

THE seventh annual meeting of the Medical Alumni Society of the University of Toronto was held at the Royal Canadian Yacht Club (Island) on Thursday, June 14th. The evening of annual convocation, Dr. E. E. Kitchen, of St. George, who has been one of the most active and energetic presidents of the society, occupied the chair. After the necessary business had been transacted, the election of officers took place. Dr. A. A. Macdonald was nominated for president, but withdrew, and proposed Dr. Adam Wright, who was unanimously elected. The vice-presidents chosen were Drs. A. A. Macdonald, W. H. B. Aikins, J. F. W. Ross, L. McFarlane, and E. J. Barrick. Auditors, Drs. E. E. King and J. D. Thorburn; Treasurer, Dr. B. L. Riordan; Secretary, Dr. Harley Smith; Council, Drs. Geo. W. Jackes, A. J. Johnson, John Ferguson, C. J. Hastings, Price Brown, E. E. King, T. J. McMahon, J. A. Harrington, G. R. McDonagh, and C. J. Cuthbertson. The members present then sat down to an excellent dinner, served in the comfortable dining-room of the club, overlooking Toronto Harbor. It was noticeable how few of the members of the Medical Faculty were present; but, nevertheless, every one was in the best of spirits, and the evening went all too quickly. Vice-Chancellor Mulock graced the banquet with his presence, and gave a most eloquent reply to the toast of the *alma mater*. Other toasts were responded to by the retiring president, Dr. Kitchen, and others.

THE DEATH-WOUND OF CARNOT.—The death of the President of France by a stab of the liver is an instance of rare wound occurrence. We do not at present recall a similar case of fatal termination. Rupture of the liver from contusions and perforations of the substance of the organ by bullets are not very uncommon, but deep knife-wounds inflicted by an assassin are almost unheard of. It is quite evident that the wound in the case of the lamented victim was fatal from the moment of its infliction. The cablegrams state that the substance of the organ was penetrated, as shown by the autopsy, to the depth of five inches, that the aortic (evidently the cava ascendens) vein was wounded, and that two quarts of partly clotted blood were found in the peritoneal cavity. The distinguished victim died from the shock of sudden internal hemorrhage. Almost immediately after the thrust the mortal character of the wound was clearly indicated by the quick collapse. The futility of performing laparotomy for the arrest of such a condition was demonstrated by the results in this instance. It is still a question whether or not it is advisable to explore such wounds while the patient is in a condition of profound shock. If the hemorrhage from a wounded liver is of sufficient magnitude to induce rapid collapse, it seems quite clear that exploring the wound in the vain hope of securing a large vessel only adds to the gravity of the situation by intensifying the shock and proportionally reducing the ultimate chances of the patient. If, on the other hand, the bleeding is small enough to be controlled by tamponing the liver substance, it will do no special harm if left to itself. It is quite probable, however, that the bleeding was very rapid, that syncope occurred very quickly, and that the hemorrhage had ceased of itself long before death. At the worst, it was a mercy that it was so soon over.—*Medical Record*.