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THE

CANADA MEDICAL RECORD:

A Monthly Journal of Medicine and Surgery.

EDITOR:

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Nature's Power to Heal. By WILLIAM CANNIFF, M.D., M.R.C.S.E., Toronto. Prepared for the Canadian Medical Association.

Mr. President and Gentlemen :

In the paper I now have the honour to present for your consideration, I may not be able to claim much originality. The thoughts and reflections are, in a measure, the faint echo of what has been before now advanced by others. The necessity has been laid upon me of saying something at the present meeting of this Association, upon the subject of Surgery. I can hardly say that it is a report upon the subject, but I wish to declare to you that I did all I could to secure for your prepared appetites something worthy of the occasion. At an early day I wrote to my esteemed friend, Dr. Hingston, reminding him of this particular duty; but he had become Lord Mayor of the great commercial metropolis of the Dominion, and so could not undertake the important work. And I am sure you will allow me here to observe that Montreal, in honouring a distinguished member of the Medical profession, one of her most respected citizens, did itself infinite credit, and is four-fold honoured in the possession of so worthy a head. I also wrote to my equally respected friend, Dr. Grant, who had been appointed, with Dr. Hingston and myself, to report on Surgery. But circumstances made it impossible for him to attend to the matter. Occupying the responsible and honourable position of Medical adviser to the Governor General's family, he could not hesitate to respond to the call, to accompany that esteemed family across the Atlantic; and, if time and brain-work and worth are duly rewarded, Dr. Grant's outgoing, although I have no doubt extremely agreeable, will be followed by more pleasant incomings. So you see that if a proper report on Surgery, worthy of the science and of the Association, is not forthcoming here to-day, it is not because I did not use my best efforts to secure the active services of two of the most prominent surgeons of the Dominion.

With these explanatory remarks I will now venture to present to you a few remarks, somewhat disjointed it may be, upon a subject by no means new, but one of never-ceasing importance. I refer to the subject of *Nature's Power to Heal.*

I trust you will pardon anything I may say which appears like self-assertion or egotism. After one has been in practice a number of years, although he may

lose faith in a good many things he was taught to believe as a student, he is likely to become bigoted, so far as his own experience is concerned.

Before proceeding I would call attention to the fact that, upon this continent, neither in the United States nor Canada, is found a distinction between the physician and surgeon. Here and there in cities and larger towns exist one who gives his attention more particularly to one of these branches of the medical science or to midwifery, but mainly a doctor in this country means a physician, surgeon and accoucheur altogether. Although prepared to admit that the distinction, such as exists in Great Britain may be advocated with some good arguments, I must say I think it is fortunate we have not adopted the custom. In a new country, sparsely settled, it is not often that a field in either branches can be found sufficiently large to satisfy the practitioner in any specialty. This, doubtless, is the reason that mostly all medical men in America are general practitioners. There is to my mind a more cogent reason why medicine and surgery should not be severed. So far as surgery is an art, it may occupy a distinct place without detriment, but, when we regard it as a science, and examine the basis upon which it rests, we find one that is common to it and medicine—the physiological and pathological facts which form the ground-work of one constitutes the basis of the other. And in the field of practice, he will fall sadly short who attempts to treat surgical affections without a knowledge of the principles of medicine; while the exclusive physician, who has little or no knowledge of what more particularly belongs to surgery, will often fail to render full justice to his patient. Such being the case, and with the subject I have to treat, I shall not confine myself entirely to what particularly belongs to surgery.

The power of Nature to restore parts both internally and externally in every tissue of the body, is, I fear, not fully appreciated and trusted; is not sufficiently studied, and therefore not understood; as a trustworthy guide in the treatment of disease and injuries, she is too frequently ignored. I must go further and express my opinion that very often Nature is thwarted in her efforts, instead of being humbly followed. It may seem a startling and severe assertion, but, nevertheless, I believe that in the practice of not a few, as much is done to interrupt the work of Nature as to assist—in other words: as many would recover from sickness and injuries, and as speedily, without treatment as with it, in the aggregate. I do not mean to say that no benefit is

derived from the administrations of the doctor, on the contrary, I am sure there is no one so badly qualified by nature and education to practice, who does not sometimes, perhaps often, afford relief to his patients; at the same time I cannot repress the conviction that in many cases the doctor who has successfully treated one case, will with his next patient, by the injudicious use of drugs, or by interference of some kind, arrest, or retard the work of Nature. Do not misunderstand me. I am not here to condemn the profession, but to point out what appears to me to be defects, in order that they may be removed. It is a noble and inspiriting thought that one has saved life, allayed pain, and abbreviated distress, and I would that this feeling should not be marred by the thought that, perhaps, if such and such a thing had not been done, the patient would have suffered less, or have recovered, whereas, he died. Such unhappy reflections will now and then obtrude themselves in our every-day practice, unless the practitioner is animated by a sublime egotism. However, we are not called upon unnecessarily to write bitter things of ourselves; at the same time it is unquestionably our duty to be as certain as we can that we are not running counter to nature in our course of treatment. Mistakes will, no doubt, occur even with the most efficient and conscientious; but with the constant acquisition of knowledge in relation to our profession, there ought to be commensurate improvement in the treatment of cases, and advantage to the sick. That very much has been gained in the direction I am advocating there can be no doubt; but I urge the plea that Nature should be trusted more than she is. It was one of the first things I learned from my first teacher that, "meddlesome midwifery is bad." Experience has fully established the truthfulness of the statement. But I am just as well convinced that meddlesome surgery is bad, and meddlesome medicine is bad. What is it that has given success so frequently to the Homœopathic physician, who faithfully treated his patients with infinitesimal doses? Was it not due to the fact that Nature was left untrammelled to work her cure, sustained at the same time, by faith operating through the mind upon the nervous system? I have now and again had patients who, having failed to improve under the use of drugs, at once began to mend when discontinued; and I have had medical friends make the same statement. While I write there come to us from England the information that a religious sect, known as "The Peculiar People," and who do not believe

at all in medical treatment, have opened an hospital for the sick, into which the disciples of Esculapius shall never enter. Now, I shall not be surprised to learn that the mortality and duration of disease at this institution are no greater than in the best appointed hospitals of London. And there is no doubt these peculiar people, who, although zealously religious, do not seem to be fools, have, by observation, convinced themselves that their prayers accomplish as much as is done by the regularly qualified medical man. From the position I assume the fallacy contained in Professor Tyndall's proposition to test the efficacy of prayer in healing the sick is at once apparent.

The well-known Dr. Todd, in speaking of Trisypelas divided cases into three classes; one class consists of those who will get well without treatment; perhaps I may add, in spite of bad treatment; another class will die, notwithstanding the most judicious treatment; the third-class, which may not be large, is composed of those who will live or die, according as the treatment is proper or improper. So then, so far as the effects of treatment upon life goes, we may take it for granted that the cases are comparatively few where the balance is turned, one way or the other, by any treatment. But the important fact remains that the medical man's duty is not limited to treating extreme cases. It is an important part of his function to allay suffering and prolong life; therefore, it is incumbent upon him to possess that knowledge of nature's laws, which we find exhibited in man's physical system,—that he may be fully equipped for the path he has to tread.

The knowledge requisite is not only to enable him to do what is necessary, but to avoid that which is unnecessary. The medical man is almost daily tempted to do something when he knows that nothing is really required. In fact, it is often necessary to do something to satisfy the patient or his friends. The do-nothing course is rarely satisfactory to the world, with its present limited education respecting the laws which govern life and disease. And it is not unfrequently a question of some importance to the medical man "how not to do it." The administration of bread pills and tinctured water is one of the clumsy ways of solving the question. But, apart from this morbid desire on the part of the public, and the expectations that medicine will be given, does not the doctor sometimes magnify his office by unnecessary service? The result is not only that prescriptions are written generally in a style of

mystery which originated in the dark ages, and which was employed by imposters; but the surgeon proceeds to probe a wound with no possible benefit to the patient; he introduces a suture unnecessarily, to produce an impression, perhaps to gain an extra fee, a fractured limb is manipulated, whereby the limbs, it may be the life is placed in jeopardy. Of course, the patient may not be so willing to pay a proper fee when no medicine is given, or when you bring fragments of a broken bone into position so gently that he fails to detect just when the bone is set. But is it not a duty we owe to science, and to the dignity of our office, to endeavour to educate the public to a proper appreciation of the true function of the medical man. Now, with regard to this point, so far as the physician is concerned, I hold that he should be superseded in a great measure at least, by the Sanitarian. I believe the time will come when our profession will be most frequently employed to prevent disease, when preventable; not by the administration of drugs, but by the application of those sanitary laws which science reveals. It cannot be expected that disease will be entirely prevented, so that we will have to continue to act as physicians. Certainly, injuries of various kinds will continue to befall man which no surgeon can foresee or prevent.

Many obstacles to the reform I have referred to might be mentioned, one is the strong conservative feeling which causes the profession to retain, with much tenacity, the forms of prescription which originated in ante-civilization times. I have often thought that the use of Latin in writing prescriptions was a pedantic sham. Some of the signs employed are convenient, and words in the abbreviated form can be quickly penned; but this is all that can be said in favour of continuing what is really a relic of barbarism, when an educated few took advantage of the ignorant and credulous mass. But it may be asked what has this to do with *Nature's Power to Heal*? I reply it has much to do with it. If we wish our profession to attain that position which it legitimately should possess, we must discard everything bearing the appearance of mystery or secrecy. Prescriptions must be written in plain language, and if the patient desires to know what you are giving him let him know; and then will follow this important advantage: the druggists will not commit mistakes in their efforts to interpret prescriptions. This emancipation will materially tend to foster a dependence upon Nature, rather than drugs.

Coming to the subject of Surgery, more especially, it is hardly necessary for me to mention the various

ways in which are manifested Nature's power to heal—to restore parts. Mostly every medical man is familiar with the writings of Paget and Billroth. These investigators, as well as others, have demonstrated that in all the multiform lesions met with in the human system resulting from injuries and disease—in every tissue of the body, Nature ever stands ready to undertake the work of repair; and if the system be in a healthy state and Nature be not interfered with in her action, the power to restore parts is often striking and marvellous. In a large number of cases, all that the patient requires is rest: It is at such times that the meddling surgeon may work mischief. Many years ago I read with much care a course of lectures by Mr. Hilton, of London, upon the subject of rest—mechanical rest and physiological rest; and the benefit I thus derived I cannot over-estimate. Rest is, in fact, the principal, the great pre-requisite to enable nature to accomplish her work of healing. Rest of body and mind. Pain, so common an attendant of disease and lesions, indicates a state incompatible with healing. The pain may result from the absence of rest, or it may be Nature's cry for assistance: and, it is a part of the surgeon's duty to respond to this cry. He should distinguish between these two causes of pain, and endeavor to remove them. But it is his first duty to try to prevent pain; and he should see to it that he never is the cause of pain. The surgeon's art will often furnish to nature essential aid whereby she may more promptly and efficiently accomplish her task. Failing to receive any assistance from Art we often find Nature, nothing daunted, resorting to other means to effect a cure—taking further and more complicated steps, often marvellous and beautiful. For the sake of illustration we will take a broken bone, a simple fracture. Union between the fragments would rapidly take place if the limb were kept in a state of rest; but in consequence of neglect of the surgeon, or wilfulness of the patient, or some other cause, motion is permitted. The result is the arrest of the healing process—of the ossific union of the pieces. The motion has caused pain, the pain has led to congestion, congestion produces fibrinous effusion, and this results in the formation of more extensive provisional callus, or "en-sheathing." By this means the ends of the bones are retained in a fixed position, rest is secured; and after this—after these successive and wise steps by Nature, the work of repair between the fragments will proceed. Thus we learn that the designation of Nature's Splints to the ensheathing callus is well

applied. But in a simple fracture Nature should not be called upon to form this splint; Art should apply it, and thus enable Nature to immediately undertake the work of repair. The resources of Nature with regard to healing are wonderful. The observant surgeon and physician will notice them in many ways. The adhesions which form between the layers of peritoneum may justly be regarded as an untoward event, so far as the future comfort and efficiency of the patient are concerned; still are we not to look upon such adhesions as a method of Nature to secure rest of the intestinal tract, and thus remove the cause of continued inflammation, whatever may have been the primary cause of the disease. And when the pleura costalis and pulmonalis are glued together by inflammatory lymph, and the pericardium becomes adherent to the heart—although in many respects disastrous—must we not, nevertheless, recognize the only way (and being the only one a wise way) by which a degree of rest is obtained for organs whose functions render absolute repose an impossibility. Continued inflammatory action would result in death, but it is arrested by Nature in the way stated, and life is preserved although crippled. I need hardly stay to point out a fact so apparent that in many cases a timely course of medical treatment would have rendered this work of nature unnecessary; and life, not only would have been preserved, but the body retained in its original perfect condition. One more illustration is found in the process of cure by Nature in aneurisms, and another in the several steps whereby a divided artery is effectually closed.

The powers of Nature are often manifested not merely to preserve life and function, but where function has been destroyed, or impaired, to repair and restore. The power to restore lost parts is limited, but the power to recover function is far greater than generally supposed. Even while the disease is in progress, we often find efforts put forth to limit the loss of, or preserve function. Take, for instance, disease of the joint. During the course of the disease, while active destruction of tissue is taking place in the joint, Nature will be throwing out new material out of which to form a new structure, which will in some degree become a substitute for that destroyed. Again, in case of excision of a joint, what do we see taking place? If the two bones are retained for a sufficient length of time in a state of immobility, firm union follows; and this, in many cases, is all that can be expected. But in some cases Nature attains a far higher result. A stiff limb is better than an artificial one, but to have the limb not only

saved but its functions preserved is an achievement of Nature, often witnessed by the surgeon. This higher result after resection, is perhaps more common than is supposed, and I have seen cases where it took place in spite of the effort of the surgeon to obtain ankylosis. Again, while it would be commonplace to refer to the fact as often witnessed, that the surfaces of an incised wound, when retained in contact in a state of rest, will rapidly and enduringly unite; it may not be so destitute of interest to notice a subsequent event. When a wound has healed, which may be in a few days time, the part is restored to its ordinary usefulness. This might be deemed sufficient; but Nature will do more than this. Life has been preserved, the member has been preserved, the functions have been perfectly preserved, what more? Unsightliness will next engage the attention of Nature. Beauty and harmony of symmetry must likewise be restored. If the part be hidden by apparel, of course this is a matter of no importance, but if exposed, especially if about the face, then the importance may be of considerable magnitude. Nothing, in fact, to some minds, can be more distressing than to have an unseemly scar upon the face, seen by all. Now, towards the removal of cicatrices the surgeon can do little, or nothing, but Nature is not so impotent. Surely, although slowly, the scar wears away, and in time, may disappear: nay, often does. But whether a total removal takes place or not, the effort of Nature to reach that end, only ceases with life itself. In this continued endeavour of Nature, the surgeon fortunately can do nothing to retard the work, short of violence; but he may, and often does more to prevent primary union of wounds than he does to assist.

It is, however, in severely crushed, or torn wounds that an additional and exceedingly wise course is pursued by Nature, for the purpose of saving and restoring tissue; around the wound is a certain portion of tissue more or less injured, some of it will, or may recover; while some of it must die. Where the boundary line is to be drawn Nature must decide. It is she who will examine the molecular parts, and determine which can, and which cannot be restored, which portion shall be restored to vitality, and again enter upon the active duties of molecular life; and which shall perish and be cast off. And, as Nature will in time amputate a whole limb in a palpable manner, so will she, although impalpably, sequestrate the doomed tissue around the wound and at the same time furnish a vehicle to carry off the detritus. The out-flowing

serum or liquor sanguinis often constitutes a channel by which the offal, so to speak, is washed away, which if allowed to remain, would become a putrifying substance, to poison adjacent tissue, yet suffering from injury. After the work of sequestration has been completed, and in this way disposed of, nothing may remain but for Nature to close up the wound by granulation or second intention. But, alas, these wise efforts of Nature are often rudely interfered with, and in her first efforts she is entirely thwarted. In various ways this is sometimes done by the surgeon. I will not speak of the methods which were followed, in the past, a period of which we sometimes speak with an inconsiderate sneer, as if no unscientific treatment was ever pursued in the present day. The time I may reasonably expect to occupy will allow me only time to speak of a modern course of practice which, in the minds of some, appears to be equal to the old treatment of wounds by sympathy (sympathetical cure) where applications were made not to the wound but to the implement which inflicted the wound. Under this treatment it was found that wounds healed with wonderful rapidity, they being left in fact to the kindly operations of Nature. Meanwhile the surgeon supposed it was the unguent applied to the weapon. Such folly would not be tolerated now-a-days. However, we find among modern surgeons those who use and recommend carbolic paste and other agents impregnated with substances, having long compound names, to the wounds, or who employ some lotion or spray which has to be applied according to a certain formula, so intricate, that if success does not attend the treatment, it can easily be accounted for on the ground that the directions were not faithfully carried out. These applications possess some wonderful power to destroy supposed low forms of animal life, which (like the aerial spirits with which the Rosicrucians peopled the air) float about in every breeze waiting to flock into any solution of continuity upon the human body, upon mischief bent—to bewitch, as it were, the ultimate particles of the living tissue, so that instead of recovering themselves, and closing the breach in the surface, they perform fantastic tricks before the high priest, Nature, and thus turn the healing process into a process of death and decomposition. While there is no doubt the air is inhabited by myriads of low forms of life, and very likely these very often affect the human system by entering the blood through the lungs, it is a far-fetched theory that they in any way affect living

tissue. Dead animal matter forms the most fruitful abode for them to propagate and grow; but that has nothing to do with the cause of that death.

But I fancy I hear some earnest disciple of Lister exclaim, how do you account for the result? I am tempted to reply, as the natives of a certain country are said sometimes to do, by asking another question. If you do not believe in homœopathy how do you account for the success, which their statistics prove, attends the treatment of disease by their method? but I will not: I do not like, being a Canadian, to follow the teachings of any one simply because he belongs to a certain country. It was said of those who gained the most renown for curing wounds by the "sympathetical method" that they never undertook to heal *gunshot* wounds. Their operations were judiciously confined to simple incised wounds. Now I do not desire to convey the impression that those who practice according to Lister's theory with such success, either falsify the accounts given, or confine their treatment to cases of incised wounds. I think, certainly, that there might be found in connection with their practice something of the fallacy contained in the often quoted phrase *post hoc ergo propter hoc*. I am not going to deny the efficacy of carbolic acid and similar disinfecting agents. These it is well known, have great power to arrest, not the death of tissue, but its decomposition. Now what is it that favours decomposition of dead animal matter in any case? A dead body, the offal from the slaughter house, any animal tissue, deprived of life, is not at once poisonous; it is when it begins to putrify that it becomes noxious. And are we to believe that no such decomposition can take place without the aid of air germs? and yet we must entertain this view if we accept the doctrine of Lister that suppuration, in connection with wounds, is due to the active agency of these invisible degraded forms of life.

In connection with bruised wounds we often have rapid death of organic elements. If these be pent up within the wound, they are placed in the most favourable condition for speedy decomposition and putrifaction. Having putrified, and remaining pent up, we have following all the disastrous circumstances of septic poisoning. Now, it is obvious to all that this could have been prevented, if one of two things had been done,—either a free escape of the fluid within the wound secured, or by the introduction of some agent, possessing the power to arrest decomposition. Of course the antiseptics possess the power to do this. But it will be per-

haps urged that extensive experience, by different persons, in different parts of the world, has proved that unusual success attends the treatment of wounds by the application of certain pastes or putties; and of bandages applied in a certain way with proper precaution, and caution.

Allow this to be granted, but it does not follow that it was by excluding the air, or germs in the air, from the wound. The fact is the course of treatment laid down according to Lister's plan all tends to secure those conditions, so essential for the due operations of Nature's laws. We have cleanliness first and last; we have unusual attention by assistants to watch for, and remove every untoward circumstance; we have rest, so necessary, of the parts by the mechanical pressure of the paste and bandages; also, by the same means, pressure is made whereby effusion is prevented. In fact the parts are pressed together and retained in a state of *rest*. Congestion is thus limited, and the injured tissue placed in the most favorable condition for restoration to vitality. Yes, success does frequently attend the antiseptic treatment; but it is due to the circumstances attending that treatment. But the question remains, whether the same end could not be reached by far less complicated means and which are far less likely to fail, and, in failing lead to disaster. It is submitted that the antiseptic treatment proves beneficial by preventing the existence of, or of destroying the poisonous properties of putrifying organic matter arising from the body with which air germs have nothing to do. It is also submitted that this can be accomplished by means far more certain, far less troublesome, and will produce results far more satisfactory. It would occupy too much time and exceed the bounds of the object proposed in this paper, to point out at length the means to accomplish this. I cannot, however, omit speaking of the value of *pressure* as well as *position*. The drainage tube will often carry out fluid from the bottom of the wound but position of the body generally, and particularly of the part, will effect far more. Pressure generally by bandage is a most effective agency in squeezing out the fluid which is filling the spongy crushed tissue, so that healthy circulation of nutrient and reparative material may take place. While the softened tissue is filled with the products of passive congestion, of course the destruction of injured tissue is greater than when the position of the wound or other circumstances prevent a free drainage. It has been recommended with much sound argument, that the

boggy tissue should be as it were drained by means of the knife.

Judiciously-made incisions will allow the noxious fluid to drain off and thus all the benefit of antiseptics will be obtained. Failing, however, by any means to effect necessary drainage, disinfectants should be used to prevent or destroy putrifying matter.

I will not pursue this subject further. My object, whether gained or not, has been to show that Nature possesses ability to heal, unaided, even the worst forms of wounds; and that while Art can render assistance, that assistance should be of a simple character, based on ordinary principles of natural philosophy, and guided by common sense, not on any visionary theory. In concluding my remarks I wish to speak of what I regard as the great agent for Repair. Some years ago in a publication, I advanced the theory that the principal purpose the fibrine of the blood served in the physical economy, was to heal tissue. This theory has been accepted by a number of writers. Limited in quantity, (a late writer says it is not present at all in the circulating blood in health) we find that when it is required, it rapidly increases in quantity and efficiency. Possessing limited vitality, it has yet sufficient power of organization to form a temporary, a pseudo tissue until the natural is reformed.

Incapable of perpetuating itself after it has become organized, it acts as a sort of scaffolding upon which the natural tissue is gradually built. Being used only for a temporary purpose does not lessen its value, for how could a building be erected without accessory means. Doubtless it is derived from the nutrient elements of the blood, but those elements have passed the period of maturity. They were at one time qualified to enter into the formation of natural tissue, but, not being used, they passed on to decline. Still, although with lessened vitality, they were well adapted to serve an important purpose in case of need, like refuse timber, which has been rejected in the construction of a building, it is quite suitable for the scaffolding. Such is fibrine:

President's Address Delivered at the Eighth Annual Meeting of the Canadian Medical Association, held in Halifax, Nova Scotia, the 4th, 5th and 6th August, 1875. By LE BARON BOTSFORD, M.D., L.R.C.S., EDIN., ST. JOHN, N.B.

GENTLEMEN,—In the order of business it is now my duty to address you on this our eighth anniversary. With one exception the Associa-

tion has held its meetings in the Provinces of Quebec and Ontario. On this occasion we have the pleasure of assembling in one of the oldest cities of the Maritime Provinces; which with its noble harbour adorns the Atlantic coast of the Dominion. Perhaps the day is not distant when a session of this same Association will be held on that other shore where the waters of the Pacific wash its Western boundary.

Those among us whose heads are nearing their resting place may not see this event, much less the gatherings of our profession in those intermediate regions which must one day become the home of millions; but you who have commenced the battle of life, when the passing years will have left their impress, and you take your stand between the present and the future, will witness vast changes, and in the meetings of the "Canadian Medical Association" will find yourselves surrounded with brethren, coming from the different quarters of the Dominion—from the Pacific coast with its genial winters,—from the valleys of the Saskatchewan and Assiniboine—from the prairies of Manitoba, from the old homestead Provinces of Ontario and Quebec, from those Provinces by the sea, and you will reap the benefits which such meetings are so well calculated to confer, for they will embrace the experience of the profession under varying climates and under many conditions. And gentlemen we must not be discouraged by seeming failures. These are incidental to the commencement of all such institutions. The time will come when full success will crown our efforts, and our Association will be commensurate with our nation. We must have our evening as well as morning to constitute a perfect day. We cannot measure the result by present benefits. They will assume proportions which will surpass the anticipations of the most ardent. For no matter how extensive the experience of the individual practitioner, how close his observation, how powerful his mental capacity, he will, if confined to a locality, become cramped by its limits, and it may be his professional growth checked by an incrustation of routine so apt to settle upon us all. Throw the same person into contact with genial minds and he will enter upon new fields of thought, and receive as well as impart new suggestions, and that in proportion to the extent of country which may be

represented. This has been the case in other departments of culture, and will prove true when professional brethren meet, for each member from his contact with disease under varying circumstances will bring to light some new experience and at the same time will carry away that detailed by others, each having some special opportunities in the wider field of observation, whilst the most cultivated will be benefited even in their own special direction by the critical shrewdness of those who may be their inferiors in their specialty, yet their equals if not their superiors in other departments of the profession.

Another result will be the modifying influence which will be exercised on the extreme of the profession. The too hasty will be held in check by the naturally conservative, whilst the latter will be stimulated to new life by the impulsive energies of the former. And all will be stirred up from a sluggish routine which dislikes to have its calm disturbed, or drifts lazily away with the tide of opinion and accepts the dicta of teachers; rather than enter upon that strict investigation and careful line of thought so necessary to all progress.

By such collisions of mind may we not hope that there will arise some check to fashion, which has lessened and still lessens the influence of the profession. No one can deny the prevalence of fashion. Not merely in the past, when dogmatism prevailed in proportion to existing ignorance, but even now in our times. The evil is ever ready to come to the surface. Those now living will recollect how Broussais swayed the schools and how his facts and theories were accepted or rejected. How every departure from a healthy condition was regarded as the result of asthenic state, and how, as a matter of course, bleeding and antiphlogistics were the great agencies for dislodging the enemy. Then again, diseases were ascribed to the failure of vital powers and bloodletting was so little used that it was lately treated by one of the most eminent in the profession as a "lost art." "Building up" was a necessary consequence; and then stimulants advocated as the best means to arrest the flagging powers of life to such an extent that (with many practitioners) no condition would seem to contra-indicate their use. And again the pendulum swings, and already are there some who will not allow that

stimulants of an alcoholic character are admissible in any case.

At one time mercury was the great specific, and was pushed to such an extent that men felt the remedy to be worse than the disease: and from the ignorance which led to its abuse there came a rebound, and by some (wisely or otherwise) it is repudiated and cast on one side as a vicious poison. A great change has come over the profession as regards cholera. It is not many years since its contagious or communicable character was generally denied. Now it is as generally admitted. Thus it is. Theories rise and fall; and medicines, which belonged to observed facts we might suppose to be better grounded, pass through the same phase; to-day used, and commended as efficacious, to-morrow neglected or condemned.

No doubt a few active or powerful minds lead to such results. By their force they set the new system in motion, and the mass follow; and the followers of a sect are always more inclined than the founders to push systematic opinions to the most absurd extreme; "and if we are to believe the recorded results of the therapeutic research, conducted under complicated conditions, we shall be obliged to admit that the same diseases have equally well been cured by the interposition of the gods—by witchery and priestcraft—by the most sanguinary and anthropologic and by the most mild and expectant treatment; by remedies founded on the rational pathology of the disease; by the administration of infinitesimal parts of nothing; by peppermint water and bread pills. Each and all of those diverse plans of treatment have had their advocates, who bring forward in their favor accumulated masses of evidence."

There can be no effect without a cause. But the difficulty is to determine, amid the complicated actions of the human body, what is the cause. And yet there must be some one or other which shall be efficient in the varying systems of treatment. For if similar results are attained, are we not compelled to admit that nature asserts her supremacy, and, in spite of the errors perpetrated, rises superior to the depressing agencies arrayed against her? Men become the subject of disease, and under every system throw off the morbid state and resume a healthy condition. Many a nostrum has been used and proved apparently successful in

the hands of the regular practitioner, and frequently the thorough empiric can parade the cures which have attended his panacea. And both the regular and the empiric have succeeded, not because their remedies were beneficial in themselves (in many cases they may have been injurious) but independently of the means used. We have therefore, to look for a reason why this should be. Why judicious means shall fail in the hands of one man, and why inert, or it may be injudicious medication, shall be attended with favourable results in the hands of another. It is a common experience to witness the eventual failure of the theories, or of the medicines which have been initiated by strong and ardent minds because they are unphilosophically based, yet the success which has attended theories demonstrates the necessity of looking for some principle beyond mere physical agencies, some underlying cause for the success which follows the same or varying treatment. It may be urged that the "vis medicatrix" explains the difficulty; but that power has been present in the same case in which the philosophical attendant has failed, and the inert globule has afterward succeeded. We are there compelled in *certain cases* to look further for the efficient cause; one which aids the ignorant empiric as much as it does the regular practitioner—one which stimulates the force of the system to renewed activity and to a healthy termination, one which is more than a natural tendency to a sound state—one which exercises a curative power when called into play, and residing in the mind and proceeding from it aids the physician, who enlists in his favor a strong anticipation more potent in certain temperaments than well adapted drugs. This is no new idea. It is one we all recognize, yet one we continually overlook. We are so engaged in the contest with disease—so bent upon effecting results by the power of medicine—that we are practical sceptics of the enormous force which the mind exercises not only over the functions of the organs, but over the structure of the organs and tissues themselves.

Brown Sequard, who has devoted much attention to the nervous system, has thus expressed himself, "Power of the mind over the body is much greater than most of you imagine; indeed, I do not think that any one among you, (he was addressing a public audience) however

exalted may be his idea of the strength and variety of that power, has an adequate conception of its magnitude within the bounds which I will mention." Again he remarks, "The cure of any illness which does not consist in a disorganization of the tissues can be accomplished when the person thinks it can be done. If we physicians, who treat patients every day, had the power to make them believe that they are to be cured, we certainly would obtain less fees than we do. There is no doubt at all that if we could give to patients the idea that they are to be cured, they would often be cured, especially if we could name the time for it, which is a great element in our success." I have succeeded in this way, and I may say that I succeed more now than formerly, because I have the faith that I can in giving faith obtain a cure."

Such are the opinions and experience of a close philosophical observer, one who has devoted great ability and ceaseless energy to the solution of nervous phenomena.

This is an aspect of our profession which demands our consideration; for though it has been well determined that the mind is often seriously affected by the condition of the body, it is questionable whether the body is not as much influenced by the mind, and that changes may thus be brought about even in the tissues themselves. If this is so, it will give one solution why recoveries occur under the same or varying systems of treatment, when the *vis medicatrix* cannot be regarded as the cause. This is a class of cases which gives efficacy to, and confirms each peculiar system of treatment in the estimation of its followers; and it will be futile to reason with any one as to the merits of his system, if he is *conscious* that he has been relieved when using it. We can only do so by going behind the system and showing that there is a cause which is operative though not generally acknowledged; a *cause* capable of producing results of a wondrous character, and when recognised sufficient to reconcile to sound philosophy what now appears a mass of contradictions.

I do not say that this class of persons on whom the mind is capable of producing such results is very numerous; but it is numerous enough to make the results a disturbing element in our medical progress, indeed to such an extent as seriously to affect the laity in

their belief, and the profession itself in its certainty.

There are sufficient reasons to make us suspect that under anomalous conditions not only can the functions of organs be affected, as was demonstrated by Mr. Braid, of Manchester, but that changes in the tissues may be the result of disturbance in the nervous force; that this latter can assume various phases, being transmuted into heat or electricity, or manifesting itself in chemical power or motion. Be this as it may, Brown Sequard gives one among many instances in which nerve force caused physical changes of a remarkable character. He says: "A mother was looking at her child who was standing at a window with its fingers on the border of the window under the lifted sash. She saw the sash come down with great force and crush the fingers of the poor child. The mother remained unable to move, feeling immediately a pain in the three fingers at the very place where the child had been injured. The fingers swelled, an effusion of blood took place, ulceration followed, and she was a long time being cured." How this physical change was brought about, by what modifying power, it is difficult to determine. We cannot admit that the imagination *per se* could have been the efficient agent however important the rôle it played in the occurrence. But come from what condition of the mind, or tendencies of the nervous system it might, this, and phenomena similar in character exist as facts, and it will be wise if the profession give them due attention. They may be very few among the many, yet the principle involved in their production may supply a rationale for the instances which are adduced by empirics as proofs of the efficacy of their nostrums, and prevent the regular physician from being himself misled, or misleading others. A decided benefit will thus be gained. We will wrest from the ignorant their apparent success. We will make amenable to the laws of philosophical induction what has been vague and indefinite. For however subtle the principles which are operative, they will be mastered by a rigid system of investigation, and as soon as the phenomena become tangible they will not long escape the penetrating power of the medical mind.

Facts, no matter how incompatible with our previous experience and theories, will have to

be faithfully registered, and when a sufficient number has been accumulated, then some one will rise to the emergency, and establish the law of their production.

Medical science has always required patient research, and never more so than at the present time; its foundations are based upon the laws of being, and these laws are bound up with, and modify every change in the organism. And as there is no domain of nature but what may throw light upon our path, the amount of knowledge requisite to become a well grounded member of the profession will steadily increase until it touches the inconceivable. And if the scientists who can stand on the firm earth, and have to deal with matter in its more simple combinations, have still before them vexed problems and long years of patient research, how much greater must be the endurance of the physician who has to determine his certainties amid the shifting sands of life, where the varying phases are all but infinite and the organic forces and mental powers assume protean shapes.

In May Dr. Steves and I went to Louisville to attend the meeting of the American Medical Association. We were most kindly received, and they have responded by appointing six of their number to be present at our session. There is evidence that the meetings of their Association are producing a very beneficial result upon the whole profession in that country; not only is the tone and standing of the profession raised by the mixing of the leaders and veterans with the general body, but its culture and intellectual attainments force upon the public a truer estimate of its importance. A late President, Dr. J. M. Toner, says: "It must be apparent to all that the concentration of medical thought, and the scientific aspirations of the profession of the country, as expressed through the Central Association, are such that by its unity of action it exercises more influence now over the public and profession than ever before; or than would be possible without such combined association. This is particularly noticeable in States in which there has been recent legislation affecting the profession and public health." Again "It is a source of sincere congratulation that our medical educational institutions are rapidly enlarging and perfecting their curriculums;

and becoming more thorough and efficient in teaching the science of medicine." Too much importance cannot be attached to the attainments required of the members of our profession, for, "it is our distinction and hope that to secure its largest practical amelioration, society must look mainly to us—our range of duty being the whole organization of man in health and disease—psychically as well as physically we alone offer that wider field of new action which an advanced society now requires. All that gives happiness, assuages pain, prevents disease, lengthens life, betters the individual or improves the race—these, the great concerns of living humanity, and carrying with them the principal morals of society, belong to our care. On them we are the only teachers that can speak with authority, or that, by and by, will be listened to with conviction. We alone can make theory on them, give way to demonstration, speculation to ascertained fact, doubt to certitude; and outside our pale there is no teaching nor knowledge that is secular beyond what forms a fraudulent empiricism on one side, and a perilous credulity on the other."—*Medical Times*.

There is a subject which I would submit to the Association for its consideration, and that is, the want of a registration of births, deaths and marriages. In some of the Provinces it does not exist, and it will be for you to decide whether a memorial from this Association to the general government will tend to hasten that most to be desired action of the Dominion Legislature.

Surgical Cleanliness. By EDWARD FARRELL, M.D., Professor of Surgery, Halifax Medical College, Halifax, Nova Scotia. Read before the Canadian Medical Association, August 7, 1875.

A question which has given rise to much discussion of late years; the dressing of wounds, especially the wounds resulting from surgical operation, is still of the greatest importance to the practical surgeon.

In this very short paper which is meant more to elicit the opinion of the members of this Association than to produce an exhaustive review of this subject, I will not attempt an enumeration of the various causes of fatality after surgical operation, but I shall get at once into the subject of the paper, and divide

the causes of death after surgical operation into unavoidable and avoidable or preventable causes.

Among the first may be mentioned the age, sex and constitution of the patient, the severity of the disease or injury for which the operation is demanded, or the severity of the operation itself, these always influence the result, and are taken into consideration by both the surgeon and patient in estimating the chances of success. Besides these, we have the various common but often fatal complications of wounds, the much dreaded septic diseases, which destroy life so often after surgical operation, in patients of all ages and of every variety of constitution.

Is it possible to prevent these fatal complications of wounds? Can we reach the cause of erysipelas, of pyemia, of septicæmia and diseases of that class? Is it within the power of the surgeon to find the influences that give birth to these diseases, nourish and propagate them; and, finding these influences, is it easy to remove or destroy them and render them powerless to do injury? To these questions the operating surgeon of to-day demands an answer.

In the face of the fact that the operators in large cities are men of acknowledged ability and skill, and that almost all operations are now performed without pain, and many without loss of blood, reducing the shock to the nervous system and to the circulation to a minimum, we must acknowledge that the death-rate after surgical operation is too large.

I am firmly of opinion that the removal of these diseases, is to a great extent, within the reach of the surgeon, and that we can reduce the death-rate after surgical operations.

In the great majority of cases I believe the cause, the real and active cause of pyemia, septicæmia, erysipelas and diseases of that class to be *dirt*—dirt in in some form or other, dirt brought sometimes in one way, sometimes in many ways in contact with open wounds. I include under this common term all noxious vapors, all germs, all bad air, all floating particles of dead and decaying matter from whatever source they may be derived. It may soon be discovered in what particular constituent of various impurities the cause of septic disease reside, and it may soon be found out what particular form of noxious matter gives rise to each form of septic disease; but it is enough for the practical surgeon to know that the term *dirt* includes every form of impure matter, and that cleanliness is the sovereign remedy. In order to apply the principles of cleanliness in the treatment of open wounds, let us see for a moment the number of ways in which noxious

matter may be brought in contact with them. 1st. Through the air of sick room or hospital ward. 2nd. Through the outer air with which the sick room is ventilated. 3rd. By the bed and bedding. 4th. By the bandages, sponges, towels and cloths used in dressing. 5th. By the instruments used by the surgeon or dresser. 6th. By the hands and clothes of the surgeon, dresser or nurse.

When we know that septic diseases may be derived from any one of these sources; that noxious matter may be brought in contact with wounds through so many channels of impurity; that these sources of disease are within our reach and that each of them can be removed by clearlines; is it not proven that Septic diseases may be, to a great extent, prevented, and that the death-rate, after operation can be reduced, when we learn what absolute cleanliness means?

Is it not plain that the greatest attention to the principles of cleanliness, and the greatest care in their application to the dressing and treatment of wounds are the surgical wants of to-day? I believe that cleanliness is a certain preventive of septic disease, but its full value will not be known until the profession learn in how many important particulars the principle of absolute cleanliness must receive attention.

The cleanest bed, the freshest sheets and the newest sponges are of little avail, if the walls and floor of the sick-room or hospital ward are loaded with impurities; on the other hand, the purest air in a canvass tent in an open field is of no benefit if the filthy products of disorganizing tissue and decomposition are hidden away in sponges and cloths, used in dressing. While on this subject we must all acknowledge how much we owe to Professor Lister, for his labor in the domain of the anti-septic treatment of wounds, which has set the profession thinking and acting in the right direction. When we read in his published papers of the minuteness with which Lister carries out his anti-septic treatment, and the great care with which he attends to every detail in dressing, we cannot but believe that much of his success is due to the cleanliness which such care in dressing necessitates. I believe we shall soon find that cleanliness is our chief anti-septic, and that carbolic acid and other anti-septics are but aids to absolute cleanliness.

To go beyond the domain of surgery to general hygiene, I believe that in relation to the national health, the health of the community, the family and the individual, we have yet to learn how to be absolutely clean.

Progress of Medical Science.

THE VIENNA TREATMENT OF UTERINE HEMORRHAGE.

Dr. Carl V. Rokitansky, Jr., may fairly be regarded as a representative of the German, or at least of the Vienna, school of gynecology. If we examine therefore, his most recent utterances on the subject, * we may expect to get a reasonable idea of what advances our German brethren are making in the treatment of this class of affections, and wherein their methods differ from our own.

Two indications for treatment in general are pointed out by Dr. Rokitansky: first, to stop the excessive hemorrhage of the moment; second, to prevent its return. The general treatment to fulfil these indications must consist in the exhibition of repressive medicaments and in the administration of a proper regimen, while the local therapeutics should be directed towards a pharmaceutic effect upon the vaginal or uterine mucous membrane on the one hand and against the exciting causes of bleeding in the uterus on the other.

One of the most important points in the treatment of uterine hemorrhage is rest,—rest in the horizontal position, with raised hips, the coverings not too warm, no movement, not even in emptying the bladder or rectum. All excitement is to be avoided; the food and drink are to be of the simplest character: roast meat and ice-cold soda-water are the best nourishment. The chamber should be kept at an even temperature and supplied with plenty of fresh air. Everything which can cause congestion of the pelvic organs is to be avoided.

In what is called active uterine hemorrhage, particularly metritis hæmorrhagica, cold in all forms is to be avoided, because, while its transitory application tends to cause congestion, its continuous employment is not to be thought of. The application of frequently-changed cold compresses to the abdomen is, however, to be recommended. In these cases the plentiful application of leeches to the lower portion of the abdomen, or even to the vagina itself just before the menstrual period, is often extremely effective. In light cases these means, combined with mild laxatives and tonics, will place the patient in an improved position; and these precautions should be taken by all women liable to hemorrhage at the menstrual period.

In menorrhagia, which is simply the expression of general debility, marked improvement follows the use of tonics, and particular preparations of iron. When the loss of blood is not due to uterine disease, improvement of the skin's action, strengthening of the general health, and regulation of the bowels aid greatly in the cure. A systematic course of hydrotherapeutics is often of great benefit in these cases. In all severe cases of profuse hemorrhage, which tend rapidly to anæmia, it is indispensable, during the intervals, to stimulate the strength of the patient to the utmost degree possible.

* "Ueber Gebärmutterblutungen und deren Behandlung," *Wiener Klinik*, I Jahr, 4 Heft, April, 1875.

In what is called passive hemorrhage, which is by far the most usual form of profuse menstruation, and which, by lasting weeks, or even months, brings the patient almost to dissolution, cold may be used with propriety. This means, however, frequently fails, and the physician is constrained to employ pharmaceutical or occasionally mechanical applications to the uterine mucous membrane. The medicaments used for this purpose are astringents, or more usually caustics. These are used in the solid or the fluid state. The use of powders has been of late almost entirely given up. Of the various medicaments, none can replace nitrate of silver. The others are usually tardy in their action, and often produce untoward symptoms (as the uterine colic brought on by the mixture of alum and sulphate of copper).

Whether or not the speculum is used in making these applications, their use should always be preceded by examination with the uterine sound, in order to ascertain as exactly as possible the situation, the condition, and the irritability of the uterus.

Dr. Rokitansky recommends the use of the lunar caustic in considerable quantity: if a small piece is used it is wasted in coagulating the blood, and does not reach the mucous membrane itself. He never uses the caustic until the cervix has been dilated. Slight pain is caused by its use, which usually lasts only a few minutes, occasionally an hour or so. Nausea, and even vomiting, may occur. Very exceptionally the pain may last a day or so, or give rise to feverishness. Dr. R. has only in a single case observed the supervention of dangerous symptoms. One precaution should be observed, particularly in walking cases,—that is, not to cauterize too energetically the first time. The irritability of the uterus should first be tried, and if there is a tendency to uterine colic it should gradually be accustomed to the application.

As to the method of applying the caustic: after the cervix is dilated sufficiently, and the uterine axis brought as nearly into a normal position as possible, a stick of caustic, perhaps an inch long, is introduced by a sidewise motion, either by means of forceps or on the end of a quill from which, after the caustic is placed in position, the latter is broken off. The introduction must be rapid, or the inner cervix may close before the caustic is completely introduced.

A cylindrical speculum of hard rubber is preferred by Dr. Rokitansky, who advises also that no effort be made at forcing it into position. If, for any reason, this cannot be employed, a "porte-caustique," or "uterus pistole," may be used. In most cases cauterization one, two, three, or four times every second, third, or fourth day will control the hemorrhage. Relapse may be prevented by the use of extract of ergot. Digitalis, tincture of cannabis indica, rue, savin etc. are nearly useless.

Two methods of cauterization with fluids may be used: either cotton-wool soaked in the medicament and introduced by any of the ordinary instruments through a rubber speculum, or intra-uterine injection. The latter method is highly praised by many authors, who, at the same time, ward against the effects which may easily follow. The best guarantee against such

elects is the continuous patency of the entire cervical canal, and this can best be obtained by previous dilatation with sponge tents or laminaria. This of course allows free exit to the injected fluids, and prevents the danger of their being forced into the Fallopian tubes. In addition to this precaution, it is necessary to inject no more than three, four, or at most six drops at any one time, and to inject only very slowly, and drop by drop. By this means the danger is reduced to a minimum.

These injections, as well as any kind of cauterization of the uterus, are to be avoided only when there are inflammatory processes in the uterus or in its immediate neighborhood. Version or flexions of the uterus are not to be regarded as contraindications, but call for the greatest care. Among medicaments, neutral liquor ferri sesquichlor, and tincture of iodine are the best.

When the porte-caustique is used, the patient should lie on her back, with the hips elevated. In making the application by other means, the position may be any of those usually taken. The vagina should be protected by a tampon of cotton-wool slightly impregnated with glycerin.

Recently injections of hot water have been recommended in post-partum hemorrhage by Dr. Windelband, but these have not yet been fairly tried.

Among the mechanical means of arresting hemorrhage the sponge tent is the most prominent. For instance, if the usual means of controlling uterine hemorrhage fail and a polypus is suspected, the first thing to do is to dilate the cervix and make an examination. Occasionally the use of the tent a single time will in itself put an end to the bleeding, and if the pressure is directly upon some excrescence, this may disappear, removing at once the hemorrhage and its exciting cause.

Dr. Rokitsansky only uses the sponge tent in cases of extreme necessity, and never leaves it longer than six or at most eight, hours in position.

As to tamponing the vagina with cotton, charpie, etc., impregnated with liq. ferri sesquichlor, this procedure rarely has any lasting effect: and if these tampons are left too long in position, infection, or at least local irritation, may result. Colpeurynters filled with ice-water are better; but where the physician is suddenly confronted with immediately threatening hemorrhage, tamponing as above may be an absolute necessity.

In cases of uterine fibroid when removal cannot be performed, dilatation, of the cervix with injection of tinct. iodinii may prove serviceable.

Finally, the hypodermic injection of ergotin is very useful when the hemorrhage proceeds from uterine fibroid.

When the cause of hemorrhage is to be traced to polypoid growths, these must be removed, if they can be reached by instruments. When they are not attainable injections of ergotin and the cold douche may be used. Dilatation of the cervix by sponge tent is not to be resorted to unless the strongest necessity exists. Cancerous growths are to be removed by the galvano-cautery, the sharp spoon, or the actual

cautery, followed, when the eschar falls, by Wynn-William's solution (one part bromine to five parts alcohol). When cancerous nodules still remain after this last operation, the bromide solution may be injected directly into the parenchyma of these tumors.—*Philadelphia Medical Times*.

COOL BATHING IN THE TREATMENT OF INFLAMMATORY BOWEL AFFECTIONS DURING THE SUMMER

TO THE EDITOR OF THE PHILADELPHIA MEDICAL TIMES;

Dear sir,—At our meeting in Louisville I promised to give you an account of my treatment, by cold bathing, of children in the febrile forms of diarrhoea during our summer seasons.

It is only barely necessary to call attention to the difference between cholera infantum and the exhaustive form of infantile diarrhoea comprehended under the common name of "summer complaint."

In the first we have those profuse discharges of serous matter from stomach and bowels, bringing on a collapse as rapidly and fatally as a true Asiatic cholera; but the latter is slower in its progress and always connected with fever due to a congestive and an inflammatory process in the intestinal canal, and is very properly designated enterocolitis. This is the affection commonly seen, while the former is comparatively rare.

We know very well that in many of the ordinary affections (summer complaints) the correction of the secretions of the bowels and a change of location to the pure fresh air of the country will bring about a rapid restoration; but among the poorer classes, and with others, often the change is not practicable; then too, by reason of the tentative measures for their relief applied by parents and neighbors, many simple cases go on rapidly to a dangerous stage of the inflammatory process before the doctor is called in. We are summoned, in short, very often, to see a child with a hot skin (temperature $102\frac{1}{2}^{\circ}$ – 105°) rapid pulse (130–150 and breathing (30–40) with frequent purging semifluid, greenish, watery, fecal and half digested matters; the mouth and tongue are dry, the thirst is intense, but the water given to appease it is quickly thrown off, the eyes are staring, pupils contracted, insomnia, rolling the head and uttering distressing cries, due to the headache from hyperæmia of cerebral vessels and the unappeased thirst.

I proceed at once to give the little sufferer a bath in hydrant water, which with us, in summer, is about 75°

I have found it necessary to superintend this for the first time myself as there is great reluctance, if not decided opposition, on the part of many mothers to its use, because the child always screams lustily as soon as it begins to touch the water. I usually direct the feet and legs to be gradually immersed, at the same time pouring cold water from the hand over the chest and abdomen until the whole body is under water. Then the head is held in the left hand, while colder water (cistern temperature— 65°)

is poured in a continuous stream over the upper part of the head. This kept up for ten to fifteen minutes. In the mean while the little patient ceases to cry and struggle, and is evidently greatly comforted, more especially if you give it freely of cool water to drink, the greedy swallowing of which shows how much its distress is due to thirst.

After the cold bath the child should be wrapped unwiped, in a thin wollen shawl, and laid upon its bed, with a slight additional covering and generally falls at once to sleep. The skin is cool, the pulse has lost frequency, fullness, and force; the breathing is slower, while the temperature in the axilla has fallen below the natural standard. The reduction may seem at first too great, but reaction soon begins, and a healthy warmth and perspiration are established. The whole scene in fact has so changed that you will have no difficulty thenceforth in getting a bath given three or four times a day, if the alarming train of symptoms make show of revival; and they will revive to such an extent as to require exhibitions of the bath from time to time for two or three days perhaps; for the diseased state of mucous membrane within has not been as suddenly relieved as the abnormal heat of the body.

In the mean time internal treatment should be vigorously if not heroically practised. Quinine and whiskey beef-tea, milk and lime water, are to be freely employed until the fierce symptoms cease to show themselves. One grain of quinine and a half to a teaspoonful of whiskey every three hours for a child eight to sixteen months looks rather formidable, but they will be borne admirably. As the febrile state becomes subdued, bismuth and pepsin should be given every three hours to restrain the diarrhoea and to assist the digestion so greatly at fault, owing to the blow which the mucous membrane has suffered.

From my experience I am persuaded that under this plan of treatment nearly every case of enterocolitis may be saved.

For cholera infantum, if seen early, give a hypodermic injection of morphia of suitable dose to be followed up with small doses of calomel and camphor in sugar and milk, until biliary dejections are seen.

Respectfully

C. G. COMEGYS.

THE USE OF PODOPHYLLIN.

Says the London *Medical Times and Gazette*.—M. Demarquay having of late made frequent use of this substance at the *Maison Municipale de Santé*, where a large proportion of the patients are women, M. Merchaut, his élève published in the *Bulletin de Thérap.* for August 30th, an account of the results that have been obtained of forty patients to whom it has been administered. Three only resisted its effects, and in these the constipation was rendered obstinate by mechanical obstacles. As a general rule its effects take place about twelve hours after its administration, the most extreme periods on either hand that were observed having been seven and nineteen hours. The medicine acted with little or no pain, either prior or subsequent to the stools; but it was

often found that the patient had an inclination for stool without any result. This was especially the case in the subjects of obstinate constipation, and was obviated by increasing the dose, or better still by more frequent repetition of the remedy. The stools produced are remarkable for their non-diarrhoeic character, being semi-liquid only, and often normal in color and consistence; and podophyllin may be long employed without producing any secretory disturbance in the canal, and without inducing super-purgation to be followed again by constipation. The medicine may, however, act in this mischievous way if given in too large doses (five to ten centigrammes) and without bearing due relation to the age of the patient and the degree of constipation. In the stools there is also found a considerable portion of bile when the dose is properly apportioned. The various accidents said by some authors to attend the use of podophyllin (as vertigo, sweating, loss of appetite, vomiting, dysentery, etc.) have not been met with among M. Demarquay's patients, even when the medicine has been continued for a long period. This may be attributed to the small doses given, which have never exceeded six centigrammes. The formula which after various trials has been found most convenient, consists in a pill made of three centigrammes of podophyllin, two of extract of hyoscyamus, two of soap. This pill also constitutes the best average dose for an adult. It will sometimes, however, be insufficient in the subjects of habitual constipation, while for children one or two centigrammes suffice. When the three centigrammes do not prove sufficient, the dose may be gradually increased, or, what is preferable, the pills may be given oftener, so that one is administered every twelve instead of every twenty-four hours. And when these do not suffice, it will be preferable, in place of increasing the quantity of each dose, to repeat the pill every eight or six hours. At the end of the third day at latest the effect will have been produced, it being also explained to the patient that the medicine is not intended to act as a purgative, but as a remedy against constipation, in order to secure the necessary patience. Stools once secured, the medicine must always be administered at the same time of the day, and the patient acquire the habit of going to stool. Ten or fifteen days may be required for this purpose, and then the doses must be gradually given at more prolonged periods; so that perhaps a month altogether may be required to overcome the constipation.

LOCAL ANÆSTHESIA IN CASES OF LABOR.

Dr. Friedlander in *Deutsche Klinik*, No. 30, 1874 that being called to a woman who was suffering intolerable pain in the sacral region, he resorted to an application of chloroform (one part) and ether (two parts) after having vainly tried several other means. He obtained by this means total cessation of all pain, until perfect delivery. After having successfully tried the same application in a great many cases, he recommends its employment as an anodyne for the pains of parturition.

ON THE LOCAL USE OF TANNIN.

MR. THOMAS writes to the *British Medical Journal*, on concentrated solution of tannin as a styptic: "I have used it for some years, as a topical application, in various diseases, though rather as an astringent than a styptic. To prepare it of full strength at ounce of perfectly fresh tannin must be mixed with six drachms of water, in which it readily dissolves. The solution is a thick fluid, of the color and consistence of treacle, which keeps much better than tannin itself. Most of the tannic acid found in shops contains a large proportion of gallic acid, and will not yield a very strong solution. But if an ounce of old tannic acid be mixed with two ounces of water, a tolerably strong solution, which answers for many purposes, may be decanted off after subsidence.

"The strong solution of tannin is a most powerful astringent, almost free from irritating properties. It is one of the best dressings for wounds, far superior to collodion, and even less irritating than the styptic colloid, which it somewhat resembles. If applied by a brush, and allowed to dry, it soon forms a pellicle which excludes the air, and gives ease to pain. It may be applied to almost any form of ulcer, and to wounds after amputations or other operations, especially when not very deep. It answers well, for instance, after the operation of hare-lip, painted over the pins and thread, in the same way as collodion is sometimes used.

"In a female, aged twenty-six, the hair was caught between rollers and the whole scalp removed to within an inch of the left eyebrow, and two inches from the right, round on a level with the tips of the ears to about the external occipital protuberance, the periosteum being extensively removed at the vertex. There was much suppuration, followed by erysipelas. After three months, exfoliation of bone occurred, and skin-grafting was performed, first with eleven grafts, and, six weeks subsequently, with twenty-one. After varied treatment, antiseptic and other, little progress was made till nine months after the accident, strong tannin solution was applied. Discharge and fetor diminished at once, and the healing process went on more quickly than before. Tenderness diminished, and the general health improved rapidly for the first time since the accident. The wound, eighteen months after the accident, was about half its original size, and the discharge trifling. The patient does household work, wears only a thin cap, and is little worse for the accident, generally or locally.

"Strong tannin solution applied to the ulcerated skin of toe-nail at once removes pain. After one application, the offending corner of the nail may be readily raised, a little lint inserted underneath, and the nail allowed to grow up. Among many cases, I have in this way cured one in which evulsion, twice performed, had proved only a temporary remedy, the disease being reproduced each time the nail grew up. For cracked nipples, this solution, diluted with an equal quantity of water, is the best application,

and corresponds to the tannin solution commonly used for this purpose.

"Enlarged tonsils may be reduced by daily brushing with this solution. This treatment, though vastly inferior to extirpation, or even to the application of potassa cum calce, is painless, and therefore, in some cases, useful. Bleeding warts may be readily removed by this application, as also by the perchloride of iron. I have found the former to readily reduce the granulations from an unhealed umbilicus in an infant."—*Medical and Surgical Reporter*.

THE CANADA MEDICAL RECORD

A Monthly Journal of Medicine and Surgery.

EDITOR:

FRANCIS W. CAMPBELL, M.A., M.D. L.R.C.P., LOND.

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MONTREAL, OCTOBER, 1875.

MONTREAL GENERAL HOSPITAL.

As we have among our readers a great many, who, having walked the wards of this hospital, during their student days, continue to take an interest in its welfare, we feel that we need offer no apology for inserting the following particulars concerning it, which we gather from the Fifty-third Annual Report which has just reached us. The ordinary income for the year has been \$40,746.70, and the ordinary expenditure \$34,973.35, showing an excess of income of \$6,673.35. The extraordinary expenditure of the year has been \$25,151.18, and the extraordinary income \$3,586.66, showing an excess of expenditure of \$21,564.52. The bulk of this expenditure, viz., \$21,066.00, has been paid for the acquisition of a lot of land, fronting on St. Constant street, and having its rear adjoining the present Hospital property, and on which was built some seven or eight tenement buildings. This property has been acquired with a view of giving to the present Hospital buildings, more breathing space, so to speak, and when other surrounding property has been acquired, which we understand is intended, of extending the Hospital accommodation. When this comes to be done, we hope it will be accomplished in a way which will prove valuable to the institution, and that no more folly will be committed similar to what is now universally admitted was perpetrated when the Fever Hospital was built, and still later in the erection of the Morland Wing. This sum of \$25,151.18 for extraordinary expenditure has been

met as follows:—1st the extraordinary income of \$3,586.66, 2nd the excess of the ordinary income over expenditure of \$6,673.35, and 3rdly by taking from its stock account the sum of \$14,891.17—these three items footing up the amount of the extraordinary expenditure. On the 15th May, 1874, the stock account of the Hospital—consisting of bonds, mortgages and stocks—amounted to \$97,095.55; the amount taken from it to supply deficit in extraordinary income, reducing it to \$82,204.33.

The number of patients treated in the wards during the year was one thousand nine hundred and seventy-five, and there were fifteen thousand, seven hundred and twenty-six out-door patients attended to. Of the in-door patients, one hundred and sixty-eight died, and one thousand four hundred and thirteen were discharged cured, one hundred and eighty-nine improved, and forty-six unimproved. One hundred and forty-nine remained in the Hospital at the close of the year. Such a record speaks volumes for the care and attention which the Medical Staff of the Institution must have given those committed to their charge. In the nursing department, important changes are announced, and not a bit too soon. A lady instructed at one of the English training schools for nurses, originated by Florence Nightingale, and who has for some time past held office in St. Thomas' Hospital, has been engaged to take charge of the Institution as Lady Superintendent or matron, and has been authorized to bring with her four trained nurses. It is confidently expected that much benefit to the patients, as well as to the resources of the charity, will attend the employment of persons practically conversant with the duties of nursing as now taught in European institutions. We have no doubt but that the expectations of the Committee of Management will be more than realised. The question of a convalescent home is alluded to in the Report, and of the necessity for such an institution there can be no question. Its locality, however, is a subject which requires much earnest consideration, and we hope it will receive it. We make this remark, because incidentally we have heard of overtures, unofficial perhaps, and yet overtures nevertheless, which have been made by persons interested in the Montreal General Hospital, to persons interested in the proposed Western Hospital—that the ground now possessed by the latter corporation, should be devoted to a Convalescent Hospital. Whether the Western Hospital is completed or not

(we have the strongest belief that it will), no greater mistake could be perpetrated than placing a Convalescent Hospital on that spot or any other in its near neighborhood. Even the well-known Tanqueray property is far too valuable to be used for any such purpose, and would far too soon be short of that quality which in our opinion is a indispensable for a Convalescent Home—isolation with complete country surroundings. Some spot, such as Lachine or the back River, easy of access, and where a large piece of land can be obtained at a cheap rate, is in our opinion the place for such an institution, and not where land costs from twenty-five to sixty cents a foot. In the Old Country we know that the Convalescent Home of the Glasgow Royal Infirmary is at Dunoon on the Clyde, thirty miles from Glasgow, and we are informed that for the Manchester Infirmary is six miles from the City. The announcement is made, of the appointment of a Staff of four Physicians, whose duty it is to attend to the out-door patients. The wisdom of this step—which we upon several occasions, strongly urged—is shown in the greatly increased attention and care which is devoted to the out-door department. During the year, twenty-two new Governors were added to the Institution, while three died, viz., Mr. William Molson, Mr. Edwin Atwater, and Dr. Sutherland. Altogether the Report is a very favorable one, although the year's proceedings are not in one or two instances beyond criticism. We, however, prefer, at all events for the present, not to name them, but rather point to the great good which this Institution is doing, and to the fact that all those concerned in its management are deserving of the thanks of the Community.

SMALL-POX HOSPITAL FOR MONTREAL.

The subject of the erection of a Small-Pox Hospital in Montreal is one which, at various times during the past three or four years, has received a good deal of attention, not alone from the Civic authorities, but from the citizens generally. By the amendment to the Act of Incorporation, of the city, the sum of \$50,000 was authorized to be expended for such a purpose. When the matter came formally before the Council, the, to our idea, insane proposal was made to divide this sum between the Hotel Dieu and the Montreal General Hospital, and so vehemently was this proposition urged that sensible members of the Council thought it wise to drop the matter for a time. Subsequently, with a view of assisting in bringing the question to an issue, the Board of Health sought the assistance of

the three Medical schools in Montreal. Three questions were submitted, the two principal having reference as to whether the money should be divided between the two above-named hospitals, or that it should be used to erect one hospital; and, secondly, as to whether it would be advisable to place it under civic control. McGill College and Bishop's College Medical Faculties were on these two points entirely of one mind, viz., one hospital under the direction of the City. The Medical Faculty of Victoria College, who have medical control of the Hotel Dieu, stated the willingness of the Sisters to accept the twenty-five thousand dollars, and erect on their present Hospital site, a building to accommodate small-pox patients, and they favored isolation *as far as possible*. At the time we combated these views, and explained that the words which we have placed in italics were not such as we would have anticipated from such a body of scientific medical men. We likewise stated that we had information that the intention was to connect the proposed Small-pox building with the main building of the Hotel Dieu, by means of a covered way, and our assertion has never been contradicted. This occurred in April, 1874, and it was hoped then that matters would come to some definite issue, but they did not. In November of the same year, small-pox had attained such a hold upon the city, that the Board of Health were obliged to act with decision, and, amid much commotion they took possession of the Hall house, situated on a portion of the new Mount Royal Park. It was ill adapted for such a purpose, and yet it was evidently the best thing to do, all circumstances considered. Within its walls, patients have necessarily been crowded, without any regard to a due quantity of cubic space, and, as a necessary result, the mortality has been excessively large. The main question, shelved for a time by this action of the Board of Health, has again been taken up by them at a meeting held on the 15th of September. At this meeting replies were read from the Ladies of the Hotel Dieu, and from the authorities of the Montreal General Hospital. The former were willing to accept the \$25,000 on certain conditions. They would provide for forty patients out of that sum, if the necessaries of life did not increase in expense, *but they stated that they could not admit children under seven years of age*.

The letter received on behalf of the Montreal General Hospital was also read. It stated that the Committee of Management, after giving careful consideration to the subject, had come to the conclusion

first, that seeing the extent to which small-pox prevails in this city, the evil can only be adequately dealt with by the city authorities, and that a public small-pox hospital should be erected on the plan most approved of by sanitary science. Secondly, they declined the sum on the terms desired, as even if a building suitable could be erected for \$25,000, its maintenance would be a continual drain upon their resources.

"These two replies for the first time placed the matter in a light such as it never was in before. It was evident that the offer of the Hotel Dieu could not for a moment be entertained, for they would not receive children under seven years of age, and fully three-fourths of the deaths which occur from the disease are among children under that age. The reply of the Montreal General Hospital being decidedly negative, the Board of Health for the first time seemed as if they felt they were free to act. The chairman had plans of a proposed civic Hospital, which he brought before the meeting, but, as they were simply exhibition plans, we will content ourselves by saying the style was the Pavillion, with accommodation for about one hundred patients. After a considerable amount of discussion however, the following resolution was put to the Board of Health and carried.

That, seeing the letters received from the Hospital authorities, the Board of Health are of opinion that a Civic Hospital for small-pox and other contagious diseases should be erected, and they recommend to the Council the purchase of a piece of ground outside of the city limits, and to erect thereupon a cheap class of buildings, with accommodation for 100 patients, the hospital to be under civic control.

This is certainly a good step gained, but the matter has yet to come before the Council for final decision, when we fear we will have another exhibition of that religious intolerance which is fast bringing disgrace on our city. In the name of all that is reasonable, will any one, possessed of intelligence, give us an intelligent reason why a Catholic or a Protestant, a Jew or a Pagan cannot be treated religiously, medically and dietically in an Hospital which is under the control of the city. They are so treated elsewhere, and if so, why cannot it be so here. Let us have a truce to this religious illiberality; and we will then have a civic Hospital which will be a credit to us, and which we doubt not will be the means of saving a large number of valuable lives.

TO OUR SUBSCRIBERS.

We venture to again appeal to our subscribers in arrears, all of whom received accounts in the last two numbers of volume three. To those who have responded we tender our sincere thanks, for their mindfulness has been appreciated by the printer. Those still in arrears we hope will at once pay up.

BIRTHS AND MARRIAGES.

So far as we come across them in the public prints, we insert the births which occur in the families of Medical men. We also endeavor to keep track of those of our profession who enter the matrimonial state, but, as it so happens, very often, both these events occur and escape our notice. Sometimes a subscriber is the happy party interested and he watches for the *Record*, to see how it looks in it, and is woefully disturbed to find it has not been copied; once or twice we have received letters, couched in not the most friendly terms, from aggrieved parties. We rectified at once and willingly the omission, but we fear the sore remained. To avoid it in future, we beg of our friends to forward to us at once, formal notice of these interesting events, as soon as they occur.

OBITUARY RECORD.

Sir Charles Locock, M.D., D.C.L., F.R.S., died in England, on July 23rd, aged 76 years. Dr. Locock was physician-accoucheur to the Queen, and attended her Majesty during her nine successive confinements.

Dr Peter M. Latham, died at Torquay, on the 20th July. He was physician extraordinary to the Queen, and formerly one of the physicians of St. Bartholomew's Hospital.

Mr. John Churchill, the well known medical publisher of London, died on the 3rd August, aged 74 years.

Dr. Gibb, of Helensburgh, Scotland, died suddenly at Prescott, on the 15th September, from hæmatemesis. He was *en route* to Montreal, on board the steamer *Corsican*, and was so ill that he was landed at Prescott, when everything possible for him was done by Dr. Brouse. His body has been removed to Scotland.

Dr. Alexander Fleming, of Birmingham, Eng., died at Buxton on the 21st of August. He was best known in this country for his researches on the action of aconite—a strong tincture, dose one to two drops of aconite, being called after him, and is much used in Montreal.

FLEETWOOD CHURCHILL, M.D., OF DUBLIN.

Few names are more familiar to Canadian practitioners and students than the one which heads this article. As an author on the important subject of obstetrics, he has for the past thirty years been above all other men—the authority in fact—on this branch of the Medical profession. After almost half a century's active practice, Dr. Churchill a few weeks ago finally retired into private life. He has removed to the country, where he intends to pass the remaining years of his life.

Dr. Churchill's retirement was graced by a generous gift to the King and Queen's College of Physicians, on his own part, and on that of his son, Dr. Fleetwood Churchill, jun., of the valuable obstetrical library he had collected during his lifetime. The President and Fellows, recognizing the value of the gift, and the generosity of the donors, have resolved to place a portrait of their ex-President and Fellow in the College Hall.

PROSECUTIONS UNDER THE ONTARIO ACT.

In the month of August, the Council of the College of Physicians and Surgeons of Ontario, commenced actions against several of the most noted quacks, residing in Toronto—one was fined \$50 and costs, and another was dismissed, and the third was reserved for judgment. We are glad to notice this activity on the part of the Ontario College, but sorry to see that the support which they had a right to anticipate from the public was not accorded them.

OPENING OF THE MONTREAL MEDICAL SCHOOLS.

McGill Medical Faculty and Bishops College Medical Faculty opened on the 1st October. In the former the introductory lecture was delivered by Professor Girdwood and in the latter by Professor Wilkins. The Medical Faculty of Victoria College does not open until the 5th of October.

MEDICAL CALENDARS.

We have received the annual Calendar of the University of McGill College, which, as usual, gives in a concise form all the information which is important for intending students to know. The calendar of the "Ecole de Medicine et Chirurgie de Montréal" has also reached us. It is neatly printed, and gives the usual information. We would suggest, however, that the long and so far as we can see useless, string of names which is inserted at the close of the Calendar, should be expunged, and an alphabetical list arranged—first of those students of

the School, who passed before the College of Physicians and Surgeons of Lower Canada, previous to the School becoming affiliated to a University, giving the date of their license, and, second, a list of its graduates since its affiliation with Victoria University, with the year of their graduation. Such a list would be valuable. We hope our friends will take the hint.

The Calendar of the Laval University has also been received. This school seems to have its share of students, and its course is certainly a most complete one.

THE ONTARIO COLLEGE OF PHARMACY.

We are pleased to notice by the September number of the *Canadian Pharmaceutical Journal*, that the interest taken by Pharmaceutical Students in the Ontario College of Pharmacy is steadily increasing. At the first examination which was held in August, 1874, only five candidates presented themselves, while in August, 1875, forty-three entered their names. This is most satisfactory information, and we trust the same success will attend the Quebec College of Pharmacy.

BOWKER vs. BEERS.

By a mistake, which we cannot well explain in our last issue, we published the decision of Judge Taschereau of the Court of Appeal, which decision was in favor of Mr. Beers, and neglected to give the decision of the majority of the Court, which was in favour of the plaintiff, Mr. Bowker. We, therefore, as a matter of simple justice to Mr. Bowker, publish the entire decision of the Court. We have kept our readers posted on this law-suit, which has dragged its weary length along, for several years—because we believed many of them would feel interested in the case, from having read the article of Mr. Bowker, which appeared in the *Canada Medical Journal*, and which was the commencement of the difficulty which ended in the present suit.

BEERS AND BOWKER.—TASCHEREAU, J., dissenting:—Bowker, a dentist, sues Beers, another dentist, for libel in an article in a medical journal. The latter says he was only replying to a previous article of Bowker's. Is there compensation of damages? Bowker had condemned the use of amalgam in stuffing teeth, saying it was poisonous and hurtful, those who used it were either dishonest or ignorant. Beers replied that nearly all practitioners in Canada used it, and even Bowker himself did. Is the amalgam injurious? A large number of doctors and dentists saw it is innocent. Judgment went for \$10 damages and costs of the Superior Court. I would reverse this, and send the parties out of Court, each to pay his own costs.

DORION, C.J.—We won't attempt to decide whether amalgam is injurious or not. We will leave that to the doctors, and it is notorious that doctors differ. The libel is in Beers charging Bowker with using this amalgam he so strongly condemned, which was equivalent to calling him an imposter and a charlatan. I may say it was not at all proved.

RAMSAY, J.—Bowker is a fortunate litigant. He indulged in lively writing and laid himself open to an answer, but the answer went too far. The charge is that of using what he said was poisonous and injurious. I may say there is no plea of compensation in the record, but one of provocation, which does not go so far. Beers went beyond the rights of fair criticism and was guilty of a serious offence.

SANBORN, J.—Bowker only wrote against a body. Now, if a man should accuse a whole nation of a certain offence, each individual of the nation would not have an action to avenge the wrong. It is no question of amalgam, but whether Bowker used what he condemned. In the medical profession they have no umpires to decide disputed points; so their criticisms are apt to be more severe than is permissible. Judgment confirmed. Carter & Keller for appellant; A. & W. Robertson for respondent.

ARTIFICIAL COOLING OF ROOMS.

In the hot months it is worth while to bear in mind the plan adopted by M. Martin in order to keep the rooms of the sick in a state of freshness. This consists in opening the windows widely, and then hanging wet cloths before them. The water as it vaporizes absorbs the caloric, and lowers the temperature of the apartment by several degrees, while the humidity which is diffused renders the heat much more supportable. By adopting this plan, patients find themselves, even in the height of summer, in a freshened atmosphere, analogous to that which prevails after a storm.

PERSONAL.

Dr. Hingston, Mayor of Montreal, was married at Toronto, on Thursday, the 16th of September, to Miss Margaret McDonald, daughter of His Honor the Lieutenant Governor of the Province of Ontario. On the Saturday evening previous to his marriage, his bachelor friends in Montreal entertained him at dinner at the St. James Club; and on the Monday evening following, his bachelor friends in the Medical profession, also entertained him at dinner at the Metropolitan Club. Dr. Roddick occupied the Chair, and Dr. Brosseau did the duties of the Vice-chair. We are sure we only

repeat the wishes of his very large circle of professional friends throughout the Dominion, when we express the hope that the newly-married couple may be spared to a good old age, and be blessed with all the happiness which it is possible for mortals to enjoy.

Dr. Frederick J. Austin, formerly of Sherbrooke, but who for the past year has resided in Montreal, has been induced by his large circle of friends and patients to return to Sherbrooke, and again resume his practice, which two years ago he was obliged to give up, on account of poor health. We had hoped that we would have been able to keep Dr. Austin among us, for his talents as a medical man are such as to reflect credit upon the profession, among whom he may sojourn—but the pressure of his former patients was very great, and he eventually consented to return. His health is now, we believe, completely restored. In his old sphere, he will soon have his hands full.

Dr. Molson of Montreal (M.D. McGill College, 1874), who but recently returned from an extended trip in Europe, sailed again for England by the Allan S. S. Prussian, on the 11th September.

Dr. Beaubien, has resigned the Chair of Practice of Medicine in the Medical Department of Victoria College, Montreal. He has been connected with this Faculty for a great many years—in fact we believe, ever since its establishment as the "Ecole de Medicine et Chirurgie de Montréal."

Dr. J. P. Rottot succeeds to Dr. Beaubien's chair, as Professor of Practice of Medicine. He also lectures on Clinical Medicine.

Dr. A. T. Brosseau has been appointed Professor of Medical Jurisprudence in the Montreal Medical Faculty of Victoria College.

Dr. Robert Frederick Godfrey, C.M., M.D., Bishop's College 1873, passed his final examination, and was admitted a member of the Royal College of Surgeons of England, on the 22nd of July, 1875.

The following medical gentlemen represent the undermentioned counties in the newly elected parliament of the Province of Quebec:—Chateauguay—Dr. Laberge; Huntingdon—Dr. Cameron; Gaspé—Dr. Fortin; Joliette—Dr. Lavalle; Napierville—Dr. Lafontaine; Ottawa—Dr. Duhamel; Pontiac—Dr. L. R. Church; Portneuf—Dr. Larue; Quebec Centre—Dr. Rinfret; St. Maurice—Dr. Lacerte.

The College of Pharmacy of Montreal have named the following staff:—Dr. J. Baker Edwards, Professor of Chemistry; Dr. Kolluyer, Professor of Materia Medica, and Dr. J. B. McConnell, Professor

of Botany. These three gentlemen are professors of the same branches in the Medical Department of Bishop's College.

Dr. Steeves, of St. John, New Brunswick, has been appointed by the Home Government of that Province, Medical Superintendent of the New Brunswick Provincial Lunatic Asylum. It is understood that several medical gentlemen of high medical qualifications, were candidates for the position, but the very cordial manner in which Dr. Steeves was recommended for the appointment by a large number of his *confrères*, induced the Government to select him for the office. Dr. Steeves is a medical man of extensive experience, having for many years enjoyed a large practice in St. John, and, as we are personally acquainted with him, we have much pleasure in endorsing the appointment. He has also, we may add, been a warm friend of the Canadian Medical Association, ever since its organization, and a pretty regular attendant on its meetings.

Dr. Carlyle, of Toronto, had his summer residence at Cacouna this season.

Dr. Cameron, of Huntingdon, has again been elected a member of the Local Legislature of Quebec.

Dr. Russell, M.D., Edinburgh, son of Dr. R. H. Russell, of Quebec, has settled in Quebec, and is rapidly establishing himself in practice.

Dr. Sheppard, M.D., McGill College 1874, has returned from England, and commenced his duties as Demonstrator of Anatomy at McGill College, at the opening of the session on the 1st October.

Dr. Clarence Chipman, M.D., McGill College, 1870, late House Surgeon of the Montreal General Hospital, has located himself in Prescott, Ont., where we believe he intends to reside permanently.

Dr. R. A. Kennedy, of Montreal, has been appointed Assistant Surgeon of the 6th Battalion, Hochelaga Light Infantry.

Dr. Cassils, of Quebec, was at Murray Bay during the season, and was much appreciated by the summer residents of this favorite Canadian watering place.

Among the many physicians, who this season visited Cacouna—Canada's fashionable watering place—were: Drs. G. W. Campbell, R. L. MacDonnell, J. H. Dugdale, and Francis W. Campbell, of Montreal; Dr. R. H. Russell, of Quebec; Dr. Carlyle, of Toronto; Dr. Peaslee, of New York; and Dr. Brandan, of Richmond, Virginia. Dr. D. C. MacCallum, of Montreal, visited Kamouraska; Dr. Reddy, of Montreal, visited Murray Bay, and Dr. Trenholme, of Montreal, visited Little Metis, all in the Lower St. Lawrence. Dr. R. P. Howard, of

Montreal, visited Peterboro', Ont., and its neighborhood, and Dr. Robert Craik, of Montreal, spent a short time on the Maine Seaboard. The following medical men from Montreal attended the meeting of the Canadian Medical Association at Halifax, viz:— Drs. Wm. H. Hingston, Mayor of Montreal, Dr. A. H. David and Dr. Robillard.

Dr. R. A. Stevenson, M.D., McGill College, 1871, of Strathroy passed his examination, and was admitted a member of the Royal College of Surgeons of England, on the 22nd of July last.

A WORD OF EXPLANATION.

It will be noticed that the present number is dated October, Vol. iv. No. 1. This will, perhaps, appear singular, for, as our readers are aware, our Volume has heretofore commenced in August. The change, however, comes in this wise: During the past summer we were obliged, owing to poor health, to leave the city for a considerable time. Before doing so we made, as we presumed, arrangements which would ensure the issue of the July number, of the *Record*, a little late, it is true, but only to the extent of a few days. On our return on the 1st of September it was to find that, owing solely to the printer, our July number was still in his hands. A few days sufficed to issue it, but the task was then presented to us of issuing three numbers within a period of four weeks, so as to gain lost time. We confess that, with the accumulation of other work, and still feeling somewhat previous illness, the task was not an inviting one. After much thought, we therefore decided to commence Volume four with the October number, especially as it really made no difference to subscribers, all of whose subscriptions commence and end with the volume.

CANADA MEDICAL ASSOCIATION.

HALIFAX, 4th August, 1875.

The *eighth* Annual Meeting of the Canada Medical Association was held this day, when were present Drs. Botsford, Thorburn, Hodder, Walker, White, Robillard, Muir, Munroe, C. C. Hamilton, Rosebrugh, Harding, Atherton, Ryan, Dewolf, Lawson, Fleming, Jennings, Farrell, Johnston, Peppard, Burgess, Moren, Campbell, McMillan, Hingston, Gordon, Oldright, Christie, Dawson, Kerr, Sanford, Clay, J. F. Black, R. S. Black, Parker, Tupper, Earle, Steeves, Wickwire, and David.—

The President, Dr. Botsford, took the chair at 10.25 and called the Meeting to order.

The Committee of Arrangements reported as correct the credentials of Dr. P. Pineo of the U. S. Navy, as Delegate from the American Medical Association and the Massachusetts Medical Society, and of Dr. Jno. E. Tyler as Delegate from the Massachusetts Medical Society.

The President welcomed the presence of these gentlemen and requested them to take seats on the platform; both gentlemen replied in a few well-chosen words.

The Minutes of the last day's session of last year's Meeting were read and confirmed.

The following gentlemen, being duly proposed and seconded, were elected permanent members:

Drs. Barter, Moncton; Lawson, Halifax; Sharp, Norton; Fleming, Sackville; Ryan, Sussex; Woodill, Halifax; Campbell, Halifax; Peppard, Great Village; Walsh, Halifax; Dodge, Halifax; Sanford, Hants; DeBurgess, Hants; Kerr, Londonderry; Clay, Halifax.

A letter from Dr. W. B. Atkinson, secretary of the American Medical Association, was read, informing this Association "of the appointment of the following gentlemen as a Committee of Conference, to meet a like number from this Association, at such time and place as may be agreed upon by the Joint Committee of the Associations:"

Drs. S. D. Gross, Philadelphia, Pa.; J. T. Hogden, St. Louis, Mo.; Austin Flint sen, New York City; W. Walling, Louisville, Ky.; L. C. Lane, San Francisco, Cal.; Wm Johnston, Jackson, Miss.; Wm. Brodie, Detroit, Mich.; J. M. Toner, Washington, D. C.; F. D. Cunningham, Richmond, Va.; E. Andrews, Chicago, Ill.; W. B. Atkinson, Philadelphia, Pa.; D. J. Bowditch, Boston, Mass.; Robert S. Bartholoe, Cincinnati, Ohio.

A letter was read from Dr. S. D. Gross of Philadelphia, expressing his regret at not being able to be present at this Meeting, and, as Chairman of the Committee of Conference, giving the names of the Committee, and suggesting Saratoga as the place of Meeting, and that the conference be held about the 10th September.

Letters of regret, at not being able to be present, were sent from Dr. Marsden of Quebec and Dr. Trenholme of Montreal.

The Committee of Arrangements announced

the credentials of Dr. F. L. Warner of Boston, as Delegate from the American Medical Association, as correct, and Dr. Warner was requested to take a seat on the platform.

On the motion of Dr. HINGSTON, seconded by Dr. EARLE, the order of business was suspended, so that the President's address should be delivered at 12 o'clock noon, and the Association proceeded to consider orders 8th and 9th of the Order of Proceedings.

The Secretary reported that one hundred copies of the transactions of the last Meeting had been published, and one hundred and fifty extra copies of the By-laws.

Dr. HODDER offered a few observations on medical education, explaining the mode of conducting the examinations in the College of Physicians and Surgeons of Ontario, by which teaching bodies were not allowed to examine their own students, and recommending that one standard and system, if possible, should be adopted throughout the Dominion; and he would like the matter referred to a Committee from all parts of the Dominion. Drs. Pineo, Warner, David and Oldwright made a few remarks on the subject, and the matter was deferred until later in the session.

The Committee of Arrangements then announced that papers would be read during the session of the Association, by Dr. Botsford, President, Drs. Larocque, Oldright, Roseburgh, Farrell, Dodge, Gordon, Harding, Caniff, Hodder and Reid.

Dr. C. H. Munroe of Pictou was elected a permanent member.

Dr. Pineo presented to the Association in the name of Dr. Woodworth, Supervising Surgeon General, four volumes, being his published reports, &c.

The thanks of the Association were tendered Dr. Woodworth for his donation, and Dr. Pineo was requested to convey the same to Dr. Woodworth.

The President then delivered his address, when it was moved by Hon. Dr. TUPPER, seconded by Dr. HODDER, "That the thanks of this Association be tendered Dr. Botsford for his able and interesting address, and that he be requested to hand it to the "Publication Committee," which motion was carried by acclamation.

Dr. OLDRIGHT, seconded by Dr. MOREN, moved,

"That the following members compose the Nominating Committee, Drs. Tupper, Robillard, Parker, Hingston, Wickwire, Harding, Atherton, Roseburgh, Oldright, and Thorburn." Carried, and the Meeting adjourned until half-past two p.m.

AFTERNOON SESSION, 4th Aug.

The President opened the meeting at 2.40 p.m.

The Minutes of the morning's Meeting were read and confirmed.

Dr. R. J. Black exhibited several well executed wax preparations of exanthematous diseases, for which the thanks of the Association were given to Dr. Black.

Dr. Botsford read an interesting paper "on the Climatology of New Brunswick and its Relation to disease," and also one "On Sanitary Science," written by Dr. Larocque of Montreal. Drs. Parker, Hingston, and Tupper spoke on these papers, Dr. Parker suggesting that a Committee be appointed to take up the subject of Vital Statistics. Dr. Hingston thought a medical man from each of the larger cities should be named to draw up a memorial to the Government.

The Committee of Arrangements recommended, "That the discussion on papers be limited to half an hour, and that no member occupy longer than five minutes in debate," and reported that the papers would be read in the following order:

1st. Dr. Oldright; 2nd. Dr. Roseburgh; 3rd. Dr. Harding; 4th. Dr. Hodge; 5th. Dr. Reid; and lastly Dr. Bent.

Then Dr. FARRELL, seconded by Dr. LAWSON, moved, "That the recommendation and report of the Committee of Arrangements be adopted."—Carried.

Dr. OLDRIGHT then read a paper "On the Ventilation of Drains," which excited a most interesting discussion, in which Drs. Farrell, Pineo, Walsh, Jennings, Christie, Tyler, and Warner took part. Dr. Oldright having replied, the thanks of the Association were given Dr. Oldright for his able paper.

Dr. FARRELL next read a paper "On Surgical Cleanliness," on which Drs. Parker, Jennings, Hodder, Atherton, Christie and Hingston offered observations, when a vote of thanks was unanimously carried to Dr. Farrell for his pithy and interesting paper.

On motion, Dr. Dodge and Sanford were appointed to examine the Treasurer's books and accounts.

It was then moved by the Hon. Dr. PARKER, seconded by Dr. DEWOLF, "That the President and Secretary of the Association be a Committee to memorialise the Dominion Government upon the "subject of Vital Statistics."—Carried unanimously.

Resolved: "That Drs. Botsford and Harding of New Brunswick, Hingston and Larocque of Quebec, Oldright and Fulton of Ontario and Moren and Gordon of Nova Scotia be a Committee to prepare a general act to be submitted to the several local Legislatures at their next session, on the subject of Hygiene and Sanitary Law, which was agreed to.

On motion of Dr. OLDRIGHT, seconded by Dr. ATHERTON, the order of business was suspended, to enable Dr. Hodder offer his motion referred from the morning session. Dr. HODDER then moved, seconded by Dr. FULTON, "That a Committee of two members of the Association from each Province of the Dominion, in addition to the Local Secretaries, be appointed, for the purpose of suggesting a universal code of education for the Dominion, based upon the system at present in operation by the Collège of Physicians and Surgeons of Ontario, and to report thereon at the next Annual Meeting, and that the Committee shall consist of the following gentlemen:

For Nova Scotia, Drs. Parker and Farrell; for New Brunswick, Drs. Botsford and Steeves; for Quebec, Drs. Hingston and Robillard; for Ontario, Drs. Thorburn and Temple, which motion was carried unanimously. Drs. Dodge and Sanford reported, after carefully examining the Treasurer's books and accounts, find them correct and regular.

It now being six o'clock, the Meeting adjourned until 8.

EVENING SESSION.

The President called the Meeting to order at 8.10 as there was a full attendance of members.

The Minutes of the afternoon session were read and confirmed.

In consequence of the absence of Dr. Rosebrugh, Dr. Dodge read a paper "On Ophthalmology," upon which Drs. Hingston and Jennings made a few observations.

Dr. Gordon next read a paper, prepared by Dr. Bent of Truro, entitled, "Bent knee resulting from contraction," on which a most interesting discussion took place, in which Drs. Hingston, Jennings, Sommers, Oldright, Dodge and Steeves took part.

On motion, Dr. R. Zimmerman of Toronto was elected a permanent member, as was also Dr. D. E. Berryman of St. John.

An invitation from the Commissioners of Public Gardens, inviting the members of the Association to a concert in the public gardens, on Friday evening, at 8 o'clock, was then read, and on motion the invitation was accepted.

It was then moved by the Honorable Dr. PARKER, seconded by Dr. DAVID, "That the following compose the Committee to meet the Committee named by the American Medical Association:—

Drs. Grant, Ottawa; Hingston, Montreal; Hodder, Toronto; Botsford, St. John; Thorburn, Toronto; Fulton, Toronto; Farrell, Halifax; Atherton, Fredericton; F. W. Campbell, Montreal, Robillard, Montreal; Howard, Montreal; Parker, Halifax; David, Montreal.

Which motion was unanimously agreed to.

Dr. Rosebrugh then read a paper "On some practical points in the management of those forms of Eye Diseases more frequently met with by the general practitioner," and remarks were made upon it by Drs. Jennings, Hingston, Dodge and Farrell.

Dr. Warner, as Representative of the American Medical Association, thanked the Meeting for the cordial reception extended him and his colleagues from the States, and invited this Association to send a full Delegation to the next Meeting of the American Medical Association, to be held in Philadelphia in June, 1876, when Honorable Dr. PARKER moved, "That Delegates be now named," upon which the Honorable Dr. TUPPER moved, in amendment, "That the matter be referred to the Nominating Committee, with instructions to report tomorrow morning," which motion in amendment was carried. The Meeting then adjourned.

SECOND DAY.

HALIFAX, 5th Aug., 1875.

The President opened the Meeting at 9 a.m. A full attendance of members.

The Minutes of last evening's session were read and confirmed.

On motion, the order of business was suspended, and No. 14 of the orders taken up for consideration, when the Hon. Dr. Tupper, as Chairman of the Nominating Committee, reported the following as the officers for the ensuing year:

President,—Dr. Hodder, Toronto.
 General Secretary,—Dr. David, Montreal.
 Treasurer,—Dr. Robillard, Montreal.
 Vice-President,—for Ontario, Dr. Thorburn, Toronto.
 “ “ “ Quebec, Dr. Hingston, Montreal.
 “ “ “ Nova Scotia, Dr. Jennings, Halifax.
 “ “ “ New Brunswick, Dr. Earle, St. John.
 Local Secretary,—Ontario, Dr. Zimmerman, Toronto.
 “ “ “ Quebec, Dr. F. E. Roy, Quebec.
 “ “ “ Nova Scotia, Dr. Gordon, Halifax.
 “ “ “ New Brunswick, Dr. McLaren, St. Johns.
 Committee on Publication,—Drs. David, Robillard, Fenwick, Peltier and F. W. Campbell.
 Committee on Medicine,—Drs. H. H. Wright, Howard and McDonald, of Hamilton.
 Committee on Surgery,—Drs. G. W. Campbell, Oldright and Malloch of Hamilton.
 Committee on Obstetrics,—Drs. Trenholme, Steeves and Beach.
 Committee on Therapeutics, New Remedies and Medical Jurisprudence,—Drs. Fulton, J. W. Rosebrugh, of Hamilton, and Edwards of Strathroy, Ont.
 Committee on Necrology,—Drs. Farrell, Wickwire and Holden, of St. Johns.
 Committee on Medical Education and Literature,—Drs. Hodder, Hingston and Parker.
 Committee on Climatology,—Drs. Marsden, Blanchaette, Botsford, Harding, D. Clark of Princeton; A. P. Reed, Page, DeWolfe, Larocque, Thompson and Rosebrugh of Toronto,

All of whom were duly elected, when Dr. Hodder returned thanks for the great honor conferred on him in electing him President.

It was then moved by Dr. Hodder, seconded by Dr. Oldright, “That Toronto be the next place of Meeting,” which motion was carried unanimously.

Dr. Oldright then moved, seconded by Dr. Harding, “That By-Law No. 3 be suspended, and that the Meeting next year be postponed until the second Wednesday in September,” which motion after some discussion was lost. On motion the following gentlemen were elected as the Committee of Arrangements, with power to add to their number, Drs. Hodder, Thorburn, Oldright, Fulton and Rosebrugh.

Dr. Tupper, as chairman of the Nominating Committee, reported that the Committee recommend as Delegates to the next Meeting of the American Medical Association, The President and officers of this Association, and also that any member of this Association, on the recommendation of the Vice-President and Secretary of his Province, may be appointed as an additional Delegate, which report was received and adopted.

It was moved by Dr. Earle, seconded by Dr. C. C. Hamilton, “That the same sum as was voted last year be given the Secretary, and that the Treasurer be paid his expenses.” Carried unanimously.

On motion, a vote of thanks was passed to the Grand Trunk R. R. Company, to the Quebec and Gulf Ports Steamship Line and to the Riche-lieu and Ontario Co. for the courtesy extended to the members attending the meetings in reducing the fares.

A vote of thanks was also given to the Young Men's Christian Association for the gratuitous use of their beautiful rooms.

On motion a gratuity of five dollars (\$5) was voted to the Janitor for his trouble.

Dr. Reed then read a paper styled “Clinical Observations” which was ably discussed by Drs. Christie, Thorburn, Oldright, Walsh, Atherton, Muir, Earle, Parker and Dawson.

On motion the President left the chair and the Hon. Dr. Tupper requested to take it, when Dr. Hingston, seconded by Dr. Oldright, moved a cordial vote of thanks to Dr. Botsford for his able and affable conduct in the chair, which was carried by acclamation. Dr. Tupper having communicated the same to Dr. Botsford, Dr. Botsford returned thanks and the Meeting adjourned.

A. H. DAVID, M.D.

General Secretary.

BIRTHS.

In Montreal, on the 5th September, the wife of Gilbert P. Girdwood, M.D., of a son.

In Montreal, on the 13th inst., the wife of Dr. George Wilkins of a daughter.

In Pembroke, Ont., on the 5th inst., the wife of J. A. Desloges, M.D., of a daughter.

MARRIED.

At Cannington, on the 31st August, by the Rev. S. J. Taylor, Mr. John Anderson, second son of the late John Anderson, M.D., of Ormstown, Que., to Bessie, second daughter of the late Mr. James Bemister, of Hampshire, England.

In Montreal, on the 8th Sept., by the Rev. Dr. Taylor, assisted by the Rev. J. S. Black and the Rev. T. Hally, cousin of the bride, James Stewart Tupper, eldest son of the Hon. Dr. Tupper, C.B., M.P., to Mary Wilson, eldest daughter of Andrew Robertson, Esq., Elm Bank.

At St. Michael's Cathedral, Toronto, on the 16th inst., by His Grace Archbishop Lynch, William Hales Hingston, M.D., L.R.C.S.E., D.C.L., of Montreal, to Margaret Josephine, daughter of the Hon. D. A. McDonald, Lieutenant Governor of Ontario.