What are we to deduce from all this? That our text books are wrong? Not at all. Merely that the college course is too limited to cite each individual case. We learn the great principles of disease at college, the general, the usual and many of the unusual symptoms, but in practice we cannot expect to find cases will always correspond to any given formula. We must try to apply our pathological knowledge to suit individual cases where the symptoms seems strange or confusing. No doubt where we find these atypical cases of pneumonla in the aged the vitality is so lowered that the tissues do not react normally and hence the absence of the usual symptoms. And in apoplexy, where the haemorrhage is severe, we expect a typical case, but the cases I have mentioned are no doubt due to certain limitations of the haemorrhage or unusual sites of rupture.

F. McK. Bell.

Ottawa, Dec. 1st, 1904.

FROM THE SOUTH.

T was on a bright sunny Friday afternoon, at 4 o'clock, that we weighed anchor. The only things that marred the enjoyment of such a lovely day was the parting from friends and the leaving of our dear native land. An hour and a half after this we hoved alongside the light-ship, about 60 miles distant from the shore. Then we were launched on the open deep. The weather continued fair withal till the 23rd of the same For the first time, on the 24th, we faced an awful rough sea, and few of us thought that perhaps was the last of However, the hand of the Almighty kept us safe the rest of the journey till on the 24th of December we reached New York harbour. There we parted, some north, some south, some east, some west. I was among those having to travel The beautiful spectacle that I beheld when I saw New York city passes all description. Then, too, for the first time I felt what I had often read and heard about—the winter.