

Chap VI

1028/70/23

CUS417/70.23

1874

act. 25

The young Professor is Dr. O'Neil

After his year absence he returned home to Dundas with ample pockets
~~money~~ and ^{quite} ~~money~~ for a job. Apparently Dr. Charles O'Quilly, a
 McGill graduate of 1867 ^{who had long been} was at the time Resident Physician at the
 City Hospital in Hamilton and it appears that for a month he acted
 in his *locum tenens*, ^(it is said) for the consideration of \$25

and a pair gold fashioned elastic sided boots which had proved
 too small for Charles O'Quilly, ^{though} ~~though~~ ^{this may be} However he was not long left in
 uncertainty as to his future.

There is a tradition ^{for a time} ~~that~~ for a time he assisted Dr. Walker a
 local practitioner in Dundas and later on served for a month
~~as~~ as *locum tenens* for Dr. Charles O'Quilly, ^{a McGill graduate} ~~who had long~~
 been Resident-Physician at the City Hospital in Hamilton. O'Quilly
 was Dr. Walker's ^{brother} ~~brother~~ in law and tradition also relates that ~~he~~ ^{order}
 took the post for the consideration of \$25

Don Palmer Howard

My dear Sir -

(Original)

47 Union(?) Avenue
July 6th 74

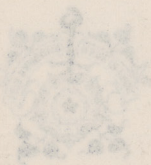
atrophy first appears in the tract as a peripheral degeneration with respect to the retinal ganglion-supporting cell and the point of pressure.

A section midway in the anterior third of the tracts (figs. 14 and 15) shows this phenomenon very well. The sections are cut somewhat slanting and viewed from the front, ~~centrally~~. In the right tract (fig. 15) the crossed fibers, and in the left tract (fig. 14) the uncrossed fibers show definite degeneration. Meynert's commissure is well made out as an additional landmark. The line of demarkation between the crossed and uncrossed bundles is hazy, ^{owing to} ~~showing well~~ the characteristics of interweaving pointed out by Henschen. Of these two degenerated tracts, the right uncrossed (= nasal field) is not much more advanced than the left crossed bundle (= temporal field), which shows there was not much interval in the time of their loss because the temporal defect in the right eye has already a corresponding area of atrophy in the ventral crossed bundle of the left tract.

Grö Canadian Med. Socy. Journal

June 1883, Dec. ~~1883~~ 312-314
XII

Edmund Docton Spies



THE AGONY CLUB
LONDON

Campbell

On the following day he wrote the Dean ^{formally} accepting the position and sent an ~~his~~ scribble to his friend in Sanderson's laboratory.

undated

To Sir Edward Schäfer from W.O.

The Rectory,
Dundas,
Ontario.

[July 1874].

My dear Schäfer,

I daresay you will be glad to hear that I have got the appointment of Lecturer of Medicine at McGill College, Montreal - the post I was on the look out for, but did not expect so soon. It is worth at present about £200 per annum and may be worked up to £300. Of course I must go in for private practice as well, but that is slow in coming so that I will have all my time to prepare the Lectures. We are having a hot summer and I have wished myself back in England more than once lately. I don't like the extremes of climate here. Give my kind regards to Drs Sharpey and Sanderson and also to your people at Highgate.

Believe me,

Yours sincerely
WM OSLER.

~~During a visit to Paris~~

V.O.S. nil; V.O.D. 15/40. Fundus shows no change.

April 13. The restored vision on the right has again been rapidly failing, and three days ago light perception entirely disappeared. She is at present totally blind though the pupils react sluggishly to a bright light.

April 17. Operation III. Second transfrontal operation. The bone flap was re-elevated and the chiasmal region was again exposed, with a second evacuation of the cyst, which had completely refilled. An attempt was made to permanently drain the cyst by the placement of linen threads.

On recovery from the anaesthetic it was found for a second time that vision had returned in the right eye.

April 23. Fields ^{as in} ~~as in~~ (fig. 4.) V.O.S. nil; V.O.D. ~~15/40~~ ^{20/50}

April 25. Field narrowing. V.O.S. ~~15/40~~ ^{20/100}

April 26. Again total blindness.

She remained completely blind for the following ten days, ~~when~~ realizing that the procedures by the subfrontal route were ineffectual, an attempt was made to enter and drain the cyst by a callosal puncture.

May 12. Operation IV. Callosal puncture. After primary puncture of the lateral ventricle with the disclosure of a suspected internal hydrocephalus, the usual callosal puncture alongside the falx was made, the trocar being inserted well into the region of the third ventricle. There was no prompt return of vision as on the former occasions, but by May 18 she was able to recognize attendants, to count fingers, and to tell colors.

1845
1865
70
4

Meanwhile during his ^{journeys} ~~stay~~ in Dundee and Hamilton he cemented
a friendship in the subsquent did ~~not~~ ^{not} where he landed, with members
of the local Profession and he never failed in particular to recognize
himself with the older members of the Profession. An especial friendship
was established with Dr. Archibald Mulloch ~~the~~ a fine Scot, one of his
pupils and the leading surgeon in Hamilton, ^{the} ~~the~~ ^{earnest} ~~the~~ ^{of his} ~~the~~ ^{for}
and interest in the local Franchises ~~in~~ ⁱⁿ ~~the~~ ⁱⁿ ~~the~~ ⁱⁿ many
of his writings. ^{for example} ~~an~~ ^a Dr. Core ^{father} ~~who~~ ^{to} in 1809 when four
year ago had been brought from Pennsylvania to upper Canada. For fully
forty years he had occupied a house on the corner of King and Walnut Streets
in Hamilton

and for years after he had given up his practice he sat in the window and
welcomed to his numerous acquaintances or reminiscences with those who would
visit to him and order ~~was~~ ^{was} never failed ~~to~~ ^{to} call on him when
passing through. ~~It~~ ^{It} ~~is~~ ^{is} ~~found~~ ^{found} ~~the~~ ^{the} ~~following~~ ^{following} ~~edition~~ ^{edition} ~~entitled~~ ^{entitled} "Doctors byes"
Some years later order was

End here

When the old house was finally demolished in 1894 the door was saved and
is now in the Hamilton Museum at ~~St. James~~ ^{St. James} Park
Dundurn

and for our present purposes it may merely be said that on the patient's admission there was total blindness, with atrophic pallor of the left disc, in which the first perimetric change, noticed 7 months before, had been a nasal hemianopsia. The right eye, which showed a low grade of choked disc, was in an early stage of a temporal hemianopsia (fig. 10.)

The patient died after a subtemporal decompression undertaken for the relief of his marked general pressure symptoms. The autopsy disclosed a large hypophyseal adenoma which had extended far into the third ventricle and into each temporal lobe.

Discussion. The nerve on the left (fig. 12), ^{is smaller than the other and} the blind side, shows some diffuse degeneration; the nerve on the right shows none (fig. 13).

~~Thus~~ The duration of blindness and the condition of the vessel-free portion of the optic nerve were very similar in this case and in the preceding one. In Case I, however, ^{since} the chiasm and tracts were reduced to mere ribbons, ^{The} and histological examination was fruitless, but here, though they were undistorted and appeared normal, nevertheless, they ^{they showed} showed, as would have been presumed, more marked degeneration than ^{did} was present in the nerves. For it is natural that with chiasmal pressure,

1874,

There is an account book for this period in which every item is entered. Tips for baggage and so on; beginning August 1874. Fare Hamilton to Montreal, 12.50 and almost his first

On Sep. 4 stethoscope... 50 cents, and the next day Church... 55 cents. The church entries are very frequent - oftener than once a week at this time. On Dec. 23 - "Frank" \$ 10; Life of Christ, \$ 6; Photos, \$ 6.

Aug 1874-1875 Expenses &
Income 1873
(Cash 1129)
Total Expenses 1874
\$ 655.32

entry in Montreal
Fees for Desk and Chair on acct. 12.25
Book Case, on account " 12.35
Ink & Case 8.00
Subscription to "Churchman" 3.00
Born Bill Dawson 20.00
Rent room \$10 per month.
~~Board at~~

July 27 1875

Harbourn Co Stethoscope 100.00



He must have gone on to Montreal ^{in August judging from} (An account book of this period ^{which} has been preserved, ^{his} the last in which ~~he attempted to keep track~~ of his expenditures. ^{he itemized} It begins "Fare Hamilton to Montreal 12.50" and his first entries in Montreal are as follows:

9
We are Charlie O'Reilly, board up for Sophie sake since she

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Apparent or Palmer Howard insistence ~~to be~~ furnished a room and ~~to be found in office~~

found in a single on Padegaud Street Below Beaver Hall Hill in the lower part of Montreal. I thought it was not after that any patients were

was attracted there by word had they been that he would have been found. Later on he rented ^{upstairs bedroom} a room and ^{usually, my lecture, on the corner of} office, from Dr Grand

Buller was was engaged in the ophthalmic

practice (Buller had himself opened, ^{St Catherine Street} During the remainder of his 'The Landlords' office was on the first floor and Montreal joined the university ~~was~~ as Buller's Tenant: ^{an occasional} student subsequently occupying other rooms in the house.

This arrangement was Mr. Gile is shown by this note, to the local medical journal the ~~faculties~~ month of before ^{which appeared} his arrival.

From CANADA MEDICAL & SURGICAL JOURNAL. 1874-5. Vol. 3. p. 94.

from MCGILL UNIVERSITY.

The following changes have recently been made in the teaching staff of the Medical Faculty of McGill University. Professor Drake has, owing to ill-health, been obliged to retire from the performance of the active duties of his responsible position as teacher of Institutes of Medicine. He will still, however, retain his Professorship. Dr. William Osler has, in consequence, been appointed by the Faculty as Lecturer on Physiology and Pathology, and will begin his course at the opening of the session in October next.

This first time for which he had ~~too~~ little time was to prepare the formal lecture for the year and he ~~was~~ ^{or later confessed by} ~~was~~ ^{framed} himself over the task.

When I returned to Montreal in September, 1874, the Professor of the Institutes of Medicine had had to retire on account of heart disease, and instead of getting, as I

had hoped, a position as his demonstrator, the faculty appointed me lecturer with the ghastly task of delivering four systematic lectures a week for the winter session, from which period dates my ingrained hostility to this type of teaching.

"The Medical Clinic" Ref. 12. 1913

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" " " " 1/15 M J 1914

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Low case

CASE I. (P. B. B. H. Surg. No. 789.) Interpeduncular
cystic tumor with bitemporal hemianopsia advancing to blind-
ness. Temporary restoration ^{of vision} after operation. Death.
Examination of nerves.

January 11, 1914. Admission of Miss Anna S., aged 41,
 referred by Dr. Sherman Voorhees of Elmira, N. Y.

She had had good health until August, 1913, when after
 a severe headache with vomiting she found that her vision
 was blurred and that she saw double. Following this her
 menstruation ceased and she thought herself pregnant. On
November 15th, ^{1913,} Dr. Voorhees found a bitemporal hemianopsia.
 Since December 25th the left eye has been blind. She has
 gained 20 pounds in weight but there are no clinical endo-
 secretory manifestations. The X-ray shows a normal sella.
 There have been definite psychoses suggesting frontal lobe
 involvement.

Examination of eyes. No exophthalmos, ptosis or squint.
 Movements normal but with slight nystagmus. Pupils slightly
 unequal, left larger than right; react together to light and
 accommodation, but the left reacts very sluggishly, if at all,
 to light and consensually. Direct pupillary reaction on the
 left nil, indirect normal. Fundus: O.D., disc margins clear
 but not narrowed: optic cup present, moderate depth: lamina
 cribrosa sharp. Disc pale but not glistening. Pallor more
 marked on left than on right. Slight nasal hyperaemia.
 Peripheral fundus normal. Fields (fig. 2) show complete

lesion was anterior and comparatively recent rather than posterior and of long standing, still we anticipated no difficulty in identifying in the nerve sections the degenerated fasciculi, involvement of which was indicated by the character of the perimetric defects.

But we found that this relation of field defect to fascicular atrophy was far less definite than we had expected and in many instances was difficult to determine.

The following case, which may be cited in illustration, shows that after a complete blindness of six and one-half months' duration in one eye, following a bitemporal hemianopsia which had persisted for nine or ten months, the amount of atrophy found in the optic nerves was hardly noticeable.

Heurist memo for his Christmas recess paying a visit en route with

Prof. Leach for Montreal to have a visit of his Toronto relatives. ~~and~~ while
Usher was characteristically when he dropped in to pay his factory to give a
welcome to ^{the} newly appointed professor ~~of the~~ ^{to introduce him self and} Biology of Biology in the
Toronto School. ~~That was~~ Pausanias Wright, ^{for it was he,} ~~who~~ had been recently arrived

Who had come from Edinburgh.

in Toronto and he recalls that Oakes, behaving like an old acquaintance,
stated that he had honoured his brother Edwards surgeon, was sent out
to his old preceptor in London and would be out to stay. They found

Usher's ^{wearing} ~~casual~~ ^{and} ~~cross~~ ^{with his old necktie} and ^{before this} had left him to go and live with one
of his sons. They had a single meal together, which Johnson prepared,
taken off a ~~fine~~ ^{plain} deal table and they sat on a pine board seat.

But there was lots of natural history, particularly of animal parasites and
of some of the entozoans they had found and observed but were unable
to identify. One of these, in particular, a trematode worm found on the gills
of a murex Professor Triffitt subsequently became interested in and

described in full in his first ^{Canadian} published paper. ~~In~~ ^{the} view of ~~the~~
the source of his journey introduced to Helminthology at the time of the
Christmas visit to Usher he named ^{was} ~~his~~ ^{species} *Sphyraxura Opleri*,
^{particular}

Must be from
Jampillet.

Refer and production
R. Pausanias Wright - "Contributions to American Helminthology"
Proc. Canadian Institute M.S. Vol. 1, No. 1, 1899

aspect of each nerve, and the block that was to be removed for sectioning was previously nicked with a sharp knife, doubly on the lower and singly on the outer aspect of Schwalbe's sheath. These marks, when traced in India ink, served sufficiently well for the subsequent orientation of the mounted sections. The blocks, moreover, were numerically marked according to the position in the nerve from which they had been cut, as indicated in the figure (fig. 1), which will serve ^{roughly} to identify the anatomical position from which the sections to be reproduced were taken, and which ^{for ~~case~~ purposes of orientation} will also indicate on cross-section the fascicular distribution of Henschen for each particular region.

II Case Reports

In our ^{eight} seven cases there are examples which run all the way from mild degeneration to states in which there are ^{Comparatively few} ~~no~~ histologically normal fibers remaining, though it may be said that the only instance of the latter condition is one in which blindness produced by a suprasellar endothelioma had been present for many years, the tumor ^{having} crowded its way down into the sheath of Schwalbe (cf. ^{Case VIII} ~~last case~~); and even ^{under these} ~~in~~ ^{Circumstances} ~~this case~~ one optic nerve still shows numerous preserved fibers.

Although our cases differed from those of Henschen, in that the

Professor's father's former old time lecture notes were expected to be a teacher in the 70's must have been a torment to him. The portfolios in which he carried them holds today a few yellow much foxed sheets with the students' names and their note written in a cursive hand

"This is my lecture portfolio with the list of students in the last class (1873-4) to which I lectured at McGill. The rule was to take the roll once a week, but on the list shows this was not always carried out. In the first few years I wrote out and read my lectures. I am sorry no copies has been kept. I destroyed them all on leaving Montreal. Then I got into the habit of lecturing from slides two of which are here preserved, one on the skin and the other on glycogen." W. Allen.

The sample shows that by some fully full notes written out in his minute script