those papers had not been our treasure-trove.”

REGISTRATION OF INFECTIOUS DISEASES.

And for a similar reason will I pass by the great good likely to result from even the *voluntary* system of registration discussed at the last meeting of the Association, and already alluded to under the title “Registration of Health.”

In this connection, however, let it be borne in mind that the time cannot be far distant when a *compulsory* system of registration of *all infectious diseases* will be legally established in this country and throughout the motherland, as it has been within the last two or three years in fourteen of the towns in Great Britain.* Although sanitary regulations are still in quite an inchoate condition in the United States, yet wherever they do exist in that country, the compulsory notification of infectious diseases almost always forms part of them ; and the obvious benefit to the public which must follow a loyal discharge of such a duty should not, and will not, fail to reconcile us as a profession to an enactment which at first sight appears destructive of the confidence that should exist between the patient and the physician. That feeling will, however, be greatly removed if the duty of informing the sanitary authorities is imposed upon the occupier of the dwelling in which the infectious disease occurs, or upon the person in charge of the patient.

INEBRIETY AND INEBRIATE HOMES.

There is a subject which I feel assured has been very frequently and very painfully forced upon the consideration of many of you as practising physicians, respecting which I would make a few observations. Who amongst us has not been over

* *British Medical Journal*, 28th Feb., 1880, p. 340.

and over again greatly—painfully—exercised how to deal, as physicians, with inebriety, whether in the form of habitual excess or occasional outbreaks of drunkenness?

The victim may have been the only son of a widow, or the bread-earner of a large family, a minister of the Gospel, a talented physician—nay, one's own brother or son! Who has not, after the repeated failure of all the ordinary means, longed for the power legally to deprive them for a protracted period of the opportunity of gratifying their uncontrollable craving for strong drink, in the hope and belief that during the constrained abstinence the habit of indulgence would be broken, the craving would cease, the *morale* be renovated and elevated, self-respect restored, and a strong will established?

Habitual or periodical drunkenness is no doubt often a vice, but it is frequently a disease, and neither the genius of our profession, nor the spirit of Christianity, teaches us to see the sinner in the sufferer. Inebriety is not the only disease whose moral origin is frequently the outcome of viciousness. To deal with this widespread disease is a matter of great difficulty, but it is not at all impossible. The first condition essential to success I take to be the passing of certain laws by the Legislature. In 1870 a statute was passed in the Province of Quebec "to provide for the interdiction and cure of habitual drunkards," of which the following is the gist:—On petition, under oath, presented to a Judge by the relations, or in default thereof, by a friend, that by reason of drunkenness a person squanders his property or places his family in trouble or distress, or prejudices the interests of his family or creditors, or that he uses intoxicating liquors to such an extent as to incur the danger of ruining his health and shortening his life, the Judge may pronounce his interdiction and "appoint a curator to manage his affairs and control his person, as in the case of one interdicted for insanity." This last clause was amended in 1879, so as to make the interdiction have the same effects as interdiction for prodigality. Under the Act of 1870 the curator of the interdicted person could place him in any duly licensed institution for the care of drunkards, and remove him from it whenever he

deemed it advisable. A more complete and efficient statute, with the same object in view, was passed a few years ago in Nova Scotia, through the efforts of a former president of this Association—the Hon. Dr. Parker—to whom I am indebted for much valuable information on this subject. A creditor may petition, as well as relatives or friends, against an habitual drunkard. When interdiction is pronounced, the Judge directs him to be placed and detained in an inebriate asylum until he is declared by the officials to be cured, and fit to be let at liberty. The managers of the asylum or inebriate home have control of the interdicted person in all respects, and “should he escape from their charge they can arrest him without process of law and convey him back to the institution.” An enactment like that existing in Nova Scotia, and in several of the States of the adjoining Republic, should be passed in all the Provinces of the Dominion, and is the first condition essential to the successful cure and reformation of inebriates. Another, perhaps equally required, is an “Habitual Drunkards’ Act,” like that which was passed in England last year. It provides that an habitual drunkard may voluntarily apply for admission to an inebriate home or retreat, for a period not exceeding twelve months, that his application must be attested by two justices of the peace after they have satisfied themselves that the applicant is an habitual drunkard, and have explained to him the effect of his admission to a retreat, and that the applicant must submit to the necessary restrictions and treatment of the retreat which he enters. The British statute meets a difficulty which has operated more than any against the full success of institutions for the cure of inebriates, for it prevents the victim from removing himself from restraint and supervision when he fancies himself able to control his craving for strong drink, or regrets that he has voluntarily submitted to the restrictions of a retreat. Another condition necessary to the success of the benevolent object we are considering is the giving of a liberal sum of money by the Dominion Parliament—or the Provincial Parliaments, if it more properly appertains to them—to maintain inebriate homes in the several Provinces. This Government

support is rendered absolutely necessary by the circumstances that the large proportion of persons to be benefitted are of the indigent class, who cannot pay for their maintenance. The inebriate home which has been in successful operation for the past few years in Nova Scotia, was closed in December last for the want of sufficient support, and a smaller, but promising institution, organized by a few persons under the auspices of that able administrator, then the Rector of St. George's Church now the Bishop of Montreal, failed from the same cause. Why should not a portion of the money received from the manufacture of and the license to vend liquor be granted towards the maintenance of institutions devoted to the cure and restoration to health of the victims of the immoderate consumption of the articles out of which a profit is made by the authorities? The Rev. Mr. Willett, superintendent of the Fort Hamilton Inebriates Home of New York, has informed me that the Legislature grants that institution fifteen per cent. of all liquor license money collected in the city of Brooklyn and County of Kings for the maintenance of the indigent patients admitted. The city of Chicago cedes from \$12,000 to \$15,000 annually from its excise fund for an institution for the care of inebriates; and young Minnesota, but the other day the home of the Indian, has erected an asylum for inebriates from excise money. On this subject permit me to read the remarks of the Hon. Dr. Parker, whose position and experience in the Legislature of his own Province entitles his views to the greatest consideration: "To my mind the Dominion Government, which derives all the custom and excise duties from the importation and manufacture of alcohol and all alcoholic beverages, should apportion a very considerable amount of such revenue for the maintenance of curative institutions for those who have been the victims of the legalized traffic in this article of merchandise. From this social bane millions of dollars of revenue are annually received into the Dominion treasury, and, to the shame of our public men, it has to be said that, thus far in our confederated history, no effort whatever has been put forth to provide the simple natural antidote for the relief and cure of this terrible

disease—inebriate institutions.” Did time permit I could adduce reliable evidence to prove that the success which has attended well conducted inebriate homes justifies their claims for support from the State and from private benevolence—notwithstanding the incredulity of so distinguished an authority as Dr. Bucknill. But I must pass to other topics.

EXPERTS AT CORONERS' INQUESTS.

Another subject which this Association should, in my opinion, seriously press upon the attention of the Government is the propriety—nay, the need, of employing skilled pathologists to conduct, or, at least to assist in conducting, post-mortem examinations at coroners' inquests and similar judicial enquiries. This is in strict conformity to the principle which recognizes the fitness of employing chemists and alienists as experts in medico-legal investigations affecting their respective departments of science. I fancy some one asks—is the detection and recognition of pathological alterations in the body so difficult that ordinary practitioners may not be relied upon by the courts to conduct post-mortem examinations? It is with some diffidence that I express my own opinion on this delicate topic. It will scarcely be denied that on this side of the water, but few, as compared with the total number of medical students, possess opportunities of learning practically to distinguish and interpret diseased structure; and that yet fewer avail themselves of the opportunities that are afforded them. There is reason to fear that many licentiates have not witnessed half a dozen autopsies during their pupilage, and have not themselves made a single one. Even in Great Britain a practical knowledge of pathological anatomy is a rare accomplishment amongst medical men. Indeed, it would appear from a statement in Orth's that even in Germany, notwithstanding the impulse given to the study of morbid anatomy by the example and enthusiasm of Virchow, “but few students or physicians are able to secure special opportunities for practical training in this department of medical science.” Further, when we reflect how seldom private practitioners institute examinations of their deceased

patients, and how frequently, from want of time, the fear of giving offence, and other reasons, they do not seek for opportunities of doing so, we must admit that a very considerable number of us are scarcely competent to give a reliable report upon the lesions that may be found upon the cadaver.

Many of the grosser alterations are easily recognized; but the correct interpretation of the origin, duration and import of many of them is often as difficult as it is important, and requires much familiarity with morbid anatomy and histology.

But besides the obvious and easily recognized lesions, there are many which only a very practised eye and mind can interpret; and many exist that can only be detected by careful microscopic examination.

Is it so easy a thing to determine whether death has resulted from an overdose of chloral or from organic disease of the heart?—from a blow on the head or from Bright's disease?—from a railway concussion or from latent organic changes, that any medical-coroner, appointed perhaps by political influence, or any physician, summoned either because the coroner is his friend or that he happened to be "in at the death," is competent to give a trustworthy opinion, even after having made an internal examination of the body?

Medical men know better, and they owe it to their own profession and to society to labour to effect such a change in the laws that medical examinations at coroner's inquests and similar judicial investigations shall not be conducted without the assistance of trained experts. The pecuniary loss that would accrue to practitioners generally from such a provision would be more than compensated by the greatly augmented respect and consideration that would come to be attached to medical opinion by legal authorities and by the general public. The direct loss would be more than met by the indirect gain.

It is high time that both the profession and the educated public should recognize that pathological anatomy and histology is a special department of medicine, requiring special cultivation and study on the part of its professors, and that it is no discredit to the average practitioner whose time is chiefly occupied

with the treatment of disease, that he does not feel competent to decide difficult points as to the existence, nature and import of the various alterations of structure that may obtain in the body, and their real relation to death.

In Germany every medico-legal case is submitted to a specially educated official expert, who conducts his examination in accordance with regulations drawn up by "the Royal Committee of Science for Medical Affairs." If the expert's report prove unsatisfactory either to the defence or the prosecutor, it is sent to a Medical Court of Appeal, consisting of the medical colleges of the province. And if this second decision prove unsatisfactory, there is a final appeal to "the Royal Scientific Commission for Medical Affairs, composed of experts of national reputation."

Please observe that in advising the employment of medical experts at coroners' inquests it is not intended to supersede the necessity of calling as a medical witness the physician who may have attended on the deceased.

CENTRAL AND PROVINCIAL BOARDS OF HEALTH.

Permit me to speak upon only one more out of the many subjects that deserve the consideration of this Association. No one will deny that it would be in strict accordance with the opinions which have been expressed from time to time by the Canada Medical Association, and, what is of more importance, in harmony with the views, aims, and actions of the most enlightened men, in and out of our own ranks, in the Mother Country, in the United States and elsewhere, were we, as a body representing the medical profession, to press upon the attention of the people generally, but more especially of the educated classes, and the Provincial and Dominion Legislatures and their respective Governments, the very great importance of establishing a Board or Council of Health for each Province of the Dominion, and a central one at Ottawa for the Dominion. If it be true that under confederation the care of the public health is a function of the Provincial Legislatures, and beyond the power of the Dominion Government, then it appears to me that the first step to be taken should be to establish a central or

national Board of Health, to which should be assigned, amongst other duties, the preparing of a comprehensive plan for a national public health organization, to be submitted to the Federal and the Provincial Legislatures for their approval; the obtaining information upon all matters affecting the public; the advising the several departments of the Government, and the executives of the several Provinces, on all questions submitted by them, or whenever, in the opinion of the board, such advice may tend to the preservation and improvement of the public health; the securing the establishment of a board of health in each Province whose functions shall be performed in accordance with the plan prepared by the Central or National Board; the guiding, advising and assisting the Provincial boards, and securing their co-operation in the obtaining of regular periodical reports upon all matters of State medicine; the combining and summarizing in annual reports all the information and facts contributed by the several Provincial boards of health, and by any other municipal organizations or other source. The Central Board should probably consist, as suggested by Dr. Richardson, of a physician, a surgeon, a physician with practical experience as a health officer, a chemist, a veterinarian, a statistician, a sanitary engineer and architect. These should all be men of first-rate qualifications, and should receive compensation during the time when actually engaged in the performance of their duties, and if the president of the board were given a seat in the Cabinet, as Mr. Stansfeld was in Mr. Gladstone's last administration, and as Mr. Dodson has been in the existing administration of the same distinguished statesman, then the influence and usefulness of the National or Central Board of Health would be greatly increased and its success secured. The health of the people would then be recognized to be as much a primary and special care of the Government as the wealth of the people; and our public health arrangements would cease to be "little dabs of doctoring done by several departments of Government." But can we do no more as medical men to bring about the important reforms in State medicine that we have been considering, than by

reading papers and making speeches at the annual meetings of our Association? Yes, much more. The reproach that has quite recently been raised against the medical profession of England, and indeed of the motherland as a whole, that its members by not offering themselves for Parliament exhibit "great narrowness of mind and want of sympathy with general, social and political questions" cannot be applied to Canadian physicians. While the 20,000 medical practitioners of England have not one of their number in the House of Commons, and Ireland has but two and Scotland but three, their Canadian brethren have many representatives in both the Provincial and Federal Legislatures. Canadian physicians are not content to be the mere padding of social and political life. Now, if the medical men who have seats in the Provincial and Federal Legislatures, would earnestly ventilate and advocate in Parliament and Senate those questions of vital statistics, registration of disease, employment of experts in judicial investigations, central and Provincial boards of health, compulsory vaccination and re-vaccination, inspection of schools, factories, prisons and asylums, a department of public health, etc., we should very soon have them carried. It appertains in an especial manner to the medical M.P. to initiate and advocate measures to prevent disease, prolong and protect life, and advance the interests of science. If he prove recreant, who can blame the lawyer, the merchant or the farmer for lack of interest in sanitary legislation? There is another way in which our profession can powerfully influence legislation for the public good, viz.: by every medical man exercising his personal influence with the member of Parliament representing the town in which he lives. Dr. Stephen Smith, of New York, thus explains how he secured the passage of the State Board of Health bill for New York. He says:—"It was determined to rely on the medical profession of this State for the necessary influence to secure the requisite vote in each House to pass the bill." Immediately after the election last fall, the name and post office address of every member elect was obtained, correspondence was immediately opened with an influential medical man in the immediate

neighborhood of each member, and he "was requested to take an early opportunity to explain to his representative the necessity of establishing a State Board of Health, and to urge him to support such a measure if introduced into the Legislature. The response to this appeal was unanimous and most cordial, and before the meeting of the Legislature a large proportion of the members elect had expressed themselves favorable to the measure. The next step was to secure the preparation of a proper bill," and the "third step was to secure for the bill the personal care of a competent member of each House." In the meantime petitions were extensively signed by leading citizens throughout the State, and the cooperation of thoughtful persons and favorable newspaper editorials were enlisted by the circulation of a pamphlet entitled, "Care of Life and Health in the State of New York." And "so the State Board of Health became a law." Finally, in this connection let us bear in mind the observation of Lord Arthur Russell, that "necessary changes are first originated by a small majority, and subsequently written and talked into existence, until what was at first only an idea becomes a moving force," and let us conduct ourselves accordingly. But there are other useful purposes served and to be served by the Canada Medical Association. In this age of intense activity in all the pursuits of men, whether mainly of an intellectual or of a manual kind, or combining both characters, the persons engaged in them have felt compelled to form themselves into academies, societies, congresses and associations, sectional or national, with the view of promoting the advancement of their respective callings, or awakening a deeper interest in them on the part of their members and of the public, or of extending their sphere of usefulness or vindicating their claim to public support or national appreciation. With the examples before us of our brethren in the Mother Land, in France, in Germany, in the United States and elsewhere, we could not have done otherwise than organize a Canadian Medical Association, and what the British and the American bodies are accomplishing in their respective countries, we are aiming at and doing, however imperfectly, in this our

native or adopted land. And if from any cause, whether from failure to appreciate the high aims, the elevating influence, and the moral force of the Association, or from a selfish disregard of the general interests of the profession, or from a want of an honorable *esprit du corps*, or of patriotism, the Association is not heartily supported by the medical profession of the Dominion, it will be a national reproach.

THE PERSONAL INFLUENCE OF THE ASSOCIATION.

Finally, our Association has done and is doing a good work, in a direction personal to its members, but not on that account to be lightly esteemed. To a body of men whose professional duties exact such an unremitting attention to labor, an annual holiday, even of short duration, is of great value, if merely as affording a temporary unstringing of the bow—a relaxing of the mental strain. But our annual gathering does more. It recalls and endears old memories, when classmates meet once more. It revives and deepens old regards when teachers and their former pupils shake hands and interchange ideas as equals and co-laborers in the healing art. It encourages and cheers the hard worked and isolated practitioner who slaves in the outlying districts of our wilds, when it restores him to the society of his more favored brethren, and reminds him that he is a member of a noble, an influential, and a learned profession. This bringing together of men living in all parts of the Dominion, and representing such diversified interests and opinions, tends to remove prejudices and jealousies, mollify hard feelings, enlarge the human sympathies and develop mutual respect, and very often establish mutual regard. And are not these desirable—much needed—noble uses of our annual meetings? Which of us can afford to despise them? Who amongst us will not be the better for their frequent participation? Who amongst us can habitually ignore the existence of such an Association, and neglect its claims, without failing in his duty to his brethren, and losing an opportunity of becoming a nobler and better man.

INTERNATIONAL COURTESIES.

Before resuming my seat I would avail of this appropriate

moment to render the thanks of this Association to the American Medical Association for the consideration and attention bestowed upon the Canadian delegates at the late meeting of that distinguished body, as well as for the high distinction conferred upon them in making the delegates "honorary members" of the American Medical Association, a position which will enable them to participate like "ordinary members" in the reading and discussion of papers at the meetings of that representative body. It is my further pleasure to acknowledge the compliment paid our Association by the "National Board of Health" of the United States, in sending me, as President of the Canada Medical Association, all the numbers of the *Bulletin*, the official journal of that Board, that have been issued, and in continuing to send them as they are published. These international courtesies are not the less agreeable that they are evidences of mutual regard and sympathy in a common work. But, in truth, national boundary lines do not exist in the domains of science or chivalry. Craving your indulgence for the time I have taxed your patience, and thanking you for the honor you conferred upon me, your presiding officer at this auspicious meeting, I ask you all to join me in the wish that the Canada Medical Association may have an enduring and an increasingly useful future—"Sit perpetuum."

TWO CASES OF PNEUMONIA.

PROBABLE EXPLANATION OF CEREBRAL SYMPTOMS.

By A. D. BLACKADER, B. A., M. D., M. R. C. S., Attending Physician
Montreal Dispensary, &c.

[Read before the Medico-Chirurgical Society of Montreal.]

The following case, which I would briefly lay before you this evening, is interesting, I think, certainly from its severity and the masked character of the symptoms and perhaps also from the causes which I consider operated to produce this character in the attack. Mary W. was a girl nearly 12 years old, of sanguine temperament, and one who had always enjoyed fair health. For past two or three months she has complained occasionally of headaches, especially after coming home from

school, where she had been working hard to gain a prize. Of late she has also looked somewhat pale, but her mother does not think there has been any decided loss of flesh. Her appetite up to the present was fairly good, and her bowels always regular. On the 20th June, she was out for a long walk on the mountain with her parents; the day was very hot, with, later on, a thunder storm. During the storm they were all under shelter, but, coming home, she got her feet wet, so that her shoes had to be changed on her return home. That night she slept well, and the following morning (Monday) she took her breakfast and went to school as usual. On coming home in the afternoon, however, she complained of being unwell all over; lay down and fell asleep. At seven she had a light tea, and three hours afterwards became sick at the stomach and was very feverish. During the night she was delirious at times, but became conscious when spoken to, answering questions put to her. At 10 next morning she had a slight attack of convulsions, during which the face was livid, and her hands clenched and rigid—it only lasted a few minutes.

At 11.30 I saw her. Her bowels had just previously been violently moved, and so suddenly that she had been unable to be removed in time. The stool was not large in amount, but dark, liquid and offensive. When I saw her she was lying on her back in a state of half stupor, from which she was only roused by speaking firmly. The face pale, but cheeks and lips livid; pupils not dilated but drawn up under the upper lids; no noticeable squint; tongue protruded slowly, tremulous, thickly coated with a brownish fur; R. 34; P. 120, weak but regular; lungs resonant; breath sounds normal; a few mucous râles through chest: heart sounds normal; spleen not perceptibly enlarged; no fulness or retraction of abdomen, or any apparent tenderness; *Tache cerebrale* but slightly marked; extremities pale and exsanguine; finger nails livid; T. 105° in axilla. Ordered Calomel gr. v, Jalap gr. x, at once, and a mixture of Pot. Iod. gr. i, Pot. Brom. gr. v, Amm. Carb. gr. ii.

At 2 p.m. she had another slight convulsion, lasting two minutes, similar to former one. At 4.30 p.m. the bowels were

moved once freely ; the motion was dark and very offensive. At 5.30 p.m. I saw her again. Face still pale and lips livid ; quite unconscious ; takes food and swallows with great difficulty ; fingers half-flexed at the metacarpo-phalangeal joints only ; no deviation of the pupils noticeable ; both pupils same size ; not dilated. T. 105°2 ; P. 130 ; R. 36.

As the patient was residing at some distance, I made no night visit, but saw her again shortly after ten next morning. She had passed a very restless night, muttering, through the greater part of it, about her school and lessons. There had been frequent twitching of the limbs. She had vomited twice. The ejecta had been dark and coffee colored ; bowels moved once, very black. T. 105°5 ; P. 148 ; R. 38. She had taken almost no nourishment. Her mother had tried to give her some of the medicine, but failed. She died at 4 p.m.

Being in doubt myself about the true character of the case, I succeeded in obtaining a post mortem examination of the body the following afternoon, which Dr. Osler kindly conducted for me. The following are his notes :—

Body well nourished. On removal of the calvarium, dura mater was found normal, adherent ; pia mater deeply injected, both the large and small vessels ; no lymph at base, or special excess of fluid in subarachnoid. On section organ was firm, but with decided excess of blood in it ; puncta vasculosa very marked ; ventricles normal ; walls not soft. Nothing special in substance of brain. *Heart*—Right chambers full of dark blood and clots ; chambers, valves and orifices normal. *Lungs*—*Right*—Upper part of lower lobe is solidified and in state of red hepatization ; firm, airless on section, dry, granular, and several of the bronchi in it containing plugs. The area of consolidation is about as large as the palm of the child's hand. The rest of the lung contains a good deal of blood—not œdematous. *Left*—Lung heavy at base, and contains more blood than normal ; no consolidation. *Spleen*—Enlarged ; half as large again as normal. *Kidneys*—Normal ; vessels full. Nothing abnormal in other organs.

The supposition of pneumonia had occurred to me in this

case at first, but the marked cerebral character of all the symptoms; the history of previous headaches, and the overworked brain—for the child had been studying very hard for some months past—and the fact that the mother was of a somewhat tuberculous diathesis, all induced me to refer it to trouble in the brain, lighted up probably by the long walk in the sun and the after chill doubtless caused by the wetting of the feet.

But although in error, as the autopsy shewed, in supposing the primary mischief to be in the brain, I think there is little doubt that the rapid manifestations of these extreme cerebral symptoms was in a great part due to these two factors—the over-worked brain and prolonged exposure to the sun.

Juergensen, in his article on croupous pneumonia, in Ziemssen's Cyclopædia, referring to these cerebral symptoms, says:—"It would be difficult to assign any reason why these symptoms, which are common in all febrile conditions, should be ascribed in pneumonia to any other cause than to the sudden onset of a high fever." Later on, he says:—"Besides the fever there are probably always individual conditions which favor the occurrence of cerebral symptoms." Among these he places age, alcoholism, anæmia, an easily excitable temperament, and then adds the influence of radiated heat upon the head. To quote again, if you will permit me, he says:—"Although the number of my observations upon the following point is not larger, I wish to call attention to it because it seems to me to be important. Local affections of the brain, with symptoms which are in the main merely functional, may be produced by the influence of radiated heat upon the head as seen in true sun-stroke. In two cases of pneumonia of the inferior lobes, with severe cerebral symptoms, I noticed that just before the outbreak such an irradiation of the scalp had taken place."

In both cases the cause was the walk taken by the pupils of the school. One of the children had his head uncovered; in his hurry not to be too late his cap had been left at home. The other child had repeatedly gone out under a hot July sun with uncovered head. In both instances, simultaneously with

the rigor, the temperature rose to an unusual height, and the symptoms were very similar to those of meningitis.

One more point in this case I would refer to—the hæmatemesis and melœna. On this point Ziemssen says: “Copious hæmorrhages rarely occur in pneumonia; epistaxis is, however, quite common at the beginning of the disease, and sometimes the menstrual flow is successive. Hæmorrhages from the intestines, kidneys or bladder, I have never seen in uncomplicated cases.”

My second case will not detain you long; I mention it on account of its prominent symptom—*marked Cyanosis*.

On the morning of the 29th March, I attended Mrs. W. during her confinement, when she was delivered of a fine, healthy-looking boy, considerably over the average size. The labour was quick and perfectly natural: the only thing I noticed at all unnatural was a somewhat prolonged lividity about the face of the child, and that had passed away entirely by the following morning. I doubt whether I should have noticed that if she had not had trouble with some of her previous children. One of them, while she had been under the care of the late Dr. Jno. Bell, was still-born; another had lived only four days. Dr. Bell had made a post-mortem examination, and had pronounced, I was told, some defect in the heart. At the confinement previous to this, I had delivered her of twins still-born, neither of which had I been able to revive, although I had worked for a long time at them, nor was I able to say why I had failed, for the heart of the second seemed certainly to be beating when it was born.

The child, however, seemed to thrive and do well, and the mother, although anxious at first, was quite proud of her fine boy. On the 14th day I was summoned at an early hour in the morning to see the child, which had had a slight convulsion during the night. I found the face deeply livid, as cyanotic as ever I have seen a child; breathing hurried, pulse scarcely perceptible. I made an examination of the lungs as well as I could, but found no dullness, only a few mucous rales through the chest, quite insufficient apparently to account for the

trouble. The child had a slight convulsion while I was present, and these recurred several times during the day. The temperature was nearly 102° in the groin.

More to satisfy the mother than with any hope that they might be of use to the child, I ordered hot poultices of linseed to the back, and a mixture containing carbonate ammonia. The child died the following night.

Dr. Osler was kind enough in this case also to make the post-mortem examination for me. The heart was carefully examined, for on account of the deep cyanosis I had referred the chief trouble there, but beyond the overloaded state of the right side, it was perfectly normal, its valves all perfect, and the ductus arteriosus closed.

The lungs were perfectly normal, except at apex of right lung, a patch of consolidation the size of a walnut was discovered, so slight was it that I believe we were almost passing it over.

The other organs were all examined, but nothing beyond general engorgement was found.

Reviews and Notices of Books.

The Surgery, Surgical Pathology, and Surgical Anatomy of the Female Pelvic Organs; in a series of plates taken from Nature; with Commentaries, Notes and Cases.—By HENRY SAVAGE, M.D., London, Fellow of the Royal College of Surgeons of England, one of the Consulting Medical Officers of the Samaritan Hospital for Women. Third edition, revised and greatly extended. New York: Wm. Wood & Co.

The above is a new volume of Wood's Library Series. Its excellence is such that it will no doubt be the means of securing many subscribers for the set; in fact, we know of several in this city who have been induced to send in their names chiefly so as to possess this work. The plates are full-paged, 32 in number, besides which there are 22 wood engravings, with special illustrations of the operations on vesico-vaginal fistula, ovariotomy and perineal operations. The lithographs are faithful

reproductions from the well-known original quarto volume, which is so expensive as to be beyond the reach of the majority of practitioners. They are extremely well executed, and the whole forms an elegant library book. It is surprising how it has been possible for the publishers to add such a costly production to their series, seeing that the volumes are furnished to subscribers at the small sum of \$1.25 each.

The Practitioner's Reference Book.—By RICHARD J. DUNGLISON, A.M., M.D., Editor Dunglison's "Medical Dictionary," Secretary of the American Academy of Medicine, &c., &c. Second edition, revised and enlarged. Philadelphia: Lindsay & Blakiston.

This book, having been some years before the profession, has been extensively sold, and has doubtless proved itself a very useful companion. Its object is to present in one volume a number of useful facts and hints on a variety of medical subjects which the practitioner often has need of and yet frequently knows not just where to look for them. We may mention a few of these to indicate its scope:—Weights and measures; doses of medicine (both for adults and children); diagnostic tables of various groups of disease; poisons and their treatment; dietetic rules and precepts; the performance of post-mortems. Several new chapters appear in the present edition, amongst which are the following:—How to write Metric Prescriptions; the use of the Hypodermic Syringe; do. of the Galvanic Battery; application of Trusses; tables of size, weight and specific gravity of all organs of the body, &c. We have ourselves found the Reference Book very handy, and cordially recommend it to the attention of all our *confreres*.

Photographic Illustrations of Skin Diseases.—By GEO. HENRY FOX, A.M., M.D., Clinical Professor of Dermatology, Starling Medical College, Columbus, Ohio, &c. 48 colored plates taken from life. Nos. XI. and XII. New York: E. B. Treat.

The two numbers just received complete this series of illustrations. We have several times alluded to the great excellence

of these photographic plates, and need only say that the figures selected for the two concluding parts are quite equal to any that have gone before. No. XI. contains examples of the following: Herpes Facialis, Hydroa Bullosum, Erythema circinatum, E. ex-foliativum and Purpura Simplex; and No. XII., Cornua cutanea, Alopecia areata, Morphoea, Scleroderma and Sarcoma Pigmentosum. Considering the great assistance that figures from life must be to students of dermatology, we are glad to observe an announcement from the same author and publisher that a companion work entitled "Cutaneous Syphilis" may shortly be expected.

The Student's Dose-Book and Anatomist Combined.—By C. HENRI LEONARD, A.M., M.D., Professor of Medical and Surgical Diseases of Women and Clinical Gynecology, Michigan College of Medicine. Detroit, 1880.

This is a combination of two small, vest-pocket remembrances compiled by Dr. Leonard. The first part contains a complete list of drugs and their doses, together with poisons and antidotes, and a number of practical hints upon various points, collected together under the heading of "short stops." The second includes as much general and special anatomy as it is possible to condense with abbreviations into a small space. The amount of material for reference and remembrance thus presented is considerable, and the combination will no doubt be appreciated by many students.

Transactions of the American Gynecological Society. Volume IV. For the year 1879.—Boston: Houghton, Mifflin & Co. 1880. 8vo., pp. 506.

This fourth volume of these important transactions contains, as usual, an immense amount of valuable concentrated matter on a great variety of subjects connected with the recent progress in the science and art of Gynecology. The able address of the President, Prof. T. G. Thomas, will be read with interest. It treats of "the Gynecology of the future and its relations to Surgery." It is shown how in many instances some new physical

agency has been the means through which sudden and revolutionary advances have been made in some of the departments of medical science. Thus, the use of the ophthalmoscope allowed Von Graefe to throw a flood of light upon the dark places in ophthalmology. The microscope did the same for Rokitansky and Virchow with reference to pathological anatomy. "In 1846, anæsthesia was, by a benign Providence, given to man, as if to lessen the weight of the primal curse, and at once, as if by magic, gynecological surgery sprang into renewed life." The cavillers at the recent improvements wrought in this domain are then held up to scorn and rebuke. "The peculiar function of this body is to decry every advance, to depreciate every effort at progress, and, under the fraudulent guise of conservatism, to smother every attempt at improvement by abuse and misrepresentation."

Amongst the papers contributed we may mention the following:—Intra-Uterine Medication by Iodized Phenol, by Dr. Battey; Treatment of Puerperal Septicæmia by Intra-Uterine Injections, by Dr. Jenks; Sporadic Septicæmia in Gynecological Practice, by Dr. Chadwick; a contribution to the Pathology of the Cicatrices of Pregnancy, by Dr. Busey—a very interesting description of the probable mode of production of the lineæ albicantes both in pregnancy and under other conditions; Prolapse of the Ovaries, by Dr. Mundé—an able paper on a subject admitted by all the speakers to be one of great importance; case of "Battey's Operation," by Mr. Spencer Wells—much of the interest of this case consisted in the continuance of menstruation after apparent removal of both ovaries. The writer, following a suggestion of Dr. Battey, accounts for this by supposing that a small portion of one ovary (which was adherent) was left behind, and thus perpetuated the uterine flow. The pain, however, was immeasurably less than before. The early application of the Forceps in the First Stage of Natural Labor, by Dr. Isaac E. Taylor; Mismanaged Labor the cause of much of the Gynecological Practice of the present day, by Dr. J. Taber Johnson, and the following article from the pen of Dr. Bozeman for those who like big words, especially if they have a strong Greek flavor

about them—Kolpoecpetasis *versus* Partial Kolpokleisis—and several others.

In addition to this matter, there is a complete Index of Gynecological and Obstetric Literature of all countries for the year 1878, together with Indices of Obstetric and Gynecological Journals and Societies.

Books and Pamphlets Received.

Contributions to Orthopædic Surgery and Lectures on Club-foot. By Jos. C. Hutchison, M.D., Visiting Surgeon to the Brooklyn City Hospital, &c. New York: G. P. Putnam's Sons.

The Practitioner's Handbook of Treatment or the Principles of Therapeutics. By J. Milner Fothergill, M.D., Second American edition. Philadelphia: Henry C. Lea's Son & Co.

Transactions of the Medical Society of the State of Tennessee at its 47th annual meeting.

The Transactions of the American Medical Association. Volume XXX.

A new School Physiology. By Richard J. Dunglison, A.M., M.D. Philadelphia: Porter & Coates.

The Pathology, Diagnosis and Treatment of Diseases of Women, including the Diagnosis of Pregnancy. By Graily Hewitt, M.D., Lond., F.R.C.P., &c., &c. Third American, from the third London edition. Revised and enlarged. Philadelphia: Lindsay & Blakiston.

The Skin in Health and Disease. By L. Duncan Bulkley, M.D. Philadelphia: Presley Blakiston.

REPRINTS.

Optico-Ciliary Neurotomy, the proposed substitute for extirpation of a lost and painful eye-ball. By Julian J. Chisholm, M.D. Baltimore: J. W. Borst & Co.

———*Anæsthesia by Ethyl-Bromide.* By H. Augustus Wilson, M.D.

———*Diabetic Cataract, Iritis, &c.* A Clinical Lecture by J. C. Lundy, M.D.

———*Sympathetic Affections of the Eye.* By J. C. Lundy, M.D.

———*Peptonized Milk as Food for Infants and Invalids.* By R. J. Munn, M.D. New York: Wm. Wood & Co.

———*Diagnosis of Malignant Tumors of the Upper Jaw in Youth.* By J. McLane Tiffany, M.D., Professor of Operative Surgery, University of Maryland. Baltimore: J. W. Borst & Co.

— Dr. J. J. Chambliss in the *Medical Herald* contributes an article on Dextro-Quinine. He says: "I have used it in all the various manifestations of malaria, intermittent, remittent and pernicious fevers, periodical neuralgia, etc. I am prepared to recommend it to the consideration of the profession as a safe and efficient substitute for the more expensive sulphate of quinia; and I think it deserves at least a fair and impartial trial at the hands of the profession at large."

Proceedings of Societies.

CANADA MEDICAL ASSOCIATION.

OTTAWA, 1st September, 1880.

The thirteenth annual meeting of the Canada Medical Association was opened this day in the Parliament Buildings, when were present—Drs. Marsden, Hill, Howard, David, Workman, Burritt, Gardner, Burgess, Wright (H. P.), Robillard, Clark, Caniff, Duplessis, Grant, Ross, McDonald, Mullin, Harrison, Zimmerman, Fulton, Shepherd, Sweetland, Osler, Playter, Rottot, Lachapelle, and many others.

The President, Dr. Howard, took the chair at 10.15, and on opening the session requested all the ex-presidents to take seats on the platform.

Dr. Grant, on behalf of the Committee of Arrangements, announced the programme of the proceedings, and that the adjournment for luncheon would be from 1 to 2 each day.

The minutes of the last day's meeting of last session were then read and confirmed.

The Committee of Arrangements reported the credentials of Drs. Brodie, of Detroit, Brush, of Utica, and Goodwillie, of New York, as delegates from the American Medical Association, correct.

Dr. J. D. McDonald moved, seconded by Dr. Marsden, that Drs. Brodie, Brush and Goodwillie, from the United States, be elected honorary members, which motion was carried by acclamation. The President requested these gentlemen to take seats on the platform. Dr. Brodie returned thanks.

Dr. Marsden proposed, seconded by Dr. Gardner, Drs. Jas. Bell (Montreal), R. Howard (St. Johns, Quebec), A. Laphorn Smith (Montreal), R. Pattee (Plantagenet), and Jas. Cassils (Three Rivers, Que.), as permanent members of the Association, and these gentlemen were duly elected.

Dr. Grant moved, seconded by Dr. Marsden, "That the By-law requiring members to pay for every year be suspended for this meeting," but after a short discussion this motion was suspended until the report of the committee on the question of fees, &c., had been received.

It was moved by Dr. Sweetland, seconded by Dr. H. P. Wright, that Drs. McDougall and Bentley, of Ottawa, be elected permanent members. These were elected.

Dr. Caniff moved, seconded by Dr. J. D. McDonald, "That the President's address be the first order of business after recess," which was agreed to.

It was moved by Dr. Stewart, seconded by Dr. Gardner, that Drs. A. Worthington, of Clinton, and J. Campbell, of Seaforth, be elected permanent members of the Association. They were elected.

On the motion of Dr. Marsden, seconded by Dr. McDonald, the By-laws on the order of business were suspended for the present.

Dr. Mullin then reported for the Committee on Fees, &c., "that it is not desirable to insist upon the payment of the annual fee except by those who are present at the meeting," when it was moved by Dr. Bray, seconded by Dr. Harrison, that this report be adopted, which motion was carried unanimously.

On the order of business being resumed, the President called upon the Standing Committees to report.

There was not any report from the Committees on Medicine or Surgery.

Dr. Gardner read an interesting report on Obstetrics.

On the motion of Dr. Grant, seconded by Dr. Powell, Dr. Rogers, of Ottawa, was elected a permanent member.

On the motion of Dr. Sweetland, seconded by Dr. H. P. Wright, Drs. Robillard and Malloch, of Ottawa, were duly elected permanent members.

Dr. Tester, of Oswego, Ill., requested permission to attend the meeting, which was granted most cordially.

Dr. Botsford read his report on Sanitary Science, which was discussed by Drs. Brodie, Playter, Brush, Workman and Grant.

On motion of Dr. Mostyn, seconded by Dr. Shepherd, Dr. O'Brien, of Renfrew, was duly elected a permanent member.

Dr. Osler then read his report on "The Progress of Pathology," when it was moved by Dr. Caniff, seconded by Dr. Sweetland, "That the discussion on the Reports by Drs.

Gardner and Osler be taken up to-morrow morning," which was agreed to.

On the motion of Dr. Workman, seconded by Dr. Botsford, the following gentlemen were named as the "Committee of Nomination":—

Dr. Marsden, Quebec; Dr. Robillard, Quebec; Dr. Osler, Quebec; Dr. Ross, Quebec; Dr. Caniff, Ontario; Dr. McDonald, Ontario; Dr. Hill, Ontario; Dr. Grant, Ontario; Dr. Clark, Ontario; Dr. Botsford, New Brunswick.

The President named Dr. McDonald Chairman of the Medical Section, and Dr. Ross as Secretary; Dr. Caniff Chairman of the Surgical Section, and Dr. McDougall as Secretary.

It being past one o'clock, the meeting adjourned.

AFTERNOON SESSION.

A large number of members being present at 3 P. M.,

It was moved by Dr. Workman, seconded by Dr. Marsden, "That, in the absence of the President, Dr. Botsford take the chair."

This being agreed to, the minutes of the morning's meeting were read and confirmed.

On the motion of Dr. Hingston, seconded by Dr. Grant, Dr. Brunel, of Montreal, was duly elected a permanent member.

Dr. Ewing, of Hawkesbury, was elected a permanent member, on the motion of Dr. Ross, seconded by Dr. Gardner.

The President then read his address. (*See page 65.*)

On the motion of Dr. Marsden, seconded by Dr. McDonald, Dr. C. S. Parke, of Quebec, was elected a permanent member.

On the motion of Dr. Gardner, seconded by Dr. Ross, Dr. J. D. Lafferty, of Pembroke, was elected a permanent member.

Dr. G. H. Preston and Dr. J. G. Beard were elected permanent members, on the motion of Dr. Grant, seconded by Dr. Botsford.

On the motion of Dr. Wright, seconded by Dr. Whiteford, the following gentlemen were duly elected members:—Dr. J. C. Prevost, Montreal; Dr. L. C. Prevost, Ottawa; Dr. F. McEwen, Carleton Place; Dr. Lamarche, Montreal; Dr. J. D. Kellock, Perth, as were Dr. G. H. Graves, of Carp,

Ont., on the motion of Dr. Fulton, seconded by Dr. Ross; Dr. Bentley, of Richmond, Ont., on motion of Dr. McDougall, seconded by Dr. Whiteford; Dr. Mann, of Renfrew, on motion of Dr. Grant, seconded by Dr. Stewart; and on the motion of Dr. Pickup, seconded by Dr. McDonald, Dr. V. H. Moore, of Brockville.

On motion of Dr. Botsford, seconded by Dr. Workman, the meeting then resolved itself into sections.

SECOND DAY.

2nd September, 1880.

There being present Drs. Howard, David, Robillard, Botsford, Caniff, Burgess, Ross, Stewart, Pattee, Gardner, Workman, Campbell, Riddle, Mullin, Pickup, McDonald, Burritt, Bray, Bell, Shepherd, Sweetland, Fulton, McDougall, Brunel, Wright, Hingston, Rottot, Lachapelle and others.

The President took the chair at 10:30.

The minutes of yesterday afternoon's session were read and confirmed.

On the motion of Dr. Pickup, seconded by Dr. Moore, Dr. Cranston, of Arnprior, and Dr. Dickson, of Pembroke, were elected permanent members.

Dr. McDougall, as Secretary, reported the proceedings of yesterday's Surgical Section.

The discussion of Dr. Gardner's report on Obstetrics was then opened.

Drs. Campbell, Bray, Wright, Workman, Brodie, Goodwillie, Dickson, Harrison, Pickup, Moore and Mullin having spoken, Dr. Gardner replied to several important questions put him.

The general Secretary then read telegrams just received expressing regrets at not being able to be present at this meeting from Dr. T. K. Holmes, of Chatham, W. H. Brouse, Prescott, and Atherton, of Fredericton.

On the motion of Dr. Wright, seconded by Dr. Cranston, Dr. C. Church, of Ottawa, was elected a permanent member.

Dr. Hingston then made some remarks on the treatment of hæmorrhage, but no discussion was allowed by the President,

when Dr. Osler's report came up, and Drs. Mullin, Howard, Fulton and Hill spoke on it, and Dr. Osler replied.

Dr. Steven Wright, of Ottawa, was elected a permanent member on the motion of Dr. Sweetland, seconded by Dr. Wright.

The President then requested the Vice-President for Ontario, Dr. Hill, to take the chair, as he wished to read the report of the special committee on sanitary matters appointed at the last meeting, but as it was a very lengthy document, he would explain its purport and only read extracts, concluding with proposing "that the President elect, Drs. Oldright, Grant, Browne, Strange and Larocque be a committee to continue communication with the Dominion Government with the view of securing a grant towards carrying out an effective system of health registration," which motion was agreed to.

The Association then, on motion, resolved itself into sections at noon.

AFTERNOON SESSION.

A quorum being present at 3 o'clock, on motion, Dr. Botsford took the chair.

The minutes of the morning's session were read and confirmed.

The President entered during the reading of the minutes and assumed the chair.

It was then moved by Dr. Fulton, seconded by Dr. Bray: "That the following committee be appointed to consider the propriety of adopting some uniform system of classification of disease for the guidance of the profession in Canada, and report at the next meeting of this Association, viz., Drs. Workman, Ross, of Montreal; McDonald, of Hamilton; Atherton, of Fredericton; and Parker, of Hamilton; which motion was carried.

The Association then went into sections.

At 5.45 the President resumed the chair of the General Session.

On motion of Dr. Osler, seconder of Dr. Campbell's notice at last meeting, the following was adopted: "That the time devoted to the reading of any paper, except addresses on special subjects, which at a previous meeting had been assigned to a member, shall not exceed thirty minutes," which was agreed to.

Dr. R. P. Howard gave notice of motion for the next meeting:

That By-law chap. 7, first clause of section 2, be amended to read as follows: "Every permanent member shall pay the treasurer two dollars at every annual meeting which he attends."

The Secretary then read the report of the Committee on Necrology, drawn up by Dr. Fulton, giving the names of thirty-one members who had died since our last meeting.

Dr. Botsford, for Dr. Hingston, then moved, seconded by Dr. Sweetland, "That in view of the discussion on over brain-work and cram in schools, elicited by Dr. Grant's very important paper on "Gymnastics of the Brain," the following be a committee to report at the next meeting of this Association in reference to this subject, viz., Drs. Grant, Workman, D. Clark, Hingston, Larocque, Botsford and Playter," which motion was unanimously agreed to.

Dr. Caniff moved, seconded by Dr. Sullivan, "That it is the unanimous opinion of this Association that at the present time there is no subject demanding the attention of legislators in this country of greater importance than that of public health, and that in order that Canada may not be behind other countries in this important matter, it is most desirable that both the Dominion and Provincial Governments should, with as little delay as possible, legislate and provide means for the better promotion of the public health throughout this Dominion, and that the General Secretary furnish a copy of this resolution to the Secretary of State."

Carried.

The Treasurer's report was then read, and Drs. Henderson and Buller were named Auditors.

Dr. Marsden, as Chairman of the Nominating Committee, then reported the following as the officers and Committees for the ensuing year:—

| | | |
|-----------------------------------|-------|--------------------------|
| <i>President</i> | - - - | Dr. Caniff, Toronto. |
| <i>General Secretary</i> | - - | " A. H. David, Montreal. |
| <i>Treasurer</i> | - - - | " E. Robillard, " |
| <i>Vice-President for Ontario</i> | - | " J. A. Mullin. |
| <i>Secretary</i> | " " | - " Adam Wright. |
| <i>Vice-President, Quebec</i> | - - | " G. E. Fenwick. |
| <i>Secretary</i> | " - | " G. A. Belleau. |

Vice-President, Nova Scotia Dr. McNeil Parker.
Secretary - " " Lawson.
Vice-President, New Brunswick " J. Christie.
Secretary " " P. Inches.

Halifax to be the next place of meeting, and the meeting to be held on the first Wednesday of August, 1881.

Committee of Arrangements.—Hon. Dr. Parker, Dr. Wickwire and Dr. Jennings, all of Halifax, with power to add two members.

Committee on Publication.—Drs. Zimmerman, Toronto; Osler, Montreal; Campbell (F. W.), Montreal, with the General Secretary and Treasurer.

Committee on Medicine.—Drs. A. P. Reid, Halifax; T. K. Holmes, Chatham, Ont.; Taylor, St. John, N. B.

Committee on Surgery.—Drs. Farrell, Halifax; Sullivan, Kingston; Brunel, Montreal.

Committee on Obstetrics.—Drs. J. S. Ross, Toronto; R. S. Black, Halifax; Henderson, Ottawa.

Committee on Therapeutics.—Drs. James Stewart, Brucefield, Ont.; Dickson, Pembroke, Ont.; Bray, Chatham, Ont.

Committee on Necrology.—Drs. E. P. Lachapelle, Montreal; S. Z. Earle, St. John, N. B.; J. Fulton, Toronto.

Committee on Education.—Drs. Bayard, St. John, N. B.; Robillard, Ottawa; Pickup, Brockville.

Committee on Climatology and Epidemic Diseases.—Drs. Playter, Toronto; Oldright, Toronto; Larocque, Montreal; Alison, St. John, N. B.; Jennings, Halifax.

Committee on Ethics.—Drs. McDonald, Hamilton; Hingston, Montreal; Robillard, Montreal; Parker, Halifax; Grant, Ottawa; Botsford, St. John, N. B.; Prevost, Ottawa; D. Clark, Toronto; Osler, Montreal; Sweetland, Ottawa.

The Nominating Committee recommend that the President shall exercise his discretion in appointing delegates to any sister scientific associations.

Dr. Hill moved, seconded by Dr. Marsden, "That the thanks of this Association be tendered the Speaker of the House of

Commons for the use of the Rooms during the *séance* of the Association." *Carried unanimously.*

Moved by Dr. Botsford, seconded by Dr. Hill, "That the usual honorarium be paid the General Secretary and the expenses of the Treasurer be allowed that officer, and that the best thanks of the Association be tendered both these gentlemen." *Carried.*

It was then moved by Dr. Mullin, seconded by Dr. Caniff, "That a general certificate be issued by the General Secretary to enable members of the profession to have the advantage of the reduction of rates in travelling enjoyed by members of the Association, and that such certificate be supplied through the Local Secretaries to the Secretaries of all Medical Societies," which was agreed to.

On the motion of Dr. Marsden, seconded by Dr. McDonald, a vote of thanks was accorded to the Grand Trunk and Quebec, Montreal, Ottawa and Occidental Railroads, and to the Ottawa River Navigation Company, for their kindness in reducing the fare of members attending the meeting.

Dr. Botsford then moved that the President leave the chair, and Dr. Caniff be requested to take it; when Dr. Grant moved, seconded by Dr. Botsford, "That a cordial vote of thanks be accorded to our past President for the able manner in which he presided during our deliberations, and for his admirable and well-timed address," which motion was carried with acclamation.

Dr. Caniff having conveyed the thanks of the Association to Dr. Howard, that gentleman replied.

The auditors reported having examined the books and vouchers of the treasurer, and found all correct.

The meeting then adjourned at 6.30 p.m.

THE MEDICAL SECTION.

OTTAWA, September 1st, 1880.

The Medical Section was opened at 4 p.m.—Dr. J. D. MacDonald (Hamilton), chairman; Dr. Ross acted as secretary.

Dr. Jos. Workman read a translation of a writing by Prof. Tamburini upon the subject of Localization of Brain Disease.

The example consisted in an epileptic patient in an Italian asylum. Frequent accesses and vertigoes were present. The mental faculties were very deficient, but the vegetative functions were well performed. There was marked atrophy of the limbs of the left side, as shown by measurements in all directions. The autopsy showed marked atrophy of the right hemisphere, inflammation of the meninges, with purulent exudation over a great part of the surface, with sclerosis of the optic thalamus of the same side. The particulars of the case (which were fully detailed both clinically and pathologically) tended strongly to support the present views concerning the localization of cerebral functions.

Dr. Osler next read a paper called "A Contribution to the Question of Spastic Spinal Paralysis." The reader first demonstrated by diagrams the situations in the cord in which are found the lesions of descending and ascending paralysis, the secondary results of previous morbid changes. He then read the report of a case which had exhibited well-marked clinical features of spastic paralysis. The autopsy showed that the process of sclerosis was not confined to the lateral columns only, but extended circumferentially over a much more extended area. The writer's conclusion was that it is probable that spastic spinal paralysis is not a distinct pathological affection, but may originate secondarily to certain local changes, and that the seat of the disease was not the lateral columns alone.

Dr. Ross said that having seen this patient before Dr. Osler, he had readily diagnosed it as a typical example of spasmodic paralysis. It was, therefore, very interesting to have learned the actual lesion present in the case, which did not correspond with the statements of the classical writers.

Dr. Fulton read a paper on Pseudo Hypertrophic Paralysis. A general account of this rare disease was given and a report of the case he had observed. The patient, a young man, was present, and, being stripped, was examined by the members.

Dr. R. P. Howard showed photographs of two well-marked cases which had recently come under his observation. They were both boys.

September 2nd.

The Medical Section was opened at 12 m.—Dr. J. D. Macdonald, chairman; Dr. Ross acted as secretary.

Dr. Hill read a paper on “The Discarded Practice of Venesection.” He believes that the disuse of bleeding at the present day is due in great measure to a change of type in diseases within the last thirty or forty years, but still he thinks that the time is not far distant when the lancet will be more employed than at present. Allusion was specially made to bleeding in the early stages of fever, in pneumonia and in puerperal convulsions.

Dr. Botsford sympathized with the opinions of the essay. He had heard Prof. Gross style venesection “one of the lost arts.” Fashion, of course, had a great deal to do with this, but he was satisfied that it arose greatly from the wonderful advances in pathology of late years.

Dr. R. P. Howard said that even now there was much diversity of opinion as to recent change of type. Probably fashion had much to do with it, but there were some well-established facts to be remembered: *e. g.*, take pneumonia, we moderns are much more successful in the treatment of this disease than were those who lived in the days of bleeding *coup sur coup*. Thinks the symptoms of Cullen’s *synocha* are often met with in the early stages of typhus and typhoid, cerebro-spinal and other fevers. Query: Would bleeding be useful under these circumstances? Believes that now-a-days the nervous element is more prominent—the condition, so-called neurasthenia, was more frequent,—and thus a different treatment was plainly indicated.

Dr. J. Campbell alluded to the strong feeling against bleeding in many persons; that this feeling gave rise to reflections when a case ended fatally, and that many physicians were thus deterred from employing this remedy. He had been successful with it in three cases of puerperal convulsions.

Dr. Lavery contended, on the other hand, that many old-fashioned people blamed the doctor if he failed to bleed.

Dr. Brush would confess that he had never seen a venesection practised. Austin Flint says, in pneumonia never bleed.

He himself (Flint) had pneumonia ; bleeding was advised ; he repeatedly refused to consent ; finally, the distress becoming more urgent, he sent for his medical friend and requested to be bled. This was done and he was relieved.

Dr. Osler had practised bleeding recently in a case of pneumonia where he thought life was saved thereby. There was complete consolidation of one lung and commencing œdema in the other. Cyanosis was extreme and death imminent. Relief was immediate and recovery perfect. He would also recommend it in the early stages if there was very high fever ; also to relieve fulness of the right heart in some forms of chronic valvular disease.

Dr. Ross said that when ordering bleeding he would like to know the reason for so doing. Several had spoken of using it in puerperal convulsions. On what grounds was it here employed ? It used to be said that this symptom arose from congestion of the brain, which bleeding relieved. Few now believed this. He had treated puerperal convulsions with bleeding and without. He considered that the main indication was to allay the irritable state of the motor nerve centres of the brain, and that this could best be done by chloral hydrat.

The section then adjourned till 2.30 p.m.

On re-opening at this hour,

Dr. Grant read a paper upon " The Gymnastics of the Brain," in which he argued strongly against the present system of common and high school education, contending that young children were often physically injured by the excessive amount of studies imposed upon them.

Dr. Brodie, of Detroit, thought Dr. Grant was on the right track, but had not got down to the bottom of the difficulty. " Cramming " rose in the natural state of society, and until that was changed our children would hardly be free from its injurious results. Children at fifteen years of age, to-day, were not children as of old, and in order to give them an education, it was necessary to begin early in life to learn. It was the same way in politics and religion. In this day they commenced education early, but there was a reason in the system. They

took a proper time for study. The competitive system of to-day excited the children, and he did not know how they were going to get rid of it. It was after the age of the world. How to get rid of the ills of mental excitement was the trouble. In Detroit they were trying to abolish female teachers, for the reason that they excited the children more than male teachers did. A man could, in his opinion, educate one hundred children in five years, and bring them along better than a woman could in fifty. They were also trying in Detroit to do away with high schools. They were too near a step to the universities. He believed if Dr. Grant's paper was discussed in the homes of parents, and in the school-rooms, something would be gained.

Dr. Clarke, of Toronto, said the hot-house growth in education would result in disaster to the country if continued. The school-houses were built with an improper system of ventilation, and children were packed in rooms like sardines in a box. He thought school boards composed of medical men would be a good idea. He advocated the cutting off of two-thirds of the common school curriculum. This thing of teaching the ordinary student everything in the heavens above and the earth beneath, &c., &c., was absurd. Under these adverse circumstances it was impossible to have a healthy mental development. The children to-day with their pale faces and flabby muscles meant the deterioration of the people of this country, which was a very serious matter.

Dr. Betsford, of St. John, felt, too, that the over-stimulating of the brain destroyed the power by which it is to act. If the whole power of the system was diverted into the recesses of the brain a physical weakness must ensue.

Dr. Kimball also made some complimentary remarks on the paper, and believed that seven years was the proper age to commence the education of the young.

Dr. Burgess, of London, thought Latin, Greek and algebra might be cut off the public schools curriculum.

Dr. Workman said we had been making amazing progress in education. It seemed that the more schools we built, like lunatic asylums, the more we required. He deprecated the system

of competitive examination, and wanted more attention devoted to common education. As an instance of the "cramming" process, he referred to the case of a lady who sat up four nights in succession preparing for a competition, which could not be healthy. He thought we were educating too much; young men were placed two or three storeys above their station, and looked down on their parents with scorn, thus destroying the family bond. What were we to do with our boys and girls was a hard question to solve. They were growing up so as to be of no use to the country or to themselves. They had a smattering of everything, and in the end could do nothing.

Dr. Brodie said that Dr. Grant took the ground that a child should not attend school until seven years of age. He desired to know what this was based on. Did it mean a deterioration? Fifty years ago the best and hardiest men of the day went to school as young as four years, and mentally were in no way weakened. He thought it was the eating of high-spiced food and improper dieting that was the reason of the children of to-day being physically weak.

Dr. Grant said if young children had plenty of ventilation, and only one or two subjects to discuss, earlier education might be all right; but the children of to-day were overburdened with study. A colt could not be expected to carry the burden of a dray horse; and so with a child, any undue strain on its mental organs had an injurious effect. Statistics showed that the greater number of deaths occurred between the ages of six and seven.

Dr. Brodie recognized that the doctor was correct, but threw out the suggestion that some way might be proposed for a change in the condition of affairs.

Dr. Bray, of Chatham, thought so long as we had our "cramming" system of education, so long would the brain be defective. If the system was simplified it would remedy the evil. Every high school board, he thought, should have a gymnasium. He was a member of the Chatham High School Board, and he was happy to say they had a gymnasium, which had a very beneficial effect on the physical development of the pupils. He did not like the idea of doing away with high schools, and

avored a gradual upward tendency. He trusted the agitation in the direction of an improvement in our school system would be continued and end in success.

The Chairman said the system imposed such a strain on the youthful brain that girls became fanciful, hysterical and useless. He did not think gymnastics would improve the condition of the pupil. It was merely adding to the fatigue.

Dr. Marsden thought the system was faulty, and should be amended. The discipline was too rigid and unnatural, and the fruits of it were that they studied everything, and were fit for nothing in the end.

Dr. Hingston, of Montreal, suggested that a committee on general education be appointed, with Dr. Grant as chairman, who might report on the matter. He drew attention to the fact that the denunciations of to-day did not obtain against the French-Canadians.

Dr. Riddell, of Toronto, thought medical education should be discussed as well.

The Chairman said it was out of order.

Dr. Riddell said there was as much "cramming" in medical schools as in others. (Laughter.)

Dr. Bray moved, seconded by Dr. Burgess, that the principle embodied in Dr. Grant's papers and approved of by this Association is worthy of the consideration of the educational authorities of the Dominion.—*Carried.*

Moved by Dr. Hingston, seconded by Dr. Sweetland, that in view of the discussion on the brain work, or "cram" in schools, elicited by Dr. Grant's very important paper on "Gymnastics of the Brain," the following committee be appointed to report at the next meeting in reference to the subject:—Drs. Grant, Workman, Clarke, Hingston, Larocque, Botsford and Playter.—*Carried.*

Dr. Stewart, of Brucefield, Ont., then read a communication on "The Preventive Treatment of Hemicrania by Cannabis Indica." A synopsis of 15 cases was given, with results, showing that the drug is very valuable in certain of these cases, but not in all, and the writer thinks the distinction between these two sets of cases can actually be made.

Dr. R. P. Howard said that, as far as he knew, Prof. Seguin was the only person who had directed recently attention to this subject. He was proud to find such a valuable contribution to this matter of Therapeutics by a Canadian physician.

Dr. Ross read for Dr. Jas. A. Sewell, of Quebec, a paper on "Tea as a Therapeutic Agent," containing several cases observed by the author in which strong infusion of tea had acted very rapidly and very beneficially in counteracting the toxic effects of opium.

Dr. Marsden read a paper on a case of Moveable Kidney or "Ectopia Renalis." The rarity of the disease, persons in whom it is likely to occur, causes, and other points of interest were dwelt upon.

Drs. Zimmerman and J. Campbell mentioned similar cases they had seen.

Dr. Osler had only met with one case in 500 autopsies. There was no record of its having produced any symptoms. It could be moved freely in all directions. It was covered with peritoneum, the fatty capsule alone being loose.

Dr. Burgess, of London, read a paper on "The beneficial and toxic effects of the various species of Rhus." Dr. B. had had a large personal experience of poisonings by these plants when on a surveying expedition along the Rocky Mountains. He believes lotions of lead to be the best local application. Rhus is useful in certain forms of skin disease and in some affections of the tendons and ligaments.

Dr. Ross remarked that he had always doubted the statements concerning poisoning by these plants without contact, but some of Dr. B.'s cases strongly supported that view. He had often seen cases in Montreal, but knew that the real diagnosis was frequently not made. The ordinary Rhus Toxicodendron could often be seen growing in neglected plots even in the heart of the city, and children frequently suffered from handling the leaves. He asked Dr. B. if any other species occurred in the Province of Quebec, but the latter replied that he was not aware.

During the progress of the sectional work, Dr. Osler exhibited in another room a series of preparations, coarse and microscopic, of various forms of disease of the brain and spinal

cord. These were viewed by nearly all the members, and the Doctor was highly complimented upon the usefulness and instructive nature of his collection.

THE SURGICAL SECTION.

September 1st.

The Surgical Section was opened at 2:30 p.m. Dr. Caniff in the chair. Dr. McDougall acted as Secretary.

The first paper read was by Dr. Goodwillie, entitled "Surgery of the Antrum of Highmore;" the patient who was the subject of the paper, Dr. Munro, of Lanark, being present. (An account of this case will appear next month.)

Dr. Clark then read a paper on "Brain Lesions." He believes that the brain can stand more ill treatment than any other organ in the body. Epilepsy, chorea, &c., may follow brain lesions. Does not agree with the views of the Ferrier school on localization of functions. There are no satisfactory lines of demarcation in the brain. The sulci form only partial divisions between the convolutions. Agrees with Richet that the basal and cerebellar ganglia are the centres. Bases this opinion on the facts (1) that the base is much better supplied with blood than the cortex, and (2) the want of uniformity in the symptoms when portions of the brain are removed, as by accident. The writer cited a number of cases, chiefly from the records of military surgeons of the late American war, to support these statements. Mentioned numerous cases of recovery after gunshot wounds of brain, with loss of cerebral matter. No discussion.

Dr. Reeve read a communication on "Plastic Operations on the Eyelids." The writer advocated transplanting large portions of skin. They must be thoroughly freed from subcutaneous tissue and accurately applied. They must also be large, as there is great contraction.

Dr. Hingston made some remarks on—(1.) Method of treating the graft. While preparing it keep it warm by frequently dipping it into hot water and scraping off the under surface until it resembled white kid. Only fifteen cases recorded. He (Dr. H.) has had four cases, three of which were successful.

(2.) Were antiseptic precautions used? (3.) How does the skin unite?

Dr. Reeve replied that lymph is effused and soon becomes permeated with vessels, and union occurs throughout the whole under surface of the flap at once.

September 2nd.

The Surgical Section was opened at 12 noon. Dr. Caniff in the chair; Dr. McDougall secretary.

Dr. Hingston read a paper on "The Surgical Treatment of Wounds." He dwelt chiefly on the methods of obtaining union by first intention of these surgical wounds when such a mode of union was advisable, and showed that attention to certain details, which by many might be thought unimportant, was necessary. He advised absolute cleanliness of the wound and of the neighborhood of the wound; cleanliness of the surgeon's hands and those of his assistants; freedom of the surfaces of the wound from everything that could interpose a barrier to primary union. Whether from within or without the body, recommended *no* ligature nor torsion, but forcipressure or acupressure to check hæmorrhage; opposed the use of adhesive plaster or bandages, as leading to meddlesomeness afterwards; opposed the use of drainage tubes, or horse-hair or other tents, before closing the wound, or warm or cold water dressings after; suggested a method of preventing perforation of the flaps by the cut end of the long bones, &c. The paper was confined exclusively to obtaining union by first intention; when that failed, and suppuration became established, he left the case to be dealt with as recommended in surgical works generally, advising, however, the *early* opening of the abscess in the stump.

Dr. Brodie—The simplest procedures are the best; hot water to arrest hæmorrhage and cleanse the wound, and then as little interference as possible.

Dr. Fulton does not believe in Listerism, and opposes use of drainage tube.

Dr. Stewart—Blood clot may become organized in wounds with Lister's treatment.

Dr. Hingston denies that it ever does.

Dr. Caniff—Clot in a wound does sometimes become organized, but it is not a blood clot; it is a “fibrin clot coloured with blood.”

Dr. Sullivan asked the reader how he arrested hæmorrhage?

Dr. Hingston arrested hæmorrhage by forceps pressure; never by torsion, and as seldom as possible by ligature. Never ligatures any but the largest vessels. Leaves the wound open to glaze. Has no objection to leaving it for hours. Is strongly opposed to Listerism. In an article lately published by a Montreal surgeon, a number of cases treated by this method were reported. In not a single case had union occurred by first intention; whereas in his own practice this frequently occurred where no such precautions were observed.

Dr. Bell—In the cases referred to, union had occurred by first intention in every single case. Was not aware whether the fact was expressly stated in the article in question or not, but could assure Dr. H. that such was the case. These cases, moreover, were all major amputations, and drainage tubes were inserted at the angles of the wound; but all along the face of the wound primary union occurred with wonderful rapidity.

Dr. Hingston, in nineteen years' attendance at the Hotel Dieu, was certain that he had not known erysipelas to originate in that hospital twice.

The Section adjourned at 1.30 p.m.

On re-assembling at 3 p.m.,

Dr. Caniff gave a communication upon a case of “Resection of Elbow Joint.”

Dr. Buller read a paper on “Mastoid Disease.” (This paper will be published next month.)

Dr. Wright (Ottawa) asked—Are chills indicative of formation of pus? *Ans.*—One chill indicates formation of pus; a series of chills, septicæmia or pyæmia.

Dr. Sullivan (Kingston)—Does great swelling and redness indicate the use of the knife? *Ans.*—Always cut down and examine the bone; go farther if necessary; don't be too anxious to go into the bone.

Dr. Reeve has a special drill for these cases; advises more

ear-prophylaxis; recommends the use of boracic acid for both eye and ear; deprecates the use of astringents. Dr. Reeve has drilled into the mastoid in 20 or 30 cases, without any mortality; thinks many cases of ear disease are due to use of nasal douche.

Dr. Goodwillie—Nasal douche should never be used by patient alone.

Dr. Powell asked—In what cases and in what strength is boracic acid used in eye disease? *Ans.*—In purulent cases.

THE DINNER.

On the evening of the first day the Association was handsomely entertained at dinner at the Russell House by the members of the profession of Ottawa and the Ottawa Valley. Dr. Hill presided, and was ably supported by Dr. Robillard (Ottawa) and Dr. Cranston as Vice-Chairs. After the loyal toasts and that of the "Army and Navy" had been duly honored, the Chairman gave "The Canada Medical Association and its President."

The Chairman said that when he was appointed to his present position it gave him most sincere pleasure and a large amount of pride. He was very proud to be present at the meeting of today, and still more at the gathering of to-night. The Association continued to increase in numbers from meeting to meeting, and as it increased in numbers it increased in interest. He had been much gratified at listening to the very valuable papers which had been presented. He was particularly pleased with the amount of youthful talent which was coming forward. Associated with this toast he was requested to give the health of their worthy President.

Dr. Howard, in rising to respond, was received with loud applause. He expressed his regret that his address of the afternoon was to be *encored* in this way, as he had but little more to say. A few years ago the friends of the Association felt with himself that its future was not at all certain. There was a time when the interest began to flag, but he was happy to say that that time was past, and for the last three years there had been a

great revival. It was a matter for congratulation to see so many young men taking an interest in their Association, and they could feel that the future of the Association was guaranteed. Another pleasing feature was that their old officers had not ceased to attend the meetings, and he had the pleasure of seeing present that evening no less than six of their past Presidents. The very fact that they were descendants from the English and French nationalities devolved upon them the duty of maintaining the dignity of their ancestry. The eyes of their ancestors were upon them in a sense, and they must show that they could establish a medical association worthy of the races from which they sprung. Friendly rivalry with their brethren in the United States must also compel them to do their best to maintain the dignity of the Canadian medical men. From a national standpoint, they were bound to maintain the institution. He thanked the company cordially for having drunk so cordially the health of the Medical Association. He knew they could not fail to do so, because they were mostly members of it. He had also to thank them for associating his name with the toast, and for having placed him in his present position. Before sitting down it was his agreeable duty to propose the toast of "The Ontario and Quebec Medical Councils." He would not speak of the Quebec Medical Council, but he had great pleasure in bearing testimony to the good work done by the Ontario Medical Council. As a Lower Canadian, he wished the Ontario Council God-speed. There was but one sentiment among them (the Lower Canadians) as to the manner in which the Examining Board of the Ontario Medical Council discharged its duties. He also made some explanations as to the work of the Quebec Medical Board. Dr. Mostyn replied for Ontario, and in the course of his remarks thought it desirable a central examining board for the Dominion should be established. If this could not be done, central boards for each of the Provinces might be established, and candidates passing any of these boards made eligible to practice in any of the Provinces.

Dr. Rottot replied in French for Quebec.

The Chairman next gave "The Medical Profession." He

said this was *the* toast or one of *the* toasts of the evening. He was sure that they would all be happy to honor it. He had now been fifty years in the practice of his profession, and he had been the witness of many acts of sacrifice, of heroic devotion and religious faith, which every man must practice who desired to discharge his duties with credit to himself and to the profession. The physician's lot was not a happy one. (Laughter.) He was frequently one of the martyrs of modern society. He drank the cup of bitterness, and not infrequently drank it to the very dregs. Very frequently he succumbed in the active pursuits of those duties to which his profession called him. Occasionally, however, there were pleasurable incidents which made the position a more favorable one than he had endeavored to depict. He cited the names of a number of gentlemen who have become distinguished in medical research, and thought they would agree with him that the profession had not been at a standstill.

Dr. Grant, of Ottawa, was well received on rising to reply. He said that he arose with considerable diffidence to reply to this toast, as it appeared to him that he had almost to climb the hill of science after what had been said that evening relative to their profession. The Chairman had been able to give them fifty years' progress in medical science, and when they reached the same age (seventy years) as the Chairman they might rejoice at the possession of so much mental vigor. On no previous occasion had he seen greater signs of prosperity than on the present. They might almost call themselves Doctors' Commons, having met that day in the legislative buildings, and having had as visitors the Secretary of State and Minister of Inland Revenue, who desired to see how they conducted matters in the medical parliament. The self-sacrificing character of the work done by the members of the medical profession on the missionary field, on the field of battle, and in the fever-stricken districts of the South were depicted, after which reference was made to the commanding positions which they had been called upon to occupy. He encouraged the young men of the Association to build up a literature of their own, and spoke of the

progress made in this direction by the American Society. There had been more accomplished by indefatigable perseverance than by great genius. Among those who had been mentioned with honor in Great Britain he gave the name of Dr. Osler, their young pathologist. (Applause.) He did not wish to detain them by any lengthened observations, but he trusted that the remarks made by the President to-day with reference to sanitary matters would take deep root, and that their legislators would see the necessity of carrying out their wishes in this regard, so that they might find, not only the locality of the disease, but also the best means of staying it. He closed an eloquent speech by stating that the boat of science had been plied that evening not only by two oars, but by four oars, and had been impelled by their worthy chairman with the power of a steam engine. He felt consequently that there was nothing more for him to say, and he closed by thanking the company very cordially for the enthusiastic manner in which the toast had been received.

“ Our Guests ” was responded to by Dr. Brodie, of Detroit, for the American Medical Association, Dr. Hingston of Montreal, Dr. Botsford of St. John, and by Mayor Mackintosh.

“ Our Sister Professions ” brought replies from Mr. Lash and Mr. McLeod Stewart. The former, the Deputy Minister of Justice said that there were 2,370 practising lawyers in Canada, and it was a pretty serious task to respond for them. They could imagine what a weight of brain power the country labored under. There were 1,200 lawyers in Ontario, 600 in Quebec, 225 each in New Brunswick and Nova Scotia, 50 in Manitoba, 45 in Prince Edward Island, and 25 in British Columbia. The medical and legal were sister professions, because the members were both manifested by a common desire to do good, and not by monetary considerations. (Laughter.) Dr. Grant had asked if the doctors entered the hospitals for the love of money, and the answer was “ No. ” Why did the lawyers enter the law courts? Was it for money? “ No; ” it was for love for their fellow-beings. (Renewed laughter.) They were both anxious to assist their poor distressed neighbors in their disputes and

troubles. Both were said to profit from the misfortunes of their neighbors—the lawyers from their disputes, and the doctors from their diseases. Every man to his taste. But he would sooner have a meal off a dispute than off a disease. (Cheers and laughter.) The two professions were also alike in that it took two of them to make one man, and that a highwayman. They said of the lawyer and the doctor, “Your money and your life.” If the lawyers took the money, the poor wretches who took life knew where to go for their defence. They would all remember the old rhyme:

“Never marry a lawyer,
For he will plague your life,
And will take an action
Against his very wife.”

The next verse proceeded :

“Never marry a doctor,
For money is all his cry ;
If you're rich he will cure you,
And if you're poor you may die.”

(Laughter.) He mentioned that there were 51 lawyers in the House of Commons, and of the 50 members of the Dominion and Provincial Governments, 25 were lawyers. They need never fear that they would ever want for lawyers to go to for advice.

Mr. McLeod Stewart, in a happy speech, also replied for the legal profession, and in so doing referred to the prominent positions which medical men had attained in Canada, mentioning the present Speaker of the House of Commons, the Lieutenant-Governor of Quebec, the Minister of Railways and Canals, the best Mayor Montreal had ever held (Dr. Hingston), etc. There were three professions—those who took charge of the souls, those who took charge of the bodies, and those who took charge of the estates. He thought the latter class had the best of it in this world at least. The first class had to look for their pay in the hereafter, the doctors had to charge it in their little books, but the legal men stuck to the money as it passed through their hands. (Laughter.) He expressed the hope that the time would come when they would have a Surgeon-General for Canada and a Central Board of Health, as he believed that sanitary

science was of the utmost importance. He would advise the medical men to make Ottawa their headquarters, to stay there a fortnight, to make the Government come to time, and he was sure that it would give them almost anything to get rid of them. (Laughter.) He returned most hearty thanks for the kind invitation extended to him to be present that evening.

“Our Educational Institutions” was responded to by Drs. Ross, Clarke and Sullivan.

“The Press,” “The Ladies” and several volunteer toasts followed, and a very successful entertainment was broken up at about 2 a.m.

Extracts from British and Foreign Journals.

Unless otherwise stated the translations are made specially for this Journal.

Abdominal Surgery.—Prof. Von Nussbaum is well known as a bold and fearless operator. He has already introduced many new operations—among others, nerve stretching and rectotomy—which our forefathers would hear of with something akin to incredulity. Now we find him attempting to remove the pylorus for what was diagnosed as cancer. On cutting down on it, the pylorus, however, proved to be healthy, and the tumor or induration was found to affect the liver. Nothing daunted by the mistake, Nussbaum, who was conducting his operation under the strictest antiseptic precautions, decided to incise the organ and put in a drainage-tube, in the hope that irritative softening might ensue, and so lead to its absorption. It was in an address before the Munich District Medical Society that he referred to this subject and to peritoneal surgery in general. In a manner all his own the celebrated operator contrasted the results of peritoneal wounds under the present methods of treatment with those which were formerly obtained under the older methods.

He says (*Aertzliches Intelligenz-Blatt*, January, 1880), “When nowadays we read that the peritoneum may, fearlessly and with impunity, be punctured, incised, lacerated, bruised, or burnt, provided we keep off all infectious germs, one might be

inclined to think that our predecessors had lived under a gigantic error in regarding abdominal injuries as almost fatally dangerous, while in reality they have proved themselves to be quite unattended with danger, seeing that we now remove from the belly, tumors weighing fifty to sixty pounds, the patients scarcely feeling ill the while, and not experiencing either elevation of temperature or even a rise in the pulse-rate." Fortunately the facts are beyond dispute, and yet the older surgeons were no-wise in error, for peritoneal wounds were dangerous, and in similar surroundings are so to-day. "The difference between the old times and the present simply consists in this: that we have learnt the sources of the danger. An enemy whose strength and position are known is easily overcome."

Among the principal dangers attending this kind of injury must be reckoned, he says, the great susceptibility to the influence of cold which the peritoneum is known to possess. "This enormous, constantly moist surface, when exposed, leads to such a rapid cooling of the blood, that immediately reflex paralytic conditions of the heart, and even death, are threatened." The second source of danger is the almost unlimited power of absorption which the peritoneum possesses; and thus, any exudation into it which may have undergone unhealthy metamorphosis is liable to bring about rapid and severe septic conditions. Thirdly, peristaltic action, by means of which any exudation that gets into the peritoneal cavity, an enormous surface, is stirred up and smeared over the whole of its contents. Fourthly, movements of respiration, the rise and fall of the diaphragm and small intestine aiding the absorption. Fifthly, peritoneal wounds are dangerous because of the little spaces which everywhere exist, into which secretions may find their way and lie hidden and decompose. And, finally, there is the danger of infection through the ill-smelling intestinal gases, which especially favour sepsis; and, he continues, even if the bowel itself be not injured, gases find their way in or out. Thus it is that the pus of all abscesses forming in the neighbourhood of the intestines smell of fecal gases; and not only gases, but after concussion and its consequent paralysis, owing to the phenomena which at-

tend it, an exosmosis of fluids may actually take place. On the whole, therefore, we see that there were good grounds for the dread which has hitherto always been felt of peritoneal injuries, whether accidental or applied by the surgeons for surgical purposes. Since, however, the causes of this great danger have come to be understood, and the means by which they may be overcome have been learnt, the indications for operation and prognosis afterwards have been greatly modified.

Professor Nussbaum then considers enterotomy and gastrotomy, and the cases in which these operations may be practised. In speaking of cases of internal strangulation, he said that "thousands now lie in their graves who have died from this distressing disease, while surgeons stood by as mere lookers-on, unable to help their patients." For although opium could relieve pain for a while, it generally failed to cure the obstruction. And as regards laparotomy, formerly the mortality was 70 per cent., that of Littré's operation 47 per cent., that of Amussat 30 per cent., while those who did recover were, on account of their infirmity, often very miserable and quite unfit to associate in society. Now in consequence of greater skill, and of the experience of past operations, the results are much more favorable. He thinks that a small opening, just large enough to let out fæces, is all that is required at first; for often, after tension of the distended intestines has been relieved, the twist will right itself; or if the obstruction be due to invagination, the gut will slough and come away. The opening is then allowed to close; but, if a cure cannot be effected, the opening should be enlarged, and a permanent artificial anus established.

As regards gastrotomy, he speaks most hopefully. Quoting some Vienna statistics of cancer, he mentioned that of 903 cases affecting the stomach, 542 occurred at the pylorus, and that of these about 60 per cent. offered favorable chances for operative interference. He pointed out that portions of the stomach and pieces of gut had been successfully removed in animals in many instances; and he believed that we were not only justified, but called upon, to operate when circumstances seemed to call for it. In support of this doctrine he relates the following case:—A

man, aged 56, was sent to him with what was believed to be a cancerous tumor of the pylorus, and which could be felt as a swelling of the size of an egg over the pyloric region. It was accompanied by intense pain. An indurated cicatrix on the abdominal wall led to the discovery that he had been accidentally injured with a pistol, and it was then thought that the wad might have been lodged. After watching the case for a while, it was decided to cut down upon it, and explore, being ready for any eventuality. The lesion proved to be an "inflammatory exudative process" in the liver. It was not sufficiently circumscribed to be removed; and furthermore, it seemed not to be a deposit in, but rather a part of, the liver. Professor Nussbaum, under these circumstances, put in a drainage-tube, in the hope that absorption of the indurating material might be brought about. The pain almost ceased, and the induration lessened. The patient left the hospital very much better for his operation, but not quite cured. He wrote to his doctor after some time, asking to undergo a second operation, in the hope that he would thus get quite rid of his trouble.

Nussbaum thinks that with antiseptic precautions we shall be able to extend our peritoneal operations to an almost unlimited extent. He believes we may excise the pylorus, when cancerous, with confidence of success. If this should prove to be the case, we have indeed in antiseptics (so-called) a valuable addition to surgical science. But we trust that in this, as in other arts, discretion will be regarded as the better part of valor.—*Med. Times and Gazette.*

Pasteur's Theory of Vaccination.—Says a correspondent of *The Lancet*: "The last two meetings of the Academy of Medicine have been rendered interesting by communications from M. Pasteur. Recent experiments with the virus which gives rise to the cholera of fowls have led the eminent biologist to conclusions respecting the variola and vaccinia which are of the very highest importance. Vaccine matter, says M. Pasteur, is nothing else than attenuated or diluted variolous virus, and it is unnecessary that it should pass through interme-

diate organisms. The experiments tend to prove that a weak dose of specific virus gives rise to a mitigated form of disease, which, however, is protective against the occurrence of the disease in its ordinary evolution. Should these views be justified by future research, and should their application be extended to other diseases, a new light will be thrown on the pathology of zymotic affections, and their prophylaxis rendered a matter of certainty."

Medicinal Rashes.—Dr. Morrow (*New York Medical Journal*) has collected sixty cases of the quinine exanthem. Thirty-eight of these were of an erythematous character, twelve resembled urticaria; two cases had a vesicular rash, five a purpuric. Morrow believes that the source of the trouble lies in an impairment of function in some of the organs of excretion, throwing the work of eliminating the drug upon the cutaneous emunctories. Behrend suggests that the drug gives rise to certain chemical combinations, which, though ordinarily inoffensive to the tissues, may, in certain abnormal conditions of the skin, provoke eruptions. Dr. J. Behrend (*Berlin Klin. Woch.—Archiv. Dermatology*) says that drugs may cause extremely varied forms of eruption. Thus opium, belladonna, stramonium, turpentine, cubeb, copaiva, chloral hydrate, quinine, calomel, iodide of potassium, bromide of ammonium, have all been known to produce an eruption of an erythematous character, either diffused or occurring in isolated points, like the rash of scarlet fever. Papular erythema has been observed after arsenic, digitalis, quinine and chloral hydrate. Mercury, bromide of potassium, iodide of potassium and cubeb have caused eczematous eruptions. A bullous eruption has followed the administration of phosphoric acid, copaiva and iodide of potassium. An exanthem resembling zoster has followed the use of arsenic. Hæmorrhagic eruptions have been observed after quinine, chloral hydrate, iodide of potassium, and salicylic acid. Pustulate eruptions follow iodide and bromide of potassium. The most common form of eruption following the use of drugs is the erythematous. It often occurs in a discrete, punctate form, like the rash of scarlet

fever. Desquamation follows at the expiration of two weeks and in the form of large lamellæ. A peculiarity of drug eruptions is their tendency to diverge from the types of the corresponding forms.

Treatment of Prurigo by Pilocarpine.

—From the observation of the fact that sufferers from prurigo feel relief when the secretion of the sudoriparous glands is active—as, for example, in summer—O. Simon (*Allgem. med. Centr. Zeitung*) has been led to try the preparations of pilocarpine, and of jaborandi itself, in this distressing condition. A very numerous series of trials have persuaded him of the beneficial action of this means of treatment. In adults he uses a subcutaneous injection of pilocarpine, or prescribes a syrup of jaborandi. The patients, soon after the administration of the medicine, are enveloped in blankets for two or three hours. In patients suffering from psoriasis the perspiration is very scanty, while in pruriginous patients it is very abundant. The effects of this mode of treatment were abatement of the accustomed sense of pruritus, softening of the skin, and diminished tendency to relapse. In general the case did not last longer than a fortnight, and in very severe cases three weeks.—*Dublin Journal of Med. Science*, April, 1880, from *Lo Sperimentale*, Gen. 1880.

The Ephelides of Pregnancy.—Newmann recommends (*Union Medicale*) for these an ointment of chrysophanic acid, one part, to lard, forty parts, well mixed. Gently anoint the part, previously washed with soap and water; then apply a piece of linen, to prevent staining. Repeat the application three or four times at two days' interval, being careful not to touch the eyelids and not to apply too strong an ointment on persons of delicate skin. The parts to which it is applied become red, then black; the skin desquamates, and the stain disappears. The same remedy may be used for pigmentary stains occurring independently of pregnancy.

CANADA

Medical and Surgical Journal.

MONTREAL, SEPTEMBER, 1880.

CANADA MEDICAL ASSOCIATION.

We owe no apology to our readers for having devoted such a large amount of space this month to the proceedings of our Dominion Association, knowing that they are all interested in having a report as full as possible of the important matters which engaged the attention of the meeting. First, we would congratulate our Ottawa friends upon having made such arrangements that ample facilities were afforded for the transaction of business, both that of the general meeting and of the sections. There was a large attendance, about one hundred members being present nearly the whole time. Subjects of much interest were not wanting. The principal of these were, first, the President's address, a thoughtful, suggestive account of the work done, doing, and to be done by the Canada Medical Association. It is quite worthy of its author, was listened to with marked attention and received with applause, and should be carefully read by every member of the profession in Canada. Next was the Report on Obstetrics and Gynecology, by Dr. Gardner. This was a very excellent *resumé* of the main improvements and important advances in these branches during the past twelve months. It was very practical and illustrated by the author's own experiences. The doctor was highly complimented upon his work, which provoked an animated discussion upon several points. Other reports of similar character on medicine and surgery would have been equally welcome. Dr. Osler's pathological exhibit of brain and cord disease was very successful, and was carefully examined by the members. Dr.

Grant's paper on the over-education of young children was opportune, and is well calculated to do much good. All the other papers promised were read in the sections, and some of them discussed. With two or three exceptions, nothing showing much original research was elicited.

In the Medical Section there would have been ample time for the discussion of all the papers, had not a mistake, fatal for that day at least, been made at the outset. One hour was occupied in reading a very lengthy translation from an Italian periodical. The Section rapidly thinned out—much discontent was expressed—and a damper was thrown upon all. Surely the time-limit should be enforced in the general interest of the meeting. Surely none but papers with—at the very least—some show of originality should be accepted for reading before the Association. The members want to hear condensed accounts of the actual experiences, or the actual observations, or the original thoughts, of other members, and they will not come to listen to a lengthy and minute account of a long case and a careful autopsy described by some foreign physician, but which, from simply being read, they cannot even intelligently follow. This was the worst feature of the present meeting, and we hope that it will be remembered for avoidance at the next.

The annual dinner was a most pleasant reunion, and reflects great credit upon the Committee of Arrangements at Ottawa.

LONGUE POINTE ASYLUM.

In our last number we drew attention to the entire absence of proper medical treatment of the insane inmates of the Longue Pointe Asylum. It is astonishing that such facts as those related should fail to excite some public feeling towards these unfortunates. Is there any other so-called civilized country in the world which would allow of the continuance, when known, of such glaring neglect of the plainest requirements of the age? It is but a short time since we published a note written by an American tourist, who remarked that, for an antiquarian seeking remnants of the Middle Ages, it was only necessary to cross the border, and enter the Province of Quebec, where would be

found hospitals built, arranged and managed by religious bodies after a strictly mediæval type. This true, but damaging, statement must now, it seems, be extended to some of our local insane asylums as well. The lunatics are farmed out to a body of nuns, their executive having full power with reference to arrangements of every conceivable kind throughout the establishment: they appoint a medical man, known to have no special knowledge of insanity, to perform all the important duties connected with the office of attending physician to 600 or 700 inmates. But what might be still more strongly objected to is that this physician's position being derived directly from the ladies, it is but natural that his actions should be governed by a desire to interfere in no way with their interests. This should not be. It is quite manifest that, as in all properly-conducted establishments of this kind, the medical head should be a perfectly independent agent, and should not be subject in any way to a private individual or corporate body having direct pecuniary interest in the patients under his care. His appointment should come from the Government, and he should be responsible to them alone for all his words and actions. As we are not aware that this matter has ever been properly before the public, and as the unsuitability of the present management may not have occurred to the proper authorities, we would earnestly call upon the Hon. Provincial Secretary to give this matter his attention, since it is quite certain that as the facts (and the evils resulting therefrom) become better known, so, great dissatisfaction is certain to be both felt and expressed.

Why is it that so little is generally known of the state of affairs in this Asylum? Why? Because there, as in all our other institutions governed by similar bodies, secrecy is maintained as far and as rigidly as possible. Why has not the report of the Government visiting physician been published? Why have we not had his annual report of the year's doings, together with his remarks and suggestions? Every lunatic asylum in Ontario is reported upon annually by its medical superintendent, and the document is open to criticism by all. Then why should we not hear from Longue Pointe? Let us have light. Let us have

the report of Dr. Howard, and if it appears therefrom that he is quite satisfied with the present state of things, then we should not complain.

We cannot repeat too often, the contract system is bad—it ought never to have been adopted. As, unfortunately, it *has* been adopted, we suppose it is a bargain, and cannot therefore be broken; but yet we have a right to insist upon trying to make the best of a bad bargain.

HONEST ARGUMENT.—The *Daily Witness* of this city has been showing up the criminal proceedings of the physicians of the Montreal General Hospital! Their offence consists in having prescribed—in quantities according to their judgment—certain alcoholic stimulants to the patients. An endeavor is made to prove that such a proceeding is not only wasteful but highly reprehensible—that it actually results in killing a good many people. The sophistical reasoning employed shows how difficult it is for any one having a mental strabismus to see straight. The average mortality at the General Hospital for the past nine years has been $7\frac{1}{2}$ per cent. The average mortality at the Hotel Dieu for the past twenty years has been $5\frac{1}{2}$ per cent. In the former the wine and spirits bill is about \$1000 annually; in the latter 19 gallons only—chiefly *vin ordinaire*—are annually consumed. Will it be believed that from these premises the *ergo* is drawn—the use of wine is the cause of the higher mortality? It is casually mentioned that “one cause of this difference is the fact that a large number of accidents are treated in the General Hospital, and from 25 to 40 of the deaths in that institution each year take place within three days after admission.” Everyone acquainted with the facts knows that the severity of the cases, and the kind of cases admitted into the two hospitals differ very much. The one is largely a surgical hospital—it is the marine hospital of the port, and admits a great many formidable accidents from the shipping,—and the admissions into the medical wards are especially those of *acute* disease. The other, although constantly showing more patients, yet always numbers amongst them a far greater proportion of tri-

vial cases and the chronic ailments of elderly persons. We would ask any fair-minded man if it is possible, under these circumstances, to draw any conclusion from the general figures of the mortality as to the possible effect of one amongst many of the therapeutical agents made use of? Is it not quite plain that to employ any such argument it must of necessity be first shown that, in all other essential particulars, the two sets of cases exactly resemble each other? Strange to say, the paper alluded to heads the article immediately above that on the wine question, "Honest Argument." It is a pity that such good words at the top of the page should not have produced better results lower down.

LIGHT FOOD.—The editors of the *Canada Medical Record* have been (presumably at the seaside) relaxing the solemnity of medical reviewers' work by draughts of exhilarating literature. They have enjoyed it, and want their readers to share the pleasure. In place, therefore, of columns devoted to criticising what has been lately flowing from the ready pens of medical, surgical, or gynecological writers, we have a few sprightly words advising all to read "The Stranglers of Paris," a romance "as pure as it is fascinating." Next, "The fate of a coquette" is recommended to fill spare hours, its attractions being enhanced by a portrait of the great Sarah Bernhardt on the cover. The editors have also digested the following spicy dishes and commend the flavor strongly, believing them to be both tonic and stimulant:—"The Trials of Russia," "One for Another," and "The Black Venus," the last of which we are informed is "destined to create a sensation of no ordinary kind."

MEMORIAL TO CLAUDE BERNARD.—We have been requested to publish the following letter, for which we would ask the consideration of all our readers:—

To the Editor of THE CANADA MEDICAL & SURGICAL JOURNAL, MONTREAL.

NEW YORK, 41 West 20th Street, July 31st, 1880.

DEAR SIR,—Having been selected by the Paris Committee (Messrs. Ranvier and Dumontpallier) having charge of the subscription for a monument or memorial to the late Prof. Claude Bernard, to represent them in the

United States,—I beg leave to be allowed to use your columns for the purpose of appealing to the members of the medical profession, and all others interested, to subscribe to this worthy project.

I need hardly remind your readers of the great debt which every practising physician owes to the labors of the illustrious physiologist whose memory we are asked to honor in this way.

All inquiries and subscriptions, in the shape of bank checks or postal money orders, should be addressed to me.

Trusting that I shall have the advantage of your active personal support in this matter, I remain, yours very respectfully,

E. C. SEGUIN, M.D.

Obituary.

With great regret we have to record the sad intelligence of the death of Charles Herbert Murray, B.A., M.D.C.M., McGill, M.R.C.S., England, Surgeon to the 41st Bengal Native Infantry. He died at Peshawur, India, on the 10th July last, of typhoid fever. Dr. Murray was just 25 years of age, in the very bloom of early manhood, and had already won a name for himself, being a graduate in honors in two Faculties of McGill University. During an Arts course he took several prizes and the Logan Gold Medal in Natural Science. He chose the medical profession in which he also distinguished himself, carrying off the premiums at both examinations. He, moreover, took a high place at the competitive examinations for the Indian service both at London and Netley, thereby well upholding the honor of his *Alma Mater*, since the examinations for that service are particularly strict. Our lamented friend was the fourth son of the late Rev. Hugh Murray, A.M., T.C.D., Rector of Cootchill, Ireland. He came to this country in the year 1870, to reside with his uncle, Dr. Reddy. His kindly disposition and manly bearing had endeared him to many in this country, and we know that a large number of old classmates and other friends will think sadly and regretfully of the premature ending of a course which gave every promise of being a bright and useful one. To our esteemed *confrère*, Dr. Reddy, he was as a son, and we offer him our honest sympathy in what must have fallen upon him as a sudden and grievous family affliction.

Medical Items.

—Dr. Adam H. Wright has been appointed associate lecturer on Physiology in the Toronto School of Medicine.

PERSONAL.—On the 29th July, John B. Lawford, M.D., McGill University, was admitted Licentiate of the Royal College of Physicians, London.

PERSONAL.—Dr. Roddick has returned from his marriage-holiday at the seaside. This is the first occasion we have had to offer him, officially, our congratulations upon having joined the noble army of Benedicts.—Dr. Jas. C. Cameron, of this city, was married on the 2nd instant to Miss Lizzie Dakers. We wish them much health and happiness.

DEATH OF PROF. HEBRA.—This eminent dermatologist died at Vienna, after a short illness, on the 5th August. The loss of this noble and learned physician will be felt the world over.

SUITS FOR POST-MORTEM EXAMINATION.—Two suits, one in Gloucester, Eng. and the other in Cincinnati, U.S., have recently come before the local authorities, in which pecuniary claim was made upon a physician for having made a *post-mortem* examination upon the body of a deceased relative without permission. In either case, injured feelings was the only ground upon which damages were asked for. Both suits were dismissed, the Courts holding that no property right in the dead is injured by a *post-mortem* examination.

GUY'S HOSPITAL.—Dr. Habershon states that in Guy's Hospital the restoration of the sick and suffering has ceased to be made the first object of the place. As little is the hospital under its present *régime* fitted to be the important medical school it once was. It is the nurses who are now first considered. A system of nursing, with religious observances, is what the governors of the hospital are seeking to develop. Everything and everybody must give way to this. The medical staff is set aside as of no authority; the trained nurses whom the medical staff could trust have been driven away by scores. The patients are the sufferers, but the set-off is that the new nurses look better and go to prayers.

HOW TO CURE A COLD.—One of our readers who has been troubled with a severe cold on the lungs, effected his recovery in the following simple manner. He boiled a little wormwood and horehound together, and drank freely of the tea before going to bed. The next day he took five pills, put one kind of plaster on his breast, another under his arms, and still another on his back. Under advice from an experienced old lady, he took all these off with an oyster knife in the afternoon, and slapped on a mustard poultice instead. Then he put some hot bricks to his feet and went to bed. Next morning, another old lady came in with a bottle of goose-oil, and gave him a dose of it on a quill, and an aunt arrived about the same time from Eccleshall, with a bundle of sweet fern, which she made into tea, and gave him every half-hour until noon, when he took a big dose of salts. After dinner, his wife, who had seen a fine old lady of great experience on doctoring in High-street, gave him two pills of her own make, about the size of a walnut and of similar shape, and two tablespoonfuls of home-made balsam to keep them down. Then he took a half-pint of hot rum, at the suggestion of an old sea-captain visiting in the next house, and steamed his legs with an alcohol bath. At this crisis two of the neighbours arrived, who saw at once that his blood was out of order, and gave him a half-gallon of spearmint tea and a big dose of castor-oil. Before going to bed, he took eight of a new kind of pills, wrapped about his neck a flannel soaked in hot vinegar and salt, and had feathers burnt on a shovel in his room. He is now thoroughly cured and full of gratitude. We advise our readers to cut this out and keep it where it can be readily found when danger threatens.—*Students' Journal.*

—The attention of our subscribers is directed to the advertisement of the "Private Home Hospital," (conducted under the management of Mr. Strong,) where all the comforts of a home may be obtained, with the extra advantages of skilled nursing. This establishment is situated close to the foot of the mountain, and commands a beautiful outlook. The terms, which are moderate, can be obtained on application to 213 Peel street.