

nition of their School in Edinburgh, which was one decided advantage. In 1829-30 it began the session for the first time as "the Medical Faculty of McGill University" with an attendance of thirty students. Although for years its growth was hardly preceptible, yet as part of a chartered University, it worked its way under great difficulties.

As in Upper Canada, so in the Lower Province (now Quebec), the Rebellion interfered a great deal with Medical education. So much was this the case that the McGill Faculty had to close its doors for three years. In 1839-40 with a class of twenty-eight, two smaller than the class of ten years before, it resumed active work and soon obtained full recognition in Great Britain. Death, by the year 1844, had left only one of the four original promoters of the School—Dr. Holmes. The best successors who could be found were appointed in place of those who had passed away, and the Faculty was strengthened by many additions. In 1851 a good building was erected on Cote Street, and accommodated the Medical classes very well, giving the School the advantage of a more central position than it had heretofore occupied. There it remained for twenty-one years. Dr. Holmes was the first Dean of the Faculty, and was appointed to that position in 1854. By 1866 the attendance had increased to 184, and in 1896-7 had reached the high figures of 400 students. The growth of this department in recent years and its ample endowment by private beneficence is well known to all interested in Medical education. The success attained by it is the reward of much devotion to duty, and great energy in the prosecution of the work during many years, when the toil was very great, and the remuneration of the toilers exceedingly small.

(Concluded in the February issue.)

A CASE OF TUBERCULAR MENINGITIS WITH RECOVERY.

Reported by DR. P. L. SCOTT from service of DR. J. T. FOTHERINGHAM, in Hospital for Sick Children, Toronto.

N. D.—Admitted May 14th, 1900; age when admitted, 3 years, 3 months; temperature, $99\frac{1}{2}$; pulse, 118; respiration, 28.

Family History.—Father, mother, four brothers and sisters, living and healthy.

Previous History.—Pneumonia when a year old. Had measles two months before admission, general health had not been good for a year past. Complained of pains in the legs and especially in the left hip; no history of lameness could be obtained.

Present illness.—About May 1st patient was struck by a stone on the side of the head but seemed none the worse for the blow. Ten days later he complained of pains in his legs and of feeling very tired. Next day, May 11th, he complained of frontal headache and seemed feverish and drowsy. On May 12th it was noticed that his head was retracted. On the 13th and 14th he vomited several times and seemed more drowsy but would awaken up screaming with the pain in his head. His appetite failed with the onset of the acute illness, the bowels were regular. There was a slight cough. Examination on admission showed marked opistho-