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Society Proceedings.

CANADA MEDICAL ASSOCIATION.

The seventeenth annual convention of this association was held in Montreal August 25th and following days. There was a very large attendance of medical members from all parts of the Dominion and also of the medical gentlemen from England, members of the British Association. Dr. Mullin, the retiring president, opened the proceedings by introducing the president, Dr. Sullivan, of Kingston, who then took the chair. The following gentleman, together with the ex-presidents, were invited to seats on the platform: Dr. Brodie and McGraw, delegates from the United States, and Mr. Samson Tait, F.R.C.S., of Birmingham, England. Dr. Hingston, chairman of the Reception Committee, extended a hearty welcome to members from other points and invited all to a complimentary dinner which was given by the medical profession of Montreal on the following evening. The secretary having read the minutes of the previous meeting the following reports of committees was received:

Dr. Fulton, chairman of the Committee on Necrology, reported that there had been thirty-six deaths in the profession during the past year, some of whom were ripe in years, and some only entering the threshold of life. The medical population was estimated at between 3,500 and 4,000, so that the death-rate could not be said to be high. It might be that all the deaths were not reported, but, assuming them to be forty-six, or even fifty, and considering the hardships incidental to the profession, especially in a sparsely settled country, the rate

was still low. Then followed a list of the names of deceased members, prominent among which were those of Dr. Reddy and Dr. Trudel, of this city. The report was adopted unanimously.

Dr. McCammon not being present, there was no report from the Committee on Education.

In the absence of Dr. Canniff, the secretary read the report of the Committee on Climatology and Public Health. The committee has had under discussion since last December the advisability of forming a Dominion Board of Health. Dr. Harding, of St. John, N.B., had drawn up a scheme which would be simple and inexpensive, and which was in substance as follows:—The name of the organization to be the Dominion Health Institute, and to be an institution under the patronage of and supported by the Federal Government. The object of the Institute to be, first, to obtain information from all possible sources; and, secondly, to provide for the diffusion of all information obtained, which, after being sifted, would tend to effect the definitely stated ulterior object of educating all the people, as far as possible, in health matters. The outline of the plan was as follows:—"A general Board of Health to be appointed, to consist of (1) professors of hygiene of all colleges of Canada; (2) medical men and laymen versed in public health matters; (3) local provinces, selection to be made on some suitable ground; (4) president and secretary to be paid, but no others; (5) an annual report; (6) number of members to be considerable; (7) medical men to be a majority; (8) bureau to meet once a year; (9) an executive or council to meet oftener." As a provision for securing efficient working it was suggested that there should be

selected from among ordinary members in some suitable way, or therefrom by government appointment, a certain number as an executive of the health institution and called the Council. This scheme had been submitted to the members of the committee, and nine out of twelve of them had replied. None of them had dissented, and some had expressed their warm approval. The chairman had been in communication with Hon. Mr. Pope and Mr. John Lowe, and any suggestions the association would make would receive every attention at their hands. The institution would be supported under the patronage of the Dominion Government, for the purpose of diffusing information and educating the people. This was almost its sole object. They should avoid the name of board or bureau, and use the word institute, like the English Sanitary Institutè. The other name would give an idea of coercing power, which was not the idea of the committee.

On motion of Dr. Mullin, the report was referred back to the committee to be more fully considered at another time.

Dr. Ross said the Committee on Publication had no report to make, as no publications had been issued.

The following nominating Committee was then appointed—Drs. Roddick, Kennedy and Rodger, Montreal; Adams, Wright and Sheard, Toronto; Campbell, Seaforth; Tye, Chatham; Earl, St. John; Sullivan, Kingston; Mullin, Hamilton; Wishart, London; Harrison, Selkirk; and Dr. Bray, of Chatham, the mover.

The chairman appointed the following gentlemen officers for the sections:—Medical Section—chairman, Dr. Thorburn; secretary, Dr. Burt Surgical Section—chairman, Dr. Roddick; secretary, Dr. Tye.

The meeting then adjourned till two o'clock.

AFTERNOON SESSION.

The President, Dr. SULLIVAN, resumed the chair shortly after two o'clock, and after inviting Dr. Worthington, of Clinton, Ont., to a seat on the platform in addition to those to whom he had extended the invitation at the morning session, proceeded to deliver the following

ANNUAL ADDRESS.

GENTLEMEN OF THE DOMINION MEDICAL ASSOCIATION AND GENTLEMEN,—It is with feelings of no ordinary diffidence and trepidation, I assure you, that I assume the exalted position your generosity

prompted you to confer on me, and these are increased to embarrassment, when I view the unusual circumstances attending our meeting to-day. The time the place, above all, the presence of so many distinguished strangers, all unite to render it the most memorable in our brief annals; and, while I feel as proud as any one possibly could to fill so honorable a position, I feel bound to acknowledge that my anxiety for the honor of Canadian medicine makes me wish that some of the Nestors of the profession had assumed this portion of my duties. However I feel I shall be sustained by that small but honored number who, in their zeal and devotion to science, as well as in the inspiration of a pure and noble patriotism, founded this organization and watched over its infancy, and whose fostering care guided it to a healthy adolescence. Be assured, gentlemen, the generous spirit which prompted you to place me in this position in preference to many others better entitled, is fully appreciated, and will constantly nerve me to greater effort. I feel the profession has no higher honor to give, and if I cannot add to its laurels will take care to return it as bright and unsullied as I received it from you.

Gentlemen, eighteen years ago the scattered political divisions of this great territory, feeling their isolation was unnatural, and actuated by that spirit of ambition without which a nation, equally as an individual, is dead, and, moreover, anxious to more fully test the solidity, enterprise and capacity of the monarchical principle of government, under which they had grown and prospered, felt that the time had arrived when united they would form the nucleus of a great nation, that no longer the barriers of prejudice and provincialism should separate them and retard their growth. Accordingly animated by such sentiments, without passion, blood-shed or battles, they joined hands, and, in a manner becoming the eldest children of Great Britain, consummated a union in as pleasant and joyful a manner as a marriage ceremony; Full of peace and goodwill to all they stood up in their might, and in the consciousness of a healthy maturity demanded admission to the comity of nations. Never before in the history of the world had such a scene been witnessed. It was a proud day for even the greatness of Britain to acknowledge the grandest epoch in the history of her great colonial progress and the greatest tribute ever paid to the free, liberal institutions of England. No sooner had this been accomplished than the medical profession, representing to a large extent

the science, culture and civilization of its people, felt it was their duty to exhibit that spirit of unity and friendly intercourse characteristic of their profession, that the time had arrived to collect and utilize the stores of science of so extensive a territory, and lay

THE FOUNDATION OF THIS NATIONAL ASSOCIATION, which would be representative in character, and add to the general stock of knowledge, and under whose protective influence the power of the profession would be increased, extended, and its members afforded an opportunity to know and respect each other. Animated thus by no selfish or sectional motives, it gave its first fruits generously to strengthen and adorn the new nation—so that, gentlemen, when we meet for professional advantages, we also commemorate an important national epoch and afford, an opportunity not frequently enough given, to assemble where no religious, sectional, social nor political prejudices can be tolerated. Two principal objects, gentlemen, remind us in each revolving year, to attend these meetings, 1st, Social friendly intercourse—this must, to the profession of Canada, for many years to come, be the most potent attraction. We, by a very large majority, belong to the class called general practitioners. A brilliant, but, unfortunately, very small minority of specialists, add a more scientific tone to our meetings, and shed lustre on our proceedings, but the attendance must for some time to come be recruited from the ranks of the general profession, and to none is the summons more agreeable, for none toil more faithfully and constantly than we. How gladly, then, must we hail the announcement of this meeting. What a splendid excuse to give to exacting patients; how delicious to one this pleasant, social intercourse, how cooling to our brain, and how refreshing to have some sympathetic ear to listen to our troubles, doubts and perplexities; with what zest we enjoy the hospitalities of the profession in each locality, how necessary it is to keep one's mind, as it should be, broad, free and liberal. Yes, gentlemen, self-conceit, egotism and narrow-minded bigotry are the products of isolation, reserve and privacy; without some variety we degenerate into mere creatures of routine. On the other hand,

THIS FRATERNAL INTERCOURSE

enlarges the mind, dispels prejudices, cultivates charity and humility, and develops that genial, warm-hearted philanthropy that makes the physi-

cian, as he should be, the highest example of intellectual, moral and social culture. Other professions admit of opportunities for display, with all the brilliant accessories of forum, court or pulpit, but medicine offers no such arena. It belongs to private life. Weary with toil, watching and anxiety the physician has no sympathizing audience to cheer him on, no brilliant assemblage to arouse his enthusiasm or applaud his acts. Many of his deeds which, if publicly exhibited, would delight and charm and bring him honour and fame, are performed in the quiet stillness of the night in some low, dingy tenement, his audience often an old crone who, in the fullness of her heart, may exclaim, "Well done, doctor: I always thought you were lucky!" Really, we should be disposed to pardon some infractions of that rigid etiquette which forbids him to use the publicity of the secular press so freely allowed to every other profession. To those who have passed through such scenes, what a great relief it is to come here and renew old friendships, form new ones, relate the cases we have had and the wonderful recoveries effected, so often told that we believe them ourselves. How joyfully we return home and how refreshed and invigorated we pick up our work, and go on our way rejoicing. Yet another, and more important, attraction, brings us to this meeting, viz: scientific progress—to communicate the results of our observations, the aims and objects of our labors, the interchange of experience, our ideas on the various professional subjects to which we have given thought and time, our opinions on the truth of the various theories advanced, contributing by articles or discussions, stimulating the growth of a spirit of research, observation and experiment, which may bring fame to ourselves, honor to our country, or add to the general stock of knowledge. True we may have no new theories to propound, discoveries to announce, nor principles to enunciate, yet do we add to the general advance.

THE HISTORY OF ALL PROGRESS

in science teaches that the labors of many minds, for many years, are necessary for the discovery of any truth, and although one gets the honor, yet are the works of many indispensable to him whose good fortune it is to crown the work. Galileo, Kepler, Bacon, preceded Newton. Priestly, Galvani, Volta, Lavoisier, led up to the great chemical discoveries of Davy. Sylvius, Fabricius, and, above all, the monk Michael Serectus, did as important service

in the great discovery of circulation as Harvey. Another fact, gentlemen, consoling to us is that the greatest results often follow from the simplest discoveries—inventions which apparently require no great intellect. Thus the discovery of percussion by Avenbrugger in 1761, and the subsequent surpassing one of Laennec, though purely simple mechanical inventions, had more influence on the development of modern medicine than all the systems evolved from the brilliant intellects of the 18th century, of such men as Boerhaave, Van Suieten, Hoffman, Stahl, Haller, Cullen. And the most scientific and exact method or school the world ever saw, the modern German school, acknowledges as its founder Johann L. Schonlein, and dates its origin from his apparently small discovery of a parasitic growth in a disease of the hair, in 1839. It may, no doubt does, seem simple to many of you to mention such facts; but you will pardon me when you remember I am speaking to many who, like myself, require such examples to urge us on to work. The great territory we are scattered over makes communication difficult, and many have, as I know, from listening here been prompted to observe more closely.

A RETROSPECT.

My first idea, gentlemen, in thinking over a subject likely to be of sufficient interest to you, and within my powers of description, was to give a brief retrospect of surgery since my entrance to the profession, twenty-six years ago. After the expenditure of much time, I found it too hypnotic even for myself. Fortunately, a kind mentor said, "To the Sections belong such subjects." "To you, as President, belongs the duty of noticing such subjects as are of general interest to the profession in this country, and will evoke from the society opinions which their importance demands, as also a brief review of the general progress since our last meeting. I need hardly say his advice was peculiarly grateful, and I have endeavored to act on it. Invoking your indulgence in listening, as well as your counsel and experience in disposing, we will proceed to consider them. About a month ago I was presented with a book usually looked on with repugnance, a blue book; it was a portion of the census of 1881, the last one taken, and just published. I found some facts therein, possibly not new to you, but new and surprising to me. I

found the population of the whole Dominion to be 4,324,876, scattered over an immense territory. Of this Ontario has 1,923,228, Quebec 1,359,027, the balance being divided among the other provinces. I found the death-rate varied a great deal without any reasons given; from 11.81 per 1,000 in Ontario, the healthiest; to British Columbia with 20.35; Quebec following closely with 19.07 per 1,000 persons. On looking at the totals, I was astonished to find Ontario, with nearly 600,000 more population, had some 3,000 deaths less per annum than Quebec, the figures being—Quebec, 25,930; Ontario, 22,727; population considered, the difference is simply enormous.

QUEBEC'S EXCESSIVE DEATH RATE.

In looking for causes I found that this excessive death rate in the Province of Quebec was due to the great mortality among children, the deaths from 1 to 11 years being more than sufficient to explain the discrepancy; that it is truly a "Slaughtering of Innocents" the figures will explain. For the first year Quebec, 8,350 deaths, 1,000 more boys than girls; Ontario, 5,418 deaths, 760 more boys than girls; Quebec, 5,016 deaths, 300 more boys from first to fourth year; Ontario, 3,080, with 200 more boys during the same year. Next table, from 4 years to 11 years, we have 2,776 deaths in Quebec, and 22 more boys, while Ontario for same time has 1,973, with 43 more boys, making a grand total of 16,142 deaths in the Province of Quebec from 1 to 11 years, and a majority of 1,290 boys, while for the same period Ontario has only 10,471, and a majority of 973 boys. Their totals are 26,613, with 2,263 boys. The difference in favor of Ontario, without reference to population, is the large one of 5,671. Were it not an official document carefully prepared, I would not believe it; it is a matter which concerns all the provinces; but the fair fame of the Province of Quebec is particularly impeached. It is also eminently proper that through this Society our statesmen may consider so important a matter, if only from an economic point of view, and prescribe a remedy.

SIR JAMES PAGET,

in an address before the International Health Exhibition last June, on "The Relation between National Health and Work," containing a vast amount of carefully calculated statistics, in eloquent, graphic language, describes the loss to Britain, and says with reference to preventible

diseases: "No one who lives among the sick can doubt that a large proportion of the sickness and loss of work might have been prevented or can doubt that in every succeeding generation a larger proportion still may be avoided if only all will strive that it may be so. Smallpox might be rendered nearly harmless by vaccination; typhus, typhoid, scarlet fevers, and measles might be confined within very narrow limits; so probably might whooping cough and diphtheria. The greater part of accidents are due to carelessness. Diseases due to bad food, mere filth, or intemperance, so far as self-induced, might by virtue and self-control be excluded, and with these, scrofula, rickets, scurvy, and all the widespread defects attributed to them could be greatly diminished." When I give you some of the diseases you will see how peculiarly apposite his words are. I only took the diseases showing the most marked contrasts or differences, and you will see how, without any intention on my part, they fall under the head of what Sir James Paget and everyone call "preventible." They make the case very strong against Quebec. I read Sir James Paget's lecture after I made out the annexed table. Bear in mind this only takes notice of deaths. Think of all the sickness they represent, the loss of work caused and the enormous waste, the results of these diseases:—

Disease.	Ontario.	Quebec.	Total.
Smallpox.....	46	714	760
Diphtheria.....	1,271	1,599	2,870
Teething.....	108	2,359	2,467
Diarrhoea.....	294	585	879
Cholera infantum.....	181	344	525
Dis. of throat.....	56	406	462
Dis. of brain.....	696	1,049	1,749
Scarlet fever.....	561	961	1,537
Fevers—Typhoid.....	594	1,081	1,612
Croup.....	556	574	1,130
Measles.....	375	341	716
Consumption.....	2,398	2,282	4,680
	<hr/>	<hr/>	<hr/>
	7,136	12,295	

Apart from any humane or Christian principles, look at the enormous loss to the state, to a country such as this. Sir James Paget values each child at \$40, and is ashamed to use so low an argument as expediency in favor of the saving of life and health; he only does so because sufficient motives are not found in charity, sympathy, and the happiness of using useful knowledge. It comes with

peculiar good grace from this body to sound the trumpet note of alarm. Ontario may, no doubt is, only less guilty. Some extraordinary causes of mortality among children must be in force; think of the great loss of 714 deaths from small-pox. It is a positive disgrace. If the people will not be educated to use proper means, the law should command and enforce its command. This is an age of commissions when every contravention of political honesty is sifted. Let a commission investigate this, it demands it more than anything else, wipe out the disgrace, confer health on many, and thus bring wealth to the country. We must remember, too, how much we injure ourselves, by keeping foci of highly contagious diseases constantly on hand, ever ready to enlarge their baneful effects on the approach of exciting causes and repel the tourist and settler from our shores.

THE NECESSITY OF VITAL STATISTICS.

It reminds me also how necessary it is to have vital statistics constantly collected, how important they are for the comfort, welfare, and advance of a people, will readily appear from what I have said. It is time that Canada had a bureau, and I hope you may be called to pronounce on it. The number of physicians is put down at 3,507 for the Dominion, Quebec has 1,065, Ontario 1,718; proportions for Quebec, 1 physician to 1,276 persons, Ontario 1 to 1,119. We have over 900 students, distributed among 8 medical schools, 4 in Montreal, 2 in Toronto, 1 each in London and Kingston, ample to meet all our requirements. Compared with our neighbors we are far behind in production. They have by last returns, 1882-83, 119 medical colleges, graduating 4,000 doctors yearly, and having 12,000 students, so that, marvelous as is their growth, great as are its prospects, resources and wealth, the medical production keeps pace with it. No part of the habitable globe is better supplied; the average is 1 to 524 all round. Indiana, with the same population as Ontario, has 4,993, or 3,275 more doctors, 42 schools in the North Western fifteen states sent out in three years 5,364 graduates, and have 3,549 students preparing. The large cities show from 1 to 260 in Denver to 1 to 548 in Chicago. They have 90,000 doctors in regular practice, and only 8,300 are above 60 years of age.

CONDITION OF THE PROFESSION.

An important duty of mine, gentlemen, is a glance at the condition of the profession in Canada and it naturally comes under two heads: 1st. Is it

as efficient as the responsibilities and the progress of science demand? 2nd. Is it uniform throughout the provinces? and, if not, what can be done to bring all up to the level of the highest part? Gentlemen, without fear of contradiction, and with the firm belief of being able to prove what I say, I maintain that the standard of the medical profession in Canada is equal to that of any other land. Great excellence and distinction we cannot claim. The paucity of our numbers, the vast extent of territory, the exacting demands of our time, the absence of any great wealth, above all, the youth of our country and the great attractive power of our neighbors, plead powerfully in extenuation. Nevertheless, the average will compare with any. High-minded and upright, honored by his fellow-citizens, the physician acknowledges no superior. I point with confidence to the profession of this city where we are assembled, and say, "*Ex uno disce omnes.*" We will be satisfied with the example. With this our schools have much to do. They all require four years' study and all a preliminary examination of different grades of severity. We think, in fact we are sure, we have four times too many schools, yet their competition has been friendly; a generous rivalry animates them, the "*Sacra fames auri*" has not seized them; no underbidding by offering advantages to students of easy terms, rather a desire to excel, and render their course practical animates them. That this is so hear what the leading medical journal of the United States says of them:—"There is now and has been for some time a tendency towards the practical in Canadian medical teaching. While didactic lectures are given with greater care and zeal than ever, there is added that other great factor in medical education—observation. The various schools vie with each other in the practical department of the work. The anatomy is being taught by constant demonstration, the microscope is placed in the hands of every student and the test tube is as familiar as the scalpel. When we look at the careful manner in which both theoretical and practical teaching are given; at the high standard fixed by the different curricula, it must be admitted their schools are turning out a

VERY EFFICIENT CLASS OF PRACTITIONERS."

It is very gratifying to have such an opinion from so high an authority, and shows we need not be ashamed of "seeing ourselves as others see us. Moreover, gentlemen, a class of men are studying who, as was the case some years ago, are not com-

pelled to go to work at once, but who, thanks to industrious parents, are enabled to devote more time to professional training, who can follow the bent of their scientific inclination, and slake their thirst at the fountains of medical thought, and experiment in Europe. They find it pays. From that class, annually increasing, we expect much; they are true to their country, glad to work for it, and their reward will come. And, gentlemen, these remarks remind me that it will not be considered invidious if, in passing, I should express the profound respect and affection the profession feel for the medical schools of this city. It was a great satisfaction to all to learn the good fortune of the medical department of McGill in securing an endowment, the first in Canada to obtain one. Its teachers have been strong supporters of this society from its inception. Its managers placing their veteran professors gently to rest on a well-earned fame, have wisely selected to fill its chairs a number of young men filled with the Promethean fire, ardent, enthusiastic students; thus hope and confidence are inspired in its future. Its endowment, too, is worthy of note. It is a public recognition of the excellence of the work done and a tardy recognition of the strong claims of our medical schools on the patriotism and munificence of the country. We of the west, where so many of her alumni are pushing her fame and their fortunes, have nothing but warm congratulations to offer. We rejoice in her prosperity, and hope no narrow lines of sectional prejudice will ever prevent us offering honor to those who deserve it. The other schools, too, are doing good work, and worthy of compliment. With reference to the uniformity of medical standard, I may say I hold with many that it is

THE DUTY OF THE STATE

to see that men well qualified to meet the serious responsibilities of the profession shall be found in every village and hamlet throughout the land. Our profession is too intimately mixed up with the people not to require a law, and a stringent one, too, to regulate the right to practice, and, while schools award degrees and honors to the zealous, faithful student, the State alone should say who shall or shall not guard the interests of the sick, the safety of its subjects. The matter comes under the head of education, and is, therefore, a state right. Then all you require is to imitate the example of Ontario, and place the profession in the position it is in there. Those who see how ardently the pro-

fession of the United States and the English sigh for such a law can only feebly realize its value and importance. Your power, gentlemen, will be immense if united. Surely in such an agitation the descendants of Pære, Bichat, Magendie, Bernard and Dupuytren will not fail to assist, when they remember the glories that cluster around the French school, that they are the representatives here of that land of science, art and culture, which for hundreds of years enlightened the world of medicine ; they will not hesitate, more particularly when they will have the regulation of such a system. Permit me, as there are so many strangers here to-day, and as an incentive, to urge on the gentlemen from Quebec to repeat, in a few words. how and

WHAT ONTARIO HAS ACCOMPLISHED.

Her first Act dealing with medicine was passed in 1817, then Rolph's Act in 1824 and from that time down to the amended Act of 1874 many Acts were passed which it will be unnecessary for me to refer to. By that Act Ontario leads the English-speaking world ; she has in active operation to-day what the United States sigh in vain for, England is struggling for. Previous to that Act three bodies possessed the power to license, or rather to recommend, for the governor really was the fountain of authority ; they were what I call "regulars," "irregulars," and "defectives," the colleges, homœopaths and eclectics. In vain look for any advance, so long as there were three, and these antagonistic, having no respect for, but rather hating, each other. If one made it difficult the other could make it easy ; no hope for the future. Various were the stories told of how doctors were made. All looked dismal and unpropitious ; it was seen that "we must stoop to conquer." To this many were opposed. They said, "What ! consult the eclectics and homœopaths ?" Never ! They will demand special examinations, you will nurture and encourage those who would rend the temple, and it did appear difficult. But the veterans of the profession, or some of them, said, "We will try." They said, "Gentlemen, you are equal with us ; alone we will conflict ; united we will form a powerful trinity. It is your and our benefit we should agree. We don't care for these schoolmen ; a fig for their degrees. In our hands is the future destiny of the profession in this state. You have no schools here ; we offer you the regulation of all schools. We know you have different ideas from us in the etiology and treatment of diseases, but

you surely are anxious that the great fundamental branches of all medicines should be well known by those who intend to practice ; that anatomy, the basis of all physiology, chemistry, botany, jurisprudence, portions of surgery and midwifery are equally as necessary for yours as for ours. You will have a proportionate share of the representation, and for all time to come a voice in the regulations of the curricula, preliminary and professional. We will make a clean slate ; one portal of admission. They agreed, and by that compact Ontario led the world. Satisfaction results. The general profession has in its hands full control. Examinations are becoming

MORE THOROUGH AND PRACTICAL,

the schools received it in a proper spirit, they know it to be a fair arena for the "survival of the fittest." Their examiners have been most exacting ; the great number of subjects, from the nature of the union rendered necessary, are being condensed. They have also taken advantage of an examination, termed the Intermediate, which grammar schools prepare, and to this they add Latin, and have thus an uniform preliminary, if it is inferior. Now, why not make such a law universal for the Dominion ? You have the power. You have no such difficulties as Ontario. You have also its example to nerve you on. If you only put your shoulder to the wheel you can place Quebec in the van. After all we are not English nor French, but Canadians. I think this association should every year consider closely medical education. In vain look for a harvest if we do not sow good seed. We graduated last year over 160 students. Many of them do not remain ; they go to other lands, where their talents may receive fuller recognition. The time has come to revise the professional course. The old seven subjects have not advanced equally together, at least are far from equal in importance. Place chemistry and botany in the preliminary course and put pathology and histology where chemistry is now. A short course on medical chemistry would just fill the time now allotted to histology. The preliminary course also requires revision. As an examiner I have often noticed errors in style and spelling. For such an abstruse science as medicine, demanding so high an order of intellect, too much trained study and intellect we cannot have. Raise the attainments and not the fees ; guard against evasion and cramming. Let there be a thorough classical course ; nothing so disciplines,

refines and cultivates. We belong to private life, and should shine there, by the graces of polite learning and good scholarship; thus can you, if ever, have a profession to be proud of. To those who pooh-pooh this preliminary education, who affect to sneer at a stringent examination, I will read *in terrorem* an extract from the proceedings of the last meeting of the Medical Association of the great State of New York. I may say they are struggling for amendment in this respect. They bewail their position, they are fighting hard for higher standards, and sigh for the state of affairs we have in Ontario, which they appear to look on as the desired condition.

THE NECESSITY OF A HIGH STANDARD.

I, therefore, to show the necessity of a high standard, quote Dr. Sturgess, who in turn gives a selection from Prof. Elliott, the learned principal of Harvard University. In his report of 79-80, says Principal Elliott: "An American physician or surgeon may be, and often is, a coarse and uncultivated person, devoid of intellectual interest outside of his calling, and quite unable to speak or to write his mother tongue with accuracy. What wonder if, under the circumstances, the degree of Dr. of Medicine has not heretofore been accepted as a passport to refined society. It is notorious that as a rule medical students have been a rougher class of young men than other professional students of a similar age. In this university until the reformation of the school in 1870-71, the students were noticeably inferior in bearing, learning, manners, and discipline to the students of other departments. They are now indistinguishable." And a respectable New York daily, quoted by Dr. Sturges, says: "To say that medical students are rough but faintly expresses the facts, for they are also ignorant, often grossly immoral, exclusive of the bogus institutions like the late college in Philadelphia. The only requisites for the degree of M.D. in many of our colleges are sufficient money to pay the fees and a tolerably good memory. Even the latter is of secondary importance and without even a common school education they (the doctors) aspire to a social position for which they are totally unfitted by nature or experience." Such gentlemen is the outcome of leaving so much to the student himself—so much to what is called "unbounded opportunities." I believe it to be better not to trust the individual until mankind becomes better, but stick to the

European plan which demands a liberal preliminary education, four years' study (professional), examination for diploma and examination for license.

FEMALE MEDICAL EDUCATION.

I believe, gentlemen, Canada has also settled the question of female medical education, at least has so treated it as to consider it settled. What bacillus disturbed the hitherto placid flow of the corpuscles in Canadian female vessels I leave to Professor Osler to discover. Its action aroused in our dear sisters that spirit of curiosity to penetrate the arcanae of medical science and demand admittance to the temple. For a short time all went well, nothing could exceed the gallantry of their male fellow students. It was charming to observe the spirit of kindly welcome they were received with. Alas! It was of short duration. A storm arose (and through no fault of the women); all was changed. The male members demanded their exclusion, and they were forced to retire. Public feeling was aroused, generous men came to the rescue, pronounced co-education a failure, and two female colleges fully equipped were founded. Three women graduated from the Kingston School, greatly distinguished themselves in the race for license, asked no favors, and are now practising. Why they did not invade the sister professions of law and theology I do not know; if they can take all the tests required, I see no reason to object; I believe they will be the means of raising, not lowering, the standard. Allow me to call your attention to the important subject of the

COLLECTIVE INVESTIGATION OF DISEASES.

The American Medical Association at its last meeting warmly endorsed it and voted \$300 to carry it out. It has been attended with the best results in the hands of our great prototype, the British Medical Association. Our country, extending over so large a territory, with such varied racial, climatic and other conditions, ought to be peculiarly favorable for it. An easy subject could be selected, first, one simple, and of general interest, that any general practitioner could manage. Apart from its scientific value, it would be a means of uniting more closely our scattered forces, and be another link binding us more firmly together. I presume it will be considered by a special committee. It was in my opinion a very unfortunate train of circumstances that led to the stoppage of

the publication of "The Transaction." True, our medical journals, with a courage and enterprise highly creditable, give a very good account of our meetings, but that does not meet the wants. The most important part, viz., the discussions, are wholly ignored. These volumes, therefore, if only as a record of the national medical progress, would be of immense value. By all means revive them. Each man could revise, and, if required, pay for the publication of his contribution, if it passed the censors. Experience will dictate some plans whereby the publication can be resumed and its suspension guarded against in future. As this meeting is held in the commercial centre of the country, it seems peculiarly appropriate to bring forward the subject of the

MEDICAL SERVICE ON OCEAN STEAMERS.

If it be correct (as I have heard) that the British acts order that these officers be shipped only at its ports in Europe, we ought to have it amended; we ought to have more of these appointments. Great room for reform is said to exist, and a bill now before the American Congress demands an extra physician on all ships carrying over six hundred, including the crew. Nurses and two small hospitals properly equipped are also to be provided, for the mortality given, in some cases as high as 70.6 per 1,000, appears to give grounds for these demands. Its particular interest to Montreal is my excuse for troubling you with it. The increased and increasing number of specialists affords, I think, just ground for congratulation. It is a feature more than any other indicative of growth and progress. If carefully examined, it is not the paradise the general practitioner sighs for. The eye and ear, throat and skin, and the uterus appear to be the favorite organs. Any good general practitioner, it is asserted, can treat two-thirds of special cases. The young man who selects such a field with us runs great risk. It were a grand thing were it a haven for old practitioners; but that cannot be, as it requires a man to concentrate all his abilities early on it. He has also to spend a good deal of time and study after acquiring his general knowledge, but the good effects of it are seen in stimulating the general practitioner to more study, to cultivate the use of instruments of precision beneficial in diagnosing disease. As a man can only be a specialist on one subject, there can be no danger of his interfering with general practice. They help it greatly, and de-

serve every encouragement. So far Canada has not done much in

MEDICAL LITERATURE

of a substantial or permanent quality. A growth of this kind can hardly be forced, and there is certainly no dearth of medical books, general or special. It would be worthy of examination whether or not it would pay to publish a series of text-books. The schools could write, and entrust one book to each school. In this way it could be made profitable. I only hint at the matter, believing such a series could be written as would surpass that of any other country. So much noise made and ink shed by our American friends on "the code" led me to look for "ours," but such an instrument does not exist. Although not pretending to any higher morality than our neighbours, we shall not require one, and I fondly hope that the amenities that should exist between gentlemen will always be effectual to protect each in his rights. Rarely, indeed, have we to complain of want of sympathy and warm feeling in favor of those who are so unfortunate as to be called on to treat lesions of great difficulty in mean, exacting patients, and I venture to submit that a member so circumstanced should have redress before a court of this society. Not to the Hindoo alone is loss of caste a penalty; the lopping off of a member for such dishonorable practices, as I have felt and seen, is a power which this society might occasionally exercise with benefit to itself. The man who is afraid to speak out boldly, but by mean insinuations and to gain notoriety urges a patient to seek redress in a court of justice, for example in cases particularly of fracture and dislocation, and where there was neither want of skill nor care, should be broken and dislocated from this society and his conduct exhibited in its true colors. It would seem, too, that our courts should sometimes call unbiassed

EXPERT TESTIMONY.

A case occurred in my neighborhood where the unfortunate surgeon in attendance, a well-educated, experienced man, paid three hundred dollars and costs to stop a prosecution against him where one-half of the witnesses, old practitioners, too, were willing to swear a case of second stage of hip-joint disease was a thyroid dislocation. This was all based on reading books, and the evidence would have been given almost solely on them in behalf of the prosecution. The facility with which men will testify according to the side they are sub-

poenæd on calls for some change; and great benefit, in my opinion, would result if the court would call independent expert testimony. I admit, it is a question requiring careful discussion. The probability of the International Medical Congress meeting next year in the United States should be noted. I would give our secretary power to select a few who will be prepared to maintain the honor of Canada in this great assembly. The threatened invasion of cholera has given a wonderful impetus to hygiene and sanitary laws; it has stimulated argely municipal scrubbing. This is one of its redeeming features. Dr. Oldwright, of the Ontario Board of Health, who has devoted more time and attention to it than any man I know, had kindly given me a large amount of information on the subject, which, I regret, time will not allow me to make use of. Since our last meeting Ontario has taken up the subject warmly. It has a well managed Bureau of Sanitation, and will, before our next meeting, have a well qualified board of health and a health officer in each municipality.

LOSSES BY DEATH.

Gentlemen, it is customary to perform the melancholy duty of reading the death-roll of our members, for the past year. There are, however, a few names not belonging to this society, yet of such concern to the whole profession, that it is our duty to offer a special tribute of respect to their memory. It is not often that a nation has to mourn in one year the extinction of a constellation of such brightness as was reflected from Marion, Sims, Professors Gross, Wood and Parker. All reached a ripe old age, accomplished much, and died honored and respected. The results of their labors were not confined by the boundaries of any country, but embraced the whole world of suffering. Such men all nations honor, their names are inscribed on the imperishable roll of the world's benefactors. We who have so often individually and collectively enjoyed the hospitality and courteous attention of their countrymen, whose delegates we meet yearly and are proud to see here to-day, offer, through these delegates, the expression of our profound regret at the loss they have sustained, and we do so in no perfunctory manner, but as neighbors united by the ties of acquaintance and friendship. Such, gentlemen, are a few of the subjects which it occurred to me might be of interest. No doubt I have forgotten many. They will be suggestive, I hope, to many of you and will be discussed with fairness. If they should be

the means of evoking anything of advantage to the profession, I will be satisfied they have the merit of being practical, and demonstrate that medical legislation is not only not futile but of great benefit. A rapid review of the science now embracing so many subjects is no doubt part of my duties on this occasion, and requires powers of condensation rather than amplification. In medicine the spirit of research and investigation is

INCREASING AND EXTENDING.

Here "the deep searching Teutonic mind which spares no trouble nor labor in the steady pursuit of scientific aims" through everything, still leads as in other branches of scientific medicine. Could the author of *De Sedibus Morborum* now appear on the scene, how vast a progress, how great a change from his day, would he behold! True there were more theories then than now, but they must now be based on rigid experiment and oft-repeated observations. Hypothesis will not do, they must stand the test of critical scrutiny. The study of minute orgarism has led to wonderful results, surpassing in interest all other investigations, and exercising a wonderful influence on the causes and treatment of diseases, producing results which appear destined to effect a revolution in medicine. Bacterial pathology, as it is called, holds universal sway. We hear of nothing but microbes, bacilli and germs. Germs to right of us, germs to left of us, germs everywhere. We are stormed at by germs. The partisans of Cohnheim and Stricker, of proliferation and emigration, fold their arms and look on. Leucocytes have for the time lost their interest. The names of Pasteur and Koch alone absorb attention, they are known everywhere and we admire and wonder as disease after disease appears to yield to the investigator and the veil is removed. Already pneumonia, pleurisy, syphilis, some skin diseases, typhus, typhoid and yellow fevers are shown to depend on micro-organisms. The list lengthens. Last year the whole world was amazed at the discovery that tuberculosis, which, in one of its many forms, pulmonary consumption, carries off annually of the people of this Dominion 6,597 belongs to the bacillary group—is of parasitic origin.

The result of this year's investigation serve to confirm the idea, although for a time they are left out of sight by the startling announcement that

THE DREAD SCOURGE CHOLERA,

which threatens us with a visit, has also its peculiar microbe. More important still as the results of the brilliant experiments of Pasteur in producing by

attenuative culture a virus endowed with protective properties as well marked as those of Jenner in the case of vaccination for small-pox, that such is already attainable is shown by the experiments of Professor Freire, of Brazil, who this month reports that following Pasteur's method of culture he withdraws blood or some organic fluid and introduces it previously sterilized into Pasteur's flasks and containing solution of gelatine or beef. With this up to date he vaccinated 450 persons, almost all foreigners; freedom of disease has been pronounced, they having passed through quite a severe epidemic with only six deaths. Among the 450 less than two per cent., while it was thirty to forty per cent. mortality among those not vaccinated. According to calculations of Bousquet Charbon inoculation gives an immunity to one-tenth and vaccination of small-pox an immunity of one-fifth. Such preventive measures in the case of yellow fever are worthy of consideration to us, as demonstrating possibilities in the treatment of cholera or analogous diseases. Not all our sanguine expectations will be verified; it would be too long a leap, and we know. "*Natura non facit saltum.*" Only by slow degrees do we advance; that we are a long distance from perfection is shown by the fact that a French writer says of its attainment—the day when science shall have attained a complete knowledge of normal man, to the very depths and inmost parts of his organization, and into the most secret mysteries of his life, the day when science shall have unveiled all the secrets of the pathological condition and understood every modification that external agents can produce in the economy, that day science will be completed. We are far from that time yet. Such quickening and revival, however, has never been known before. Empiricism is despised, and the world demands more philosophic methods. Nations, too, seem more willing to

GIVE MEDICINE ITS PROPER ESTIMATE.

The scientific investigator can now hope for fame and reward. Germany pays three millions of dollars to its medical schools annually; France also gives large sums, and other countries follow, nor are they chary of granting them the honored titles of the state. Koch, Virchow, Langenbeck, Friedrichs and many others have had their merits recognized. England, it appears, cannot get any further than knighthood, while Canada gives nothing. This should not be. It is the duty of our state to give some reward to those who maintain

its honor in the scientific world, and who do so much "*pro bono publico.*" It should not require a man to wade through the septic paths of political life to reach the honored places in the gift of the state. What say you, gentlemen, to such a condition? Therapeutics, which have been awarded the importance of a separate section by the British Medical Association at its last meeting, and which are so important in relieving and preventing suffering, make more and more advance. Micro-organisms entering so largely as factors in etiology, antiseptics would be naturally looked to, and the report of last year's medical association (American) declares that antiseptic inhalations in pulmonary diseases have proved of value, whether the germ theory be sustained or not." In this department also the systematic collection of therapeutic results by collective investigating committees will be invaluable in showing the worth of remedies alone, united, or compared with others. A comparison of a prescription now, with twenty or thirty years ago, shows a wonderful difference. Chemistry for the past few years has produced many powerful remedies. The bromides, chloral, croton-chloral, pepsine, pancreatine, salicylic acid, and lately kairin, aldehyde jequirity, salts of nickel, nitro-glycerine, chlorides of gold and sodium are only a few of the drugs and remedial agents introduced, not to speak of the great changes in general treatment, are sufficient to show that pathology and physiology have not advanced alone. Fortunately, too, we have a conservative nation to revise our pharmacopœia and calm the apprehensions of the most timid.

SURGERY

as might be expected from the ardor, enthusiasm and boldness of its followers, the utility and brilliancy of its results, keeps more than pace with its sister art, medicine. Many and striking are its advances. Antisepsis still holds such sway as to be considered universal; for he who may be skeptical still must comply with the general demand in order to avoid censure. Its great champion has been knighted, which seems small honor to him for the work done by him and the world-wide benefits he has effected. A beginning of appointments to the Lords could well have been made with him, as his presence would effectually guard against the decomposition in that venerable assembly. At the risk of repetition, I will give you what I heard Sir Wm. McCormac state in his eloquent lecture last year at Bellevue. He said that

Langenbeck told him that in the Turco-Russian war of 21 cases of penetrating wounds of joints treated by immobility and sealed antiseptically 19 recovered with the use of the limb, while not one case of similar wound of knee-joint in the Franco-Prussian war recovered. He also said that the medical department in the late war in Egypt, which was fitted out with the best modern appliances, treated 436 wounds, some very severe, without a single case of any infectious disease, no erysipelas, and not a case of pyæmia. Truly no longer can the surgeon be accused of lacking vigor, originality or enterprise. And, gentlemen, the same may be said of all the departments of our profession. All advance in science is carefully watched to elicit the slightest advantage. Never before was medicine held in such high estimation.

EVERY YEAR ADDS TO ITS PROGRESS.

Let any man twenty years in practice, and who has read and kept himself informed, contrast its condition now and then. How immense the difference, how changed the diagnosis. And amid all this brilliant prosperity and march of scientific medicine what position do we occupy? I would rather hear the answer from others. We have no great past, no great names, no roll of honor, all our hopes are in the future. We look at the origin of the Royal Society, of the British Medical Association, now numbering its thousands, and we have hope. We have it in our power to ensure an educated, well-trained profession. Do it and we can expect great results. Our schools must not be to make money; they should be kept to the highest standard. We are able to hold out inducements to many ardent young men to qualify themselves by accumulating the stores of medical science. The profession will surely honor them, applaud their zeal and industry. We are satisfied with our country, proud of its growth and great future; we feel that freer, fairer or nobler heritage has not been given to the sons of men. No country possesses a better trained body of physicians. It needs no mystical lore to prognosticate solid results; the foundations are laid broad and deep calculated to support a structure solid, graceful and imposing. No country can boast of better institutions. With a true paternal care our government provides for every form of suffering; the Insane, the Blind, the Deaf and Dumb are in no country better treated, regularly and strictly inspected, Our hospitals,

mainly supported by the state, yet allowing freely for private munificence, are models of neatness, economy, and efficiency; our journals keep pace with the progress of science, and exhibit an enterprise and originality worthy of a far richer country. Our schools have only to unite, decide on a few changes, work each in fair competition and great results will follow, so that we have reason for congratulation. We can by a little effort make this society more thoroughly representative Canadian. We must have it so that every Canadian from Cape Race to Vancouver will look to it with proud satisfaction. You know in this country the more sparsely settled a district is the stronger is the fellowship and affection, the more closely are families knit together. We should know each other better; many stores lie uncollected and much fine talent there is lying rusty. We must see to it that our society is more vigorous, more sheltering. We favor the growth of county and provincial medical societies. They should be the vertebræ of this. I see men around me who watched over the cradle of the society; they are, I rejoice to say, its strongest friends to-day, all honor to them. It is gratifying to see their efforts are appreciated by their example worthy of imitation, and when we come to celebrate our semi-centennial their eulogies will be delivered in eloquent terms, but the most eloquent of all will be the position of this society—large, numerous and powerful, rich in the contributions of its members to science, and making the name of Canada familiar as a household word in the great commonwealth of medicine.

THE BRITISH ASSOCIATION.

Gentlemen,—This year an honor of no ordinary nature is conferred on us, an advantage of great practical benefit, an event which, more than any other, indicates the progress and civilization of our country. It is the meeting of that great body, the British Association. After much labor and generous devotion our scientific men have induced that great body to visit us and hold their annual meeting in this city. Nothing illustrates the universality and freedom of science more than this event. In the noble language of the great Irish physician, Reason has extended its empire from the old to the new world, from Europe to the Antipodes. To-day she has the whole world for her domain, and the sun never sets on her possessions. Individuals take rest, but the general intelligence of mankind is forever sleepless. It would be strange indeed

were there no votaries of Hygeia among that learned body. I am happy to be able to announce they will do us the honor of being present at our meeting, and, what we value much more, will take an active part in its proceedings. No words of mine, gentlemen, can express the sincere cordiality of the welcome we offer them to-day. We hope their visit will be full of pleasant recollections, that they will have truly a feast of reason and a flow of soul. Not only their countrymen welcome them, but the descendants of the brave adventurous companions of Champlain, LaSalle and Fröntenac, the profession of the people whose happy and contented homes they saw lining either side of the majestic river, before and after they passed the frowning battlements of the Gibraltar of this western continent, a people whose happiness, contentment and patriotism are expressed in the trite assertion of many of her sons, that the last shot fired in defence of British rule will be fired by a French-Canadian. They can on all sides see evidence of the success and greatness of a country which, although seven hundred miles from the sea, they are yet only in the gateway of. Gentlemen of the British Medical Association we are satisfied to offer you

THE MEDICAL PROFESSION OF MONTREAL
 as an epitome of the whole body. You will find that courteous hospitality, generous and warm welcome in abundance, so that, when you return home it will be, I am sure, with the idea that, if we are not successful cultivators of science, we are capable of admiring it and honoring it in others. Gentlemen, on the second day of August, 1883, at the Philharmonic hall in Liverpool, at a banquet of the British Medical Association, in reply to the toast of "Our Visitors," one George E. Fenwick, while in the full swing of post-prandial hilarity, did then and there thank the British Medical Association, and said if it would visit us they would receive a cordial reception. Allow me to say not anyone was better calculated to tender that hospitality, as not any one will more faithfully carry it out. I am sure his order, if needs be, will pass current through the length and breadth of the land, for few places you will visit in Canada where you will not also find pupils who have sat at his feet to receive from an enthusiast the latest discoveries of science or watched in the theatre the dexterous hand and clear head which guided it through the boldest operations of modern surgery. Receive, gentle-

men, my endorsement, and be assured you have a friend and willing host in every Canadian physician. Gentlemen, I thank you for your patient attention, which I feel I have overtaken. Rely on my constant efforts to promote the usefulness and extend the influence of your society. Its interests shall be always dear to me, and my constant aim not to be inferior to those who have preceded me in this high office.

At the conclusion of the address, on motion of Dr. Henry Howard, a hearty vote of thanks was passed to Dr. Sullivan for his most interesting and instructive address.

THE MEDICAL SECTION

met at half-past three o'clock and at a quarter past eight in the evening, under the presidency of Dr. Thorburn, of Toronto; Dr. Burt, of Paris, Ont., acting as secretary, when the following papers were read:—

"On Puerperal Septicæmia," by Dr. John Campbell, of Seaforth, Ont.

"On Nostrums and Medical Advertising," by Dr. Dupuis, of Kingston.

"On Cerebro-Spinal Meningitis," by Dr. Harrison, of Selkirk, Ont.

Dr. Harrison, in this paper; described a number of cases of fever, the symptoms being very much those seen in typical cerebro-spinal meningitis. He was sure they were not of the nature of typhoid; the symptoms and the duration were quite different from this. All the medical men in his neighborhood were convinced it was not of a common kind. It attacked well-to-do people and was very fatal.

Considerable discussion followed, exception being taken to the fact that no autopsies had been made, and that consequently errors in diagnosis were quite within possibility.

Exhibition of two cases of sclerosis of the spinal cord, by Dr. R. L. Macdonnell, of Montreal.

"On the Opium Habit and its Treatment," by Dr. Stephen Lett, Guelph, Ont. This was a very valuable paper, and gave a vivid description of the dreadful condition to which the victim of opium is reduced. He advised the careful treatment of these patients, and, admitting no antidote, considered that these patients are perfectly susceptible of cure under suitable management. His paper was listened to with great attention, and the writer was asked many questions, to which replies were given.

The last paper read was "On Some Varieties of Dyspnoea met with in Bright's Disease," by Dr. R. P. Howard, of Montreal.

THE SURGICAL SECTION.

also met at half-past three o'clock, and again in the evening, under the presidency of Dr. Roddick, who opened the proceedings of the section in the afternoon by thanking them for having appointed him as president of the section, and suggesting that in future all presidents of sections should be notified at the previous annual meeting, so that they might give an address on the special subjects of the section.

Dr. Blackader, of Montreal, read a paper on a "Case of Congenital Lipoma of the Foot."

Dr. Fulton, of Toronto, read a paper on "Thoraco-Plastic Operation of Estlander."

Dr. Serrifton, of Huntingdon, contributed a paper on a case of Hemorrhoids.

Dr. Fenwick, of Montreal, then read his paper on "Abscess of Abdominal Parieties, extending from Meckel's Diverticulum."

Some discussion ensued on this paper, in which Dr. R. P. Howard, Dr. Sullivan, Dr. King and Mr. Lawson Tait, the great exponent of abdominal surgery, and others, took part. Mr. Tait believed that in cases of obscure diseases of the abdominal parieties we should cut in and search for the cause. He considered it quite as legitimate to do this as it was to give a dose of opium to relieve suffering.

The following papers were also read:—

"Ligature of Anterior Tibial Artery in a case of Compound Fracture of the Leg," Dr. Shepherd, Montreal.

"Burns and their Results," Dr. Gardiner, London, Ont.

"Actions and Uses of Naphthalin," Dr. James Stewart, Montreal.

"Brief Remarks upon Fifty Cases of Trephining of the Mastoid," Dr. Reeves, Toronto.

The second day's proceedings opened shortly after ten o'clock, the president, Dr. Sullivan, of Kingston in the chair.

The minutes of the previous day's meeting having been read and confirmed,

Dr. MULLIN, of Hamilton, read the report of the Committee on Ethics, in which he recommended that any member not feeling himself in accord with the rules of the association should withdraw from it. He called attention to the reports appearing in the newspapers describing surgical

operations, etc., and deplored the frequency of such notices. The public had rights which should be respected, and since the illness of President Garfield it had been proved that they took great interest in the progress of the sickness of a public man. But he did not see the necessity of giving minute details and recording such operations as the removal of fingers or toes, with the name of the professional attendant, as likely to advance or benefit either the public or the profession. He also denounced the publication in the daily or weekly journals of the cards of regular practitioners. The tendency of professional advertising was increasing daily, but he believed that the general public would willingly take notice and advantage of any specialty in a practitioner without advertising.

Dr. BOTTSFORD (St. John, N.B.) moved that the report be received and placed in the hands of the Publishing Committee for publication.

Dr. DUPUIS said he could not, in justice to himself, allow this report to be adopted without saying a few words. When he asked certain questions at the last meeting of the association he was not aware that a medical code for Canada had been published. The reason he gave the press a *resume* of his remarks was that the Kingston *Daily News* had published a very incorrect report of them. He had asked whether it would not be as well to let notices of medical men's doings appear in the press, and his reason for putting this question, which gave so much offence, was that the papers were full of such reports. He could give an instance of a gentleman who had risen to eminence in the profession chiefly through frequent notices in the press. All he had sought was to bring this matter into discussion. If the association objected to any views of his, let it do so without repudiating the man and stigmatizing him as a freebooter. He had during his twenty-six years practice always endeavored to be bound by the principles of medical etiquette, and to do unto others what he would others should do unto him.

Dr. MULLIN said he would be very sorry to make any statement reflecting on any member of the association unless circumstances amply justified it. It was easy to see that Dr. Dupuis, in asking certain questions at the last meeting of the association, expected an affirmative answer and held affirmative views. He had then quoted the opinion of the Rev. Henry Ward Beecher, who

saw no objection to local notices unless it were the breaking through of an ancient and time-honored custom, and expressed his opinion that there could be no real objection to a statement of facts relating to a surgeon's operation than to the deeds of any other man. Dr. Dupuis had also characterized the consultation of medical men as hypocritical; they disagreed, he said, in private, but agreed to be unanimous in public. If Dr. Dupuis had been the associate of medical men who disagreed among themselves and professed to be unanimous before those who employed them, he had associated with a very low class of practitioners.

Dr. BOTTSFORD raised a point of order. They were not discussing a personal matter.

The CHAIRMAN ruled adverse to the point raised. The report was received and open for discussion, and he was not aware anything offensive had been said or at variance with the report.

Dr. BOTTSFORD asked leave to withdraw his resolution, as the report referred to a particular case.

On a show of hands the chairman declared the resolution could not be withdrawn.

Dr. OLDRIGHT (Toronto) said, as regarded advertising, he did not see why a man who confined his attention to a particular section should not say so rather than pass as a general practitioner.

The resolution that the report be referred to the Publication Committee was then put and carried.

MAL DE CHICOT.

Dr. HINGSTON drew attention to the statement of a distinguished writer in *Le Dictionnaire de Médecine*, published in France, that there existed in Canada a frightful disease called *mal de chicot*, which had been brought to Canada by the early British settlers, and committed great ravages in certain districts, notably Baie St. Paul. Did any one present know of this disease?

No answer being given, Dr. Hingston said it could be taken for granted no such disease existed; otherwise in a meeting of medical men from all parts of the country, something would be known about it.

Dr. OSLER thought the disease referred to was scurvy. In Great Britain a general impression prevailed that scurvy was a common disease in Canada.

MR. LAWSON TAIT'S ADDRESS.

Mr. LAWSON TAIT, F.R.C.S., of Birmingham, then delivered an address on "Abdominal Surgery," which was listened to with much interest. In beginning his address Mr. Tait said: "Every gardener knows that a plant long grown in the same soil rises or sinks, or somehow or other gets to a level from which it varies not so long as its conditions remain the same. And he knows as well that if he takes that plant to a new soil which suits it, if he grows it under new conditions, its growth and change and development are practically endless. What we know of plants is, within limits, as true of humanity, and if we require proof and illustration of this where need we go but to this endless continent of yours? I am not concerned at present with natural boundaries created by languages which come from Sweden and Poland, Denmark and Scotland, Russia and Ireland, which temporarily limit intercourse between different people who have settled here, still less do I trouble about a line on the map which marks off a practical republic in the South from a splendid democracy in the North. I have only to do with the great fact in human history—I think the very greatest fact—that from out of the troubles and distresses of our eastern countries, from out of countries oppressed by over-population, and still more by the effete policies of governments of past centuries dislocated into modern life, there has come a great country and a great people whose growth and change and development promise to be practically endless. Of my own country and my own people you will not expect me—you would not wish me—to say anything disparaging. We are an old and respectable race, and by virtue of your descent you share that age and you have brought over with you a full share of the respectability. But in transit you have lost that questionable virtue of extreme conservatism which we retain in every conceivable phase of life. We used to have mail coaches protected against robbers by armed men properly named guards. We continue to call our railway servants guards, without the slightest reason, whilst you, very properly, call the same officials conductors. We still build our railway carriages in compartments to hold six people, compartments that are stuffy, inconvenient, wasteful of room, and dangerous; solely because a hundred years ago we built our stage coaches on this pattern; and we

thought, and continue to think, that sticking three of our old coaches end to end must of necessity form the best kind of vehicle for railway travelling. Untrammelled by tradition, you have contrived far better carriages, but, in spite of their introduction in England some ten years ago, they have actually been taken off some of the lines because the public will not use them. I might gather further illustrations from religion and politics, and hundreds of other lines of life, but I prefer to take one of which I can speak at length and in detail, and one upon which I believe, if I read aright the compliment you pay me by asking me to appear before this audience, I can speak with some authority. In my youth the medical education of a British youth was not complete unless he had made the tour of the schools of France and Germany, and, like others, I felt of myself, as was said of Proteus: "It would be a great impeachment to his age in having known no travel in his youth." How I wish now that the time and money therein spent had been devoted to the western instead of the eastern continent; and I predict that ere long it will be to the medical schools of America that our students will travel as did the apprentices of old before they settled down to the serious exercise of their craft. For many years past I have been visited by numbers of my professional brethren from this side of the Atlantic, many of whom have settled down for days and weeks and months to see my work. I have been overwhelmed by the kindest invitations to visit their continent, but till now I have never ventured across. My delay is an instance of British conservatism, for it is very little the fashion amongst us to take holidays. I have not had a holiday for seven years, and only the most eminent doctors in England take an annual outing. But I find on this side none of you think much of a trip across the water involving your absence for three or four months, and from what I have heard the struggle for existence is as keen as it is with us, perhaps keener. My American visitors have one and all impressed me with a power which in England I assert we do not possess at all, that of judging a question upon its merits, and entirely apart from the prejudice of tradition or personal bias. No matter how we may struggle against it, tradition rules all we do, we cannot throw its shackles off, and I am bound to plead guilty myself to this, perhaps as fully as any of my countrymen may have to do. I may have broken loose in some

lines, but I know I am firmly bound in others. My hope is that my present visit may extend my freedom. Let me briefly remind you of the early history of abdominal surgery. The first ovariectomy was performed in Scotland in 1701, unwittingly, that is, Houston began a tapping, and finished a successful ovariectomy. It was not till 1809 that his example was imitated, and even then it was not in Europe, but in the fresh soil of the backwoods—Kentucky—that the young sapling obtained its first full growth, and from this time dates the history of abdominal surgery. But how slow the growth! In 1863 I heard my master, the professor of surgery in the University of Edinburgh, settle all this vast field of human progress in the few words, "Abdominal surgery is abominable surgery." Lynn, the greatest surgeon by far with whom I have ever come in contact, shared his colleague's views, and in both these views originated far less in the merits of abdominal surgery than in their mutual dislike (almost the only sentiment they had in common) of John Lizar, who, having read McDowell's manuscript, sent to John Bell, was immensely struck by the success of the heroic Kentuckian, and was desirous of following his example. Most unfortunately for humanity John Lizar's success was of a very doubtful kind, and so abdominal surgery had to wait till the time of Baker Brown. The story of this brilliant and unfortunate surgeon is now a twice-told tale, and I can only repeat here what I have said before, that his disastrous downfall was a misfortune for humanity, as it delayed the progress of abdominal surgery fully a quarter of a century. The whole question of this progress lay in the issue as to whether the pedicles of ovarian tumors should be dealt with inside the peritoneum or outside of it. Here again the new country was first, for between 1820 and 1880 the decision in favor of the intra-peritoneal method was given in America in such a way that it never ought to have been questioned again. Unfortunately, the arbitrament of the fate of abdominal surgery between 1866 and 1876 was left in the hands of Mr. Spencer Wells, and he left off with a mortality of 25 per cent., wholly prohibitive of any attempt to open fresh ground." Mr. Tait further reviewed the history of the enormous modern success in the removal of ovarian tumors, and pointed out that it was to the labors of Thomas Keith that we chiefly owed our present success. He touched upon the recent great advances in the treatment

of uterine tumors, of tumors of the liver, of the spleen, of the kidney and of the pelvis, all of which, until a few years ago entirely beyond the art of the surgeon, had now been brought within the limits of his most successful efforts. The reason of this success was to be found chiefly in the immense attention given to details, and the strict insistence upon discipline upon the part of the patient and the nurse. Each advance has brought others in its train. He further dealt with many of the special ailments peculiar to women, in which great strides had been made, and concluded as follows:—"Let me thank you from the bottom of my heart for the reception, kindly, I would almost say enthusiastic, with which you have favored me. In this reception, I recognize fully the fact that it is given to me not from any merits of my own, but as a representative of a large body of men in the Old Country to whom in the past you have owed much, with whom in the present you are bound in a firm union of brotherhood and a sacred community of purpose. That nothing should ever endanger that union must be the earnest prayer of every right-thinking man, for as the blunder of a century ago robbed England of some of her fairest colonies and her most industrious workers, and thereby retarded the progress of the whole human race for nearly three generations, so would any fresh mistake be disastrous beyond expression. God grant that we may never see it." (Loud applause.)

Drs. McMillan (Hull), Brush (Utica), Trenholme, Hingston, Hayward, Smith and Gardiner took part in a brief discussion which followed, and a vote of thanks, moved by Dr. Grant, of Ottawa, and seconded by Dr. Brodie, Detroit, was enthusiastically carried.

The meeting then adjourned until the afternoon.

THE MEDICAL SECTION.

met at 3.30, Dr. Thorburn, of Toronto, in the chair; Dr. Burt, of Paris, Ont., secretary.

Dr. Ross showed two specimens of thoracic aneurism. He pointed out the physical sign of ascertaining pulsation by traction on the trachea in thoracic aneurism. It depended on the pressure of the aneurism on the trachea or a bronchus, and when it did not press on these parts the sign was absent.

Dr. OSLER remarked that the knowledge of this physical sign was not as widely held as it might

be, and it was found to be of great importance in discovering deep-seated aneurism in the thorax.

Dr. WORTHINGTON read a paper on two cases of "Diabetes Insipidus"—one with "escophthalmic goitre," which gave rise to a discussion, in which Dr. Harvey, of London, Dr. Mills, Dr. Sloane, Dr. Sheard, of Toronto, and Dr. Ross took place.

Dr. MILLS then gave a description of the method used in Germany for testing sugar in the urine.

"Common Errors in Gynecological Practice" were dealt with by Dr. Gardner. Drs. Trenholme, McMillan, of Hull, and Smith, of London, also gave their experience on this subject.

Dr. O. C. BROWN, of Acton Vale, read a paper on "Cases of Impaction of the Pregnant Uterus in the Pelvis as a Cause of Abortion."

Dr. BROTHEROE SMITH, of London, followed. He expressed his regret at not having been present during the previous discussion, and proceeded to show the advantages resulting from the use of the pelvic band for straightening the body and relieving undue pressure on some of the organs.

Dr. McMillan, Hull, and Dr. Trenholme gave their views as to the treatment to be followed in cases of the kind described by Dr. Brown.

Dr. PLAYTER, Ottawa, read a paper on the relations of the medical profession to the public. He urged that greater attention be paid to prevention. That, he considered, was the main duty of the medical profession.

Dr. BESSEY agreed in this view.

Dr. McMILLAN thought a physician should be retained to give advice in general on sanitary matters and receive extra fees for extra duties. As regarded the working classes, in the cities in England they formed clubs, and by paying a small subscription each retained the services of medical men on whom they could call at any moment. The fact that a working man knew he had a physician thus at call would induce him to apply for aid at first symptoms of disease and thus prevent a great deal of misery and suffering.

THE SURGICAL SECTION

also met in the afternoon, under the presidency of Dr. Osler, when Dr. Major, of Montreal, read a paper on "Buccal Breathing, its causes, etc."

The CHAIRMAN said he had much pleasure in stating that Dr. Elsberg, the celebrated laryngolo-

gist, of New York, was present, and he would call on him to make some remarks on the paper, which he did, much to the edification of those present.

The following papers were also read:—

“Paracentesis of the Membrana Tympani”—Dr. Proudfoot, Montreal.

“Cases of Uterine Myoma”—Dr. Gardner, Montreal, which elicited considerable discussion.

“Obscure case Femoro-popliteal Aneurism”—Dr. Shepherd.

During the afternoon Dr. Roddick exhibited a remarkable tumor in a man, weighing several pounds, and Dr. Sutherland, of Montreal, showed an interesting case of keloid, after which the section adjourned until this morning.

THE BANQUET.

The dinner given by the medical profession of Montreal last evening in honor of the Canada Medical Association proved a great success in every respect. The ladies' ordinary at the Windsor, in which the banquet was held, presented one of the most brilliant scenes it has ever witnessed, and its beauty was increased by the handsome floral decorations with which the tables were decked. Nearly two hundred guests sat down to partake of the abundant hospitality, and the *menu*, which was got up to suit the most fastidious taste, was ample to provide for every want. Shortly after eight o'clock the guests entered the hall and took their seats. Dr. W. H. Hingston presided, and on his right were Dr. Sullivan, President of the Canada Medical Association; Dr. Harley, of London, Eng.; Dr. Kendrick, of London; Dr. Grant, Ottawa; Dr. Shattuck, Brazil; Dr. Brush, Utica, and Dr. R. P. Howard; and on his left were Mr. Lawson Tait, Birmingham; Dr. Mullin, Hamilton; U. S. Consul-General Stearns, Dr. Bottsford, New Brunswick; Dr. McNab, Dublin; Dr. Farrell, St. Albans, Dr. Jervis and Dr. Fenwick. The vice-chairs were occupied by Dr. F. W. Campbell, Roddick and Rodger. The attendance included nearly all the leading medical men of the Dominion, besides representatives from England and the United States. Gruenwald's orchestra was stationed in the hall, and furnished musical selections during the evening.

“THE QUEEN.”

After the many good things had been fully discussed,

The CHAIRMAN rose amid applause and proposed the toast of “Her Majesty the Queen,” in

proposing which, he paid a high tribute to the many noble qualities that distinguished Her Majesty as a Queen, a wife and a mother.

The toast was honored with great enthusiasm; the assembly singing the National Anthem.

“GOVERNOR-GENERAL.”

The CHAIRMAN, in proposing the health of the “Governor-General,” referred to the eminent services of former governors-general of Canada, and said that the present head had already distinguished himself by his tact, and endeared himself to the people of Canada by his courtesy and affability on all occasions. (Applause.)

“THE PRESIDENT OF THE UNITED STATES.”

The next toast was “The President of the United States.”

The CHAIRMAN in proposing it spoke of the harmony that existed between Canada and the United States and their mutual respect and esteem. Americans, he remarked, were attached to their institutions, and we admired them for it. Canadians were also strongly attached to their institutions, and wanted no change. (Applause.) We knew it and they knew it, and they both understood each other. He concluded by coupling with the toast the name of U. S. Consul-General Stearns.

The toast having been enthusiastically honored,

Consul-General STEARNS, in responding, said to be called on to reply to this toast so felicitously and eloquently proposed was an honor he thoroughly appreciated. The honor, however, was accompanied with the drawback that in addressing an exclusively professional gathering there was always danger of treading on some one's toes. In such a case one felt like the Irishman who, on his deathbed, being asked if he renounced the devil and all his pomps, said he was going into a strange country and did not want to commit himself. In no other country was the medical profession held in higher respect and esteem than in the United States. (Loud applause.) He referred in humorous terms to the fact that now-a-days the good all-round doctor was becoming antiquated, and specialists were becoming more and more common. Now, this was all very good for the doctors, but it was very bad for the laymen's pockets. He alluded to the debt of gratitude that the world owed to the medical profession, whose members occupied some of the most prominent positions in all countries. He con-

cluded by returning thanks on behalf of the President, to whom he paid a high compliment. (Loud applause.)

THE "ARMY, NAVY AND VOLUNTEERS."

was proposed by Dr. Campbell. He spoke highly of the Canadian volunteers in particular, drawing a lively picture of the different occasions when our men were called out. They were not merely feather-bed soldiers.

The toast was honored with three times three.

Dr. NELSON, of B Battery, thanked the assembly most heartily for the manner in which they had received the toast. He said a good word for the medical officers. Wherever the army and navy had won distinction these had also earned their laurels in their quiet way.

Dr. STRANGE, M.P., also responded, and in doing so said Canadians were true, sterling British subjects. Their sentiment was essentially British. The Canadian army, though a small one, was doing good work. He eulogized the work of the military schools in training our young men in all the minutes of regular daily drill.

Dr. THORBURN, Toronto, was loudly called on to reply. The Canadian idea was to retain her territory and not encroach, unless our friends to the south gave provocation, when we would perhaps annex them.

THE BRITISH ASSOCIATION.

Dr. GRANT (Ottawa) in proposing the toast of "The British Association," said:—Mr. Chairman and Gentlemen,—It affords me great pleasure on this reunion of members of the medical profession of the Old and New World to take part in the proceedings, and more especially from the toast you have so considerately placed in my hands. The present more than any previous occasion in the history of the continent draws us together as one people. This is certainly a progressive age, an age stimulated and enlightened in every department of the wide domain of science by the united efforts of able and zealous workers such as we have the pleasure of joining with us this evening. The visit of the British Association to Canada in this important stage of our development is most opportune, and in order to convey some adequate idea of our growth during the past five years in population, finance, accumulation of production and interchange of commodities, a few facts may not be uninteresting. We have received more settlers during the past five years from the Old World than

at any previous equal period during our history. (Applause.) In that time also we have retained a large number of our own people in Canada, and attracted an increased number of our American neighbors to settle in this country. Ontario statistics give us during the five years from 1879 to 1883 an increase in immigration in that province alone of 43,260 settlers more than during the five years from 1874 to 1879. For the first time Canada has effected a new loan at $3\frac{1}{2}$ per cent. on the most favorable terms. (Applause.) The taxation from customs and excise has been reduced by nearly two million dollars annually during the past five years. The Canadian Pacific Railway has been pushed forward with great vigor, binding together the various provinces, and thus promoting a reciprocity of trade alike beneficial to all parts of our Dominion. To have constructed thus far this great work, without actually increasing our taxation, but with reduction of two million annually, is an undoubted evidence of the activity of our public men, of the resources of our country, and of the future which those who desire to make Canada their home have before them. (Loud applause.) What better proof of prosperity could we possibly have, as a source of encouragement of the working classes of all grades, than to learn that during the past five years the deposits in the savings banks and building societies increased at the rate of $5\frac{1}{2}$ millions annually, and that a marked decrease in our imports in favor of home manufactures, shows an evident desire on the part of our people to encourage into our prospering country skilled artisans, educated agriculturists, and capitalists generally, as we possess resources yet undeveloped which cannot fail to make us in time a great people. What better proof could we possibly give of the expansion in trade and commerce during the past five years than the fact that the total imports and exports were, in round numbers, 45 millions of dollars more than in the five years previous? (Applause.) Our railway system and sea-going tonnage alike give evidence of remarkable expansion in trade and commerce. Our mines are rapidly opening up and being developed on the most scientific principles, and in the article of phosphate of lime, from the Ottawa country, not less than ten thousand tons were mined and disposed of last year, chiefly from the River aux Lievres. Fully half a million of dollars have recently been invested in the purchase of phosphate mines, chiefly by American capitalists. From

Nova Scotia to British Columbia we find evidences of activity in thus opening up the resources of our country. Iron, coal, silver, copper, lead and other ores are now being extracted with a more than ordinary vigor. In all these mines we observe the energy and zeal of the American intellect at work, as well as that of our own people. Our mines, our forests, our fisheries and our manufactures alike give evidence of the progressive spirit of the American people. We delight to have them as our neighbors, and are only too happy on every occasion to have them as Canadian subjects, enjoying our laws and our institutions, and the influence of the marked civil and religious freedom we possess. (Applause.) To form anything approaching an accurate estimate of the great resources of this country would, I fear, require more time than is at the disposal of the members of the British Association for the Advancement of Science. When they arrive at the great region of the Rockies, on this iron band so rapidly being constructed across the continent, then a more accurate idea can be formed of the extent of our territory, of the fertility of our soil, of the energy of our people, and of the future that is in store once it becomes an established fact that the way from ocean to ocean on the North American continent and on British soil makes it 700 miles shorter from China and Japan to Liverpool than any other route that can be chosen across this continent. The day is not far distant when Winnipeg, Toronto and Montreal will become great tea-distributing centres via the Pacific from China and Japan. (Applause.) Other lines of trade no doubt will spring up, and the great lines of steamers weekly sailing into Montreal, Quebec and Halifax, will be more than occupied in freighting the vast stores of material which must flow down from the far East as well as from the great Northwest to the Atlantic seaboard. I shall not now detain you longer, my object being merely as it were to convey a bird's-eye view of what has already been done, and what will shortly be accomplished in order to carry out on this North American continent the aim and object of our administration in forwarding the best interests of our common country. The members of the British Association will no doubt carry back to England warm and lasting impressions of this new country, and we trust that an expression of opinion will be given so as to encourage that tide of emigration which we need in order to cultivate and utilize these vast fertile plains that are merely wait-

ing for the agriculturist. We have assembled here this evening but a contingent, if I might so term it, of the great body of the profession in Canada, and as a profession we are pleased and gratified to find with us on this occasion many so well known in our department of science and literature. We trust that on other occasions they will embrace the opportunity of again visiting Canada. (Hear, hear.) Our profession is a noble one; we have a great work before us; the relief of the poor and needy is within our scope, administering as we do to the wants of all who require our services, rich and poor alike. Our medical institutions are rapidly growing, our medical journals yearly increasing in strength and intellectual power; and abroad our students, in the very best centres of medical training, are received with all the warmth we could possibly desire. And the more closely our educational system is inquired into, I feel satisfied the more lasting will be the impression that Canada is advancing in this department, and keeping pace with the institutions of a like character in other parts of the world. (Applause.) Without detaining you longer, and thanking you most cordially for the kind attention you have given to the brief observations I have now had the pleasure of making, I shall propose the toast which had so generously been placed in my hands, namely, "Prosperity to the members of the British Association for the Advancement of Science." (Loud applause.)

Dr. STRUTHERS of Aberdeen, in reply, adverted to the dread experienced by many at the outset to face the winds and storms and fogs of the Atlantic, but assuredly the warm welcome they had received would have been sufficient to dispel the memory of many fogs and storms, had they even encountered any. He spoke enthusiastically of the appearance of the country, alluding especially to the beautiful streets and thriving trade of Montreal. He then spoke of the effect of science in dispelling the clouds of superstition, and dwelt on the close connection between science and the medical faculty. After speaking of the number of Scotchmen eminent in the medical profession who surrounded him, he concluded by saying that should Canadian medical men visit the Old Country they would be received with a right hearty welcome.

Dr. HARLEY, F.R.S., replying, said Canadians showed they were the children of their parent in their inheritance of old John Bull's hospitality. In their case was fully exemplified that miracle of

nature in which the child inherited the good qualities of the father without taking from the father those qualities he inherited. Speaking of Montreal, he said that, seated in St. James Club, he could almost fancy himself at Richmond, on the banks of the Thames, seated in the Star and Garter. In conclusion he considered that the Dominion was the brightest colonial star in the British imperial crown.

Dr. BROWN, of London, also briefly responded expressing the great pleasure he felt at meeting so many esteemed Canadian friends.

Dr. ALEXANDER spoke of the great progress Canada had made. What struck him particularly was our social character and customs, which he proceeded to depict graphically.

"CANADA MEDICAL ASSOCIATION."

The CHAIRMAN, in rising to propose the next toast, "The Canada Medical Association," said that during the meetings certain questions had inadvertently come up which it had not been intended to introduce, the question of independence and annexation. Both these questions had to be looked at fairly and squarely, however, and there was no shirking them. (Hear, hear.) Speaking of the subject of the toast, he referred to the vast extent of the field covered by the association, which was four or five times greater than that covered by the English association. The association included members from as far east as New Brunswick and Nova Scotia and west to British Columbia, covering a distance of some 4,000 miles. Twenty years had passed since the formation of the association, and the good done by the organization during that period had been very great indeed. (Applause.) It tended to bring the members of the profession together, to remove those asperities of character and temper which were sometimes common. This was one of the greatest advantages of the meetings. He alluded to the services of the American Medical Association and the state societies, and expressed the hope that before long there would be similar societies found in each province of the Dominion of Canada. (Applause.)

Dr. SULLIVAN, of Kingston, president of the association, responded in an address replete with humor. He remarked that he was very proud of the honor of replying for such an organization, as the Canada Medical Association. (Applause.) The society, it was true, had not done so very much, but it was young, and there was, he was

sure, a great future before it. He congratulated them upon the great success that had attended their present meeting, which he was assured would long be remembered by all of them. The papers had been much better than in former years and an additional interest had been given to the meeting by the presence of such eminent gentlemen as Mr. Lawson Tait and Dr. Harley. He expressed the hope that the society would continue to prosper until it became one of the most scientific bodies in the world. (Applause.) Referring to the visit of the members of the British Association he said there was no physician here in Canada whose doors would not be opened to these gentlemen. (Loud applause.) In conclusion he desired to express how proud they all were of the medical profession of Montreal, whose magnificent hospitality and warm welcome the members of the profession throughout Canada would long remember. He hoped they would always continue to hold the high position they at present held in this city. (Loud applause.)

THE AMERICAN ASSOCIATION.

Dr. BOTTSFORD, of New Brunswick, in proposing the toast of "The American Medical Association," referred to a visit that he had paid some years ago to the American Association as a delegate from Canada, and he had gained the highest impressions on that occasion of the services of this association. (Loud applause.)

Dr. BRUSH, of Utica, briefly responded, and said that as an American he desired to extend to their visitors from the other side of the Atlantic a most hearty and cordial welcome. (Applause.) Referring to the questions of independence and annexation that had been broached, he said that as to independence Canada was sufficiently independent, and while they extended their arms to them as brethren the United States had sufficient territory. The Americans were very glad to welcome the Canadians individually, but collectively they did not want them. (Laughter and applause.) He concluded by expressing his warmest thanks for the honor that had been paid to the American Association.

Dr. BRODIE, of Detroit, also briefly responded, referring to the union and harmony that existed between the American and Canadian associations.

THE ADVANCEMENT OF MEDICAL SCIENCE.

Dr. HOWARD said we had in the four oldest provinces a system regulating the entrance upon

the study of medicine. In each one there was a central board to supervise the entire subject of medical education. The boards in Ontario and Quebec were selected by election by the general profession, and the College of Surgeons in each province was a representative body, with this peculiarity, that while it sent representative men from the general profession, each teaching body had the right to send its representatives, so that both systems were represented in the medical council. The teaching institutions had their rights and representatives, and the general profession had, of course, an overwhelming representation. One of the first results of this arrangement was a uniform system of education throughout the Dominion. No student could now enter upon the study of medicine without first passing a preliminary examination in general education. That was a fixed fact in Ontario, Quebec, Nova Scotia and New Brunswick. Students were required to study four academic years, during which three sessions of winter study, of six months each, were to be spent at a medical college. A peculiarity in this country was that, with one exception, all our schools were teaching bodies in the sense of being universities; not hospitals and private schools attached to hospitals, but institutions possessing the power of conferring degrees in medicine. The important question was, in what way could we advance medical education? Firstly, as regarded preliminary education, could we elevate the present standard? In Ontario a student had to pass a High School examination, which included Latin, and was a thorough foundation of a liberal kind. In Quebec experts conducted the examination. These experts consisted of professors from four different institutions in the province, and the subjects of examination were perhaps slightly in excess of those of the sister provinces. The important question was whether we could raise the standard at present of preliminary examinations, and considering that in the States but one or two institutions insisted on a preliminary examination at all the question was a difficult one. In the Mother Country there were still institutions which allowed students to enter the study of medicine without a preliminary examination.

Dr. HURLEY—There are none now.

Dr. HOWARD said he was glad to hear this. The change was a recent one. It was questionable whether in a young country like this we were prepared to go much further in this matter than we

had gone. It had been suggested by the president that we might dovetail into the preliminary examination a little chemistry and botany, but he questioned whether this would be an advantage. His own feeling was that the examination should be thorough, and although it covered sufficient ground at present, it might be made more general. When education was being much more generally distributed among the people it behooved the medical profession to keep pace with the advance if it would continue to be considered a learned profession. The time was not far distant when a B. A. or a B. Sc. would be considered a preliminary requirement. But it was not considered so in the Mother Country. Passing from preliminary examination to medical education in what way could we advance the latter? The most obvious was, lengthen the time of study. But there were four academic years with the option of spending one with a private practitioner. It was not too soon to make these four years compulsory in the teaching body, and add to them a summer session. Permitting the education to be intermediate for half a year was a great blunder and loss of time, and he was glad to say that the university to which he belonged had decided that in future the course of study should be four years, with one compulsory summer session. One of the outcomes of this meeting should be four academic years of nine months each, six months of a winter session, and three of a summer session. The summer session should be largely devoted to practical work, particularly in those subjects which require training in the use of instruments of precision. Our medical education should be of a more practical character, and greater attention should be paid to the teaching at the bedside. No American or Canadian graduate could obtain a license to practise in Ontario without going before a special medical board of independent examiners. That system, although it worked well, was not the only good one. We could adopt an equally good one in this province by appointing examiners to act with the professors of the respective schools having co-ordinate power and equal rights to accept or reject students. The system of this province was that all who presented themselves with diplomas from a British university and had complied with the requirements of the law should get a license. But we had the right to send two assistants to be present during the examination. As an association they should feel proud at

what had been already done in this country towards the establishment of a system of medical instruction. He was not in favor of our students going abroad to study until they had been trained here first, and then he would like them to visit elsewhere.

Dr. W. R. McNAB, of Dublin, in responding, said, that in calling on a professor of botany to reply to this toast, the intention, evidently, was that he should be brief, as the subject of botany merely touched the fringe of medical education. He had only been a few hours in this country, and the first thing that struck him was the marked advance to be observed here in the education of youth. Canadians were far ahead in their educational arrangements of anything on the other side of the Atlantic. He was opposed to educating medical students in too many branches, and thus bringing on acute mental indigestion. As far as botany was concerned, they could always get men who would work laboriously and carefully in their laboratories, and give all the information required. The student should not be given too much to earn in the way of outside science, and botany, he considered, was an outside science.

“THE MONTREAL PROFESSION.”

Mr. LAWSON TAIT proposed the health of the chairman, Dr. Hingston, and the profession of Montreal in general. Dr. Struthers had told them that the proposal to go to Canada was at first regarded as a very serious proposal. In Southampton, however, when Captain Pim introduced the proposal, it was regarded as something like a very solemn joke. (Laughter.) There it was hardly believed possible that British conservatism would so far depart from its usual lines. The hospitality extended to them in this country was simply unbounded. His amazement constantly increased that he should meet here two hundred men, all equal in physique, culture and mental power to any men to be met on the other side. He had had a little friendly passage at arms this morning, but it had been drowned completely in the flowing bowl, and, as Dr. Hingston had spoken to them, it seemed to him that the tones of his voice were familiar, and it dawned upon his mind this evening that his voice was that of their own silver-tongued Paget. He could not find words to express his gratitude to the association, and what ever his career might be in the future, he would never forget the reception they had received in Montreal. (Applause.)

The CHAIRMAN, in returning thanks, said he was at a loss to express his gratitude to Mr. Tait for the kind manner in which he had proposed the toast. He thanked the Canada Medical Association in the first instance for the success of this meeting. This year they were singularly fortunate in having in their midst so many distinguished men from the other side of the Atlantic, the mention of whose names alone called up the memories of the labors they had performed in the interests of the profession. (Applause.)

Dr. OSLER next proposed the toast of the “Press,” which was appropriately responded to by Dr. McAllister, of the London, Eng., *Practitioner*, Dr. Tuke, of London, and the representative of the *Gazette*.

Dr. MIGNEAULT proposed “The Ladies,” which, having been responded to in a very gallant manner by Dr. Cameron, a most successful and enjoyable reunion was brought to a close shortly after midnight with the national anthem.

The third and last day's session of the seventeenth annual convention of the Canada Medical Association opened at the Synod Hall at ten o'clock yesterday morning, the president, Dr. Sullivan, in the chair.

After routine the chairman of the committee on nominations presented the following report:—

The committee on nomination in presenting their report to the general meeting of the association beg leave to make the following recommendations:—

Place of meeting for 1885—Winnipeg.

President—Dr. Osler, of Montreal.

General Secretary—Dr. Stewart of Montreal.

Treasurer—Dr. C. Sheard, of Toronto.

Vice-President—Dr. Bray, of Chatham.

ONTARIO.

Local Secretary—Dr. Burt, of Paris.

QUEBEC.

Vice-President—Dr. G. Ross, of Montreal.

Local Secretary—Dr. Bell, of Montreal.

NEW BRUNSWICK.

Vice-President—Dr. Allison, of St. John.

Local Secretary—Dr. Walker, of St. John.

NOVA SCOTIA.

Vice-President—Dr. Fraser, of Windsor.

Local Secretary—Dr. Almon, jun., of Halifax.

MANITOBA.

Vice-President—Dr. Whiteford, Winnipeg.

Local Secretary—Dr. Mewburn, Winnipeg.

COMMITTEES.

Publication—Drs. Kennedy, Fulton and Aikins.
 Medicine—Drs. Cameron, F. W. Campbell and Saunders.

Surgery—Drs. Kerr, Kains and Waugh.

Obstetrics—Drs. Holmes, Mackay, and Campbell of Seaforth.

Therapeutics—Drs. Oliver, Swan and Tye.

Necrology—Drs. Fulton, Graham and Cameron.

Ethics—Drs. Harrison, Murphy and Rodger.

Education—Drs. Pyne, Sheard, Adams, Wright, Botsford, Allison and Arnott.

Public Health—Drs. Youmans, Grant, Harding, Robillard, La Rocque, Botsford, Playter, Covern-ton, Oldwright, Bryce, Parker and Kittson.

Arrangements—Drs. Ferguson, Kerr, Whiteford, Mewburn, Patterson, O'Donnell, Codd, Lynch and Jones, with power to add to their number.

J. G. RODDICK,
Chairman.

On motion of Dr. Buchanan, seconded by Dr. Worthington, the report was unanimously adopted.

Drs. Buchanan and Burt were appointed auditors.

Dr. Oldwright moved, seconded by Dr. Dupuis, that the secretary be instructed to notify each member of the association, either by advertisement in the medical journals or by circular, of the appointment of the committee to revise the by-laws, with the request that any member who has any suggestions to make shall send them in writing to the chairman of this committee on or before the —day of —next. Carried.

A vote of thanks was passed to the various railway and steamboat companies for favors granted to members.

Votes of thanks were also passed to the local medical men for their courtesy and hospitality; to the vestry of Christ Church Cathedral for the use of the hall, and to the general and assistant secretaries, Drs. Osler and Bell.

Dr. KING, on behalf of the medical members of the British Association, moved a vote of thanks to the association for courtesy received.

Dr. MCMILLAN seconded this motion.

The CHAIRMAN gracefully acknowledged the compliment.

The treasurer, Dr. SHEARD, read his financial statement, which was a very satisfactory one.

Dr. WHITEFORD, of Winnipeg, said that seeing the association had decided to meet in his city

next year he would suggest that they come about the 20th of August, as the country would then be in full bloom, and he wanted them to see it at its best.

Dr. OLDWRIGHT moved that the date be left to the president, secretary and local committee of arrangements.

Dr. RODDICK seconded this motion, which was carried unanimously.

Dr. DESJARDINS not being able to be present, his paper was taken as read.

The CHAIRMAN here noticed the presence in the hall of Dr. Bowdidge, dean of faculty of Harvard University, and invited him to take a seat on the platform.

Dr. BULLER then read a paper on Jequinity in Granular Ophthalmia which gave rise to some discussion.

Dr. ELLSBURGH, of New York, exhibited a pair of flexible forceps which would open although bent in half-a-dozen directions. It excited much interest being, as the chairman humorously remarked, as flexible as a politician.

Dr. OSLER, after thanking the association for his election, read a paper on "Pneumonia as an Infectious Disease." He showed that, according to experiments made by eminent men, the germs of the disease could be propagated, and afterwards an animal inoculated with them would exhibit the symptoms of the disease.

Dr. PATTERSON, of Fredericton, gave a number of instances that had come under his notice, and in which the diseases have proved infectious.

Dr. GARDNER, of London, thought that too much importance was attached to the germ theory and too little to climatic influences. For instance, in winter and spring inflammation of the lungs was most prevalent, diarrhoea in the summer and typhoid in the fall.

A vote of thanks was then passed to the chairman and the meeting adjourned.

PRACTICE FOR SALE.

A competent general practitioner can learn of an opportunity to purchase an active practice, averaging \$3,000, located in a delightful region, famous as a resort for lung patients.

Good home and road outfit, with some furniture if desired,
 Reason: going to the city.

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THE CANADA MEDICAL RECORD

A Monthly Journal of Medicine and Surgery.

EDITORS :

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

R. A. KENNEDY, M.A., M.D.

JAMES C. CAMERON M.D., M.R.C.P.I.

SUBSCRIPTION TWO DOLLARS PER ANNUM.

All communications and Exchanges must be addressed to the Editors, Drawer 356, Post Office, Montreal.

MONTREAL, AUGUST, 1884.

CANADA MEDICAL ASSOCIATION.

The seventeenth annual meeting of the Canada Medical Association, which met in this city on the 25th of August, was probably the most successful that has ever taken place. The time and place, and the influence of other attractions no doubt, induced the attendance of so large a number of its members, and the presence of the eminent medical gentlemen from England added very largely to the interest of its proceedings. As the Association does not publish its transactions we have placed upon record in this number the reports of the different sections and of some of the more important addresses which were made, deeming them to be of sufficient interest to our readers, although occupying so much space. We desire by so doing to draw particular attention to the objects and importance of these gatherings in elevating the science of Medicine amongst us, widening the mental horizon, and extending to the too often isolated members of our profession the bond of social brotherhood. From the success of this meeting we augur that the next will not only be as successful in the character of papers and debates but also in the increased members attending. There are a great many physicians throughout the Dominion who take little or no interest in this Association, either from lack of information regarding its working, from press of professional engagements, or their distance from the place of meeting. We would suggest that the general secretary send a circular to every member of the profession throughout the Dominion, giving information regarding memberships, fees, and other matters, that every practitioner may be conversant in regard to its existence, the funds of the Society being sufficient to enable this being done. Next year the Association will meet in Winnipeg, and

as the trip will be a pleasant one, affording an opportunity of visiting our great west and seeing the wonderful progress made by this section of our country, with probably an excursion to the Rocky Mountains included, it offers an inducement to the eastern members which will, no doubt, greatly increase the membership. This place of meeting should be Lorne in mind by those who contemplate taking a holiday next season, as no trip could be more attractive.

THE BRITISH MEDICAL ASSOCIATION.

Now that the British Association for the Advancement of Science have held a most successful meeting in Montreal, what is to hinder the British Medical Association from following its example. Who will move in the matter?

PERSONAL.

Dr. Ernest Bronstorff (C.M., M.D., Bishop's College, 1884) passed the examination of the Royal College of Physicians, London, in July last. Dr. Bronstorff left London in August for his home at Tortola, Virgin Islands, West Indies. We believe he intends to settle in Kingston, Jamaica.

Dr. R. C. Blackmer (C.M., M.D., Bishop's College, 1884), has commenced practice at Gladis, a suburb of St. Louis, Mo. His first patient was a nephew of the celebrated Dr. Koch.

Dr. Wm. Osler, Professor of Physiology and Registrar in the Medical Faculty of McGill University, is a candidate for the chair of Clinical Medicine in the University of Pennsylvania, Philadelphia. The matter will not be decided till early in October, but we believe there is but little doubt that he will receive the appointment. His departure will not only be regretted by his many friends in Montreal but by the whole medical profession of Canada.

Dr. C. Cameron (M.D., C.M., McGill, 1883) and Dr. J. B. Loring (C.M., M.D., McGill, 1883) have both returned after more than a year's sojourn in Europe, and intend to commence practice in Montreal.

Dr. McKendrick, Professor of Physiology in the University of Glasgow, was a guest of Dr. D. C. MacCallum, during the meeting of the British Association for the Advancement of Science, in Montreal.

Mr. Lawson Tait F.R.C.S. Esq., of Birmingham was the guest of Dr. Wm. Gardner.

Dr. Cheadle of London was the guest of Dr. R. P. Howard.

Dr. Heywood Smith of London was the guest of Dr. Blackader.

Dr. Protheroe Smith of London and Dr. Beveridge, Professor of Clinical medicine in the Royal Infirmary, Aberdeen, were the guests of Dr. F. W. Campbell. Dr. Protheroe Smith is the originator of special hospitals for the treatment of diseases peculiar to women. This is universally admitted. Dr. Smith started the Woman's Hospital in Soho Square, London, in 1842.

DEATH OF SIR ERASMUS WILSON.

A cable despatch of the 8th of August announces the death of Sir Erasmus Wilson, the celebrated Dermatologist and Ex-President of the Royal College of Surgeons of England.

Mr. de Lamirande, the Detective officer of the College of Physicians and Surgeons of the Province of Quebec, acting for that Corporation, has since the 5th of July last, taken out the following actions:

1. Le Colège *vs.* Pierre Dion, Charlatan of St. Césaire, P.Q.
2. College *vs.* Gabriel Courchène, bonesetter, of La Baie du Febvre.
3. College *vs.* Théodore D. Whitcher, of Beebe Plain, fourth action.
4. College *vs.* Théodore D. Whitcher, of Beebe Plain. This is the fifth action against him.
5. College *vs.* M. Eugène Ratelle, barber, chiropodist of Montreal, for taking the title of "Doctor" and "Physician" in a circular.
6. College *vs.* William McDermit, Charlatan of Milton Corners, first action against him.
7. College *vs.* Gabriel Courchène, bonesetter of La Baie du Febvre. This is the third action against him.

Local and General.

It seems as if every disease presenting constant signs and symptoms may yet be shown to be essentially the result of the immigration into the system of a distinct microbe, which, while propagating its kind, not only shows itself to the careful microscopist but also discovers itself to the observer by certain nervous and other phenomena, all of which go to make up the list of symptoms characteristic of the particular disease. The pathology of the disease will have thus resolved itself not so much into a study of these phenomena as into a statement of the habits and life-history of the microbial forms that caused them—in other

words, we shall have to extend the chapters devoted to parasitic life in our text books and curtail those treating of specific diseases. Without presuming to give the microbe of, say, pneumonia, the place which it will in the future occupy in connection with the pathology of that disease it is in the meantime a very satisfactory advance upon the old ideas held in reference to the etiology of the disease.

Should a large number of diseased processes, and the symptoms which accompany them, be shown to be simply expressions of the "life in our life" of micrococci, and the differences in the symptoms merely differences in the cocci and in the effect which they produce upon our organism, many of the by ways and dark places of pathological anatomy will doubtless be lit up. So, too, we shall say that a disease is such in virtue not of the presence of such and such symptoms, or of the demonstration of such and such anatomical lesions, however useful they may be as corroborative testimony, but because a particular coccus is shown to be exerting its specific influence on the system.

Should this view of the coming pathology be true the words of Tyndall (for example) written fifteen years ago, sound like a prophecy: "There is a theory now broached, and daily growing in strength and clearness—daily, indeed, gaining more and more of assent from the most successful workers and profound thinkers of the medical profession itself—the theory, namely, that contagious disease, generally, is of a parasitic character. Let me briefly state the grounds on which its supporters rely. From their respective viruses you may plant typhoid fever, scarlatina or small-pox—that is the crop that arises from this husbandry? As surely as a thistle rises from a thistle seed, as surely as the fig comes from the fig, the grape from the grape, the thorn from the thorn, so surely does the typhoid virus increase and multiply into typhoid fever, the scarlatina virus into scarlatina, the small-pox virus into small-pox. What is the conclusion that suggests itself here? It is this: that the thing we vaguely called a virus is a *seed*; that, excluding the notion of vitality, in the whole range of chemical science you cannot point to an action which illustrates this perfect parallelism with the phenomena of life—this demonstrated power of self-multiplication and reproduction. The germ theory alone accounts for the phenomena."

All this sounds very fundamental now, but I notice that in certain quarters it is considered probable that typhoid fever does arise *de novo*, and that it is not associated with any specific poison germ. If this be true then enteric fever is not contagious, and all the talk about disinfection of the stools and the care which ought to be observed about the bedside of the patient is in vain. Personally I think this a dangerous doctrine and believe the autogenetic theory lately arisen to depend for its strength upon merely negative evidence; the difficulty of accounting for appearance of the disease in out-of-the-way localities, the doubt as to the existence of special micro-organisms in the system of the patient, etc.

Remotely suggestive of this matter, I lately heard a well-known scientist tell the following story, which he vouched for as true:

A professor of botany in a medical school plumed himself on the practical course which he gave, never failing to illustrate his lecture by analogies drawn from the medical world of science. Thus he informed his class that for the purpose of producing a succession of large, fine flowers they should always be plucked before they wither, otherwise the plant would exhaust itself in its efforts to fructify and succeeding flowers would be small or imperfect, or the plant would refuse to yield any more. To emphasize this truth he pointed to the fading beauties of the human species whose charms often grow dim from similar causes. And this is the impression his discourse left upon the mind of a youth who was "quizzed" about it the next week: "Well, sir, women and plants are very much alike in this respect, neither of them should be allowed to fructify when they have the—" and the contracting brow of the lecturer warned him that he had said enough.

Dr. Henry Howard has lately published a pamphlet entitled "Physiological Psychology" which I have read, and if he will allow me I would like to criticize it. To begin with, why does he call himself a *physiological* psychologist any more than a *pathological* psychologist, for does he not draw his deductions relative to insanity from *morbid* states of the brain as well as from its healthy conditions?

I would suggest the phrase *physical* psychologist, which would be descriptive of his position relative to the obsolete idea of the separate and independent nature of mind and body, and of his

belief in the modern notion of the complete dependence of the one upon the other.

Dr. Howard will perhaps recognize the pertinence of this suggestion if I quote the last sentence of his pamphlet: "insanity is a *physical* disease due to *pathological* defect which causes loss of equilibrium in nerve forces. This is *physiological* (physical?) psychology."

The modern theory which refers all our ideas, actions and thoughts, good and bad, normal and morbid, to changes in the nervous system may appear simple enough, but how little do we really know about it!

As says Griesinger: "Definite information regarding what takes place can neither be afforded by materialism, which would explain all mental acts by the physical, nor by spiritualism which would explain the material by the psychical, and even if we did know all that takes place within the brain when in action—if we could penetrate into all the processes, chemical, electrical, etc., of what use is it?"

Oscillation and vibration, all that is electrical and mechanical, are still not mental conditions—actions of thought. How they can be transformed to these is, indeed, a problem which shall remain unsolved to the end of time; and I believe that if to-day an angel from heaven came and explained all to us our understandings would not even be able to comprehend it."

The second Annual Report of the Ontario Provincial Board of Health (420 pages) reflects great credit upon its compilers. Especially Part III., comprising papers read before various literary and sanitary societies, is well worth perusal. Pamphlet No. 14 (page 204), "Directions for preventing the spread of Asiatic cholera" ought to be carefully read by every medical man.

Dr. Henry Howard does not believe in the freedom of the will, and consequently that man is responsible for and can control his thoughts, words and deeds. Nearly a thousand years ago wrote Omar Khayyam, the Persian Poet, in a similar strain:

"O Thou, who didst with pitfall and with gin
Beset the road I was to wander in,
Thou wilt not with Predestined Evil round
Enmesh, and then impute my Fall to Sin!

Oh, Thou, who man of baser earth didst make,
And ev'n with Paradise devise the snake,
For all the sin wherewith the face of man,
Is blackened—man's forgiveness give—and take.

P. A. LAVER, M.D.

MONTREAL, July 26, 1884.

College of Physicians and Surgeons,

PROVINCE OF QUEBEC.

PROVINCIAL MEDICAL BOARD.

Semi-Annual Meeting.

THE SEMI-ANNUAL MEETING of the Board of Governors (Provincial Medical Board) of the College of Physicians and Surgeons of the Province of Quebec will be held on

WEDNESDAY, the 24th September next, at 10 a.m., in the Laval University, Quebec.

Candidates for examination or for License must send their papers (including certificates of admission to the study of Medicine), also the fee for the license, \$20, *at least ten days previous to the meeting*, to either of the undersigned Secretaries. Graduates must be present, and have their Diploma with them.

A. G. BELLEAU, M.D., QUEBEC.

F. WAYLAND CAMPBELL, M.D., MONTREAL.

MONTREAL, 24th August, 1884.

College of Physicians and Surgeons,

PROVINCE OF QUEBEC.

PROVINCIAL MEDICAL BOARD.

Preliminary Examination for Admission to the study of Medicine.

THE EXAMINATION for admission to the study of Medicine will be held on

THURSDAY, the 18th September next, at 9 o'clock, a.m., in the City of Quebec, at the Laval University.

Certificates of moral character and the examination fee, \$10, must be remitted *at least ten days previously* to one of the undersigned Secretaries.

A. G. BELLEAU, M.D., QUEBEC.

F. WAYLAND CAMPBELL, M.D., MONTREAL.

MONTREAL, 24th August, 1884.