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QUEEN'S MEDICAL QUARTERLY.

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QUEEN'S MEDICAL QUARTERLY is presented to the Medical Profession with the compliments of Queen's Medical Faculty. Contributions will be gladly received from members of the Profession and willingly published.

Communications to be addressed to DR. ALEX. W. RICHARDSON, 254 King St. East.

Items of interest or original articles for publication solicited from Members of the profession.

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ANNOUNCEMENT.

OUR readers will notice the change in the title of the QUARTERLY. It was started seven years ago for the purpose of furnishing a convenient means of recording work done by its promoters and at the same time giving others the benefit of their experience and research. Its plant and good will have been acquired by Queen's Medical Faculty who propose to enlarge its constituency and make it more distinctly a College publication. Queen's men have ever been known for their loyalty, and the Managing Editor knows that his confidence in that virtue will not be shaken as he casts himself entirely upon them for "matter." Queen's has made great strides recently, and the MEDICAL QUARTERLY wishes to carry the tidings to her graduates in the four quarters of the globe.

The Managing Editor would be glad to receive post card notices of any items of personal or professional interest of, or belonging to Queen's Medical graduates.

QUEEN'S MEDICAL JUBILEE.

WITH the present session Queen's Medical Faculty began her fiftieth year. The event was celebrated in Convocation Hall, on October 14th, last. Believing that our readers would be interested in what was said and done on that occasion, we, in this number publish the proceedings. Sir Sanford Fleming, Chancellor of the University, presided.

The first speaker was Dr. Geikie for so many years Dean of Trinity Medical College, who spoke as follows :

MR. CHANCELLOR, LADIES AND GENTLEMEN,—

With his characteristic kindness your eminent and most worthy Chancellor has called upon me to say a few words of congratulation on this auspicious Jubilee occasion.

Coming to hear and not to speak, I can only, as I am without preparation of any kind, express, as I do very gladly, my sincere good wishes for the future of your already great University, and of her Medical Department, and my most heartfelt congratulations and joy at being with you on this, the first Jubilee of that department.

I earnestly hope that your Medical Department may become year by year so strongly and so permanently established —and do not its past five successive decades fully warrant that hope—that it may see many Jubilee celebrations, although it is unfortunately too true that very few individual members of such an audience as this are spared to be present at more than one such.

I rejoice at the marked and very apparent prosperity of your University in *all* her departments. I have ever taken a deep interest in her work. She has long been, and is now, one of the most highly valued and most useful, as well as most liberal, of the institutions of Ontario for giving our youth a sound University education and training, and we have by no means too many of these.

She has a large and highly important section of Canada for her own special constituency, and so far has for six decades faithfully and well, and often under disadvantages by no means small, discharged her duties to the people of that section; and I rejoice also to know to the rapidly increasing numbers of people who live outside of this special section.

In this exceedingly progressive country we cannot doubt that with such a record as Queen's University has already made for herself by so many years of most creditable work, she is sure in the future to have an even more rapidly increasing prosperity than in the past.

I am familiar with the history of your University, and have with great interest watched her progress under a good many of her successive principals, *all* of whom were good and useful men, who each in his day did his best to enhance her reputation and to secure for her a deeper place in the affections of the people by increasing her usefulness.

The celebrations of to-day and of the remaining days of the week prove how well they succeeded in doing this.

I have time only to refer briefly to our late able and greatly lamented Principal, the Rev. Dr. Grant. He lived for his University, which he loved with his whole heart. He labored incessantly for her interests, and I am very sure, for I know something of what the intense anxiety regarding, and interest in, the welfare of one's own institution means to a faithful and earnest Principal, that he often spent many hours of the night, when he should have been taking much needed perfect quiet and rest in sleep, in devising means whereby Queen's interests could perhaps be better promoted, in addition to the many plannings for her good that he was busy carrying out. Every year's work, indeed every day's work, he was spared to do, and it was always done thoroughly and enthusiastically, shewed how completely his noble, and to him delightful, duties formed part of his very being. A very able man, as Principal Grant undoubtedly was, working as hard and as constantly as he did for his University, and always with high because entirely unselfish motives, could not be otherwise than successful in a

marked degree. I say it without hesitation, and your excellent Principal, the Rev. Dr. Gordon, will fully, I am sure, bear me out in saying so, that had Principal Grant's work for Queen's University not been as devoted, as extensive, as thorough and as successful as it was, his successor, Dr. Gordon, to be formally installed to-morrow, could not possibly expect to accomplish anything like what he will be sure to do for the University during his Principalship, which I earnestly hope may be prolonged for many years. Will Principal Gordon excuse my expressing in his presence my congratulations to the entire University on his having been selected and having accepted the responsible and honourable position he now occupies. It is the general opinion, which I fully endorse, that no one else would have been as sure as Dr. Gordon to discharge the many duties of the Principalship so that all that can be done by a good Principal will be done, and done well, so as to heighten his University's standing and to increase her fame.

You have a "Grant Hall" in course of erection in memory of the late Principal. This is as it should be—would it not be a good thing to have in addition to the Hall a bronze statue of good size set up in a conspicuous place in front of your University buildings, so as to remind all visitors, very strikingly, in addition to the "Hall," for generations to come of him to whose labours Queen's owes so much. If I might be permitted to offer one more suggestion, it would be to have a well executed marble bust of the late Rev. D. J. Macdonnell placed, if this has not been done already, somewhere within the University, in Convocation Hall or the Library, or wherever it may meet the eye of the old friends of Queen's when they visit the University. He was one of the truest, most liberal, most earnest, sincere and devoted of the many friends of his Alma Mater—a man much beloved by all who had the pleasure of knowing him.

Allow me, Mr. Chancellor, ladies and gentlemen, to close by once more expressing my warm congratulations to the University and to the Medical Department in connection with these pleasant and interesting Installation and Jubilee celebrations.

The Chancellor then called on Dr. Herald who gave the following resumé of the history of Medical Education in Kingston.

MR. CHANCELLOR, MEMBERS OF CONVOCATION, LADIES AND GENTLEMEN,—

TO-DAY for the fiftieth time the Medical School in Kingston is formally opening her doors for the admission of students. The Medical Faculty and the authorities of the University felt that such an occasion should in some way be fittingly marked by appropriate services, and so the Jubilee of the Medical Faculty was determined upon and the arrangements made for holding the ceremonies in which we are now permitted to participate. The committee to which was deputed the duty of carrying into effect the decision to hold this Jubilee concluded that a short resumé of the history of the Medical Faculty would form an appropriate and a necessary part in these ceremonies and wisely or otherwise assigned to me the task of preparing such an account of the rise and progress of Medical education in connection with Queen's University. I somewhat hesitatingly undertook the task, feeling as I did and do, that someone longer connected with the Medical Faculty than I could much more fittingly represent the Medical Faculty on this occasion. Having, however, undertaken the duty I set myself to the task of collecting information regarding the origin and growth of the Institution in whose name and interest we are here assembled to-day. Here permit me to say that I have found this no light undertaking and in some respects a rather unsatisfactory one. The records of the earlier days were not kept with that accuracy and fulness of detail which one would wish when he comes to compile a history of the events which led up to the formation of the Medical Faculty and which have marked its growth up to the present time. Let this be my excuse if in the course of what I say to-day I pass over some event which to some others may appear important or even if my information on some point should not be quite accurate. My information has been gleaned largely from Queen's Dooms-day Book and the Minutes of the University

Senate and the Board of Trustees. I would here most gratefully acknowledge my great indebtedness to Miss Saunders, the University Librarian, for her painstaking search in these records for the information which I have been able to bring together in this paper. To Dr. W. L. Herriman of Lindsay, one of the first Medical graduates of Queen's, I am also indebted for information as to the causes which led him and seven others to become Medical students of Queen's during the first session of the Faculty's existence.

The first mention that I can find with reference to a Medical Faculty in connection with Queen's University is a resolution passed at a meeting of the University Senate on July 30th, 1853, whereby it was decided to establish a Medical Faculty and a committee consisting of Rev. Robert McGill, Dr. Machar, Mr. Hugh Allan and Mr. John Mowat was appointed to consider the best method of accomplishing that object and to have Lecturers appointed on Physiology and Anatomy.

On February 7th, 1854, Profs. Williamson, Smith and Mr. Andrew Drummond were appointed a committee to confer with the Medical Practitioners in the City regarding what was best to do in order to establish the Medical Faculty. This conference was held in the house of one whose name was also associated with the foundation of Queen's University and who ever afterwards maintained a lively interest in her welfare and progress, even when his time and talents were fully taxed in guiding the affairs of his adopted country. I mean the late Rt. Hon. Sir John A. Macdonald.

On March 7th, 1854, Drs. Sampson, Dickson, Stewart and Strange waited upon the Trustees in connection with the formation of the Medical Faculty, and, it is to be presumed, as a result of the conference held during the previous month. Dr. Strange, of this city, is the only medical man now living who attended that meeting, and, I am sure, we are all pleased to know that he still enjoys the best of health.

On August 2nd, 1854, the Executive Committee of the Board of Trustees was empowered by the Board to appoint Lecturers on the various subjects then required in a Medical

curriculum. The first Faculty consisted of:—Dr. James Sampson, Dr. John Stewart, Dr. John R. Dickson, Dr. Horatio Yates, Dr. Fife Fowler, Dr. S. P. Litchfield, Dr. James Williamson.

At the very beginning of the Faculty's career the University laid down the principle that in no way was it to be financially responsible for the Medical Faculty, which was to be supported by fees, private bequests or donations. Such has always been the history of the Faculty, its sources of revenue have always, as at the beginning, been independent of the University.

In 1858 the Government gave the Medical Faculty a grant of £250. This grant was given annually for a number of years, but in what year it was discontinued I have been unable to ascertain. The money thus obtained, or rather so much of it as was not required for the necessary expenses of the Faculty, was later on used to pay for the building at present occupied by the Medical Faculty. Unfortunately I could find no record of the actual amount so taken from this grant and used for this purpose.

In July, 1858, the Executive Committee of the University by resolution decided to erect a medical building which would be used as well for a Convocation Hall and for such other purposes as the needs of the University might require. One portion of the resolution passed at that meeting reads as follows: "That such accommodation could be most easily and most cheaply provided by the erection of a building behind the present College, say on or near the site of the present wood house, inasmuch as from its position no architectural ornament would be at all necessary." Whatever may be said of the Faculty, the building has maintained the reputation then given to it.

After this the University and the Faculty did not work harmoniously. What was the nature of the difficulty I am not prepared to say. The records are very meagre and bald. The bare fact is recorded that the University discontinued its Medical Faculty, and that the Faculty secured a charter establishing the Royal College of Physicians and Surgeons. The University

apparently believed that it could get on better without a Medical Faculty, and the Faculty evidently felt that they would be in a better position independent of the University. That either the University or the Faculty, or more probably both, made a mistake at this time is evidenced by the after history. A fuller realization of the fact that each was more or less dependent upon the other, and that the prosperity of one meant the prosperity of the other, would probably have prevented a rupture which was not healed for nearly thirty years. A recollection of the events of that period ought to show to both the University and the Medical Faculty that the best way to preserve that harmony between the two, which is so desirable and which so happily existed under the guidance of the late Principal Grant, is for each to show to the other a spirit of toleration and liberality. As a consequence of the rupture or rather dissolution, which took place in 1865, the Faculty had to leave its new home and for several years its classes were held in what is now the House of Industry and afterwards in a building at the foot of Princess street. The members of the first Faculty of the Royal College of Physiclans and Surgeons consisted of: Dr Horatio Yates, Dean ; Dr. Fife Fowler, Secretary ; Dr. Litchfield, Dr. Lavell, Dr. Kennedy, Dr. O. Yates, Dr. Bell, Dr. McLean, Dr. Sullivan, Dr. Reeve.

Of these only two remain, Dr. Sullivan, who is still a member of the Faculty, and Dr. Reeve, who is the Dean of the Medical Faculty of Toronto University.

In 1881, when the new Arts building was ready for occupation, the Faculty of the Royal College again held classes in the building originally erected for medical purposes. From this time up to 1892 an agitation was carried on to re-establish the Medical Faculty of the University and to induce the Faculty of the Royal College to become that Faculty. Several conferences were held between representatives of the University and the Royal College, and finally an agreement was arrived at whereby the Royal College agreed to hold its charter in abeyance so far as teaching was concerned and to become the Medical Faculty of Queen's University. By this agreement the Medical Faculty was given the use of the Medical Building

free of rent and in return all fees collected for Biology, Physiology and Histology, and all Degree fees, were to be paid to the University. Last year these fees amounted to $3,564. While becoming an integral portion of the University the Medical Faculty was, to quote the words of the agreement, "to remain independent as is the Medical Faculty of McGill."

The members of the new Faculty were :—

Dr. Fife Fowler, Dean ; Dr. Herald, Secretary ; Dr. Sullivan, Dr. Dupuis, Dr. K. N. Fenwick, Dr. Saunders, Dr. Wm. Henderson, Dr. Garrett, Dr. Mundell, Dr. Ryan, Dr. Anglin, Dr. J. C. Connell, Dr. Knight, Dr. Goodwin, Dr. Clarke, Prof. Fowler, Mr. Nichol, Dr. Cunningham.

In the spring of 1901 the Faculty decided to enlarge and improve their building and to more adequately equip it. This they did at an expenditure of about $12,000, $10,000 of which was borrowed from the University, the Faculty agreeing to repay this loan in annual installments. The Faculty has more than fulfilled this agreement, having already repaid $800 more than required by the agreement. During the past summer the Faculty has again spent nearly $3,000 in improvements and equipment. These facts are mentioned merely to show that the Faculty is endeavouring to keep abreast of the times and to give to its students every advantage of a modern medical education.

Medical classes were opened in Kingston during the fall of 1854, and during the first session there were in attendance 23 students. This number was made up partly by the attendance of eight young men who had previously attended medical classes at Trinity in Toronto, and who felt compelled to leave that institution on account of the requirements for graduation there. Strange and incredible it may seem to us to-day that only 50 years ago an educational institution in Canada should refuse to grant its degrees to any but those who were members of a particular religious denomination. Yet such was the case. Eight young men in consequence left Trinity and came to Queen's, where a more liberal spirit prevailed. Then, as now, Queen's classes and Queen's honours were free to all. As a consequence of this withdrawal of eight students the medical

professors of Trinity refused to act any longer unless the objectionable religious tests were abolished. Trinity's charter was therefore amended and her degrees were open to all irrespective of class or creed. Thus it will be seen that the action of these medical students not only assisted in firmly establishing our Medical Faculty, but also in having Trinity made more liberal.

I am sure, Mr. Chancellor, you will not consider that I am wandering beyond the limits of the subject assigned me if I briefly refer to a few of the men who acted a not inconspicuous part in the history of the Medical Faculty, and whose labours helped to keep it alive and upbuild it under at times very adverse circumstances. In looking up the history of Queen's Medical Faculty the first name that arrests our attention is that of Dr. John Stewart, a man of untiring energy and great mental endowment. By his force of character he instilled life into the infant College and by his devotion he kept it alive. Opposition and difficulties were to him the very breath of life. His whole being rejoiced in meeting and overcoming all obstacles in his path—whether real or imaginary. He loved a fight. Whoever or whatever attempted to injure the Medical Faculty was his natural enemy, and it was not well to be an enemy of Dr. Stewart. According to himself he was not only a professor in the Medical Faculty, he was the Medical Faculty. Notwithstanding his peculiarities—his eccentricities if you like—he was a tower of strength to the struggling institution, and we who to-day are enjoying a fair amount of success in no small measure owe that success to the foundation laid by him and his colleagues.

Dr. Horatio Yates, the first Dean of the Medical Faculty, was of a very different stamp. He was a man of quieter manner and broader views. He brought strength and reputation to the Faculty by the extent and success of his practice. He was known throughout Eastern Ontario as a skillful and successful physician, and was called in consultation by his fellow practitioners from far and near. His reputation was reflected on the College, and the name of Dr. Horatio Yates was the

means of adding many a student to the rolls of the Medical Faculty.

Dr. M. Lavell was Professor of Obstetrics and Gynaecology for many years. All who had the privilege of listening to his lectures on these subjects will always have a kindly recollection of the lecturer and will always be willing to acknowledge their deep debt of gratitude to him. Dr, Lavell had the happy faculty of mingling with the dry facts of his subject much practical advice on the practice of the medical profession. A master of his subject. which he arranged in systematic order, he was a clear and lucid teacher, and his lectures were fixed upon the minds of his students by his earnest and impressive manner. No one who took Dr. Lavell's course could ever enter the medical profession without an appreciation of the sacredness of his calling and a profound sense of the heavy responsibilities he was assuming. The whole tendency of Dr. Lavell's teaching was to elevate the standard of the profession educationally and morally. The three requisites for the perfect physician were, according to him, "knowledge, clean hands and a pure heart."

With regard to Dr. T. R. Dupuis, the unanimous verdict of all who sat under him was that he was a born teacher and a surgeon by nature. His knowledge of his subject was extensive and minute, and his general information wide and varied. As a lecturer on anatomy he was a marvel. He had the rare gift of investing even the dry bones of his subject with a living interest. In his time there were no special lectures given on Applied Anatomy, and so while he described the various structures of the body he at the same time pointed out their uses, gave their landmarks, illustrated the action of the various muscles in fractures and dislocations, and demonstrated the methods of procedure in surgical operations. In his way his lectures had a wider scope than if he had been strictly confined to Descriptive Anatomy, and thus they were not only more interesting but much more practical. He always held the attention of his classes, and we can all look back to his lectures with pleasure and after being in practice for some years realize the benefit we derived from them.

Of the men of a later date I would mention Doctors K. N. Fenwick and H. J. Saunders. The former of these was widely known as a surgeon, and did more, perhaps, than anyone else in this section of country to advance surgery to its present efficiency. He was the means of having a training school for nurses established in connection with the General Hospital and of thus making that institution what its name implies—a home for the relief and cure of the sick and the suffering. Everyone who knows anything about a medical education realizes how essentially important to the student is a good hospital. In this respect both the hospital and the Medical Faculty owe a debt of gratitude to the late Dr. K. N. Fenwick.

Dr. Saunders devoted himself more to medicine than to surgery, and so his achievements in the eyes of the public were perhaps not so brilliant as those of Dr. Fenwick, but to his fellow-practitioners in this section of the country he was known as probably the best informed medical man in Eastern Ontario, and was regarded as a safe and reliable consultant. As a member of the Faculty he was invaluable. His calm and impartial judgment was a great strength in the Faculty's deliberations. The untimely deaths of these two men, occurring, as they did, within a month of each other, were severe blows to the Faculty, keenly felt by all their colleagues.

I have purposely left any mention of our late Dean, Dr. Fife Fowler, to the last. He stands alone. A member of the Faculty when it began its work, he remained continuously a member of it until his death a few short months ago. If any of us have any regret in connection with this Jubilee it is that he who saw the Faculty's birth, who assisted in its early struggles, who was its friend and one of its mainstays in its dark days, who saw it gaining in strength and usefulness until it had become no mean institution, was not spared a little longer and permitted to take part in the Jubilee of the Faculty which he loved so much and to which he devoted his life. Dr. Fowler was a man of rare attainments and liberal education. Quiet and reserved in his manner, he was by those who did not know him regarded as cold and unsympathetic. To those who

were permitted to know him more intimately he revealed himself as warm-hearted, genial and sympathetic. By those who employed him as a physician he was more accurately and more fully appreciated. One of his former patients said to me not long since "Dr. Fowler was a grand man and a true friend. When he came into my room and took my hand in both of his, and looked in my face, no matter how I was suffering, I felt sympathy and strength passing from him to me, and I took courage and felt confident that I would come safely through my suffering." From one learn the opinion of all. In his relations with his fellow-practitioners he was most particular never to do nor to say anything which could tend to the injury of another, but rather was he careful to guard the honour and reputation of all practitioners. Permit me to relate a personal experience. When I had been but a few weeks in practice a young lady was brought to my office with a broken arm. I did for her what was necessary and then asked that she allow me to send for her family physician. Both she and her mother insisted upon me continuing in attendance. A few days afterwards when I called at her home she told me that Dr. Fowler had been in to see her and added he is an uncle of mine. I asked what Dr. Fowler had said, She replied: "Oh, he did not do anything. He merely asked who was attending me, and when I told him you were, he said: 'Dr. Herald will give you the best of care.'" No one who has not gone through the anxious period of beginning a medical practice can appreciate what words like these mean to the beginner. His opinion as to the physician's relations to his patients was, I regret to say, what some now regard as somewhat old-fashiond. He believed that what the physician learned about his patients should be absolutely private, and that he dare not in honour convey this information to any other. I would that this view of professional honour were more general to-day. I shall never forget the lesson taught me by Dr. Fowler in this regard. During my first year in practice a prominent physician in Kingston was confined to his bed with what proved to be his last illness. Dr. Fowler was attending him. One day I met Dr. Fowler on the street and inquired after his patient,

and thoughtlessly asked him what was wrong with him. Dr. Fowler looked at me a moment and then said "That is a question I never answer except to the immediate relatives of my patients." I felt rebuked and probably showed it in my face, and then the kindliness of Dr. Fowler's nature asserted itself, and he added "but to a fellow practitioner I have no hesitation in giving the information, of course strictly on professional honour." I felt relieved and, I must confess, somewhat flattered. Those words, "fellow-practitioner," went to my heart and eased any feeling of chagrin I may have previously felt. I now realized that even the Dean of the Medical Faculty recognized me as a member of the profession which he adorned. What the Medical Faculty of Queen's University owes to Dr. Fowler will never be fully told and will not be even approximately realized.

Altogether the Medical Faculty has had a somewhat chequered career. First a Faculty of the University, then an independent institution affiliated to the University, it is now once more a Faculty of the University. Its first home was a building on Princess street, now occupied by Elliott Bros., then it moved into the building which it now occupies, then it migrated to the present House of Industry, then it took up its abode in a building on Princess street, formerly a bank, and now used for the manufacture of acetylene gas generators, and in 1881 it came back to the building which it now occupies. We trust that its wanderings are over, and that it has at last obtained a permanent abiding place. It began its career with 23 students, and at the close of its first session it granted the degree of M. D. to eight young men, one of whom, Dr. Herriman, of Lindsay, is still alive and, I am happy to say, is with us to-day and from whom we shall have the pleasure of hearing something about the first session of Queen's Medical Faculty. Last session we had on our books 205 students and we granted the degree of M. D. to 49. This session so far we have on our books 209 students, who have come from every province in the Dominion, from many of the States of the Union, and from the isles of the sea. We have a building well equipped and adapted for our purposes. We have a

Faculty, every member of which is devoted to and zealous in his work. With a past of which we have no reason to be ashamed, with a present full of promise, we have every reason to look to the future with hope and confidence that the labours of those who have gone before have not been in vain, but that they to-day are bearing rich fruit, and that in the future they will bear it more abundantly.

Prof. R. Ramsay Wright of Toronto University, was next introduced. We herewith give his remarks.

MR. CHANCELLOR :—My first duty on the present occasion is to offer to Queen's University, through you, the congratulations of the University of Toronto on the various events which you are about to celebrate during these festivities :—The formal installation of a new Principal who has already shown such aptitude for his high office, the Jubilee of the Medical Faculty, and the inauguration of new structures devoted to University work; also to felicitate you, Mr. Principal, on your having been called to fill such an honourable and responsible position from which you will guide the future development of this University.

My second duty is to thank the Medical Faculty for the honour they have done me in asking me to address the medical students, and to express the hope that both Faculty and students will share in the invigorating and inspiring influences which attend such speech-making events in University life as those which are being celebrated just now.

It was natural in responding to such an invitation that I should select some topic bearing on medical education, seeing that, during my long connection with the University of Toronto, I have had my share in shaping the policy of the University in regard thereto, and have especially concerned myself with its scientific aspect, and its relation to the sciences included in the curriculum in Arts.

Recognizing that the young man setting out on his medical studies is apt to chafe at the obstacles which these sciences

seem to oppose to his at once plunging into the art of medicine, I would in the first place justify the important place which they are accorded in our curricula of to-day, and in the second place offer to those students on the threshold of a medical career a few hints as to how these apparent obstacles may best be surmounted.

Medical education may suitably be divided into three stages, a preliminary scientific stage, a second, dealing with the specially medical sciences, and a third, dealing with the art of medicine. The first stage terminates with the acquisition of as profound a knowledge as possible of the normal structure and functions of the human body in health; the second concerns itself with departures from the normal condition, the prevention of these, and the principles of the restoration of the body to the normal. In other words, this intermediate stage includes pathology, the science which investigates the nature of disease; hygiene, which seeks to obviate its occurrence; and therapeutics, in its wide sense, which investigates the means at our disposal to restore the diseased body to health. The third stage is the application of these sciences in the various branches of practical medicine and surgery.

As I have said, it is with the first stage that I propose to deal to-day. It is that part of the medical curriculum which may properly also form part of a curriculum in Arts or Philosophy, and which terminates, as I have explained, with Human Anatomy and Physiology. Some of you may express surprise that I should speak of Human Anatomy and Physiology as proper subjects of study on the Arts side of the University, but I would ask:—How can one logically defend the inclusion of Comparative Anatomy and Physiology and the exclusion of one of its best-known constituent parts? The fact is that if I teach in my laboratory the anatomy of a rabbit, while my colleague, Professor Primrose, teaches the anatomy of man in his, we are engaged in disciplines of exactly the same nature, of exactly the same pedagogical value. There are questions of convenience, of sentiment, of usefulness, which, however, do not affect the value of these as subjects of scientific investigation.

I have said that the first terminates with Human Anatomy and Physiology; it begins with Biology (including Botany and Zoology), Chemistry and Physics. These have long held a place in medical education, but it is important to note that a change of view as to their function therein has taken place within comparatively recent times. Fifty years ago Botany and Chemistry were taught as an essential introduction to the Materia Medica, the chief constituents of which are furnished by the Vegetable and Mineral Kingdoms. They were therefore useful in recognizing the raw materials of the Pharmacopœia, while Chemistry had its further use as an introduction to the preparation of drugs from the raw materials. But the division of labour between the pharmacist and the physician has now advanced so far that it seems useless to burden the student's memory—if only for a very short time—with the characteristics of raw materials which he is never destined to meet with in after life, or that he should be asked to memorize the method, let us say, of preparing morphia from opium, an operation which he is certain never to be called upon to put in practice.

Zoology never enjoyed the same reputation as an introduction to the Materia Medica, the drugs derived from the Animal Kingdom being—except, as we are told, in the Chinese Pharmacopœia—few and little used. And yet I have seen a medical Zoology for the use of medical students with an admirable treatise on the anatomy of the beaver—which still furnishes Castoreum—and elaborate accounts of the natural history of the Spanish fly and the cochineal insect, which still have their uses in the Pharmacopœia. It was, perhaps, rather with the view that the physician was also expected to be something of a naturalist that Zoology was formerly associated with Botany as an introduction to medical studies, as well as with the view that the systematic study of plants and animals developed and sharpened these mental faculties to be afterwards employed in the diagnosis of disease. And a fortunate thing it has been for the history of Biology that it has been so associated with the study of medicine. For what does it not owe to generations of physicians who have given their leisure to

some branch or other of natural history?

Physics, on the contrary, if we except the mechanics of Surgery, is only beginning with its electricity, its Roentgen rays, its Finsen light, to enter the domain of Therapeutics; and has hitherto enjoyed but little consideration from the utilitarian point of view in medical education.

It is, therefore, not from the standpoint of their usefulness as an introduction to Materia Medica, but from an entirely different point of view, that these various sciences are now regarded in medical education.

Since the discovery that many diseases to which flesh is heir are due to the penetration of the body by minute plants or animals, the natural history of these forms the chapters of Botany and Zoology of greatest interest to the Pathologist, and he must be prepared by introductory studies for the full appreciation of these, for they lead him far afield in Vegetable and Animal Biology.

Again, Human Anatomy and Physiology form only a part of Biology, and in order to realize how the part is related to the whole it is desirable that the student should examine for himself types of the great groups of plants and animals. Especially does this seem necessary with regard to Anatomy, for the structures and development of the human body only becomes intelligible in the light of these of the other vertebrates, and the student who has laid to heart the great principles of Comparative Anatomy and Embryology has a key to decipher peculiarities of structure which will never fail him. I would urge that in every case the student should gain some knowledge of general anatomy by the careful dissection of some small animal which he has entirely in his own charge before he proceeds to the particular study of the human body. It can be recommended on the ground of cheapness and convenience, but, above all, it involves the weapon of comparison which is so suggestive and far reaching in its results.

I need not stop to indicate the changed point of view with regard to the usefulness of Chemistry and of Physics in medical education. When the student is asked to perform in the physiological laboratory experiments involving complicated

chemical and physical processes, it is obvious that his having committed certain formulas or equations to memory is not going to be of any service to him, and thus the practical study of Physiology involves a previous practical training in Chemistry and Physics. Furthermore, the clinician is continually using more and more complicated methods in his diagnoses, which require a high degree of technical skill in these sciences.

I would here advert to the remarkable change that has come over this preliminary scientific education for medicine, even since my own student days, when the change was just beginning. Practical Anatomy was not then only employed as a means of informing the student as to the structure of the human body; it was the discipline in which habits of accuracy, of thoroughness, deftness of finger and dexterity of manipulation were taught, and. indeed, the dissecting room was almost the only place where they could be learned. Now it is far otherwise; the student must early learn the use of the microscope as a tool, his work in the biological, chemical, physical laboratories all contributes to his training in the directions above indicated, and must all share in the time-table. How necessary is it then, in view of the less amount of time that can be spared for it than in the past, that full advantage should be taken of the most scientific way of learning anatomy, and that mere feats of memory should be discouraged.

Having thus justified, as I think, the inclusion in our medical curricula of the various sciences to which I have referred and perhaps alarmed the entering student by showing him that his memory on which he may have depended so much during his past education is now not everything, but that he must bend all his other faculties of observation, of reasoning, of co-ordination of the brain and hand, to acquiring a real knowledge of the principles of the sciences in question—having justified the inclusion of these sciences, I would now venture to offer some hint as to how this real knowledge of them acn best be acquired.

The student must, of course, early realize that he cannot repeat for himself all the investigations with the results of

which he must be familiar, but he must be sufficiently personally familiar with investigation to be able to interpret the results of others in the light of his own experience in the laboratory.

The German poet Goethe has some lines which well embody the necessity for practical experience before the work of others can be fully appropriated by us. He says :—"That which thou hast inherited from thy forefathers thou must work for in order to possess."

Indeed you will find that hard work is necessary to secure such possessions. I hope you may all have the opportunity of reading the admirable address which Prof. Osler delivered to our students in Toronto on the subject of work as the key to success.

One of the first lessons to be learned in regard to such work is that difficulties have to be surmounted, not skipped.

Montaigne in one of his essays says :—"If in reading I fortune to meet with any difficult points I fret myself about them, but after I have given them a charge or two I leave them as I found them. Should I earnestly plod upon them I should lose both time and myself, for I have a skipping wit." But in your studies you must avoid this skipping wit. Some of you will learn more easily from the printed book, others from the spoken word, but both must bring the difficulties you encounter and which you find to be invincible without assistance, even after you have manfully wrestled with them, to your teachers, who will only be too glad to see your interest in your work.

One of the difficulties which the young medical student encounters at the outset of his work is the language of science —the flood of new terms which threatens to submerge him. He must make up his mind to refuse to be submerged, and with this end in view he must systematically devote a portion of each day to the revision and mastery of his new vocabulary. No sooner has he begun the study of his bones than he meets with words like synchondrosis, perichondrium, endochondral, etc. My advice to him is to find out exactly the meaning and the origin of such terms (the origin because his duty as a biologist is always to be looking to the origin and development

of things), and with this end in view he must have a good dictionary at his disposal. Not only should he use that faith fully, but he should purchase an indexed note-book and enter each of his new acquaintances in it as it arrives, and he will soon find, if he diligently revises his word-book, that his method is furnishing him with a key which helps him to interpret and to retain easily new permutations and combinations of the roots he learns. Indeed, if he perseveres, he will be surprised at the large number of Greek words which he has acquired, and may be led to ask whether his matriculation studies should not have included some knowledge of the language of the Fathers of Medicine.

If he applied the method I have indicated to his anatomical studies he will certainly acquire an insight into the history of the science he is beginning. I observed the other day that some freshman had chalked up on my blackboard the cryptic words: "Torcular Herophili"; he had evidently just been introduced to them, and was proud of his acquaintance, but if his curiosity led him as far as the encyclopœdia, what an interesting glimpse he would have of the beginning of the science of Human Anatomy!

For the purpose of the simplification of nomenclatures we may agree to suppress some of these terms, but there will be a loss to the history of the science which will diminish our gain.

If our anatomical student persists in his effort to understand the words he uses, he cannot fail to learn something of that history; how that the sixteenth and seventeenth centuries saw a revival of anatomical learning, when men began to find out that it was better to take their facts from nature than from Aristotle and Galen; how Italy and Holland are, perhaps, more frequently represented by names like Eustachius, Morgagni, Sylvius, than they are in the anatomical literature of the last century; and how England stands out, even at that early period, with names which are just as much household words to the anatomist as we see in such terms as the Capsule of Glissen, the Circle of Willis, &c.

If, in addition to learning the language of his text-books, our student is very ambitious and after graduation desires to

see the world of medicine before he settles down, he will certainly have pangs of regret if he has allowed his matriculation French and German to slip away from him during his undergraduate days. Is it a counsel of perfection to advise him to guard against this in his summer vacation? A little drudgery with a dictionary every day is the secret of acquiring a reading knowledge of these languages sufficient for practical purposes. I do not mean that these languages are necessary for the purpose of getting the very best training in medicine, but a knowledge of them has other conveniences than those above mentioned in a country like ours where many languages meet.

Difficulties of terminology are not the only ones which beset the young student. He has been familiar from his youth with certain weights and measures, that is to say he has a certain hazy familiarity with inches, pints and pounds, but if you ask him how many cubic inches are in a pint, and how many pounds a pint of water weighs, you will generally find him unresponsive. But if he is asked to desert this clumsy system of weights and measures for a new and delightfully easy one, where a liter always contains a 1000 cubic centimeters, and where each cubic centimeter of water weighs a gramme, you will find that he is aggrieved, and that he is constantly thinking back to his familiar scales. He may have learned at school that a meter is 39.37 inches, but if you ask him to give you an idea of how long 500 centimeters is he will pull out a pencil and do a sum for you. Something else however is wanted; he should be in a position to call up an immediate mental image of 50 cc. or 50 mm. or 50 gr., and to do this he must constantly be measuring and weighing and estimating; he must have learned for himself how many centimeters are in a coffee cup or a tea-spoon, and to express the lengths and widths of familiar objects in the metric system. He always carries about with him some fairly reliable measures, for he can adjust his span to some 20 cm., and he will generally be able to command a cent and a five-cent piece to serve as measures of 25 and 15 mm. respectively. Let me assure you who have not yet got on such terms of familiarity with the metric system, that you will not regret some leisure moments spent in guessing

weights and measures. Then when your Professor of Physiology tells you that the heart sends out at each systole 188 kilograms of blood, you will not gape and wonder how much that may be, but be able to form an immediate mental picture of its volume.

Another effort of the same character you have to make is with the thermometer. You know a room is comfortable when it is between 65 and 70° F., but if I were to ask you to express that in the Centigrade scale, the pencil would again come out and the formula 5-9ths (F—32) = C is coaxed from some corner of the memory. You should know what the common temperatures you have to deal with are on both scales, so as not to keep one for everyday life and another for the laboratory.

I have spoken of the desirability of being able to call up a vivid mental picture of any weight or measure. You will find that the cultivation of this power of visualisation will be most useful to you in your work. You must be able not only to explain every ridge and tuberosity and foramen in the bones you are studying, but to put it away and be able to conjure up a vivid and accurate picture of the same.

And here comes another hint; if you desire to know whether you have thoroughly studied such a structure the only satisfactory test for yourself is the reproduction of your mental picture of it by your pencil. At first your efforts may be rude, but they will soon be sufficiently accurate, and if you persevere you will have acquired a habit and a method which will impress things on the memory far more easily and far more indelibly than any verbal memorization can do.

These three hints for study, viz., the effort to appropriate the language of science, and to acquire an intimate familiarity with it, also the cultivation of the power of visualization, are all that time permits me to offer you, but they will carry the eager student far in the first stage of his medical career, and will prove of inestimable service to him in its later phases.

Dr. W. L. Herriman, a member of the first graduating class in Medicine of Queen's, was then called and said :

MR. CHANCELLOR, LADIES AND GENTLEMEN AND FELLOW-STUDENTS,—

I desire to express my appreciation of the honour done me in allowing me to take part in the Medical Jubilee of Queen's University.

When I was invited by your secretary to revisit my Alma Mater on this auspicious occasion I was delighted with that part, but when he wished me to address the medical students I was sorely oppressed and hesitated long and nervously before consenting. I realize my inability to do justice to the occasion and crave your indulgence in my feeble effort.

I am quite well aware that I was remembered, sought, found, and thus honoured because I was one of the first graduating class in medicine, and am now the remnant of the same.

It naturally follows that what I shall say will partake largely of a disjointed and broken-backed reminiscence. A sadness falls upon my heart and mars the exquisite pleasure I otherwise would enjoy just now.

First, I must think of the seven students who with myself came here from Toronto to graduate. Where are they? Gathered unto their fathers, and I alone remain. Then, of my old and respected teachers, not one is left to greet me, the last one, Dr. Fowler, having passed to his rest a little over two months ago. Thus "Time, like an ever rolling stream, bears all its sons away."

I have been asked why we left Toronto and came to Kingston to graduate, and have seen some statements in the papers about that which were a little off from the true version. I will answer for myself, and I think that will be an answer for the others in the main.

For two years I attended lectures in the medical department of old King's College, which then became defunct by Act of Parliament and, I believe, mainly through jealousy and rivalry of the late Dr. Rolph. He, no doubt, was an able man, not only in his profession, but as a political manipulator.

He established a medical school in competition with the medical school of King's College University—that is what it was then called. There may have been some good reasons for his action. However there was keen rivalry between the two schools.

I have no doubt but Dr. Rolph and his few associates ground their pupils well and turned out good doctors. On account of the system of grinding we boys called his school the "Pepper Mill." Being forced to leave King's College I went to Trinity College medical school and attended lectures one session. That being the end of three years of my studies I was allowed to be examined in certain subjects, and if I passed I would be done with them. I understood that all prospective graduates must subscribe to the "thirty-nine articles" of the creed of the Church of England, but after passing I was told I could not graduate unless I was a *bona fide* member of the Church of England, which I was not. I was born a Methodist, have lived a Methodist, and am likely to die a Methodist. So I and others had to seek shelter elsewhere. We came to Queen's and graduated without any religious test.

I am pleased to see one here to-day; although not a member of my graduating class, yet he attended that session—the Hon. Senator Sullivan, and he appears very much alive. We had a very good lot of professors, considering how they were hurriedly got together, mostly from the older resident practitioners. Naturally some of them would be a little dull in their first attempt at lecturing, and as we boys were a frisky lot of three-year-olds, we soon fancied that we were quite ahead of some of the professors in a number of things. Boys will easily get into that state of mind. However, we all got on very smoothly. We have heard such a glowing eulogy of Dr. Fife Fowler to-day, which I fully endorse, that I need not say much in addition. I esteemed him very much. He was a noble man and a Christian gentleman, a model for young men to follow; and I am told that the virtues of his early life increased with growing age. Coming fresh from college he was well up in his subject, as we soon recognized. He was a very quiet and gentle going man. Not so with one we all

liked also—old John Stewart. While he was not very much as a lecturer, he was all right with the boxing-gloves, which he often put on and would stand well before any of the boys who felt like taking a tilt with him in his spare moments.

I must be honest and say that all the facilities afforded us at that time were very meagre compared with the elaborate arrangements for the students of to-day. I have walked through some of your buildings and am pleased, especially with the facilities for studying biology and chemistry. Then our rooms were small and not very commodious. Now you have large rooms and very many facilities for which to be thankful; also a score or more of teachers. Then a paltry half dozen served us, but they answered the purpose well enough and taught all that was taught in more pretentious colleges. They did not have so much to teach then as now. They had no knowledge of the germ theory of diseases, and of course nothing to say as to the prevention and cure of diseases on that basis. In some respects medicine and surgery were in a transitional stage. Typhoid fever was scarcely recognized as a distinct fever separate from Typhus. The text-book placed in my hands to study did not recognize it, nor was it recognized by Dr. Watson until a new edition that was published in 1857, two years after I graduated. There was great wrangling among the doctors. A few recognized it as a fever *sui generis*, separate and distinct from others, but more ignored its claim to that distinction. Now it is well understood alike as to its cause, nature and mode of treatment, and demands special care and study.

Many other ailments that now require careful attention and are successfully treated were then little known or understood and were allowed to end fatally.

Not a word was ever told us in a distinct manner about appendicitis, now the common terror of us all. Its treatment is a grand triumph of aseptic surgery.

Dr. Dickson was our professor in surgery, and I believe he was a skillful operator, and am told that he proved in after time to be one of the best surgeons of his day. Old Dr. Sampson, a retired army surgeon, was respected by all the

profession as a valuable consultant. But they never taught us a word about microbes or germs as the cause of diseases in those days. Nor was anything of this kind taught for more than ten years after I was graduated and sent out to practice upon the people. Although chloroform and ether were being used as anaesthetics then, yet I was sixteen years old before they were used to assuage the pains of surgery or those other pains, for the relief of which our mothers are profoundly thankful.

With the use of anaesthetics and surgical cleanliness triumphs have been made over diseases and injuries which to the older men would appear miraculous; and cures have been wrought where in former times the patients were doomed to death. Then patients would shrink from the operating table, while now they take to it as readily as they would lie down upon a slumbering couch. The operator deliberately explores cavities, removes tissues, and makes delicate dissections at his ease, and can insure a radical cure of ailments once deemed irremediable. A few minutes more taken now in an operation do not count; formerly the rapidity of an operatton was its chief merit. Time is an element not to be ignored, yet speed is not essential to efficiency when pain is not a factor.

Then we were not required to protect our patients against the swarms of germs ready to infect the wounds and abort our best efforts. They were then present, as well as now, and too often successfnlly got in their deadly work, but they were not known as a cause of failure, and we made no campaign against them because we did not know them. Now the surgeon's most careful clinical skill is required to contend against a host of pathogenic microbes, now known to fill the air and darken council. Then there was no attempt at surgical cleanliness, now the surgeon must clean his hands by a most elaborate system of washing and scrubbiug and brushing and picking and soaking in chemical lotions, deadly to all microbes, and observe the most scrupulous care in other respects to insure perfect cleanliness.

I cannot describe, but can faintly imagine, what a revelation it would be to some of the older surgeons if they could be

aroused from their lethal sleep and introduced into one of our thoroughly clean, properly equipped, germ-proof operating theatres to witness a critical operation under the modern technique, and to follow the case and note the rapid cure that follows operations under modern cleanliness. They would be gratefully surprised.

Imagine the aggressive little surgeon Dickson advancing, and the larger Dr. Sampson looming up behind, and another whom I did not know, for he died before I was sixteen years old—that is before chloroform was used. Let them come in just as the operator removes such articles of clothing as might have germs on them, dons his clean, white, disinfected robe—after having thoroughly cleansed his hands—his assistants also being as carefully groomed as himself. The trained nurses likewise going through the same routine, clad in spotless garb and white caps, stand around ready aids. The instruments are either boiling in hot water or being bathed in chemical solutions, with needles, ligatures and sutures. By this time, I think, they would become puzzled to know what all this fuss is about, and still more surprised when they saw no sponges around, but instead wads of cotton being boiled for use. Let one of the young assistants, out of courtesy, try to explain what is going on. He points to a shallow tray in which some instruments are placed. "This," he says, "is a solution of carbolic acid, 1 in 20, and that a solution of bichloride of mercury." Little Dickson would likely say "all new to me—for such uses." You tell them, these are used to destroy all germs of disease lest they infect the new made wound, set up suppuration and other unfavourable processes, and thus prevent a rapid cure. He would reply, "it is all very strange. When I lectured to the boys at the college I always praised the appearance of 'creamy, laudable pus.' My wounds did better when bathed in it." "But," you tell him, "we consider the presence of pus odious; we destroy, if we can, all causes of it." Our visitors turn to leave just as the operator deftly and boldly opens up the abdominal cavity and, rummaging around in the bowels, picks up and clips off whatever diseased portions he finds, or stitches up rents and holes as you would

mend a torn garment. He then closes with needle and thread the wound he had made, dusts on a little powder and applies a pad and bandage, all of which have been carefully disinfected. The article once disinfected was not allowed to again touch an unclean thing. Even the boiled wads of cotton were handled with disinfected forceps and used instead of sponges. In this case you inform our visitors that it is an operation for appendicitis, to save life. Again you are told that they never heard of such a disease, and while the patient is being wheeled out in a state of blissful unconsciousness of what has happened, giving no evidence of suffering, the third party, who had watched the whole process in bewilderment, was especially surprised at the effects of chloroform, for he had never heard of its use although he lived until I was sixteen years old.

In these days of aseptic surgery and anaesthesia many are the triumphs of the surgeon's knife that the older men would have rejoiced to see. Doubtless many abdominal operations were performed and tumors removed long before the germ theory was established, but the results were so unfavourable that many surgeons would not attempt them at all and condemned them as unjustifiable in others. The sacrifice of life either with or without operation was very great. Now these operations are undertaken as readily as the minor operations and with every hope of a favorable issue.

The remedies and the treatment of diseases have changed very much. Then the staple "stock in trade" was to bleed, blister and give calomel. But, though each remedy had bold advocates and was useful in some cases, even now holding feeble grip, all have fallen greatly into disfavor. Then every doctor had in his pocket a silver or leather case with two or more lancets. If a patient was feverish or had symptoms of inflammation, the lancet was called into immediate use and from ten to twenty or more ounces of blood were removed by venesection, generally from a large opening and with the patient in a sitting posture, as the more likely to induce syncope with least loss of blood. This, or a near approach to it, was a result looked for.

I recollect that in Toronto General Hospital a patient was admitted under care of one of the most scientific and learned pathologists of the day, as he had shown symptoms of fever, and a cough. Out came the lancet and a free bleeding followed. Next day the patient was rapidly sinking. This case proved to be one of hectic fever. The doctor, seeing the ill effects, said he had not bled a patient for some time before, and would not bleed one again for a long time. Just at this period bleeding was losing favour.

Some of my text-books recommended bleeding and repeated bleedings in the treatment of scarlet fever and other cases, which now would be considered criminal practice. We seldom now see a patient bled for any disease whatever, and very few doctors have a lancet in their vest pocket as of yore. Even so with the use of calomel, which was such a universal remedy that in almost every disease it found its indication.

"If Mr. A or B is sick, send for the doctor and be quick,
The doctor comes with right good-will, but ne'er forgets his calomel."

Then it was not unusual to give ten grains at a dose, sometimes many times that. Now we have triturates made containing only the one-tenth of a grain, and by the judicious repetition of these minute doses we obtain more satisfactory results with less liability to unpleasant complications. Blistering with cantharides for pains or inflammation was often carried to brutality. I have seen patients blistered until the integument was removed from the chest, abdomen and side to such an extent that if the same condition was produced by a burn or scald we would expect a fatal result. Now very little use is made of this cruel remedy of doubtful utility.

While many of the older remedies are still in use and cannot be superseded, we are flooded with new therapeutic preparations to a bewildering extent, and it will require great discretion in the young doctor to make a wise selection and not to discard some of the older ones that are as useful and less harmful.

We live in a time when caution is our motto and the balance-wheel of our action. We study our patient as well as

the disease, and take into consideration the conservative and curative forces of nature as much as the effects of our therapeutic remedies.

In view of the rapid advancements made in all branches of our profession, it behooves any one who studied fifty years ago to be an assiduous student if he does not want to be left in the back ground.

Nothing has caused a greater revolution than the discovery by Pasteur of the microorganism as the cause of diseases and the "holy war" waged by Lister in combatting the effects of their insidious work.

As the change in the mode of treatment of many diseases, and especially in handling surgical cases, is so radical, you can readily understand that I had to unlearn much that had been taught me in the old schools and to grapple with and take in all the advanced ideas and modes of treatment. Much of it could be learned readily from current medical literature, but after many years of surgical practice in the old and careless manner, it was no easy matter to drop into the new aseptic practice. But it was my bounden duty to do so, and I therefore read carefully the literature on the subject, attentively scanned the ways of graduates of the new school, and visited hospitals in search of new light.

On one occasion, while in the Montreal General Hospital, after carefully watching the doctors preparing themselves for an important operation, I had my attention fixed on one of the nurses who seemed to be taking very great pains with herself, washing and bathing. Just then she had her bare arms immersed in a solution of permanganate of potash. She observed my attention fixed on her and, looking smilingly at me, said "Doctor, you see we nurses have to do a good deal of washing and scrubbing here."

But, better than all, my son, who had graduated recently from one of these clean schools, and was well trained in all the new microbic ideas, practised with me for a length of time. He was very particular with himself in all operations, so much so that I often thought him quite too exacting. However, I was a willing student. On one occasion, when I was about to

operate, I thought I had prepared myself quite sufficiently for the occasion, having gone through quite a process of purification; yet even then my son looked pathetically at me and said, "Father, you may be clean, but you are not surgically clean." That settled me, and I had to undergo further scrubbing. I mention this to show how hard it is for an old doctor to learn the new process, and yet we must be wholly clean. To be half clean is not clean at all.

My fellow-students, I appeal to you to make the best of your splendid opportunities, and not only learn the theory, but practice the art, of surgical cleanliness, so that when you go out to practice you may be thoroughly prepared for every surgical case. Be assured that if through ignorance, carelessness or indifference you infect the wounds of your patients so that they die of blood poison or other complications, you are morally, if not legally, guilty of manslaughter.

In conclusion, Mr. Chancellor, allow me to congratulate you on the mighty strides your medical school has made since the day I graduated. With your excellent equipment and skilled and efficient staff of professors no young man need go hence for a sound medical education, and while you still feel some degree of financial stringency, I hope that some millionaire, who likely will be a Scotchman, will discover Queen's University and so replenish her treasury that soon she will not only be the University of Queen's, but the Queen of Universities.

Dr. McMurrich of Ann Arbor, Mich., then said:

MR. CHANCELLOR AND GENTLEMEN OF THE MEDICAL FACULTY:—I bring greetings from the sister University of Michigan, an elder sister I may call her, inasmuch as it is now three years since we celebrated at Ann Arbor the Jubilee of our Medical Department.

It is, I believe, a matter of great congratulation for a medical school to grow up beneath the oegis of a great University, for a close association with a department of Arts can-

not but stimulate that true scientific spirit which is the most important requisite for the development of an efficient and thorough medical department. Nothing can be more important to the medical student than that he should have a thorough scientific training, a training in which it is not so much the facts that count as it is the education in observation and deduction. His whole life as a practitioner will be devoted to making accurate observations and logical deductions, and his success will depend upon his cultivation of the scientific spirit. For science is observation and deduction. Facts alone are not science, they are but the material upon which the scientific mind may work. The essential of a good medical education is that it shall develope in the students the scientific spirit, that it shall train their powers of observation and teach to combine with accurate and thorough observation careful and logical deduction.

I believe that the medical student as a whole is lectured at too much. I do not mean that he should spend less time on his medical education, but that he might, with greater advantage to himself, spend many of the hours devoted to lectures in the laboratory developing scientific habits of observation and thought. Facts, such as he may acquire from lectures, are valuable enough in their way, but far more valuable is the power to observe facts for oneself and to know how to make use of them. I believe that the cultivation of science for science's sake should be the key-note of the propaedeutic years of a medical education, and the influence of association with a University in developing this tone cannot fail to be great.

Again, Mr. Chancellor, the University of Michigan sends you greetings, congratulations and good wishes.

Sir William Hingston, representing Laval University, was the next speaker. We regret that we are unable to present our readers with a verbatim report of Sir William's remarks. His address was replete with sound and kindly advice to the students, the whole tenor of his remarks being to give them a

higher and a nobler idea of the profession they had chosen. When he had finished the general feeling of those present was that Sir William had done much to raise the tone of the Medical student and the Medical professor, educationally, socially and morally.

University Banquet.

On the evening of October 15th, a Banquet was held in the City Hall. During the evening Sir Willliam Hingston proposed the toast, "The Medical Faculty of Queen's University." In the course of his remarks Sir William took occasion to compliment the Faculty on its success, referred in very flattering terms to the work done by members of the Faculty in earlier days, especially mentioning Dr. John R. Dickson as a surgeon and as a teacher.

Dr. Herald, at the request of the Committee in charge, replied as follows:

Mr. Chancellor, Ladies and Gentlemen,—

In replying to the toast which you just now so enthusiastically honored, permit me first to thank Sir William Hingston for his kindly and courteous words in proposing the toast. These words of good-will and commendation coming, as they did, from one who is a member of a sister Medical Faculty, reflect credit upon the speaker and demonstrate that the best of good feeling exists between the Medical Faculties of Laval and Queen's. I would assure Sir William and the University he represents that the members of Queen's Medical Faculty appreciate his expressions of good-will and fully reciprocate them. We have been complimented upon our success. I am pleased and proud to say that we have been successful. Commencing our career with only 23 students, we now have on our rolls over 200. There have graduated from our halls over 1,000 young men who have gone into practice in every quarter of the globe and come into professional competition with the graduates of all other schools. Their career demonstrates the success of Queen's Medical Faculty. This success, permit me to say,

has not been achieved without difficulty. We have had to contend against opposition, friendly, it is true, from without, and against lukewarmness, if not opposition, from within. Situated as we are, with Montreal to the East and Toronto to the West, we have had to contend against two powerful centres of medical education. Queen's is situated in a small city and, consequently, the material at the disposal of the professors of Clinical Medicine and Clinical Surgery is somewhat limited. Anyone who knows anything about medical education realizes how important clinical teaching is. I am happy to say that this disadvantage has been greatly lessened within the past two years, as our students now have the advantage of clinical instruction at both the General and the Hotel Dieu hospitals. There have been those connected with Queen's who not only thought but said that there was no room for a medical school in Kingston. Even Principal Grant for years was of this opinion. Before the close of his remarkable career of self-sacrifice and devotion to Queen's he was convinced of his error and he was great enough to publicly acknowledge that he was wrong. The success of the Faculty convinced him not only that there was room for a medical school in Kingston, but forced him to the conclusion that there was a work for it to do, and that it was doing that work well. The simple fact that the Faculty has existed for 50 years, surmounted all difficulties, and gone on from year to year prospering and becoming more and more efficient, is proof, if proof were needed, that there is not only room for Queen's Medical Faculty, but that it is a necessary part of the educational force of the Province. Permit me to say, further, Mr. Chancellor, that the Medical Faculty has not been content to remain stationary. Medical education to-day differs very materially from medical education of, say even 10 or 15 years ago. Then the teaching was mainly didactic. Now it is largely practical. This change in the methods of teaching necessitated great additions to the equipment of a medical college. Queen's Medical Faculty has endeavoured to meet the modern requirements, and so laboratory after laboratory has been added and equipped so that we feel that we can say to intending students: "You can receive at

Queen's as practical a training as you can elsewhere." The results of competitive examinations, where the students from all our colleges meet on an equal footing, have demonstrated that what we say is true. I have felt, Mr. Chancellor, that I could thus freely speak of what Queen's Medical Faculty has done and is doing because the foundations for those successes had been laid and much of this success had been achieved before I became a member of the Faculty. As a younger member of this Faculty I gladly give all credit to those who have gone before and willingly assume my share of the responsibility of making the future of Queen's Medical Faculty worthy of its past.

Gentlemen, I again thank you for your cordial reception of this toast, and, Sir William Hingston, on behalf of our Faculty, I once more thank you for your kindly words of approval and commendation.

COLLEGE NEWS.

AT a recent meeting of the Board of Trustees of the University, Dr. J. Cameron Connell was elected Dean of the Medical Faculty, which office had become vacant in the death of Dr. Fife Fowler. The late Dean had held this honorable office since the reorganization of the Faculty under the direction of the late Principal Grant and discharged his duties faithfully and with honor to the College. We are confident that the new Dean will not dim the lustre of his predecessor but rather increase its brilliancy. The Trustees before making the appointment, consulted the Faculty as to their choice in the matter, and it is gratifying to know that the choice of both bodies fell upon the same gentleman. Elsewhere will be found a short sketch of his academic and professional career.

General regret was felt by all concerned that Dr. John Herald felt compelled to resign the office of Secretary-Treasurer of the Medical Faculty. Through years of service he had become very apt in the discharge of his many and onerous

duties and came to be regarded as a "vade mecum" in all things pertaining to the Faculty.

Dr. W. T. Connell has been appointed Secretary-Treasurer. He assumes his duties well qualified to successfully discharge them and having the full confidence of the staff. He will have an office furnished in the Medical Building where he can be seen at regular hours, a change that will be a great convenience to students and professors alike.

Dr. A. R. B. Williamson, who for some time has been assistant to the Professor of Pathology, has been appointed lecturer in Jurisprudence and Toxicology, taking this work to relieve Dr. W. T. Connell who was appointed Secretary.

The attendance of students is in advance of last year, and reaches high water mark for Queen's Medical School. Among recent arrivals are seven from Jamaica and four from Barbados.

We note with pleasure that Dr. H. H. Chown, '80, is the efficient Dean of the growing Medical Faculty of Manitoba University, and that Dr. Reeve of the class of '65, occupies a similar position in the new federated Medical Schools of Toronto and Trinity.

Any of the Universities of North America or the Islands of the Sea requiring Deans for their Medical Faculties, may communicate with Dr. W. T. Connell. (All communications will be considered strictly confidential. Man'g Ed.)

PERSONALS.

Dr. C. P. Johns, '00, secured his M.R.C.S., England and L.R.C.P., London last year, since which time he has been assistant in St. Pancras Infirmary, London, and during the last few months owing to the illness of the chief medical offieer, has had full charge.

Dr. Hiscock, '00, has recently secured his "Triple" in Edinboro, M.R.C.S., L.R.C.P. and F.O.S. He will remain some time yet in London.

Members of '02 will regret the continued illness of Dr. St. Remy, late house surgeon of the Kingston General Hospital. He is at present at East Orange, N.J.

Dr. Haig, '91, has resigned the appointment of Medical Superintendent of the Kingston General Hospital which he has held for the past four years. He leaves about the first of the year for England.

Dr. H. E. Gage, '02, has purchased the practice at McDonald's Corners, Ont., from Dr. Downing.

Dr. J. V. Connell, '02, has secured the triple qualification at Edinburgh. He has returned home for a few weeks and has been offered a good position in one of the New York Hospitals.

Dr. M. James, '87, M.P.P., Mattawa, spent a few hours in the city recently and called on some of his old college friends.

Dr. E. A. Croskery, '97, is in practice at Wheatlands, Wyoming, and is in good health.

Dr. G. F. Dalton, 02, is in London, England, where he will spend the next year at the Hospitals.

Dr. Geo. Reid, '03, is House Surgeon in the Homœopathic Hospital, Montreal.

Dr. C. G. McGreer, '03 of Napanee, has gone to Britain.

Dr. W. R. Mason, '02, has been Surgeon on one of the C. P. R. Atlantic liners during the past season.

Dr. Murphy, '03, late House Surgeon of the Kingston General Hospital, has purchased the practice of Dr. W. N. Condell, '98, at Spencerville. Dr. Condell goes to Calgary.

Dr. Leonard Mylks, '03, is in practice at Bakersfield, Vt., where Dr. Neil Carey, '02, is his neighbor.

Dr. F. M. Bell, '03, is in New York, House Surgeon in the Hospital on Blackwell's Island.

The Canada Lancet says, "Dr. D. E. Mundell, a professor of Queen's Medical School, has just issued a 500 page book on "Anatomy Applied to Medicine and Surgery." The book is well illustrated by W. C. Brown, a clever student."

The remains of the late Dr. Donald McLean, of Detroit, were cremated and the ashes deposited in Cataraqui Cemetery, where a monument has been erected to his memory.

Dr. Lee, who attended a part of a session in '97-'98 and who since graduated at Grand Rapids, Mich., is taking a post-graduate course at Queen's.

CANADIAN MEDICAL PROTECTIVE ASSOCIATION.

THIS Association has rendered excellent service to the profession since its organization two and a half years ago. It has recently defended successfully Dr. Watts of Moose Creek The case of Dr. Bird of Gananoque who has to defend an action for damages for tetanus following vaccination, has been taken up by the Association. It is the duty of practitioners in Canada to support the Association. The annual fee is $2.50, and forms of application can be had from the Secretary, 70 Elgin Street, Ottawa.

PARKE, DAVIS & CO.

DURING the past summer I had the pleasure of inspecting the works of Parke, Davis & Co., at Walkerville and Detroit. I do not pretend to give a description of their immense plant. The impression that was indelibly fixed in my mind after going carefully over the whole establishment, was that Parke, Davis & Co. is a firm to be relied on. Every care and precaution is taken to see that the drugs used are pure—that they are standardized and that in the various pharmaceutical compounds the different ingredients are brought together in their proper proportions. Many of their manufacturing processes are carried on by machinery which is almost human, and one cannot help feeling he who attempts to make his own mixtures is wasting his time and turning out an inferior article. A visit to their stables where various animals, mice, guinea-pigs, horses and cattle are carefully prepared, and from which are obtained serums and vaccine is alone worth a visit, and again convinces one that this firm takes all precautions known to modern science to produce a pure and reliable article. Their science laboratories are devoted to research work in pharmacology, chemistry, physiology, bacteriology and sero-therapy. Men trained in these departments are constantly engaged in research and the firm cannot be too highly recommended for their efforts and expenditures in these departments. Altogether the visit was an enjoyable and instructive one, and one that any physician who can possibly do so would do well to make.