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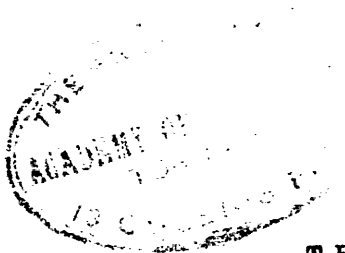
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Kingston Medical Quarterly

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OCTOBER, 1901.

PUBLISHED FOR THE COMMITTEE BY
THE JACKSON PRESS
KINGSTON, CANADA.



KINGSTON MEDICAL QUARTERLY

Vol. VI.

OCTOBER, 1901

No. 1.

The KINGSTON MEDICAL QUARTERLY is presented to the Medical Profession with the compliments of the Editorial Staff. Contributions will be gladly received from members of the Profession and willingly published. JOHN HERALD, Editor

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Office of Publication—Kingston, Ontario.

THE ASSASSINATION OF PRESIDENT MCKINLEY.

AS a rule we confine ourselves to matters of a purely professional character, but owing to the enormity of the crime just committed in the United States, by one who was evidently only the instrument of a dastardly and cowardly organization, owing to the splendid abilities and eminent statesmanship of the victim, owing to the high moral character and pure life of the martyred President, we cannot refrain from expressing our abhorrence of the heinous crime and from mingling our sorrow with that of the nation now so sorely afflicted. We feel that we cannot better express our estimate of the President than by

quoting the words of Col. Twitchell, United States Consul in this city :

" President McKinley was a strong safe man, mature in his experience and judgment, with personal and domestic virtues of such a character as to endear him to every family in the nation.

" Entering the Volunteer Army as a private during the struggle between the principles of freedom and slavery, he showed himself to be of the highest type of national loyalty and citizenship.

" During a long public service, almost continuous from the time he entered the army, a mere boy, he acquired the most perfect knowledge of the Government of the Republic.

" Friends and enemies were alike surprised at the correct disposition of intricate affairs which came before him. Firm in his decisions, even in his temper, mild in his language, his death is a shock and a calamity to the Great Republic and a loss to the civilized world.

" The great balm for this national sorrow is the fact that he is succeeded by a man of similar principles and personal virtues, and as far as we can judge, lacks only the years and experience of his predecessor."

To the nation who are one with us in race and language, one with us in their endeavors to better the condition of the world, we extend our sympathy in this their hour of sore affliction. For the life partner of the martyred President our sympathy is heart-felt and our prayer is that He whom she and her murdered husband endeavoured so faithfully to serve will prove her stay and support in this hour of great trial and affliction.

THE MEDICAL FACULTY OF QUEEN'S UNIVERSITY.

AN institution like an individual must be judged by its record. Applying this test to the Medical Faculty of Queen's University what do we find? Founded in 1854 as a protest against religious bigotry its progress has been ever

forward. In the course of studies Queen's has always endeavoured to keep abreast of other similar institutions and in some particulars she has been in advance of the Ontario Medical Council which is supposed to lead in everything pertaining to Medical education in this Province. Her students have been drawn from every Province in the Dominion, from many States of the Union and from distant parts of the earth as Newfoundland, Jamaica, Bermuda, Barbadoes, Persia and New Zealand. Her graduates are to be found to-day in every quarter of the Globe, and wherever found they are doing well and reflecting credit upon the institution at which they received their education. Owing to the increase in the number of students and to the requirements of a modern medical education it has been found necessary to increase the size of the buildings. The present session will open with an enlarged and renovated building. The Chemical, Physiological, Histological, Pathological and Bacteriological Laboratories are ample in size and equipped with up-to-date appliances. The Lecture Rooms are spacious and well lighted. Separate rooms have been provided for the Library and Museum. The Dissecting Room is commodious and perfectly lighted. Queen's Medical Faculty has deserved and has achieved success. Judging by her past record and by the efforts she has put forth to meet the requirements Queen's future ought to be even brighter than her past. May it be so!

DOMINION MEDICAL REGISTRATION.

IN the last issue of *THE QUARTERLY* we referred to the action of the Ontario Medical Council with regard to Dominion Registration. At that time, as we stated, we had only newspaper reports to base our remarks upon. We promised that if we were stating the Council's position incorrectly we would make amends in this issue. We are pleased to find that we did not fully understand the Council's position. The Ontario Council insists that the examinations of the Dominion Council shall be held at every centre at which there is a Medical Faculty actually engaged in the work of Medical education. Dr. Roddick, who has charge of the Bill in Parliament, agreed to in-

corporate this condition in the Bill. We ought to be pleased and so we are. The Ontario Medical Council now backs us up on three important points for which we have from the beginning of this discussion contended, viz.:—An increase in the representation of the profession from the larger provinces, representation of the Universities and examinations to be held at every centre at which there is a Medical Faculty actually engaged in teaching. Dr. Roddick has agreed to incorporate these amendments in his Bill. We congratulate the Ontario Medical Council and Dr. Roddick upon having at last seen the wisdom of our contention. No bill would ever be acceptable to the profession which was unjust to any section of the country or to any of the institutions interested in Medical education. The Bill will now likely become law. There are yet, however, a few minor points which ought to be considered. These will be best taken up when the Bill reaches the committee stage. We have always been in favour of Dominion Medical Registration provided it could be obtained on a just basis. We are delighted that the prospects are now so bright.

PRESIDENTIAL ADDRESS.

(Read at Meeting of Executive Health Officers Association of Ontario, Brantford, June 26th, 1901.)

IT is customary to require an address from all those who have the honour of filling the chair of this Association. Before entering upon this duty, I must take this occasion to thank the members for the very great honour they have conferred upon me in placing me in the chair. It is an honour to be coveted and one that I fear my work so far scarcely merits, but I trust I will not be unworthy of it. I shall always look upon it as a distinction to be proud of, and as a proud position to be held by any sanitarian in the province.

The President is given a wide choice of subjects on which to address the meeting—a position I might have made use of to read you a dissertation on the tetanus bacillus or the streptothrix actinomyces, but I fear you would think these quite as prosy as their names. Lately we have been quite overstocked

with resumes of the work in medicine and its allied sciences during the past century, and with prognostications of the advance in these sciences in the century upon which we have now entered. I did not think it advisable to give a rehash of some of these subjects so I will leave histories and prophecies to others and make a series of rambling remarks that I trust will be more or less in order.

The most striking matter of general interest in Public Health affairs during the past year in the Province has been the widespread outbreak of small-pox. Fortunately the type has been very mild, for of over 700 cases up to June 20th there were only 6 deaths, a death rate of 0.85 p.c. In fact so mild have been most of the cases that serious errors of diagnosis have occurred giving the disease a chance to become widespread through lack of early isolation and notification of the disease, with vaccination and quarantine of those exposed. Practically our cases have come primarily from the United States either directly or indirectly, for though many have originated in the lumber camps and mines of Nipissing, etc., yet these were infected from the States. Small-pox is very widespread in the States as every state bordering on Canada has the disease in mild form, termed by many, in reference to its supposed origin, Filipino measles. In consequence of the scattered cases of small-pox, vaccination has been very generally enforced all over the Province, particularly amongst the school children. I had an opportunity of seeing a large number of vaccinations and getting a history from the physicians of Kingston and vicinity of upwards of 5,000 vaccinations made with glycerized lymph, furnished practically by two firms. In the case more particularly of one of these (though the other is by no means blameless), the results have been to my mind exceedingly anomalous. The onset has been much delayed, the first evidences of any reaction rarely occurring before the 8th day, more usually the 10th or 12th, and not reaching its maximum till the 12th, 14th, 16th day or even later. Again the course of the lesion was not at all that usually described in the text-books nor what I have noticed in vaccinations seen both here and in England. Dr. Sheard said last year that he had never seen a typical course with bovine virus from any source. I cannot

agree with this statement as I have often seen typical results with bovine virus. Further, the anomalous results in the cases I have seen is not due to asepticism of the lymph for I have seen glycerized lymph which was aseptic on ordinary culture, give typical "arms" in the usual course of time. The atypical results noted in connection with these lymphs are to me an evidence not of asepticism but of marked *attenuation of virulence on the part of the vaccine*. It acts in the manner of an attenuated virus i.e. has a delayed onset and an anomalous course. That it is attenuated (or is not vaccine at all) is borne out by the history of some cases occurring within the last two years in Essex county where small-pox was spreading among individuals shortly before vaccinated with lymph of the character just described, A large number who had been so 'vaccinated' were again operated on with other lymph and practically all took and the vaccine vesicle ran its usual course. The second vaccination was performed in from 2 to 4 weeks after the first. What then can be the protective power of such lymph? Is it not greatly weakened? I have not sufficient data at hand to be positive but the Essex county results show that there at least, such vaccine was not protective against either fresh vaccine nor against the small-pox.

English authorities, particularly, insist on the high protective value of good active lymph and multiple marks. What protection is afforded by a single mark and a probably attenuated lymph? Then there is another serious aspect of this question *i.e.* that we could not use such vaccine on persons who have been exposed to small-pox with the idea of developing in them some measure of immunity. By vaccinating with good lymph immediately after exposure to small-pox we have at least 3 full days' start of the small-pox—a valuable period. But with this lymph we have no time. Its development would be synchronous with that of the small-pox and no protection whatever would be afforded. In a paper read in May before a meeting of the Kingston Medical and Surgical Society on this subject I brought this matter before the members and after a lengthy discussion the following resolution was unanimously adopted:—

"That whereas there are now many cases of small-pox in

Ontario; and whereas in consequence vaccination has been generally enforced in many municipalities especially among the school children; and whereas the vaccine now being supplied by various makers does not produce the results generally recognized as typical of a successful vaccination; and whereas much of the vaccine now generally supplied requires 10, 12 or even more days to produce its a-typical effects; therefore be it resolved that in the opinion of this Society it is questionable if the vaccination so produced would, in case of an epidemic, be a safeguard against small-pox for two reasons, viz., the a-typical results produced and the length of time the vaccine requires to act. And be it further resolved that in a matter of such vital importance the character and quality of the vaccine supplied should be beyond doubt, and that therefore the Ontario Government through the Provincial Board of Health should devise some means of supervision of the preparation of all vaccine supplied to physicians in the Province, and that the vaccine so guaranteed should be sold to the profession at a rate to cover the cost of production. And be it further resolved that a copy of this resolution be sent to the Ontario Government and to the Provincial Board of Health."

I need not further comment on this now.

At last year's meeting in Kingston a resolution was placed on the minutes pointing out the necessity for and benefits that would accrue from the establishment gradually of branch laboratories throughout the Province; and also advising that the first of these be established in London and Kingston which are already the seat of colleges which possess laboratory facilities. So far as I am aware no steps have been taken to push the matter before the proper authorities. I think, perhaps selfishly, that something should be done at once in this direction. It is one step toward that very desirable ideal the county laboratory and the county medical officer of health. The establishment of such branch laboratories would more rapidly serve the needs of the districts in which they are located and would further have a great educative effect on the medical men and the people of these portions of the Province—an educative effect that is very much needed. The value of such laboratories can hardly be open to question. In the early diagnosis of

tuberculosis alone they would be invaluable. The more I examine sputum the more certain I am that the tubercle bacilli appear very early in the sputum in tuberculosis of the lungs for I have demonstrated them repeatedly in the face of almost negative physical signs. Further, such laboratories would do effective service in connection with diphtheria diagnosis and with the serum diagnosis test for typhoid fever, besides making examination of the milk and water supplies and being a court of resort in questions relating to meat supplies. Certainly this work can all be done in the central laboratory but it would mean an increase of staff there and a longer time before answers could be submitted to distant correspondents. The cost would not be increased by the establishment of branch laboratories at those centres where laboratories already exist as at London and Kingston.

It has always seemed to me that our present system of administering to the public health was, while democratic, exceedingly deficient. Our municipalities have control of their local health boards and of course the first demand in many localities is for cheapness not for efficiency. Too often the local boards are apathetic, often ignorant and as stated by a member last year too much under the influence of local politics to take a firm and efficient stand. I know of one town which has appointed a medical officer of a type rarely seen now-a-days. This man explains the prevalence of typhoid fever, scarlet fever and measles by an "epidemic constitution of the atmosphere" and of course thinks individuals so affected (air-struck I might term it) cannot avoid such diseases. Isolation for him, is only necessary because the law says it must be carried out. Without doubt there is sufficient sanitary work in each county to engage all the time and attention of a qualified sanitarian. The great cry is the expense but I think such an officer would more than pay his way in lessening the amount of sickness and diminishing the death rate from those causes which are avoidable.

At present in cases of emergency the local boards depend in great measure on central authority and as it takes time to communicate with such authorities and get officials on the spot; valuable time is often lost through ignorance. Remember I

am not now referring to ignorance on the part of the medical officers but on the part of the local boards. The medical health officer cannot act in such cases without their sanction, and as is well known the knowledge to understand the necessity for action is not the constant equipment of every member of local boards. This I have reason to know to my cost.

Dr. Bryce, our energetic provincial secretary, has, I am sure, enlarged his already extensive geographical knowledge of the Province by his numerous flying trips this spring to all parts, organizing measures to be taken against the small-pox. With efficient lieutenants Dr. Bryce ought to sit tight in Toronto as commander-in-chief, directing his officers in the field, only to take command himself where and when he deemed his presence essential.

I would like now, still perhaps in fault-finding mood, to point out a few matters that seem to me to demand more attention than they are receiving in many parts of our country. First with regard to typhoid fever we find only a few medical officers endeavoring to trace to its probable source a case of this fever. In consequence no steps are taken to prevent further infection from such a source. Certainly by obtaining a purer water supply in our cities and by more care in our milk supplies typhoid fever seldom occurs now in epidemic form. But if we ever wish to stamp out the scattering cases that do occur all over our Province some investigation should be made into every case and of course the patients excreta should be very carefully disinfected. Many cases of typhoid are not returned as such, but escape notification by being classed as continued fever, gastric fever, remittent fever or "typho-malaria." The Vidal test does fairly efficient work in clearing up these cases.

Again we have in many localities great laxity in the matter of isolation of infectious cases, particularly of the mild cases. Parents make differences between scarlatina and scarlet fever and often do not call in a physician and certainly do not notify the medical officer in mild cases so that isolation in such cases is the exception. Owing mainly to laxity on the part of parents mild scarlet fever has existed in Kingston for over two years and I do not think it will be stamped out till all susceptible are attacked. A few severe cases would change the aspect of

matters. A little education on the dangers of mild cases leading to more severe infection of others would do good in many communities.

In rural districts a very important matter is the sanitation of cheese factories. It is a fact that many cheese factories in our Province make known their presence by smell almost as soon as by sight. Food manufactured under such conditions certainly cannot be of the best quality and it would be to the financial interests of those engaged in the business to construct proper drains and keep the factory and its surroundings in as sweet and sanitary a condition as possible. I have frequent experiences as to the losses which cheese-makers and patrons are called upon to bear, due to the development of bad flavors or other forms of taint in cheese. In my position as bacteriologist to the Eastern Dairy School every season adds a number to my list. At the dairy schools and dairy conventions we all preach the necessity of cleanliness and better sanitation, but the seed seems so far to have fallen in great part on stony ground. The heavy losses in many sections in the eastern part of the province this season, owing to taints in the cheese, is beginning to open the eyes of many to the necessity of taking some action in this matter.

Again I must comment on the absence in most of our towns and some of our cities of any means of disinfection on a large scale, in fact an absence of any systematic method of disinfection. Very few cities have a steam disinfecting oven to take care of infected bedding and clothing. Many localities still advise the use of sulphur gas for room disinfection—a method that is entirely without value as ordinarily carried out. A method indeed which is only of value when larger volumes of sulphur gas are present, than can be produced from the oxygen in the room, and even if introduced is valueless except moisture is also present. This neglect of regulations and appliances for disinfection seems to me to be one of the most important defects in our methods of administering sanitary law. Of course it is the local authorities that must provide the necessary appliances and the wherewithal to run them, but the central authorities should insist on their presence and use, at least in all towns over a certain population. These are some, but

by no means all, of the conditions which do not receive the attention due them from a sanitary standpoint, but I will desist from increasing their number.

During the past year a conference of great hygienic importance to Canada was held at Ottawa. I refer to the Tuberculosis Conference held in February under the patronage of His Excellency the Governor-General. This conference with its organizations for diffusing a knowledge of this dread disease among the people is a great step in advance. Tuberculosis carries off more than twice as many people in Ontario as do all the other contagious diseases and an active propaganda is needed to check its further spread. The necessity of some measure of isolation and of strict disinfection of sputum, also the value of sanatoria for early cases and the necessity of proper hospitals for treatment of advanced cases cannot be too fully insisted on. We are advancing somewhat from the days when Tuberculosis was looked upon as an hereditary disease mainly, and so thought it simply what was to be expected when one member of a family after another was stricken down. We now see it is not so much the hereditary taint as the house infection and the constant exposure to this infection that is the most important factor in family tuberculosis.

At the last session of the Dominion Parliament a bill to amend the Animal Contagious Diseases Act was brought in and passed the House of Commons but was held over by the Senate. This bill conferred on the Minister of Agriculture authority to exempt in certain cases the skin, hoof and horns of an animal affected with a contagious disease where these could be used without spreading the infection, and also provides for the amendment of the clause dealing with the use of the flesh of the animal itself. This bill has good and evil features. No doubt in some animal diseases the skin, hoof and even the meat might be used without danger, but the bill confers too wide discretionary powers on the Minister and it would be far preferable for the diseases to be specified in the bill and such bill be submitted to inspection of a committee of medical officers before it becomes law. And not even then till we have more efficient means of veterinary inspection than exist at present in this province.

I notice that the cattle breeders are making a great outcry against the tuberculin test or perhaps it is against the method of using it. One thing is certain, that the tuberculin test in proper hands is a reliable test for tuberculosis, and it should not be dispensed with. It may be necessary to modify the regulations regarding its use but there should in my opinion be no idea of dispensing with it, and it behooves us to place ourselves on record in this matter. It sounds to an on-looker like a case of the tuberculin finding out too many cases of tuberculosis for the good of the cattlemen.

And now, having touched upon, in a cursory manner, a number of items of variable interest and import, I will not delay you longer, but will simply thank you for the attention you have given these remarks.

W. T. CONNELL.

TUBERCULOSIS.—DO OUR SCHOOLS FAVOR ITS PROPOGATION AND EXTENSION.

(Read at Meeting of Executive Health Officers' Association of Ontario, Brantford, June 26th, 1901.)

MR. PRESIDENT AND GENTLEMEN,—The Committee which had in charge the arrangements for this meeting did me the honour of asking me to place my views on this vital question before the members of this Association. This I consented to do, not because I felt that I was competent to lay before you anything new on this subject, but because I knew that my remarks were only intended by the Committee to be an introduction to a general discussion of the relation which our schools bear to the spread of tuberculosis, and that this discussion would be carried on by members of this Association who have made this question a subject of special study. I trust that you, gentlemen, will take my remarks in the spirit in which they are offered.

I find by the Government's Report for the year 1899, the latest published, that the total number of deaths in Ontario, from all infectious diseases other than Tuberculosis was 1,468, while those from Tuberculosis amounted to 3,405. This in it-

self ought to be sufficient to compel all thinking men and especially all medical men to ask, and if possible to answer, the questions, is tuberculosis a preventable disease, and if so, how can it be prevented? I further find by this report that of the deaths from tuberculosis, 1,359 or more than one half occurred between the ages of 10 and 29. The school age is from 5 to 21. Now, we all know that tuberculosis is a disease which in the great majority of cases runs a course of several years. It is fair, therefore, to presume that most of the deaths resulting from tuberculosis between the ages of 10 and 29 were due to disease contracted after the victims were 5 years old and before they were past 21, i. e., during the school age. No doubt many of these deaths were of people who never attended any of our schools, and many more of them were those who would have contracted the disease if they had never been at school. It would, therefore, be manifestly unfair to lay to the charge of our schools all these deaths from tuberculosis simply because they occurred at or about the school age. We all know that tuberculosis is a disease of early life, but such a large proportion, 1,359 out of 3,405, or two-fifths of the total number of deaths occurring at this period of life, forces upon one the necessity of endeavoring to answer the question are our schools in any way responsible for the large number of deaths which occur at or about the school age? In order that we may answer this question satisfactorily we must know the cause of tuberculosis and the mode or modes by which this disease is propagated.

As to the cause of tuberculosis there is no doubt. Tuberculosis is always due to the bacillus tuberculosis. Whenever we have a case of tuberculosis we will find in the system of the patient the bacillus. The disease does not exist without its causal germ. These statements are now regarded by the profession as axiomatic and I shall not attempt to prove their truth. But accepting these statements as truisms, we have yet to account for the entrance of the bacilli into the body of a new host. Four methods of entrance are recognized, viz. :—

1. Directly from parent to child or congenitally.
2. By inoculation of bacilli bearing matter.

3. Through the avenue of the alimentary canal by the ingestion of food containing the bacilli.

4. Through the respiratory passages by the inhalation of air laden with the bacilli.

Let us very briefly look at these various modes of invasion with special reference to the problem now before us, viz. :—Are our schools in any way responsible for the spread of tuberculosis? 1. Whether the germs of this disease do or can pass directly from parent to child, or in other words, is this disease ever inherited directly, is now a moot question. Authorities may be quoted both in favour and against the direct inheritance. But whether directly inherited or not, is foreign to the subject now under consideration. If any case is so directly inherited the disease will almost certainly manifest itself before the school age, and in all probability terminate the patient's existence before that time. Or even if such a patient should survive the disease long enough to permit of his going to school, the disease in his case cannot be laid to the charge of the school. At the same time such a pupil may, nay will, be a menace to all the other children attending the same school. This phase of the subject we shall consider later.

2. Can this disease be acquired by inoculation? Yes, undoubtedly. The bacilli may pass through an abrasion of the skin or mucous membrane, find a lodgment there, set up a local lesion and from this focus absorption may take place and thus a general tuberculosis may be established. I think that no one will contend that this is a very common mode of invasion, at the same time no one can deny the possibility of this disease being conveyed from one victim to another in this way. As an illustration of how this may occur, let us suppose that a child who is suffering from chronic pulmonary tuberculosis is very affectionate with another child who is free from this disease, and that in giving expression to their affection they frequently kiss each other. The unaffected child has an abrasion on its lips. Some of the virus gains admission through this abrasion. Absorption takes place. The neighbouring glands become affected and later on we have a case of general tuberculosis.

3. That the tubercle bacilli may gain admission to the human body by the avenue of the alimentary tract, food acting

as the vehicle, is a well established and generally acknowledged fact. In adult life this mode of invasion must be exceedingly rare, but in early childhood it is a source of danger not to be ignored but rather carefully to be guarded against.

4. The most common mode of invasion is through the respiratory passages, air laden with the bacilli being inhaled. These finding lodgment in the mucous membrane of the passages set up a local lesion from which absorption takes place and thus a general infection results.

These are the various modes by which tubercle bacilli gain admission to the human body, and in any one of these ways may a patient, previously free from the disease, contract tuberculosis. But it may be pertinently asked why do some contract the disease while others exposed to the same dangers escape unharmed. This brings us to another factor or rather to another set of factors in the causation of tuberculosis. As I have already said the bacillus is the direct cause of every case of tuberculosis, and no case of tuberculosis can exist in the absence of the bacillus. But there are other causes, commonly called predisposing causes, which, though in themselves incapable of establishing the disease, prepare the tissues for the reception of the bacillus. The bacillus is an essential but for its lodgment and propagation it requires that the tissues be prepared. As set forth in the parable of the sower, the seed fell in various places, but only that which fell in good soil brought forth fruit abundantly. So with the tubercle bacillus. We all no doubt ingest food containing bacilli, and we all without question inhale air bearing these germs. Yet we do not all contract tuberculosis. The soil, i.e., the tissues, was not prepared for their reception. What then are these predisposing causes which prepare the tissues to receive and afford lodgment to these bacilli so that they may multiply and spread the disease throughout the whole body? They are many and various but they all depend upon one common property, viz :—their power to lower the vitality of the tissues. Permit me to name a few. A congenitally weak constitution, the existence of a previous disease which has left the patient in a state of lowered vitality, poor or inefficient food, improper or inadequate clothing, vitiated air due to imperfect ventilation, over work either

physical or mental. Of these predisposing causes the only ones for which our schools can be directly responsible are over mental work and imperfect ventilation, but they must also be held responsible for their treatment of those children who have been brought into a state of lowered vitality from any cause whatever. Further, should any child so reduced in resisting power be exposed in the school-room to the risk of inhaling or otherwise taking into his system the bacillus of tuberculosis, the school must shoulder the responsibility. The question then that we must endeavor to answer is, "Are our schools guilty of the charge of assisting to spread tuberculosis in any of the ways which I have pointed out?" My answer is yes. With your permission I shall now endeavour to give reasons to justify this answer.

1. *The treatment which children receive in our schools whose vitality has been lowered from any cause whatever.* Our system makes no provision for meting out different treatment to children of different dispositions or different constitutional strengths. All in the same class grade must receive and must do the same work both in character and amount. Now, I am aware that with any system it would be difficult to avoid this defect. The teacher is not given sufficient discretionary power in assigning work to the various members of his class. Even the little discretion in this respect which the system allows the teacher is further curtailed by the trustees and the parents of the children. The trustees measure a teacher's work and worth by a standard which they can understand. How many pupils did the teacher succeed in passing at the last examination? The parents on the other hand goad both teacher and pupil to further and increased effort. The parent is anxious that his child should not only do as well as the children of his neighbours, but he wants his child to excel all others in the race for class distinctions, forgetting or rather not knowing that he is doing his best to make his child an intellectual nonentity or a physical wreck. By this process children already physically weak are still further reduced in strength, and even those who were naturally strong have that strength impaired. The teacher is not so much to blame. He may be intelligent enough to see the danger to the child and conscientious enough to wish to avoid it, but he is

exposed to pressure from two sides. He knows that the trustees will judge his usefulness by the number of his pupils who pass certain examinations, and consequently that his position and and livelihood depend upon his urging his pupils to their utmost capacity. He is forced by the foolishly anxious parent to urge his physically weak child to the utmost limit of his strength, and in two many cases, I fear, beyond that limit. Thus the child's power to resist the invasion of the bacillus tuberculosis is weakened, and should he be exposed to the infection, he becomes a much more easy victim. If what I have said about the high pressure mental strain to which many of our school children are subjected is true, and I believe that most medical men who have given this subject due consideration will bear me out that it is, then our schools must bear some of the responsibility of preparing many of our children for the reception of the bacillus of tuberculosis.

2. *Impure air and imperfect ventilation.* That impure air and imperfect ventilation are predisposing causes of tuberculosis very few, if any, medical men will deny. What is the condition of most of our schools in this regard? I am afraid that we must acknowledge that many, if not most, of our schools must plead guilty to the charge of falling far short of even the requirements of the Education Department. It is, I am sure, no misstatement of fact to say that very few of our schools carry out the Department's regulations in this behalf. This Department requires that every school room shall be sufficiently large to allow every occupant 250 cubic feet of air space and that the air shall be changed three times every hour. Were this regulation lived up to there would not be much to complain of. But, alas! we know that the school in which this regulation is observed is the very rare exception. Rather do we find that the air space provided is much below this modest requirement, and that in very few schools is there any attempt to have the air changed three times every hour or even three times every day. When the air is changed in the vast majority of cases it is done by opening the doors or windows. Now when we consider that a number of children are shut up in a room which does not afford sufficient air space for several hours every day; when we remember that each of these children is continuously

breathing out impurities; when we recollect that in most of our schools there are not separate cloak rooms but that the children's outer garments are hung up in the class room; when we bear in mind that frequently these garments are wet and that many of them are, to put it mildly, not clean, and when we consider that in almost every school room there are to be found children tainted with tuberculosis can we escape the conviction that many of our schools not only furnish the predisposing causes of tuberculosis but also at the same time supply the direct cause in the form of the baccillus? The picture that I have drawn, gentlemen, is not an imaginary one. Would that it were! You yourselves know that it is all too true. It is true not only of our schools in the rural districts but it is also true of many of the schools in our cities and larger towns.

I have now endeavoured to show that our schools must be held responsible for exposing our children to some of the predisposing causes of tuberculosis and for thus preparing them for the reception of the baccillus of that disease. Are they still further chargeable with the responsibility of leaving our children open to the risk of invasion by the baccillus of tuberculosis, i.e. the direct cause of this disease? Our experience goes to show us that there is to be found in almost every school in the Province at least one child and frequently more already suffering from tuberculosis in some one of its various forms. Wherever we have tuberculosis we have the baccillus. Wherever we have a case of tuberculosis affecting the respiratory passages we have expectoration of sputum containing baccilli. Now we know that these baccilli are very tenacious of life and that the retention of their active properties is favoured by dirt and the absence of sunlight. What is the condition of our schools in these two particulars? You, gentlemen, can answer that question. You know that in many of our schools dust and dirt are allowed to accumulate from day to day and that they can be found in every crack, crevice and corner of the room. It is true that most of our school rooms are swept and dusted at regular intervals, and that most of them are scrubbed at irregular intervals, but in most cases this work is done in a perfunctory manner. I doubt if any attempt is ever made to render these rooms clean in the sense of being free from disease germs

unless a very occasional painting and calsomiming can be called such. Most of our schools built in very recent years are well lighted but a great number of them are not so. You can prove the truth of this statement by visiting a few of the schools in your own neighborhood.

Now if what I have already said is true; if our schools tend to undermine the health of our children and thus render them more susceptible to invasion by the baccillus of tuberculosis; if there are to be found in most of our schools children already suffering from tuberculosis; if the condition of our schools is such as to favor the distribution of the baccillus of tuberculosis in full possession of its disease—producing powers—then we must acknowledge that our schools are centres from which this dread disease is spread among our children. Is this true? Can we prove it to be so? To furnish absolute and positive proof of this statement would be difficult if not impossible. To ask anyone to prove that a particular individual contracted this disease in a certain place when the germs of this disease are so widely distributed would be to ask the impossible. But while we cannot furnish incontestible evidence of the truth of the charge I have brought against our schools the presumptive evidence is so strong that it cannot be reasonably called in question. The system of intellectual hothouse forcing in vogue in many of our schools, the impure air and the lack of ventilation found in many of our schools, the dust and want of sunlight so characteristic of many of our schools, the presence of children already suffering from tuberculosis in many of our schools, the presumable impregnation of the air in many of our schools with the bacilli of tuberculosis, the very high death rate of our children from tuberculosis contracted at or about the school age, these all point to our schools as the probable source of that disease which is yearly carrying off so many of our people. The proof is not positive but it is so strongly presumptive that it becomes almost, if not quite, positive.

Now if this is the condition actually existing in our schools, if our schools are, as I have endeavored to show, in any of the ways pointed out, responsible for the spread of tuberculosis, what is our duty? To rectify the defects in our schools and thus prevent them from being any longer a breeding place of

disease is the only and the obvious answer to this question. How shall this be done? With your permission I will make a few suggestions.

1. We must educate the public, the teachers and the trustees, pointing out to them the dangers of tuberculosis, its infectious nature, its methods of spreading from one to another, and the means to be adopted to limit its ravages. Teachers, trustees and parents must be convinced that children who are in weak physical health are more liable to contract the disease than are those who are physically strong, that bad air and poor ventilation are predisposing causes, that cleanliness and sunlight lessen the dangers of contagion, and that the utmost care must be exercised that children already affected do not expectorate in the school room unless it be into a proper receptacle, and that the sputum in all such cases must be thoroughly destroyed. How is all this to be accomplished? By popular lectures to the public, by addresses at the conventions of teachers and trustees, by the publication of articles in the educational journals and in the public press.

2. The Government must assist in this good work. How? By seeing that the regulations of the Education Department are carried out in every school. How shall this be done? The present means seem to be inadequate. I presume that so long as such matters as the amount of air space provided for each child and the character and efficiency of the ventilating system in use are reported upon by the local inspectors only, and as long as the amount of the Government grant depends even partially upon these reports we need not expect any change in these reports in these particulars and consequently need not look for any radical changes in our schools in these essentials to good health and the avoidance of disease. This I say not out of any disrespect to our local school inspectors but because I know the circumstances. These inspectors hold their appointments at the pleasure of the local Board of Education or of the County Council. It is expecting too much to ask these inspectors to make reports which would condemn the schools under their jurisdiction, necessitate the expenditure of extra moneys, or curtail the Government grant. Such a course would jeopardize almost any inspector's position and that would in all probability

be the only result produced. Our schools should be inspected as to their sanitary condition by an official independent of the local authorities. Whether such officials should be appointed by the Government or by the local authorities, their appointments being permanent unless it can be shown that they have been guilty of malfeasance in office, is a question beyond the scope of this paper. One thing however is certain they should not be liable to dismissal at the caprice of any body. Whether they should be sanitary inspectors specially appointed for this work or whether this work should form part of the duties of county medical health officers is a question which might be profitably discussed by this association.

Gentlemen, I have laid before you my views on this most important subject. I have pointed out what I consider dangers to the health of our children. I have told you candidly where, in my opinion, the responsibility rests. I have suggested how the dangers from these defects in our schools may be minimised. Such as my views are you have them. I trust that my remarks will have the result I hoped for when I consented to read this paper, viz., to open a discussion on the subject I have just had the honour of bringing to your attention.

JOHN HERALD.

PRINCIPAL GRANT.

IT will indeed be gratifying to all the friends of Principal Grant, as well as to the innumerable well wishers of Queen's University, to learn, as we go to press, that there is a general improvement along all lines in the Principal's condition, and that the bulletins now being given out by his physicians are of a more cheering nature than those of two weeks, or even of one week ago.

It has long been an open secret that the Principal's health was not all that it should be, and his many friends who were acquainted with his real condition strongly urged upon him to curtail his work, or allow more of it to be done by the rank and file of the University, but his great love for that institution and his zeal for the advancement of higher education would not allow him to spare himself, or husband his strength. The heavy strain to which his constitution was thus submitted was at length too much, and his splendid physique showed signs of wearing. On Sept. 21st he returned to his home after a visit to the Old Country, whither he had gone with the hope of restored health, in, what may be said with every degree of truthfulness, a dying condition. For hours it was doubtful if he would rally and for days his life was in the balance. Gradually, however, the excretory organs resumed their functions and complications as they arose were overcome.

We sincerely trust the cheerful reports may continue, and that before long the Principal will be able to again resume his life work at Queen's, and continue to be for many years the leading light and inspiration of that University.

As a rule the good things said about public men are left to be written as an obituary or as part of a biography, but in the case of the Principal the report of his serious illness was ample to bring forth the grandest encomiums, and the press, regardless of politics or creed, vied with each other in praising, and illustrating by word pictures, the great good he had accomplished in every line of thought and action that tended to

uplift mankind. All petty jealousies, bickerings, and the like, seemed at once to vanish from sight. It may be said without fear of denial that there have been but few, if any, the report of whose serious illness provoked greater consternation, more profound regret or more widespread sympathy and sorrow than that which announced the Principal's.—it was universal—but we are proud to be able to say that the good wishes of many thousands are on the way to being realized.

SOME NOTES FROM ABROAD.

IN the hope that a brief account of what is being done in the medical world abroad, in so far as I have seen it, might be of interest to the busy practitioner who cannot hope to go and see for himself, or of benefit to the young graduate who anticipates taking a post-graduate course in the old land, I have been tempted to write this article.

It is far from my purpose to advocate the superior claims or advantages of one country over another from the point of view of the clinician or the student; rather let me tell how, where and by whom medical instruction is to be had.

In Germany—and what applies to Germany applies as well to Austria—there are several ways in which one may obtain instruction. To begin with there are many universities scattered throughout the country, the medical department of which has always attached to it, as an integral part of itself, an excellent hospital. This hospital consists of a number of buildings, located in different parts of the city, each devoted to a special branch of medicine; one here, for example, for diseases of the Eye; one there for diseases of the Ear; another for diseases of Women, Nervous diseases, &c., &c. In connection with each of these hospitals there is a very extensive out-door clinic, and it is interesting to understand why the number of charity patients is so large. In Germany the “Krankenkasse” system is in vogue, which means that in return for the compul-

sory payment of a small amount of money periodically, the subscriber is entitled to free medical treatment at the different hospitals, which, being really part of the University, are presided over by the professor of the subject to which the building is devoted, and his assistants, who spend the greater part of the day in attending to the wants of the patients, and in private research work. One can readily understand what a tremendous opportunity is here afforded for experimental investigation and clinical instruction.

The best way to take advantage of this large material is to call on the professor—a silk hat and frock coat a.e. not indispensable but advisable—and offer yourself as voluntary assistant. In this way you get into the inner circle at once, see all operations, carry out treatment and later get the privilege of operating yourself. One must spend some months in order to get the most out of this method, but on the other hand the instruction is given gratis. In Heidelberg a foreigner will be welcomed and treated with every consideration by the genial Dr. Leber and his obliging colleague, Dr. von Hippel, in the Eye hospital; or in the Nose and Throat hospital by Dr. Jurasz, whom I found a most pleasant and considerate gentleman. Dr. Passow is professor of diseases of the Ear. Among others of whom I have no personal experience, but who, I am told, are delighted to welcome foreigners as pupils, are Dr. Czerny, who divides honors with von Bergmann, of Berlin, for first place in the Surgical arena; Dr. Erb, the noted Neurologist, and Dr. Vierordt, whose work on "Medical Diagnosis" is so favorably known and much used.

In Berlin one wishing to study Internal Medicine will be well treated by Dr. Fraenkel of Pneumococcus fame. In Surgery the work of von Bergmann is generally followed. The Pathologist, especially if he desire to study a special branch of the subject, will find a good instructor in Dr. Virchow.

In the larger centres most of the best men have, in addition to their private practice, a public or charity practice, by means of which they enlarge their experience, and use the material so acquired for teaching purposes, giving instruction for a reasonable consideration. If one's time is somewhat limited, it seems to me that this, although a little expensive, is the ideal method

of obtaining instruction, because the instructor gives you personal supervision, makes you see every detail, interprets each phase of the case, and so impresses on your mind a picture which it is impossible to forget. Besides this he adapts himself to your capabilities, so that the beginner and the advanced student alike receive instruction suited to his respective requirements. Again, a number of these gentlemen have made themselves familiar with English, which is a consideration if one's time is limited. However, one and a half or two month's study under a good teacher should suffice to make one sufficiently conversant with German to understand the language.

In Berlin the foreigner prefers to adopt the second means of instruction. The buildings devoted to this work—the Polikliniken as they are called—are over sixty in number and are presided over by such men as Hirschberg, Silex, du Bois-Reymond in diseases of Eye; Jacobson, Jansen, whose operative course in March and September should not be missed, and Baginsky in diseases of Ear; Krause and Lubinski in diseases of Nose and Throat; Lassar and Joseph in Skin diseases, and Casper in Genito-urinary work. In addition to these the staff of the University includes such men of world-wide reputation as von Bergmann, B. Fraenkel, Koch, Lesser, Lucae and Schweigger.

I cannot leave this subject without calling attention to the excellent course on Otology given by Dr. Schwarze at Halle. The course however is so popular that anyone wishing to take it will do well to write the doctor some months in advance.

If one wishes to make only a short stay on the Continent, Vienna offers special advantages, as there one can get practically anything at any time, and if a small party make application, instruction can be had in English. In Vienna courses of instruction are going on all the time, new classes being formed every few weeks, so that if one has no definite plan in view or wishes some very special instruction, I should advise him to go there. The names which naturally occur to one's mind are those of Fuchs, Politzer, Hajek, Chiari, and Urbanschtsch.

Similar instruction by courses is to be had in all branches in Berlin during March and September. The only "course" of which I can speak from personal experience is the very ex-

cellent one on Rhinology and Laryngology given by Drs. Edmund Meyer and Alexander, B. Fraenkel's assistants in the Berlin University Nose and Throat hospital. Two holiday courses are given in March and September and longer ones in the interval. The popularity of this course is attested to by the fact that in the class of twelve, of which I was a member, seven nationalities were represented.

Wherever one may go, one cannot fail to be impressed with the thoroughness of the work done in these countries, with their painstaking and conscientious labor, with their absolute mastery of detail, which has placed them in the front rank of diagnosticians and made their country famous for medical learning.

It is the practice of those desiring to do hospital work in London to purchase a ticket which gives the holder the privilege of attending the clinical and out-door practice of a particular hospital. The patients are visited at certain hours by the physician or surgeon in charge, who gives informal bedside demonstrations, or operates, in the presence of the class of students. If one desires more minute instruction, especially in view of an approaching examination, he can be accommodated by a tutor of whom there are a goodly number in London.

In the out-door clinics of the special hospitals, where there is such an enormous amount of work to be done each day, it was my experience that the chief surgeons had little time to demonstrate on the cases as they came up, but were very ready and willing to explain any matter which the student might refer to them.

For the advanced student whose principal object is to see cases, the hospitals of London offer enormous advantages, as the clinical material is so great, but the beginner will do well, in my opinion, to put himself under charge of a tutor.

In some of the hospitals, e.g., Moorfield's Eye hospital, a series of evening lectures is given at intervals which are excellent as far as they go, but one cannot help feeling that they are too limited in number.

The hospitals, general and special, of which London boasts, are so numerous that to attempt to give more than the most meagre account of a few of the principal of these is impossible in this article.

In Eye work, Moorfields on City Road seems to be the most popular. The out-door patients amount to about four-hundred daily and are looked after by such men as Gunn, Silcox, Lang Collins, Morton, Spicer and Lawford, the latter a Canadian. Mr. Morton gives an excellent private course on operative Ophthalmology which is very popular. For Ear, Nose and Throat work, either Golden Square Hospital, founded by Sir Morell Mackenzie, or Central London Hospital on Gray's Inn Road, where Lennox Browne is consultant, is generally selected. The staff of the former includes such men as Bond, Tilley, and St. Clair Thompson; while Dundas Grant, Aikens and Ambercrombie will be found at the latter.

The London General in Whitechapel has the largest skin clinic, and is in charge of Stephen Mackenzie. It is having good success with the "light" treatment of Lupus, and X-Ray treatment of Rodent Ulcer. This department should certainly be visited. The public patients are treated in the morning when the directors are very obliging in showing medical visitors the working of the apparatus. The new pathological buildings afford every opportunity for the study of this work and their new operating rooms will be a great boon to the surgical department.

The stronghold of University College Hospital is medicine, this department being looked after by Sir Thomas Barlow, the King's physician, but the other departments are well represented on the staff which includes Victor Horsley, Sydney Martin, Risien Russel, Barker and Spencer.

Mitchell Bruce is to be found at Charing Cross, where his pleasant and informal talks on medicine bristling with useful details, are much enjoyed by a large following.

Bartholomew's boasts among others such men of reputation as Walsham and Lauder Brunton; King's College has Lord Lister, Watson Cheyne, Playfair and Haliburton.

The Brompton Hospitals devoted to Tuberculous and Cancerous patients afford special advantages for the study of these diseases.

At the National Hospital on Queen's Square, nervous diseases may be studied under Gowers, Hughlings Jackson and Risien Russell among others.

The Middlesex Hospital is very popular. Its staff includes Henry Morris, Pearce Gould and Bland Sutton.

Mention must be made of the excellent Pathological, Anatomical and Physiological Museum of the Royal College of Surgeons in Lincolns Inn Fields, which should certainly be visited as often as possible.

In conclusion let me draw attention to the Polyclinic at 22 Chenies St., W.C., an institution founded by Jonathan Hutchinson, and in which he takes an active interest. Any graduate in medicine may become a member on recommendation of another member and on payment of the nominal fee of one guinea. Lectures are given daily, every branch of Medicine and Surgery being represented by the best specialists, not only from London and England generally, but occasionally also from abroad. An excellent museum, second only to that of the Royal College of Surgeons mentioned above, is part of their equipment, and their reading-room contains many excellent volumes and the best periodicals.

E. C. WATSON.

A CASE OF WHISTLING LARYNX.

A short time ago my attention was called to a young girl who possessed the power of whistling either with her mouth wide open or with lips tightly closed. The note of the whistle was high pitched, and although not particularly loud could be heard fifteen or twenty feet away. She has been able to whistle in this way as long as she can remember.

In attempting to locate the source of the sound the nose was held, the patient was directed first to open her mouth wide, then to close her lips, in all of which positions she was able to whistle. Not only this, but during the laryngoscopic examination, with the mirror in position, the sound was still produced. No anatomical abnormality was discovered in the larynx; during phonation the vocal cords approximated perfectly and the voice was absolutely normal. While whistling, however, though the arytenoid cartilages approximated thoroughly, an oval cleft was left between the vocal cords, through which the whistle was apparently produced.

E. C. WATSON.

QUEEN'S MEDICAL COLLEGE.

NEVER in its history has Queen's Medical College been the centre of such interest as it was on Wednesday, October 2nd. It was the re-opening and dedicatory day, its entry upon the third stage of its life. On Tuesday night the formal ceremonies of inauguration took place, a large assembly being present.

Justice MacLennan, Toronto, Chairman of the University Board of Trustees, presided, in the unavoidable absence of both Chancellor and Principal. Surrounding him were: Dr. Fife Fowler, Dean of the Medical Faculty; Rev. Dr. Barclay, Montreal; Rev. J. Mackie, M.A., Drs. Garrett, Ryan, Anglin, Mundell, W. T. Connell, Ross, Ford, Hon. Dr. Sullivan; Profs. Cappon, Dupuis, Knight, Goodwin, Fowler, Waddell; Rev. Dr. Nimmo, Stirling; W. L. Grant, G. Y. Chown; P. C. McGregor, LL.D., Almonte; John McIntyre, K.C., G. M. Macdonnell, K.C. An orchestra from the 14th regiment discoursed music.

After prayer by Rev. Mr. Mackie, the chairman spoke briefly of his recollection of the establishment of Queen's Medical College by the late Dr. Stewart, who laid the foundations, upon which the present, well equipped building had arisen. The audience had met together to celebrate the stage of progress in which the Medical Faculty now is.

Dr. Fowler, the venerable Dean, received a hearty reception. He is the only survivor of those who instituted the Medical Faculty. The doctor hoped for its continued prosperity, and congratulated the Secretary, Dr. Herald, upon the great efforts he had put forth for the advance of the Medical College. "Long live the Dean!" was sung in chorus when Dr. Fowler concluded.

There was one voice unheard—Principal Grant was not there. At all university functions there was always one central figure, and that was Principal Grant. His commanding appearance and eloquent tongue placed him far above even the dignitaries of the land who sat around him. He was not there

last night, and his presence was missed. On a bed of illness, at the General Hospital, in full view of the university to which he has devoted his life, he lay, ministered unto by graduate physicians and surgeons of the college, which has entered upon a new era.

But he sent, by Rev. Dr. Barclay, a message, which thrilled the assembly, who reverently stood during its reading. The words of the message were listened to in dead silence, for they came as a voice from the chamber of sickness :

PRINCIPAL GRANT'S MESSAGE.

“To my boys of the Medical Faculty, (the Principal's message read): Ten days ago, one of your professors told me to look into the kingdom of darkness. I did so steadily, and found nothing to terrify. But several old truths were impressed upon me, one or two of which I give to you :

“Never was I so much impressed with the advantage of having distinct centres of medical education, or with the generosity of your professors. The old pagan idea that matter is evil and the body worthless is only now giving way to the christian idea of the sacredness of the body and the high duty of understanding its mysteries. I pledge myself to do more for the faculty and for the hospital than ever before, and I hope that I may teach others their privilege in this regard. Your professors have earned the right to expect this.

“As to yourselves—for the sake of all that is noble and worthy, take your profession seriously from the outset, quite as seriously as the students of divinity take theirs. If you cannot do that, drop it, and seek some honest way of making a living. It is awful to think that men, women and children should be at the mercy of irreverent and half-taught young doctors. I pledge myself that hereafter, for your own sakes, and for the sake of humanity, I shall try to let no such student pass our examinations. God help you to lay this word to your hearts.”

At the conclusion, the students broke forth into loud applause, and three cheers were given for the Principal.

This message from the Principal to his “boys” was dictated to his Secretary on the morning of the opening of the building. He was very weak, but so great was his desire to speak to them, if only through a messenger, that the Doctors

in charge gave their permission. He had evidently prepared his message with great care, for it was dictated without any hesitancy or the change of a single word. When done speaking he closed his eyes and lay back exhausted, but was evidently very greatly cheered to think that they would hear his words, though not his voice.

Dr. Gardiner, New York, a Queen's graduate twelve years ago, spoke on behalf of Queen's Association in the great American metropolis. Though they were in a foreign country, yet their feelings were strong for the alma mater which had nourished them. Of the medical graduates of the great New York colleges, but thirteen per cent. were successful. Of the Queen's medical men who went to the other side, ninety-nine per cent. were successful. This was owing to the different atmosphere where their training was received. Kingston was unexcelled as a place of study, its surroundings being pure, while in the big cities, the allurements ruined the students. At Queen's the students were prepared with a better physical constitution. Dr. Gardiner referred to the three generations of doctors in the past fifty years in Kingston. The first had laid the foundation of the Medical College, the second had raised the walls, and the third had put on the roof.

Dr. A. E. Ross gave a most interesting paper on his experiences in South Africa with the Royal Army Medical Corps.

Dr. McPhedran brought greetings from the medical faculty of Toronto University, and was given a most cordial welcome. He bore the heartiest of congratulations to Queen's on her prosperity and expansion. The doctor begged to assure Queen's that it was absolutely untrue that Toronto was jealous because Queen's was prospering. What was complained of was the unfair treatment accorded the Provincial University. The University of Toronto viewed with satisfaction the advance of Queen's.

HON. DR. SULLIVAN'S REMARKS.

Hon. Dr. Sullivan was the speaker of the evening. It was a case of the best being reserved for the last. The worthy doctor was brimful of eloquence and humor, and these flowed from him like water over falls. "I was told," he said, "that I was to speak near the end, and on trifles. Well, when I heard

such learned men as the chairman and Dr. Barclay and all the other lights, it knocked every bit of trifle out of me—just knocked it to smithereens.” (Laughter.)

Continuing, Dr. Sullivan made a brilliant reference to Principal Grant, saying in part: “Our chief thought to-night is with the man who lies on a bed of illness, and who was to have been the leading factor on this occasion. His message to us should be written in letters of gold on the walls of this University. Let us send to him to-night a bouquet which shall express our devotion, our admiration and our love for him. No man is held in more general esteem by the whole country, Protestants and Catholics, Jews and Gentiles, and those of no religion at all, pray earnestly for his restoration that he may be able to complete some of the grand projects he has in view.” (Loud applause).

Then Dr. Sullivan referred to the early days of the Medical College. “If Dr. Stewart did not found the institution,” he said, “he took the credit anyway—and who dared deny it? (Laughter). When he stalked down street with his Scotch tartan around him, the people knew that trouble was brewing. In every assize court and any other court he figured as plaintiff or defendant. ’Twas said he was crossed in love, that he had fought a duel, and was the best snipe-shot in the city. (Laughter). Well, in those old days, Dr. Stewart used to grind his class instead of teaching them. He always started with an examination, sitting at table with an old coat, and four wax candles before him.” “It looked more like an Irish wake,” exclaimed the doctor, while the audience roared.”

“Well, we’ve kept pace with the growth of medical science, and to-night we welcome you to this temple. We don’t promise our students that they shall be rewarded by fortunes. We don’t make such things here, but they say they do in Toronto. It’s so much the better, we don’t in Kingston, for you know purity goes with poverty. (Laughter). Dr. McPhedran tells us about the unfair treatment Toronto University gets from the government. Well any time they’re willing to exchange positions, we’ll entertain the proposition. (Cheers.) McGill has its wealthy men who have been properly trained by their clergymen. Besides, McGill’s benefactors are nearly all

Scotchmen, and that means much. Queen's is in the middle, between those two big universities, and proposes to stay as she is, imbued with Principal Grant's saying—"if you can't lead, keep up with the leaders anyway.'" (Laughter).

Rev. Dr. Barclay pronounced the benediction, and then "God Save the King" was sung.—*Whig*.

DR. W. T. CONNELL

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