

I had no opportunity of comparing the death rate of a quinquennial period in this locality from 1826 to 1833, with one from 1877 to 1882, but the saving of human life may, in a slight measure, be approximated from Dr. Farre's death rate in London generally, from 1838 to 1842, and the death rate from 1880 to 1884. From 1838 to 1842 it was 25·27 per 1,000, whilst 1880 to 1884 it was only 21·01 per 1,000.

Chelsea, separated from Battersea only by the bridge across the Thames, I found to be a continuation of Belgravia, the most aristocratic quarter in London now, but seventy years ago from Buckingham Palace to the river an undrained, marshy ground, very similar to Battersea fields. As regards the ultimate disposal of the sewage of London, now polluting the Thames, the inhabitants are much in the same quandary as those of Toronto. The river Thames is the *cloaca maxima* as the bay unfortunately is for Toronto.

Ignorance with the people, generally, however, on the subject of the prevention of disease in 1832 was a state of bliss, as on the questions of hygiene there may be said to have been an almost absolute dearth of works. Whilst in Italy, Rammazini; in Germany, Willich, Friedlander, and Hallé; in France, Tissot, Barbier, Tourtelle, Rostan, and Londé, had given systematic contributions to this essential branch of the medical art, we search in vain in Great Britain for any treatise that places the subject in a light conformable with the importance it possesses. I except, of course, the writings of the great philanthropist Howard, on the then condition of the prisons in Great Britain and on the continent of Europe, and of the lazarettos in the Mediterranean and Constantinople, and the equally fervid appeals of Sir Gilbert Blaine to the Government of the day on the subject of scurvy in the navy and merchant service, and the never-to-be-forgotten writings of Jenner on vaccination as a protection from small-pox.

The French motto, "*Prevenir mieux que guerir*," would seem sixty years ago to have been regarded only as true by the non-professionals. Practitioners generally, of that day, apparently were indisposed to allow that prevention is worth more than a cure, considering that to them it was worth much less, and that the less hygienic means were attended to the greater the call for the doctor. Dr. Kilgour, of Edinburgh and Dr. Fletcher, the

able lecturer on medical jurisprudence in the extramural school of Medicine in Argyle Square in 1834, are the first writers on the subject in Great Britain that I am acquainted with. In the work of the former, entitled "Lectures on the ordinary agents of Life as applicable to Hygiene, Edinburgh, 1834," are to be found some sensible chapters on the influence of atmosphere, light, and ventilation of rooms.

Three other important points on the practice of our art were at the time but comparatively little known, or (excepting by modern practitioners) in use, and one scarcely ever practised, viz., the two most familiar for throwing light on local organic conditions and as such valuable aids to a correct diagnosis *auscultation* and *percussion*. The third revealing the vital condition of the disease, viz.: the clinical *thermometer* is to be found recommended chiefly in the works of German physicians of that day, but familiar only at the time spoken of to an exceptionally small number of British practitioners, notwithstanding that in the aphorisms of Hippocrates and even in the writings of Harvey, Van Swieten, Boerhave, Currie, and John Hunter, the conditions of the temperature were viewed as furnishing characteristic evidence of fever.

The Westminster Street School of Medicine in the west end of London and the neighboring St. George's Hospital were, after the first three years of pupillage, my tri-weekly resort for the remaining two years of indentures, at the expiration of which time in the autumn of 1882, I repaired to the University of Edinburgh. Before noting a few old-time reminiscences of this famous university, it may not prove uninteresting to you if I very briefly review the status of the different ranks of the profession in England and Wales at that period, and in fact in a measure still prevailing, as also of the existing and generally-spread feeling of antagonism to the exclusiveness of the councils of the different universities in Great Britain where alone degrees in Medicine could by the majority of seekers be obtained, and as a consequence the wide-spread clamour for medical reform. The different branches of practice were then separated by broad and distinct lines both in public institutions and in the private walks of life—the physician, the surgeon, the apothecary, or general practitioner interfering very little, or scarcely at all, with each other. The last, indeed, if qualified by membership of the