

every third door. To the friends of all we would extend a heartfelt sympathy, and while looking to our Heavenly Father for that consolation which he so freely gives, we would remind them that our brethren fell, at the post of duty, nobly trying to save life and ameliorate human suffering. Personally acquainted with two—Drs. Paton and Dowie—we feel that Greenock has sustained no common loss in the death of the former, who during the few years he had practised his profession, had attained a position, held by few so young in years. Dr. Dowie we first met in the fever wards of the Glasgow Royal Infirmary, a few years ago. Though then but a first year's student, his zeal had already attracted the attention of his teachers. Scarcely had he received his degree, than the message came, and he "passed to that bourne from whence no travellers has yet returned." They have not died in vain; they have left behind them a noble self-denying record, appreciated at least by their professional brethren, and, let us hope, by some who may at times speak slightly of the labours attending the life of a true labourer in the field of Medical Science.—(*Ed. Canada Medical Journal.*)

DR. BROWN-SEQUARD IN DUBLIN.

During the last week much interest has been excited in Dublin by the visit of Dr. Brown-Séquard to that city, and the performance of a very formidable operation under the advice of that gentleman, the result of which is looked forward to with great interest. The operation to which we allude was the excision of a portion of one of the vertebræ in a case of partial dislocation of the spine from injury, and was performed by Dr. Robert Macdonnell in Jervis-street Hospital. The very formidable nature of the operation made its performance a matter for the most mature consultation and deliberation. After examination of the case by Dr. Brown-Séquard, and in view of the absolute certainty of death as the only remaining alternative, it was determined to endeavour to relieve the symptoms of paralysis by operation. The vertebra, which was low down in the dorsal region, was, we believe, found to be twisted and compressing the chord, and portions of the laminæ were removed. Up to the present time we understand that a slight improvement in motive power or in the incontinence of the urine and fæces has resulted.—*Dublin Medical Press, Feby. 8th, 1864.*

We are glad to hear that Dr. Kenneth Reid, of Huntingdon, C.E., a former pupil of Dr. Hingston, and who occupied a distinguished position among the graduates of McGill College, at the last convocation has been appointed House Surgeon to the Birmingham Infirmary. After