

rather than the London traditions were thus introduced into Canada, yet I think you will recognize in the clinical teaching of McGill a method based on that of Graves and his colleague Stokes. Free entry to the hospital wards together with individual examination and reports of cases form a most important part of the clinical teaching of this University.

In 1845, Dr. Robert L. MacDonnell, after being educated in Dublin, removed to Montreal and commenced practice. He held the chair of Physiology or as it was then known of Institutes of Medicine from 1845 to 1849, and that of Clinical Medicine for the year 1849-50. Having accepted a call to Toronto he found his surroundings there uncongenial and returned to Montreal to find his hospital position and professorship filled by others.

MacDonnell was a man of strong and vigorous character and judging from some of his controversies he had an Irishman's love of a good fight. From an old note-book in the library it appears that he studied at the Meath Hospital under Graves and Stokes in 1837-40, and a number of cases are recorded by him seen at the Meath Hospital under these distinguished teachers. In one diagnosed as morbus cordis it is easy to recognise the advanced stage of mitral stenosis in the small weak pulse, the doubling of the second sound and in a remarkable fre-missemment.

MacDonnell was the first to introduce the stethoscope to Montreal where it was soon adopted by the other practitioners, and more important than this he introduced a system of clinical teaching in the wards of the Montreal General Hospital based on that of the Dublin school. To one of his clinical clerks, Dr. MacCallum, we owe a report of a number of interesting clinical cases in the pages of the *British American Journal*.

MacDonnell was the first to describe contraction of the pupil with slight ptosis in intra-thoracic tumour. The case is reported in the *British American Journal*, 1850-51. The growth was a very large one projecting into the neck, involving the whole lung, and displacing the heart and mediastinum to the opposite side. At the autopsy the 3rd nerve was found healthy and the condition was referred to pressure on the sympathetic. Some years later when Gairdner described this sign in aortic aneurism, MacDonnell again pointed out that it was a pressure sign and might be due to any form of tumour. In connection with this well known sign of aneurism it is rather remarkable that his son nearly 40 years later was the first to prominently direct attention to tracheal tugging. The rare condition, known as pulsating pleurisy was first described by MacDonnell. Amongst many other writings may be men-