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CANADA

MEDICAL JOURNAL.

ORIGINAL COMMUNICATIONS.

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

(Continued from our last.)

Dr. Rowand, a distinguished physician, and one of the surgeons of the Marine and Emigrant Hospital of Quebec, was originally appointed one of the Quarantine commissioners, but resigned in consequence of personal affairs requiring his presence at the Red River. On his return from this trip, he kindly furnished me with notes, from which I make some condensed abstracts favouring the doctrine of the infection and contagion.

On crossing the Western Prairies, and when beyond the limits of railroad extension, where habitations are "few and far between," and where the stage-coach or caravan are almost the only means of conveyance, Dr. Rowand traced the cholera on the track of the emigrant passengers all along that route. Cases of Asiatic Cholera had broken out just where they had touched or stopped; while in all the surrounding country, where there had been no intercourse or communication with these emigrants, perfect immunity from the pestilence was enjoyed. The Doctor adds, that the emigrants were Germans, and so were the passengers of the "Glenmaana" and "John Howell," who introduced the disease into Canada; and he believes they were from among the passengers of these unfortunate vessels.

The following extract, which the *Dublin Times* of the fourth of March, 1867, copied from the *Belfast News-Letter*, shows that cholera had appeared in Belfast, following the unerring laws of infection.

RE-APPEARANCE OF CHOLERA IN BELFAST.

This infectious disease has again made its appearance in Belfast, and already three individuals have died from it. It appears that it was imported in some clothing which was brought over by some visitors from Jersey, where it is still lingering. The facts are as follows: A young lady died of Asiatic Cholera in a house in Jersey on the tenth ult. Three persons who resided in this house came to Belfast a few days after the occurrence, and brought with them several articles of female clothing, which had been in the house for some time. They took up their residence with a family named Hasty, living in 27 Fleet Street. On the 25th ult., a few days after their arrival, one of the children of the family took ill with symptoms of Asiatic Cholera, and died the next day. A second child took ill with the same disease on the 27th ult., and died on the following day. A third child also took ill on the 27th of the same disease and died yesterday. A fourth child of the family also was attacked, and was removed to the Union Hospital, but is considered not likely to recover. The remaining five children of the house have also been removed to the Union Hospital, and placed in a separate ward, in order that their condition may be watched over. The medical gentleman who attended the family has no doubt that the disease was Asiatic Cholera of the most virulent character, and is of opinion that it was imported by the apparel which was brought from Jersey. Mr. Norwood, on hearing of the event, had the children removed to the hospital and got the house thoroughly fumigated inside, to prevent the infection from spreading. As yet no other cases have been reported, and it is to be hoped that if energetic measures are adopted, the disease may be effectually "stamped out."

Had the foregoing plain narration of facts been penned with the sole object of illustrating the infectious nature of cholera clothing, it could hardly have been made stronger. The cases which I have here given in support of the principle of the contagion and infection of Asiatic Cholera are only a very small portion of what I have collected, and ought to make the most inveterate non-contagionist pause and reflect; but a just regard for your space and the time of your readers has compelled me greatly to condense even the facts which I have given, and I will now turn to the Report of the Quarantine commissioners of 1854. They say:

"We may now refer to the case of the "John Howell," shewing, as it

will, from the re-examination of the master and surgeon before the Central Board of Health, as well as from the official return of the Medical Superintendent at Grosse Isle, that this ship had not had cholera on board during the voyage. That at Grosse Isle its passengers, while there, enjoyed unrestrained and familiar intercourse with those of the ship "Glenmanna," which, no doubt can for a moment be entertained, had had cholera on board, before arriving at the Quarantine Station, and that this communication between the passengers of these two vessels may have existed ever since the fifteenth of June. It will be seen that five days after, the first cases of cholera which made their appearance in Canada in 1854, are found among the passengers arriving in the ships "John Howell" and "Glenmanna."

Here we have a painful but imperative duty to perform. This duty, in accepting the trust which Government had confided to us, we have solemnly sworn to execute conscientiously and without fear or partiality. We are, therefore, obliged to declare that the passenger vessel, the "Glenmanna," ought to have been detained at the Quarantine Station a longer period of time than it had been; that the passengers ought to have been separated from those arriving in other vessels, and subjected to a rigid *surveillance*, with a view of detecting at the onset all cases of cholera which might have broken out among the passengers.

The importance of a similar measure will be understood, when we have the declaration of the medical superintendent in his own report, that no vessels (to the exception of three in the early part of the season, and on board of which cholera had made its appearance before leaving the coast of Ireland, and where they had been subjected to some kind of Quarantine) had anchored at Grosse Isle, as having had cholera during the voyage.

When we take into consideration that the "Glenmanna" as well as the "John Howell," *which it infected*, are the vessels which most *unquestionably introduced Asiatic Cholera on our shores, and amidst our population*, after having passed the barrier which Government has wisely instituted as a means of public safety, we cannot refrain from observing that the medical superintendent allowed himself to be deceived by the fallacious declaration of the master and surgeon of the ship in question.

Forty-five persons had been thrown into the sea from on board the "Glenmanna" before arriving at Grosse Isle, and it may be remarked that if the Medical Superintendent who, after his own arrival, had conceived doubts as to the integrity of the report, and had deemed it necessary to depart from his usual practice by exacting a statement under the hand-writing of the surgeon on board, instead of writing it

himself, and under his dictation, had taken the same care as we have to arrive at the truth, he could not have failed in coming to the same conclusions, viz., that several deaths which occurred among the passengers during the voyage from Liverpool to Grosse Isle, had been caused by no other disease than from attacks of Asiatic Cholera, and under all the circumstances, we are constrained to observe that, had this ship been detained a longer time than it was in Quarantine, and subjected as well as the passengers to a perfect disinfection, it is probable that the introduction of cholera into this Province might have been longer delayed.

"The opinions of mankind," the report truly remarks "are less divided than formerly on the contagious nature of Asiatic Cholera, but the law is founded on the assumption that it is a communicable disease, and that all passengers who may have been exposed to its invasion should be subjected to a detention at the Quarantine establishment at Grosse Isle, for so long a period of time as may fulfil the intentions of the legislature, in preventing its introduction into the Province, and consequently the medical superintendent ought necessarily to execute the law in all its integrity and force."

In addition to the above facts we would also refer to the case of the "Pembertons," which arrived at Grosse Isle with one more passenger (a birth having occurred during the voyage) than had embarked in Queenstown, harbour of Cork. There existed no cholera at Queenstown at the time this vessel sailed, but it would seem that some cases had made their appearance at Cork. Six days after this vessel had anchored at the Quarantine grounds, and three days after the passengers had landed at Grosse Isle, one of the number, an emigrant, was attacked and died of cholera. This case, unless one of a spontaneous character, and which we admit, will sometimes occur, cannot be otherwise explained than by contagion and as originating from either of the following cases:—The passengers had received orders to wash their effects, previous to which it became necessary to overhaul and remove clothes which had been long closely confined in their chests and trunks, &c., serving thereby as a *nidus* to the disease.

On this mode of communicability we cannot be unmindful of the many authorities we possess from professional men of great experience and observation, and whose integrity is unimpeachable. They have shown the possibility of contracting cholera through this medium.

In support of this opinion we may quote the following remarks from the report of Drs. Babo and Gull, to the Royal College of Physicians of London. In alluding to the emigrant ship "New York," which in 1849, had arrived at New York from Havre, it is observed: "It is most

probable that the material cause of the disease, the cholera poison, was brought by the emigrants from Europe, and as in one of the ships, all the persons attacked, with one exception, were Germans, the crew altogether escaping, it may be inferred that it was brought by the German emigrants in their clothes, and the captain of the "New York" states that immediately before the outbreak in that vessel, the weather had suddenly become colder, and there was a general over hauling of chests for warmer clothing, and this was succeeded by the prevalence of warmth already noticed. This warmth, together with the state of the air, which would be present in an emigrant ship, would be conditions obviously most favourable to the increase of the morbid matter when once it was set free."

The other mode by which it may be explained is, that the passengers of the "Pembertons" might have contracted the disease at Grosse Isle; "as to the spontaneous character of the first case of cholera from this ship one cannot admit it in the present instance, inasmuch as several cases succeeded it at short intervals from each other, and it is readily seen that the same influence was exerted on them all." But we now come to the real solution of the attack of the "Pembertons," which is in these words: "We would also notice the case of the "*Harmony*" as falling under the same circumstances as the "*Pembertons*," and the same explanations submitted in the one equally apply to the other. It cannot, however, be overlooked that the passengers of the "*Harmony*" occupied the same sheds on the Island, which four weeks before had been inhabited by the passengers of the "*Glenmanna*," and it will also be seen on reference to the deposition of the master of the "*Harmony*" that his passengers had indiscriminately mixed with those of other vessels, the "*Pembertons*" and the "*Alfred*."

The report of the Quarantine Commissioners sums up as follows: "Having carefully examined all the facts which have been derived from a large body of evidence, as well as after an attentive study and impartial consideration of the best authorities which have been presented to the medical world on subjects so deeply interesting and important as those confided to our investigation, we have arrived at the following conclusions:

"1st. That Asiatic cholera made its first appearance in the port of Quebec on the twentieth of June last, and from that date extended to Montreal and the Western parts of the Province in the following order:

Montreal.....	22nd June
Kingston.....	25th "
Hamilton.....	24th "
Toronto.....	26th "

"2nd. That *the disease has been traced as an importation to the ships "Glenmanna" and "John Howell," the first attacks having occurred among the emigrant passengers from on board these ships.*

"3rd. That Asiatic cholera is contagious and communicable by human intercourse, under the circumstances already mentioned, and when once introduced, may become epidemic, when connected with the following defects: overcrowding, dampness, filth, want of ventilation and atmospheric pollution, bad water, natural defects of situation, the impregnation of the sub-soil of cities with organic matters from filthy streets, cesspools and other nuisances. All this confirms what some writer aptly says: that cholera is *no respecter of classes, but a great respecter of localities*; rich and poor suffer alike, and escape alike, according to their mode of living and their observance or violation of the laws of their physical well-being."

I will now briefly notice the Report of the commissioners of Quarantine and the health officer of the port of New York, for 1866, which is a valuable and important document, establishing the decidedly contagious principle of Asiatic cholera.

"How slight a barrier," it says "may act as a sanitary cordon is proved by the fact that not a single case of Asiatic cholera occurred among the cabin passengers of the eighteen cholera vessels that arrived in port in 1866. This was, in all probability, due to the fact that they had *no communication with the steerage passengers, and above all did not use the same water-closets.*" Here we have an aggregate of 8501 souls, including the passengers and crews, with 495 deaths on the voyage, who had crossed the broad Atlantic, cabined, cribbed, confined together for periods varying from two weeks (14 days), to two months (62 days), and *not one solitary case of Asiatic cholera among the cabin passengers!!!*

To the energetic and judicious action of the Board of Health of New York, and the Quarantine Commissioners of that port, Canada owes its exemption from Asiatic cholera during the past two years. "In what was done by the general government," says the Quarantine Report, "it is respectfully submitted that a service was rendered not to this State alone, but to the whole country. New York is the great commercial metropolis of the nation; whatever affects her affects the country at large. If her commerce is suspended by pestilence, the consequences are felt in every city and village throughout the land. Therefore, whilst our citizens doubtless feel duly grateful for the timely assistance which was thus afforded their officers in the discharge of their duties, they may justly feel that that assistance was simply what the national government owed to the entire people of the country."

If it be not deemed an invidious digression, where all have done so much and so well as the authorities connected with the administration of sanitary measures in New York, I would in justice say, that to Lewis A. Sayre, M.D., the resident physician, in 1865, who first sounded the tocsin, and awakened the slumbering inhabitants of Manhattan on the arrival of the "Atlanta,"—to Dr. John Swinburne, the able and estimable Health Officer of the port of New York,—to Elisha Harris, M.D., the scientific painstaking, and courteous Secretary of the Council of Hygiene and Public Health, and to Mr. Schultz, the indefatigable, urbane, and persevering President of the Citizens Association, this country, as well as the United States, owes a lasting debt of gratitude.

Official statistics conclusively establish the superiority of the sanitary system adopted by the Board of Health at New York, to control Asiatic Cholera over every other place. These statistics show that the deaths from cholera in the city of New York, during the year 1866, were only *one and one-fourteenth per thousand*, whereas in Vicksburg, during the same period, they were *forty-six and three-tenths*. A fact that speaks trumpet-tongued in favour of sanitary rule in New York is this: when the Board of Health of that city, with its 827,551 inhabitants, reported *thirty-one deaths from sunstroke* one day in July, the cholera returns for the same day were only three!

When one considers the powerful influence that a high temperature exercises on Asiatic Cholera, there can be no doubt that had New York dealt with the disease as with an epidemic of non-contagious character, the deaths on that day would have counted by hundreds.

Does not the success of New York in this "*stamping out*" of the cholera (as it is very expressively though not very elegantly termed) strongly mark its contagious character? By what human power could we hope to "stamp out" an epidemic dependant upon some particular *constitutio aeris*? For instance, what human means could have been devised to exempt every solitary cabin passenger of the eighteen cholera vessels that arrived in New York in 1866, from influenza, had it broken out on board in lieu of cholera? None! absolutely none.

(To be continued.)

Case of True Leprosy, with brief remarks. By R. P. HOWARD, M.D., L.R.C.S.E. &c., Professor of Theory and Practice Med. McGill University.

True Leprosy or Elephantiasis Græcorum is a very rare disease in Lower Canada in my experience, only two examples of it having come

before me during my connection, in one way or another, with the Montreal General Hospital for the last nineteen years. One of these occurred in the person of a gentleman of Scotch descent brought up, and I think born, in Montreal, and who, for three or four years before the disease appeared, had resided for several months in the Island of Bermuda; but although the only member of his family similarly affected, I do not venture to assert in the present unsatisfactory state of our knowledge on the subject, that he owes the disease to his circumstances and surroundings in that Island. His was an example of anæsthetic leprosy.

The subject of my present notice belonged to the labouring classes, was a French Canadian, and had never resided out of his native country. So little is practically known of the disease in this country that the gentleman above mentioned consulted many of the leading physicians in Upper and Lower Canada, as well as the writer, and a few in the United States, but the real nature of the malady was not appreciated until the distinguished Brown-Sequard was visited; that eminent man, too, may I venture to submit, might have experienced some doubts in his diagnosis but for his large personal experience in the Mauritius.

The details of the following case, as furnished by my then clinical clerk, now Dr. Roddick, Assistant House Surgeon to the Montreal General Hospital, may merit publication, as perhaps the first example of the disease recorded in any Canadian Journal.

CASE OF LEPROSY.

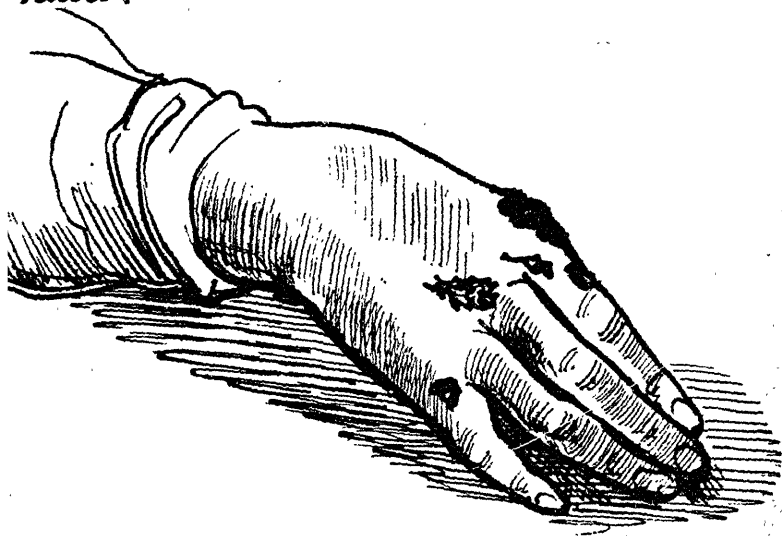
Oliver Coutourier, æt. 45, born in the vicinity of Montreal, was admitted under Dr. Howard into the General Hospital on the 4th of Feb. 1868, as a case of *Rupia*.

History:—His father, a previously very healthy man, died of cholera some years ago, and his mother died only five years past, at a very advanced age. Of his progenitors, beyond these, he knows comparatively nothing. There were ten children in the family; two brothers have died within a few years, one through rupture of a vessel while lifting a heavy weight, the other of malignant pustule; six of the number are deaf and dumb, but all are hard-working men and women, and in the enjoyment of good health.

The patient himself has been engaged, more or less actively, for many years as a lumberman and hunter, and for weeks and months consecutively has been accustomed to eat nothing in the shape of meat but pork cured with saltpetre, no vegetables, but sufficient bread. In this occupation he would be of course repeatedly wet and not particular as to the cleanliness of his body. He had intermittent fever many years ago, and occasionally, up to the time when the present malady first appeared, he



No. 1. Coutowier's right hand - shewing great atrophy of all the fingers, and the claw-like appearance resulting from the wasting of the distal phalanges and the incurvated condition of the nails.



No. 2. Back of left hand - much wasted, with Rupial crusts, and patches of dry white insensible skin.

Drawn by Mr. Lewis Balch.

had, as far as can be made out by the symptoms, an epileptic convulsion.

Some nine years ago, after paddling a considerable distance in a canoe, he noticed on the left knee a large blister forming, but thinking it only a gall took no further notice of it, until some few days after it burst, leaving a sore similar to many now on his hands and feet. This disappeared in about five months, and almost immediately another formed on the opposite knee, and ran the same course in about the same time. These sores continued to appear and disappear alternatively, until four years subsequently the hands became affected, and soon afterwards the feet. The nares, two years ago, became dry, and then ulcerated, resulting in destruction of the septum and parts of the walls. He has now consequently frequent and alarming attacks of epistaxis chiefly at night.

Present Condition, Feb. 10th:—He presents a cachectic look, and his appearance is made somewhat unsightly by the absence of eyebrows and lashes, and the drooping of the alar cartilages through loss of the septum. The voice is likewise very husky, hoarse, and weak. His frame is large and altogether well proportioned, but from long continued ailment the muscles are more or less atrophied. The mental faculties are unimpaired. When questioned he answers intelligently and with thought. The integument of the eyebrows and eyelids is much thickened and somewhat congested, and both are devoid of hair. The features generally are large, and the integuments of the face massive, imparting a rather repulsive appearance to the man. The larynx has not been examined, but the mucous membrane at the back part of the mouth has a brownish appearance. Both ulnar nerves are enlarged at the elbows, but the right much more than the left. The hands are dry, hard, and scaly, presenting three or four bullæ filled with serum, and several crusts of a brownish colour very like rupial scabs. On removing a crust a circular ulcer is left. The fingers, but especially the thumbs and forefingers, are greatly distorted, there being considerable atrophy of many of the distal phalanges; and the nails are turned in at the ends, very similar to the incurvated condition of advanced phthisis. On the feet the same condition of the skin is found, and likewise an occasional crust on the legs. The bowels are comparatively regular. An examination of the urine shows an absence of albumen, and perhaps a deficiency of urea.

State of Sensibility:—With the æsthesiometer it is found that sensation in the eyebrows and integument of the forehead above the external orbital angle is wholly absent on the right side, but in proceeding inwards it gradually appears. On the left side loss of sensation is not generally so evident, but at times it is difficult to say whether there is

really any difference between the sides. About the nose and chin, also, sensibility is very dull. On the tip of the tongue the two points are distinguished only when one-fifth of an inch apart. Of the fingers none, but the little ones possess anything like the normal amount of sensibility; next come the ring fingers, and last of all the thumbs. He does not feel the point of the instrument on the ball of the thumb, or the palm of the hand. On the back of the hand the two points are distinguished at three and a half inches, and on the back of the arm immediately above the wrist at two and a quarter inches. The anæsthesia gradually disappears as the examination is continued upwards, sensation becoming normal at the middle of the upper arm. Altogether, very little if any difference is noticeable in the state of sensibility of the two upper extremities when compared with each other.

As to the feet, anæsthesia appears to vary somewhat on the two sides; for example, on the inner side of the left sole the points are felt distinctly at about three inches, while in the same place on the right side he is quite unconscious of them. There are, however, isolated spots on both feet where sensibility appears very active, and again a perfectly raw surface on the ball of the right toe can be pricked without causing the least pain or other symptom of sensation. Tickling the soles has not the slightest effect on him. Anæsthesia extends on the outer side of the leg to about the junction of the upper with the middle third, and on the inner side to some two inches below that point. Altogether it is very difficult to define the exact extent of anæsthesia on both legs, but it may be safely said to be about even. There are certain anomalies in the state of sensibility which are quite irreconcilable, and indeed anæsthesia varies considerably at short intervals of time and at various points within a small area.

Feb. 10th.—Ung. Benz. Zinc Ox. is ordered for the sores, and internally the following draught, three times a day. ℞ Liq. arsenicalis M. V. Vini, ferri, ʒ ij. aquæ ʒ ss. et misc

Feb. 13th.—He appears more than usually bright to day, but complains bitterly of cold extremities, being unable, with the warmest clothing, to keep them comfortable. At his request, pulv. capsici is given to put in his stockings and gloves. Two large sores on the buttock are to be dressed.

Feb. 15.—Has passed a very bad night from the great pain and cold in the feet and legs. The abdomen is noticed to be slightly distended, but no fluctuation can be found. Percussion shows enlargement of the liver and spleen. The hepatic dulness in front extends vertically from the fourth interspace to half an inch above the crest of the ilium, and

transversely to four inches beyond the median line; while behind it is noticed as high as the seventh rib. In front the spleen reaches to within an inch of the left lobe of the liver, above to the eighth interspace and below, to a little below the twelfth rib. The æsthesiometer elicits little more than was be foreknown.

About the 17th slight febrile symptoms set in; soon after the physical signs of broncho-pneumonia supervened, and he died by apnœa on 27th. The following note was made by the clinical clerk on the 25th: Pulse 110; temperature 101°. The æsthesiometer shows sensations, is more acute than ever before; two points can be distinguished at two inches apart upon the ball of the thumb, and the ulcerated surfaces upon the hands and feet are really sensitive. Anæsthesia extends but a short distance above the ankles. Autopsy, 27 hours after death.

Abdomen—Liver = 6 lbs, much enlarged; very firm, not fatty, appears hypertrophied.

Spleen = 2 lbs 5 oz., contains little blood; dark coloured, firm and tough; sections not very translucent.

Kidneys—Right = 8 oz.—cyst, size of top of little finger in cortex; capsule not adherent; substance easily torn; not granular; rather pale; blood unequally distributed. Left = 7 oz., more anæmic, but in all other respects like the right. The above organs tested with iodine, did not give satisfactory indications of amyloid degeneration.

Chest—Recent lymph upon right pleura and pneumonic consolidations of lower three fourths of corresponding lung. Congestion of left lung. Heart with contents = 25 oz. Decolourized fibrine in the aorta and large vessels. Valves healthy.

Head—Brain = 51 oz., membranes and substance normal, puncta vas, numerous and large. Slight venous congestion of choroid plexuses. Ventricles normal.

Both ulnar nerves appear to be considerably enlarged, more especially where they lie behind the inner condyles. One posterior tibial nerve only removed, but it also appeared much larger and firmer than that nerve usually does. Spinal cord not examined.

The above appears to have been an example of Anæsthetic and Tuberculous Leprosy combined, the former features having been much more marked than the latter. The loss and impairment of sensation in the upper and lower extremities: the atrophy of the integument upon the back of the hands and of the fingers, especially of the distal phalanges throughout their structures; the bullæ and insensible indolent sores upon both hands and feet; the distinct enlargement of the ulnar nerve behind the condyles; the absence of sensation in and of hair upon the *nodularly*

hypertrophied eyebrows; the general thickening of the facial integuments, the destruction of the septum nasi and the husky weak voice, form a grouping of symptoms not met with, I think, in any other disease. Savage's definition of leprosy, in 1759, would apply to this case "Facies deformis tuberibus callosis; ozœna; raucedo; cutis elephantina crassa, unctuosa; in extremis artubus anæsthesia."

It was the occurrence of large bullæ and of dark crusts upon the hands and feet, that led me at first sight to suppose the case one of *Rupia*, but a closer examination at once changed my opinion.

Dr. Carter of Bombay not long ago made the interesting discovery that the nerves of the insensitive tracts in *lepra anæsthetica* are generally much enlarged by the formation of albumenoid material between the tubules; and he thinks it probable that the disease of the nerve trunks precedes that of the skin; it appears to me, however, as probable that the alterations invade the peripheral terminations of the nerves and the integument before the nerve trunks, for in the two cases which I have seen the anæsthesia was confined at some places to isolated spots of atrophied integument, although the adjacent skin supplied by the same nerve trunk preserved its sensibility and its healthy appearance.

An interesting circumstance noticed in the above case was the increase of sensibility in the affected parts during the pyrexial condition incident to the occurrence of pneumonia.

Leprosy is said to be observed only near the sea-coast, but our patient never resided in the vicinity of salt water; his diet, too, was not fish; but salt pork and bread, a common diet enough amongst our lumbermen, for several months in the year.

It is not generally known that a leper-house and a number of inmates, the subjects of true leprosy, exist in the French settlement of Wacadie, in the northern part of New Brunswick. The first case began in the person of one Ursuli Landré about the year 1815 or 1817. Her husband next became afflicted with it, and so rapidly did the disease increase, that in 1844, some twenty-three or twenty-four cases were under observation; and according to Dr. R. Gordon's report to the Royal College of Physicians, London, in 1862, there were as many as 37 lepers in the New Brunswick Lazaretto at one time. The same report states that the disease had been "on the decrease during the last ten or twelve years." These and many more interesting facts respecting the disease in New Brunswick are contained in a graduation thesis written in 1863 by my friend William Wallace Gordon, M.D., C.M., son of the above mentioned Physician.

9 Beaver Hall Hill, 22nd August, 1868.

Principal causes of the Mortality of Montreal, and modes of prevention.

By WILLIAM H. MONDELET, M.D., Licentiate of the College of Physicians and Surgeons, C. E.

(Continued from page 61.)

His method is to have ventilators both for admission and emission above only. In our variable climate, it is exceedingly rare to find the air perfectly still, wind is always being propelled ends on to a dwelling house, but that it will sensibly press on either the front or the rear. It will be obvious, then, that no matter how the wind may blow, an unequal pressure will be exerted on one or other face of the house, and that the effort at equilibrium will carry a current through the tubes or *conduits* from the windy to the lee side, directly across the upper part of the room to be ventilated.

The friction of this current on the balance of air in the room, very soon sets the mass in motion, revolving on a horizontal axis; part of the introduced air becomes entangled with the revolving mass, and keeps up a supply of pure air to the room; while in like manner a portion of the mass disengages itself, and passes out with the current, thus removing a part of the impure air previously circulating in the room.

Generally, people occupying these rooms become sickly because their strength becomes diminished, and it is known that whatever tends to lower the vitality of individuals or communities, to diminish their power to resist disease, acts directly to increase the susceptibility to any epidemic, and it therefore follows, that the more perfect the sanitary condition of a city or community—having regard not only to the common nuisance, so called, but also to the general social condition—the more perfect will be the protection from cholera or any other disease of like epidemic form, and *vice versa*. Nature, ever vigilant for the preservation of her offspring, is unceasingly endeavouring to remedy these sources of disease and decay, by pouring in through every aperture a fresh supply of air to replace that which has become effete or deleterious. Among the wealthier class, ample provisions are made for the introduction of fresh air; but among our poor, their means cannot suffice for this luxury, and as a natural consequence their lives are the first sacrificed on the visit of any epidemic. Dr. Arnot says, that in England the apartments with their open chimneys, may be compared to aerial funnels, constantly pouring out their warm air through a large opening constantly requiring to be replenished.

The subject of warming and ventilating houses, and especially large establishments, has lately received great attention. Overcrowding, im-

perfect ventilation, and want of cleanliness, are three conditions usually associated, and may be designated by the single term "crowd poisoning."

The air of crowded habitations becomes contaminated through emanations given off, during respiration, through effluvia from the skin, and by the decomposition of various excreta, are sources of deadly mischief. The effects of overcrowding are not only manifested by the increased violence and the adynamic character of all diseases occurring among the exposed, but the development and severity of the adynamic fevers appear particularly connected with this cause; and again to the organic matter emanating from the human body, more than to any other cause, the injurious results of overcrowding are to be ascribed.

The proofs are ample that the emanations from the human body are of a deadly deleterious character, when present in large amounts, in the atmosphere which is inhaled. They are absorbed by the clothing and even the walls of the room take them up, and retain them for a long time. If animals be kept crowded together in ill-ventilated rooms, they speedily sicken. The continued respiration of an atmosphere charged with the exhalations of the lungs and skin is the most potent of all the predisposing causes of disease (*Carpenter.*)

The functions of the skin upon which physiologists lay so great stress, are here almost entirely unperformed, and hence we have gastric disturbances and diarrhoeas with suppression of that aeration of blood, that true respiration, which physiologists tell us, takes place through the skin. Hence the lungs are overtaxed and congestions are induced.

MODES NECESSARY FOR THE PREVENTION OF DISEASE.

Now, as regards the modes necessary and preventive against disease originating from these bad effects already mentioned, a few precautionary rules and duties, such as the following, should be followed in the event of the approach of cholera or any other disease.

Pure air and cleanliness are the required remedies for its prevention.

Particular attention should be given to each one's premises, their cleanliness, ventilation or disinfection, and allow no overcrowding in houses. Cellars, yards, vaults, and sinks should be kept clean. The walls of the house should be whitewashed, as also cellars, fences, out-houses, shops, factories, store-houses, and every place about the house where mould or mildew form. It keeps the walls dry, sweet and clean, and prevents the accumulation of moisture, which promotes putrefaction, giving rise to *fungi*, which are thought by many to be a specific cause of disease.

The collection of coal ashes, mixed with kitchen garbage, slops, and

stagnant water, and to avoid semi-solid or liquid filth anywhere about the premises.

Should any one of the family become sick, the bed pans should not only be emptied immediately, but thoroughly washed, disinfected and aired.

The patient should be kept as clean as circumstances will allow.

From the latest investigations, it has been found that some physicians are of the opinion that cholera is neither infectious nor contagious, that it cannot be propagated by being near the sick, nor by inhaling the secretions or excretions from bodies of the sick or the dead.

The disease is epidemic, and cannot be restrained or controlled in its progress by *quarantines* or *cordons* of any kind. It can be controlled by temperance, chastity, and above all, by perfect cleanliness, and by these only.

Putrefaction and effluvia from effete organic matter, are among the most active and preventable of the localizing causes of cholera and fevers. To prevent such evils and nuisances, and destroy noxious exhalations, is the chief object of all the processes of cleansing and disinfecting.

Water is the universal agent for cleansing clothes. Washing, scrubbing, and flushing as already mentioned, will never be properly appreciated until the relation of these homely duties, to the prevention of infection and disease, is more generally understood. Sewers, house-drains, water-pipes, and water-closets, should be frequently flushed with water. The largest practicable volume for thorough cleansing water-closets, privies, and water pipes in houses, should be flushed in this manner every day.

Infected clothing, and the utensils used in the sick room, should be washed and scalded in hot water, the moment they are removed from use. In the advice promulgated by the Privy Council of Great Britain, with reference to guarding against cholera, it is recommended that the clothing of the sick, with that disease, should be immediately plunged in boiling water, or soaked in a solution of chloride of lime. The latter is a powerful disinfectant; and if boiling heat cannot at once be applied to the contaminated garments, permanganate of potash should be used.

VENTILATION OF SICK APARTMENTS.

All premises, particularly sleeping apartments and cellars, should be thoroughly ventilated. Ventilation is no less a purifier than water. It cleanses by oxidising and drying. The windows should be hoisted during the day in fine weather, from 10 o'clock a.m., to four p.m., that the rooms may have the benefit of sunlight and free circulation of pure air. During the remaining hours of the day, and through the night, the win-

dows should be shut. When the weather is cool or rainy, a fire should be kept up in the house in order to prevent dampness.

DISINFECTANTS TO BE USED.

Disinfectants are equally important, they arrest putrefaction and destroy noxious gasses, but in no instance should they be employed as a substitute for a pure atmosphere. They are simply aids in restoring and preserving healthful purity, and not substitutes for cleanliness and pure air.

They may be employed in cellars, yards, privies, vaults, sinks, water closets, sick rooms, bed pans, stables, and in other places about the premises, or wherever practicable, when there are offensive odours emitted.

“*Quicklime.*”—To arrest putrefaction, to act as a rapid dryer, and to decompose moist and hurtful effluvia, the dry lime should be strewed upon the earth, and distributed in shallow vessels.

Chlorine gas is also used advantageously, it being given off from the chloride of lime. In the ordinary emptying of privies or cesspools, use may be made of sulphate of iron, chloride of zinc or sulphate of copper. But when disease is present, it is best to use the lime.

When it is desirable to disinfect before throwing away the evacuations from the bowels of those suffering from certain diseases, the disinfectant should be put in the night stool or bed-pan when about to be used by the patient.

Heaps of manure or other filth, if it be impossible or inexpedient to remove them, should be covered to the depth of two or three inches with a layer of freshly burnt vegetable charcoal in powder. Freshly burnt lime may be used in the same way, but is less effectual than charcoal. If neither charcoal nor lime be at hand, the filth should be covered with a layer, some inches thick, of clean dry earth.

Earth near dwellings, if it has become offensive or foul by the soakage of decaying animal or vegetable matter, should be treated on the same plan.

Drains and ditches are best treated with chloride of lime or percolrate of iron.

Linens and wearing apparel requiring to be disinfected, should without delay, be set to soak in water containing one ounce of charcoal to every gallon of water. Or the articles in question may be plunged at once into boiling water, and afterwards when at wash, be actually boiled in the washing water. Woollens, bedding, or clothing, which cannot be

washed, may be disinfected by exposure for two or more hours, in chambers constructed for the purpose to a temperature of 200 to 500 Fahrenheit.

For the disinfection of interior of houses, the ceilings and walls should be washed with quicklime water. The wood work should be thoroughly cleansed with soap and water, and subsequently washed with a solution of ca. cl. ; in fact, all the apartments should be kept in perfect cleanliness.

PERSONAL DUTIES.

Personal cleanliness and attention to clothing should be strictly observed. If convenient, bathing, every day, should form one of the principal duties as regards cleanliness. A man's health entirely depends on the attention he gives to the cleanliness of his body, it maintains the limbs in their pliancy, the skin in its softness, the complexion in its lustre, the eyes in their brightness, the teeth in their purity, and the constitution in its fairest vigour. To promote cleanliness, nothing better than bathing can be recommended. Tepid baths remove all corporeal impurities, remove cutaneous obstructions, and while the surface of the body is preserved in its original likeness, many threatening disorders are removed or prevented. By these means, the women in the East render their skin softer than that of the tenderest babes in this climate, and preserve their health, which sedentary confinement would otherwise destroy. This delightful and delicate oriental fashion has spread itself all over the continent, and in America mostly every house has a bath. Another important condition for preserving a healthy skin is to avoid as much as possible, taking medicine to evacuate the bowels ; but no pains should be spared in regulating the diet and exercise so as to obtain it.

The guides to regulate us in the use of baths, generally, are the temperature and sensibility of the skin. Bathing acts as a detergent, cleansing the skin from adherent impurities, and thus enables this organ to perform, with more effect, its various functions.

It calls into additional exercise the heart and bloodvessels, particularly the capillaries both of the skin and of all the internal tissues and organs. In cold bathing, the increased action of the heart and capillaries is secondary to a state of depression, and is dependent very much on the state of the temperature of the atmosphere of the room, and the degree of muscular or bodily exercise, subsequently to the bath. In hot bathing, the excitement amounting to increased action of the heart and capillaries is direct and immediate.

Intermediate between the two latter, is the warm bath, which can hardly be said to increase the heart's action. Its impression on the nervous system is of an analagous nature.

In order that bathing have especially its desired effect, there must be transition from cold to hot, as using flesh brushes, or Turkish towels, to cause increased action of the heart, and thus produce increased circulation.

Swimming is an active exercise by which respiration and muscular movements are greatly accelerated, and the evolution of caloric, as a consequence, induced. It is far healthier, and more benefit is got from motion in the water, rather than remaining still.

The conditions for bathing in health are "imperative" and "conditional."

The first applies to all kinds of baths. The second depends upon the particular kind. Of the former, it is required that the process of digestion at least as far as the stomach is empty, as before breakfast, or before dinner, or late in the evening, provided in the last case that a slight dinner has been eaten not far from the middle of the day.

A neglect of this rule has caused great mischief both in the use of the domestic as well as the sea bath. Some people choose the coolest part of the afternoon for bathing, before digestion is completed. A short time ought to elapse after a bath before sitting down to a meal. Time should be given to the digestive mucous membrane, as well as the skin, to recover from the excitement, whether it be direct, as after the cold bath, or indirect as after the hot bath. Persons arising in the morning have necessarily accumulated a certain amount of heat in their bodies, and should they not feel strong enough to resist the effects of the cold bath, at that time, the best time for them is a little before noon. Numerous affections, such as erysipelas, rheumatism, gout, colds, and a hundred other evils, particularly all sorts of cutaneous and nervous disorders, might be alleviated, if not prevented, by a proper attention to bathing.

The inhabitants of countries in which the bath is constantly used, anxiously seek with confidence of getting rid of all such complaints, and they are rarely "disappointed. I hardly know any act of benevolence more essential to the comfort of the community, than that of establishing, by public benefaction, the use of baths for the poor in large cities and towns. The lives of many might be saved by them. In England, they are considered only as articles of luxury, yet throughout the vast empire of Russia, through all Finland, Lapland, Sweden, and Norway, there is no cottage so poor, no hut so destitute, but it possesses its vapour bath, in which all its inhabitants, every Saturday at least, and every day in case of sickness, experience comfort and salubrity. The houses of our higher classes are invariably fitted up with accommodations for hot and cold bathing: portable baths or the sponge. A plunge principle is more

common in the dwellings of the middle classes, and deficient as we are, yet still within the last few years a building has been erected called the "floating bath," at which the masses may enjoy a bath for a trifle of their weekly earnings. It were greatly to be wished that these establishments were increased tenfold, and that some public fund were raised for their establishment and partial maintenance. We have abundance of fuel for heating in general, a fair supply of water: and it is difficult to account for the tardy process in this department of social economics.

CONCLUSION.

I might have given the foregoing observations a more extended development, were it not that I fear I have already transcended the limits of a Thesis. Were I a professor, gifted with a mind able largely to grasp with the subject, and stored with all the knowledge required to do it justice, I certainly would go more fully into it. Having, of course, no pretensions to more fitness to treat of such important matters, than a student is supposed to have acquired by means of hard study and a liberal ample reference to such works of Medical and Practical character as he may have had access to, I hereby close my Thesis. I have tried to make myself understood, and although, I must confess, that the subject I have so undertaken to expound is one of no little difficulty, I have no other apology to offer for having undertaken it, than my desire to call attention to considerations of public interest, which I consider every member of the community should be especially instructed upon.

I have laboured both in that view, and in my own interest, and hope that when this my thesis will be read at the close of my medical studies, by the distinguished Professor, whose duty it will be to pass his judgment upon it, he will remember that the criterion must not be exclusively, his eminent professional standing, but the humble, imperfect but zealous and sincere endeavours of a student to do a good thing, and at the same time, perform what the rules of the institution prescribes he should effect, previous to being admitted a member of the noble profession he is ambitious of reaching.

LONDON CORRESPONDENCE.

The meeting of the British Association for the advancement of Science was this year held in the City of Norwich, and on the whole was a successful one, although not so numerously attended as last year at Dundee. The town is remarkable for the great number of fine old

churches, which completely supply the spiritual wants of the inhabitants. Besides, there is the fine old cathedral, in magnificent preservation, and one of the most ancient in the Kingdom. It was never better filled, nor had a more learned congregation since it was constructed, than on the Sunday during the meeting of the Association. In the morning a sermon was delivered by the Dean of Carle, in a marvellously eloquent manner, and with an amount of vociferous gesticulation that astonished his hearers. We need not say that he is an Irishman, and a perfect orator; he showed conclusively that the great truths of science are not antagonistic to religion, and pointed to the large number of eminent divines who had lent their aid in the discoveries of science. He was followed in the afternoon by Canon Heaviside, who preached a sermon in aid of the funds of the Norfolk and Norwich Hospital, and a hundred pounds was collected by his convincing arguments. The Mayor and Corporation were present on the latter occasion, in their robes of office, preceded by mace and other bearers. We saw several operations for stone at this hospital, by Mr. Cadge and others, which had been served for the occasion, and afterwards inspected the museum and wards. Without exception we pronounce the Norwich Hospital to be the cleanest and probably the best arranged and healthiest in the Kingdom. Very likely everything had been arranged for the visit of the Association, but we understood that this hospital was the pet play-thing of the entire county. The museum, too, was a model one, all the preparations were in wall cases with glass doors, and looked as clean and fresh as if put up yesterday. The calculi, for which the museum is celebrated, were preserved in flat cases, all numbered and ticketed; it is said to be the finest collection of calculi in England, which is probably true, unless now excelled by the College of Surgeons in London. As a record of our visit, all the visitors were requested to leave their autographs in the book assigned for the purpose. This is a practice that is very prevalent in this country. Besides the medical men of the place on the occasion of these operations, we noticed the venerable Dr. Christison, Dr. Hughes Bennett, Sir James Simpson, of Edinburgh, Mr. E. Cooper of Norwich, Sir Duncan Gibb, Dr. Crisp of London, Dr. Collingwood, Dr. Richardson, Dr. Humphrey of Cambridge, Prof. Broca of Paris, and several others.

These meetings of the Association are always interesting, the present was even more so than many of its predecessors. Never was there such an abundance of papers in the Physiological Department, and all could not be read. We will touch upon three or four of the more important, and mention the subjects of the others.

Aphasia was one of the most important subjects, and was comprised in the three following papers: The Physiology of Language, by Dr. Hughlings Jackson; on the seat of the Faculty of Articulate Language, by Professor Paul Broca; on the Power of Utterance in respect of its Cerebral Bearings and Causes, by Mr. R. Dunn.

The cause of Aphasia was discovered by Broca in 1861. He observed two distinct facts: when speech was absent from Aphasia, there was always some lesion of the brain; and secondly, this lesion or alteration was almost always in the left hemisphere of the brain. At first he believed it was always on the left side, but it is now known to occur, perhaps once in fifty cases, on the right side. It was therefore exceptional. He noticed thirdly, that the part of the brain involved was almost invariably part of the third convolution. He had given numerous proofs of this. Traumatic injuries went to prove that the left and not the right side affects speech, when the part described is involved. In pathological cases the lesion is almost constant on the left side. Exceptions were rare; sometimes the lesion was on the right side, and sometimes neither on the right or left, but very near to the third convolution on the left. In summing up, he remarked that the seat of articulate language is at the posterior part of the third convolution; this convolution possesses the same function on both sides, but why aphasia occurred by lesions on the left side and not on the right was still unsolved. He thought perhaps it might be from some condition analogous to that of right handed, which might depend upon the more rapid development of the brain *in utero* on the left than on the right side.

There was a good deal of discussion on the subject of these papers. Dr. Bateman, of Norwich, had collected seventy-three cases of aphasia, with autopsies in twenty-seven. In thirteen there were lesions elsewhere than in the anterior lobes; in five none at all. There were only five in favour of M. Broca's theory. Professor Bennett believed that the left side of the brain received more blood than the right, which possibly might explain why the left side exerted such an influence upon the faculty of speech. Sir Duncan Gibb mentioned that in functional aphonia, he had found the left side of the larynx at fault in about 75 per cent. Professor Humphrey acknowledged that he was prejudiced against Prof. Broca's theory; he was in favour of unity in the brain as a whole, and not to the location of organs. There were other speakers. Professor Broca explained away the objections to his theory brought forward by Dr. Bateman.

Dr. B. W. Richardson, whom we may call a prolific contributor to science, brought forward several subjects of novelty and interest. One

was the transmission of sight through animal bodies. By means of a powerful lamp he has been enabled to distinguish in thin and young subjects the motion of the heart and of the lungs, whilst those organs were under the influence of some of the bodies belonging to the ethyl and methyl series. In the child he has observed the bones of the arm and of the wrist; the outline of the heart; and some other parts. All his experiments are curious and no doubt interesting, but practically we fear of little value. Light applied to the study of transparent structures for microscopic investigation is no new thing, and we commonly see the circulation in this way in the frog's foot, tail of the newt, branchiae of small fish, and the entire circulation in the newly hatched salmon. He contributed a report on the physical action of the methyl series; and a paper on some effects of extreme cold on nervous action. He showed that under the influence of extreme cold on the brain and spinal cord, the extreme effect of such poisons as strychnine could be suspended entirely for a time. He thought that this raised a hope that in such diseases as tetanus, a new and successful mode of treatment might be gradually evolved. Many of his experiments, such as freezing the brain in the living animal, might be carried out with advantage in such a climate as Canada in the winter time.

Dr. Crisp, this year, contributed several papers of interest, evincing great research, indomitable industry, and considerable labour. He is an example to rising physiologists and naturalists, and never allows an opportunity to go by, of either acquiring knowledge, or contributing it for the benefit of science. He, (as well as Dr. Richardson, and your correspondent) is a member of the Natural History Society of Montreal, an honour which he occasionally makes use of. One of his papers was on the skeleton of a Fossil whale, thirty-one feet long, recently found on the East coast of Suffolk. Fortunately the discovery was made on his brother's farm in the Chillesford clays, and it allowed him to disinter the animal at his leisure, to make drawings and measurements, and to determine the species to which it belonged. Whilst on the subject of whales, we may mention that the museum of the College of Surgeons in London, contains two fine large skeletons, suspended from the ceiling; one of them is a sperm whale upwards of thirty feet long, and its suspension produces a fine general effect.

Dr. Crisp read papers on the Alimentary canal of the Tasmanian wolf; on the visceral anatomy of the gorilla; and on the relative weight, form and colour of the eye, in vertebrate animals. This last was illustrated by the eyes of more than 400 birds alone. His fifth paper was on the statistics of pulmonary consumption in 623 districts of England and Wales.

The following list will be instructive, as showing the nature and variety of some of the subjects brought forward :—

Report on the Action of Mercury on the Secretion of Bile. By Professor Bennett.

Report on the investigation of Animal Substances, with the Spectroscope. By Mr. Ray, Lankester.

On the Homologies and Notation of the Teeth of Mammalia. By Mr. W. H. Flower.

Flukes from the Indian Elephant, with Remarks on their Affinities. By Dr. Cobbold.

On the Physiology of Pain. By Prof. Rolleston: and on the Pectorales Muscles. By Prof. Rolleston.

On Certain Effects of Alcohol on the Pulse. By Dr. Austie.

Electrolysis in the Mouth. By Mr. Bridgman.

On Sixteen Eshimo Crania. By Professor Rolleston.

On the Connection between Chemical Constitution and Physiological Activity. By Dr. Crum Brown.

On the Comparative Anatomy and Homologies of the Atlas and Axis. By Dr. McAlister.

Is the Eustachian Tube Opened or Shut in Swallowing? and On the Relation of the Limbs to the Segments of the Body. By Prof. Clelland.

Besides these, there was a number of papers on Zoology and Botany, of which the following may be mentioned, as being of interest to the Canadian naturalist.

On the Extinction of the Great Bustard in Norfolk and Suffolk. By Mr. H. Stevenson.

The Zoological Aspect of the Game Laws. By Mr. Alfred Newton.

On the Crested or Top-knotted Turkey. By Mr. A. D. Bartlett.

On the Distribution of the Principal Timber Trees of India, and the Progress of Forest Conservancy. By Dr. W. Cleghorn.

On the *Wellingtonia Gigantea*, with Remarks on its Form and Growth. By Mr. John Hogg.

On Some Organisms, which live at the bottom of the North Atlantic, depths of 6,000 to 1,500 feet. By Professor Huxley.

These meetings of the Association always exercise a salutary influence upon the mind, and one returns home certainly a wiser man, somewhat the worse, however, for the wear and tear of his bodily frame, which is not by any means alleviated by the excessive amount of feeding which is forced upon the alimentary organs.

By a visit to the Museum of Natural History at Norwich, we were enabled to identify a number of elephantine and other remains in our pos-

session from the coasts of Norfolk, which are destined, ere very long, to find their way into the Museum of the Natural History Society of Montreal.

I shall reserve a few observations upon the International Congress of Prehistoric Archaeology and Anthropology, which met at the same time and place as the British Association, for my next letter.

London, 10th September, 1868.

FIRST ANNUAL MEETING OF THE CANADIAN MEDICAL ASSOCIATION.

The first annual meeting of this association, which was formed in Quebec in October, 1867, was held in the rooms of the Natural History Society of Montreal, on the 2nd, 3rd and 4th of September, a large number being present, and taking part in the proceedings. The various committees appointed at Quebec met on Tuesday the 1st of September, and most of them were ready with their reports immediately after the opening of the Association; one or two were, however, unable to report until the second day of meeting. The following members recorded their names in the registrar's book. Several were in attendance, however, who neglected to enter their names.

Ulric Arcand, Becancour; W. Bayard, St. John, N.B.; Pierre Beau-
bien, Montreal; A. G. Belleau, Quebec; LeBaron Botsford, St. John, N.B.;
Llewellyn Brock, Toronto; J. B. Blanchet, Quebec; G. H. Boulter, Stir-
ling, Ont.; Wm. Henry Brouse, Prescott; H. Blanchet, Quebec; G. W.
Bingham, Ayr, Ont.; John Bell, Montreal; W. E. Bessey, Montreal;
A. Brodeur, Roxton Falls; A. T. Brosseau, Montreal; C. V. Berryman,
Toronto; J. G. Bibaud, Montreal; Edouard S. Belleau, St. Michel; Rufus
S. Black, Halifax, N.S.; Alfred Beauded, Coté du Lac; Edwin Bayard,
St. John, N.B.; G. W. Campbell, Montreal; F. W. Campbell, Montreal;
W. Canniff, Belleville; Joseph Coté, St. Valier; Tiburce Charest, Beau-
port; Joshua Chamberlin, Frelighsburg; V. J. B. Chagnon, St. Pie,
R. A. Corbett, Port Hope; Joseph P. L. Desrosiers, Montreal; Adolphe
Dagenais, Montreal; F. DuSault, Quebec; C. L. DeMartigny, Beau-
harnois; G. P. DeGrassi, Toronto; J. A. Duchesneau, Terrebonne;
Alphonse Deschamps, Montreal; A. H. David, Montreal; Napoleon Du-
chesnois, Varennes; L. A. E. Desjardins, Montreal; G. S. DeBonald,
Montreal; R. Edmonson, Brockville; John Erskine, Waterloo; G. E.
Fenwick, Montreal; A. G. Fenwick, Three Rivers; W. Fuller, Mon-
treal; L. A. Fortier, St. Clet; J. E. Fitzpatrick, Baie St. Paul; W.

Fraser, Montreal; Samuel Henry Fee, Kingston; A. A. Ferguson, Franklin; Geo. Fleury, St. Leon; J. B. Garneau, Ste. Anne de la Perade; Amedée Gaboury, St. Martin; Romuald Garipey, Montreal; G. P. Girdwood, Montreal; R. T. Godfrey, Montreal; Alphonse Hebert, Quebec; R. P. Howard, Montreal; W. H. Hingston, Montreal; W. S. Harding, St. John, N.B.; G. A. Hamilton, do.; Edward M. Hodder, Toronto; Andrew W. Hamilton, Melbourne; W. J. Henry, Ottawa; N. Jacques, St. Hyacinthe; A. H. Johnson, Portsmouth; Charles Johnston, St. John, N.B.; R. H. Kennedy, Montreal; George E. S. Keater, St. John, N.B.; C. E. Lemieux, Quebec; Joseph Leman, Montreal; P. LaRue, St. Augustin; J. A. M. Lapierre, St. Jean Baptiste; C. A. Lesage, St. Gregoire le Grand; B. H. LeBlanc, Pointe St. Charles; Gédéon LaRocque, Longueil; A. B. LaRocque, Montreal; G. A. Masson, Laprairie; P. Munro, Montreal; E. Munro, Montreal; P. E. Mount, Montreal; J. W. Mount, Acton Vale; W. Marsden, Quebec; R. Macdonnell, Montreal; A. Moran, Halifax, N.S.; DeWitt H. Martyn, Kincardine; D. C. MacCallum, Montreal; M. R. Meigs, Bedford; W. B. Malloch, Montreal; Richard Markell, Aultsville; P. O'Leary, Montreal; Joseph Painchaud, Quebec; C. F. Painchaud, Varennes; Charles Picault, Montreal; E. G. Provost, Sorel; G. J. Potts, Belleville; P. Provost, Memromcook, N.B.; John W. Pickup, Beauport; Frederick Paré, Sherbrooke; F. X. Percault, Pointe aux Trembles, of Montreal; Hector Peltier, Montreal; J. C. Poitevin, St. Martin; R. F. Rinfret, Quebec; Ed. Rousseau, Quebec; Jules Robitaille, Quebec; J. P. Rottot, Montreal; Edmond Robillard, Montreal; A. M. Roseburgh, Toronto; James H. Richardson, Toronto; G. E. Roy, Boucherville; Arthur Ricard, Montreal; Edward T. Roberts, Hawkesbury; John Reddy, Montreal; George Ross, Montreal; John J. Ross, Ste. Anne de la Perade; H. C. Rugg, Compton; W. E. Scott, Montreal; Samuel Benjamin Schmidt, Montreal; Charles Smallwood, Montreal; J. T. Steves, St. John, N.B.; C. I. Samson, Quebec; Robert Stewart, Belleville; M. Sullivan, Kingston; F. W. Sheriff, Huntingdon; W. Sutherland, Montreal; J. S. Scott, Toronto; Colin Sewell, Montreal; A. C. Sinclair, Martintown; John B. Selley, Montreal; Charles Tupper, C. B., Halifax, N. S.; Robert Thompson, Montreal; Charles F. F. Trestler, Montreal; Eugene Hereule Trudel, Montreal; M. Turcot, St. Hyacinthe; James Thorburn, Toronto; J. M. Turcot, Montreal; Robert Thibodo, Belleville; H. Therien, Rivière David; P. O. Tessier, Quebec; E. H. Trenholme, Montreal; Alfred Vilbon, Montreal; Thomas B. Wheeler, Montreal; Edmund D. Worthington, Sherbrooke; W. N. Wickwire, Halifax, N.S.; Octavius Yates, Kingston;

FIRST DAY,—2nd September.

Shortly before eleven o'clock the President of the Association, the Hon. Dr. Charles Tupper, C.B., took the chair; at the same time the Vice-Presidents of the Association for the various provinces also took seats on the platform. They were Dr. LeBaron Botsford, of St. John, New Brunswick; Dr. Rufus S. Black, of Halifax, Nova Scotia; Dr. E. M. Hodder, of Toronto, Ontario; Dr. Hector Peltier, of Montreal, Province of Quebec. Dr. Painchaud, of Quebec, now over 80 years of age, who was present, was also requested to occupy a seat on the platform.

The minutes of the last session held at Quebec, on the 9th October, 1867, were read by the general Secretary, Dr. A. G. Belleau, and approved.

On the order for the reception of members by invitation.

The PRESIDENT said that as the Association was cosmopolitan in its character, and recognized no distinction of nationality, they had been kindly invited by the American Medical Association to send a delegate to their last meeting. During, however, his (the President's) absence in England, no action was taken on that invitation. But the American Medical Association, at their meeting in May last, had appointed Dr. M. S. Davis, of Chicago, as a delegate to this Convention. A letter had been received from Dr. Davis stating that he had intended to be present, but circumstances beyond his control had arisen which, to his great regret, had prevented his attendance. He expressed, however, his satisfaction at the formation of a Canadian Medical Association, and closed by tendering, in the name of his Association, his best wishes for its success. The President, on reading this letter, spoke of the importance of a generous interchange of courtesies with their professional brethren on the other side of the lines. Such an intercourse would be most beneficial, and he trusted before this Association adjourned arrangements would be made by which this Association would be represented at the next meeting of the American Medical Association.

Dr. HINGSTON then read letters from Dr. Tache and Dr. Van Courtlandt, Ottawa, and a letter from the Montreal Literary Club, placing their Club House at the disposal of the members of the Convention during their stay in the city.

THE PRESIDENT'S ADDRESS.

Hon. Dr. TUPPER, the President, on rising, was greeted with cheers. He said: Gentlemen. The sixth order of the day, which has been placed in my hand since I entered this room, is the Annual Address of the President. Standing, as I do, in the presence of members of the pro-

profession so much more distinguished in every branch of the profession than myself, though somewhat accustomed to public speaking, I should have great hesitation in attempting to give an annual address, were it not that I know that the motto of the very honorable profession to which we belong is everywhere recognized to be "Deeds, not words." Hence you will not expect from me any lengthened observations in relation to subjects of which so many of you are infinitely better qualified to treat than the gentleman upon whom you have conferred the great and undeserved honour of making him the first President of the Association. But in retiring from the chair in which you have so kindly placed me, I would do great injustice to my own feelings if I did not avail myself of this opportunity to express to you the great importance I attach to this meeting of the Association. In October last, in Quebec, the Association was formed by some one hundred and sixty-six prominent members of the medical profession, representing all parts of the Dominion of Canada. At a time when a political Union of the Provinces had been accomplished it was thought advisable to unite more closely the members of the profession in the Provinces, so that they might become better acquainted with each other, and might consult respecting the best means of elevating the profession and advancing its interests, and thereby advancing the interests of the people of this great Dominion. The business of the first meeting was necessarily of a preliminary character. To committees of able and intelligent members of the profession was entrusted the duty of submitting, at this most important meeting of the Association, the results of their deliberations, in order that the great body of the Association might deliberate upon the important matters presented to them, and take such measures as they believe would conduce to the advancement of the great object they had in view. I say I would do great injustice to my own feelings if I did not avail myself of an occasion like this to express the deep importance which, in my judgment, attaches to this meeting—an importance to which my feeble language cannot do adequate justice. I regard it as important, because I hold it to be a meeting of members of a profession the most noble, the most unselfish, and the most influential of any secular profession or calling. (Cheers.) The most noble, because our lives are devoted to the God-like work of relieving human suffering, and of contributing to that which is felt to be the most important object—not only the relief of human suffering, but the preservation of human life, whenever it is possible that human means may aid in its preservation. The most unselfish, because it is the only profession which, I believe, uniformly gives its untiring services, without fee or reward, wherever suffering humanity demands

attention and consideration at our hands. (Cheers.) The most influential, because, knowing, as it does, no distinction of creed, no distinction of nationality, no distinction of class, no distinction of party, the members of our profession form the connecting link between all creeds, all nationalities, all parties, and all classes; requiring, as they do, a liberal education, in order to the successful discharge of the high duties of their profession, no ordinary amount of talent; passing, as they do, from one class to another, from members of one political party to another, they have an opportunity of exercising a moral and political influence which I believe is fully admitted to be certainly second to that of no other profession. (Applause.) It is not strange that, engaged as they are in the relief of suffering humanity, connected as they are with that which bears most deeply and most seriously upon the human mind of anything that can bear upon it, that they should acquire the influence they do. Who can witness the anxiety with which the parent, husband, brother, sister or friend, turns to the medical adviser, without knowing and appreciating the immense influence that he must necessarily and naturally acquire? He is looked for not only to relieve the body, but also to relieve that deep, mental anxiety, which perhaps is greater than any other feeling that the human mind can experience. It is this which gives the medical profession an ascendancy and an influence which devolves upon them a responsibility more deep and more important than it is possible for me to express in any language I can offer. It is necessary not only that members of this profession should be learned, in order to discharge the important duties of a profession which requires the deepest and most accurate knowledge, but they should also be good and patriotic—inspired by a lofty patriotism that will prompt them to avail themselves of the great opportunity that Providence has thrown in their way of advancing the best interests of their country, and to do all they can to elevate, intellectually and morally, the communities in which they are placed. (Cheers.) The members of the medical profession are oftentimes without those advantages which are enjoyed by members of the other professions. Those of the camp, the senate, the bar, and the pulpit, may have to encounter difficulties, but they have the sympathy of numbers to sustain them. Their ministrations, their official duties are performed in the presence of large numbers of people. They have an excitement calculated and qualified to sustain them in the discharge of the duties to which they are called. Without these stimulants, the members of the medical profession have to encounter fatigue and danger, and oftentimes what is worse to bear, ingratitude for the most earnest and most successful labors it is possible to perform. (Cheers.) The soldier, it is true,

goes out to battle and exposes his life, but the excitement of the struggle, the hand to hand contest, sustains him, and well he knows that if successful the Victoria Cross will decorate his breast. The medical man exposes himself to dangers equally great, to pestilence more deadly than the most murderous fire to which the soldier can be exposed; and, unsustained by the excitement which attends the soldier, he steadily, manfully, nobly discharges his duties in the most effective manner to his fellow man, knowing that no distinction awaits his success, knowing, too, as I have said before, that perhaps he may be very poorly compensated or his services very poorly appreciated. (Loud Cheers.) But, though we have not the advantage of those who engage in commerce, who, though they may have to undergo toil and anxiety, yet reap the rich reward of wealth, yet we have the proud consciousness to sustain us of discharging the highest and holiest duties that man can ever be called to discharge,—that of promoting the happiness and comfort of his fellow men. (Cheers.)

One of the most important subjects that will engage the attention of this Convention is Medical Education. To the position to which I have drawn your attention, a position of influence so great, of importance so deep, there attaches a very grave and serious responsibility. It becomes necessary, therefore, that we should, by combination and co-operation with each other, adopt such a course as will give to those who are entering upon our profession, the high qualifications and high attainments so necessary to the proper discharge of duties of so important and noble a character. The subject of Medical Education, therefore, is a subject which will engage the serious attention of the Convention. Every member has the deepest interest in knowing that the qualifications of those who are to come after him shall be of the very highest character that it is possible to attain. In proportion as medical men are qualified for the performance of their duties will they deserve and receive the confidence of the public. The subject of a proper system of registration of medical men is of less importance to the members of the medical profession than to the community at large. We owe it to our fellowmen to provide some means whereby the great mass of the people may rightly distinguish between those qualified for the duties of the profession and those unqualified. If such means be not devised, injurious consequences affecting the health and happiness of the people would result. Then, again, the question of medical ethics, the question of the relation of professional men to each other, and to those who entrust themselves to their professional care, is also a subject which will be brought under the notice of this Convention. I do not think that any elaborate code of medical ethics is required. I believe a profession such as ours, so learned, liberal

and exalted, and exposed as we are to difficulties inseparable from the practice of a profession like our own, which has no public tribunal to which appeal can be made—the only true code of ethics is attention to the golden rule, “Do unto others as we wish to be done by.” (Loud cheers.) The professional man who stands by that golden rule will exhibit in all his dealings, both with his professional brethren and the community at large, the character of the true gentleman, and will require little else, I believe, for his guidance. Before I sit down, I will make a few observations in relation to the great importance of unanimity in our proceedings. There is an old saying—I wish I could say it was an old slander—that “doctors differ.” While we know that it is impossible for men to see eye to eye in every matter, and to hold precisely the same views, yet I do feel that, in view of the high position of this Association, and the important objects we seek to attain, it is one of its first duties to give a gentlemanly and generous consideration to each other's opinions, whether we differ from them or not. The only way to make this organization a success is by conceding, as much as possible, to those differences of opinion which must necessarily exist in the discussion of those matters to which we are called to give attention. I wish to say that the eyes of this Dominion are upon us. Our meetings will result in good or evil, just according to the spirit that we enter upon the discussion of those difficult questions, and the amount of accord and agreement that may prevail amongst us. I will not detain you longer. I feel most deeply your kindness in elevating me to the high position of your President, and I wish to say, before retiring from this chair, that I retire to the rank of a private member with a disposition to return your kindness and consideration, by doing in that private capacity, or in whatever position I may occupy, all in my power to advance the objects of this Association and the profession, which I regard as more important than any other secular calling. I beg to thank you most kindly for the great honour conferred upon me, and will take more pleasure in sustaining some other person in the chair than I have had in occupying it.

The honourable gentleman concluded his address amid loud cheers.

The Treasurer's Report was read, showing a balance in hand, and was referred to a committee of auditors, consisting of Dr. Rottot, of Montreal, Dr. J. H. Richardson, of Toronto, and Dr. Steves, of St. John, New Brunswick.

Dr. CANNIFF, of Belleville, read the report of the committee on the Plan of Organization. On motion of Dr. Smallwood, it was decided to have this report printed in French and English, and distributed for the use of members before action be taken on it.

Dr. MARSDEN, of Quebec, Chairman of the Committee on Medical Ethics, presented its report, recommending the adoption of a code of ethics substantially the same as that adopted by the American Medical Association, which was published as a supplement to the September number of the *Canada Medical Journal*.

A brief discussion ensued.

Dr. FENWICK argued that medical men should refuse to give information to Life Insurance Companies respecting the health of their patients, unless that information be considered strictly confidential.

At the suggestion of the President, the debate was adjourned till the second day, to enable members to look over the report.

On motion of Dr. BEAUBIEN, the Convention then adjourned till three p.m.

AFTERNOON SESSION.

The Association re-assembled at three o'clock, when Dr. MARSDEN, of Quebec, read the following report from the Committee on the Registration of Medical Practitioners, which was laid on the table for further consideration.

"The Committee appointed in October last, at Quebec, to consider the best means of securing the proper Registration of licensed practitioners throughout the Dominion of Canada, beg leave to report, that after mature deliberation they recommend that this Association take the necessary steps to have carried through the Dominion Legislature an Act similar (in so far as it is adapted to this country) to the Medical Act of Great Britain, passed in 1858, and that a committee be appointed to carry this report into execution.

That the members of the Association may have some idea of the Act which the Committee recommend, they beg leave to name a few of its leading features, viz. :

A council called "the General Council of Medical Education" is established. This Council consists of one person chosen from and by each of the various licensing bodies and the English Universities. The five Scotch Universities choose two members between them. Six members are also named by Her Majesty. A registrar and branch registrars are appointed. Provision is made to register all licensed practitioners up to a certain date for a nominal sum. Qualifications obtained after the passing of the Act pay a higher fee registration. Council has the right to demand of any body their course of study and character of their examinations, and any member of the Council may attend the examinations.

None but registered practitioners to be able to recover charges in a Court of Law.

A severe penalty is named for any one falsely pretending to be registered.

All of which is respectfully submitted.

WILLIAM MAUSDEN, M.D., *Chairman.*

FRANCIS W. CAMPBELL, M.D.

W. CANNIFF, M.D.

HECTOR PELTIER, M.D.

Dr. R. PALMER HOWARD, on behalf of the Committee on Preliminary Education, made the following report :

“ The Committee on Preliminary Examinations beg to submit the following recommendations :

1. That all persons intending to study medicine in the Dominion of Canada be required to pass a matriculation examination in preliminary education, and that their professional education shall be held to commence from the time of their having passed matriculation examination.

2. That the Matriculation examination for students of medicine in the Dominion of Canada shall be (with some alterations to be presently mentioned) that recommended by the Council of Medical Education and Registration of Great Britain, and adopted in the amended Medical Act of Upper Canada, and shall be as follows :

“ Compulsory English or French language, including grammar and composition ; Arithmetic, including vulgar and decimal fractions ; Algebra, including simple equations ; Geometry, first two books of Euclid ; Latin, translation and grammar ; Natural History and Logic, and one of the following optional subjects ; Greek, French or English (according to nationality of students), German—and the Committee are of opinion that Mental and Moral Philosophy should be made compulsory at as early a period as possible.

3. That although an acquaintance with Greek is very desirable, yet, as the British Medical Council have (at their meeting in July last, 1868,) deemed it advisable to defer at present enforcing a knowledge of Greek on all medical students in Great Britain, this Committee, while recommending this language to all students, doubt the propriety of at present fixing the period at which a knowledge of it shall be compulsory.

4. That with the view of rendering the Matriculation examination efficient and uniform, it be conducted by persons engaged in general teaching, and officially connected with the Universities, Colleges, or Seminaries of the Dominion.

5. That the certificate of having passed the Matriculation Examination shall testify that the student has been examined in (1) English or French language, including grammar and composition; (2) Arithmetic, including vulgar and decimal fractions; (3) Algebra, including simple equations; (4) Geometry, first two books of Euclid; (5) Latin, including translation and grammar; Natural Philosophy and Logic; and in one of the following optional subjects; Greek, French, or English, (according to nationality of student), German.

6. That a degree in Arts of any British or Canadian University, or of any other University of good standing, be accepted as a sufficient qualification to enter upon the study of medicine.

7. That all the students presenting themselves for this examination shall pay the sum of—dollars prior to examination, and, in the event of failure, half the sum shall be returned.

All of which is respectfully submitted.

R. P. HOWARD, M.D., *Chairman.*

J. P. ROTTOT, M.D.

This report was also laid on the table for further consideration.

Dr. William Bayard, of St. John, New Brunswick, as Chairman of the Committee on Medical Education, presented the following report of the said Committee.

"As the curriculum of professional study required before obtaining a license to practice is now, since the action of the Medical Council of Upper Canada in 1866, almost the same in Upper and Lower Canada, your Committee have not many new suggestions to make, but rather to reproduce, with such alterations and additions as have appeared to them advisable, the regulations at present existing in the Provinces of Ontario and Quebec, with the view to their adoption by the sister Provinces of Nova Scotia and New Brunswick.

1. The Committee recommend that professional education shall extend, as now, over four years from passing of a matriculation examination, not less than three of which should be passed at an incorporated university, college, or school of medicine approved of; but your Committee strongly recommend that the above period of four years be passed.

2. That besides the six months' winter session there shall be in each year a summer session of three months, so that nine months in every year shall be spent in the continuous acquisition of professional knowledge and training.

3. That the following branches of Medicine shall constitute the minimum curriculum of Professional Education, which all medical students

must furnish proof of having pursued, before presenting themselves for a license to practice Medicine, Surgery and Midwifery:

Descriptive Anatomy; Practical Anatomy or Dissections; Chemistry; Materia Medica; Institutes of Medicine (consisting of Physiology and General Pathology); Theory and Practice of Medicine; Principles and Practice of Surgery, Midwifery, and Diseases of Women and Children; of each of which two courses of six months shall be required; Clinical Medicine and Clinical Surgery, of each of which two courses of three months shall be required; Botany; Medical Jurisprudence and Practical Chemistry; of each of which one course of three months shall be required.

4. Provided, however, that two three months' courses of Practical Chemistry may be accepted in lieu of one six months' course of Theoretical Chemistry; and one three months' course of Practical Physiology, with a three months' course of Pathological Anatomy, may be accepted in the place of one six months' course of Institutes; and a three months course of Public Hygiene may be accepted in place of the course of Medical Jurisprudence.

5. Every student shall furnish proof of having studied Practical Pharmacy for a period of three months.

6. All students must give proof by ticket that they have attended during twelve months the practice of a General Hospital whose daily average of in-door patients is not less than 50, and that they have attended the practice of a Lying-in Hospital for six months.

7. That all graduates of recognized Universities and Colleges of the United States, who shall have passed before commencing their medical studies and matriculation examination equivalent to that recommended by this Association, unless they are graduates of Arts, shall attend one full course of lectures at some University or incorporated medical school in the Dominion of Canada, and complete four years of medical study, provided they have completed the curriculum recommended by this Association.

8. That there shall be two examinations—primary and final. The primary shall comprehend the branches of Anatomy, Materia Medica, Chemistry, Institutes of Medicine, and Botany; and the final shall comprehend the branches of theory and practice of Medicine, Surgery, Midwifery, Medical Jurisprudence, Clinical Medicine, and Clinical Surgery, and that the primary examination shall be passed at the end of the second and third years.

9. That the age of 21 years shall be the earliest age at which any medical degree or diploma shall be granted.

10. That the professional examinations shall be conducted in writing and orally.

U. BAYARD, M.D., *Chairman*.

The report was laid on the table for future consideration.

Dr. HINGSTON of Montreal read the following report on

STATISTICS AND HYGIENE.

"The Committee on Statistics and Hygiene have to report that, as regards the former, this country is now an almost unexplored field, and as regards the latter, no distinct and definite views are held, except in the practical applications of them by physicians and others engaged in the art of preserving health, and of warding off disease. For these reasons the Committee require to make observations that might otherwise appear too elementary, and will reverse the order in which they occur above.

For purposes of practical utility, Hygiene has been divided into general and special, or into public and private—relating to those laws which regulate the life of the individual; the application of those laws to the sanitary wants of a community, or to each individual composing that community. A subject of such vast moment has not received at the hands of medical writers the attention its importance demands. Ever and anon a disease sweeps with fatal strides over a portion of the earth's surface, when measures are adopted to stay its dreaded course, or to be relieved of its presence. But doubts have arisen whether measures ill-considered and hastily adopted, have not done much to aggravate the evils they were intended to alleviate. Of the necessity for some general laws on the subject there can be no doubt. Moses, the Law-giver, inculcated the care with which diseases, occurring by infection and otherwise, are to be prevented. Those laws were imposed upon the people, and were enforced with vigour. Although some portions of them were evidently intended for the land in which the Israelites then lived, and the circumstances in which they were then placed, yet, after a lapse of so many ages, we cannot but admire the sanitary code which drew the distinction between clean and unclean beasts—which forbade the eating of blood—which was intended to prevent the spread of skin and infectious diseases generally—which prevented the accumulation of human excretions and emanations, and which prevented man when sick, or when dead, becoming a source of disease and death to his fellowman. Beyond Holy Writ, and less perfect than Holy Writ, we first meet with Hygienic rules in the writings of Hippocrates, in his *Essays* on "Airs, Waters, and Places." We need not here allude to the ancient Latin authors who here and there inculcate hygienic precepts. Until within the memory of living man, public health, as a distinct branch of medical science, was unknown. Here and there, throughout Europe, we

find disjointed attempts, by municipal and other corporate bodies, to preserve the health of those they govern. But the first successful effort was made in France to make the health of the people the first care of the *Government*. At the beginning of this century, under the first Napoleon, a Council of Health was formed, to superintend the sanitary operations in the capital, and, half a century later, the whole of France was placed under the surveillance of Central and Departmental Councils. In Great Britain matters moved slowly, and it was not until Doctor Southwood Smith urged the importance of sanitary laws, that the Government became fully alive to their necessity. The Nuisances Removal Act, followed by the Baths and Wash-houses Act, the Town's Improvement Clauses Act, and the Public Health Act of just twenty years ago. The latter Act was productive of vast good, and the death rate of eight towns in England decreased from 30.5 per 1000 to 24.6 per 1000, a decrease in round figures of 6 per 1000.

The Common Lodging House Act, the Labouring Classes Lodging House Act, the Interment Act, and a Vaccination Extension Act and others have been passed, but a concise, yet comprehensive law for all sanitary purposes, has yet to be introduced to the Legislature of Great Britain.

In the United States of America progress has been but partial. In 1866 the State of New York resolved itself into a Sanitary district, composed of the Counties of New York, Kings, West Chester, and Richmond. The time for action was not too soon, for the mortality in some districts was terrible. But the result of the labours of the Sanitary Commission, in the city of New York alone, in one year, was remarkable. 3152 lives less were lost in the city than in the year preceding, notwithstanding the increased population. Yet it was a season of incessant rains and excessive humidity throughout a wide extent of country, the larger towns suffering an unusual amount of sickness.

If such was the state of matters in Great Britain and the United States, it is scarcely necessary to add that, in Canada it is still worse. Legislation has been confined to a single Act, passed in a period of alarm, and only intended to deal with epidemics as they occur. Yet is there no branch of science more important than that which relates to man's physical and moral condition; which deals with the external physical and chemical agents on which man's health or life depends; and particularly in Canada, where persons are exposed to a new set of influences, which may shorten or prolong life, benefit or injure health, cure or cause diseases, in proportion to the manner in which they are understood.

In Canada—one of the healthiest climates in the world—the mortality

in some of the cities is very great, and the necessity for action is urgent. Here and there in Canada, certain municipalities have taken steps to remedy existing evils, and in Nova Scotia and New Brunswick the Governments have done something; but their efforts are too partial in action and too limited in their sphere to be productive of any important advantages. A necessity exists for the introduction by the General Government—or simultaneously by the Local Governments—of a comprehensive system of sanitary laws, not so complete, perhaps, as those of the Mosaic code; nor so severe in the punishment of any violation of them. The details of such a Bill, or Bills, will, with the permission of this Association, engage the attention of this Committee.

The Report on Vital Statistics will be submitted at a later period of the session."

W. H. HINGSTON, M.D., *Chairman.*

W. BAYARD, M.D.

WM. CANNIFF, M.D.

G. E. FENWICK, M.D.

J. THORBURN, M.D.

This report was also laid upon the table.

The Committee of Auditors reported the accounts of the Treasurer correct.

The following Committee was appointed to nominate officers for the Association: For Quebec—Drs. Worthington, Marsden, Beaubien, Fraser, Rousseau. For Ontario—Dr. Berryman, Victoria College; Dr. Thorburn, Toronto School of Medicine; Dr. Henry, Ottawa; Dr. Sullivan, Kingston; Dr. Martyn, Kincardine. For Nova Scotia—Drs. Black, Wickwire, and Moren. For New Brunswick—Drs. Botsford, Hamilton, and Steeves.

The Committee then withdrew and commenced its labours.

The PRESIDENT said that the medical profession and citizens of Halifax would deem it a favour if the Association would accept of that city as the place for the next annual meeting. He could assure the Association that they would meet with a most hearty welcome.

Dr. R. S. BLACK moved, seconded by Dr. MOREN, that Halifax be the place of next meeting.

Dr. HODDER moved, seconded by Dr. BERRYMAN, that Toronto be the place.

Dr. HINGSTON moved, seconded by Dr. BROUSE, that Ottawa be selected.

After some discussion, it was decided to hold the next annual meeting at Toronto.

On motion of Dr. HODDER, it was decided that the time for the next annual meeting be the second Wednesday in September.

The Convention then adjourned till ten o'clock Thursday morning, the 3rd September.

ENTERTAINMENTS—THE CONVERSAZIONE.

In the evening, the Medical Profession of Montreal entertained the members of the Association and their friends, including the *élite* of the city, at a brilliant *conversazione* in the William Molson Hall of the University of McGill College, which had been kindly placed at their disposal by the Governors of the University. It was beautifully decorated with illuminated scroll mottoes, also scrolls containing the names of eminent medical men deceased, all of which had been executed by a corps of amateurs, under the direction of the well-known University man—Mr. David McCord.

Fully a thousand invitations had been issued, and the halls were, as a consequence, crowded. Both within and without the buildings, every attraction that means or taste could supply were provided for the enjoyment of guests. Hundreds of many coloured lamps lined the approaches from Sherbrooke street, and sparkled among the little forest of trees that stretches past the front of the College, while an electric light blazed from above the centre doorway, and fairly illuminated McGill Avenue throughout its entire length. This latter was under the charge of Dr. Baker Edwards, who had certainly every reason to be satisfied with the striking success of his experiment. Dr. Edwards afterwards interested a large auditory in Dr. Dawson's lecture-room, by a series of experiments with the Giessler Tubes, showing the electric light in air, vacuo, and nitrogen gas. The museum and library also served, in no small degree, to furnish means of amusement, while the large hall upstairs gave opportunity for promenading or pleasant chit-chat. In the centre building, M. Gilbert, the celebrated *chef de cuisine*, offered the attractions of two large supper-rooms, and certainly found no want of patrons.

SECOND DAY.—3rd September.

Dr. TUPPER took the chair shortly after ten o'clock. The minutes of the previous day's proceedings were read and approved.

Dr. W. CANNIFF of Belleville, read letters from Dr. Graften Tyler, of Georgetown, D.C., and Dr. Atlee, of Harrisburg, Pennsylvania, expressing their pleasure at the formation of a Canadian Medical Association, and their regret at being unable to attend the Convention, owing to circumstances over which they had no control.

The Convention then proceeded to the consideration of the report on Statistics and Hygiene.

Dr. REDDY, of Montreal, moved, seconded by Dr. EDMONDSON, of Brockville, that the report be adopted.

Dr. LAROCQUE (in French) urged the importance of having Hygiene regularly taught in the medical schools.

The PRESIDENT called attention to the chief point in the report—that of recommending that a bill on sanitary matters be passed by the Legislature. The question was, whether the Association should accept this recommendation and authorize the Committee to prepare a Bill.

The report was finally adopted.

Dr. G. W. CAMPBELL, on behalf of the "Committee on the best means of having a uniform system of granting licenses," read the following report :

"As the reports of the Committees upon Preliminary and Professional Education embody the suggestions for the regulation of the qualifications of candidates for license in the Dominion of Canada, comparatively little remains for this Committee to report.

Your Committee beg leave respectfully to recommend :

1. That every candidate for license shall furnish proof: 1. That he has attained the age of twenty-one years. 2. That he has passed the Matriculation examination, and has completed the curriculum of professional study recommended by your Committee upon these subjects; 3. That he has pursued his studies for a period of not less than four years from the date of passing his Matriculation examination.

2. That no person shall hereafter receive a license to practice medicine, or be permitted to register a degree or diploma within the Dominion of Canada, unless such degree, diploma, or license has been obtained from some University, College, or incorporated School of Medicine in Her Majesty's Dominions, whose requirements for graduation or licensing are equal to the minimum curriculum recommended by your Committee on Medical Education.

3. That the professional examinations recognized shall be conducted in writing and orally, and that Clinical examinations shall be conducted at the bed-side in a practical manner.

4. That this Committee would recommend that there should be formed a general Medical Council of Education and Registration for the Dominion of Canada, who should have the supervision of Medical Education, and should be empowered to appoint visitors to the different Universities, Colleges, and Licensing Bodies in the Dominion, to ascertain that the minimum curriculum is duly enforced, and the examination fairly conducted.

5. That a degree, diploma, or license from recognized bodies should only be received for what it sets forth, and that the holder should be subjected, before receiving license, to an examination in the branches of Medicine not specified in the document.

6. Your Committee, in conclusion, recommends that persons entitled to registration in Great Britain should have the same privilege granted to them in the Dominion of Canada.

G. W. CAMPBELL, M.D., Chairman.

On motion, the report was received and laid on the table for future consideration.

On motion, it was decided that each speaker be restricted to five minutes, and that no one but the mover be allowed to speak twice on the same subject.

The SECRETARY then read a letter from Mr. Edward Barnard, drawing the attention of the Association to the medicinal properties of the Varennes Mineral Springs, and requesting that a Committee be named to investigate their merits.

Several members expressed their views—stating that if the Association acceded to the request of Mr. Barnard—at the next meeting they would be inundated with similar requests from the proprietor of every mineral spring in the country, of which there were some three hundred. The Association unanimously decided that it was not in their province to deal with such questions.

The Association then adjourned till 2 o'clock.

AFTERNOON SESSION.

At 2 o'clock the Association met and proceeded to the consideration of the constitution and by-laws. This led to a good deal of desultory debate, and at five o'clock the Association had only reached the end of the constitution—which, as amended, was, on motion of Dr. Brouse, of Prescott, seconded by Dr. G. W. Campbell, adopted.

As a number of the members from Ontario were anxious to leave for home by the evening train, it was decided to proceed with the election of officers, deferring the consideration of the by-laws till the following day.

The Nominating Committee presented their report, recommending the following list of officers for the ensuing year:

For President—Hon. Charles Tupper, M.D., C.B.

The mention of the honourable gentleman's name was greeted with loud applause, the members standing and giving three hearty cheers.

Dr. PELTIER, one of the Vice-Presidents, then declared Dr. Tupper re-elected President by acclamation.

Hon. Dr. TUPPER, in rising to respond, was again greeted with repeated cheers. He said:

Gentlemen,—If I felt gratified at the great honour which you did me a year ago, I certainly feel doubly so now. I cannot but regret that this Association have not considered it wise to select some one of the distinguished and eminent men in the profession, of whom, I am proud to know, you have a great many who have a reputation, not only within this Dominion, but in the adjoining Republic, and, I may say, in Europe. I feel it is a source of regret that you have not considered it judicious to select some one of the distinguished members of the profession that you have amongst you, to hold the position in which you have placed me. But I feel the more sensibly the great honour you have conferred, because I know a great many gentlemen around me who are infinitely better entitled to the great distinction which you have conferred on me. I may say, as I said on a former occasion, although I am quite prepared to give place to a great many members of this Association as regards the high position they occupy in the profession, yet I will yield to no man in this body in the desire to advance the interests of the profession, and carry out the objects of the Association. (Cheers.) Whatever position I may occupy, I can assure you you can at all times command the very best services in my power to give expression to the views and sentiments which, after mature consideration, this Association believes will promote the benefit of our profession and the interests of the country at large. (Applause.) I have attended this meeting of the Association at no small inconvenience. When I tell you that out of the last six months I have only had the pleasure of spending something like one month with my own family, you can readily imagine my unwillingness to leave my home again so soon. But I felt my duty to you was imperative; and I could not satisfy my own feelings unless I came and took part in the deliberations of this Convention. The results of the formation of this Association will, I believe, amply repay every member for the great expense, loss of time, trouble and inconvenience, he has been put to in attending these meetings. When the Government of this great Dominion was formed, a year ago, the portfolio of a Cabinet-Minister was tendered to me, but I felt I could serve the country quite as effectively by declining to take that position; and I did decline. When, subsequently, the highest subordinate offices in this Dominion have been offered for my acceptance, I have steadily and uniformly declined them; because I believed that in an independent position I could be of greater service to my country than by holding any office whatever. (Cheers.) But I can assure you that, whatever claims I may have upon the State—devoted, as I am, to the honourable profes-

sion to which I belong—the highest reward my ambition demands from my country, is to relieve me from public and official duties, and allow me to devote my life more exclusively than hitherto to the profession in which the happiest hours of my life have been spent. (Cheers.) My greatest anxiety is to be able to devote myself more entirely than my public duties, for the last dozen years, have enabled me to do, to the duties of the profession which has been my delight, and to which I have devoted my eldest son. I beg again to thank you most cordially for the great honour you have done me, and I again assure you that nothing shall be wanting on my part to evince my lasting gratitude.

Dr. A. G. BELLEAU was then nominated the General Secretary, and was re-elected by acclamation, which declaration was greeted with loud applause. Dr. H. Blanchet, of Quebec, was unanimously elected Treasurer.

For Vice-President for the Province of Quebec, Dr. G. W. Campbell was the nominee of the Committee.

Dr. TESSIER nominated Dr. Marsden, seconded by Dr. Dagenais, and spoke in high tones of that gentleman's ability and efficiency, and the great services he had done to the Association—styling him the Father of the Association. (Cheers.)

The vote was then taken, when Dr. Campbell was declared elected by a large majority. His election was greeted with three cheers.

Dr. Campbell briefly expressed his thanks for the honor conferred on him, and said he would at all times endeavour to avoid doing anything which would in any way hurt the feelings of any member of the Association.

The other officers were elected by acclamation, as follows :

Vice-President for Ontario, E. M. Hodder, M.D., (re-elected); for New Brunswick, Le Baron Botsford, M.D., (re-elected); for Nova Scotia, Hon. D. McNeil Parker, M.D.

Local Secretaries.—Quebec, Dr. Rottot; Ontario, Dr. W. Canniff, (re-elected); New Brunswick, Dr. W. S. Harding; Nova Scotia, Dr. A. Moren.

Dr. HODDER, of Toronto, said he could not adequately express the gratitude he felt for the compliment they had paid him in electing him a second time as their Vice-President. He felt confident that if the Association was only carried out in the spirit with which it had been brought into existence, it would do more towards elevating the medical profession throughout the length and breadth of the Dominion than anything else could do. It would elevate the standard of education, prevent empirics from practising all sorts of deceit and fraud, and cause a better feeling to exist amongst all members of the profession throughout the

Dominion. He should have been delighted to see more gentlemen present from Nova Scotia and New Brunswick—two Provinces of the Dominion of which he knew, comparatively speaking, very little. He trusted that next year he would see some of them at their annual meeting, and that by alternate visits they might ultimately become as one family, united in everything that is calculated to benefit the profession and promote the public welfare. (Cheers.)

The Convention then adjourned till 11 a.m., Friday, September 5.

THE BREAKFAST.

On Friday morning, September 5, the Association, with a number of our leading citizens, were entertained by the Medical Profession of Montreal to a public breakfast in the St. Lawrence Hall. Everything was got up in the style for which Mr. Hogan is so celebrated. The chair was taken shortly after nine o'clock by Dr. G. W. Campbell, Chairman of the Committee of Arrangements and Vice-President of the Association for the Province of Quebec. He was supported on his right by the Hon. Dr. Tupper, C.B., and on his left by Dr. Hodder, Vice-President of the Association for Ontario; also by His Worship the Mayor, Wm. Workman, Esq., Hon. Gideon Ouimet, Attorney-General for the Province of Quebec; Hon. Justices Mondelet, Loranger, and McKay; Hon. C. S. Rodier, Thomas Morland, Esq., Dr. Beaubien, Dr. Painchaud, and J. A. Chapeau, Esq., M.P.P.; Dr. Fraser and Dr. Peltier acted as Vice-Chairmen.

After justice was done to the good things, the usual loyal toasts were given from the chair.

The CHAIRMAN then gave "Our Guests, the profession from the various Provinces." He regretted that it had not fallen into better hands to propose this toast, for he felt he could not do justice to it. He expressed great pleasure in meeting gentlemen of the faculty from Ontario, Quebec, and the sister Provinces of Nova Scotia and New Brunswick. Referring especially to Nova Scotia, he said if it was left to the doctors to settle among themselves, there would be no further question of Repeal in Nova Scotia, for they, the medical fraternity of this part of the great Dominion, would not let them go home again until they had agreed right heartily to the Confederation. The men of Nova Scotia were too valuable, too good, to lose from among the classes embraced in the Union, and, as he had said before, they could neither afford to lose them, nor would they do so if the issue rested with the doctors. He hoped that the patience of gentlemen from distant places had not been exhausted, and that the delay they had already expe-

aienced in getting away would not inconvenience them. The medical profession of Montreal had given them all a right warm and hearty welcome, and he only hoped that the individual members who had attended had found as much pleasure and advantage in attending as he had himself done. (Cheers.)

The toast was drunk with "all honours."

The Hon. Dr. TUPPER, C.B., (whose rising was the signal for immense applause), responded. He said he did not intend to detain them longer, as he knew they were waiting, and the hour to which they had adjourned the meeting of the Convention that day was near at hand. He referred at some length to the enterprise and good feeling displayed by the members of the profession in Montreal, in inviting the whole profession of the great Dominion to this city for the purpose of the Convention, and in entertaining them in the right hospitable manner in which they had been entertained. Having been again elected President of the Association, he supposed a few words would be expected from him on its behalf, and he acknowledged that obligation to his many able and distinguished friends around him, among whom, if any distinction could be made, he was, if anything, most particularly glad to number the gentlemen from the Maritime Provinces. After-dinner speaking was a thing he had never been much accustomed to; but after-breakfast speaking was a matter entirely novel and strange in the whole of his experience. But this he would say, that this hospitable and liberal reception of the general medical profession of the great and immense Dominion of Canada, by their brethren of Montreal, augured not only a wise generosity and enterprise on the part of the latter, but a right appreciation of the objects and scope of the society of which they were all equally members. Now, let his friends around him reflect for a moment on what had taken place. They had been received not only with every welcome and demonstration of kindness and friendship, but to fill the cup to running over, the Montrealers had given them that splendidly arranged *Conversazione*, and had brought to that delightful gathering not only all the medical talent of this great and important city, but the collective beauty of the place, to heighten the interest and attach a charm to the proceedings. It was all very well for old Benedicts like himself to admire at a distance, and then discreetly to retire. But those younger members of the profession, whose hearts were not steeled, and who were still martyrs to the mercies of bachelorhood—some of those young men, he would be bound, would be found to give their most hearty cohesion to Inter-Colonial Union. The chairman had referred to Nova Scotia. Now he was not going to give a political dissertation—nor

indeed would he touch upon politics at all, further than to say, in connection with this subject, that they could readily understand—those who had been gratified with a view of this magnificent and gigantic city during the past week—how the Nova Scotians, fresh arrived from their little place Halifax—little and unimportant compared to this wealthy and progressive city of Montreal—would feel, when they contemplated the signs of that wealth and progress; they must feel, as he felt that Halifax, and towns and cities of that class in the Provinces of this Dominion, must, in the march of events, be necessarily swallowed up, absorbed by this, the real and commercial centre of the vast body known as the Dominion of Canada. Looking back upon the past, looking hopefully forward into the future, he had no fear for the prospects of the Confederation. So much had he ventured to say on Confederation and Nova Scotia, and now he had done with that subject. Returning nearer home, and speaking of the Medical Association, the hon. gentleman descanted at some length upon the past history, present position and future prospects of the society. He looked upon it as containing all the elements, when united, to constitute a great and powerful institution for the public good; and, in illustration of his meaning, he instanced the city of Montreal, built up by the industry and perseverance of united French, English, Scotch and Irish—an edifice to wonder at, and of real significance from whatever point of view it was regarded. Dr. Tupper concluded by again thanking the assembly for the kind way in which they had received him, and sat down amidst tremendous cheering.

Drs. HODDER, BAYARD, MARSDEN and PAINCHAUD also responded.

The CHAIRMAN then proposed "The Mayor."

His WORSHIP responded heartily, welcoming the medical men from the various parts of the Dominion to Montreal.

"The Bench and the Bar" was next proposed, and responded to by Judges Mondelet and Loranger.

Dr. PELTIER proposed the "Canada Medical Association," which was responded to by Drs. Beaubien and Marsden.

Dr. FRASER proposed the "Retiring Officers," which was responded to by Dr. Hingston.

Several volunteer toasts were given. Shortly after eleven o'clock the gathering broke up.

THE ASSOCIATION—THIRD DAY.—*September 4.*

The Association resumed its business at half-past eleven to-day.

THE BY-LAWS.

The Convention then proceeded to the consideration of the report of the Committee recommending a code of by-laws for the Association, and adopted them one by one, with some alterations.

Dr. SMALLWOOD moved, seconded by Dr. DAVID, that the by-laws, as amended, be adopted.—Carried.

Dr. TUPPER observed that it was impossible for the Convention to proceed with the consideration of the various reports received this session, and therefore it would be better to postpone them till the next annual meeting, with the exception, perhaps, of the Code of Ethics.

Dr. HINGSTON moved, seconded by Dr. ROTTOT, that the Code of Ethics, as proposed by the Committee, be adopted.—Carried.

Dr. MARSDEN moved that the following Committee of Arrangements for the next meeting of the Association be appointed:—Drs. Hodder, Richardson, Berryman, Thorburn, Hall, Canniff, and DeGrassi.—Carried.

Dr. LAROCQUE presented the second annual report of the Montreal Sanitary Association.—Referred to the Committee on Hygiene.

The following Committee on Printing was appointed:—Drs. David, Smallwood, Hingston, Marsden, F. W. Campbell and Robillard.

On motion, all the standing Committees of last year were re-appointed.

Dr. MARSDEN moved that the Committee re-consider the action taken the previous day on the communication respecting mineral waters, with a view to having that letter referred to a Committee.

Dr. HINGSTON thought it would be injudicious to re-consider the matter.

Dr. DAVID was of the same opinion. If they paid so much attention to these mineral springs, they would be besieged with communications from the proprietors of every spring in the country.

Dr. Marsden's motion was lost.

Dr. BAYARD moved, seconded by Dr. SCOTT, that the thanks of the Association be tendered to the Grand Trunk Railway, Canadian Navigation Company, Richelieu Company, Quebec and Gulf Ports Company, International Steamboat Company (plying between St. John, N. B., and Portland), and Great Western Railway.—Carried.

A vote of thanks was also tendered to the Natural History Society for their kindness in allowing the Association the use of their hall.

Drs. ROTTOT, SMALLWOOD, and FRASER were appointed as an Auditing Committee.

Dr. HINGSTON moved, seconded by Dr. BEAUBIEN, that the thanks of the Association be tendered to the Press of Canada, and the Montreal Press in particular, for the aid they had rendered to the Association.—Carried.

The PRESIDENT received a letter from Dr. Edwards, asking, on behalf of the Chemist's Association, the privilege of making some observations on

Pharmaceutical Education, and of advocating a separate and official course of study for Pharmaceutical students.

The PRESIDENT referred that gentleman to the Committee on Chemistry and Materia Medica.

Dr. SCOTT moved seconded by Dr. GODFREY, that the President vacate the chair, and that it be taken by Dr. Beaubien.

Dr. SCOTT then moved, seconded by Dr. CRAIK, that a vote of thanks be tendered to the President, Dr. Tupper, for his very able conduct in the Chair, which has conduced so much to the interest and harmony of the Association, and the despatch of business. Carried with loud cheers.

Dr. TUPPER briefly responded. Votes of thanks were then tendered to the Vice-Presidents, the General Secretary, and the local Secretaries for the efficient performance of their duties during the past year.

The Association then adjourned, to meet at Toronto, the first Wednesday in September, 1869.

Canada Medical Journal.

MONTREAL, OCTOBER, 1868.

THE CANADIAN MEDICAL ASSOCIATION.

We devote a large portion of our space this month to recording the proceedings of the first annual meeting of the Canadian Medical Association, which took place in Montreal on the 2nd, 3rd and 4th of September. The attendance, although large—fully one hundred medical men outside of the city being present—did not quite come up to anticipation. The greatest unanimity and good feeling prevailed, and we trust that a sure and certain foundation has been laid, upon which to build up our Canadian Medical Association. The various committees named in Quebec, last year, mustered in good numbers, all we believe having quorums. They began their labours the day previous to the meeting of the Association, and by the time it met several were ready with their reports, among them the Committee on By-Laws, also the Committee on Medical Ethics, and by the second day all had handed in their reports. Dr. Tupper, the President of the Association presided, and by his firmness, impartiality, and parliamentary experience, contributed not

a little to the despatch of business, and the success of the meeting. The Association shewed its wisdom in again electing him its president. In the Province of Quebec, Dr. Peltier, who filled the office of Vice-President for the past year, gracefully retired to allow of the election of an English speaking practitioner, and the choice fell upon Dr. George W. Campbell, the worthy Dean of the Medical Faculty of McGill College, whose election was greeted with loud applause. A better selection could not have been made. Pre-eminently the leading English speaking practitioner in this Province, well known and highly esteemed and respected, his claims to the highest honours in the power of the profession to bestow, were admitted on all sides. In New Brunswick, Dr. Botsford of St. John, and Ontario, Dr. Hodder, Toronto, the Vice Presidents of the previous year, were re-elected. In Nova Scotia, the choice of the nominating Committee for Vice President fell upon the Hon. Dr. McNeil Parker, of Halifax, and he was returned by acclamation. The various reports presented were laid upon the table, with the exception of those on a Code of Medical Ethics, which was adopted, and the report on the Constitution and By-laws, which was brought up for discussion. It was taken up clause by clause, and after numerous alterations and amendments was declared carried. The importance of the various reports presented, cannot be over estimated, and it is perhaps as well that the time of the Association was so completely occupied in discussing and arranging matters of detail, as to render it necessary to postpone their consideration until the second annual meeting, which takes place in Toronto on the first Wednesday in September, 1869. The members will then have had ample time to consider the various questions involved, and whatever remarks may follow will doubtless be the result of mature deliberation. No time will therefore be lost in useless discussion, a consideration of no small moment to a class of men whose time is so exceedingly valuable. We have to acknowledge our indebtedness to the *Montreal Daily News* for a large portion of our report, and we cannot help observing that the introductory speech of Dr. Tupper has been reported with wonderful exactness.

AITKINS' PRACTICE OF MEDICINE.

Owing to the large amount of our space occupied with the proceedings of the Canadian Medical Association, a Review of the first volume second American from the fifth London Edition of Aitkins' Practice of Medicine, which has just been issued by Lindsay & Blakiston, of Philadelphia, is unavoidably crowded out.