

this grant, the Medical Faculty was enabled to erect the commodious building they now occupy.

The Medical Faculty as at first constituted was as follows:— James Sampson, M.D., Professor of Clinical Medicine and Surgery, and President of the Faculty; John R. Dickson, M.D., Prof. of the Principles and Practice of Surgery; Horatio Yates, M.D., Professor of Principles and Practice of Medicine; William Hayward, M.R.C.S., Eng., Professor of Midwifery and diseases of women and children; Fife Fowler, M.D., L.R.C.S., Edin., Professor of Materia Medica and Pharmacy; and last, although always first, John Stewart, L.R.C.S., Edin., Professor of Anatomy, Physiology and Practical Anatomy, and Secretary of the Faculty. ✱

The following graduated at the end of the first session having previously spent three sessions in the study of Medicine elsewhere:— Daniel Chambert, Robert Douglass, Samuel Dunbar, Weston L. Kerriman, William Hillier, John F. Mercer, William Lumner Scott, H. W. Spafford. And in addition the following were in attendance:— J. M. Bell, Dugald McKellar, Robert Blakely, Francis Blakely, Henry Evans, Oliver Thibido, William Fraser, George Sparham, John R. Benson, Benj. W. Franklin, J. P. Sutton, Harvey F. Chisholm, Michael Sullivan, Marshall Brown, William Mostyn.

** Professor of Forensic and State Medicine - John Palmer
Litchfield (appointed in 1855 to the charge at Rochester of the Criminal Institute)*

ON the 22nd October I was called to see a woman suffering from phlegmonous erysipelas, with a history of two previous attacks. The patient was a pale delicate looking woman about thirty years of age, vitality low, and about eight months pregnant with her fourth child. She complained of chills, headache and severe pain in one foot; the tongue was furred, pulse 104, temperature 101. The ordinary symptoms were too well marked over the left foot and lower third of the leg to leave any doubt about the diagnosis. The usual treatment, local and constitutional, was ordered. A few days later sloughing took place and a large sphacelus separated, exposing the tendons and fascia over an irregular area, two to three inches wide and several inches long on front surface of the foot and leg.

On Sunday morning, Nov. 2nd, I saw the woman, her temperature was 99° F., pulse 90. No headache, no pain in the foot, but there was a free discharge from the granulating surface; the appetite was improving and the disease was evidently beginning to decline. I explained to the friends the infectious nature of the disease and obtained a promise that the woman would be removed to the hospital before