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# CANADA MEDICAL JOURNAL.

## ORIGINAL COMMUNICATIONS.

*Valedictory Address to the Graduates in Medicine and Surgery, McGill University. Delivered on behalf of the Medical Faculty at the Annual Convocation held in the William Molson Hall of the University on the 31st March, 1870. By DUNCAN C. MACCALLUM, M.D., Eng., M.R.C.S., Professor of Midwifery and Diseases of Women and Children.*

*Gentlemen Graduates in Medicine* :—" The winning of honour," says Bacon, " is but the revealing of a man's virtue and worth, without disadvantage."

The honour which, for a period of four years, you have manfully striven for and at length creditably won, and which has this day been conferred upon you, is one that demands, on the part of those who would successfully aspire to it, the manifestations of qualities, both mental and moral, of no common order. Your success, therefore, reveals to your friends and to society at large that you do possess those intellectual qualities, that virtue and worth which, if you continue to exercise them in future as you have hitherto, will certainly succeed in winning for you the esteem of honorable men, and make you useful members of the profession of your choice.

Of all the modes in which men employ their time and energies, there are few more elevated in their aims or more beneficial to mankind than the practice of the healing art. We may say, in truth, that there is but one other profession which excels that of the human healer: and it does so, simply because it has for its object the present culture and well-being and the future safety and happiness of man's undying self. One of the greatest and most original thinkers of the present day, however, places Medicine above all other professions: thus, Carlyle, in his " Latter day pamphlets," observes, that " the profession of the human healer is radically a sacred one and connected with the highest priest-hoods, or rather being itself the out-come and acme of all priesthoods and divinest conquests of intellect here below."

The great object of Medicine is to combat disease, and what does this signify?

Firstly: — That it is a profession which requires its members to be furnished with knowledge of the most extensive and recondite character. They must know the physical man thoroughly, the wonderful intricacies of his intimate structure, and the marvellously complex processes that are being carried on in every part of his organism. They must have studied also man's mental constitution, and be able to recognize the presence and estimate the value of mental influences in life processes and their derangements. The infinite variety of the causes of disease, whether existing in man himself, in the air he breathes, the food he eats, the water he drinks, the textures with which he clothes himself, or in the earth upon which he walks, must be familiar to them. They must have a perfect acquaintance with the physiognomy of disease and the traits and characters by which it reveals its presence. They must know, also, the means which a Beneficent Providence has placed within their reach for the removal of disease, and the restoration of the aberrant functions to their normal condition; and which means have been discovered, elaborated and perfected, by the research, perseverance and ingenuity of man himself. Much of this knowledge you have already acquired, but the fund is practically inexhaustible, and were you to live beyond the time allotted to man, and devote every spare moment to close research and study, you would only appreciate the more clearly how limited any one individual's acquirements and experience must be in a liberal profession with the multiplied actualities and infinite possibilities of medicine.

Secondly: — That it is a profession which demands from its members the greatest devotion and self-denial. Duty is frequently a straight and rugged road. Pleasant indeed are the by-paths of leisure and amusement, and especially tempting are the cool retreats of listless indifference. The man struggling forward in his life journey, often fretted and wearied with the difficulties that beset him in the prosecution of his aims and aspirations, would fain turn aside and seek relief in the levity of the one, or in the stagnation of the other. Let him yield to the temptation, however, and no matter how fair may have been his prospects of success at the commencement of his career, no matter how richly he may have been endowed with natural gifts, failure, miserable and dishonouring failure, is inevitable. Success in any of the great objects of life is not to the idler, the trifler or dreamer. It comes not in obedience to a wish, and cannot be acquired by a waking dream. In this active and restless period of the world's history, a man, to succeed, must be up and doing. He must apply himself with single-

ness of purpose to do his duty in whatever he undertakes, undeterred by the obstacles which may obstruct his way, and which often appear to be insurmountable until they encounter and go down before a resolute and unyielding will. The world is apt to measure a man's abilities by his successes, and although the rule by which it judges cannot be admitted as an infallible one, there are solid grounds on which this worldly decision rests. To be fortunate, as the term goes, is often the result simply of a knowledge of all the means necessary to attain to a certain object, and the prosecution of these with thorough devotedness. Cardinal Richelieu was wont to observe, that "unfortunate" and "imprudent" were two words for the same thing; and we may reasonably infer, therefore, that this distinguished and keen observer of human nature considered good fortune to be the result of prudent management; in other words, that success is the indication not only of the man's abilities but also of his command over and proper regulation and direction of these abilities.

In the profession of medicine, gentlemen, to become a successful healer of the sick, which should be the great and dominant desire of each one of you, there can be no trifling with duty. You have not attained the position in which you stand to-day without having learned the important fact, that there is no easy road to learning. The knowledge, scientific and practical, which you evinced during your recent examinations, and which has been the warrant of this University in conferring upon you the degree of Doctor in Medicine and Master of Surgery, has not come to you intuitively. It has been acquired by much hard work, by unremitting devotion to your studies, and the frequent practice of self-denial. Now, the same hard work, the same unremitting devotion to study, and the same practise of self-denial, will be as imperatively demanded when you go forth into the world and assume the responsibilities of practitioners of medicine. Without them you can never be *thorough*; and thoroughness is certainly of the highest importance in a profession, the great mission of which is to conserve human life.

Thirdly:—That it requires its members to manifest the purest and most unselfish heroism. Men have been long accustomed to associate all ideas of heroism with exhibitions of mere animal courage. To plunge recklessly into the *mêlée* of deadly strife, and, amid the maddening excitements of roar of cannon, charge of cavalry, shouts of contention, and groans of the dying, to perform prodigies of valour by freely destroying human life, is to manifest qualities which nations and individuals delight to honour in their possessor. Thanks from the associated wisdom of a grateful nation, the highest titles and positions in the land, public ovations and a name in history, have been always freely awarded to the

successful military hero. Philosophers and philanthropists, the men of mind and men of heart, have in all ages, however, recognized a species of heroism of vastly higher character, but which the public generally have held in light esteem. This heroism is not demonstrative; it has no bold and glaring points to arrest the attention of the beholder; it does not dazzle his eyes by its brilliancy; it is not accompanied by pomp and parade, the sound of the trumpet, the martial roll of the drum, the neighing of the war horse; it is not clamorous for distinction, is not heard afar off, nor does it boldly intrude on the notice. Quietly, unobtrusively and perseveringly it pursues its course. Of such nature is that heroism which the physician is so often called upon to exhibit. When death stalks abroad in the land; when the pestilential breath of a fatal epidemic breathes destruction in every household; when the wail of bereaved ones strikes fearfully on the ear; when the hearts of strong men, who would in time of excitement rush even to the cannon's mouth, fail them, and terror is depicted on every countenance, who is it that remains calm and unmoved amid all the dread and turmoil, that speaks words of encouragement and comfort to the fearful and downcast, that with a moral courage that shrinks not, and a high sense of duty, toils day and night to relieve suffering humanity? Who is it, in a word, that takes his life in his hand, and when friends and relatives even forsake the couch of the plague-stricken one, fearlessly attends to his every want? Who? The devoted, heroic physician. The physician engaged in the duties of his profession during the prevalence of a fatal epidemic, is a noble sight, and one that might engage the attention and command the admiration of beings superior to man. How the people, leaning on his every word, eagerly scan his countenance and bless him for his unwearied care. Danger past, however, his arduous and benevolent efforts are all forgotten, and if, perchance, he should have fallen a victim to over-exertion, a martyr to a conscientious discharge of his duties, his very memory fades in a few brief days from the recollection of those whose lives he has saved. No monumental marble is reared to stand the record of a people's sorrow for his death; no "storied urn" tells of his acts of bravery and untimely end; the historian's pen hands not his name down to posterity. Such is the ingratitude of man and such is his estimate of *true heroism*. When occasion demands, gentlemen, that you should expose your lives for the purpose of giving relief to diseased and suffering humanity, I am confident that you will not be found wanting, and that the fearlessness with which at all times the members of your profession have confronted death in some of its most revolting forms will be emulated by each one of you.

"H who gives himself to the study and work of medicine," says the great and good Sydenham, "ought seriously to ponder on this thing: that as he is himself not exempted from the common lot, and is liable and exposed to the same laws of mortality, the same miserian pains as are all the rest; so he may endeavor the more diligently and with a more tender affection, as being himself a fellow sufferer, to help hem who are sick."

In all your relations of life *be true and loyal*. Truth and loyalty are two great characteristics of the gentleman, by which term I do not mean the conventional gentleman, who may be defined simply a unit of the male sex, well dressed and with nothing particular to do; but that man of sterling worth, who may be met with in every rank of life, whose heart vibrates towards truth as constantly and as naturally as the needle does towards the north pole, to whom a mean and unworthy action is simply impossible because of his innate nobleness of character, and of whom it may be said in the truest sense of the terms *noblesse oblige*. Be loyal to your Queen, to that wise and gracious Sovereign whom Providence has appointed to reign over us and under whose benignant and constitutional sway the people of this mighty empire have enjoyed the blessings of a true and enlightened freedom. Who has endeared herself to her subjects by the eminent virtues which have adorned her character, and who has commanded the loving admiration and esteem of every good man and woman throughout the civilized world, and made the throne of Great Britain, glorious as in itself it is, still more glorious by her wifely and motherly devotion. May the Supreme Ruler of events spare Her Majesty's valuable life, in the words of the National Anthem—

"Happy and glorious  
Long to reign over us,  
God save the Queen."

Be loyal to your country. You should acquaint yourselves with so much of the politics of your country as to be able at all times to take an intelligent part in public affairs. With questions relating to her material interests you need not concern yourselves more than members of the community generally, as there appear to be not a few with more leisure time, who are willing to attempt their solution, and to sacrifice themselves, as they are pleased to say, for the benefit of the country. What is more within your province, however, is to throw the whole weight of whatever influence you may possess in favor of every measure which has for its object the moral elevation of the community, and to aid in establishing laws, both local and general, for the preservation of health and the prevention of disease.

Whatever position these confederated provinces are destined to assume among the community of nations, I am certain that we, and those who follow us, will be always found to stand firmly by the old flag so long as it remains what it is at present—the emblem of free thought and free speech wherever it is unfurled, the banner of a constitution which protects its people alike from the tyranny of one, the tyranny of a few, or what De Torqueville correctly affirms to be the most intolerant of all tyrannies—the tyranny of the majority. We have the deepest affection and respect for the grand old historic Mother Country, the land of our fore-fathers, the cradle of liberty, the nursery of nations, the hope of civilization, and the star of promise to the wise and silent watchers, who hold their souls in patience, and yearningly look for the advent of freedom to the down-trodden people of the earth. She has watched over and protected our infancy and youth, and now that she is about to throw aside the leading strings and, in our budding manhood, to let us try what there is of mettle in us, our hearts turn lovingly to the “old home.” The relations between us may be altered, but we can neither forget our origin nor our obligations, and it is the dearest and most cherished wish of every loyal Canadian that this Dominion may always form one of the great British family circle. While, therefore, we work heart and hand, as becomes sons of the soil, to advance this our native country, let our motto be “Canadian progress and British connection.” Be loyal to your profession. The respect which will be accorded to the profession of medicine, and the position which it will assume in this Dominion, will depend greatly upon the conduct of its members. The wrong doing or unprofessional conduct of many individuals within its pale, cannot alter in the least its high and honorable character; but it certainly may have the effect of lowering the dignity of the profession before the public. One of the great causes of professional disloyalty and abounding quackery is to be found in the error which is committed by many young physicians in supposing that medicine is a money-making profession. They are not long in practice before they become undeceived, and then, if they be not true and honorable men, they are liable to have recourse to various questionable methods with a view of gaining popularity and increasing their income. If the acquisition of great wealth be a leading desire with any one of you this profession does not offer you a fair field. The most that the diligent and hard-working practitioner can reasonably expect as the result of years of toil is a sufficient though moderate competency. And this is more certain to be acquired by those who quietly attend to their duties, and remain firmly attached to the principles of their profession, than by

those who court notoriety and endeavor to obtain practice by irregular and unprofessional means. It must be considered, however, as Mr. Paget has observed, "no small happiness to have a calling in which success can be reckoned by something else than money. Mere money-making is no evidence that a man has done anything respectable, or has gained anything at all worth his labour, and thence, probably, it is that the most honorable professions are those in which, for the most part, services are scarcely rewarded with money, or certainly not according to the scale which mere money-makers would think adequate."

Be loyal to yourselves. At all times be guided by the promptings of your better self. Frequent and fierce will be the contests for the mastery over your thoughts and actions between the two great antagonistic principles of your nature—the good and the evil. Victory will certainly not always be in favor of the former. An infinitely greater and a better man, I may safely say, than either you or I will ever be, exclaimed in torturing perplexity of mind: "The good that I would I do not, but the evil which I would not that I do. When I would do good evil is present with me." If, however, you apply for aid to the source from which the great apostle of the Gentiles obtained the strength which enabled him to overcome the difficulties that beset him, and even to conquer self, you also may overcome. Human nature is fearfully weak. The Divine is omnipotent. Earnestly cultivate the love of right and truth. The moral part of man's nature is as capable of being strengthened and developed by exercise in the right direction as is his mental or physical part. Let a man persistently think the right thought, and persistently do the right action; and he gradually acquires a moral strength, a power to resist evil that will stand him in good stead when the hour of temptation comes. At all times, and in every thing, endeavor to square your conduct towards your fellows by that golden rule which eighteen centuries ago fell from the lips of the Divine Teacher, which has come down to us through the ages, but which the ages have practically ignored: "Whatsoever ye would that men should do to you, do ye even so to them."

In conclusion, gentlemen: With a full sense of the great responsibilities that your profession imposes on you, and with brave hearts, resolved to do your duty faithfully and manfully, go forth from this hall and enter upon your career; and, that your career may be successful in every respect—that it may be one of which your best friends may be proud, and especially one on which you may hereafter look back with those feelings of pleasure and satisfaction which the contemplation of a well-spent life always affords, is the sincere and heart-felt wish of every member of this faculty.

FARE YE WELL.



"*A Sketch of the Ontario Pharmacy Act of 1869.*" By WM. OLDRIGHT, M.A., M.D., Member of the Medical Council of Ontario.

GENTLEMEN:—I was requested some time since to send you a report of the Pharmacy Act of 1869, which, by the way, is now destined to be the Pharmacy Act of 1870. I regret that I have been obliged to delay so long, but hope that even now this sketch may prove of some interest to such of your readers as have not seen the Act itself.

It was introduced at the last session of Parliament by Dr. McGill. It is a good measure, very similar to the English Pharmacy Act of 1868. It passed two readings and went through committee, (receiving certain amendments), but from want of time was laid over till next session.

It enacts that after its passage it shall not be lawful for any person to assume the title of "Chemist and Druggist," "Chemist," "Druggist," "Dispensing Chemist," or "Druggist" or "Pharmacist Apothecary," or to sell or to keep open shop for retailing, dispensing or compounding poisons, unless he shall have been, prior to the passage of the Act, a proprietor in the drug business, or unless he shall be registered under this Act. All such proprietors are allowed a period of about two years in which to register. Other persons must pass the requisite examinations in order to become registered.

The Act further provides that all persons now engaged in business as apothecaries, or chemists and druggists may form themselves into a society to be called the Pharmaceutical Society of Ontario. Those who are now engaged as proprietors are to be members, and those now engaged as assistants, clerks and apprentices are to be associates. These latter may, like any other persons, become members by passing the requisite examination. The Society shall elect every second year a council of thirteen members. They shall arrange, subject to the supervision and disallowance of the Lieutenant-Governor in Council, the subjects for examination; shall conduct, or appoint persons to conduct, the examinations; shall establish a scale of fees to be paid by members, associates and candidates, and shall have the general management of the affairs of the Society; they shall appoint from themselves a Registrar, whose duty it shall be to keep a correct list of all persons entitled to be registered, in which he shall record their names, residences, qualifications and any other remarks that may be considered necessary, including such changes as may be required in consequence of deaths, removals or criminal convictions.

By the Act a provisional Council is appointed to set the machinery in motion and to work it until the first election takes place. Its members are Messrs. Elliot, Miller and Dunsbaugh, of Toronto; Wince and Hamilton, of Hamilton; Mitchell and Saunders, of London; Parker

of Kingston ; Massey and Roberts, of Ottawa ; Parker, of Owen Sound ; Mills, of St. Catharine ; and Hawks, of Cornwall.

In a schedule is set down a number of substances to be considered as poisons. The Council may, through the Lieutenant-Governor in Council, add to the list.

Poisonous substances are divided into two classes. The first seems to include those which are extremely powerful in their action, with some which are especially adapted to criminal purposes. A druggist must not sell any substance of this class unless he know the purchaser, or unless the purchaser be introduced by a mutual acquaintance ; and then he must enter in a book to be kept for the purpose the date of sale, name of purchaser, name and quantity of poison, the purpose for which required name of person introducing purchaser, and lastly the purchaser must affix his signature to the entry.

As the bill originally stood some extremely powerful poisons were not only omitted from this class, but were omitted altogether, whilst one or two comparatively innocuous substances were introduced.

All poisonous substances sold are to be distinctly labelled with their names and the word " Poison," and if by retail, the name and address of the proprietor must be added.

Any Pharmaceutical chemist may dispense wine, spirit or cordial, *upon the written prescription of a medical man.*

For contravention of the Act a person is liable to a fine of twenty dollars and costs for the first offence, afterwards, to one of fifty dollars and costs.

The provisions of the Act shall not interfere with the privileges of physicians and surgeons, with wholesale dealers, with any persons selling poisons to licensed dealers in them, nor with the making and dealing in patent medicines.

I understand that most of the defects of the Act have been amended in committee. There is one, however, which has not been touched. I refer to the clause I have just cited which exempts so called patent medicines containing poisonous ingredients. I am not now dealing with quack nostrums in a medical point of view, but only as regards their relations to this Bill ; and it seems to me, even in this light, most absurd to exempt them.

In the first place poisons do not become less poisonous because they are patented.

A great many medicines called patent are made by ignorant persons, and in many cases even the original formulæ have never passed through any patent office, and hence they have never been subjected to any supervision either in sample or bulk.

These preparations are the more dangerous because so variable. For example some samples of "Mrs. Winslow" are extremely innocuous, while others have been found to contain an extremely dangerous amount of morphia.

Then again when patent medicines are relieved from the restrictions put on the officinal preparations which they mask, the sale of them will receive an undue stimulus. They will be sold more extensively in general stores in place of the officinal, semi-domestic preparations which they resemble in effects, viz., paragoric, dover's and laudanum will make way for Winslow and Wolfe. And when we take into consideration the number of acute and chronic cases of opium poisoning which occur annually, especially among children, by means of these and other medicines, I think they should not receive special state protection. Let the present makers and vendors register, and let the future ones qualify for registration if they please. The public ought surely to be willing to see the great benefactors of mankind getting the benefit of a slight knowledge of the subjects they pretend to discuss so loudly, so widely and so learnedly. Perhaps, however, legislators have been actuated by a profound wisdom and a regard for the future of the country, which does not at first strike ordinary mortals. In a word they may prefer "patent" poisoning because it will act, like the old Spartan law, in weeding out the more credulous and weak-minded portion of the community, or will at least kill off the offspring of such.

Some of the druggists here do not like the clause allowing liquors to be sold. They say that already some of their more unscrupulous confrères supply drinks to (respectable) ? tipplers, and that on Sundays. Now it would certainly be great benefit to the community that intelligent and conscientious men,—men who are by their profession fitted to judge of the qualities of liquors, should keep them; and it is to be hoped that, individually, apothecaries will have more self-respect than to debase themselves into law-breaking dram-sellers; and if any individual should so far forget himself, then we may trust that fellow-members of the profession, if expostulation should fail, will procure, through their Council, his expulsion from the Society. This they have power to do under the twenty-eighth clause of the Act.

Much discontent has been felt amongst senior assistants and managers at their being placed in the same class with apprentices, whilst any persons who happens to have invested in a sign board and a few bottles, no matter how little they may know of Pharmacy, rank above them as members of the Society—a monied interest, and that sometimes of a very insignificant character, thus taking the place of an intellectual and educational test.

It was suggested by some that all persons, (proprietors as well as other), should be obliged to pass an examination; but it was considered that this retrospective action would be humiliating and unfair, and it was not entertained. Some modification of the law was, I think, made in favor of assistants of some years' standing.

The benefits of the Act will be less at present than they will be eventually; but even in a short time it must work a great deal of good. It will produce a class of men educated to their work; and, by-and-bye, one, at least, of these must exist in every establishment, however small. It will depend as heretofore, very much on the views and means of individual proprietors as to whether they shall have a preponderance of skilled or unskilled help; but the amount of the former will be much increased and will admit of more ready recognition.

The law seems to me to be one of importance to the public at large, and to be of special interest to all connected with the healing art, and I think it demands the attention, consideration and co-operation of medical men.

Toronto, Ontario, March 1870.

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*Amalgam for filling Carious Teeth.* BY W. GEO. BEERS, Dentist, Montreal; Clinical Lecturer to Royal College of Dental Surgeons of Ontario; Honorary member of Ontario Dental Society; Secretary of Dental Association of Quebec; Corresponding Member of Odontographic Society of Pennsylvania; Editor of Canada Journal of Dental Science, &c.

In the January number of the *Canada Medical Journal* appears an article by Mr. Bowker, dentist, on the use of amalgam for filling carious teeth, which calls for some reply. The author "assumes to be the expositor of the abuses of dentistry," and has the modesty to intimate that he stands almost alone as a Canadian dentist who does not adhere to a practice which he calls "unskillful, ignorant and dishonest," and the assurance to identify with this practice our Canadian Dental College and Societies, and the private practice of almost all dentists in the Dominion. I do not remember another instance in your Journal where a correspondent, discussing a scientific question, found it necessary to impute inability, ignorance or dishonesty to all who were not of his opinion. I find no fault with Mr. Bowker for the facility with which he attempts to dispose of a question involving abstruse chemical, physiological and pathological causes and effects, and necessitating extensive research and experiment into the particular subject; but I cannot see the necessity for unjust accusations to give force to scientific argument.

Especially when one essays to be a philanthropist, he should, at least, condescend to be correct.

Mr. Bowker asserts that the "American Society of Dental Surgeons" *unanimously* carried a resolution (in 1845) condemnatory of amalgam. That is wrong. Sixty-one of the one hundred and thirty-three members voted against it, and *the resolution was finally rescinded by the very majority who framed it.*

Mr. Bowker says; "The institution *with the imposing title* of 'Royal College of Dental Surgeons' encourages the use of amalgam, and that the same may be said of the 'Dental Association of Quebec;' and "that the Dental Societies of Canada, who put themselves forward as the guardians and representatives of the profession in the Dominion, not only advocate but vindicate its use." It is not surprising that your correspondent is ignorant of what has or has not really transpired in our dental societies, &c., as he is not a member of any; but as an illustration of the trouble he has taken to make himself acquainted with facts, I am qualified to assure you that neither college nor societies have once, directly or indirectly, discussed the subject, and that all clinics in "filling teeth" have invariably been done with gold. The sneering allusion, *en passant*, to the College, may pass for its full value, but I venture to say that the institution will survive any such disparagement. On its faculty it has some leading medical men of Ontario, such as Drs. Canniff, Sangster, Rolph, Bethune, Geikie, Berryman, &c., as well as leading dentists of the upper Province, and, moreover, it, with the societies and the progressive movements generally of the profession, have the hearty sympathy of all prominent medical men in Ontario.

Another assertion is that "the highest dental and medical authorities, European and American, have condemned the use of amalgam, in any form whatever, for filling teeth, as malpractice." Now, we must expect differences of opinion upon this whole subject of amalgam; but no reasonable man will say that opinions dictated when amalgams were composed of impure metals, and imperfectly understood, can continue to hold good against the superior improved article. The possibility of even a good amalgam being abused by the use of impure mercury, or "sixty-four parts of mercury to thirty-six of silver," is no more reasonable argument against the use of this material, than an argument that no preparation of arsenic, morphia, &c., should be used because they are infallible poisons. To-day there are some dental writers whose opinions of amalgam may be quoted as argument against its use; but Harris, Piggott and others wrote when amalgam was abused, and in the former work we find methods of "treatment" recommended for various dental

diseases, something analogous to amputating a finger for a wart. And it must be remembered that the names "Royal Mineral Succedaneum," &c., transcribed by Mr. Bowker, were only given to the old compounds, many of which contained copper, lead, bismuth and other alloys, and that these old compounds were decidedly "condemned" by all intelligent dentists, and are to-day. But when the material was improved, and brought to the pureness of the amalgams of the present time, many of the very leaders who opposed "Royal Mineral Succedaneum" approved of and used the improved compound.

We might give up filling teeth altogether if we were to abstain from every material that may be "abused." A dentist whose gold fillings are soft as cheese a month after insertion gives us clear demonstration either of his "unskilfulness, ignorance, or want of honesty;" and certainly any one who would put an amalgam into a tooth which had 64 parts of mercury to 36 of silver would be deserving of some much stronger epithet than "dishonest." The use of filthy amalgam is paralleled by the use of impure gold; slovenly manipulation with either material has the same results. Teeth are filled with gold and amalgam that should never be filled at all, but alveolar abscess resulting after the latter is traced by some to the material, when a worse case after the use of gold is diagnosed to causes distinct from it. There are certain conditions of dental caries where we can guarantee to produce periosteal disease by inserting a gold or any other filling; and amalgam, unfortunately for its reputation, is too often used as a *dernier resort* in teeth which should never be filled at all.

Before giving your readers brief extracts from the latest opinions of "high authorities" in Europe and America, I may venture to say, with the highest respect for the knowledge of those who are not dentists, and who have given opinions prejudicial to amalgam, that the opinions upon this subject of men of acknowledged ability and experience, who, besides being physicians and practical chemists, are eminent dentists, are worth something more upon the average, than the opinions of men who have not the same special life long experience with the pathology of the teeth. For over twenty-five years this subject has been before the dental profession; every day, we may say every hour, fresh opportunities appear for investigation: and the opinions of such investigators as those I will quote surely cannot be ignored.

No one in Europe has made more thorough and dispassionate investigations into this subject than the author of "Tomes' Dental Surgery," a name familiar to more than dentists. In the early editions of his "Surgery" he says he never saw a case of salivation, and did not believe

there could be such a result from the use of amalgam. A few years ago he made more extensive researches, and reiterated his former conclusions more forcibly than ever. I might quote, *in extenso*, from English, German and French authors of the highest repute, who approve of and use amalgam. I am not disposed to believe that the State Dentists of Europe, and such men as Tomes, Naysmith, Saunders &c., are prompted to use amalgam by any of the considerations Mr. Bowker assumes, viz.: "cheapness, want of skill, ignorance, or the want of honesty."

Nothing, however, more conclusively reveals the truth than the facts that, with some few exceptions, the American dentists, who so violently opposed amalgam in 1845-47, now use it. Some who even continue to condemn it, admit that they do so, because there is a danger of it being abused, while some few still maintain the same objections to the improved amalgam that they held towards "Royal Mineral Succedaneum." To-day you may go into dental offices in New York, and witness the operator filling teeth from a pot of amalgam, which is mixed and kept ready for use at all hours! (Sundays not excepted.) I presume the proportions are 64 parts of mercury to 36 of silver. Now because there is this abuse of the material, that is neither logical nor scientific argument against its proper use.

Dr. Pierce, late Professor of Dental Physiology and Operative Dentistry in Pennsylvania Dental College, says: "Many attribute results to amalgam that are due to its improper use. That there are teeth that can be saved for a much longer period, and with greater advantage to the possessor with amalgam, than with foil, especially as some dentists insert foil, no unprejudiced practitioner can deny."

Dr. Buckingham, Dean and Professor of Chemistry in Pennsylvania College, says "he uses amalgam in his own practice, and thinks a dentist to do justice to his patients, should use it in certain cases. Had never seen a case of salivation from it, and had strong doubts of it ever producing ptyalism."

Dr. McQuillen, Dean and Professor of Physiology in Philadelphia Dental College, and editor of the well-known "Dental Cosmos," says "He had had strong objections to amalgam, and had opposed its use, but candor compelled him to say that his views had changed, and he does not now regard it as the unquestionable cause of all the difficulties ascribed to it; for in an experience of fourteen years he could not recall a single instance of ptyalism &c., of which others asserted they had seen so many. He looked upon those who had asserted to have seen them, with considerable doubt as to the value of their judgment and opinions as reliable diagnosticans."

Dr. Fitch, a leading physician and dentist of New York, "pleaded guilty to the charge of early prejudice against amalgam. He was now however, disposed to give it its appropriate place, even at the risk of encouraging empiricism and cheap dentistry. He had yet to see the first case of ptyalism from its use."

Dr. Flagg, Professor of dental Pathology and Therap. in Philadelphia Dental College, and *the first man who wrote against amalgam in 1845*, says, "he is now entirely opposed to the statements made regarding the constitutional effects from amalgam fillings. He had again and again treated teeth suffering from periostitis, &c., attributed to amalgam, and had refilled them with amalgam, for the sole purpose of proving to his patients that the material used had nothing to do with the trouble existing."

Dr. Allen, formerly editor of the "Dental Recorder" has written folios to expose the fallacious arguments of the opponents of amalgam. He says: "I have seen over 1000 persons, each having from 1 to 10 amalgam fillings in their teeth, and I only saw one case of ptyalism, which I attributed to dead and ulcerated roots. As soon as the roots were removed the trouble gradually disappeared. I have been brought to see cases of supposed ptyalism from amalgam fillings and have found them to be nothing of the kind, but owing the origin of disease to salivary calculus, ulcerated roots, sponginess of the gums, &c."

Dr. Garretson, author of a late work of 700 pages on "Diseases and Surgery of the mouth, &c," describes the mode of using amalgam for filling teeth, and totally ignores the charges made against it.

I might continue thus to quote from men whose ability to investigate, opportunities to examine, and integrity to report conscientiously, cannot for a moment be doubted. The opinions cited above are founded upon thorough experiment and extensive experience; their authors have their attention confined to the mouth, and the opinions of such men cannot be ignored. The February number of the "American Journal of Dental Science" contains a review of this very article of Mr. Bowker, in which it says: We think Mr. Bowker has taken an extreme view of the case. *We think this compound may be used in teeth which are mere shells so far gone that no other metal can be safely introduced. When properly prepared and properly introduced, instead of amalgam containing 64 parts of mercury to 36 of silver as Mr. Bowker asserts, the proportions of mercury need not and should not be half so great.*" It proceeds to give "the best method for using this material." Is that a condemnation of amalgam?

I do not find one single argument in Mr. Bowker's paper that was not



known and proclaimed a quarter of a century ago; the names he ascribes to it are a quarter of a century old, and posthumous; the proportions he gives are only those of the quacks, Crawcours, who introduced a filthy amalgam into American dentistry over 30 years ago, and who have been dead nearly twenty! Precisely the same arguments Mr. Bowker put forth may be found in the early volumes of American Dental Journals, and, strange to say, some parts of his paper are word for word, saving one or two alterations such as "teeth" for "mouth," &c., with an essay on amalgam by Dr. Geo. Watt. (See Watt's Chemical Essays, page 149.)

The charge against amalgam of producing ptyalism is, I hold, mere assumption. The astute pathological knowledge of those who write against the material, is seldom capable of giving an opinion so precise upon any other disease in any other part; and their utter disregard of any other cause of salivation, when there is amalgam in the teeth, is very expeditious, if not very sound. We know that idiopathic or spontaneous salivation may, and does arise when no mercury has been used; and that the same symptoms of swelling of the salivary glands, fetor, &c., may be present; and that certain preparations of gold, autimony, &c. will produce profuse salivation. Watson, in his Practice of Physic names castor-oil, digitalis, iodide of potassium, opium, pregnancy, &c., as possible causes of ptyalism; but the opponents of amalgam, if they find it in the teeth, at once pounce down upon that unhappy material as the sole and only cause. I should hardly venture to call that scientific.

The following concise opinion by a "high authority"—who is a physician, dentist and practical chemist—is preferable to words of my own. "Certain *preparations* of mercury, it is well known, produce, under certain circumstances, very powerful effects upon the human frame; but in order to do so, it requires to undergo a change in its composition and character, which in the form in which we find it in amalgam, it never does or can undergo. It needs a degree of oxydation or a minuteness of division which renders it useless for a filling. The two characters are inconsistent with each other. If the quicksilver in the mixture undergoes such a change as to allow of its mercurilizing the system, it will not answer as an ingredient in the filling, and *vice versa*. In the combinations it forms in this filling, and as long as it remains so combined, it cannot effect the system. Before the system can become subject to its mercurializing influence it must first become uncombined from the silver, which is impossible because of its stronger affinity for that metal than for oxygen; and secondly, must re-combine with such a quantity of oxygen, as it cannot be made to unite with it in the mouth. Add to this, that the exposed surface of the filling itself must also have lost its cohesion; to have become

quite soft; and to have very perceptibly diminished in quantity. But in the face of these impossible, yet absolutely necessary changes, we find amalgam fillings still solid and sound after being in the mouth ten and twenty years, and not a single symptom of mercurial action, local or general, upon the system! With equal propriety it might be urged against gold, that because, when highly oxydized, it becomes a powerful medicinal agent, therefore it should not be used as a filling for teeth. The error of those opposed to amalgam proceeds from a want of discrimination between diseases totally different in their cause, character and consequences."

It is very strange and suggestive that out of the thousands of times and for the many years in which amalgam has been used, and in many instances abused, that so few cases of local or constitutional disease arising from its use are heard of; and it must be remembered that, if such evil results ensued from amalgam, it is not likely they would entirely escape the observation of such intelligent and responsible men as those I have quoted. It is equally strange and suggestive that a case of such supposed disease was never met with by any but those who opposed amalgam; and that not a single new argument against its use has been adduced for a quarter of a century, while, on the other hand, the quality of the material has been vastly improved, and the importance of careful manipulation thoroughly understood.

In concluding this hasty review of Mr. Bowker's article, I trust I will not be misunderstood, and here, I think, I may venture to speak for a large majority of Canadian dentists who use amalgam. The proceedings of our Dental Societies will convince you that "gold" is acknowledged to be, by far, the best material for filling teeth for the large majority of cases; but there are circumstances and occasions when gold or tin foil cannot be used to the best advantage. Those who oppose amalgam admit this, and what do they use instead? Preparations of gutta-percha, "Osteo-plastic," and other such soft fillings. The former will soften in hot water, and neither can preserve the teeth intact more than a few months. With the greatest care to use only the best amalgam, the purest mercury, to thoroughly remove every particle of decay from the tooth, and prepare it as carefully as if for gold, and sure that the proportion of mercury is not 64 parts to 36 of silver, we hold that amalgam arrests decay, and cannot cause either local or constitutional trouble of any kind. On the other hand, we freely acknowledge the possibility of injurious results from Mr. Bowker's proportion of 64 of mercury to 36 of silver, especially if the compound is the old "Royal Mineral Succedaneum." Even the best amalgam has its place; it is kept there. Those who use it in front teeth, and for small cavities anywhere, are quacks;

but those whose *gold* fillings are soft as cheese a month after insertion are not much better.

I regret that Mr. Bowker's unusual style of discussing a scientific question has compelled me to skim over practical points; but his unjust accusations have gone to the public, and being unjust it is but right that they should be refuted. Such a modest syllogism as the following—which is simply reduced from his own words—cannot be permitted to pass without a censure, or at any rate, a joke:

Whoever uses amalgam is “unskilful, ignorant or dishonest.”

The Canadian Dental College and Societies, and “almost all dentists in the Dominion use amalgam,” and I do not.

Therefore, “almost all Dentists in the Dominion” are “unskilful, ignorant or dishonest,” and I am not.

40 Beaver Hall Terrace, }  
Montreal, March, 1870. }

*Address on Medical Legislation.* By DAVID MACKINTOSH, M.D.,  
delivered before the Hamilton Medical and Surgical Society,  
February 1870.

Although our Society is not a large one, and although we cannot hope to be able to conduct its meetings with the same *prestige* and *eclat* which mark those of older and larger societies in Metropolitan cities and towns, there is no reason, that I know, why we should not exert ourselves, individually and collectively, to make our gatherings interesting, nor to prevent us from attempting to imitate, in every thing commendable, the proceedings of larger and more influential bodies.

One good old custom, still “honored in the observance,” at all associations like ours in the Mother Country is the delivery of an address by the retiring President on some subject connected with the objects of the Society during the previous year, or upon some topic of peculiar interest, bearing on the promotion of science or literature, or of a general or local character.

In accordance with this good old custom then, and as an humble yet hearty adherent to its rules, I present myself before you this evening, to inaugurate such a proceeding in our own little Society. And although the present valedictory (of its successors I may not speak) is not likely to make much noise in the world of medicine, compared to that made by the *heavy* ordnance that are discharged in larger cities, especially where there are medical schools, at such annual gatherings: yet it must be remembered that an Armstrong or a Whitworth gun can do no more

than make a bull's-eye, and that *the aim, being good*, the same may be achieved even by a tiny rifle, and that, as even these small arms may do good service when well directed, so may our humble efforts be of use in advancing the cause of our noble profession, or in fighting its battles against all forms of empiricism and chartlatancy, its bitter foes. Indeed, carrying out the simile a step further, we may say that, even if we don't make a hit at all, "a miss is better than no firing." So that you may term my effort here to-night either a hit or a miss, *just as it strikes you*.

But, to drop metaphor, let me say that if any man, possessed of ordinary intelligence, observation and experience, devotes a little more than common attention to any particular subject, it will be next to an impossibility for him to descant on it for an hour or so without throwing some interest around it, and he must be possessed of very little originality of mind, indeed, if he fail to present it in some new light to those who listen to his remarks, or to lead the minds of his hearers into some new train of thought.

In the hope, then, that this address will be the beginning of a series on similar occasions, and that the time we spend together may not be in vain, I ask you to give me your attention for a short time this evening.

In taking a retrospective view of matters connected with the annus medicus which has just closed, they naturally divide themselves, so far as we in Ontario are concerned, into local and general.

Let me say it with regret that, we must all admit, we have little, or no local medical literature in Ontario, or even in Canada; a desideratum which will, I trust, under the fostering care of the Canadian Medical Association, soon be supplied; for that body has provided for the publication of papers on medical and kindred subjects in its yearly transactions.

It may not be amiss, however, at this stage to endeavour to answer a question, which, in this relation, must have frequently presented itself to our minds, "How is it, that with so many medical schools in Ontario, each with a staff of teachers complete, and with so many men of undoubted talent, large observation and proved skill, in the various departments of medicine and surgery, how is it, that we have no medical literature worthy of the name?" Is it that the *res angusta domi* is so universal among Canadian doctors that in the "struggle for existence," as Darwin would call it, we must toil on in "days laborious" and nights not "intently studious," but laborious too, to make a poor subsistence, and to prevent the more powerful species of quackery from gobbling us up, or pushing us off the scene? Or, is it that the few who have made

themselves comparatively independent by legitimate practice are more intent on increasing their "hord" by other means than of cultivating the plants of utility or beauty, which everywhere meet the observant medical man in his path through the disease-stricken ranks of his fellow-beings?

As to the teachers of our medical schools, I fear there is little return to be expected from them in this particular field, while teaching bodies are so numerous, compared to our population, and while they have thus to toil for very inadequate remuneration, so that their best efforts are spent either in depreciating other schools or in lauding their own, with a view of attracting students. From an experience of fifteen years in Canada, and from inquiries and observations made during that time, I am persuaded, that the multiplication of medical schools, with necessarily impoverished resources, has been a greater curse to medicine here, than any other measure, legislative or otherwise: for, talented men cannot be expected to, and more than that they *will not*, devote their time and resources to the preparation and proper illustration of lectures that *will not pay*; and without this there cannot be that effective teaching which is necessary to give the student an enlightened view of his profession.

Take the Provinces of Ontario and Quebec, with a population very little over that of Scotland, and depending entirely on itself for students, with no less than six medical schools with teaching bodies, while the Scottish medical schools number only *five*, and students flocking to them from all parts of the world, and it will at once be apparent what disadvantages our Canadian medical schools labour under in this respect. Then, what hospital resources have we in Ontario, at least for clinical instruction, to give this necessary element for the successful operation of a great medical school.

I am quite aware that there are a few men nobly contending against these odds, who, in one or two departments of medical study give very efficient instruction, and send forth students thoroughly grounded in these branches—all honour to them for so doing; but I contend that, as schools of instruction in all the departments of medical science and practice, they must be, to a certain extent, failures. What then is the cure for these "arrests of development?" I answer, concentration of medical energies, and, if necessary, endowment of medical chairs, and a large general hospital, in one grand metropolitan school, for Ontario. The voluntary system has been a success in churches, but with the population and resources of Ontario it must be a failure in medicine. And this impoverished condition of the medical schools, accounts I think in

some measure for the lack of a medical literature amongst us. What then shall we say for those few medical men, who by private practice alone, have been enabled to overcome the *res angusta domi*, and who without impoverishing themselves might easily so restrict their practice as to obtain the necessary time for giving the fruits of their experience and observation to their medical brethren, and yet they neither lecture nor write papers on medical subjects. Verily, some are guilty in this respect. It is not an enviable position to be found attaching more importance to the gathering of "as much vile trash as might be grasped thus" than to the collecting of cases and facts that would enrich medical literature. Let us see to it that the sacred science of medicine, which endows us with so much power for the good of suffering humanity, does not degenerate in our hands into a mere trade.

But our review of local medical matters would be incomplete without some reference to medical legislation—a subject which has been much discussed in Ontario within the last year or two, and which was taken up by the Canadian Medical Association at its last meeting—a subject on which I may be allowed to state that I entertain very strong convictions. Probably some of you will say that my remarks on this subject display somewhat of the *perfervidum ingenium scotorum*, but it were well for medicine, if more of us, English and Canadian as well as Scotch, were imbued with more of this perfervid disposition.

Some fifteen years since, medical legislation in Canada was in a quiescent state, and, with the exception of one or two attempts to have the profession incorporated, it remained so till 1859, when the regular profession was suddenly startled by finding that a Bill had passed both houses of the Canadian Parliament, incorporating some seven or eight men as a Homœopathic Board, and given them power to grant licenses to practice "Physic, Surgery and Midwifery" on Homœopathic principles, to persons who were otherwise possessed of no particular medical qualification,\* the absurd idea of practising Surgery or Midwifery on Homœopathic principles had never entered into the heads of the wiseacres who framed the Bill, or if it had, they thought the public would know no better. Fancy a limb being amputated or a

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\*The preamble of this bill is so characteristic that it is worth while giving it in full, "Whereas the system of medicine called Homœopathy is much approved and extensively practised in many countries in Europe and the United States, and also in Canada; and, whereas, it is expedient to extend to *duly qualified* practitioners of this system privileges similar to those enjoyed by Licentiates of medicine under the laws in force in this Province: &c. &c."

fracture set on Homœopathic principles—must the knife in the one case, or the splint in the other be Homœopathic, or what is it?

But the absurdity was not to end here—for the success of the infinitesimal-dose men was the means of letting the public know that Canada could boast of another medical system practiced by men calling themselves Eclectics, and we find that in 1861, according to the preamble of the Act, “a great number of persons interested in, or favourable to, the system of medicine, called ‘Eclectic,’ have petitioned for the passing of an Act to extend to *duly qualified practitioners* of such system privileges similar to those enjoyed by licentiates of medicine, under the laws now in force in the Province,” and whereas, it is expedient to grant such prayer, &c., &c., Presto—the thing is done, and seven men, each having the affix of M.D. to his name in the Act, whether entitled to it or not, men who were never before known beyond the limits of their own small circle, are suddenly made famous by being constituted a board to examine (who examined them?) “all persons who may desire to obtain a license to practice medicine according to the doctrines and teachings of Eclectics within this Province.”

Now the idea of *licensing a system* is really very absurd if we look into it a little, and surely it would seem more rational to compel every person desirous of practising Medicine, Surgery or Midwifery to qualify himself according to the existing laws of the country, and then let him practise any system he choose, and call himself what he likes, and take the consequences on himself, and if, as the preamble to the Act stated, there were a great number of persons interested in or favourable to the system, it would likely pay—whatever course might be taken towards them by their medical brethren, who did not believe in *the system!* The object of all good legislation as laid down by political economists should be the good of the many, even if a minority may suffer thereby, but in the two cases just mentioned the legislation was for the benefit of seven or eight men in each case, because, if otherwise duly qualified, there was nothing to prevent their friends from getting the benefit of their *system*, and if not duly qualified it was wrong to make laws for their benefit. Just let us see to what absurdities this mode of legislation, would carry us if followed out. Any man or set of men have a perfect right to get up a “system,” and we know that now-a-days, refining perhaps on Homœopathy, a so-called system of medicine has been put forward by a few practitioners, especially in Italy, which they call ‘Medicine Expectant,’ which means a system in which *no* medicine is given, but in which we are to *expect* nature to do every thing. Now, suppose that seven or eight men in Ontario were to adopt this system,

and get up a petition to Parliament, signed by persons interested in or favourable to "doing nothing" but giving water gruel in disease, would they not have as much right to ask for a legislative enactment in their favour as those who adopt any other system?

The fact is, that in all these measures the true object of legislation has been lost sight of, for that, as I have said, should be the good of the many and not of the few—and the object of medical legislation is entirely ignored, which should be the establishment of a board whose standard of preliminary and professional education would be such that the granting of its license to any one would be sufficient guarantee, that he had studied the beautiful mechanism, mental and physical, in health and disease, of the human body on which he has to operate, and all the collateral branches, leaving each to follow any system he can *conscientiously* adopt, and the public to judge whether they shall have their bodies *worked* on that system or on another. Who ever dreamed of legalizing a *system* say of navigation? but legislation in all civilized countries makes it necessary for commanders and officers of vessels to study navigation, and to obtain a certificate of fitness, and then they can sail their vessels on what they consider the best system adapted to the peculiar circumstances in which they may be placed, be it either the old fashioned system, or that of sailing in the arcs of large circles. The Germans, ahead of us in this respect, *allowed* regulars to practice Homœopathy when they see fit.\* Another argument that might be used against the legalizing of these particular systems is that there was not at the time, nor is there now, a single school for teaching their peculiar dogmas in Ontario.

What Homœopathy and Eclecticism is, and what they are worth, I shall consider by-and-bye; we have now to do with the fact that by these Acts of Parliament these few men suddenly found themselves invested with all the rights, privileges and immunities of legally qualified practitioners of medicine, one of the learned professions, and with the power of admitting others.

This state of matters was sufficiently galling to those of us who had obtained degrees or diplomas from time honoured schools of medicine or from efficient teaching bodies, but in the meantime other matters had been transpiring in our own ranks, I may say, which called for legislative interference in some shape or other. It had become more than suspected

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\* In Germany, the apothecary must come between the physician and the patient, and as the followers of Hahnemann could not write out their prescriptions, it became necessary to pass such a law.



that, owing to the rivalry between competing local schools of medicine, and in order to attract pupils and fees to one or other of these schools, students had been allowed to pass without a proper preliminary or medical education or examination, and it was felt necessary that there should be some better guarantee for the fidelity of the teachers and examiners of our schools of medicine. It was also thought desirable by many that a system of registration of all "duly qualified" regular practitioners should be adopted, similar to that in Britain, and these feelings and desires culminated at length in 1865, in what is known as Dr. Parker's Act.

Now, considering all the difficulties that have to be contended with in matters of this kind, I cannot but think that this Act does its framers great credit. It wisely, I think, lets the Homœopaths and Eclectics alone, it provides for a matriculation examination, and gives the Medical Council, for which it also provides, the power of prescribing the standard of admission into the medical ranks as students and as practitioners; it provides for registration of all duly qualified medical practitioners; but it falls short in not providing for a Central Board of examiners, and in not appointing a prosecutor in the case of those "taking any designation or title" which would lead the public to believe that they were registered.

I have said that this Act wisely let the Homœopaths and Eclectics alone; but it was not because its framers or supporters approved of the adherents of these systems being legally qualified, but because they found it a difficulty too great to be overcome. And indeed, this will always be found a difficulty in future legislation, so long as the idea of legalizing systems is continued.

This then, brings us to the famous Ontario Medical Act of 1869, and we shall presently see how its framers attempted to cut the Gordian knot. In the meantime, Confederation had become an accomplished fact, leaving the matter of general as well as special education in the hands of the local Parliament, and, on the plea that no provision had been made in Dr. Parker's Act for the continuance of the Medical Council, a new Act is introduced into the Ontario Parliament, extending the provisions of the former one, and while it was in Committee, and at the very last moment, and before those interested could make any objection thereto, certain alterations and additions were made on which it would have been well to have taken the sense of the profession, but which became law so hurriedly that that was impossible. Now, as these are the facts of the case, and as the regular profession of Ontario are condemned by their brethren in the other portions of the Dominion and in Britain for having tamely submitted to the imposition of the objectionable clause or clauses of this

Act, it were well that these facts were made known; but this did not hinder us from entering our most unqualified protest against *indignities* thus heaped on us, and this was done by many, not only individually, but collectively in a written protest, which, when last seen by me, was signed by a very large and influential number of the medical men of Ontario.

The famous Ontario Medical Bill of 1869 is such an anomalous and hybrid production, such a mixture of meritorious and objectionable clauses, contains so much retrogression and progression, and is so obnoxious in one or two points to those who entertain anything of the *esprit de corps*, which should always pervade the members of a learned profession (which is supposed to be composed of gentlemen), that it is almost impossible to give it a temperate consideration; but let us weigh its merits and demerits and endeavour to express a really candid opinion on it.

In so far as it provides for preliminary and professional examination, and for the thorough examination of candidates by special examiners, and by a Central Board, it is worthy of all commendation, and indeed in this respect and in the composition of the Medical Council as in Dr. Parker's Act, of a mixture of the popular and ex-officio element, it is ahead of Britain, for it has anticipated those very measures, which the profession there is now contending for; but when we come to consider some of its other clauses it must, and does, seem to all candid members of our profession, except to those who were engaged in framing it, and are bound to uphold it, and to those whose status has been raised by it, obnoxious and retrograde.

The great feature of this bill is the registration of the Homœopaths and Eclectics along with the practitioners of "legitimate medicine." Most of us will remember that when this was attempted in Britain some years ago, it met with the most determined opposition from the Medical Council and the general body of legitimate practitioners, and so great was the out-cry against it that the attempt had to be abandoned; and, as I have already observed, many both in this and other countries think that because we have said little about the matter in public we have quietly approved of the arrangement, and on this supposition we have been made the bye word of the Medical journals at home, and the finger of scorn has been pointed at us by all who have any proper sense of the dignity of our profession. The reasons for our apparent want of action have already been stated; but because such was the case are we to remain silent now, and allow the slur of this unholy alliance to rest on us by silent consent? Rather let us be roused to redoubled energy,

using every lawful means at our disposal to have this *stain* wiped off. What those means are I will consider more fully after.

Let us just for a moment endeavour to realize our present position as it must appear in the eyes of the profession in the other parts of the Dominion and in other countries. Take, for instance, one of ourselves, who studied medicine either in Canada or in Britain, and who has always gloried in having obtained his degree or license after a long course of study and a thorough examination, and feels proud, as every graduate should, of his Alma Mater, and who is anxious at all times to keep up that spirit of honour which should always *permeate* the ranks of legitimate medicine—just imagine the name of such an one placed on the register about to be published with that of a Homœopathist on one side and that of an Eclectic on the other. On the one side of his, the name of a man who follows a *system*, (save the mark!) without any medicine, and on the other the name of a man *with* medicine, but *without* a system: for although the Homœopaths of Ontario say when they are twitted with giving infinitesimal doses, that that is no part of *their* system, we know that it is of Homœopathy, and we read that the term "Eclectics is applied to those practitioners who have no determinate system of their own." Here then on the register is the name of our friend the M.D., of Victoria College, or of Edinburgh or Aberdeen, or the M.R.C.S., Eng., as the case may be, with the name of a man without medicine on one side of him and that of a man without system on the other; he is in fact placed between two nonentities or ciphers. And won't people judge of him by the company he keeps, and if waggishly inclined say, "take nothing from nothing and nothing remains." Thus reducing us to ciphers also.

Seriously speaking, however, this involuntary association and juxtaposition of our names with those of men with whom we have nothing in common is an insult to ourselves and a slur on the fair escutcheon of scientific medicine, against which we should miss no opportunity of protesting, privately and publicly, in season and out of season, and we should be up and at it now, *manibus pedibusque*, tooth and nails.

The only argument that I have ever heard, even by its most strenuous supporters, in favour of taking these two nonentities under our wing is that it will in the course of time annihilate them, that it is in fact giving them "such protection as vultures give to lambs, covering, and devouring them." And this is predicted by the *shrewd* men in our Medical Council as an unavoidable sequence from the action of their Bill. Now, we will all admit that this is "a consummation most devoutly to be wished for;" but are we to do evil that good may abound, or are we by

silently acquiescing in the felony, to become accomplices after the fact—not of the crime, of stamping out Homœopaths and Eclectics, but of the unhallowed association of our names with them? It would indeed be very pleasing to look forward to the happy state of our profession, 50 years hence, and with prophetic eye to view the medical millenium which our successors will enjoy somewhere about the year 1920. But have we any guarantee, that matters will remain as they are for five months, far less for 50 years? Let the recent action of Mr. McMurich in the Ontario Parliament answer. A motion which had for its object, to return the whole power of examination into the hands of the Homœopathic and Eclectic Boards, leaving them still the privilege of registration with ourselves. This motion has, for the present, been withdrawn, but it will no doubt be introduced again and again by the friends of Homœopathy and Eclecticism till they obtain their object, and then the followers of these two systems shall stand before the world with all the eclat of medical registration without any guarantee of fitness. In fact, legislation in Ontario is so shifting and uncertain, except in its mutation, that half of our Session seems to be spent in annulling what had been called into existence the previous one, or reviving what had been previously repealed. What force can any argument have then, which is founded on the action of such a shifting quicksand as the Ontario Legislature? Our only remedy for these evils is in having a Dominion Medical Bill and all our energies as Doctors and as Politicians should be directed to the consummation of this end.

Another defect in the Act of 1869 is that the clause professing to deal with unlicensed quacks is found, from some cause or other, to be altogether inoperative. Indeed, this has been virtually the case with every law bearing on the subject in Canada, so much so indeed that many have begun to think that it would be better for us to leave those parasites on our profession alone, instead of forcing them into an ephemeral notoriety, which merely serves to advertise *them* and their deeds; and it is quite possible that in one sense we should rather endeavour to make it appear to the public that we take no note of them, but quietly to hint that they are our best friends, in the way of sending us patients.

“Since there's nothing so likely as quacks, it is plain,  
To make work for the regular Doctors again.”

If, at all events, without any direct action on our part, we could only get the public to believe that there was some secret desire or design on our part to foster “quacks,” without, however the contamination of contact with them, I believe our legislators would soon be roused, by public petition and otherwise, to the necessity of a very strict prohibition

of quackery. As we cannot well do this it will perhaps be better to let them alone, in the hope that the public will some day or other become enlightened enough to let them die of inanition, rather than that we should act so as to make the said public believe that quacks are martyrs to legislative enactment called into existence by a set of persecuting and jealous doctors. Indeed, we must despair of quackery, either in the profession or out of it, being "stamped out," till the public understand who are its real medical friends. Another provision of the Act in question is the exclusion from practice in Ontario, without examination, of all qualified to do so in other sections of the Dominion, and in Britain, of the latter permanently, and of the former till such time as a Central Board, similar to that in Ontario, is established, and provided the same privileges be accorded to those holding the dignified title of M. C. P. and S. of Ontario. The expediency of such a clause, at a time when the Medical Council of Great Britain and Ireland, after being long implored to do so by the Colonial Schools, is contemplating the admission of Provincial graduates to registration there, is, to say the least of it doubtful, and possibly it may be found to jar with the old Imperial Act which confers the right of practice in the Provinces on the graduates and members of certain schools, and on all surgeons who have served in the Army or Navy of the Mother Country.

What shall I say of the Cabalistic letters M. C. P. & S., Ontario, with which all who register here are entitled to grace their signatures, but which I am glad to say I have never observed placed after any name except that of a Homœopath or Eclectic. As the idea of the College of Physicians and Surgeons of Ontario originated at this very Society, and was suggested by one of our own number, it may require a word to those not acquainted with the circumstances to explain that the suggestion was made at a meeting of this Society, called to discuss the expediency of further medical legislation, and at which at least two members of the Medical Council were present, and at a time when no one but the promulgators of the measure had any idea that our names were to be registered with those of Homœopaths and Eclectics.

It should teach us a lesson, however, that in all future legislation on medical matters we should seek the good of the profession and the public rather than the acquisition of mere empty titles by ourselves. Of course, the mover of the measure had no idea at the time that the College of Physicians and Surgeons of Ontario would admit into its ranks men who never spent twelve months in continuous study, and who never attended lectures for more than one term of six months; yet we know some among the Eclectics who, without any preliminary study or examination did no

more than this, yet they now are legally qualified to practise Physic, Surgery, and Midwifery in Ontario, and to use the M. C. P. S., Ontario, as well as the best of us. That there are some among the Homœopaths who are not a whit better entitled to the distinction I have no doubt.

Such then are some of the obnoxious defects of the Ontario Medical Act of 1869—one of them an insult and an injustice to the Medical profession; another having for its object the suppression of quackery, but entirely ineffectual in that direction, and a third highly illiberal and in opposition to the spirit of the age. Would it be too much then to expect that the members of a liberal profession should be united in their endeavours to abrogate these obnoxious clauses, and to release us from the effects of that piece of hasty and unjust legislation which has caused the finger of scorn to be pointed at us by every section of the Medical Press of Great Britain and America.

I am fully aware that the argument set forth by the promoters of the Bill, and already combated, that it strikes the death-blow of Homœopathy and Eclecticism, has beguiled many an honest heart from its true allegiance to the honor of the profession, but let such reflect for a moment on the sophistry contained in it, and on the fact that there is no guarantee for the permanency of the existing state of things, and they will, I think, take a different view of the matter. I am also aware that Dr. Marsden, of the City of Quebec, who, at the meeting of the Canadian Medical Association expressed views very hostile not only to the Bill, but to its framers, and indeed to the whole body of medical men in Ontario, who would quietly as he thought, submit to be allied to such quackery. Dr. Marsden, who one day strongly opposed the admission of the President of the Ontario Medical Council as a member of the Association on this very ground, and the next day was his anxious and ready proposer, has since then not only passed a favourable opinion on the measure himself, but has also stated that the majority of the medical profession not only in Ontario but in Quebec *now* take a like favourable view of it.

So long as the worthy doctor merely states his own views we have no quarrel with him, especially as he is so ingenuous as to admit that he entertained his former opinion while he had not seen a copy of the Bill, whatever we may think of the strength of his judgment in this matter. But when he pledges the profession in a body to a favourable view of the matter, we must enter our own protest, as I am glad to see that the Medical Society of Quebec has done, and repudiate the idea of any one man, of however exalted a position in the profession, pledging them *en masse*. However much we may regret that a man of the presumed acumen of Dr. Marsden

should express so favourable a view of the measure, we need not, after all, fear the consequences viewed in the light of the admission made by the Dr. and already referred to, for it cannot carry much weight with it. Indeed, from the vacillating behaviour of Dr. Marsden at the Association, although at first we were inclined to pay great difference to his opinion on any medical subject, we began to fear that his ingenuousness was no match for the sophistry of the members of the Medical Council favourable to the Ontario Bill, and we feel quite sure that the President of the Ontario Medical Council had, with his usual cunning, been tampering with the doctor during the interval between the two first meetings. As to Dr. Marsden's statement that a majority of the medical men of Ontario are now willing to give the Bill a trial, the protest already referred to, and which is now, I believe, in the keeping of Dr. Beaumont of Ontario, is sufficient refutation. As to Dr. Marsden's statement that the Ontario Bill is in some respects better than the Quebec Bill—we are quite sure that there are many medical men of equal standing to Dr. Marsden who take an entirely different view, the able editors of the *Canada Medical Journal* among others.

Having extended these remarks on medical legislation to such an extent, some of you will ask *cui bono*. Well it has been with a view of preparing our minds for the next question. Is it possible, by a united effort of the profession, to remove those clauses which are obnoxious to so many, and "especially to do away with the most obnoxious of all, the registration clause?" There is only one remedy, and that is an appeal to the Dominion Parliament, in the hope that in the keeping of a body so much more numerous, and, shall I say it, more dignified, than the local legislatures our interests will be safer. But to obtain this there must be a united effort of all the regular profession in the Dominion of Canada, and it is encouraging to know that the Canadian Medical Association has appointed a committee to draft such a Bill to be submitted to the Association at its next meeting at Ottawa; and I frankly confess, as a member of that committee, that I have availed myself of my position here to-night to enter so very fully into the matter, so as to arouse your interest in favour of the proposed measure, and if possible to get your co-operation as a society and as individuals in offering suggestions and in strengthening the hands of that committee, and of the Association in their endeavours to get us a good and final measure for the regulation of the Medical profession in Canada.

It seems, however, that by the Act of Confederation all educational matters have been left in the hands of the local parliaments, and that no general measure affecting this can become law without the assent of the

local legislatures, except in the case of Quebec, which has some special privilege in this respect. Any general bill has thus to come before the Parliament of Ontario before it can become law. I daresay some of us, considering the past history of medical legislation, will say that there is very little use in thus again coming before the Legislature of Ontario, and that it is very improbable that they will take a favourable view of our case, and accord us what we consider bare justice; yet I really do believe that, had we as a profession been on the alert, and true to ourselves, by using our influence with the members of our legislature, and representing to them the true merits of the case, we should not now have to lament over our present degradation, and that if we even now endeavour to make amends for our former apathy by getting the ear of as many of the 82 members of the Ontario legislature as possible, and representing the matter to them in its proper light, we may be able to get a majority of them to favour our views, so that when the Bill comes from the Dominion Parliament for their sanction they will be prepared to approve of the measure, as embodying the views not only of the medical profession in Ontario, but of so influential a body as the Canadian Medical Association; and they could do this with a much better grace than they could repeal the Act of 1869. It would indeed say very little for the influence and intelligence of 1,200 regular professional men in this section of the Dominion if they were not able to convince a majority of the legislature that what they wished was only just and proper, seeing that it is in accordance with good legislation.

Now, in representing this matter to our local legislatures it will be well for us to have as many arguments as possible to show that what we want is only just and fair, not only to ourselves but also to the public, and I think the reasons might be set forth somewhat as follows:—

- 1st. As to compulsory registration of regular practitioners with Homœopaths.

We can have no common ground on which to stand with them, for they are constantly in the habit of denouncing our system as injurious to health—more so than disease itself—and ourselves as dishonest in practice; while we, as a general rule, do not spare their system, even if we do not impugn the motives of the men. Why then bring two elements so antagonistic into such close proximity? 2nd. Ontario is the only country or section of country in the world in which the Homœopaths are thus allowed to register, *as such*.

Although they are legalized practitioners in this Province, surely the most ardent admirer of the wisdom of Ontario will not assert that it contains more legislative ability than any other section of the world.



3rd. In answer to the argument that Homœopathy is steadily and rapidly gaining ground, we can prove by figures and otherwise that it is not so. Take any town in Canada and it will be found that they bear a very small proportion to the regular practitioners, and in Ontario they are certainly the most itinerant and shifting part of the medical population. How many have we seen come to and leave Hamilton in the last fifteen years, finding no rest for the soles of their feet? The same too is true of other parts of Ontario, and I doubt not of all Canada. In Great Britain their progress has been very slow, and there are many towns in England of over ten thousand inhabitants without a single representative of the school.

In Scotland there is not a Homœopathist north of Dundee, unless indeed Dr. Reith, whose recent papers in the *Edinburgh Medical Journal*, betrayed Homœopathic tendencies, has since adopted the system. And even in Germany, the very cradle of the system, the Homœopathic press is lamenting the lack of Homœopathic recruits, and not long ago I saw an article in one of these predicting that at the present rate of decrease these ranks will soon be thinned sufficiently to prevent them from showing a distinct front to the world. The same article went on to say that, of course, there were always a few who joined their ranks from the old school, but that of these they made no account as they were generally driven to this step by the loss of practice or character owing to some fault of their own, and took up Homœopathy as a forlorn hope or *dernier resort*. We in Hamilton, or even in Ontario, cannot gainsay the truth of the latter remark. Even in the United States, I am given to understand that there is no steady increase of Homœopathic practitioners in proportion to the increase of population. Why then should such a failing system be bolstered up by legislative enactments?

Then, as to the Eclectics, we should first be able to show what they are.

Now I admit that I have to repeat the remark often made by British medical journals when they learned that Eclectics were to be registered in Ontario along with the regulars "Eclectics! whatever that may be." Well, what are Eclectics? We all know, of course, that the term was applied to a sect of philosophers in ancient times who had no determinate system of their own, but who professed to choose from all systems the parts that *they considered true*. It was at first attempted by it to reconcile the system of Pythagoras, Plato and Aristotle, but it ultimately *lapsed* into an attempt to reconcile Platonism with Christianity. Bacon, Des Cartes and Hicle were Eclectics in so far as the word applied to Philosophy, or to the Philosophy of History rather, and

Victor Cousin by his lucid and brilliant eloquence made modern Eclecticism popular. And we read that "this system, *if it can be so-called* may best be defined as an effort to reconcile in a critical and sympathetic spirit, the previous systems of Philosophy. Its aim is to apprehend the speculative thinking of past ages in its historical development, and it is the opinion of some that such a method is the only one possible in our day in the region of metaphysics." We can easily understand then what the term means when applied to History or Metaphysics, but what can it mean when applied to medicine? I was always of the opinion that Eclectics in the States were Herbalists or Thomsonians, using No. 40 and No. 50, &c., &c., and the only reference that I can find to them, medically, in books, is that an Eclectic is one of a sect of physicians. Well from all this we glean that an Eclectic physician is one that practises without any definite system and chooses out of all systems *what he considers true*. Why then, after all, it is a mere matter of opinion, and surely other physicians have as much right to hold and act on an opinion as any Eclectic.

But let one of their advertisements speak for them. In an announcement of the Eclectic Medical College of New York, 1869, I find the following: "The principles of *Medicine and Surgery*,\* taught at the Eclectic Medical College, allow and require the fullest investigation, and provide that that investigation shall be untrammelled by any prescribed *code or system of ethics*: and at the same time enjoin the disuse of every agency claimed to be remedial, which is liable to inflict injury on the human constitution. The result has already been shown in the introduction of *new medicines*, generally obtained from indigenous plants, which have been (found?) safer, more successful, and in all respect preferable to those embraced in the *Materia Medica of the old school*. No school of medicine in either hemisphere has discovered and supplied so many important *new remedies* as the Eclectics of North America, and this is attested by the voluntary testimony of the most respectable medical journals of Europe, as well as by the fact that many of them (not the journals) have been adopted in the practice of "regular" physicians in this country under the *pretence* of having been discovered by them. Chemical science is rapidly increasing the number, and thus keeping Eclectic practice, as a healing art and learned profession, far in advance of all rivals."

Allow me just to say at present that all these incomparable advantages, including the Doctorate may be obtained under eleven professors, some

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\* I am responsible for the Italics.

of them, however, "Emeritus," in two regular courses, each continuing eighteen weeks, for the reasonable sum of \$193., or in one full course of lectures, provided the candidate have been engaged in a constant and reputable medical practice for *four* years, for the sum of \$143; truly this is medicine made cheap and easy, and yet all these advantages and facilities only attracted in 1869; sixteen graduates—three of them women. There are also three graduates *ad eundem*, whatever that may be, and five honorary graduates, which means I suppose, people who get all these advantages conferred on them by the imposition of hands, for about \$40 without any attendance on lectures. And to give every facility for the attainment of all these advantages to as many as possible there are scholarships entitling the holder to keep a student in the college for ten years, which may be purchased for \$500, and to keep one student in the college perpetually for \$1,000. But really, I have dwelt on this too long, and must allow you to draw your own deductions from them and especially from the emphasized words. What I have been wishing to show is that this much-talked-of Eclecticism does not afford any of, nor indeed half, the advantages, except indeed that of cheapness, which the regular schools do, and that in talking of it to our M.P.P's we should keep this in view. But the unblushing assurance of the last two statements cannot be passed over in silence—the regular physicians use their remedies under the pretence of having discovered them!! The only two or three remedies such as podophylin and one or two others which we owe to Eclectics or Thomsonians, or whatever they may be, I find credited to them in Christison's work; but really some of us begin to feel after all that we might be much better to let their remedies alone. After all what are they when compared to chloroform, iodide of potassium, bromide of potassium, hydrate of chloral, and fifty others that have been discovered by men *not* Eclectics. But of course, according to the Eclectics, these are "liable to inflict injury on the human constitution"!! Then "chemical science is constantly increasing their number and thus keeping the Eclectic Practice as a healing art, and learned profession, far in advance of all rivals." So chemical science with its thousand discoveries is altogether intended to advance the Eclectic practice! Well, we used to think that chemical science was for the common good till we were thus enlightened!

Such then are the sandy foundations on which Homœopathy and Eclecticism seek to found their claims to legalized systems—arrogance and pretension.

It seems then to be sufficiently plain that we can have no dealings

with these "Samaritans," and that we should endeavour by all means to avoid being brought into juxta position with them.

There is one other point connected with our profession which should be made the subject of legislative enactment, and on which we should get up a petition to Parliament, I mean the payment of medical witnesses in criminal prosecutions. This would scarcely come within the province of a Medical Bill, but it is one of those things which for the good of our profession we should ever bear in mind, and not rest satisfied till it is remedied. To place a medical man in the witness box and compel him to give an opinion which his medical knowledge alone enables him to give is certainly like robbing a merchant of his stock in trade or capital without any remuneration. But this is exactly our case. How often does it happen that some of us are compelled to attend court from day to day, perhaps for weeks, in order to give evidence, without any remuneration. This is certainly a great injustice and one which will never be remedied till such time as we take a stand against it. It seems to me that the matter should be taken cognizance of by the Medical Association of Canada, but till that is done we should refuse to give such evidence till we are promised remuneration adequate to our trouble and responsibility in the circumstances. I am aware that such a course would lay us under the censure of the judge, and perhaps render us liable to imprisonment for contempt of court, but unless some one takes the position I fear we will get no redress. Who then will be the first martyr for the good of the profession? It has, however, been given on good legal authority that a subpoena does not require a statement of opinion, but only of facts as an ordinary witness—unless paid for. Let us then take our stand on this.

While on the subject of medical legislation, let me say that it is the duty of members of Parliament to send their constituents copies of all Bills bearing on any of them individually, or as members of any body or association, and that medical men are certainly entitled to this consideration in all cases affecting them. Yet how few among us were put in possession of copies of the late Medical Act, or of the Registration Act, by our local member, or if put in possession of them at all, not till too late to suggest any alterations or amendments. This we should demand as a right, and I think it would be well that this Society should pass a resolution, a copy of which should be sent to our members of Parliament, asking that copies of all Bills affecting the profession in any way should be sent to them individually, or at all events to the officials of our society. Each member of Parliament is, I believe, furnished with a sufficient number of copies for this purpose. It was my intention before I began

to write out this address to have made some remarks on the progress of medicine during the past year or two, and to have said something on hypodermic injection; Bichloride of Mythelene; Inhalation of Oxygen; Inoculation of Animal Poisons; on the phenomena of intermission or remission in some diseases; on Darwin's theory of selection as applied to all growths, in explanation of Cachexia, as Cancer, Syphilis, Struma, and the like; on Isomorphic Metals; on the Hydrate of Chloral; Female Doctors; Hospitalism, and kindred subjects, of which I have pencil notes, but these may well occupy our attention during the year on which we are just entering, and I shall endeavour to bring some of them before you at subsequent meetings.

I have also some notes on medical ethics, and more especially on the conduct of medical men to each other, taking the view that the more we respect each other the better will be our position before the public, and that in cases where we can say no good of a brother practitioner we should be very careful neither by shrugging of the shoulders, shaking of the head, nor glances of the eye, to leave a bad impression, and especially to avoid that action frequently taken by older practitioners towards junior members of our profession, of "damning them by faint praise." Of course these remarks are not intended to condemn the right of our medical men discussing the merits or demerits of one brother with another but with the public, before whom we ought to exercise great caution, and in this conviction I will quote the following: "It is said that there are some poisons so subtle that they will destroy life and yet leave no trace of their action. The murderer who uses them may escape the vengeance of the laws, but is not the less guilty. So the slanderer who makes no charge, who deals in hints and insinuations, who knows melancholy facts he would not willingly divulge, things too painful to state—who forbears, expresses pity, sometimes even affection, for the victim, shrugs his shoulders, looks with

The significant eye  
Which learns to lie in silence,

is far more guilty than he who tells the bold falsehood, which may be met and answered, and who braves the punishment which must follow on detection."

In criticising the practice of our medical brethren we should always bear in mind that there is great latitude for difference of opinion, and that indeed there are several ways of accomplishing the same end. Indeed, the human system in a state of disease may be likened to a city, the inhabitants of which are in a state of rebellion or revolt, the result in this case being a departure from the laws of the economy of the

body. As in the one case disaffection to law and order is the cause of the unnatural position of the inhabitants, so in the other a departure from the laws of our organisation may be considered the cause. As in the one case the various modes of assault are the means taken to subdue the revolt, so in the other the various modes of treatment adopted to subdue disease are the means used to bring the body back to its wonted allegiance to the laws of health. The heroic practitioner may be looked on as the dashing general, who at one bold onslaught would subdue the city, regardless of the fearful consequences to its inhabitants or the ruin it must entail on its walls and structures. Another general, wishing to save not only the inhabitants from destruction but also the city, sends forth a flag of truce and endeavours by gentle and almost soothing expostulation to win the refractory inhabitants back to their fealty. Such is the cautious practitioner who endeavours to discover the *origo mali*, and, by removing the cause of irritation, assisting nature to bring the organism back to its healthy working. A third general, believing more in husbanding his resources, beleaguers the city on all hands, and by preventing the ingress of supplies trusts to the natural course of events to bring the inhabitants into submission: such is the expectant treatment, trusting everything to the *vis medicatrix naturee*. Yet another might be supposed to endeavour to frighten the inhabitants of the disaffected city into submission by firing blank shot. Keeping up, in fact, the semblance of doing something, while in reality doing nothing—such is the man who uses placebos. Yet another general may be supposed to hope for submission by subjecting the inhabitants to all sorts of annoyances, such as throwing Greek fire or stink pots into the city, as the hypodermic and inhalation men do to the human system. And as each of those modes of attack may in special cases accomplish the end in view, so may each mode of treatment be successful in particular cases. If then, there are so many means of accomplishing the same end—the subduing of disease and the restoration of health to the human system,—should we not exercise great charity in criticising or condemning the practice of others?

And now, gentlemen, in conclusion, before resigning into your hands the trust committed to my care twelve months ago, let me thank you for the great consideration which has on all occasions marked your conduct towards me as your President, and to express the hope that you consider the year just closed as in no way behind previous ones in the history of our Society in interest or utility.

## CORRESPONDENCE.

## HAMILTON (ONTARIO) MEDICAL AND SURGICAL SOCIETY.

*To the Editors of the Canada Medical Journal.*

The regular monthly meeting of this Society was held on the 6th inst.; but owing to the death of one of the members, Dr. David Keagy, the regular business was deferred till an adjourned meeting.

Resolutions giving expression to the deep sorrow of the Society at the premature death of so promising a member as Dr. Keagey, and of condolence with his bereaved friends and relatives, were moved by Dr. Macdonald, and seconded by Dr. Mackintosh, in appropriate terms.

It was also moved by Dr. J. Ryall, and seconded by Dr. Geo. Mackelcan, that, out of respect for the memory of the deceased, the Society do now adjourn, and that as many as possible of the members attend the funeral next day.

As an obituary notice of the deceased has been prepared for your journal, it will be unnecessary to say any thing further on this matter, except that, notwithstanding the very bad state of the roads and the distance of the place of interment, there was a very fair representation of the medical men of Hamilton, and of the surrounding country, present at the funeral, to do honor to the memory of their deceased brother practitioner.

April 13th. The adjourned meeting was held this evening and there was a fair attendance of members.

The programme for the evening was the reading of a paper, by Dr. Macdonald, on puerperal fever, with notes of recent cases, quite a number of which it appears have shown themselves in Hamilton lately. Owing to the indisposition of the doctor, however, the matter was deferred.

Dr. Mullin then introduced an interesting and complicated case of cardiac and aortic disease. The patient, a man of 45 years of age, had fallen on the sternum on a log of wood, about four or five years ago; was indisposed for a few days, and occupied himself with light work for a week or two; as soon as he began heavy work he found something wrong with his heart, and ever since he has been incapacitated for his usual employment of farming. The case was sent in from a medical man in the country as one of aneurism of the large vessels near the heart. The patient, who was present, was examined by the members of the Society, and stated that he had been accustomed to hard work and very heavy lifts ever since boyhood. The principal features of the case were the extended dullness on percussion over the cardiac region, the entire absence

of the second sound, which was replaced by a prolonged *bruit*, which was loudest on the right of the sternum close to its junction with the second and third ribs. At this point the *bruit* nearly resembled an aneurismal thrill.

The general opinion of the members was that there was before them a case of right cardiac hypertrophy and dilatation, with inefficiency of the semilunar valves, and possibly atheromatous deposit on these valves, and also along the course of the aortic arch.

Dr. Mullin, who had the opportunity of a more leisurely examination of the case, was of opinion that there had been rupture of one of the semilunar aortic valves at the time of the accident and that this was sufficient to account for all the symptoms; and related the case of Dr. Canim, inventor of the double flexible stethoscope, who, in ascending the Alps, met with a somewhat similar injury, and himself diagnosed, by means of an examination with his own instrument, rupture of one of these valves, which a subsequent *post mortem* proved to be correct.

The case was one of great interest and, no doubt, will be carefully watched by the medical gentleman under whose special care it is at present.

Dr. Mackintosh gave notice that at next meeting he would introduce four cases of special interest, which he had lately met with in private practice. One of them being a very curious case of attempted deception, so as to simulate disease in a girl æt. 15 years.\*

The meeting was a most harmonious, agreeable and instructive one.

It may here be remarked that the Hamilton Medical and Surgical Society, which has been in existence for about ten years, has been of great benefit to the profession of the city, not only in the communication of valuable information and of interesting cases, but in rubbing down many of those asperities which are sure to separate medical men who are brought little into mutual contact. It is true that there are a few of the "regulars" of Hamilton who keep aloof from our Medical Society, and who seem to think that, as Minerva sprung fully armed from the head of Jove, so have they, by the magic touch of the Doctors' cap, and the cabalistic words, "*Doctorem te creo, arisen full-fledged medicos*; but alas! so it will always be, that there will be a few, even in the ranks of our noble profession, who instead of regarding it as a means of doing "all the good they can" look upon it merely as a means of procuring a livelihood, and thus have recourse to every subterfuge which is more likely to make the thing *pay*.

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\* A report of this case will appear in May No. of this journal.



I may possibly be mistaken in judging of some of our brethren so harshly, but I can only regard their conduct in one or other of two lights, either that which I have mentioned, or that their acquirements are *so much below par* that they are afraid to meet their fellow practitioners in close contact, or in discussion.

Should any of these gentlemen think my language too harsh, I need not say how glad all the members of our Society will be to afford them an opportunity of disproving these views, by their joining our ranks, and acquitting themselves as members of a learned profession.

P. S.—The Ontario Medical Council, having discovered their blunder in appointing the time of meeting during “*passion week*,” have wisely postponed their first sitting for a week. As we are to be favored with the presence of this *August assembly* in our “*ambitious city*” I may probably drop you a few remarks from an *outsider* on their general conduct and appearance in time for your next number.

Hamilton, 14th April, 1870.

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## Midwifery and Diseases of Women and Children.

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### BELLADONNA IN WHOOPING-COUGH.

By Dr. B. S. Woodworth, Fort Wayne.

I heard Brown-Séquard say, in a speech or lecture before the American Medical Association, at Baltimore, a few years ago, that whooping-cough could be cured in three days by belladonna. But that in order to do this it would be necessary that the physician should stay in the house of the patient and watch the effects of the medicine. I took notes of this lecture at the time, and on the first opportunity I prescribed belladonna in doses that I had not previously dared to do. I became convinced, however, that this drug was signally efficacious in whooping-cough, and I have never failed since that time to give the medicine, not only in whooping-cough, but in many cases of cough among adults that seemed to depend principally upon nervous derangements. A recent epidemic of whooping-cough in this city has given me an opportunity to witness the effects of belladonna in a larger number of cases than I have previously witnessed it; and I have no more doubt of the specific influence of it than I have of that of quinine in intermittent, or of ergot in producing contractions of the uterine muscles. By the way, although some have denied that the specific effects of the latter are certainly to be relied

upon, I must truly say that I *never*, after a practice of thirty years, knew it to fail.

In the present epidemic I have treated about fifty cases—all but one were uncomplicated with other diseases. The exceptional case, a child four years old, had capillary bronchitis, and possibly very circumscribed pneumonia, and for several days death seemed imminent, but recovery took place. Most of the cases had had the usual symptoms of bronchitis for several days before I prescribed for them—in short, the disease was fully developed. I began by prescribing the extract in as large doses as I thought the patient would bear, and increasing it at every successive dose until the pupils were fully dilated, and then kept them dilated, being careful to tell the friends to watch the effect and omit the medicine in case any dangerous symptom supervened. I have never seen any ill effects from it. In a majority of the cases that characteristic scarlet flush or efflorescence appeared, and with it an abatement of the cough, or of its spasmodic character. In a few cases I gave opium with the belladonna, or alternately. In that case the dilation of the pupils will not be witnessed, if they be given in about the medium dose of each—they balancing (not neutralizing) each other. I believe it is now generally conceded that those narcotics, which we call mydriatics, are antidotes (or *nearly* so) to those that produce contraction of the pupil, and *vice versa*. But, perhaps, more experiments, or more experience, are wanting to verify this. I, however, think it probable that we may find it advantageous to prescribe the two together sometimes, thus avoiding the bad effects of either, while the good are obtained. This is no new principle in medicine, I am aware, and for a long time I have acted on that principle in reference to quinine and opium—considering one an anti-congestive, while the other is congestive in its effect.

Now, although I have not proved Brown Sêquard's saying, that whooping-cough can be cured in three days, I verily believe it can be cut short; and there is no more need of whooping-cough continuing for months than there is for ague continuing an indefinite length of time when plenty of quinine can be found.—*Western Journal of Medicine*.

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We have received from Messrs. Francis Cundell & Co. samples of Pepsine Porci, and Pepsine wine. These are from the well known house of Messrs. Savory & Moore, London, Eng. We need not allude to the action and uses of this remedy, as our readers are fully aware of the beneficial results to be obtained by its employment. The preparations can be had of Messrs. C. & Co., the Pepsine in half ounce bottles, and the wine in variable quantity.

# Canada Medical Journal.

MONTREAL, APRIL, 1870.

## DOES HABITUAL DRUNKENNESS COME UNDER THE HEADING OF MENTAL DISEASE?

By the above question we would wish to refer to those numerous cases of confirmed drunkenness which are to be met with in every community, and which are the bane of society, for the purpose of pushing the inquiry whether such persons can be in the full possession of their reasoning faculties.

An individual in full possession of reason will not surely act in an unreasonable manner, and to hold that a person does not act unreasonably who sacrifices home comforts and the actual bread of his children, or who breaks down all those moral restraints which bind society together, is absurd. The law has placed certain restrictions on the incarceration of persons afflicted with insanity. These restrictions have been wisely ordained, the object being to prevent the chance of incarceration of persons who are not insane, and whose incarceration becomes an object to interested parties. This observation has special reference to cases of undoubted mania; but in other forms of mental disease, cases where the moral faculties are implicated, the law is inapplicable. Why this should be, appears to us an anomaly. The question of moral maniacal derangement has yet to be elaborated, and we hold, as we firmly believe, that the condition of moral mania has yet to be carefully studied, and the opinions thereon of psychologists yet to be enunciated. Pinel held that moral mania was a disease of the reasoning faculties; he termed it "*manie sans délire*." Pritchard treats this subject with great ability, and states that "moral mania precedes intellectual insanity;" it is a condition in which there is "a morbid perversion of the natural feelings, affections, inclinations, temper, habits, and moral dispositions, without any notable lesion of the intellect, or knowing and reasoning faculties, and particularly without any maniacal hallucinations." Hoffbauer fully recognizes this state; he says "that mania may exist uncomplicated with mental delusion; it is, in fact, only a kind of mental exaltation, a state in

which the reason has lost its empire over the passions and actions by which they are manifested, to such a degree that the individual can neither repress the former nor abstain from the latter." These observations apply to general moral mania; but there are degrees of mental derangement which are fully recognized by physicians, and which require certain restrictive measures for their treatment. One form of mental alienation, we may refer to, which is now fully recognized as dipsomania. Can we consider a person responsible who, on every occasion, indulges his appetite for drink, although fully alive to the baneful results. A man who sacrifices home comforts, friends, family ties, who drinks the slender earnings which are to supply his children with bread, and, in spite of bodily ailments,—the consequence of his vicious habits—still persists in his course, cannot be considered sane. Dipsomania is well recognized as a disease; it consists of two separate and distinct forms of unsoundness, in the one case the disease is continuous, in the other it is periodical—in both forms the sufferer is perfectly rational when not under the influence of drink. In either case he will sacrifice his all to the craving of his appetite. Periodical drinkers will occasionally have sufficient power to abstain for months from their vicious propensity, but give them a single glass of liquor and they lose all moral restraint, and will persevere in the indulgence of their appetite until arrested by a severe fit of illness or possibly by death. The continuous drunkard, as a rule, follows his pernicious practice, but there is the same reckless character of his actions; no tie is recognized, no moral responsibility is observed, he pursues his course without apparent reason or regard to personal comfort, and at length sinks into a drunkard's grave. Such is a brief sketch of every-day experience.

If, then, the unfortunate habitual drunkard is suffering from insanity, what becomes the duty of relations and friends, of society at large, manifestly, to treat the case as you would one of any other functional derangement, regard it as diseased action. It is cruel and barbarous to shun the drunkard and leave him to his fate. Would it be right to leave an unfortunate fellow mortal to his fate if suffering from a fractured thigh because he had persisted, in spite of remonstrance, in walking along the side of a precipice, and over which he had fallen? How forcible and applicable is the parable of the good Samaritan. It becomes a duty to stay our brother, if we can, from doing injury to himself; if we do not succeed, and that he suffers injury, either mental or bodily, then is society necessarily responsible for the ultimate result. Cain's reply, "am I my brother's keeper?" will hardly suffice at the last dread day. If, then, the responsibility of society is fully recognized, what is the remedy? As we can at present determine it consists in isolation and absolute

restraint. Inebriate asylums have been established in some of the cities of the neighbouring republic, and the benefits of isolation and total abstinence from all stimulants, for various periods, has been marked in the large majority of cases. These observations have been made in reference to a case which formed the subject recently of a newspaper controversy. We do not wish to refer to it further than by stating that, so far as we can judge, the medical men and the crown authorities were perfectly justified in what they did, and that the *quasi* friends of the unfortunate person acted without consideration.

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#### THE TORONTO GENERAL HOSPITAL.

We have been intensely puzzled to understand the why and wherefore of two articles in the *Dominion Medical Journal* for February and March, upon Hospital management. The editor, we have no doubt, is sincere in his utterances, but we are entirely unable to grasp the desire of his mind. Quotations from Mackintosh, and Chambers, are very nice for a commencement, and no doubt had their point originally; but we fail to discover in what way they are appropriate to the affairs of the Toronto General Hospital. We think we can discern a desire to read a lesson to the Hospital Trustees, while they are patted on the back. Says our friend, "all honor to the Trustees who have the moral courage to approach the matter," that is to change the "vicious system" which at present obtains at the Hospital. It would be interesting to know, in the first place, who it was that, by importunity, succeeded in inducing the Trustees to propose certain changes to the Medical Staff of the Hospital. In the second place, who it is that inspired the two articles referred to.

Our amiable *confrère* may choose to regard the Medical Staff of the Hospital as "feudal antiquities," but perhaps, when he grows older, and acquires more experience, he will not accept as gospel all that is whispered in his ear.

The Toronto Hospital is crippled in consequence of limited funds. The number of free beds are few. The result is the clinical advantages are limited, consequently Medical Students of Ontario often seek more extended hospital experience than can be obtained in Toronto. Now it is manifestly unfair to attribute this to the present system of Medical attendance. We will not now pursue this matter further, but may in a future number. We subjoin a copy of a resolution passed by the Medical Staff, which we think sufficiently indicates the feeling of those gen-

lemen. The dissenting one, we have reason to believe, is the prime mover in the whole matter. A constant dropping will wear away a stone, so an incessant whispering may influence a Board of Trustees.

*Resolved*,—That we are of opinion that the plan proposed of transferring the patients from one Medical officer to another, would be objectionable to both of those gentlemen, and injurious to the welfare of the patients, and would tend to remove all responsibility as to the result of their treatment;

That the daily duty which would necessarily result, would be so prolonged and constant, as to interfere most seriously with the private practice of the Medical officers, and could not be discharged faithfully without entailing upon them great loss and inconvenience, and

That therefore we do not approve of the changes proposed by the Trustees of the Hospital, as to the attendance of the Hospital Staff. Carried Dr. Aikins alone dissenting.

[Signed.] W. R. Beaumont, Chairman; Edward M. Hodder, John Rolph, James Bovell, Chas. V. Berryman, James Roach, James H. Richardson, James Thorburn, W. B. Geikie, John J. Cassiday, William Canniff.

MCGILL UNIVERSITY, MONTREAL.

The annual convocation of the Medical Faculty of the McGill University was held on Thursday, the 31st March, in William Molson Hall, Peter Redpath, Esq., in the chair.

At an early hour the students, graduates and professors began to arrive, and long before the commencement of the ceremonies the Hall began to be filled with numbers of ladies, many of them friends of the students.

At a quarter to three His Royal Highness Prince Arthur arrived. He was met by the Dean and Faculty and conducted to the library, where he remained a few minutes. At three o'clock the Prince, accompanied by Mr. Redpath, came into the Hall; His Royal Highness took a seat to the right of the Chairman. The Vice-Chancellor, accompanied Col. Elphinstone, and the Dean of the Faculty of Arts, Lieut. Picard. Then followed the Professors of the Faculty of Medicine, the Fellows, graduates, and students.

The convocation was opened with prayer by the Ven the Vice-Principal.

The minutes of the last convocation were read by the Secretary, Mr. Baynes.

The Dean of the Faculty of Medicine then read a statement of the degrees, honours and class lists in the Faculty, of which we append a synopsis:—

The total number of students during the past session was 140, of whom there were from the

Province of Quebec .....	62
“ “ Ontario .....	65
“ “ Nova Scotia .....	3
“ “ Newfoundland .....	2
“ “ New Brunswick ..	1
“ “ Prince Edward Island .....	1
“ “ England .....	1
“ “ United States .....	5
Total .....	140

The number of students who passed their primary examination, which includes Anatomy, Chemistry, Materia Medica, Institutes of Medicine, Botany and Zoology, was 35, alphabetically arranged as follows:

Alexander Robert A., Stoney Creek, O.; Beaudry Louis H., St. Pie, Q.; Brissett Henry R., Chambly, Q.; Burland Wm. B., Montreal, Q.; Campbell John M., Montreal, Q.; Cattanaach Andrew J., Fergus, O.; Cherry James, York Mills, O.; Clark Wallace, Montreal, Q.; Davignon Fred. J., St. Mathias, Q.; Duncan Gideon M., Bathurst, N. B.; Duncan John, Port Dover, O.; Freeman Charles McK., Milton, N. S.; Fuller Hiram L., Sweetsburg, Q.; Gardner Matthew, Hespeler, O.; Hunt Lewis G., Halifax, N. S.; Johnston Thos. G., Sarnia, O.; Latour André, Lachine, Q.; Locke Charles F. A., Barrie, O.; Major Geo. W., Montreal, Q.; Mathieson John H., Embro, O.; McConkey Thos. O., Barrie, O.; McDonald John A., Metcalfe, O.; Mitchell Frederick H., London, O.; Nelson W. D. E., Montreal, Q.; Pegg Austin J., Simcoe, O.; Rattray Charles J., Cornwall, O.; Reed Thomas D., Montreal, Q.; Reid John A., St. John, N. B.; Robinson Wesley, Markham, O.; Ross Henry J., Embro, O.; Ross William G., London, O.; Taylor Sullivan A., Lennoxville, Q.; Warren Frank, Whitby, O.; Webb James T. S., Montreal, Q.; Wright Henry P., Ottawa, O.;

The following are the names of students presented for the degree of M.D., C.M., their residences and the subjects of their theses:—

Backus John B., Simcoe, O., Clinical Reports 1869 and 1870; Baird James, Fitzroy Harbor, O., Typhoid Fever; Barclay Geo. E., London, O., Small Pox; Bergeron Joseph, St. Marie, Q., Aneurism; Buckley William P., Prescott, O., Chloroform; Clarke Octavius H. E., Montreal, Q., Enteric Fever; Clarke Richard A., Trafalgar, O., Acute Crupal Pneumonia; Cluness Daniel, East William, O., Talipes Varus; Comeau John B., River David, Q., Pleurisy; Cowley Thos. McF., Ottawa, O., Asiatic Cholera; Dunsmore John M., Mitchell, O., Camphor, Antiseptic properties of; Fuller Hiram, Compton, Q., Syphilis; Henderson Alex. A., Fitzroy Harbor, O., Typhoid Fever; Howitt William H., Montreal, Q., Delirium Tremens; Loux William, Ottawa, O., Puerpual Convulsions; Lovett William, Ancaster, O., Peritonitis; MacNab Francis A. L., Ottawa, O., Cholera

Infantum ; Mathieson Neil, Embro, O., Valvular disease with Hypertrophy of the Heart ; McEwen Finlay, Ashton, O., Acute Articular Rheumatism ; McIntosh Donald J., Vankleek Hill, O., Constipation ; Miller Robert, Galt, O., Sulphur ; Perrigo James M. A., Montreal, Q., Morbus Coxarius ; Rooney Robt. J. Compton, Q., Scarlatina ; Seager Francis R., Sarnia, O., Diphtheria ; Smith Norman A., Frelighsburg, Q., Treatment of Disease ; Sutherland Wm., Montreal, Q., Albuminosis ; Taylor Sullivan A., Lennoxville, Q., Syphilis ; Whyte Joseph A., Charleston, U. S., Laryngo Tracheitis ; Youker William, Belleville, O., Diabetes.

## PRIZES.

The Medical Faculty Prizes consist :—

First of the Holmes Gold Medal, founded by the Faculty in honour of their late Dean. And two prizes in books for the best Primary and best Final graduation examination.

The *Holmes Medal* was gained by Alexander A. Henderson, Fitzroy Harbor, Ont. The prize for the best examination in the final branches was awarded to Octavius H. E. Clarke, Montreal, Q., and the prize for the best examination in the Primary Branches to John H. Mathieson, Embro, Ont.

The gentlemen whose theses and examinations were considered sufficiently meritorious to entitle them to compete for the medal were :

Messrs. Octavius H. E. Clarke, Sutherland, Backus, Youker, Perrigo, Richard A. Clarke, Comeau and Dunsmore.

The gentlemen who passed the best examinations in the Primary Branches were Messrs. J. H. Mathieson, A. J. Cattanach, C. T. A. Locke, W. Clarke, W. G. Ross, Thomas G. Johnston, G. W. Major.

The names in the above lists are in the order of merit.

IN CLINICAL SURGERY.—Two prizes given by Sir Duncan Gibb, M.A., M.D., of London, England, were awarded to Alexander A. Henderson and Octavius H. E. Clarke.

Certificates for the best Clinical Reports were given to Messrs. Backus, Comeau, Baird and Barclay.

The Professors's prize, in Clinical Medicine, was gained by John B. Backus.

In Practical Anatomy, the Demonstrator's prizes, consisting of two beautiful Papier Mache demonstrations of the anatomy of the head and neck, prepared by the Demonstrator, were given, in the senior class, to George A. Stark, Milton, O. ; and in the junior class, to Wm. E. Waugh, London, O.

In the senior class, the gentlemen deserving honourable mention, were Messrs. Marceau, Howard and Cram ; and in the junior class, Messrs. Hills, Copeland and St. John.



The prizes awarded in Natural History are as follows :

**BOTANY.**—Prize, T. Kelly.

**Zoology.**—Prize, D. T. Sheppard.

Students in Medicine who have passed in Natural History :

#### BOTANY.

**CLASS 1.** B. W. Dunnet, D. N. Carmichael, J. B. McConnell, C. F. A. Locke J. Stevenson, W. W. Walkem.

**CLASS 2.** J. D. A. McDonald, E. G., Kiltson, D. O'Brien, Joseph Hils, W. E. Waugh, P. E. Richmond, O. C. Edwards, R. O. O'Brian, Z. Hebert, E. A. Gaviller, T. C. McConkey.

**CLASS 3.** W. L. Copeland, T. F. Guest, W. T. Jackson, L. St. John, W. R. Nicols, G. Dubrie, H. R. Webster, D. O. Maguire, C. Levesque, W. Ewing, W. B. Burland.

#### ZOOLOGY.

**CLASS 1.** W. F. Ward, G. W. Gueron, G. O. Walton, J. Hills.

The prize of \$50 for the best collection of plants made by a student of the class of last year is awarded to Gideon Duncan. As the names of those who had taken honours were called they came forward and received them at the hands of the chairman. The graduates in Medicine were then called forward and the *Sponsio Academica* was administered by Professor Craik, the degrees of M.D., C.M., were then conferred by Principal Dawson.

The Valedictory on behalf of the graduates in Medicine was delivered by Dr. Neil Mathieson : — After which they were addressed by Professor McCallum. This closed the proceedings of the Faculty of Medicine.

#### CANADIAN DELEGATES TO THE CANADIAN MEDICAL ASSOCIATION.

We understand that the President of the Canadian Medical Association, has appointed the following gentlemen delegates, to represent that body at the meeting of the American Medical Association which takes place at Washington on the 3rd of May. Dr. George W. Campbell, Montreal, Dr. James A. Grant, Ottawa, Dr. William Bayard, St. Johns, New Brunswick, and Dr. Charles Tupper, C.B., Halifax, Nova Scotia. We earnestly hope that the delegates named may be able to attend.

#### TO CORRESPONDENTS.

We again request our correspondents to send forward their communications early in the month.