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THIRTY-EIGHT YEARS OF MCGILL.

BEING THE ANNUAL UNIVERSITY LECTURE OF MCGILL UNIVERSITY, MONTREAL, FOR THE SESSION OF 1893-94.

BY SIR WILLIAM DAWSON, C.M.G., LL.D., F.R.S., &c.

Having been invited by the acting Principal and the Corporation to deliver once more the annual University lecture, this has appeared to be an occasion on which you would bear with me in tracing some of the footsteps of the past, as a suitable close to the official work of nearly a lifetime, and as a farewell address to the friends and colleagues with whom I have laboured so long and with so much happiness to myself. We may have perfect faith in the practical wisdom of the apostolic maxim, "forgetting the things that are behind, press forward to those that are before." Yet we may have equal faith in recalling the memories of the past, in "remembering the mercies that are of old," as well as the errors and shortcomings of former years, that we may draw lessons from all as to the present and the future. It may, for instance, be interesting, perhaps even useful, to young men, to know how I first became connected with McGill.

My plans for life lay in an entirely different direction. I had prepared myself, as far as was possible at the time, for field work in geology; and my ambition was to secure employment of this kind; or next to this, to have the privilege of teaching my favourite science, with sufficient spare time to

prosecute original work. In connection with this ambition, after having attained some little reputation by papers published under the auspices of the Geological Society of London, I accepted an invitation to deliver a course of lectures on geology and allied subjects in Dalhousie College, Halifax, in the winter of 1849-50. When in Halifax, I had some conversation with Messrs. Young and Howe, afterwards Sir William Young and Sir Joseph Howe at that time governors of Dalhousie College and the leaders of the Provincial Government, as to a new school-law they were preparing for Nova Scotia, and in which important improvements were introduced. I had at the time no thought of being connected with the administration of the Act. In the following spring, however, I was surprised with the offer of the position of Superintendent of Education, established under the new law. I had many reasons for declining the task, but my friends would take no refusal, and I consoled myself with the consideration that the visitation of the school districts throughout the province, which was one of the duties of the office, would give great facilities for making myself acquainted with the geology of the country. For three years I was engaged in this work, and, besides writing educational reports, and administering the new school law, conducting an educational journal, visiting schools, and holding teachers' institutes, had collected the materials for several papers published in England, as well as for my "Acadian Geology," which, however, did not appear till 1855. In 1852, when on a geological excursion with my friend Sir Charles Lyell, I was introduced by him to Sir Edmund Head, the Governor of New Brunswick, who was much occupied at the time with the state of education in that province, and in particular that of its provincial university; and in 1854 he invited me, along with the late Dr. Ryerson, to be a member of a commission which had been appointed to suggest means for the improvement of the provincial university. This work was scarcely finished when Sir Edmund was promoted to be the Governor-General of Canada, and removed to Quebec, where, under the new charter granted to McGill College in 1852, he became Visitor of the University; and as he was known to be a man of pronounced literary and scientific tastes, and an active worker in the reforms then recently car-

ried out in the English universities, the Governors of McGill naturally counted on his aid in the arduous struggle on which they had entered. Accordingly, soon after Sir Edmund's arrival, a deputation of the Board waited on him, and one of the subjects on which they asked his advice was the filling of the office of principal, which was yet vacant. Sir Edmund mentioned my name as that of a suitable person. At first, as one of them afterwards admitted to me, they were somewhat disconcerted. They were very desirous, for the best reasons, to follow Sir Edmund's counsel, but with his knowledge of the available men in England, of some of whom they had already heard, they were somewhat surprised that he should name a comparatively unknown colonist. In the meantime, ignorant of all this, I was prosecuting a candidature for the chair of natural history in my Alma Mater, the University of Edinburgh, vacant by the death of Prof. Edward Forbes, and in which I was strongly supported by the leading geologists of the time. By a strange coincidence, just as I was about to leave Halifax for England in connection with this candidature, intelligence arrived that the Edinburgh chair had been filled at an earlier date than my friends had anticipated, and at the same time a letter reached me from Judge Day offering me the Principalship of McGill. I had determined in any case to visit England, to attend the meeting of the British Association in Glasgow, and to thank the many friends who had promoted my Edinburgh candidature; but postponed my departure for a week that I might consult my family, and decided to accept the Montreal offer, provided that a professorship of geology or natural history were coupled with the office. Thus it happened that I became connected with McGill in its infancy under its new management, and the story forms a striking illustration of the way in which Providence shapes our ends, rough hew them as we may. Its lesson is that young men should qualify themselves well for some specialty, but should also be sufficiently general in their training to adapt themselves to new and unforeseen pursuits.

As I have referred to Sir Edmund Head, I may say that he continued to be an active friend of the University during his term of office and after he returned to England. This is true also of his successors, all of whom have shown a kindly inter-

est in our work, so that our Visitor has all along been a power for good. The present Governor-General has already by his presence and words of cheer on a recent public occasion, given an earnest that in this respect he will, like his predecessors, prove a warm friend and kindly patron of the higher education in Canada.

When I accepted the principalship of McGill, I had not been in Montreal, and knew the college and men connected with it only by reputation. I first saw it in October, 1855. Materially, it was represented by two blocks of unfinished and partly ruinous buildings, standing amid a wilderness of excavators' and masons' rubbish, overgrown with weeds and bushes. The grounds were unfenced and pastured at will by herds of cattle, which not only cropped the grass, but browsed on the shrubs, leaving unhurt only one great elm, which still stands as the "founder's tree," and a few old oaks and butternuts, most of which had to give place to our new buildings. The only access from the town was by a circuitous and ungraded cart-track, almost impassable at night. The buildings had been abandoned by the new Board, and the classes of the Faculty of Arts were held in the upper story of a brick building in the town, the lower part of which was occupied by the High School. I had been promised a residence, and this I found was to be a portion of one of the detached buildings aforesaid, the present east wing. It had been very imperfectly finished, was destitute of nearly every requisite of civilized life, and in front of it was a bank of rubbish and loose stones, with a swamp below, while the interior was in an indescribable state of dust and disrepair. Still, we felt that the Governors had done the best they could in the circumstances, and we took possession as early as possible. As it was, however, we received many of the citizens who were so kind as to call on us, in the midst of all the confusion of plastering, papering, painting and cleaning. The residence was only a type of our difficulties and discouragements, and a not very favorable introduction to the work I had undertaken in Montreal.

On the other hand, I found in the Board of Governors a body of able and earnest men, aware of the difficulties they had to encounter, fully impressed with the importance of the

ends to be attained, and having sufficient culture and knowledge of the world to appreciate the best means for attaining these ends. They were greatly hampered by lack of means, but had that courage which enables risks to be run to secure important objects. I may mention here a few of these men. Judge Day was a man of acute legal mind, well educated and well read, a clear and persuasive speaker, and wholly devoted to the interest of education, and especially to the introduction into the college course of studies in science and modern literature. Christopher Dunkin was a graduate of the University of London, educated first in Glasgow, and afterwards in University College, and who had held a tutorial position in Harvard before he came to Canada. He had made college work and management a special study, and was thoroughly equipped to have been himself a college president or principal, had he not had before him the greater attractions of legal and political success. Hew Ramsay was an admirable example of an educated Scotsman of literary tastes and business capacity. David Davidson was also a product of Scottish college training and a warm and zealous friend of education, with great sagacity and sound judgment. James Ferrier should have been mentioned first. He was a member of the old Board of Royal Institution and senior member of the new, but voluntarily resigned the presidency in favor of Judge Day, in the interest, as he believed, of the University. He was longer with us than any of the others, and no man could be a more devoted worker in the cause of education. Such men as these and their colleagues ensured public confidence and a wise and enlightened management.

The teaching staff of the University then consisted of three faculties, those of law, medicine and arts. The Faculty of Law, then recently organized, had two professors and two lecturers. The Faculty of Medicine, the oldest and most prosperous of the three, had ten professors and a demonstrator. The Faculty of Arts had four professors and a lecturer, and all of these except one gave only a part of their time to college work. They were, however, able and efficient men. Dr. Leach, who represented philosophy and allied subjects, was a man of rare gifts and of warm attachment to the college; Dr. Davies, a man of great learning, was shortly afterwards ap-

pointed to Regent's Park College, London; Dr. DeSola was an expert in Oriental languages and literature, and Mr. Markgraf represented modern languages, while Dr. Howe gave what time he could spare from the High School to his favorite mathematical and physical subjects. My own lectures in natural science came in aid of this slender staff, raising the professoriate in Arts to six. It was well for me that the Dean of the Medical Faculty, Dr. Holmes, was a man of scientific tastes and an accomplished mineralogist and botanist, as this led at once to my lectures being taken advantage of by the medical students as well as those in Arts. Thus, while the whole students in Arts were only at that time 15, I began a course of lectures in 1855 with a large class, attended by some of the medical professors and by gentlemen from the city, as well as by the students. At the same time a good deal was done to perfect and render more definite the course in Arts, which, even in the session of 1855-6 was becoming so moulded as to bear some resemblance to its present arrangements, and to foreshadow, at least, the anticipations of my inaugural address of November, 1855, most of which have since been realized. The University at this time had no library and no museum, and its philosophical apparatus was limited to a few instruments presented to it some time before by the late Mr. Skakel. I had to use my own private collections and specimens borrowed from the Natural History Society to illustrate my lectures. The High School, under the rectorship of Dr. Howe, was an affiliated school, and we could look to it as likely in a few years to furnish us with a larger number of students—a hope not disappointed.

But our great difficulty was lack of the sinews of war; and the seat of government being at the time in Toronto, I was asked to spend my first Christmas vacation in that city with the view of securing some legislative aid. There was as yet no direct railway communication between Montreal and Toronto, and of course no Victoria Bridge. I crossed the river in a canoe amidst floating ice, and had to travel by way of Albany, Niagara and Hamilton. The weather was stormy and the roads blocked with snow, so that the journey to Toronto occupied five days, giving me a shorter time there than I had anticipated. I received, however, a warm wel-

come from Sir Edmund Head, saw most of the members of the Government, and obtained some information as to the Hon. Mr. Cartier's contemplated Superior Education Act, passed in the following year, and which secured for the first time the status of the preparatory schools, while giving aid to the universities. I was also encouraged by Sir Edmund and Cartier to confer with the Superintendent of Education and the Governors of McGill, on my return to Montreal, with reference to the establishment of a Normal School in connection with the University, which was successfully carried out in the following year. I may here remark, in passing, that the McGill Normal School has, in my judgment, been one of the most successful institutions of its kind. It has proved indispensable to the growth of our provincial education of every grade, has indirectly aided the University, has been deservedly popular throughout the country, and has had the good will and support of the successive superintendents of education, and of the provincial governments of both political parties.

The direct aid, however, which could be obtained from the Government was small, and the next movement of the Board of Governors was our first appeal to the citizens of Montreal, resulting in the endowment of the Molson chair of English Language and Literature, with \$20,000 (subsequently augmented to \$40,000 by Mr. J. H. R. Molson) and \$35,000 from other benefactors. This was a great help at the time and the beginning of a stream of liberality which has floated our university barque up to the present date. In connection with this should be placed the gift of the Henry Chapman gold medal, the first of our gold medals. The liberality of the citizens in 1857 encouraged the Board of Governors to strengthen and extend the teaching staff in Arts by the appointment of Professors Johnson and Cornish and shortly afterward of Professor Darcy, who still, after all these years of arduous and faithful service, remain to the university, and are now the senior members of the professoriate.

To counterbalance these successes and advantages, in the early part of 1856 the building occupied by the High School and by the Faculty of Arts was destroyed by fire, along with some of the few books which had been collected and some of our apparatus, and a large part of my private collections

which I had been using for my lectures. The specimens, apparatus and books were not insured, and the insurance on the building was quite insufficient to replace it, so that this was a great pecuniary loss, but one which our Governors bore with admirable fortitude and equanimity, and took immediate steps to repair. For the remainder of the session the college classes were transferred in part to the original college buildings above Sherbrooke street, and in part to the Medical Faculty's building on Coté street. The classes were not interrupted, and plans were at once prepared for the erection of a new and better building.

The year 1857 was signalized not only by the opening of the McGill Normal School and by the addition to our staff already noted, but by the institution of a chair of Civil Engineering, the first small beginning of our Faculty of Applied Science. At the same time, in the hope that the Faculty of Arts might be able before many years to occupy permanently the college buildings, the improvement of the grounds was begun by planting, draining and making walks. At first I did this at my own cost, as a labour of love, with the aid of the late Mr. Sheppard in laying out the walks, merely asking permission of the Board. Dr. Howe, who resided at that time in the centre building, gave some aid, and the new secretary, Mr. Baynes, took a deep interest in the matter. The graduates undertook to plant trees along one of our walks, and eventually the Board gave small sums toward this object, and at a later day appointed a caretaker, for whom a lodge was erected by a subscription among our friends.

We had proposed that so soon as the students in arts should exceed fifty we would venture to occupy the old building. This happened in 1860, and we accordingly proceeded to move up and take possession of the centre block, the east wing being used for residences. The movement was a fortunate one, for it suggested to our friend, Mr. William Molson, the erection of a third block, corresponding to the eastern one, to be named the William Molson Hall, and which was to contain the convocation room and library. This was the original limit of Mr. Molson's intention; but, driving up one day, in company with Mrs. Molson, to note the progress of the work, she suggested that it would be a pity to leave it unfinished,

and that it would be well at once to connect the three blocks of buildings in one pile, according to the original plan. The hint was taken, plans were prepared, and one of the connecting buildings became our first museum, while the other provided a chemical and natural science class room and laboratory. Both buildings, as well as the library, were seeds of greater things. The library was provided with shelves for 20,000 volumes, while we possessed less than 2,000, and at first it was distressing to see its emptiness, but the time has long passed when, after crowding it with additional book-cases and extending it into an adjoining room, we began to desire larger space, now happily supplied by the magnificent Peter Redpath Library. The museum, equally empty, received in the first instance a portion of my own collections, and others obtained in exchange and by purchase from my own resources. In this way it was possible almost from the first to fill it respectably, for a museum without specimens is even more forlorn than a library without books. Dr. Carpenter's magnificent collection of shells was added in 1869. The whole furnished the nucleus for the Peter Redpath Museum, which stands at the head of Canadian educational museums. The other connecting building became the home of our chemistry and assaying, in which Dr. Harrington, with the aid for a time of the late Dr. Sterry Hunt, built up our schools of Practical Chemistry and of Mining and Assaying, which have trained so many young men for useful chemical and manufacturing employment, for mining enterprises and for the Geological Survey, and have sustained indirectly the honour course in geology in the Faculty of Arts. Thus our resuming possession of the old buildings was successful and fruitful of new enterprise, and Mr. Molson's timely aid laid the foundation of greater successes in the following years.

About this time a number of our graduates resident in Montreal formed themselves into the nucleus of a university society, which has continued to grow and expand up to the present time, and has still room for further extension, more especially by the formation of branch or local associations, of which the Ottawa Valley Graduates' Society has set the first and a brilliant example. One of the early efforts of this society, at the time under the presidency of Brown Chamberlin, M.A.,

D.C.L., was the institution of the Founder's Festival, a social gathering on Mr. McGill's birthday. It was continued with spirit for some years, but failed to attract graduates from a distance, and was ultimately dropped in favour of other movements. The time may shortly come for its revival.

In 1860 we entered on the new departure of affiliating colleges in arts, by the affiliation of St. Francis College, Richmond, and this was followed in a year or two by Morrin College, Quebec. In this matter the President of the Board of Governors, Judge Day and the Hon. Judge Dunkin were very earnest, believing that these affiliated colleges might form important local centres of the higher education, and might give strength to the university. They have not, it is true, grown in magnitude as we had hoped; but so far they have maintained a useful existence, and have unquestionably done educational good; and, more especially; have enabled some deserving and able men to obtain an academical education which would otherwise have been denied them. In the circumstances of the Protestant population of the Province of Quebec, this is an end worthy of some sacrifice for its attainment. The only additional college of this class is that of Stanstead, added at a comparatively recent date. In 1865 the Congregational College of British America, an institution for theological education only, was removed to Montreal and became affiliated to the university, and has been followed by three other theological colleges. The value of these to the university no one can doubt. They not only add to the number of our students in arts, but to their character and standing, and they enable the university to offer a high academical training to the candidates for the Christian ministry in four leading denominations, thus rendering it helpful to the cause of Protestant Christianity, and enabling us to boast that we have aided in providing for the scattered Protestant congregations of this province a larger number of well-educated pastors than they could possibly have obtained in any other way, while the ministers sent out into the country have more than repaid us by sending students to the classes in all our faculties. Our system in this respect, which has been imitated elsewhere, presents, for colonial communities at least, the best solution of the question of how to combine Christian usefulness with freedom from denominational control.

The year 1870 brings me to the beginning of a most important movement not yet completed, but which has already proved itself a marked success—that for the higher education of women, respecting which a few chronological statements may be in place here. At a meeting of citizens convened by the Board of Governors in the early part of the year 1870, for the purpose of soliciting additional endowments, a resolution was moved by the late Dr. Wilkes, and unanimously adopted, to the effect that the university should, at as early a date as possible, extend its benefits to women. It is true that no special endowments for the purpose were at this time offered, nor were there any applicants for admission; but, in spending the summer of 1870 in England, my wife and I made it our business to collect information respecting the movements in this matter then in progress in the Mother Country. The conclusion at which we arrived was that in our circumstances the methods of the Ladies Educational Association of Edinburgh were the most suitable; and seconded by Mrs. G. W. Simpson, whose experience and influence as an educator were of the highest value, we endeavoured to promote such an organization in Montreal. At a meeting of ladies, convened by our friend Mrs. Molson, of Belmont Hall, in her drawing-room, the preliminaries were agreed on, and the classes were opened in October, 1871, on which occasion I delivered the introductory lecture. This association conducted an admirable and most useful work for fourteen years, until its place was taken by the Donalda Special Course for Women.

About the same time with the organization of the Ladies' Educational Association, two other movements occurred bearing on the same question. One was the foundation by former pupils of Miss Hannah Willard Lyman of an endowment in commemoration of that gifted lady, and the income of which was to be expended to found a scholarship or prize "in a College for Women" affiliated to the University, or in classes for women approved by it. This endowment was used in the first instance for prizes in the classes of the association, and its terms furnished an indication as to the prevailing sentiment with respect to the education of women, and were in accordance with the fact that Miss Lyman had been the lady principal of one of the greatest and most successful colleges

for women in the United States. The other, and practically more important, was the establishment of the Girls' High School of Montreal. This was suggested by the Rev. Dr. Jenkins, the chairman of the Protestant commissioners of schools, in his report for 1871, and after some delays, owing to the claims of other objects, I moved, as a member of the Board, in February, 1874, the appointment of a committee with power to establish such a school. The committee acted promptly, prepared a plan, recommended teachers, and engaged a temporary building, and the school came into operation in the autumn of 1874. In moving in this matter I fully expected that the establishment of a school giving the training necessary for our matriculation examination would lead in a few years to a demand for college education on behalf of the passed pupils of the school, but trusted that means would be found to meet this when it should arise, though I deprecated any premature action on the part of the University itself in this direction. The attention of the corporation was directed to the subject by the Rev. Dr. Clark Murray in 1882, and the matter was referred to a committee to collect information; but the demand did not actually develop itself till 1884, when several pupils of the Girls' High School had distinguished themselves in the examination for associate in arts, and formal application was made by eight qualified candidates for admission to University privileges. At first the only resource seemed to be to appeal to the public for aid in this new departure; but at the moment when the difficulty pressed, Sir Donald A. Smith voluntarily came forward with an offer of \$50,000 to provide separate classes in Arts for women for the first and second years, leaving the question of how their education was to be continued afterwards in abeyance. This generous offer was thankfully accepted by the University, and thus our classes for women were commenced in 1884. Subsequently the same liberal benefactor increased his gift to \$120,000 to continue the work over the third and fourth years, and besides contributed \$4,000 annually in aid of sessional lecturers, while the corporation, without hesitation, admitted the women to all the privileges of examinations and degrees. Under these arrangements the Donalds special course for women has been going on successfully for eight years; but it still remains to

carry out the development of the liberal plans of the founder into a separate college for women affiliated to the University. In this form, and with a suitable building in proximity to the other buildings of the University, and aided by our library, museum and laboratories, it cannot fail to attract a much larger number of students and to become more than ever a leading department of the work of the University.

Reference has been made to the Examinations for Associate in Arts. These were established in 1865, and at first were limited to pupils of the High School. With the aid of the University of Bishop's College and the Protestant Committee of the Council of Public Instruction, they have now been extended to all the Protestant Academies and High Schools, and have become an important factor in the higher education.

In 1880, on occasion of the twenty-fifth year of my tenure of office as principal, I endeavoured to assemble its graduates at a banquet in the William Molson Hall. Much labour was necessary to secure accurate information as to their addresses, and this was made the means of preparing the first directory of the graduates. Eight hundred and fifty cards of invitation were issued, and answers expressing sympathy and affection for Alma Mater were received from nearly all. The result was that 360 gentlemen, nearly all graduates of the University, were able to attend and to take their seats at the tables occupying the hall. At this entertainment, after a few words of welcome to the guests and the usual toasts, addresses were delivered by representatives of the different bodies and interests connected with the University, and by representatives of sister institutions. The topics were naturally those connected with the past history and present state of the University; and the part which its governors principal and fellows, its benefactors and its graduates had taken in elevating it to the condition to which it had attained, and in advancing the interests of education. As to the future, the evening was signalized by the announcement of the intention of Peter Redpath, Esq., one of the governors, to erect a costly and capacious museum building on the college grounds, and that of the Principal to place therein, as a gift to the University, his own large geological collections, and the further announcement that the graduates proposed to commemorate the twenty-fifth year of

the Principal's tenure of office by the erection of a university building to bear his name. The entertainment being a private one, reporters were not admitted, which, perhaps, was an error, as it would have been interesting now to have preserved a record of the addresses, more especially of those delivered by men who have since passed away. It had been hoped that entertainments of this kind might have been continued, but the labour and cost of meetings of scientific associations prevented this for the time.

The university should, I think, take a large share of credit for the success of the meetings of the American Association for the Advancement of Science in Montreal in 1857 and 1882, and the still more important meeting of the British Association in 1884. University men worked earnestly in aid of these meetings, the use of the college buildings contributed materially to their accommodation, and the results tended in many ways to the promotion of science in Canada. Such meetings, by bringing among us eminent men, widely known abroad, and by directing special attention to new scientific topics, contribute greatly to our advance in national improvement, and in placing us abreast of the scientific movement in other countries. Each of these meetings has had its influence in these respects, and has marked a distinct step in our upward progress.

I have referred in these reminiscences to the financial affairs of the university. In this respect we have always been in straitened circumstances, but relief has often come just at our time of greatest need, though there have always been important fields of usefulness open to us, but which we had not means to enter on. Our last public appeal is thus referred to in a publication of the time: "At the close of the financial year 1880-81, our income had ebbed in a most threatening manner. Being derived mainly from mortgages on real estate, it had run some risks and experienced a few losses in the commercial crisis of the preceding years. But when the tide of commercial prosperity turned, a greater calamity befell us in the fall of the rate of interest, which reduced our revenue by nearly 20 per cent., and this at a time when no decrease of expenditure could be made without actual diminution of efficiency." In these circumstances the Board of Gov-

errors found it necessary to insist on most unwelcome retrenchments, injurious to our educational work, and which some of us would have been glad to avert, even by much personal sacrifice and privation. At length, on the 13th of October, 1881, we convened a meeting, not happily of our creditors, but of our constituents, the Protestant population of Montreal, and our position and wants were laid before them most ably, and, I may say, even pathetically, by the chancellor, Judge Day, and the honorary treasurer, Mr. Ramsay. The meeting was a large and influential one, and I shall never cease to bear in grateful remembrance the response which it made. There was no hint of blame for our extravagance, no grudging of the claims of the higher education which we represented, but a hearty and unanimous resolve to sustain the university and to give it more than the amount which it asked. The result of the meeting was the contribution of \$28,500 to the endowment fund, besides \$26,335 to special funds, including the endowment of Mr. W. C. McDonald's scholarships, and of \$18,445 in annual subscriptions, most of them for five years. But this was not all, for it was followed by two of those large and generous bequests of which this city may well be proud. Major Hiram Mills, an American gentleman, resident for twenty years in Montreal, and familiar with the struggles of the university, left us by will the handsome sum of \$43,000 to endow a chair in his name, as well as a scholarship and a gold medal. On this endowment the Governors have placed the chair of Classical Literature. More recently our late esteemed friend and fellow-citizen, Mr. David Greenshields, has added to the many kind actions of a noble and generous life the gift of \$40,000 for the endowment of a chair to be called by his name (the David J. Greenshields chair of Chemistry).

It is perhaps unnecessary that I should continue this subject further. The great steps in advance of the last few years are known to nearly all who hear me. In so far as money is concerned, these gifts include the following: The Thomas Workman endowment for Mechanical Engineering of \$117,000, supplemented by \$20,000 from Mr. W. C. McDonald; the W. C. McDonald Engineering Building, valued, with its equipment, at \$350,000, and an endowment of \$45,000 for its maintenance, and also the endowment of the chair of Electrici-

cal Engineering with the sum of \$40,000; the erection and equipment by the same gentleman of the Physics Building, valued at \$300,000, with two chairs of Physics with endowments amounting to \$90,000; the endowment of the Faculty of Law by the same benefactor with \$150,000, and the endowment of the Gale chair in the same faculty with \$25,000; the large gifts to the Medical Faculty by Sir D. A. Smith and Mr. J. H. R. Molson and other benefactors, amounting to \$269,000; the late John Frothingham principal fund of \$40,000, founded by Mrs. J. H. R. Molson and the Rev. Fred'k Frothingham; the purchase of land valued at \$42,500 by Mr. J. H. R. Molson; the further endowment by the same gentleman of the chair of English Literature with \$20,000; the Philip Carpenter Fellowship with endowment of \$7,000; the Peter Redpath Library, valued at \$150,000, with \$5,000 annually for its maintenance. In the aggregate, these gifts of citizens of Montreal within the past four years amount to more than a million and a half of dollars. Many minor gifts also testify to the goodwill and liberality of the citizens generally. These great benefactions are not only a vast addition to our resources, but an earnest for the future, since it is not to be supposed that so great and useful endowments, attracting so many students and so highly appreciated by the public, shall ever be left to fall into decay, or fail to be supplemented by additional benefactions. It is to be observed also that the greater part of them have been given by men not graduates of the university, and it is to be expected that as our graduates increase in number, influence and wealth, some return will flow in from them for the benefits they have received. They need not think that their gifts will be declined. There are still great needs to be supplied. These may be ranged under the three heads of the professional faculties, the academical faculty and the university as a whole.

In the former, the Faculties of Law, Medicine and Veterinary Science are still deficient in regard to class rooms and laboratories. The Faculty of Applied Science is still unprovided with necessary outfit in reference to the departments of mining engineering and practical chemistry. It is, however, the academical faculty or Faculty of Arts that is in most need. It requires large additions to its staff, and more especially division of the heavier chairs. In this connection it

should be observed that it is burdened with the general education of students of professional schools as well as with the training of its own students. It is also in great need of improved class-rooms and extended accommodation of every kind for its work. The university as such needs a new gymnasium, lodging houses and a dining hall, and an adequate convocation hall, with proper rooms for university boards and general college societies and for university officers. It is not too much to say that in securing these ends the great benefactions already given might profitably be doubled. That these things will all be done in process of time I have no doubt, but it should be remembered that class after class of students is going forth into the world without having enjoyed these benefits. I have a large packet of papers labelled unfinished and abortive schemes, containing the details of these and other plans. I value these papers very highly, as representing creative thought not yet materialized, but I am quite willing to part with any of them to any benefactor who will carry it into actual effect. While personally it is necessarily a matter for regret that I cannot continue in office till the great improvements to which I have referred are realized, it is at least something, after our long and arduous journey through the wilderness of penury and privation, to see even afar off the goodly land into which my successors are entering, and in the enjoyment of which, I trust, they will forgive the shortcomings of those who had to lead the way, and will not forget the dangers and difficulties of the thorny paths through which we have passed.

One feature, however, of our history for which we cannot be too deeply thankful, is the comparative peace and mutual forbearance which have prevailed in all the past years, and the united and earnest action of all the members of the University in every crisis of our long conflict. Nor have we had any reason for anxiety respecting our students. I confess that if there is anything I have feared and have constantly prayed to be exempt from, it has been the possible occurrence of those rebellious and disorders that have troubled so many colleges on this continent. For this exemption I do not take credit to myself. McGill has had an able and devoted governing Board, a body of competent, diligent and popular profes-

sors, derived from a large number of different universities on both sides of the Atlantic; and the Canadian student is on the whole a hard worker, good-natured and patriotic, and not too self-asserting. Nor is our system of college government a cast-iron constitution which has been set up by an act of legislation. It has grown up under experience and careful adaptation of methods to needs. In McGill each faculty exercises jurisdiction over its own students, the executive officer being the dean of the faculty. The principal intervenes only when desired to give advice or assistance, or when any case arises affecting students of different faculties; and the power of expelling students resides only in the corporation—a body including the governors, the principal, and all the deans of the faculties, with elective representatives of the faculties, of the affiliated colleges, and of the graduates. Under this system it is understood that each professor is supreme in his own class-room, but his power of discipline is limited to a temporary suspension from lectures, which must be at once reported to the dean. If necessary, the dean may lay the case before the faculty, which, after hearing, may reprimand, report to parents or guardians, impose fines, suspend from classes, or, in extreme cases, report to the corporation for expulsion. No case involving this last penalty has, however, yet occurred, and the effort has been to settle every case of discipline by personal influence and with as little reference to laws and penalties as possible. With this machinery a simple code of rules is sufficient. It provides for orderly and moral conduct in the buildings and in going and coming, and for the safety of the property of the University, and prohibits all action likely to obstruct the work of the college or to interfere with the progress of other students. In the case of college societies it is required merely that their objects shall be consistent with those of the University, and that their laws and officers shall be communicated to and approved by the faculty in whose rooms they meet. Above and beyond all such machinery and rules, lies the obligation on principal, deans and professors to watch the beginnings of evil and to counteract by wise and kindly advice anything that may lead to disorder. On the other hand, the effort of the student should be to exercise all that liberty which tends to make him self-reliant and fit for

the battle of life, while he endeavours to avoid the formation of any habits inimical to the interests of his fellow-students or injurious to himself. In all this I proceed on the assumption that it is the business of a university to train young men and women for noble lives, not so much to teach them to do something as to train them to be something. Perhaps the tendency most to be feared in our age and country is that towards practical and profitable work without the previous education that should develop fully the mental powers and form the character. This tendency it is the duty of the university by all means to counteract, as one that will lower our national character and thereby prevent our highest success. This principle being kept in view, the cultivation of interest and enthusiasm for college work at once secures progress and peace. In short, the control of young men or young women is to be exercised rather in the way of inducing them to like their work and duty than by any influence of the nature of coercion or restraint. In this way only can they be trained to control themselves and, when their turn comes, to control others. They who would rule must themselves learn willing obedience. Of course, there is place here for all the elevating influence of spiritual religion, and there is scope for that most important power which arises from the example of punctuality, self-denial and honest work on the part of the professors. I fervently pray that the good traditions of McGill in all these respects may ever be maintained.

The religious life of McGill University has been of a quiet and unofficial character. We have not sought to make any parade of religious services as such, but by personal influence and example to foster piety among the students and to facilitate as far as possible their taking advantage of the religious privileges afforded in the city. In this connection I attach paramount importance to the spontaneous action of the students themselves, more especially as manifested in their Christian Associations. These have, I think, been sources of unmixed good, and have largely contributed to maintain and extend religious life. I could wish that they should have from the university or its friends means to provide proper accommodation for meetings and social reunions, and that the utmost aid and countenance should be extended to them by the college authorities.

My function in this university has been that of a pioneer; and viewed in this light it has not been compatible with the dignity and the authority which are usually attached to the heads of more firmly established colleges in older countries. It is time, however, that this should be changed, and my successor should enter upon office under more favourable conditions than those of the feeble and struggling university of the past. In 1855 the university had twenty professors and lecturers and about eighty students. It now has seventy-four professors and lecturers and a thousand students. This fact alone is sufficient to indicate the increase in the work and responsibility of the officer who has to superintend and harmonize all these workers in many different departments. I would therefore more especially ask in his behalf that he should have means to support the dignity of the university in its social aspect, to entertain distinguished strangers as well as the members of the university, and to take a place in society becoming the magnitude of the interests committed to his care. Under our constitution he cannot be an autocrat, since he can only enforce regulations enacted by the Governors and corporation, but he should at least have full information as to all contemplated movements, and should be consulted respecting them, and should be recognized as the only official medium of communication between the different portions of the university. The operations of McGill are now so extensive and complicated that the dangers of disintegration and isolation have become greater than any others, and the Principal must always be the central bond of union of the university, because he alone can know it in all its parts and weigh the claims, needs, dangers, difficulties and opportunities of each of its constituent faculties and departments. Much of this must without doubt depend upon his personal qualities, and I trust those who are to succeed me in this office may be men not only of learning, ability and administrative capacity, but of unselfish disinterestedness, of large, sympathetic and wide views, of kindly, generous and forgiving disposition, and of that earnest piety which can alone make them safe advisers of young men and women entering on the warfare of life.

In conclusion, let me say a word as to myself and my retirement from office. My connection with this University for



SIR WILLIAM DAWSON.

the past thirty-eight years has been fraught with that happiness which results from the consciousness of effort in a worthy cause, from the aid and support of my dear wife, who has cheered and sustained me in every difficulty, and from association with such noble and self-sacrificing men as those who have built up McGill College. But it has been filled with anxieties and cares, and with continuous and almost unremitting labour. I have been obliged to leave undone or imperfectly accomplished many cherished schemes by which I had hoped to benefit my fellow-men, and leave footprints of good on the sands of time. Age is advancing upon me, and I feel that if I am fittingly to bring to a close the business of my life I must have a breathing space to gird up my loins and refresh myself for what remains of the battle. I have, besides, as you know, been somewhat abruptly deprived by a serious illness of my accustomed strength, and in this I recognize the warning of my Heavenly Father that my time of active service is nearly over. In retiring from my official duty I can leave all my work and all the interests of this University with the confidence that, under God's blessing, they will continue to be successful and progressive. The true test of educational work well done is that it shall have life and power to continue and extend itself after those who established it are removed. I believe that this is the character of our work here, and I shall leave it with the confident expectation that it will be quite as successful in my absence as in my presence. Such a result I shall regard as the highest compliment to myself. To this end I ask your earnest consideration of the sketch of our progress which I have endeavoured to present, and I pray that the blessing of God may rest on the university and on every part of it, and that it may be strengthened with His power and animated with His spirit.

AN IMPROVED STRETCHER FOR HOSPITAL,
AMBULANCE AND MILITARY USE.

By E. D. WORTHINGTON, M.D., F.R.C.S. Edin., Surgeon-Major (R.)
Can. Vol. Militia.

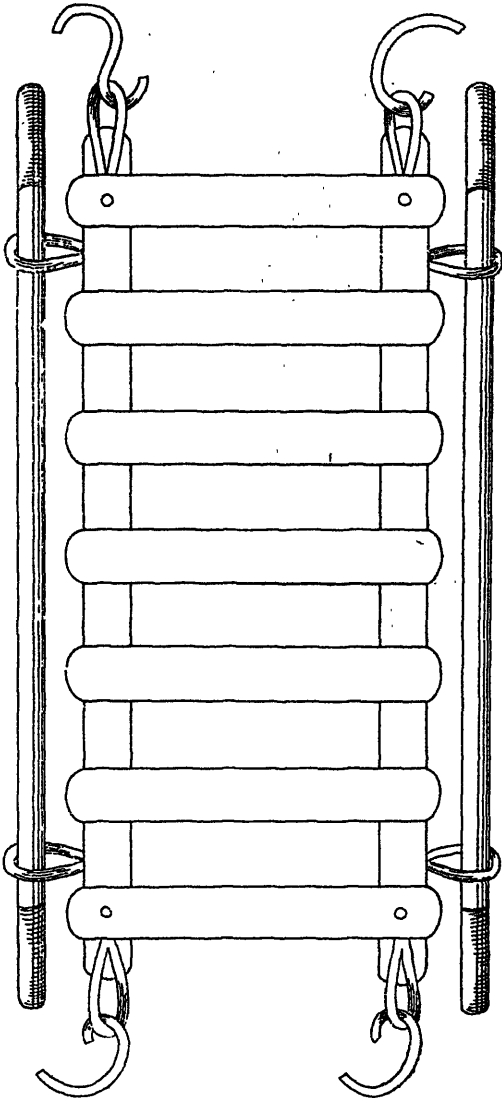
Some time ago I put together a rather primitive apparatus for use in a very troublesome case of fracture of the neck of the femur, and I was so satisfied with its great usefulness that since that time I have frequently called its aid into requisition. The following is copied from my notes from this first case:—

Case of Fracture of the Neck of the Femur.—The patient is upwards of sixty years of age, and weighs 165 lbs. At the time of the accident she received some abrasions of the skin behind the trochanter of the injured side, and on the back, but as she did not complain of them, they remained undiscovered. After a few days, however, these abrasions became so painful that it was necessary to ascertain their exact locality and extent. How to do this was a matter of some difficulty, as the slightest attempt at moving the patient was attended with excruciating agony. I therefore adopted the following simple plan, and not having seen any similar contrivance used for this specific purpose, beg to recommend it to the profession, even at the risk of repeating “an old, old story.”

My apparatus was as follows:—Eight pieces of pine, six of them being thirty inches in length, four in breadth, and one-quarter of an inch thick. The other two were three inches in breadth, three-quarters of an inch thick, and the length of the patient's bedstead, inside measurement. The ends and edges were rounded, and made perfectly smooth.

When everything was ready, I passed the short pieces under the patient, from side to side, at regular intervals, from the head to the feet—say one at the heel, the calf of the leg, the middle of the thigh, the hips, small of the back and shoulders. The long pieces were then carefully inserted under the ends of the short ones. The apparatus was put together in a minute, and one person at each corner lifted the patient easily and steadily on this temporary stretcher. The bed underneath was then arranged without the least discomfort to the patient. In this way my patient has been moved

two or three times a day. She likes it. As her bedstead is rather low, two ends of the long side pieces are lifted so as to



rest on the headboard, and a couple of hassocks support the lower ends until the process of bed-making is complete.

In all the stretchers that I have seen, the patient had to be lifted upon them, while in this plan the stretcher is made under the patient. As a matter of prudence, the four corners may be secured, so as to prevent the possibility of their spreading, but the weight of the patient, and a little care on the part of the attendants, will render this unnecessary in the hospital ward.

It is sometimes difficult for the nurse to pass the bed-pan well under a patient, but by adopting the above suggestion, either the bed pan or the ordinary "utensil" according to the peculiar notions of invalids on this delicate subject, may be used without risk of making the patient a victim of misplaced confidence.

In conclusion, I believe that for field use, the above put together in sets, with a wooden pin to be dropped in a hole at each corner, would be more serviceable, and in every respect better, than the present army stretcher.

The patient, who was the wife of a judge, was proverbially sensitive, and accustomed to every luxury. At first she remonstrated against being asked to lie upon "these bare, hard slats," but in a short time she was loud in their praise. "Dr. Worthington" she frequently said, "I cannot tell you what a comfort they are to me. The girls lift me up with the greatest ease six or eight inches above the level of the bed, while they are changing the sheet. They have even carried me into another room, while this one was being aired. I could lie on this temporary bed for an hour or more without inconvenience. You must write a description of it to the medical papers."

Second Case.—A railway accident, a poor fellow was fearfully mangled. He was two miles away from his home, and to carry him that distance with as little suffering as possible was most desirable. Even if a canvass stretcher, the traditional barn door, or a wide board could have been procured, the poor man would have to be lifted upon it, and when he got home, be lifted from it, whereas an old picket fence by the side of the track supplied the short pieces as above described, and a couple of saplings the side pieces, and the man was carried home and laid on his bed; then, and not till then was the stretcher removed.

Third Case.—On October 1st. A gentleman received a gunshot wound from the accidental discharge of a Winchester rifle. The bullet entered the thigh, posteriorly, fractured the femur about its middle, and made its exit on the front of the thigh, exactly opposite the point of entrance. The accident occurred on a line of railway in construction, connecting Montreal with Sherbrooke, so that he could receive all the attention necessary. There was no hemorrhage, not a spoonful. My friend, Dr. Fenwick, of Montreal, saw the patient with me and though we urged him to go to the hospital in Montreal, he insisted on remaining in Sherbrooke. I had applied the long straight splint to which I adjusted pully and weight, and next morning put the whole leg up in a glue bandage with traps over both wounds. He had my stretcher in his private ward, the nurses being well drilled in its use, and it was used upon every occasion, freely, when using the bed-pan and making or changing his bed. There was in the whole case, in the aggregate, not one tea spoonful of discharge, nothing but a few shreds of woolen fabric.

On the 14th December he sailed for Scotland in one of the Allan steamers—a few days over ten weeks. I insisted upon his keeping on the glue bandage until he reached home. A few months later he returned to Canada with a scarcely perceptible limp, the shortening not being more than half an inch.

I do not pretend for one moment that the success of this case of gunshot wound of the thigh, involving fracture of the femur, was due to the use of the stretcher, but I do claim that it assisted materially in securing, as much as was possible, of absolute rest for the broken ends of the bone.

I hope the diagram will be under. The short pieces may be made of pine, bass-wood, maple, anything; they should be beautifully smooth and lightly bevelled at each end. When wanted for use the under sheet of the bed should be pulled smooth and the short pieces passed under the patient, beginning just above the heel, and up to the head at regular intervals, of course, between the under sheet and the patient's shirt or chemise; that at the head should be passed under the pillow. The side pieces are then introduced, gently depressing the mattress, if necessary, passing along the wooden pins

are dropped into the holes at the four corners, and then the attendants lift the patient up, and drop the claws or hooks over the end bars of the iron bedstead. The patient will then be lying on a hammock from six to twelve inches above the mattress, high enough for any procedure. I have never found it necessary to use the pins at the corners, relying on the weight of the patient, but using them will inspire confidence. It may be asked, "What! would you ask a delicate sensitive girl to lie on your bare boards?" Yes, that is precisely what I do ask of a delicate, sensitive girl; and I would venture to prophecy that after using it once, she will be as willing to praise it as was my old delicate damsel.

For a description of the stretcher I refer you to the accompanying diagram. It will be noticed that at each corner of the diagram there is a loop and a hook. The loop should be of rather stout webbing, and fastened on the under surface of the ends of the long side pieces with a couple of copper rivets. Each loop holds as a fixture, a claw, or hook, for suspending the stretcher on the cross bars of the bedstead at the head and foot.

In the ordinary ambulance service, when the waggon reaches the scene of the accident, the tray or slide is run out with its comfortable looking mattress, upon which the injured person is lifted. When he reaches his home or the hospital, he is lifted off, at a great expense of unnecessary suffering. All this time the "white elephant" of the case—the mattress—has been under him, and it will cost him as much pain to get it from under him as it cost originally to get him on it.

My stretcher, on the other hand, may be adjusted under the patient, the stretcher slung in the ambulance, and when the hospital is reached the stretcher is run out, carried to the ward, and hung to the cross-bars of the bedstead, the clothing of the patient removed, the stretcher lowered on to the sheet of the bed, and then the wooden frame removed. No infliction of lifting and pulling from one side of the bed to the other.

What I have here written will apply equally to civil and military ambulance service. The objection may be urged that the apparatus composed of so many pieces, some of them may be lost, but it will be the duty of those in charge to take measures accordingly. The two side pieces and the six short

ones, with poles, consisting one set, when strapped together, will not be a very cumbersome affair. They can be put together and taken apart in a minute, and any extra care required in adjustment will be more than made up in usefulness.

All that will be necessary to render this stretcher suitable for field use will be the addition of four loops of webbing of suitable strength, two on each side, fastened with copper rivets on the under surface of the long side pieces, the loops being large enough to allow of passing on each side a pole, to answer the double purpose of handles to lift by and to form sides for the stretcher.

In conclusion, I have to say that it would be difficult to over-estimate the value of this very simple contrivance. In post partum hæmorrhage, hæmorrhage in typhoid, or in cases of accident or extreme debility from whatever cause, whenever a change of bed and raiment would be most desirable, but where the change could not be made without risk, this apparatus affords an easy solution of the difficulty. In cases, too, where it is necessary to reduce the temperature by placing the patient in a cold bath, the move can be made without subjecting the patient to unnecessary loss of vital force. The patient may be lifted into and out of the bath on the stretcher.

The most serious objection that may be urged to the use of this apparatus as a military appliance is that it will take so long to adjust under fire that the ambulance or relieving party may be annihilated before the operation can be completed; but under a heavy fire, the form of the stretcher will be a matter of comparatively little moment—the party would be shot anyway. Ambulance parties remove the wounded under a heavy fire more frequently in accounts of battles and letters of war correspondents than in actual war. According to "Regulations," belligerents are not to fall out of the ranks to pick up the wounded, and the ambulance corps seldom begin their work until the ground is pretty well out of the zone of fire.

Sherbrooke, P.Q.

REPORT OF THE SPECIAL COMMITTEE APPOINTED BY THE MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

THE CORONERS' LAW OF THE PROVINCE OF QUEBEC.

Your Committee appointed to consider the present system of conducting inquests and the modifications, if any, which may wisely be introduced in the present law relating to inquests, beg to present to the Society the following report:—

The enquiry into and determination of the cause of the death of any individual or individuals, where such death has occurred under circumstances that are out of the common, is a matter that does not come under the cognizance of the Dominion authorities, save and except when the inquest leads to a finding of death by criminal act or criminal neglect. Hence, (with the exception that whenever such a charge is brought, the depositions taken by the coroner must be transmitted to a magistrate or justice of the peace, and the coroner must issue a warrant against the person or persons charged, etc.), the coroner's procedure is a matter outside the Dominion Statutes, and it is in the power of the Legislature of the Province of Quebec to freely modify the existing law. Your Committee desire to draw attention to this fact at the outset, for, this being so, the task of introducing certain urgent modifications, or, indeed, of completely altering the procedure, becomes an easy one, granted that the members of the Provincial Legislature become assured of the need for change.

The present Provincial laws respecting enquiries into the mode and cause of death are based essentially upon the old English Common Law. The enquiries are placed in the control of coroners appointed by the Provincial Government, a coroner for each judicial district. The coroner need not be a member of either the legal or the medical profession, although in the great majority of cases he belongs to one or the other.

Upon receiving notice of a case of death following upon any act of violence, or of death attended by suspicious circumstances, it is his duty to make a preliminary enquiry.

If, with or without medical aid, he comes to the conclusion

that the cause of death is to be made out without the assumption of there having been either criminal act or criminal neglect, he can order the interment of the body. If, on the other hand, he is led to suspect that death has been due to violent or unfair means, or culpable or negligent conduct of others, under circumstances calling for investigation by a coroner's inquest, then, having made a sworn deposition to this effect before a magistrate, he is empowered to hold an inquest. What these "circumstances" are which call for investigation is not defined in our Statutes, they being left to the coroner to determine. Having made the deposition, he now can summon a jury and hold a coroner's court. He is empowered to call before him such witnesses as in his opinion can throw light upon the cause of death.

The jury must view the body of the deceased, and if the majority of the jury desire it, the coroner is directed to instruct that an autopsy be performed to throw some light upon the cause of death. Having heard all the evidence, the coroner sums up, and leaves it to the jury to bring in a verdict, and, when this has been delivered, the coroner gives an order for the interment of the body.

The coroner is paid six dollars for every inquest, and if an inquest occupies more than two days, three dollars for every succeeding day. The practitioner of medicine making an external examination of the body receives five dollars, making an autopsy he receives ten dollars. There are further fixed charges for the constable who summons the jury and the witnesses, for chemical analyses, for hire of room to be used for the inquest, and for guarding the body.

This, put as succinctly as possible, is the present coroners' law for the Province of Quebec.

Several objections have been brought against this method of investigating suspicious deaths, and despite the fact that the law as now administered is much amended, and differs in many respects from the law of a few years back, the objections still retain their force. Your Committee would point out what it considers to be the most serious disadvantages of the present mode of procedure.

1. *The Cost.*—Taking the returns for Montreal alone, as shown by Dr. Wyatt Johnston, the cost per inquest—that is to say, per case—is decidedly greater than in London, New York or Massachusetts. The rate would seem to be \$22.00 in Montreal, \$15.00 in London, \$16.90 in Boston, \$12.80 in Massachusetts generally, \$10.00 in New York; and this notwithstanding the fact that autopsies, the most expensive individual item in the investigation of suspicious deaths, are from three to four times as frequent in the other cities as they are in Montreal. Here, in Montreal, it costs more to maintain a dead body in the care of the coroner than it does to maintain an ordinary live individual with healthy appetite at a first-class hotel for the same period. Some of the items permitted by law in the coroner's accounts ought to be lessened or removed altogether, others ought to pass into general police accounts. But the fact remains that the system is as expensive as its results are unsatisfactory, and that the chief source of expense is the legal investigation of cases which do not call for legal investigation at all, owing to the fact of death not having been due to violence. The exclusion of cases not calling for inquest by means of a preliminary medical examination seems to be the most rational means of reducing the expenses.

2. *Payment by Fees.*—Your Committee is of opinion that, as a matter of principle, the payment of the coroner according to the number of inquests held by him is most unsatisfactory, and is inimical to the proper carrying out of enquiries into the cause of death.

Your Committee find that of the cases of death calling for a coroner's investigation occurring in the various large towns, from 50 per cent. to 75 per cent. can upon preliminary investigation be found to be due to natural causes. That is to say, the more careful the preliminary investigation made by the coroner, and the more conscientious and expert he shows himself in the performance of his duties, the fewer the inquests he finds it necessary to hold, and the less his income if he be paid so much per inquest. While if it so happens that his enquiries lead him to suspect the frequent occurrence of any one form of

crime at any period, as, for example, child murder, and so to hold an increased number of inquests upon certain classes of cases, immediately he lays himself open to the charge of seeking to increase his income. This ought not to be. In the cities, at least, the coroners ought to receive fixed salaries.

3. *The Jury*.—Under the present system, the jury in Montreal, with rare exceptions, certainly cannot be said to be a capable and representative assembly of citizens. Men engaged actively in any form of business prefer to employ any subterfuge rather than sit for what may be many hours in a morbid atmosphere, for no return whatsoever save discomfort and loss of time. The consequence is that too often the jury is composed of a heterogeneous collection of incapables, gathered from the highways and byeways and bar-rooms of the neighbourhood. The verdict of such incapables is, time after time, at variance with the evidence presented.

4. *Viewing the Body*.—The custom of viewing the body is as old as the coroner system. It arose at a time when violent deaths were as many as doctors were few, and when population was everywhere so sparse that the jury had an important part to play in determining by external examination that death was due to violence, and, again, in identifying the corpse. Now-a-days, in a large town, it is highly probable that not one of the jury will have known the deceased, and the determination of the cause of death may more safely be left to medical men. In any case, it is easy to obtain identification by means other than the irruption of a strange, unseemly rabble into the house of mourning. The general feeling throughout the community is that this intrusion into the circle of bereaved relatives in the very depth of their trouble, permitted by the present law, ought to be prevented, and your Committee urges strongly that it is as unnecessary as it is unbecoming. It has been superseded in many States by a system of sworn affidavit of the fact of death and the identity of the body, and this course should be followed here.

5. *Suicide*.—The existing law does not demand inquest in cases of *felo de se*. This your Committee, on the whole, is

inclined to consider a disadvantage. The general opinion of the community is strongly opposed to suicide, and were it to be recognized that this mode of death necessarily involved a public investigation, there is little doubt that the unpleasant publicity of the subsequent proceedings would act as a deterrent in not a few cases. As a matter of fact, suicide is on the increase in those States where this deterrent does not exist or has of late years been removed.

6. *Medical Evidence.*—A study of the verdicts brought by the coroners' juries shows clearly that the decision of points of medical evidence is a matter that should not be left to non-medical persons. Statements utterly at variance with the cause of death assigned have been time after time accepted blindly by coroner and jury. The appreciation of medical facts, and the opinions to be formed from these facts, come properly within the domain of the medical expert. It cannot be expected that the legal coroner and the jury should without fail form correct opinions upon delicate medical problems.

Another point with regard to medical evidence may here be brought forward. The practitioner who is called to testify as a physician differs from the other witnesses, from the fact that he is called in his professional capacity. The value of his evidence lies in this, that he has studied the condition of deceased prior to death, and his evidence must depend for its value upon the importance of these earlier professional studies in throwing light upon the cause of death. To this extent, therefore, his evidence is expert evidence, and as such it ought to receive a recompense. But under the present system no fee whatsoever is allowed save for external or internal examination of the body of the deceased. The medical practitioner is wrongly treated as an ordinary witness.

Your Committee strongly approves of the plan adopted in many of the United States, of admitting a written medical deposition of fact or opinion as evidence at inquests in cases where the personal attendance of a medical witness is not considered necessary by the coroner.

7. *The Performance of Autopsies.*—In all the large class of

cases now investigated before juries where sudden death occurs without the slightest external lesion, an autopsy is advisable. Nevertheless, with an exception to be presently noted, no autopsy can be performed unless it be demanded by the majority of the jury. That is to say, the jury has to express itself willing to waste an hour or more in the middle of its proceedings, so that a competent medical man may be called, who shall make an examination into the state of the viscera. As a consequence, the jury, in the first place, shows the greatest unwillingness to allow the performance of autopsies, and will the rather return a wholly unreliable verdict. In the second place, the medical man performing the post-mortem is at a great disadvantage, for he is expected to keep the jury waiting as little as possible, and his examination, instead of being deliberate and careful, is hasty and liable to be imperfect. Your Committee feel assured that were the coroner allowed full power himself to order an autopsy in all doubtful cases, a very large proportion of cases would be discovered in which there would be no necessity for holding an inquest and summoning a jury. Thereby a very large expenditure would be prevented, and at the same time the cause of death would be satisfactorily established. The exception referred to above is that by the present law the coroner is permitted to order an autopsy if he makes an affidavit that he holds the autopsy to be necessary. Unfortunately, coroners do not seem to have taken advantage of this permission, but prefer to shelter themselves by leaving the matter wholly in the hands of the jury.

A great source of difficulty in connection with the performance of medico-legal autopsies is the absence of any suitable morgue in Montreal, and some measures should be taken without delay to remedy this defect, which also hampers medico-legal investigation in many other ways.

8 *Preliminary Investigations.*—In all cases of suspicious death, the first question to be settled is what has been the immediate cause of death. In all cases, therefore, the first point to be investigated is purely medical. It is true that frequently the question is one that can be answered by any indi-

vidual endowed with common sense, as, for instance, when a corpse is discovered upon the railroad track minus its head, though even in such cases serious mistakes have occurred through the bodies of murdered persons being so placed as to give an impression of accidental death. But if the question in certain simple cases can be answered by a layman as well as by a professional man, there is a very large number of cases, and these often the most important from a medico-legal aspect, where a correct determination can only be reached by a well-qualified medical man, and where it is all-important that a correct answer be gained at the outset, not only for the benefit of the relations of the deceased (that they be sheltered from the least breath of unnecessary suspicion), but also for the benefit of the Provincial exchequer, that the Province be not saddled with the cost of an inquest leading to no result. When more than 50 per cent. of all deaths which coroners are called upon to investigate are found to be from natural causes, it is evident that the majority of deaths now investigated require no legal investigation whatsoever, while, on the other hand, as indicated above, all such deaths demand an initial investigation by a medical man.

9. *Criminal Cases.*—Under the existing law, when his jury brings in a charge of murder or manslaughter, or of being accessory to murder before the fact, against any person or persons, the coroner must issue a warrant against such person or persons, and send him or them before a magistrate or justice, if this has not already been done. He must at the same time transmit the depositions taken before him in the matter.

To all intents and purposes, the trial before the magistrate proceeds as though no previous enquiry had been held. The coroner's depositions are not employed as evidence. In fact, the magistrate treats the case as though he were proceeding under an ordinary warrant.

If the magistrate confirms the charge, the case is sent up to the Grand Jury, and here again all the witnesses are once more summoned and the evidence is repeated, and the Grand Jury finding a true bill, the case goes before the Petit Jury, and again the evidence is repeated.

It appears to your Committee that this procedure is singularly cumbrous, and that, besides harassing the witnesses, it allows an unduly large number of loopholes of escape for those really guilty, upon some legal technicality or faulty observance of legal procedure. Your Committee, considering that the problem of how this procedure may be simplified is a purely legal one, does not offer any suggestions on the matter.

Taking all these disadvantages into consideration, and being especially impressed by the fact that the earliest stages in the investigation of suspicious death must of necessity be of a medical nature, and by the further fact that where the legal proceedings of the coroner lead to a definite charge against an individual or individuals those legal proceedings are practically passed over unnoticed by the higher courts, your Committee have come to the conclusion that a drastic change in the mode of investigation of suspicious deaths is advisable in this Province.

There are two questions which naturally suggest themselves prominently in connection with questions of coroners' reform. The first is, Should the coroner be a physician or a lawyer? and the second, Should the office of coroner be abolished?

With regard to the qualifications necessary for coroners, your Committee does not think it necessary to dwell upon the relative advantages of having medical or legal coroners, although this is a subject of dispute which has now been fruitlessly discussed for more than a century, and will in all likelihood continue to be so as long as the coroner system lasts. We wish simply to state the fact of the existence of diversity of opinion on this matter. That there should be any question as to whether a physician or a lawyer would make the best coroner, implies that in either case there must be serious disadvantages. The point at issue here is the same as the question, Can a shoemaker make watches better than a watchmaker can make shoes?

In London, a settlement of the question has been attempted by selecting as far as possible coroners who have obtained both legal and medical qualifications. This plan of expecting the coroner to be a Jack-of-all-trades has not much to recommend

it; and the fact that in London, in addition to the doubly-qualified coroner, there are the deputy coroners, who are obliged by law to be barristers, and all the medical expert work is done by outside medical men, shows that matters are not in any way simplified even by having the coroners who are at once both lawyers and physicians.

The only rational plan, and one whose advantages appear never to have been questioned, is that adopted on the Continent, as well as in those States which now are under the medical examiners system, of separating as far as possible the medical and legal side of the investigation, and entrusting these to physicians and lawyers respectively. Your Committee is just as firmly convinced that all legal questions should be left wholly to lawyers, as that all medical ones should be entrusted to medical men.

The Abolition of the Office of Coroner.—Your Committee finds that in those States where this has been done, the previous difficulties seem to have been promptly and permanently removed, and it does not appear to have been necessary in any instance to revive the office. The office of coroner was created in England while that country was in a lawless state, and when police regulations and courts of justice were almost non-existent. Since the development of the judicial and police system, the coroner's office has gradually come to fill the important function of fifth wheel to the car of justice. It has been retained through that conservative spirit which retains the cumbrous system of pounds, shillings and pence for the national currency. Many of the United States are still in that primitive and lawless condition, which makes the office of coroner a useful one. In the more highly civilized States the old coroner system is rapidly disappearing, and it is practically obsolete in five, viz. : Massachusetts, Rhode Island, Connecticut, New Jersey and New Hampshire.

As to whether the office of coroner should be abolished in our own Province, we have no hesitation in stating, as medical men, that, from a medical point of view, the office is simply an absurdity, which constantly interferes with the proper employ-

ment of medical science for judicial ends, and that it could be abolished to-morrow with marked benefit to the medical side of criminal cases.

The fact that the appointment of competent medical experts as consultants to the coroner's court of Montreal during the last year has neither prevented nor greatly diminished the number of those palpably absurd and unsatisfactory verdicts, which have made this court a public laughing-stock in past years, shows that something must be radically wrong with the system, which must be remedied, even if this necessitates abolishing the office.

On the other hand, we do not feel, as medical men, competent to decide as to the possible effects which would be produced by this change from a judicial point of view. If the office of coroner were abolished, the legal duties would have to be provided for in some way, the details of which can only be decided by persons thoroughly conversant with the workings of our criminal law. Furthermore, the abolition of the office of coroner does not appear to your Committee to be absolutely necessary in order to secure the necessary medical reforms. All that is really necessary is to do away with the medical functions and responsibilities of the coroner and to make the office a purely judicial one, only dealing with those cases where there are definite grounds to suspect death from violence or negligence and these grounds are either strengthened or not removed by the examination of a medical expert.

We would therefore recommend:—

1. That salaried medical examiners be appointed to investigate all deaths occurring under circumstances calling for medico-legal investigation under any act, and that these officers be given authority to make such medical examination of the body as may be necessary to determine whether death was due to violence or not;

2. That in every case the medical examiners report the result of their examination to the coroner or other judicial officer charged with investigating the legal side of such cases, who, in case of violent death, shall make such investigations and take

such measures as are necessary for the proper administration of the law.

If necessary, we are prepared to draft an amendment to the law which would secure the proper carrying out of this system.

(Signed,) G. P. GIRDWOOD.
J. GEORGE ADAMI.
E. P. LACHAPPELLE.
JAMES BELL.

At the regular meeting of the Society held on Friday, Dec. 15th, 1893, this report was unanimously adopted, and it was resolved that a copy of the report be sent to the Attorney-General and to each of the medical members of the Legislative Assembly and Council of the Province of Quebec.

Reviews and Notices of Books.

A Manual of Medical Treatment or Clinical Therapeutics. By I. BURNEY YEO, M.D., F.R.C.P., Professor of Clinical Therapeutics in Kings' College, London, and Physician to Kings' College Hospital. Author of "Food in Health and Disease," etc. With illustrations; 2 vols. Philadelphia: Lea Brothers & Co. 1893.

Recently several works have appeared dealing with Therapeutics from the side of the disease, and not from the side of the drug or agent. This is certainly a more natural and practical method. In America we have the encyclopædic volumes of Hare's "System of Practical Therapeutics." In France, Dujardin Beaumetz' work is one of importance; and recently in England there has appeared Whitla's "Dictionary of Treatment." Dr. Yeo's work is a happy mean between the latter and the first named. It is not a ready reference-book by any means. The author strongly and justly argues against works that pretend to be of this class.

Rational therapeutics is the aim of the author of the work under consideration.

The first volume deals with the treatment of the diseases of the organs of digestion, of the heart, blood-vessels and blood, also with the respiratory diseases. The various diseases are

taken up separately; a short account of the nature and symptomatology is followed by a full description of the therapeutic indications, and how they are to be met. It is almost needless to add that the author shows evidence of an intimate acquaintance with the latest literature on every subject with which he deals. The treatment of constipation may be taken as an example of the author's thorough and scientific method of dealing with his subject.

"The treatment of habitual constipation must respond to the following indications:—

"1. A suitable regulation of the diet and regimen.

"2. An enforcement of healthy habits of life.

"3. The adoption of such remedial measures (medicinal or other) as shall immediately overcome the existing constipation, and prevent its recurrence; the latter by improving the digestion, promoting intestinal secretions and giving tone to the intestinal walls."

Here we have in a few words an admirable sketch of what we have to do—a scientific foundation, on which naturally follows a rational therapeutics.

The second volume deals with diseases of the liver, kidneys, nervous system, constitutional diseases, and the infective diseases. The same thoroughness characterizes all the subjects dealt with.

The work is one which we can strongly recommend to the practising physician. In it he will find much food for thought, and directions that will lead him from beaten paths.

A Manual of Diseases of the Nervous System. By W. R. GOWERS, M.D., F.R.C.P., F.R.S., Consulting Physician to University College Hospital, Physician to the National Hospital for the Paralyzed and Epileptic. Second Edition, revised and enlarged. Vol. II.—Diseases of the Brain and Cranial Nerves; General and Functional Diseases of the Nervous System. With one hundred and eighty-two illustrations, including a large number of figures. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut Street. 1893.

We have already noticed the first volume of the second edition of this work. The second volume, dealing principally

with the disease of the central nervous system, is in every respect a most complete and thorough account of this all-important class of disease. We have no hesitation in saying that Gowers' work on "Diseases of the Nervous System" has no equal in the English or any other language. The volumes represent an amount of original painstaking work which is simply marvellous. It is a contribution of the highest worth in a difficult department.

The second edition has been thoroughly revised and considerably enlarged, leading to an increase of about 100 pages in the second volume. The illustrations are numerous, and are for the most part original, and will be found of great value in quickly and rightly understanding the text.

The American publishers have spared no pains or expense in getting up this handsome volume.

We have much pleasure in recommending it as the great work of the present day on the diseases of the nervous system.

Public Health Laboratory Work. By H. R. KENWOOD, M.B., D.P.H. London: H. K. Lewis, 1893. Crown 8vo. pp. 482.

This recent addition to Lewis's Practical Series is one that can be freely recommended to students of Hygiene and to all interested, practically, in matters affecting public Health. Its great virtues are that it is eminently practical, that it is written in a most lucid manner, and, what is of considerable importance, that it is written by one who is engaged in carrying through a course of instruction in Practical Hygiene along the lines laid down in this work; for the author is assistant to Professor Corfield in the Public Health Department at University College, London, and the matter contained in the textbook represents broadly that taught in the Practical Hygiene course at University College.

The subjects which may demand investigation by an officer of public health, or in a hygienic laboratory, are so many and so serious, that to write at all exhaustively upon the whole province would lead to the production of a very bulky volume. Add to this that in certain departments of the work, as, for example, in the analysis of air (estimation of carbonic acid), of water (estimation of nitrogenous matter), of milk (estima-

tion of fat), and so on, several methods are strongly recommended by the several schools, and were all these to be described and criticized, much space would be taken up. Mr. Kenwood has overcome these difficulties by confining himself more especially to the most important branches of laboratory work, and in these describing fully the stages of the one method of analysis which, for the general worker, has proved most rapid and most satisfactory. More than 150 pages are devoted to the hygienic (chemical) analysis of water, 60 pages to air analysis, while 150 pages are given up to the subject of the examination of foodstuffs. There are clearly-written chapters upon soil examination and analysis of coal gas; while Mr. Rupert Boyce, Assistant Professor of Pathology at University College under Professor Horsley, contributes 60 pages upon the methods of bacteriological research, with especial reference to the examination of air, water and food. This last division of the work, while very succinct and clearly written, is, in our opinion, too much of the nature of an epitome, and not sufficiently a practical guide. Bacteriological study is becoming daily a more and more important department of Hygiene; we would gladly see this more fully recognized in the modern text-books, and would have welcomed a detailed and practical exposition of the methods of the bacteriological laboratory, in place of this *résumé* of the same,—all the more so because there are few teachers in England better fitted than is Mr. Boyce to furnish chapters upon practical bacteriology.

In dealing with the adulteration of foodstuffs, we notice that Mr. Kenwood is peculiarly cautious in defining the limits beyond which adulteration becomes unquestionable. This is specially seen in his treatment of certain of the simpler adulterations of milk, tea, coffee, bread and butter, and does but represent the difficulty encountered by public analysts in England and elsewhere in arriving at a definite conclusion in these matters. The difficulty, while in part due to the great differences that there may be in the chemical composition of successive samples of the commoner forms of animal and vegetable foodstuffs, is due also to the divergent rulings of the legal authorities upon questions of food adulteration. It is well, therefore, for the expert to be cautious in giving an opinion, but, at the same time, the path of the student is ren-

dered hard if he can gather but doubtful rulings from his text-books. Some clear code is much wanted defining what is adulteration and what does not come under this heading; or, rather, a satisfactory condition of affairs can be reached only when the Legislature, in the interest of the populace, treats the vending of inferior qualities of foodstuffs as standing upon the same footing as actual adulteration, and makes the two equally punishable.

In conclusion, it may be added that the work is printed in good clear type, and that the illustrations are good and diagrammatic. Altogether we can cordially recommend the work, which well stands comparison with recent text-books of Practical Hygiene published in France and Germany.

The Principles and Practice of Surgery. By JOHN ASHHURST, Jr., M.D., Barton Professor of Surgery and Professor of Clinical Surgery in the University of Pennsylvania; Surgeon to the Pennsylvania Hospital; Senior Surgeon to the University Hospital and to the Children's Hospital; Consulting Surgeon to the Women's Hospital, to St. Christopher's Hospital, etc. Sixth edition, enlarged and thoroughly revised, with a coloured plate and 656 illustrations in the text; pp. 1166. Philadelphia: Lea Brothers & Co. 1893.

For some time Ashhurst's Surgery has been a favourite work with students, and it has now reached its sixth edition. This has been thoroughly revised by the author, assisted in some departments by well-known specialists. Dr. Chas. B. Nancrede has written a chapter on surgical bacteriology, Dr. Barton C. Hirst has revised the part which treats of gynaecological subjects, Dr. DeSchweinitz that on the eye, and Dr. Alex. Randall that on the ear.

In this way a work has been compiled that is a most useful text-book, although something has been sacrificed in the endeavour to render the book as concise as possible. For instance, in cases of foreign bodies in the upper air passages, it is advised to make a laryngoscopic examination, but we find no description of how this is to be done. Again, the descriptions of the operations for the ligation of the various arteries are rather meagre in details. Still, the book has

much to recommend it, and will be found useful. The illustrations are well selected and well executed, many of them being from photographs of cases under the care of the author, and where they have been borrowed due credit is given.

Mechanical Aids in the Treatment of Chronic Forms of Disease. By GEORGE H. TAYLOR, M.D.
New York; Geo. W. Rogers.

The author discusses the Postural or "Lifting" Couch, by means of which he treats pelvic affections, raising the hips and using massage, even where adhesions are present.

The Chest Developer is an apparatus adapted to correct thoracic asymmetry by stretching the chest walls.

The questions of slow massage and rapid mechanical massage are also discussed in separate chapters.

The instrument for chest correction is an ingenious application of the pendulum, in which the motion of stretching and relaxing the chest walls is carried on almost automatically after being once started by the patient.

The pamphlet contains about a dozen illustrations of various "vibrators" and massage couches, besides cuts of the above-mentioned chest machine.

Le Medecin de la Famille. Encyclopédie de Médecine et d'Hygiène publique et privée, contenant la description de toutes les maladies connues, et les meilleures méthodes de les traiter et de les guérir. Par Drs. SÉVÉRIN LACHAPPELLE, BUCHANAN BURR, WILLIAM B. ATKINSON, HENRY M. LYMAN, CHRISTIAN FENGER, W. T. BELFIELD, MORRIS L. KING, L. E. FORTIER, H. WEBSTER JONES. Ouvrage illustré de nombreuses planches en couleurs et de belles gravures. World Publishing Co., Guelph, Ont., 1893.

This is a French edition of that popular work, "The Practical Home Physician," which is so well known to the English-speaking population of Canada. It deals with the anatomy and physiology of the human body, and in this connection the mannikin pictures are very good, showing the relations of the parts and organs layer by layer. Considerable space is devoted to Hygiene, a most important subject in such a work. The various ills that flesh is heir to are described in detail,

cause, symptoms and treatment. At the end of the book is a list of the poisonous plants of Canada, with a description and coloured plate of each. The whole work is one which can be studied with profit by the public, and is an excellent book for use in the home. The volume is well printed, and profusely illustrated both in black and white and in colours, and is handsomely bound in leather.

Transactions of the Medical Association of Georgia.

Forty-fourth Annual Session, 1893. DAN. H. HOWELL, M.D., Atlanta, Georgia, Secretary.

This volume contains the following papers:—

President's Address.

Contagiousness of Consumption—J. G. Hopkins.

Etiology of Puerperal Eclampsia, its Treatment, with Report of some Typical Cases—C. D. Hurt.

Persistent Remittent, or so-called Typho-Malarial Fever—W. P. Williams.

Some Remarks on Aseptic Surgery, with Demonstrations of Sterilizing Methods—T. M. McIntosh.

Periproctitis, with an Abscess, and a Report of a Case—M. L. Currie.

Mechanical Treatment of some Skin Anomalies—M. B. Hutchins.

Rare Case in Obstetric Practice, showing Hour-Glass Contraction on Fœtus—O. H. Buford.

Asphyxia Neophytorum, an Improved Method of Treatment—R. J. Nunn.

Impure and Pure Mineral Waters—T. S. Hopkins.

Sterility in the Male—C. Evans Johnson.

Science in Medicine and Surgery—J. McFadden Gaston.

The Disappointments of the Menopause—J. C. Avary.

Puerperal Septicæmia—J. I. Dury.

Puerperal Eclampsia—J. M. Head.

Toxic Amblyopia—Jas. H. Shorter.

The Technique and After-Treatment of Ovariectomy—J. B. S. Holmes.

Fevers—S. B. Poland.

Typhoid Fever—N. M. Darden.

Fracture of the Skull, with Protrusion of Brain Substance, and Removal of Same—W. R. Googe.

Continuous Decoloration in Pyrexias—A. B. Simmons.

Syphilis from a Sociological Standpoint—W. F. Westmoreland.

A Case of Aneurism of the Thoracic Aorta—N. P. Jelks.

Stone in the Bladder, with Report of Cases—F. W. McRae.

Headache vs. Glaucoma—W. L. Bullard.

Two Rare Cases in Practice—P. L. Hillsman.

Puerperal Eclampsia, with Special Reference to its Cause and Treatment—A. C. Davidson.

Partial Tenotomy, a Radical Cure for Heterophoralgia—C. H. Peete.

"Shotgun" Prescriptions—C. C. Hart.

Traumatic Diffuse Aneurism of the Anterior Tibial Artery—Ligation of the Femoral—F. R. Calhoun.

A Case of "Multiple Neuritis" (Alcoholic)—Mark H. O'Daniel.

Ectopic Pregnancy—Pathology, Symptoms and Treatment—R. R. Kime.

A Review of Dr. Senn's Views on Elastic Constriction—W. H. Elliott.

Ante and Retro-Positions of the Uterus—Their Pathology, Symptomatology and Treatment—W. W. Stewart.

A Board of Medical Examiners: The State's Medical Duty—L. B. Grandy.

The Practice of Medicine in Georgia—A. C. Blain.

State and Municipal Hygiene, with a Plea for a State Board of Health, as well as for an Examining Board—J. C. Avary.

Four Women who Refused Oöphorectomy, and their subsequent Histories—H. McHatton.

Transactions of the American Surgical Association. Volume XI. Edited by DE FOREST WILLARD, M.D., Recorder of the Association. Philadelphia: Wm. J. Dornan. 1893.

The following papers are contained in this volume:—

Address of the President.

A New Method of Direct Fixation of the Fragments in Compound and Ununited Fractures. By Nicholas Senn, M.D.

Hypertrophies and Degenerations of Cicatrices and Cicatricial Tissue. By John Collins Warren, M.D.

Surgery of the Gall-Bladder. By Maurice H. Richardson, M.D.

Surgical Treatment of Cervical, Thoracic and Abdominal Aneurism. By Charles Beylard Nancrede, A.M., M.D.

A Contribution to the Surgery of the Rectum. By Arpad G. Gerster, M.D.

Report of an Attempted Bloodless Operation for Malignant Polyp Springing from the Base of the Skull. By Roswell Park, A.M., M.D.

The Present Position of the Surgery of the Hypertrophied Prostate. By J. William White, M.D.

The Importance to the Surgeon of Familiarity with the Bacillus Coli Communis. By Roswell Park, A.M., M.D.

A Report of Cases of Operative Attack upon Meckel's and the Gasserian Ganglions. By Roswell Park, A.M., M.D.

Primary Sarcoma of the Tonsil. By Roswell Park, A.M., M.D.

Naso- or Retro-pharyngeal Growths. By J. Ewing Mears, M.D.

Treatment of Appendicitis. By John B. Deaver, M.D.

Operations for Appendicitis without Removing the Appendix. By James M. Barton, A.M., M.D.

Ten Cases of Ankylosis of the Elbow-Joint after Treatment of Fracture of the Lower End of the Humerus, with the Fore-arm in the Extended Position. Five Treated by Exsection, Five Treated by Infracion, and One Not Treated. By Jarvis S. Wight, M.D.

Clinical and Medico-legal Observations in Certain Forms of Spinal Injury. By Perry H. Millard, M.D.

Dislocations and Injuries of the Semilunar Cartilages. By S. J. Mixter, M.D.

Lymphangitis, Accompanied with Blood Poisoning, and Followed by Multiple Abscess. By J. McFadden Gaston, M.D.

The Report of a Case of Anthrax. By Herbert L. Burrell, M.D.

Cystic Growth Within the Internal Condyle of the Femur. By Thomas G. Morton, M.D., and William Hunt, M.D.

Gunshot Wounds of the Intestines; Clinical Report of Thirteen Cases; Remarks on the Diagnosis and Treatment. By Albert B. Miles, M.D.

Two Cases of Congenital Umbilical Hernia into the Cord; Operation; Recovery. By J. Collins Warren, M.D.

Cholecystectomy for Impacted Gall-Stones. By De Forest Willard, M.D., Ph.D.

Surgery: A Manual for Students and Practitioners. By BERN B. GALLAUDET, M.D., Demonstrator of Anatomy and Clinical Lecturer on Surgery, College of Physicians and Surgeons, New York; Visiting Surgeon Bellevue Hospital, New York; and CHARLES N. DIXON-JONES, B.S., M.D., Fellow of the New York Academy of Medicine and the British Gynæcological Society; Assistant Surgeon to the Out-patient Department of the Presbyterian Hospital, New York. Students' Quiz Series. Edited by Bern B. Gallaudet, M.D. Philadelphia: Lea Brothers & Co.

Chemistry and Physics: A Manual for Students and Practitioners. By JOSEPH STRUTHERS, Ph. B., Columbia College, School of Mines, New York, D. W. WARD, Ph. B., Columbia College, School of Mines, New York, and CHAS. H. WILLMARTH, M.S., New York. The Students' Quiz Series. Edited by BERN B. GALLAUDET, M.D., Demonstrator of Anatomy, College of Physicians and Surgeons, New York; Visiting Surgeon Bellevue Hospital, New York. Lea Brothers & Co., Philadelphia.

These volumes are very favourable samples of the Quiz system of books, which are prepared in the endeavour to find a royal road to learning, but we regret to say that they do not succeed in this. While such works are useful for a hurried review of a subject, they are too frequently a temptation to the student to scamp his work and study solely for the examination. We believe that such a system of boiling down of facts can never make a useful and reliable text-book, and the tendency is to draw students away from the larger works and to make them cram up a lot of undigested and unrelated facts instead of understanding the subject.

— The *Chicago Clinical Review* has made a new departure in medical journalism, which we are sure will be highly appreciated. It is to record each month the titles of important contributions to the literature of medicine. We wish the *Review* all success.

Bibliography.

Some Effects of Chronic Irritation upon Living Tissues, being First Steps in a Rational Study of Cancer. By D'ARCY POWER, M.A., M.B. Oxon., F.R.C.S., Eng., Surgeon to the Victoria Hospital for Children, Chelsea; Demonstrator of Practical Surgery at St. Bartholomew's Hospital; Lecturer on Histology at the Royal Veterinary College. Reprinted from the *British Medical Journal*, Oct. 14th, 1893.

Address of the President, C. H. HUGHES, M.D., St. Louis, Mo., at the Banquet in honour of the First Pan-American Medical Congress, given by the American Medical Editors' Association, at the Arlington, Washington, U.S.A., Sept. 4, 1893. Reprinted from *The Alienist and Neurologist*, St. Louis, Oct., 1893.

Report on Nasal Surgery, with illustrated cases. By M. F. COOMES, A.M., M.D., Professor of Physiology, Ophthalmology, Rhinology, and Otology in the Kentucky School of Medicine, Louisville, Ky. Reprinted from the *American Practitioner and News*. Louisville: John P. Morton & Co., 1893.

Twenty-seventh Annual Report of the institutions known as "Dr. Barnardo's Homes" for Orphan and Waif Children. President: Right Hon. the Lord Brassey, K.C.B. Offices of the Homes: 18 to 26 Stepney Causeway, London, E.

The Pneumatic Cabinet in the Treatment of Pulmonary Phthisis. Read before the American Climatological Association, Richfield Springs, New York, June 24, 1892. By C. E. QUILBY, A.M., M.D., New York. Reprinted from the *International Medical Magazine* for Jan., 1893.

THE INTERNATIONAL MEDICAL CONGRESS.—The International Medical Congress, which was postponed from September 24th on account of cholera prevailing in Italy, will be held at Rome from March 29th to April 5th, 1894. Instructions and documents relating to the journey, etc., may be obtained from A. Jacobi, M.D., 110 W. 34th street, New York.

Society Proceedings.

MONTREAL CLINICAL SOCIETY.

Stated Meeting, October 28th, 1893.

DR. E. H. BLACKADER IN THE CHAIR.

After Dr. R. Tait McKenzie had been nominated for membership,

Dr. LOCKHART read the report of the committee appointed to prepare a constitution and by-laws.

After the report had been accepted, the constitution and by-laws were read by the Secretary, clause by clause, in order to permit the members to make any corrections or additions deemed necessary.

The by-laws were then adopted as read, and a vote of thanks to the by-law committee was carried unanimously.

The meeting then adjourned.

Stated Meeting, November 11th, 1893.

DR. GEO. A. BROWN IN THE CHAIR.

Dr. R. Tait McKenzie was unanimously elected to membership in the Society.

The election of officers, in accordance with the new by-laws, was then proceeded with, resulting as follows:—

President.—Dr. James Jack.

Vice-President.—Dr. Springle.

Secretary.—Dr. Evans.

Treasurer.—Dr. H. D. Hamilton.

Council.—Drs. Lockhart, Campbell and Allan.

Dr. Kirkpatrick was elected a member of the publishing committee.

Dr. KIRKPATRICK then presented a very able case report on "Sciatica as a Complication of Carcinoma."

In the discussion which followed,

Dr. CAMPBELL said he could not understand why the sciatic nerve should alone be affected.

Dr. MORROW suggested cachexia as a cause.

Dr. KIRKPATRICK, in his reply, said that the sciatica preceded the cachexia, and that the latter was not marked in any of his cases.

Interesting cases in practice were then related by Drs. W. G. STEWART, ENGLAND and SPRINGLE.

Dr. ALLAN then presented a communication to the Society in regard to the lax way in which the College of Physicians and Surgeons of the Province of Quebec is managed. He read copious extracts from the by-laws of the College, and showed how little attention had been given to the management of its financial affairs.

Several members coincided with Dr. Allan, and mentioned some of their experiences.

After some discussion, the matter was referred to the Council.

The meeting then adjourned.

Stated Meeting, November 25th, 1893.

The President, Dr. JACK, in taking the chair, thanked the members of the Society for the honour they had done him in electing him their first President, and urged them to co-operate with him in advancing the work of the Society.

After the discussion of some business matters arising out of the minutes of last meeting,

Dr. MARTIN showed an interesting pathological specimen from a case of strangulated umbilical hernia in a child 14 days old. The history of the case was that the child had been born at full term. The labour was easy. Shortly after the separation of the cord, on the 6th day, a small tumour, about the size of a hazel nut, was noticed at the umbilicus. Patient did well till the 10th day, when a watery discharge took place from the tumour. The bowels showed a tendency to constipation. On the 13th day vomiting and fever set in, and the patient died on the 14th day. At the post-mortem, a small black mass was noticed at the umbilicus, probably the remains of the cord. A knuckle of small intestine was found incarcerated in the umbilical ring. The incarcerated part was merely congested, there being no evidence of gangrene or perforation, and the peritoneum was merely inflamed locally. The kidneys showed the presence of uric acid infarctions, a condition said to be present in 53 per cent. of all cases. It was Dr. Martin's opinion that death had resulted in this case from shock.

A large sarcoma of the testicle was also shown.

After a few questions had been asked and remarks made on the specimens,

Dr. R. TAIT McKENZIE read a very interesting paper on "Physical Exercise as a Therapeutic Agent." (To be published later).

In the discussion which followed,

Dr. GEO. CAMPBELL agreed with Dr. McKenzie as to the value of exercise in cases of chronic dyspepsia, and cited a case in his own practice. He could not agree with Dr. McKenzie's generalization that tuberculosis occurred only in weak organisms, and mentioned several cases to prove his point.

Dr. HALDIMAND was assured of the value of exercise in the treatment of constipation, the result of sedentary occupations.

Dr. MORROW mentioned the case of a child whose faulty attitude at desk at school had resulted in deformity, which passed away after a course of exercise and outdoor life.

Dr. McKENZIE replied.

Dr. BLACKADER then mentioned a case in practice where herpes had complicated diphtheria. The herpes was situated on the thigh, just below the great trochanter.

After some general business matters had been discussed, the meeting adjourned.

Stated Meeting, December 9th, 1893.

JAMES JACK, M.D., PRESIDENT, IN THE CHAIR.

Dr. MARTIN showed two microscopical specimens of the liver from a case of hepatic cirrhosis due to sclerotic changes in the hepatic artery. The patient had died from uræmic poisoning. Large fibrous bands were found at the base of the bladder, the ureters enlarged and dilated, and the kidneys in a state of moderate hydronephrosis. No specific or alcoholic history could be obtained.

In reply to a question from Dr. GUNN,

Dr. MARTIN said that the condition of the arteries generally, had not been noted, but that the vertebral and basilar arteries showed sclerotic changes.

Dr. RIDLEY MACKENZIE said the patient had entered the hospital in a state of general anasarca. The urine excreted was noted to be rather increased at first, but the quantity gra-

dually lessened, till only five ounces were passed on the day of his death.

Dr. MORROW then read a very interesting paper entitled "Notes on Some Affections of the Brain." (To be published).

In the discussion which followed,

Dr. ORR mentioned a case he had met with in which an epileptic attack was followed by paresis of the right side, which disappeared in a very short time.

Dr. MARTIN asked if it would not be an easy matter to distinguish the epileptiform origin of aphasia from that due to cerebral hæmorrhage.

Dr. GUNN congratulated Dr. Morrow on having written such an able and interesting paper. He considered the reference to the fact that the so-called motor area of the brain was also an area of sensation an important one. He referred to the writings of Mr. Victor Horsley and others on this subject.

Dr. MORROW, in the course of his reply, stated that functional aphasia was chiefly met with in lunatics.

CASES IN PRACTICE.

Dr. SPIER reported the case of a child aged 5 years who had come into the hospital suffering from diphtheria. The right tonsil and soft palate were covered with membrane when first seen. The patient seemed to do very well, but a large quantity of albumen was found in the urine. The quantity of urine excreted gradually decreased, till only four ounces were passed the day before the child's death. The child died during a convulsion. An autopsy revealed the presence of a stone the size of a marble in each kidney, there being very little parenchymatous change in the organs themselves.

Several of the members then reported having met with cases of diphtheria where stridor coming on rather suddenly had been the most prominent symptom, there being no enlargement of the cervical glands. Post-mortem found the larynx and trachea lined with diphtheritic membrane, starting from the vocal cords. In several instances, no evidence of the presence of membrane could even be obtained by a laryngoscopic examination.

Dr. RIDLEY MACKENZIE then mentioned a case of chlorosis which had improved very rapidly on full diet, rest in bed and nine Bland's pills daily. On November 3rd the hæmoglobin was only 34 per cent., while on December 3rd it was found to be 92 per cent.

After some discussion as to the method of action of iron in these cases, the meeting adjourned.

Selections.

The Profession of Motherhood.—At a time when pressure on professions is severe, and when women are squeezing into them at such a rate that the earning of a livelihood is a matter of no small difficulty to the poor male, it is impossible to disguise our interest in the news that the ladies have discovered a profession which they can have all to themselves. Few amusements are more innocent than that of re-discovering old truths, and Miss Marion Harland, in writing her recent article in the *North American Review*, must not only have experienced the delight of knowing that she had produced and could claim maternal rights over a most charming headline, but may also have felt some satisfaction in the knowledge that the dogma she was about to unfold for the delectation of an astonished world had already in bygone ages received the sanction of most respectable people, for although it may be news to some, it still remains a fact, well emphasized in old world history, that the profession of motherhood has always been the sole profession of the best of women. It is, however, with a chastened sense of satisfaction that we find a notion so antique receiving even such support as a magazine article from the land of progress. To administer, says Miss Harland, the affairs of a household, upon the integrity of which depend the health, comfort and happiness of those who are to make history when their progenitors are with the forgotten dead, is a profession in itself, and an important one. Motherhood and home making are women's untransferable missions. Men may write her books, or paint her pictures, or conduct her financial and benevolent enterprises so well as to leave her generation nothing to regret in her withdrawal from one or all of these scenes of action. If she shirks the duty of maternity, the whole creation cannot supply a substitute. Those of us who remember the meeting of the British Medical Association at Brighton, not so many years ago, at which the President, Dr. Withers Moore, ventured to suggest to womanhood at large that to become mothers of men was not, after all, a too ignoble mission, and who recall the howl of disgust and scorn with which the hateful proposition was received, may perhaps now gently laugh at the swing of the pendulum while congratulating the race on the happy news that its perpetuation is now to be recognized as the proper sphere of womankind, a little fact which, it may be hinted, the best of them, the sly creatures, have known and acted on all along.—*British Medical Journal*.

THE ROYAL VICTORIA HOSPITAL.

A SKETCH OF THE BUILDING—AN ACCOUNT OF ITS FORMAL
OPENING BY THE GOVERNOR-GENERAL.

Within the past few years there has been erected on the eastern brow of Mount Royal a cluster of magnificent structures which is a credit to the city and the country—a heritage of which everyone may be proud. The Redpath Museum, the Physics Building, the Practical Science Building, the Workshops, the Redpath Library, the Medical Building, are all structures which would grace with their beauty and elegance any University grounds. Lastly, “as a fitting tribute to human progress, and as a philanthropic acknowledgment of human weakness and human suffering, looms up in all its sober grandeur the ROYAL VICTORIA HOSPITAL.”

For this grand structure the people of Canada are indebted to the princely generosity of the Right Hon. Lord Mount Stephen and Hon. Sir Donald Alexander Smith, K.C.M.G. They each contributed the sum of half a million dollars in the year 1887 for this purpose, choosing this year to commemorate the jubilee of our noble Queen. The city gave a portion of land for building purposes, but this proving for certain reasons unsuitable, the donors purchased an adjoining piece of ground for \$86,000, and on the latter the hospital buildings have been erected. The plot of land given by the city will be used as recreation grounds for convalescents, and also for the open air treatment of cases that can be transported without suffering. In all, the hospital property extends over 23 acres of ground, thus ensuring abundance of light and air in all directions.

The “Royal Victoria” was incorporated in 1890 by an Act of Parliament “for the reception and treatment of sick and injured persons of all races and creeds without distinction.

The act provides that the governing board shall consist of fifteen persons, seven of whom are to hold office in virtue of their official position, and the remaining eight to be selected by the whole board.

The ex-officio Governors are The Mayor of Montreal, the President of the Board of Trade, the President of the Canadian Pacific Railway, the General Manager of the Bank of Montreal,



R. B. ANGUS,
THE PRESIDENT OF THE ROYAL VICTORIA HOSPITAL.

the chief officer resident in Montreal of the Grand Trunk Railway, the Principal of McGill University, and the Dean of the Faculty of Medicine McGill University. The selected Governors at present are :—Sir Donald A. Smith, Lord-Mount Stephen, Alexander G. Patterson, R. B. Angus, Thomas Davidson, and W. J. Buchanan.

Mr. R. B. Angus is president of the Hospital.

In due time the Governors are empowered by the act to establish convalescent cottages at Banff, N. W. T., and at Caledonia Springs, Ont.

The style of architecture adopted is the Scottish baronial, and the façade of the Administration block is after the style of Fyvie Castle, in Aberdeenshire, near Haddo House, the seat of the Earl of Aberdeen.

Over the main arch of the doorway appear the monograms of Lord Mount-Stephen and Sir Donald A. Smith. On the western gable of the central block is the coat of arms of Lord Mount-Stephen, with his motto, "Lippen" (to trust). Sir Donald Smith's coat of arms on the eastern gable bears his motto, "Perseverance."

The donors were fortunate in securing the services of Mr. Henry Saxon Snell, of London, England, as architect. Mr. Snell has made a specialty of hospital architecture, among other buildings that he has designed recently, the most prominent being the new Royal Infirmary in Aberdeen. James R. Rhind acted as assistant architect. The latter, in a recent communication, says that when Mr. Snell was appointed architect and handed the plan of the site, and began to consider the arrangement best suited to the peculiarities of the ground, he said it was the most difficult task he ever had to perform. The difficulties were, however, got over in a masterly manner, and were made to serve the architect's grand design. The difficulties the architect had to surmount will be at once apparent, when it is considered that there is a difference in level of sixty-two feet between the lowest and highest point of ground covered by the hospital building.

The hospital consists of three really separate buildings, connected together by stone bridges. Viewed from the front on

Pine Avenue, the hospital appears to form three sides of a square. The central part is the administration block. It is from three to six stories in height. The ground floor is to be devoted to the offices of the Governing Board, the Secretary and his staff, and the Steward and his staff. The resident medical officers will also be quartered in this part of the building.

The second and third stories contain the apartments of the Lady Superintendent, her assistant and the nursing staff. The sleeping rooms of the servants are in the sixth storey.

No pains or expense has been spared to make the quarters of the nurses comfortable; their parlors, sitting-rooms, bedrooms and library are tastefully and beautifully furnished.

The dispensary and patient's receiving rooms are also situated in the administration building, admission to the latter, and to the stores department, being from the rear. A special elevator runs from this department to the kitchen on the fifth floor.

This kitchen is looked upon as a model. It is very large and well lighted. There are a number of coal ranges, twelve gas ranges, a mammoth bakery oven, with separate compartments for every kind of baking. Many and various forms of steaming cauldrons and jacketed kettles are also to be seen in the kitchen.

THE VENTILATION.—The system of ventilation has received special attention from Mr. Snell.

In all the wards the fresh air is admitted through gratings placed near the ceiling. The current of cold air is heated in passing over steam coils to a temperature of about 80° Fahr. Two series of exhaust gratings remove the foul air; one is placed near the floor and the other about six feet above it. Ducts lead from these gratings to the large flue in the centre of each wing. The smoke from the engine passes up a smoke stack in the centre of these flues, thus ensuring the rapid and complete removal of the foul air. In warm weather ventilation of the wards can be thoroughly effected through the windows which reach from the floor to the ceiling, and are double, with the thickness of the wall between. The lower fourth of the outer windows, and a fanlight at the top of the inner can be opened at the same time, thus giving abundance of fresh air without any draught.

The drainage and plumbing of the hospital are as good as competent and honest workmanship could make them: The water supply is drawn from the upper level reservoir, which is over a hundred feet above the level of the hospital. The building is heated throughout by steam generated in the engine room in the basement of the eastern wing. The lighting is by electricity generated also in the engine room. In each ward there are large clocks, the faces of which will be illuminated during the night. The object of this is mainly a therapeutic one,—it will enable the sleepless to while away the weary hours.

THE LAUNDRY is situated in a detached stone building some distance behind the central block. It is operated by steam power, equipped with three steam washers, a centrifugal clothes wringer, steam mangles, steam drying closet, and a convenient ironing table. Running from top to bottom of every wing is a large zinc lined shaft, and into these the maid throws the linen from every ward and room. It is thus, by its own weight, collected at the basement, and from there it is an easy task to transport it to the laundry, compared with what it would be to carry it away from each ward separately.

THE BALCONIES.—On the southern façade of each large ward and between the round towers there are balconies, where in favorable weather the convalescents can sit and enjoy the pure air and unrivalled prospect of the great city lying at their feet, the noble St. Lawrence and the green country bounded by the mountains to the south and east.

THE MEDICAL PAVILLION.

The medical pavillion comprises:—

1. Three large public wards, each capable of accommodating 32 beds, a children's ward of 15 beds, and, in addition, 15 private wards and 6 isolated wards. The large wards are each 123 feet long by 26 feet 6 inches wide. The ceiling is 13 feet high. The towers, which add so much to the beauty of the exterior of the wings, have been utilized by the architect for the closets and ward baths. Between the latter and the wards there is a system of cross-ventilation. Off the corridors leading to each of the large wards there is a ward kitchen; a day and

dining room for patients able to move around ; also a room for the head nurse, and one large private ward.

2. In the fourth story of the medical wing we have placed the private and isolation wards. The latter are so arranged that the nurse in charge can have no need of communication with either the private or public wards. All the wards are large, airy and well ventilated.

3. *The Medical Amphitheatre.*—This large room is situated on the ground-floor, and is on the same level as the lowest of the three public wards. It is seated to comfortably accommodate 250 students. The area is large and well adapted for the demonstration of cases. An improved and convenient method of displaying diagrams on a large iron screen has been found of great use and practicability. Another piece of furniture which has been found to be admirably adapted for its purpose is an iron stool for the examination of patients. J. H. Chapman, of this city, is the inventor of this useful article. It was made by Lentz, of Berlin. It enables one to demonstrate, with much ease to the patient and clearness to the class, physical signs, etc. The theatre will also be furnished with an improved projection apparatus, whereby morbid specimens can be demonstrated before a whole class.

4. *Clinical Laboratory.*—Two rooms adjoining the theatre are to be devoted to this purpose. We have, first, a large chemical and bacteriological room fitted up after carefully considered plans by Dr. Ruttan. It is furnished with several working tables, where the resident staff, clinical clerks and others can work out the necessary examination of the secretions and excretions.

The bacteriological outfit contains all the necessary and most approved apparatuses and appliances used in the study of the micro-organisms. Among other things it is supplied with a Koch sterilizing apparatus, two dry-heat sterilizers, a large thermostat, serum inspissator, vacuum apparatus, various filtering apparatuses, counting apparatus, etc., etc.

The chemical outfit, besides the usual reagents for quantitative and qualitative estimation of the products of secretion and excretion, contains an improved Satorius balance, a polari-

scope (Schmidt and Haensch's improved for sugar), various varieties of gas generating appliances, Kjeldahl's apparatus for estimation of nitrogen, a Westphal balance, and an improved centrifugal machine.

A room adjoining the clinical laboratory is to be utilized for keeping the various models, instruments and appliances used in diagnosis and treatment. We can only mention a few of the more important.

A complete set of Steger's preparations, representing the anatomy of the chest and brain. The set includes in all upwards of 30 different casts, and will be of extreme value, not only to the attending physician, but also to the students and nurses. Any one who has had experience of these casts in teaching will readily understand their great value. For topical diagnosis in cerebral disease, they are especially to be recommended.

There are also several extremely beautiful wax models of different parts of the central nervous system, made by Tramond of Paris.

There is a very complete set of microscopes and appliances for blood examinations.

The electrical outfit is furnished by GaiFFE of Paris.

Altogether, no reasonable expense has been spared to furnish the medical side with all modern appliances used in the diagnosis and treatment of disease.

THE SURGICAL PAVILLION.

The Surgical pavillion is 320 feet long, and has accommodation for 160 patients.

It comprises first, three large wards, 123 feet x 26½ feet, each capable of accommodating 32 patients; one ward for 12 patients; one for 6 patients; one for 8 patients; and one for 14 children. There are 10 private wards and 4 isolating wards. Each large ward has adjoining it, a bath room and lavatory, ward kitchen and a dining room for convalescents. The same system of ventilation is carried out as in the medical department.

The Operating Theatre.—This is situated at the rear and comprises a theatre with a seating capacity for 300 students;

an anaesthetic room, 26 x 10½ feet ; an instrument room ; a room for preparation and storing of dressings ; a room for sterilizing instruments and dressings ; an after recovery room, and a surgeon's private room.

The theatre is lighted from the roof and by a large window extending from floor to ceiling. The floor is laid with granuloid and so graded that it can be flushed with great facility. Altogether no expense has been spared to make it meet the most urgent requirements of modern antiseptic surgery.

THE PATHOLOGICAL INSTITUTE.

This institute, which has already been built, but whose interior fittings are not yet complete, may be said to consist of a mortuary and post-mortem theatre with its accompaniments ; and what the necessary accompaniments of a post-mortem room are has been construed by the donors of the hospital in the most liberal spirit, so as to comply to the fullest with the demands of modern pathology. And when completed the department will be such as to render possible investigations of every nature, microscopical, chemical, bacteriological, and experimental, that may arise in connection not only with the study of the cadaver, but also with the experimental study of disease in the living.

The building is 85 feet long, and 40 feet broad ; it is connected with the end of the medical wing by a narrow portion, 12 x 27 feet, which, upon the first floor, forms the private laboratory of the director, and upon the second is utilised in part as the connecting passage way, on a level with and leading into the main floor of the hospital. By this passage there is direct communication with both the medical and surgical wards, so that without passing outside the building, or carrying up or down stairs, cadavers can be brought to the elevator in the pathological department and lowered there to the mortuary.

There is also an entrance to the laboratory on the ground floor on the inner side of the building, which leads also into this passage beneath the medical theatre, and on the outer side is a doorway sufficiently large to permit hearses to be backed in out of public observation.

As will be seen from the plans, more than half of the ground

floor is devoted to the purposes of a mortuary. Close to this large entrance hall is the mortuary proper, a room, roughly 16 x 18 feet, with cement floor and refrigerating apparatus. This will consist of a series of deep cupboards, between the walls of which will percolate the water draining from an ice chamber above; each cupboard will be provided with a sliding tray to receive the body. The semi-circular end of this floor forms a room of 17 feet radius, to be used as a waiting room for the friends of the deceased, or for services whenever a funeral takes place directly from the hospital. This room can also be employed for the holding of inquests if need be, a smaller room adjoining serving as a waiting room for witnesses, etc.

The other half of the ground floor is divided into four rooms, two of these are large and well lighted, and one of these will be devoted to experimental research. To this end it will contain a water motor for running recording instruments and the centrifugaliser; constant pressure and constant rate of the motor will be obtained by placing a cistern on the top floor of the building. The second of these rooms will be of the nature of a workshop and preparation room, and will contain apparatus for glass blowing for the sterilisation and preparation of bacteriological media, and cupboards for storing the same, and a work bench for rigging up simple pieces of apparatus.

The first floor is specially devoted to post-mortem work and morbid histology. Occupying the further end of the building is the post-mortem room, which thus secures ample light, there being a large skylight immediately above the operating table, and a large window at either side, and all round, above the amphitheatre, a series of smaller windows. There is ample floor space for the performance of autopsies, while the theatre proper is made peculiarly steep so that the students can look directly down upon the post-mortem table at as acute an angle as is compatible with comfort. Students and spectators have to enter the theatre from the second floor, and are separated thus from the pathologist and those assisting actively at the autopsy, who alone will be permitted to be immediately around the post-mortem table. It is unnecessary to describe the table, and the various arrangements for the examination of tissues,

flushing and drainage. These are being made as perfect as possible. The elevator, which below opens into the mortuary, opens upon the first floor into the post-mortem room.

From this pit of the theatre a door leads into the preparation room, supplied with the necessary apparatus for cutting, mounting and examining the material obtained at the autopsy, in both fresh and hardened condition. It is intended that a certain number of students, at each post-mortem, cut and examine the removed tissues, and thus, besides completing anatomical diagnosis of the case, gain practical instruction in the methods of morbid histology. A store of bacteriological media will be kept in this room for employment at each autopsy.

Opening and adjoining the preparation room is a large chamber, well lighted on two sides, whose internal measurements are 35 x 28 feet. Tables are being placed beneath the windows of either side for the purpose of microscopic demonstrations (in connection with the demonstrations of the autopsies of the week). The side walls and centre of the room will hold cases for the exhibition of type specimens of the various morbid processes. From the further end of this room passes the office and private laboratory of the director of the institute.

Upon the second floor are laboratories for bacteriology, pathological chemistry and photography, to be supplied with all the necessary apparatus for research, while in the roof are half a dozen well lighted rooms, some of which may eventually be employed as rooms for those engaged in special researches.

Apart from the post-mortem theatre and the large histology room it is not proposed that this be a teaching laboratory. It is hoped that it will become essentially a laboratory for research and post-graduate work.

FORMAL OPENING.

On Saturday, the 2nd of December, the formal opening of the hospital took place. Invitations for the opening were issued for half-past two o'clock, but long before that hour not only the ward in which the proceedings were to take place, but the corridors were crowded, while hundreds were occupied in examining the different wards, rooms, &c., &c.

The Vice-Regal party entered the room preceded by Mr. R. B. Angus, president of the hospital.

The Governor-General and the Countess of Aberdeen were accompanied by Miss Sullivan, Miss Wilson, Capt. Kindersley, Capt. Urquhart, Mr. Munro Ferguson, Dr. Shirres.

The following Governors of the Hospital were on the platform ; —R. B. Angus, President, Sir William Dawson, Mr. W. C. Van Horne, President of the Canadian Pacific Railway ; Mr. L. J. Seargeant, General Manager of the Grand Trunk Railway ; His Worship the Mayor of Montreal ; Mr. W. W. Ogilvie, President of the Board of Trade ; Mr. E. S. Clouston, General Manager of the Bank of Montreal ; Mr. A. T. Patterson ; Robert Craik, M.D., Dean of the Medical Faculty of McGill University. The members of the Medical Staff were also present, viz. :—T. G. Roddick, M.D., Surgeon ; James Stewart, M.D., Physician ; J. G. Adami, M.D., Pathologist ; and Mr. Robson, Secy. Supt. to the hospital.

PRESIDENT'S ADDRESS.

The following is the address presented by Mr. R. B. Angus, president of the Board, to His Excellency :

To His Excellency the Right Honorable Earl of Aberdeen, P.C., Governor-General of Canada :

We, the governors of the Royal Victoria Hospital, desire to express the gratification which we experience in being honored by the presence here to-day of the representative of our Gracious Sovereign at the inauguration of the hospital, which, by permission, bears Her Majesty's most honoured name.

The feelings which impelled the founders to seek the privilege of styling the institution the Royal Victoria Hospital may be accepted as an indication and example of the loyalty and devotion to our Queen which prevail throughout Canada, and prompt to honourable deeds.

The governors extend their hearty thanks to the Countess of Aberdeen for her countenance on this occasion, and feel assured of her kindly sympathy with the beneficent work of the hospital.

Your Excellency, as official visitor and protector of the constitution of the hospital as provided by the charter, will ever be received with cordial welcome by the governors.

The hospital owes its existence to the munificence of the Right Hon. Lord Mount Stephen, and the Hon. Sir Donald

Alexander Smith, K.C.M.G., who, in the year 1887, in commemoration of the jubilee of Her Majesty the Queen, jointly made a donation of one million dollars for the purpose of erecting and maintaining in Montreal a hospital for the healing of the sick of all races and creeds, without distinction, for the advancement of medical science and for the establishment of a training school for nurses.

The application of the founders for a site on the margin of the park indicated as suitable, because of its elevation above the densely populated city, was freely granted by the City Council, but a question having been raised as to the propriety of erecting the hospital buildings upon the site originally selected, the founders, with ready generosity, purchased the land adjoining thereto and conveyed it to this corporation. On the additional property so acquired the main buildings now stand.

After much careful study by eminent medical men in Montreal, and consultation with some of the greatest authorities on the building and management of hospitals in England, the preparation of our plans was entrusted to Mr. H. Saxon Snell, of London, an architect of much experience with such designs, the object of the board being to secure a building having some degree of stateliness and worthy of its commanding site, and to combine in it, with due regard for the condition of this climate, the most approved sanitary arrangements and the best facilities for hospital work.

On the 25th day of June, 1891, the 54th anniversary of Her Majesty's reign, the work of erection was commenced. It has been carried on without interruption, and the building now stands complete, presenting as the governors venture to believe, a creditable example of good workmanship, a satisfactory realization of the donors' views and an ornament to the city.

In compliance with the often repeated injunctions of the founders, the best and most approved instruments and appliances have been procured, the aim being that the furnishings and equipment should be so thorough and complete as to meet, if possible, the utmost demands of the highest medical and surgical science of the present day.

It was early seen that the cost of executing the plans, as supplied by the architect, would far exceed the first estimates, and this, with other liberal provisions, most necessarily en-

crouch upon the funds originally intended for endowment; but the founders again intimated the hope that the work would in no way be degraded, and, with abounding liberality engaged to supplement the revenue to an extent sufficient to meet the immediate requirements of the hospital. While a scale of expenditure is provided for the present, the governors are aware that the filling up of wards in the expansion of the hospital will in the near future involve a considerable increase in the working charges. It has always been contemplated that the hospital should rest its support to some extent on the broad basis of public favour, and the governors are confident that they can rely upon the benevolence of their fellow citizens to adequately sustain a work so charitable in its objects and so advantageous to the community.

The governors are happy in having secured the gratuitous services of prominent and accomplished physicians and surgeons, whose teaching and practice will, they believe, acquire for the hospital a high reputation in the medical profession.

Amid the rejoicings of the day a note of sadness unhappily intrudes. Sir John Abbott, the first president of the hospital, who had devoted much time and labour in the work of organization and construction, was, unfortunately, not permitted to see the crowning of the edifice, and the loss of his directing hand was a sorrowful experience to the board.

The governors, in addressing Your Excellency, crave the privilege of uttering a word of thankfulness for the great benefit bestowed upon our country, and especially on the city of Montreal, by this benefaction, which is appreciated, not only on account of its costly character, but because of the wide spirit of liberality in which it has been conceived. We trust it will realise the highest aspirations of the founders by serving for generations to come as a powerful means of advancing medical science and treatment, and thus contributing to the comfort and relief of suffering humanity.

Thanking Your Excellency for the interest you manifest in this noble work, we now ask that you will be pleased to declare this hospital open and devoted to the high purpose for which it is designed.

By order of the Board of Governors,

(Signed)

JOHN J. ROBSON, Secretary.

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R. B. ANGUS, President.

The Governor-General made the following reply:—

I thank you heartily for this address. The eloquent and warm expressions of loyalty which are here expressed, and which, indeed, pervade the whole statement, will be gratifying not only to myself as Her Majesty's Viceroy, but to the Queen's loyal subjects in Canada, who are here so numerous represented to-day. Such expressions are on any public occasion graceful and opportune, but are, of course, more conspicuously appropriate in relation to the event of to-day, when we are met to inaugurate this magnificent building, which originated in a desire to commemorate the jubilee of our beloved Queen, and has now been dedicated to this noble work, and is destined to bear Her Majesty's illustrious name. Ladies and gentlemen, I feel sure that you will have listened with interest to this address, because it has given us a brief review of the history of this enterprise since its inception, and though you doubtless were tolerably familiar with the chief features of the narrative, its recital will have quickened in your minds the impressions and sentiments which it cannot fail to arouse, and, doubtless, the uppermost thought in the minds of all of us with reference to the princely liberality of the founders of this hospital. They have performed a deed of great munificence, of practical philanthropy and of Christian benevolence. Ladies and gentlemen, if, as I have said, your minds are full of the thought to which I have referred, it is my duty to endeavour to voice that sentiment, but here I am confronted with a difficulty. If I endeavour to give utterance to your feelings and to mine with reference to these two benefactors, one of them, if he is present, will certainly consider that I am saying too much; if, on the other hand, I am guided by what I know are his feelings and wishes, you on your part will naturally consider that I have said too little. That, I think, is a dilemma. The only way out of it that occurs to me is to confine myself chiefly to the safe ground of congratulation. Assuredly we may offer most hearty and genuine congratulations on this occasion to Sir Donald Smith and to Lord Mount-Stephen, and also congratulations to you, the citizens of Montreal. Now I have to add one word in regard to the personal element. I have to confess, or, perhaps, I should rather say I may claim, that I found it necessary to put pressure upon Sir Donald, otherwise he would have ab-

sented himself on this occasion. I cannot say I see him present; he may be hiding himself in some corner of the building, but I hope he is within measurable distance. Evidently, quite characteristically, he is not present on this platform. I think I should have recognized him if he had been here. We all know enough of Sir Donald to understand why he wished to be absent, especially since it was impossible for his brother-benefactor, Lord Mount-Stephen, to be here. We appreciate that feeling, and we also appreciate his readiness to put aside his own personal inclination on this, as on many a previous occasion. So, then, ladies and gentlemen, I shall simply record, in the most emphatic manner possible, our congratulations to Lord Mount-Stephen and Sir Donald regarding the happy and auspicious inauguration of the splendid and permanent work which they have been the means of establishing. Another pleasant feature in the occasion is this, that there is no reason for a moment to suppose that the establishment of this hospital, endowed with all the best and most excellent equipments and appliances of modern medical science, means any disparagement to that excellent institution, the Montreal General Hospital, which has been doing such splendid work for many years (applause). There is always room for improvement, but it is fitting on this occasion, when we are met together to organize a great work in the cause of suffering humanity, to remember what the General Hospital and the other hospitals have done in that cause. I had an incidental evidence of this to-day, and sometimes a straw shows which way the wind blows. I refer to the case of a young girl who, under Lady Aberdeen's guardianship, being one of her party from the Irish village at Chicago, came here on her way to Ireland, but was taken ill, and had to be sent to the General Hospital. She has just come out, having been most carefully nursed through a most severe attack of diphtheria, looking, as I saw her about an hour ago—I am able to testify to it—very well and, in fact, exceedingly pretty. Lady Aberdeen, who was also present, concurs with me in this. At any rate, this young person says she had a good time, and she shed tears on her departure, because she was sorry to go. I noticed a marked expression of applause and appreciation when reference was made in the address to the good fortune of the governors in securing the services of such a distinguished hand

of physicians for this hospital. I am sure the students understand the benefit of that in an especial degree. I shall not be out of place also in alluding to our appreciation of the cheerful manner in which they inaugurated this meeting with melody, and I am sure we ought all to be obliged to them for the entertainments they provided for us during the "interval," because there are such a large number of ladies and gentlemen who wish to show interest in these proceedings that the passages have been blocked, so that it was difficult for us to enter. I noticed that the comprehensive character of the institution was mentioned in the address, viz., that it is open to all who are in need of the ministrations of such a benevolent work as this. I cannot also help alluding to what I have heard with regard to a proposal which will be made to the governors, with reference to still further enlarging the benefits of this institution in the way of medical instruction and training, namely, for ladies who wish to take up a medical career. That is a subject on which I shall offer no opinion here. No one need, of course, employ a lady physician unless he choose; but if ladies do adopt the profession they should be given every opportunity to keep up the character of this great department of science. In India there are special circumstances which bring about the fact that in many cases only lady members of the medical profession can have scope for their skill. In a vast number of cases, no doubt, there has been a great deal of suffering in that country from want of female medical skill and attention. I pass on to another topic in the address, viz., the fact that this great work, having been brought to its present point, must be carried on with efficiency: there must be means for the inevitable extension which will be found necessary in some respect or another. That means that the hospital should be a matter of personal interest to the whole of the citizens of Montreal; it means that they should have a share in its promotion, and there is only one way that I know in which this can be done. It means the old story, an appeal to the purse, or rather, I should say, it means the privilege in some way or other of taking a practical interest in the work. One of the governors has promised the splendid donation of \$25,000 to this work. Well, at any rate, that is a very effective example, which I hope will be followed out, if it is to be really representative of support. Of course, there

should be every degree of donation and support, from the smallest up to such comprehensive sums as I have mentioned. That is a sufficient hint, I trust, on this point. Ladies and gentlemen, it would be wrong for me, under present circumstances, to continue my remarks, and I shall only conclude by again expressing the general feeling of intense satisfaction at the benefit in store for the many suffering members of society in this community. I am sure upon no work could the divine blessing be more fitly invoked or more surely looked for and expected; and though there may be no actual religious service in the ordinary sense of the word, these proceedings are in the fullest sense an occasion where thankfulness of a devout kind cannot fail to be expressed in every heart and mind, whether audibly or otherwise, for the fact of this hospital being endowed, as it has been, is an example of the best method of carrying out in a practical manner the great precepts of Christianity. I now beg to declare the Royal Victoria Hospital open.

Dr. Craik, president of the Hospital Medical Board, being called on for an address, said:—

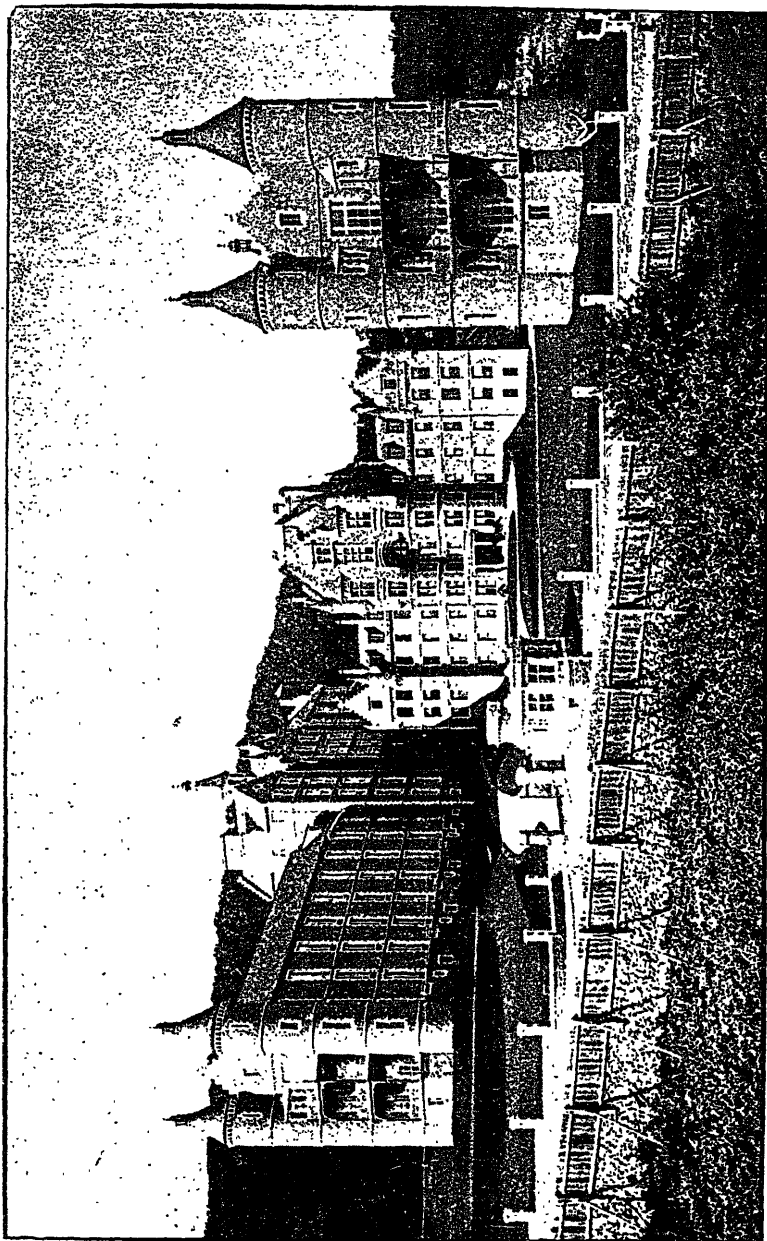
On such an occasion as this, which marks the inauguration of a new centre of charitable and humanitarian work, it would seem to be fitting that a few words should be said as representing our Medical Board and all those who are to be more immediately concerned in the cure and welfare of the sick. As one of their number, I would wish to say that we fully recognize and appreciate the importance, and even the solemnity, of the duties which are to be committed to our care. Our mission is to save and prolong human lives, to relieve and to mitigate human sufferings, to cure disease, and, as far as possible, to restore the sick and the maimed to health and usefulness. All these are our solemn duties, never, under any circumstances, to be lost sight of, and all others must necessarily be subordinate to them. If, in carrying them out, we can be instrumental in promoting the cause of sound medical education, or in giving to our nurses a good practical and scientific training, it will be our privilege and our pleasure to do so; but these and all other objects must be secondary to the great object of ministering to the sick. But onerous though our duties must necessarily be, it is our good fortune to be able to enter upon them with a degree of cheerfulness, and

even lightheartedness, not given to many. All that wealth and open-handed liberality could do to lighten our labours has been done by our generous founders, and no expense has been spared to make the Royal Victoria Hospital as complete and perfect, in all its appointments, as any hospital at home or abroad. Such generosity on the part of our benefactors makes it incumbent upon us to show to the world that their gifts have been well bestowed, and to see to it that the best possible use shall be made of them. And how are we to make the best possible use of these gifts? By so applying them that they shall do the greatest good to the greatest number of those whose needs are greatest. It seems to me that this is the principle upon which all charitable and benevolent institutions should be administered, for while it gives free scope to the most boundless generosity, it also calls for the practice of the truest economy, for true generosity is neither wasteful nor extravagant, nor is true economy either parsimonious or mean. It should, therefore, and it shall be, our care to treat our patients generously, but, at the same time, with true economy, letting them want for nothing that will conduce to their speedy and complete recovery, but being careful not to waste upon a few what, under better management, would be sufficient for the needs of two or three times their number. The idea has in some way got abroad in certain quarters that the Royal Victoria Hospital is to be in some sense a show hospital, and that in its management expense is to be a secondary consideration. I am sure that I am expressing the sentiments of the founders when I say that nothing could be further from their intentions. Advanced and enlightened efficiency has been their aim from the first, and anything like useless display has always met with their unqualified disapproval. If the stately and well-appointed buildings occupy one of the most beautiful and salubrious sites on the southerly slope of our mountain, it is because it is free from the dust and the din of the great city, and will give to the patients the priceless boons of fresh air and abundant sunshine. And to what better use can these advantages be put than to benefit the sick? What class stands so much in need of them, and what class is likely so much to profit by them? But if money has been freely spent in the building and equipment of the hospital, it has been on the principle

that money well applied at the commencement of a great undertaking is generally the truest economy, and renders the subsequent management much easier and less costly. The expenditure for building and equipment may now be said to be practically at an end, and the expenditures for management and maintenance to have been just begun, and we must now be mindful of the fact that from this time forward our expenditures must be from revenue and not from capital, and as our income is, so only must be our expenditure. It is not for me, nor is this the time, to enter into any detail as to our future revenue. Suffice it for the present to say that the same generous benefactors who have reared this stately edifice have also provided for the immediate wants of those for whom its doors have this day been declared open. And what means the opening of these doors to-day? It means the advent among us of another institution for the relief of suffering, and it also means that our city, growing rapidly as it is in a commercial, in a social, and in an educational sense, is also growing in an humanitarian sense. Montreal has seen the opening of many institutions for the relief of suffering. The old Hotel Dieu, the old Montreal General Hospital and the newer hospital of Notre Dame, and many others of lesser note, all of them doing good and noble work. But, ladies and gentlemen, this Royal Victoria Hospital now comes to you as your latest born. Let it be none the less welcome on that account. It does not seek to supplant in your affections those other institutions of which you are so proud. It does not seek to take from them what is necessary for their sustenance, but it does ask you to keep for it a warm corner in your hearts, to welcome it with hearty good will, and to accept it as a worthy addition to your family. It will endeavour not to be burdensome to you, and will push its way in the world as well as it can, and will endeavour in every way to be a credit to you. But if at any time in the future, in helping others, it should itself be in need of a helping hand, it feels assured that you will not send it empty away. May we not, then, fairly hope that the Royal Victoria Hospital, starting to-day upon its mission of mercy, may go on from generation to generation, ever increasing in usefulness and ever growing in the affectionate good-will of the community, and that it may become a legitimate source of

pride to its generous founders, a public benefit to the city of Montreal and to Canada, an honour to our Most Gracious Sovereign Queen Victoria, whose name it bears, and who is so worthily and welcomely represented by our illustrious visitors, Their Excellencies the Earl and Countess of Aberdeen, and last, though by no means least, an evidence that this great and growing young northern country, with its hardy and self-reliant population, will not willingly be behind either in works of benevolence or in those more practical and utilitarian qualities, all of which tend to make a nation great, prosperous and happy.

Mayor Desjardins made a very happy speech, and alluded to the many important events which had characterized the year just about to close. The first welcome Their Excellencies had received was on the occasion of the opening of that fine palace of commerce, the Board of Trade building, which spoke so eloquently of Montreal's progress from a commercial point of view. On their second visit Their Excellencies were asked to open the Redpath Library, and on their present visit Their Excellencies had opened the new wing of the building of the Art Association, and now they had gathered to acknowledge the generosity and noble-hearted charity of two great men, Lord Mount-Stephen and Sir Donald A. Smith. After alluding to the various hospitals which had been erected in the city, His Worship said that while erecting new monuments, the old ones should not be forgotten. He alluded to the Nelson monument, which should be a grateful reminder of Nelson's great naval glory, and at the same time of the good-will and harmony between the two races from which sprang its construction, in the same way as this harmony was now promoting both races to co-operate in the erection of a monument to that great Frenchman, Maisonneuve. He spoke of the loyalty of the French people to the Government which had treated them so well when France ceded Canada to Great Britain. On behalf of the population of Montreal, he wished to thank His Excellency for his kindness and thoughtfulness in cabling the true circumstances of the foolish and regrettable attempt on the monument to the British Government. He had little more to say, but he wished to remark that it was a strange how logical events were. It was not so many years go since the city of Montreal voted \$1,000,000 to secure the



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building of the Canadian Pacific Railway, and they had already secured a fine return for their investment in that patriotic undertaking, and yet they found to-day two men, who stood at the head of that great enterprise, which many considered at that time was beyond our means and impossible of completion, coming back and giving the city of Montreal a further magnificent return for that million. In closing, the Mayor wished long life to the founders, so that they might see the happiness they had-created.

But before the proceedings closed, His Excellency had a few more words to say:

“As I am informed that this part of the proceedings is about to close, I mean this gathering, and we are to have an opportunity of inspecting the hospital, I just wish to say before we leave, that I think it would certainly be part of my duty, as well as my privilege, to take the earliest opportunity of submitting for Her Majesty’s gracious perusal some report of the proceedings of to-day. I cannot doubt that Her Majesty will be graciously interested in hearing of the inauguration of this magnificent building, which, as I have already reminded you, was originated with the idea of, in some sense, celebrating Her Majesty’s jubilee. I think no account of these proceedings would be complete without some reference to the extremely graceful and appropriate remarks of His Worship the Mayor of Montreal. I think we cannot conclude without, in the first place, giving three cheers for Her Majesty the Queen, and, secondly, three cheers for the founders of the Hospital.”

The deafening cheers which followed were led by the Governor-General himself.

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THE ROYAL VICTORIA HOSPITAL.

The official opening of the Royal Victoria Hospital by His Excellency the Earl of Aberdeen, on the 2nd of December, marks a new era in the medical history of Canada. The magnificent structure which has been formally dedicated to the relief of the sick and afflicted, is also to be a training school in the art and practice of medicine. The generous benefactors, recognizing to the fullest the necessity that an hospital, to be successful, must, in addition to its work for the relief and cure of disease, be also a clinical school, have made ample provision for the carrying out of the latter. No expense has been spared to place the hospital in a position to carry out both of these great aims. The great departments of practical medicine are each fully and independently provided for. For both medicine and surgery complete clinical institutes have been established, and furnished with all modern appliances for the investigation and treatment of disease.

Through time the far-seeing and generous provision of the Founders will bear fruit. The one dominant idea impressed from first to last by the Founders on all those having to do with the building and its equipment was, thoroughness in every detail. Everyone who closely examines the building, now that it is ready for the reception of patients, will be fully convinced that these instructions have been faithfully carried out.

The medical profession, and the people of Canada as a whole, are indebted to Lord Mount-Stephen and Sir Donald

A. Smith for a building which is a credit and an honour to the country. We hope that they may long be spared to enjoy the pleasure of seeing the good arising from their wisdom and generosity.

MCGILL UNIVERSITY.

The interesting account by Sir William Dawson of his long connection with McGill University will be read with interest by all our readers, especially by those who have taken either their general or professional course under the distinguished Principal.

At the present time, the number of those living who had finished their course before Sir William Dawson received the appointment of the Principalship are few indeed. Thirty-eight years is a long period in the active professional life of man, and it more than covers the course of the vast majority of graduates.

With very few exceptions, all the medical graduates of McGill now living have been under Sir William Dawson's tuition, either in the botanical or zoological classes. The story told by the Principal is one that greatly redounds to the credit of all those who have taken a part in contributing to the position held by McGill University at the present. From 1855 to 1893, a period of thirty-eight years, the University has advanced from a comparatively unknown position to take a worthy stand among the great schools of the American continent.

Previous to Sir William Dawson's arrival in 1855, the University was practically unknown, except through its Medical Faculty. For many years previous to this period, the members of this Faculty were urgently striving to impart a thorough groundwork in medicine. How well they succeeded is now a matter of history! Had it not been for the earnest, able work of the Medical Faculty in the two decades previous to 1855, it is questionable whether McGill would be in existence to-day. The disinterested work of the early workers remains to be chronicled. We hope before long to see a worthy historian come forward to record the deeds of these men.

The record of McGill since Sir William Dawson filled the Principalship is one of continuous progress. Faculty after

Faculty has been established, until now there are no less than five Faculties connected with the University, all full of life and vigour, all with great futures before them.

THE BEAUPORT ASYLUM.

The Beauport Asylum is once more attracting the lively attention of the public of the Province of Quebec. This time the trouble is more due to the apparently crooked methods of the Provincial Government than to the shortcomings of those having to do directly with the care of the insane in this institution. The history of this asylum during the past fifty years—that is, since the beginning of the contract which expires during the current year—is a disgraceful one. The original contract allowed the proprietors \$132 per annum for each patient. This contract, it is currently reported, allowed the owners to make large sums of money out of the poor patients. The Government had little or no control over the institution, and, what is worse, apparently did not care to have any. From the pen of D. Hack Tuke, M.D., we have evidence of the strongest character showing in lurid light the way in which the proprietors of the Beauport Asylum housed and treated the unfortunates committed to their care. Writing of the asylum, Tuke says: “The ventilation is most imperfect, and it was not denied that in the morning their condition (rooms) was the reverse of sweet. Some of the cells—for cells they must be called—were very close when I visited them. How such rooms came to be built for lunatic patients, for whom good air and sufficient light are so important, it is difficult to comprehend. I must add that in some parts of the house the patients were barely clad, and presented a very neglected appearance altogether. . . . The number of attendants is quite insufficient, and I cannot say I was favorably impressed with their appearance. Where so much importance is attached to economy, this cannot excite surprise.

“The higher one ascended in the building the lower the condition of the patient. The corridors were much crowded, and

the amount of mechanical restraint was excessive. In the worst ward the sight was in the last degree painful to witness. . . . They (the patients) were in their shirts, and over their exposed persons flies were crawling in abundance—a spectacle which it must suffice to mention without characterizing further.

“It is needless to describe in more detail an institution which, however willingly I may praise where praise is due, is so radically defective in structure and so fundamentally different from any well conducted institution of the present day, in the matter of moral, to say nothing of medical, treatment, that no tinkering of the present system will ever meet the requirements of humanity and science.”

This description of the Beauport Asylum from the pen of a distinguished alienist created a sensation at the time, but it unfortunately was not followed by any genuine change, for up to the present time nearly all the same grave faults pointed out by Dr. Tuke have existed.

It would be necessary to go back many decades to find such a condition in any asylum out of the Province of Quebec.

Meagrely and insufficiently clad, living in badly ventilated cells, oppressed with mechanical restraint, insufficient and poor attendance, poisoned with a filthy water supply; these are some of the trials which the unfortunate insane of Beauport have had to bear for years.

In spite of this disgraceful record of incompetency and meanness, the Government of the Province of Quebec have the assurance to tell the people that they are under a “moral obligation” to pay the proprietors a sum greatly exceeding the true value of the property. This “deal” was about being carried out when the Legislative Council, by their votes, have cut it short for the present at least.

The only moral obligation resting on the people’s representatives in the local Parliament was, and is, to see that the insane should be treated as well in the Province of Quebec, as elsewhere.

If they ever felt any “moral obligation” in the matter it should have taken the form of getting rid of the proprietors,

bag and baggage. A modern asylum capable of comfortably housing more patients than the present structure can, it is said, be built for \$100,000, less than the sum the Government proposed to give for the latter. Still a majority of the Assembly voted as the machine directed them.

As a proof of the utter incompetency of the local legislature to deal with the subject of the treatment of the insane, we have only to instance their effort to perpetuate the "farming out" system for the next sixty years. The nuns, to whom it is proposed to hand over the Beauport Asylum, may do better than the present proprietors; they can hardly do worse. The experience of the Province in the past, however, does not lead one to have a very high opinion of nuns as asylum administrators.

The system of "farming out" the insane to any one is indefensible. While the Province is ruled by a degraded politicalism and a grasping ecclesiasticism there is no hope for improvement.

PROCEEDINGS OF THE MONTREAL MEDICO-CHIRURGICAL SOCIETY.

Owing to the multitude of good things contained in the proceedings of this Society, the publication of their reports has fallen sadly into arrears.

A committee has been appointed to remedy this, and it is hoped to so condense the material that each month's work will be presented to our readers in the following number of the JOURNAL. This advantage, it is hoped, will compensate for any necessary abridgement of the material presented.

It has been felt that many of the communications would be more advantageously placed as original communications or as Clinical and Pathological Reports, than as Society Proceedings, and this will be done in suitable cases when the consent of the contributors can be obtained.

It is evident that if the discussions on public matters, which now form so important a part of the Society's programme, could be published without delay, it would be a distinct gain to the Society and the public.

ABOUT TWO PUBLIC REFORMS.

I.—REFORM IN CORONER'S LAW.

The entire separation of the medical and legal duties in connection with inquiry into suspicious deaths has been recommended by the special committee of the Medico-Chirurgical Society, as the only solution of the Coroner problem. Whether the office and title of coroner should be retained or not, they regard as a legal and not a medical question, and not in any case necessary to secure the reform. The amateur law of medical coroners and the amateur medicine of legal coroners could be avoided by separation of the duties, and there can be no doubt that much good would result; and we learn that this has been the case elsewhere.

The meddlesome interference of juries they would do away with by only summoning them in appropriate cases, and the present constant striving after petty economy would no longer be needed, if a system of fixed salaries were adopted, as recommended by the committee.

It is apparent to any one having experience with this court that the most fatal disease is "natural causes," and that its ravages are far more to be dreaded than the pestilence which walketh in darkness. Enough money is spent in obtaining these nonsensical verdicts to thoroughly investigate double the number of deaths by a rational system.

The Society appears to have prescribed the right remedy, but unless the legislators or the public make it their business to see that the prescription is followed, we fear that the knowledge of what ought to be done will not do much good.

II.—DEATH CERTIFICATION.

The recommendation of our local medical societies in the matter of death certification is a matter of much interest.

The societies advised that death certificates for the city of Montreal shall be signed only by some legally qualified physician, either the medical attendant during the last illness, the medical health officer, or the coroner's physician.

These recommendations were made in response to an inquiry

of our city health officer, Dr. Laberge, and in view of the alleged tendency of doctors to differ, it is satisfactory to know that the Medico-Chirurgical Society, the Société de Médecine Pratique and Alliance Médicale all arrived independently at precisely the same conclusion in the matter. Unfortunately it was not found possible to obtain an amendment to the city charter at this session of the Legislature.

There are, we understand, certain technical ecclesiastical difficulties in the matter of registering deaths at the health office, but these should be surmounted, and the power to issue burial permits vested solely in the health office, which should first apply to the proper legal authorities, if there is any suspicion of crime, or if the certificate is irregular.

As a fine instance of what a law on death certification should *not* be, we append the clause of our present city charter, which works so well that the medical health officer usually hears of the death about a week after the body has been buried.

A copy of Title XV., clause 17, from the charter of the city of Montreal, gives the following powers to the City Council :

“ To compel the superintendent of any cemetery in the city, or in any of the adjoining municipalities, to make and deliver to the corporation regular returns of all persons buried in such cemetery ; to regulate the manner and form in which such returns may be made ; to exact that in all cases of death occurring in the city, the attending physician, or, in his absence, a member or friend of the family, shall, within such time and under such penalty as the Council may determine, furnish to such superintendent a certificate, signed by such physician, member, or friend, stating the name, surnames, age, birth-place, date, place of death, and the nature of the disease ; and also to provide such other means of obtaining correct and reliable information in reference to the mortality and its causes, as the Council may deem necessary.”

The moral of which is—save us from our friends !