



REMINISCENCES



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Shepherd's "The Medical faculty
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1925, pp. 1-6, consists of excerpts
from these Reminiscences with 10
portraits, several of which are different
and better. W.W.F., 1944.

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REMINISCENCES

OF

STUDENT DAYS

AND

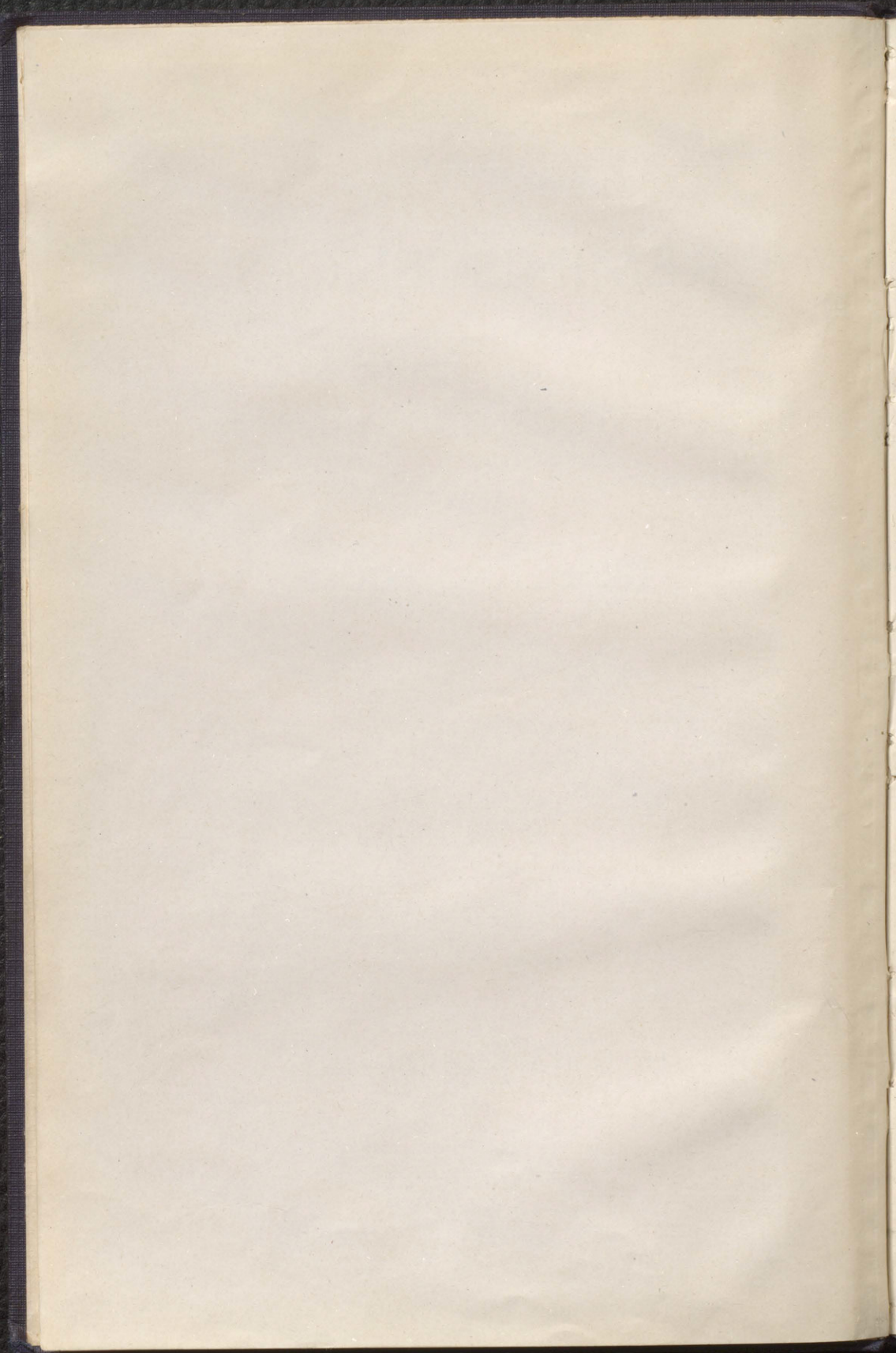
DISSECTING ROOM



FRANCIS J. SHEPHERD, M.D.

MONTREAL

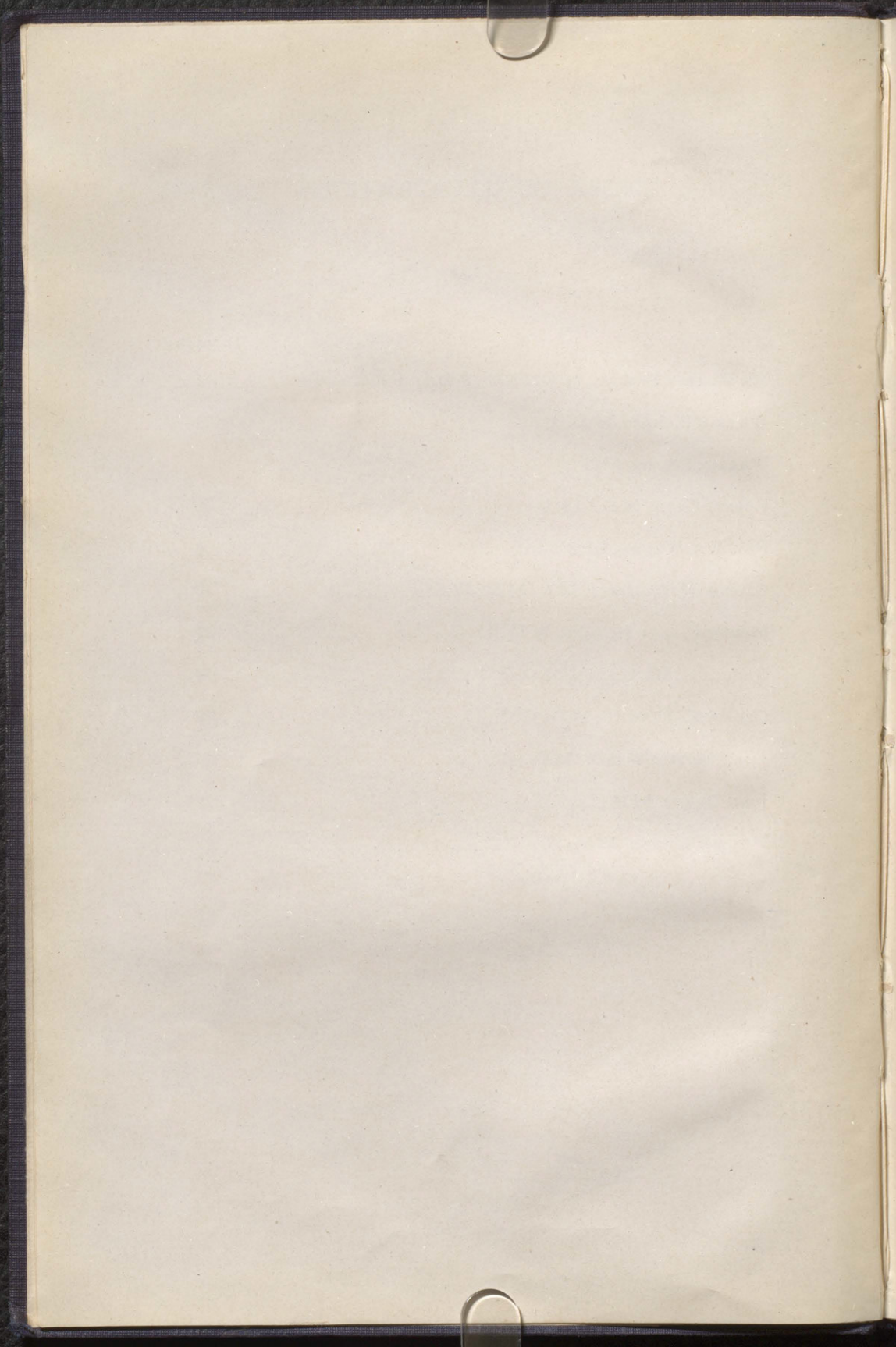
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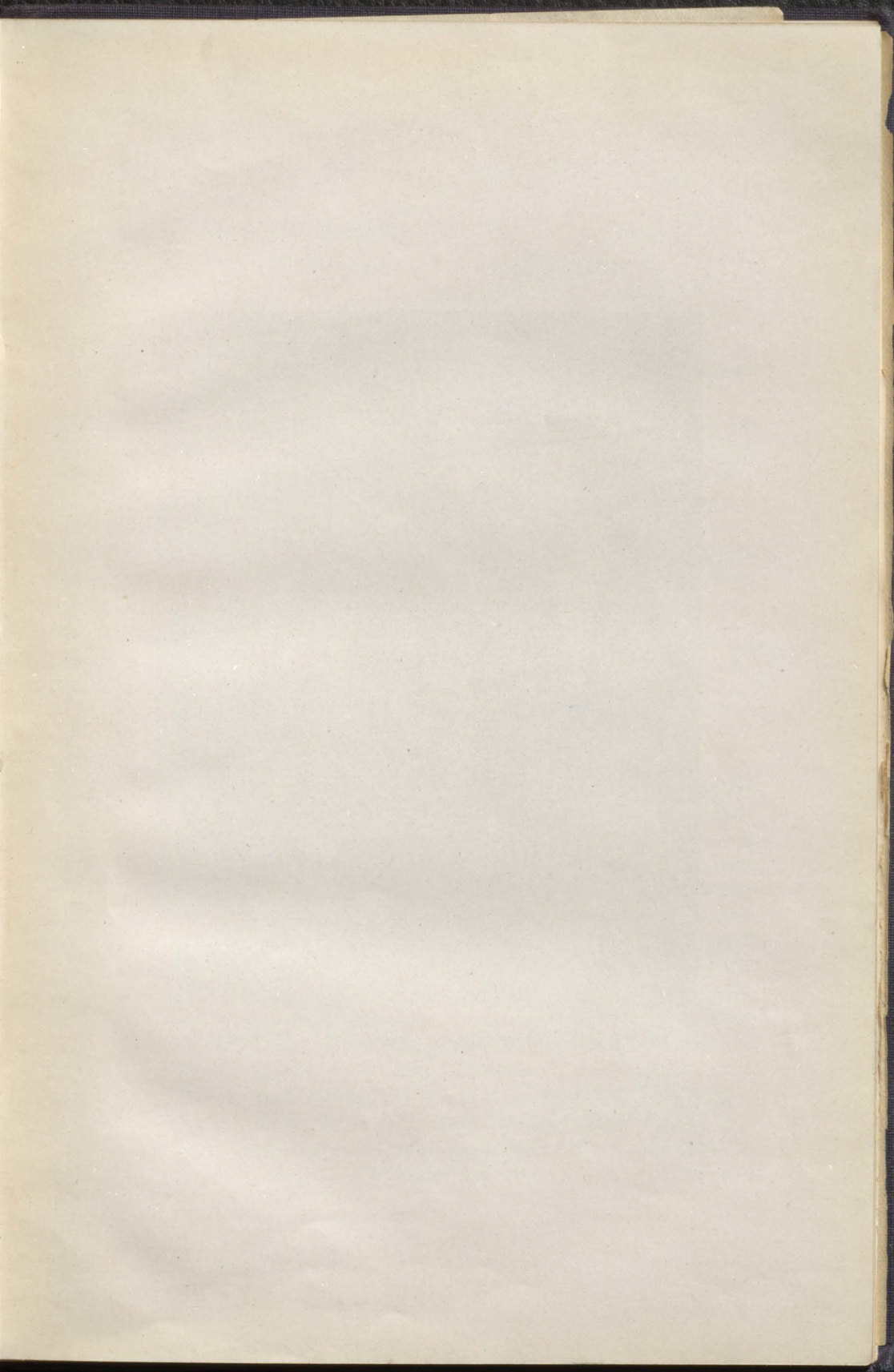


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SIR WILLIAM DAWSON, M.A., LL.D., F.R.S., F.R.G.S., etc.

Reminiscences of My Medical Student Days and Teachers

By

FRANCIS J. SHEPHERD

I entered the Medical Faculty of McGill University as a student in the first week of October, 1869. At that time the building of the Faculty, which was a proprietary one, was situated in the lower part of the town, on Coté Street, and next door to the old Theatre Royal. In those days the only laboratory was the dissecting room; there was no physiological, chemical, or biological laboratory. Teaching of the primary subjects, exclusive of anatomy, was entirely by lectures. The primary subjects were, Anatomy, Institutes of Medicine, including Physiology and Pathology, Chemistry and Materia Medica. Our professors were:

Botany and Zoology—William Dawson.

Anatomy—William Scott.

Institutes of Medicine—William Fraser.

Materia Medica—William Wright.

Chemistry—Robert Craik.

Botany and Zoology were primary subjects, one of which the student had to choose. I chose Zoology and took the prize at the examination; I have that prize still, with Dr. Dawson's signature, a beautiful book, Tandon "The World of the Sea," splendidly illustrated. PRINCIPAL WILLIAM DAWSON (afterwards Sir William) undertook both courses and taught them in his well-known lucid manner. He was the cleverest lecturer I ever heard. One felt that his soul was in his work and there was no excuse for not understanding him; he not only lectured clearly and well, but he was most interesting. After the lecture he always invited questions and expressed a desire to elucidate any obscure point. These were short courses, and we were all sorry when they were over. Sir William Dawson always impressed me as a big man; he had much dignity yet was not difficult of access—was always ready to help the student with advice and was very suggestive. On the platform he was

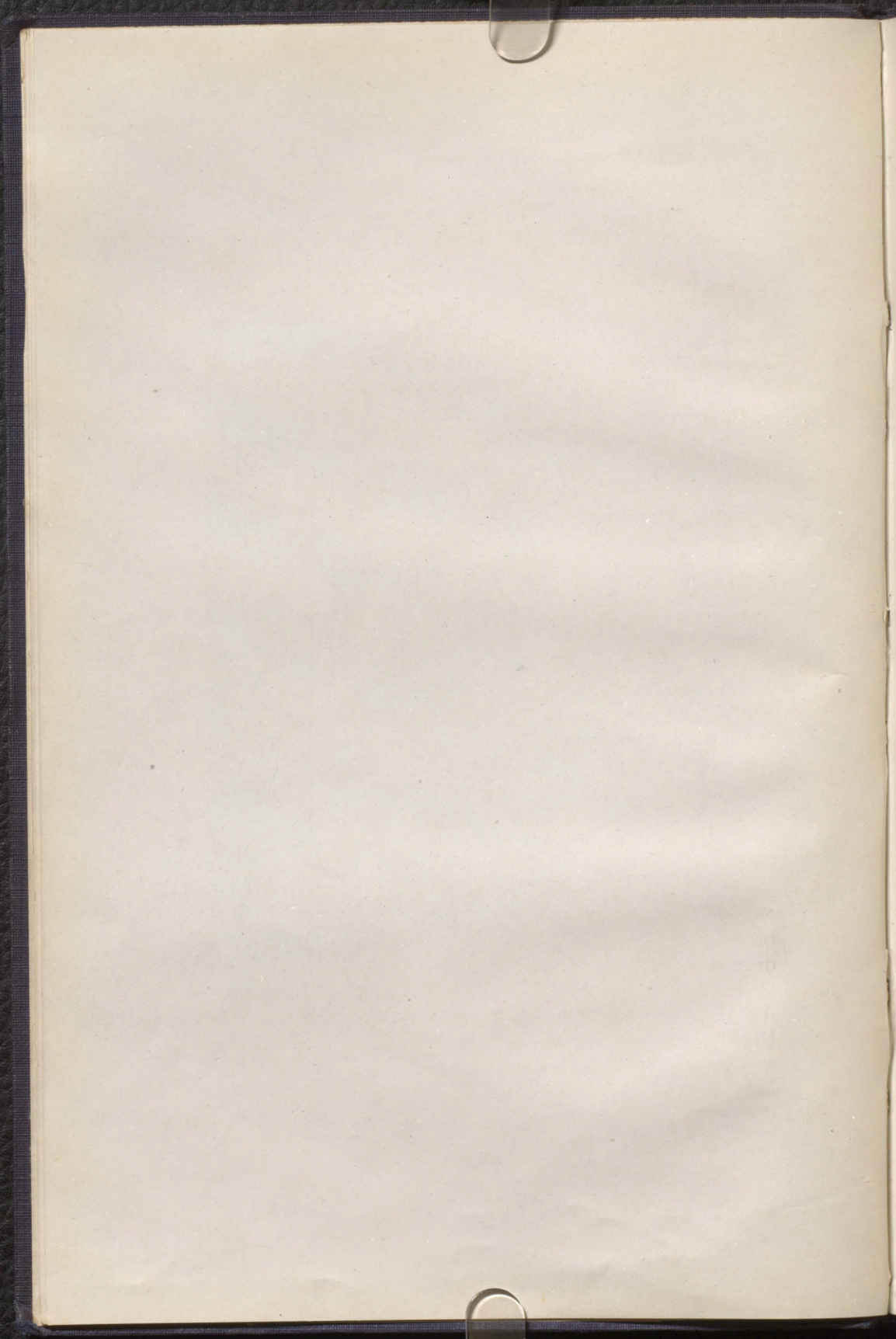
an excellent speaker and always said something new. He had built up the University from a very small affair, consisting practically of the Medical Faculty only, to the great University he left behind him when he died in 1899. Sir William Dawson did an immense amount of work in the University; for years he lectured in all the scientific subjects—Botany, Zoology, Chemistry, and Geology—besides being prominent on the Protestant Board of Education and conducting the affairs of the University. He interested many rich men in the work of the University and secured large sums for endowment. Under his auspices the Faculty of Applied Science was established, a special building for Chemistry, and the splendid Physics Building, besides the Engineering Building—these were all built and endowed by Sir William Macdonald. The Workman Building for Engineering was attached to the Macdonald Building. The Redpath Museum and Library were built chiefly owing to his solicitations, and the Redpath Museum is filled with his palæontological collections. Sir William entertained students every Saturday evening, and most enjoyable the evenings were. His wife and daughters assisted him, and he was always showing us some interesting specimen or curiosity and discoursing on it delightfully. All the members of his class were invited in turn, and many of us received much inspiration from intimate contact with him, for he was a great man.

PROFESSOR SCOTT was a handsome, large man, an Englishman, very bluff in his manner, who lectured on Anatomy word for word from Wilson (Erasmus); he never entered the dissecting room, or used the blackboard, though he did pass bones about the class and a dissected subject was shown at his lectures. He was always a great friend of the students and championed their cause when in trouble. Dr. Scott attended the General Hospital and was Surgeon to the Grand Trunk Railway. The Rev. Canon Scott, C.M.G., D.S.O., who became famous as a chaplain in the present war, is a son.

WILLIAM FULLER, the Demonstrator of Anatomy, was quite a good anatomist and original in his methods. He made some beautiful casts of frozen dissections, and also sections, as far back as 1868. These casts he had painted and they were sold to the students. One set in the Museum was burnt at the time the Medical Buildings were destroyed by fire in 1907. Fuller



WILLIAM E. SCOTT, M.D., C.M.



was a self-educated man, who had been a painter by trade; he had considerable natural ability, but was no teacher and had no system in his conduct of the dissecting room.

I remember I was never obliged to dissect the brain, the thorax, or abdomen. I never saw a posterior view of the pharynx until I went to London. In fact, the dissecting consisted in exposing the muscles, chiefly of the arm, leg, and neck, with the accompanying blood-vessels and nerves. One could do other things if one wished, but was never compelled to. I remember it was quite a common thing for the men on the abdomen to toss up to see who should be obliged to clean out its contents in order to get at the pre-vertebral muscles. We had no demonstrating as we afterwards knew it; the chief thing was to pay for our extremities and get through the work quickly. Subjects were usually plentiful and all obtained from adjacent cemeteries by French students, who paid their fees in that way. The examinations in anatomy at the end of the third year were written and oral, the oral consisting of questioning by the professor for a few minutes; no actual dissections or any specimens were shown—it was purely a test of memory of anatomical facts.

The examinations in the primary subjects took place at the end of the third year. McGill had a four-year course even from the very beginning, though a year's apprenticeship with a doctor counted as one year at college. In the United States at this time a two-year course was the rule, even in the best schools. The professors issued their own tickets for their courses and took the money. The main subjects cost \$12.00 and the lesser subjects \$6.00. The tickets were elaborately engraved and they, when the course was finished, were certified on the back by the professor. The best-paid courses were those of the primary subjects, for the classes were larger, many dropping the study of medicine before reaching the final years.

As a rule, if there was a vacancy in the Demonstratorship of Anatomy (the only demonstratorship then existing in the University), the House Surgeon of the Montreal General Hospital was appointed.* These House Surgeons (of whom there were usually two, one of whom acted as apothecary) remained in the hospital for five to eight years, and whilst there they did

*Sir Thomas Roddick was the last to be so appointed.

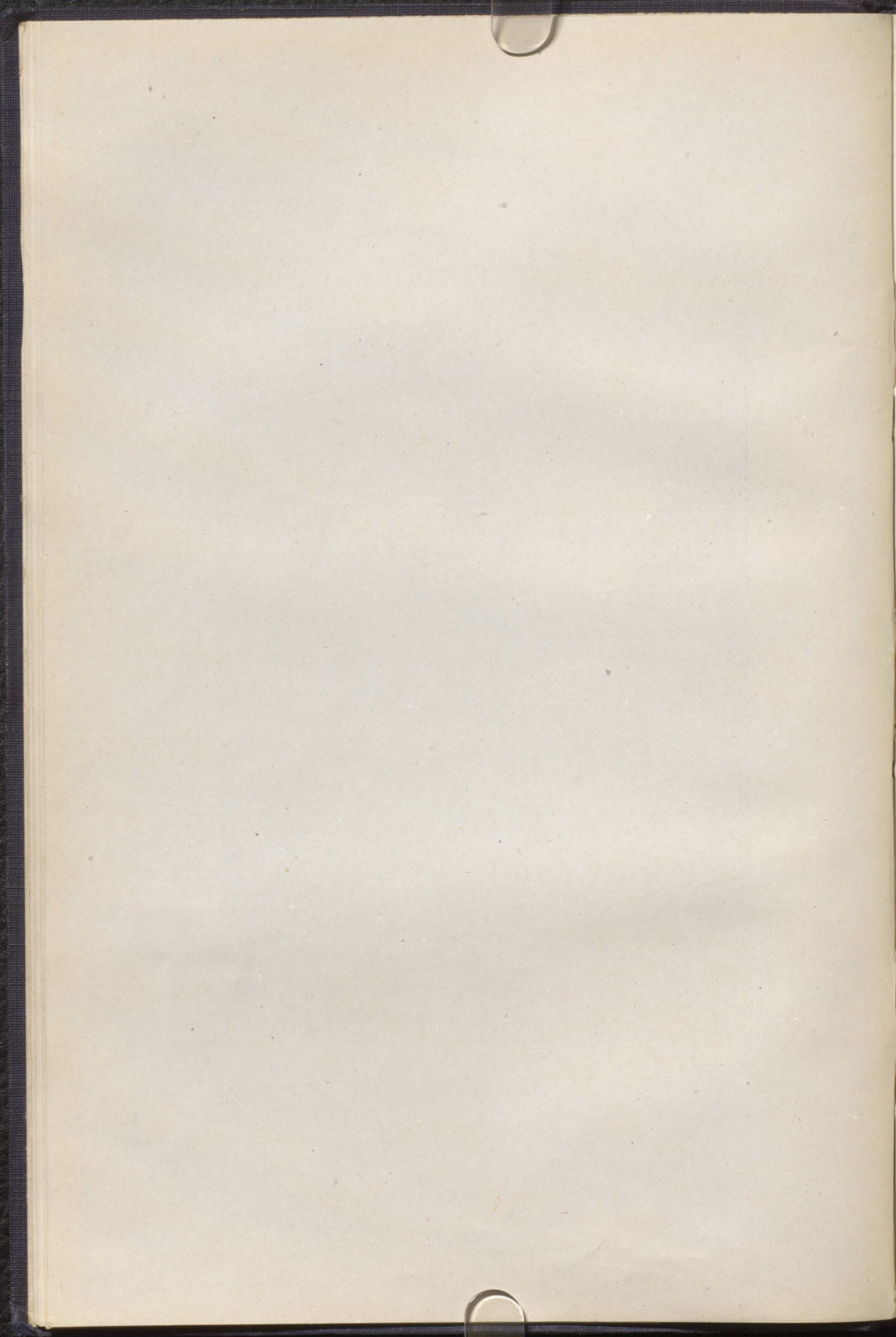
considerable private practice. When this practice was sufficiently large they left the hospital and at once took a house and drove around in a carriage to see their patients. When a vacancy occurred there was much competition for the position and a vigorous canvass of the Governors—for the Governors appointed to all positions by open vote. Once a man obtained a House Surgeoncy, if he was any good, his future was made and he was sure not only of a good practice but also of a position in college. As a rule, the promotion was as follows: Demonstrator of Anatomy, Professor of Medical Jurisprudence, and the next vacancy for one of the main Chairs—it did not much matter whether the man was fitted or not for the teaching of the subject, but he was entitled from service, long or short, to a Chair which was more remunerative. For instance, one of the last of this kind of appointment was the transference in 1872 of Prof. J. M. Drake from the Chair of Clinical Medicine to that of the Institutes of Medicine.

PROFESSOR WILLIAM FRASER lectured on the Institutes of Medicine and was a general practitioner, as all medical men in Montreal were up to the '80's. He was a Glasgow man with a license from the College of Physicians and Surgeons of Glasgow, and a degree in course from McGill in 1836. He spoke with a broad Scotch accent, but was a shrewd old man with a capacity for getting on. His pronunciation of some technical terms was peculiar, and as he always said "commoonicate" for communicate he was called by the students "Old Commoonicate." His knowledge of physiology was purely a book knowledge, and his lectures a replica of Todd and Bowman's "Physiology," which was the textbook then used, and my copy, purchased in 1869, has a date of 1857. He was strong on writing formulæ on the blackboard from Bidder and Schmidt's work, and we had to take full notes of all his lectures so as to be able to pass the examinations in the spring. He was a very solemn old man with rather a slow way of speaking, intended to be impressive, of considerable common sense, but no great ability. He was very fond of referring to the opinions of his friend, Sir Benjamin Brodie.

He had not the semblance of a laboratory; in fact, there was no such thing in the college until one was instituted by Professor (now Sir William) Csler in the late '70's. Such a thing



WILLIAM FRASER, M.D.



as a microscope one rarely saw. Once during the course Dr. RODDICK (now Sir Thomas), who was then House Surgeon at the Montreal General Hospital, brought down a microscope and showed us the circulation in the frog's foot, which with breathless interest we all took turns to look at. Dr. Roddick was a protégé of Dr. Fraser and looked after his practice when he was out of town, and also used his carriage and pair, which awaited him every morning at the front entrance of the General Hospital on Dorchester Street.

The last week of the course was given up to lectures on Pathology, chiefly on Inflammation. So our instruction in the Institutes of Medicine was scanty and purely theoretical. I can hardly agree with the late Professor William Wright when, in speaking of Dr. Fraser's work in his Obituary Notice in 1872, he said: "Thousands of students have borne away his teachings and with their deep science have drunk in the spirit of enquiry they caught from him and profited by the example of diligence he set before them." Dr. Fraser was a very successful practitioner, had a very large remunerative practice, and left a fortune behind him when he died. Unfortunately, before this, one son had died in Turkey, another had disappeared, and one daughter was a hospital patient and confirmed invalid. I remember about 1869 or 1870, he came back from England (where he had spent the summer) with many new ideas. He had seen Lister in Scotland and was much impressed by his work. He introduced carbolic oil into the surgery of the hospital, and I remember his opening abscesses under a carbolic oil curtain, using carbolic acid in compound fractures, and so on, but I was not much impressed with his success—probably his technique was wrong. He was sometimes radical in his methods. I recall on one occasion in the General Hospital in the Chapel Ward, old Nurse Sheehan, a survival of the Sairey Gamp type, reported to Dr. Fraser that she thought a sailor in a certain bed was malingering, so he called for some brown paper, which he soaked in alcohol, and then ordered the man's abdomen to be exposed. On this he put the paper and then suddenly pulled a match out of his pocket, struck it, and applied it to the paper. In a few seconds there was a blaze, a yell from the man, who jumped out of bed and rushed out of the ward leaving the blazing paper behind. I do not know if the man ever came back, but the paper burned a

large hole in the bedclothes. I fancy whether the man was a malingerer or not he was satisfied with the treatment and did not express any desire to repeat it.

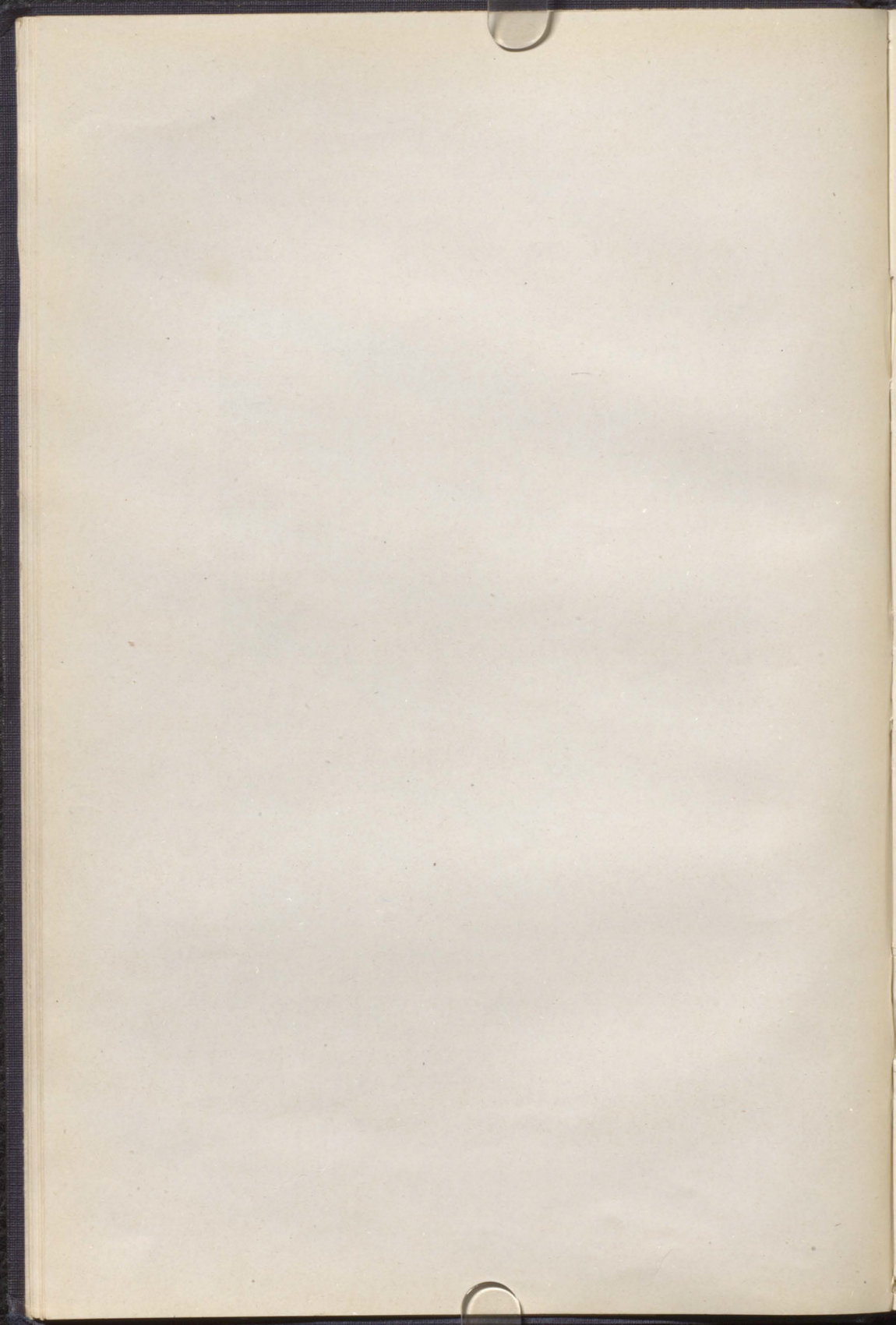
It is strange, when young, how very ancient our teachers seem to us. I always looked on Professor Fraser as a very old man, and am surprised to find that he was only fifty-eight when he died in the summer of 1872, just before the Faculty removed to its then new and commodious quarters in the college grounds on University Street. The proprietary stage of the Faculty had ceased, and the building was now owned by the University.

The old building on Coté Street still stands, though its front has been rebuilt and the Theatre Royal is used no more. How often we used to "chuck" our dissecting, which was then done in the evening from 8 till 10, and adjourn to the pit of the Theatre Royal at half price when anything good was on. The pit at that time was where the orchestra stalls now are, on the floor of the Theatre. I remember very clearly the first play I went to there; I was so much impressed that I shall never forget it. It was "Rip Van Winkle," with Joe Jefferson as Rip. Many years afterwards I met Mr. Jefferson and told him how much I enjoyed the play and how my subsequent taste for good plays was due to him and his wonderful acting.

When I entered the Medical Faculty, every freshman had to pay his footing—he was assessed by the seniors a dollar or more, and with this the seniors had what they called a "footing spree." This consisted in a banquet of crackers and cheese in the dissecting room and a barrel of beer on tap. Friends were invited, both male and female—the latter not above suspicion—and a riotous evening was held. Later, this method of entertainment being objected to by the Faculty, the spree evolved into a "footing supper," held at one of the restaurants, such as the Terrapin or the Queen's, the footing money going to pay for the liquor and flowers, and each man paying so much for the supper. The House Surgeons of the Hospital were invited to this, and we had a president; and many speeches, more or less eloquent, were delivered. After the supper the houses of the various professors were visited and three cheers given to them, and in some cases the students insisted on seeing the professor and getting a speech from him. These suppers, however, became so disreputable and bibulous that it was determined to initiate



ROBERT CRAIK, M.D., LL.D.



temperance dinners. I was the Chairman of one of the first held at the Queen's Restaurant on St. James Street, kept by Isaac Ebbitt, a famous provider. Notwithstanding the name "temperance" I noticed that many of the men were hilarious, somnolent, or quarrelsome, and others were tipsy. It soon became apparent that some sort of intoxicant was being used, and we found out that the ginger ale so copiously imbibed was a strong mixture of brandy and water. This dinner, more than most, was marked by riotous conduct and collisions with the police, after the dining hall was emptied. Now the dinners have developed still further, they are held at the swellest hotels, all the professors and the principal of the University attend, and often the guest of the evening is some distinguished person from a distance, either a well-known professional man or a politician, or some distinguished layman. Set speeches are made, and the proceedings are most proper and highly respectable.

Another entertainment given by students of all the Faculties of the University was a musical *conversazione*, held in the Molson Hall, called the "Founder's Festival," given on the birthday of James McGill, to commemorate his birth. He was born on October 6th, 1744, but the Festival was usually held later. Tickets of admission were sold to students and invitations sent to the officers of the garrison and the *élite* of the city. Although not a great number of students attended, the affair was managed by the students, and we had glees, professional singers and usually a military band—altogether a very swell affair. There was also a *recherché* supper. Many pranks were played by students and some very rough practical jokes. The gas was once turned off in the midst of supper; the distinguished guests on the platform, including the Bishop of Montreal, were on one occasion rotten-egged and pelted with other missiles and the gas turned off. The guests' outer garments were mixed up and abstracted, and finally the disorders at these assemblies became so great that the University discontinued them. Now Founder's Birthday is celebrated by an afternoon lecture, to which very few students or others go.

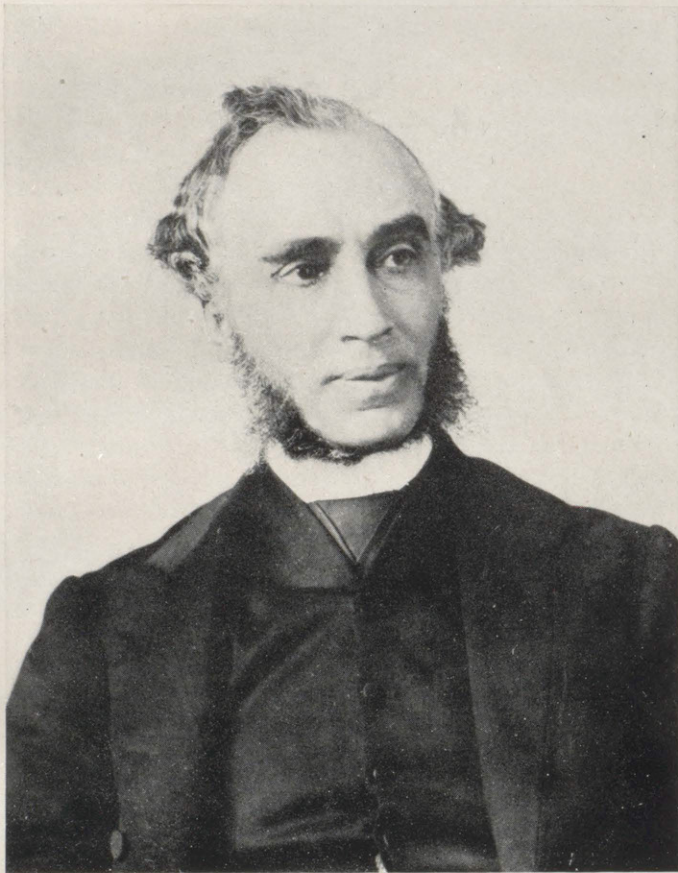
I must now return, after this long digression, to my description of the various courses.

PROFESSOR ROBERT CRAIK lectured on Chemistry every evening at seven, and after his lecture we adjourned to the

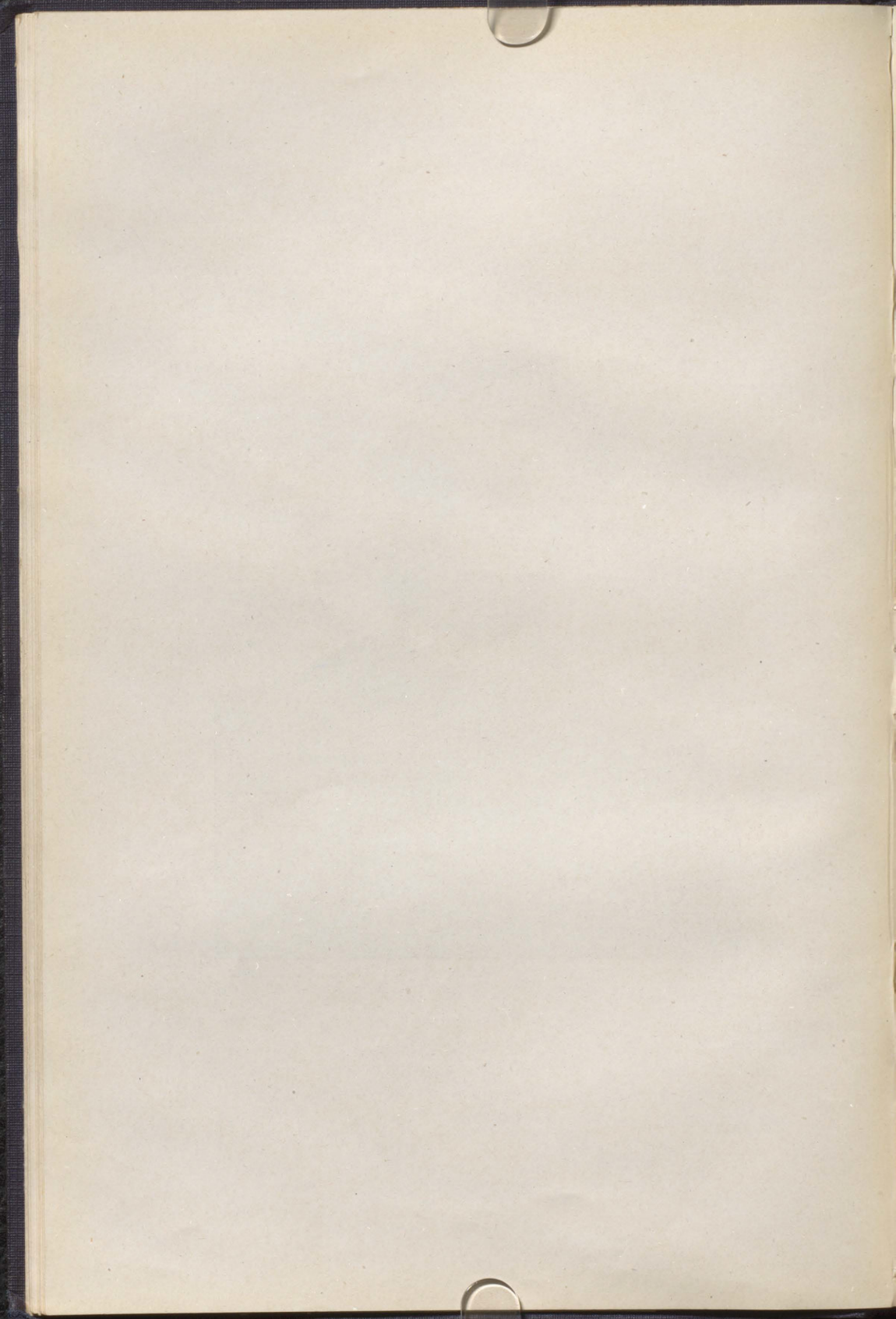
dissecting room. Many men not medical students attended these lectures, which were very ably delivered and were most interesting. Dr. Craik had succeeded Dr. Sutherland, who was a most eloquent man and a man of great ability and personal attraction. Dr. Craik was a person of handsome presence, dark, with deep set eyes and abundance of black wavy hair. He was decidedly a man of the world and of pleasing personality, and a man of considerable scientific aptitude. His graduation thesis was on the "Microbic Origin of Disease"; he also for years held that cancer was local in its origin. Had he devoted himself to the scientific part of medicine he might have made a great name, but for many reasons, family and others, he drifted aside and ceased to take as great an interest in the progress of medicine as he had formerly. He kept a stud of racing horses in Kentucky and had a farm near the city where he bred fancy cattle, and in this way his money was exhausted, although almost to the end he had a number of devoted patients, and was always a good practitioner owing to his possession of a great amount of common sense and judgment. He early retired from the College Chair and the Hospital and also gave up his work in Chemistry, but he continued to take a great interest in the Faculty, of which he was the Dean from 1889 to 1901. Previous to that he was the Registrar of the Faculty, and in this office was brought into close contact with the students.

As I have said, Dr. Craik was an excellent lecturer. He had one of the class to assist him in his lectures, and I must say his experiments and tests always came off well before the class, for the only opportunity of seeing such things was here, as there was no chemical laboratory.

DR. G. P. GIRDWOOD gave a course in Practical Chemistry in his laboratory in the top story of a house on St. James Street. This course, however, was optional, and only a few of us took it, but we were much benefited by it, and Dr. Girdwood's kind instructions and fatherly way of treating us was much appreciated. Dr. Girdwood came to this country about 1862 as a Surgeon in the Grenadier Guards, who were stationed in Montreal during the American Civil War. His father had been a well-known medical man and his uncle, Dr. Prout, a noted chemist. Dr. Girdwood became in 1897 Professor of Chemistry, succeeding Dr. Craik. He was not so successful with a large class as with



REV. WM. WRIGHT, M.D.



a smaller one, and although very popular and well up in his subject he was not a strict disciplinarian, so there was often disorder at his lectures—but this is only hearsay, as I have no personal knowledge of Dr. Girdwood as a lecturer.

The only other primary subject to be described is *Materia Medica*. This was conducted by PROFESSOR WILLIAM WRIGHT, or "Billy Wright," as he was called, a most remarkable man, with a prodigious memory and a dry, sarcastic manner, and who could say very sharp things to the student who failed to answer at the weekly "grinds." On one occasion the son of the Inspector of Pearl and Potashes was questioned, in the course of an examination on the preparations of potash, of which, however, he knew nothing, when Dr. Wright dryly said: "You, at least, Mr. X., should know something about potash." In this course the textbook was Pereira's "*Materia Medica and Therapeutics*," edited by H. R. Wood of Philadelphia, edition of 1866. The most insignificant remedies were fully dwelt on. A lecture was devoted to gum acacia and its adulterations, another to liquorice, etc., and I remember one of the questions asked in the final examination in this subject was, the adulterations of gum acacia, accidental and others. The older the remedy and the less used, with the greater elaboration was it dwelt on. The Calabar bean (*Physostigma venenosum*) was accurately described, and how the pods fell off the trees and floated down the Calabar River and were made use of by the natives of East Africa to test the guilt or innocence of accused persons. It is a poison and has the power, like opium, of contracting the pupil, but was rarely used as a drug. His lectures were always delivered without a note, and the combination of different preparations rolled off without a pause or mistake. I well remember how he used to describe the various preparations of opium and the quantity of opium in each. I remember this part of *materia medica* to this day.

At one time Professor Wright had considerable reputation as a surgeon and had performed some quite rare operations, such as the ligation of the great vessels at the root of the neck for aneurism. He attended the hospital for thirty years and during the latter part of that time was a clergyman of the Church of England, and somewhat high too. On one occasion a woman came into hospital complaining of severe abdominal

pain, for which she was poulticed freely by a very solicitous house surgeon. (This same house surgeon afterwards became Professor of Obstetrics in the University.) The birth of a child before morning explained the pains, and next day on his rounds Dr. Wright came to this bed and was told the story. His only remark was, "Has this child been baptized!" When he was answered in the negative he said, "Bring me some water," and they brought him some water and he said, "Simon Peter, I baptise thee in", when the patient cried out, "Oh, sir, it's a girl," but the Rev. Dr. Wright went on with the ceremony and paid no attention to the interruption, and Simon Peter the girl was, and if alive, no doubt is to this day. In later years, having given up practice, he devoted himself exclusively to the Church, with the exception of his duties as Lecturer in *Materia Medica*. But he failed to keep up to date with his subject, and his lectures, though good of their kind, were not modern, and this caused trouble with the students, who had to be examined on *Materia Medica* by the Provincial Boards. These troubles got so bad that the Faculty induced him to retire in 1883 and placed him on the list of Professors Emeritus.

A few years before his death in April, 1908, he was living alone with an old sister and seldom saw anybody. Paying him a visit one day he said to me: "What are those ten rays one reads about in the papers?"—meaning, of course, X-rays. He was very fond of using long words and round-about expressions. Once I was called in to see him for some ailment and when I asked him how he got it he replied: "I was essaying to reach church for early matins one tempestuous, snowy day when I had a retrocession of blood to my chylopoietic viscera." This was the simple cause of the trouble. He was 81 at his death, which took place at the Montreal General Hospital where he had laboured for so many years. As a preacher he was not a great success; though his sermons were most erudite the phraseology was so involved and exuberant that I fear the congregation understood him not and carried but little of the information away. Although his early promise was great, he was stranded on the shore sands comparatively early, and once out of the stream remained there; but he did much useful work in his time. He was for some years with Dr. MacCallum, Editor of the *Medical Chronicle*.



GEORGE W. CAMPBELL, M.A., M.D., LL.D.

The final branches of the curriculum consisted of:

Surgery—Geo. W. Campbell.

Medicine—R. P. Howard.

Midwifery—D. C. MacCallum.

Medical Jurisprudence—Geo. E. Fenwick.

Clinical Surgery—Geo. E. Fenwick.

Clinical Medicine—J. M. Drake.

The specialties of eye, ear, nose, throat, gynæcology, were non-existent in my student days, the surgeon usually doing eye operations and everybody doing the rest.

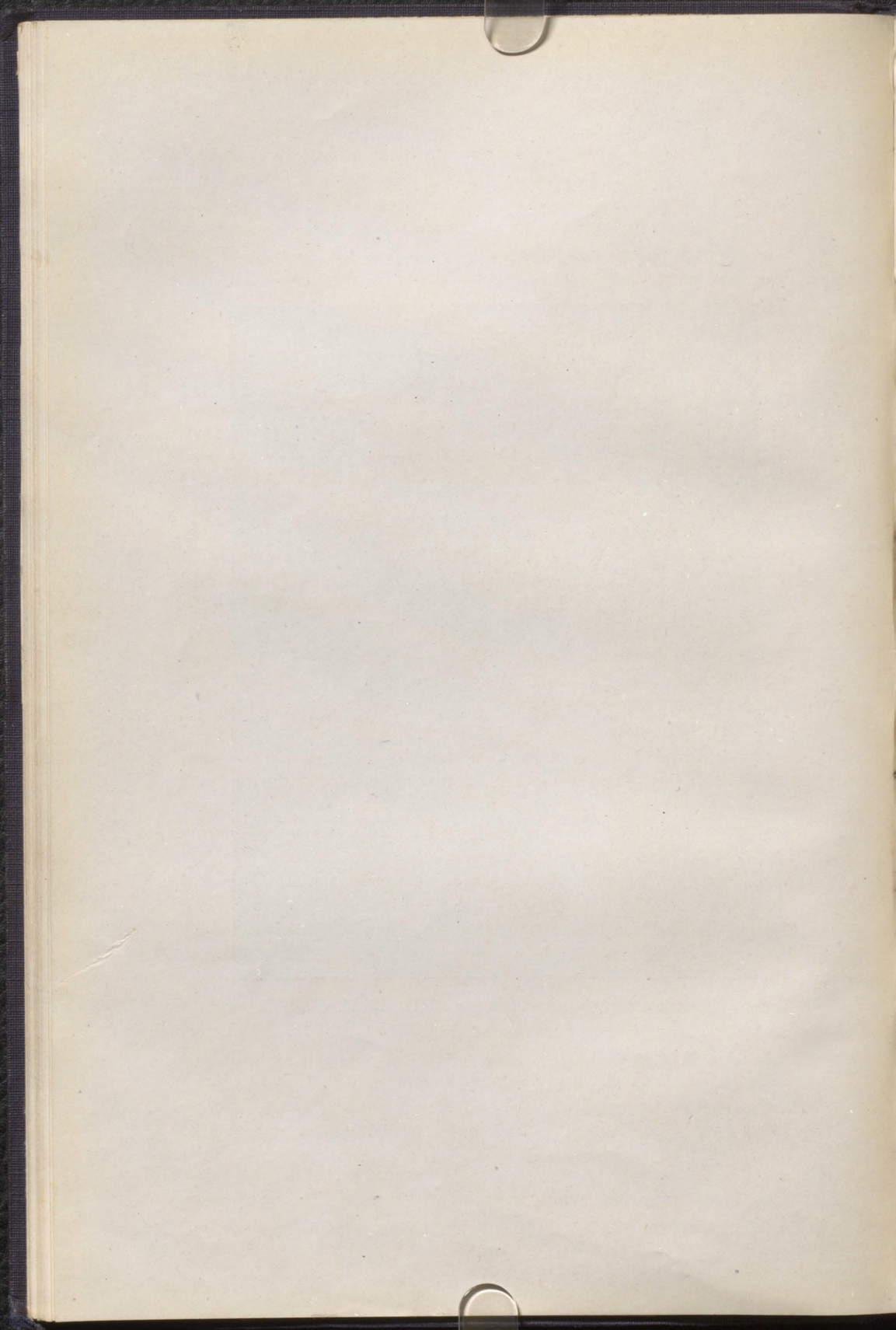
DR. GEO. W. CAMPBELL lectured in Surgery. He was a large man, of rugged countenance, of commanding presence, and a strong personality. He was Dean of the Faculty, and dominated it. He was bluff in his manner and very direct. His lectures were very practical and terse; he never used any superfluous language, as did some of his colleagues. He was a good surgeon of the old pre-anæsthetic type, a very rapid and exact operator, well up in his surgical anatomy, and when using his knife never hesitated. He operated in his ordinary clothes, white shirt and cuffs, and yet never got a drop of blood on himself. Dr. Campbell was of good Scotch family, having the right to claim a baronetcy, which he never did. He came from Roseneath, Dumbartonshire, near the Duke of Argyle's place, with whom he claimed kinship, his father being factor to the Duke and Deputy Lieutenant of the County. He was a graduate of Glasgow University of 1832, and soon after getting his degree he came to Canada and quickly obtained a large and extensive practice. He was appointed to the Général Hospital and rapidly made a great reputation as a surgeon. On the death of Professor Holmes (the first Dean) in 1860, he succeeded him. He was a force in the community and was on the Boards of many public institutions, a Director of the Bank of Montreal and other business concerns. He was a shrewd business man as well as a most successful practitioner. Dr. Campbell was a man of action rather than words, and did not contribute much to medical literature. He was much liked by the students and was always ready to help any young practitioner with his advice and material assistance. I know I owe much to him for his help and advice and also his support when seeking appointments in the early years of my professional career. I well remember the

letter I got from him in 1875, whilst in Vienna, telling me of my appointment as Demonstrator of Anatomy in McGill Medical Faculty. Before receiving this appointment I had intended going up for the examination for the Indian Medical Service, and the day I received his letter I was with a surgeon of that Service who said: "Take it. Much better than the Indian Army." Dr. Campbell took a great interest in the health of the city and was foremost in advocating the appointment of a Medical Health Officer and the enforcement of vaccination. He died in Scotland from pneumonia while on a visit to his daughter in Edinburgh in 1882. He had held the position of Dean for 22 years. When I was a student at the Hospital Dr. Campbell had ceased to attend and had been placed on the Consulting Staff, but he still retained until his death the Chairmanship of the Medical Board.

The course in Medicine was conducted by PROFESSOR R. P. HOWARD, who was a fine lecturer and splendid teacher. He was an earnest, enthusiastic, and competent professor who inspired all his pupils with his own zeal and love for medicine. His lectures were always up to date, and as he was a voracious reader of current magazines and journals, everything new was given us. He had a great respect for authority, and considered as oracles the opinions of men from Europe who were often much inferior to himself. German influence in Medicine was not much felt then, but the French were in the ascendancy—Paris was the Mecca, and one heard of Laennec, Broussseau, Dupuytren. His lectures were always well attended, and the notes taken by the students were voluminous. Dr. Howard was *par excellence* a gentleman, whose diction was good and his manner of presenting a subject excellent. He was a man of medium height, thin, and with a refined and thoughtful face and kindly courteous manner. He was devoid of that saving grace, a sense of humour. I hold that a man without a sense of humour cannot estimate always correctly the value of facts, and is no judge of character. Dr. Howard was frequently being taken in by hysterical women. As a clinical teacher Dr. Howard at that time was far ahead of his fellows, and his bedside clinics were always crowded and much appreciated by the students, although he was not officially a teacher of clinical medicine. He was clear in his expositions, knew how to bring out the salient points of a case,



ROBERT PALMER HOWARD, M.D., LL.D.



and was especially strong in his clinics on diseases of the heart and lungs. He had the utmost faith in drugs and was a voluminous prescriber. In his class at the college he was always bringing in pathological specimens to illustrate his lectures. I remember one of the last lectures I heard from him was on appendicitis, which was then considered a rare disease. He presented the specimen of a gangrenous appendix, which was taken from the abdomen of a young school girl who had died after a few days' suffering, and the disease had been diagnosed by Dr. Howard and verified by post-mortem. His description of the case has remained with me ever since. Curiously enough, the first case I saw after graduation, when at my father's country place, was a case of acute appendicitis in a strong, healthy farmer. I diagnosed the case and saw that it was hopeless (we did not operate in those days—1873), and pronounced it so. Another and older doctor was called in, who laughed at my diagnosis and prognosis, so I was dismissed, but was sent for the next day to find the man dying, and he died while I was there. In the meantime the other doctor returned, and he had to walk up to the house from the main road for an acre or so; the enraged wife met him at the door with a broomstick and chased him down the avenue, belabouring him until he got into his carriage and escaped. Of course, my reputation was made in that part of the country.

Dr. Howard's love for pathology led to bad results in his surgical cases. He was always unfortunate as a surgeon (at this time everybody was a physician and surgeon), chiefly because he was dabbling in morbid anatomy. This was before we knew much of Lister's work and the germ theory. Dr. Howard's students will always respect his memory and feel indebted to him for all he taught them, for he taught them to think, and to investigate, and to find out. As I said before, he was an inspiring teacher and influenced the student more than any other professor. When Dr. Campbell died he became Dean in 1882, and held this office until his death in 1889. He died of pneumonia at the age of 70. There were few Howards produced, but he was succeeded by pupils who carried on the traditions initiated by him, and George Ross, William Osler, Rich. MacDonnell, owed much of their after success to their old teacher, Professor R. P. Howard.

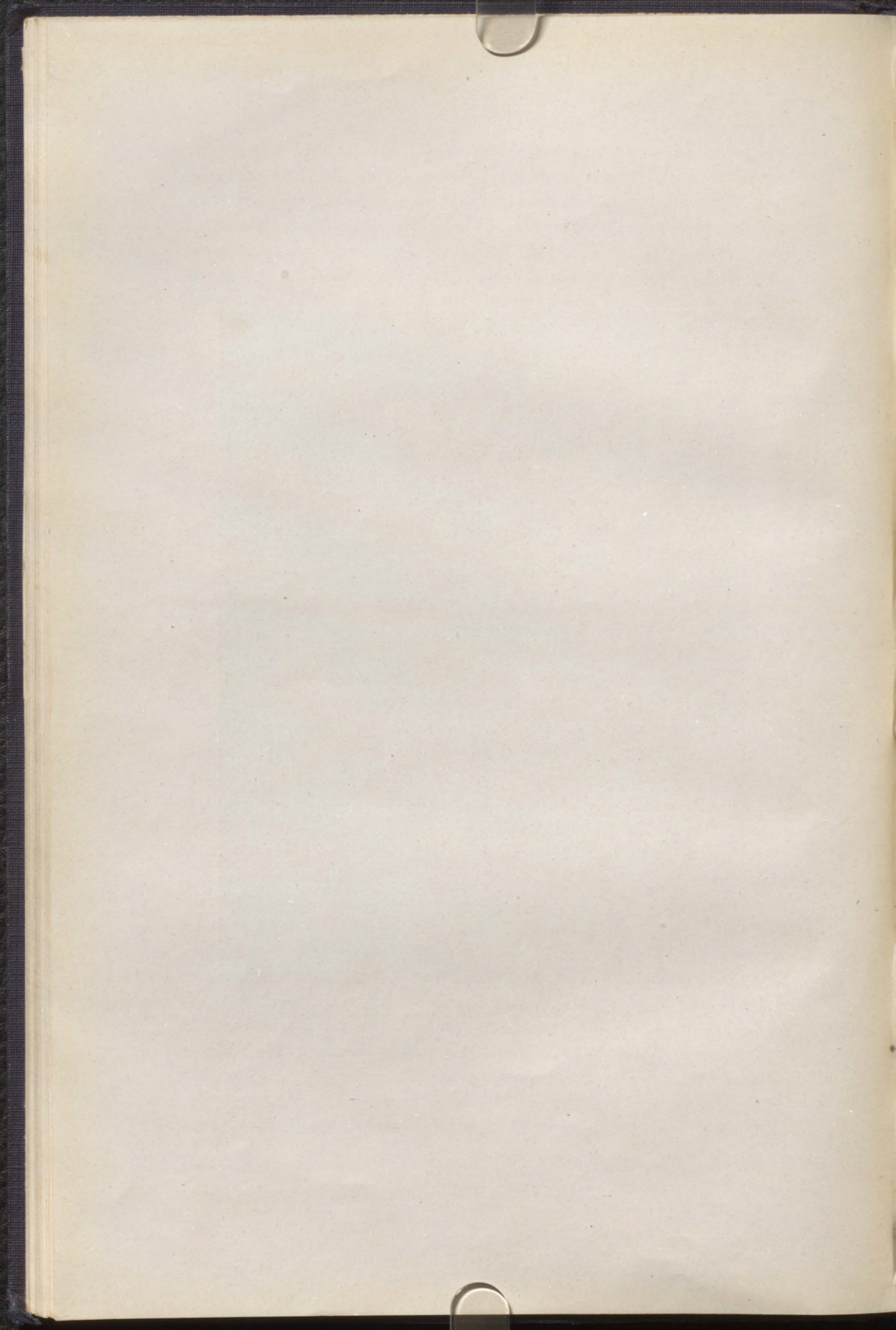
The course in Midwifery was under the direction of PROFESSOR DUNCAN MACCALLUM (Mickey Mac), a rather pompous, stout

little man with a beard *à l'Américaine*, and always neatly dressed. He memorized his lectures and never used any notes. When he got stuck in a sentence he would go back and try again, like a horse who balks at a fence, and finally after, on some occasions, several trials, he succeeded in surmounting all obstacles, continuing his lecture. He recommended Churchill, Ramsbotham, and Cazeaux, as the textbooks in midwifery, but his lectures were taken, almost verbatim, from Murphy's "Midwifery." Murphy was Professor of Midwifery at University College, London, and was formerly attached to the Dublin Lying-in Hospital, and wrote a very practical textbook. The students soon found out the source of the professor's inspiration, and we all bought Murphy, took few notes, and read this book, which was much better for us than studying incomplete notes. My edition is dated 1862. The professor had some standard jokes which he periodically inflicted on the class; we of course knew quite well when they would come off, and were prepared accordingly to receive them hilariously. I don't think he had much sense of humour, but he enjoyed his own jokes. Dr. MacCallum also attended the Hospital (at that time each attending surgeon and physician had a service of three months) and gave us occasional clinics in Medicine during his term. He studied his cases very carefully, got up all the literature on the subject, and gave a didactic lecture at the bedside. If he was asked a difficult question he would put it off, but come next day primed with information, and he fixed his eye on the poor questioner and, like the wedding guest in the "Ancient Mariner," "he could not choose but hear" the fifteen or twenty minutes discourse which followed.

Dr. MacCallum had a large and lucrative practice and was a most successful midwife, and also a good general practitioner and much beloved by his patients. He had charge of the University Lying-in Hospital on St. Urbain Street, below Dorchester Street. His supervision of this Hospital was fairly good, though the chief work was done by Mrs. McBride, a good old midwife who resided in the building. The doctor was only called in for difficult cases and where the forceps was necessary. I attended this hospital in the summer time when there were fewer students and more cases, and in filling up my quota of cases (12) I never saw a forceps case or the doctor called in.



DUNCAN C. MACCALLUM, M.D., M.R.C.S.E.



The senior student always had charge of the case under the supervision of Mrs. McBride. There was a garden behind the house in which we sat or played games, and in a tedious case one had to wait many hours, during which time we were fed, and there was one room in which we could lie down.

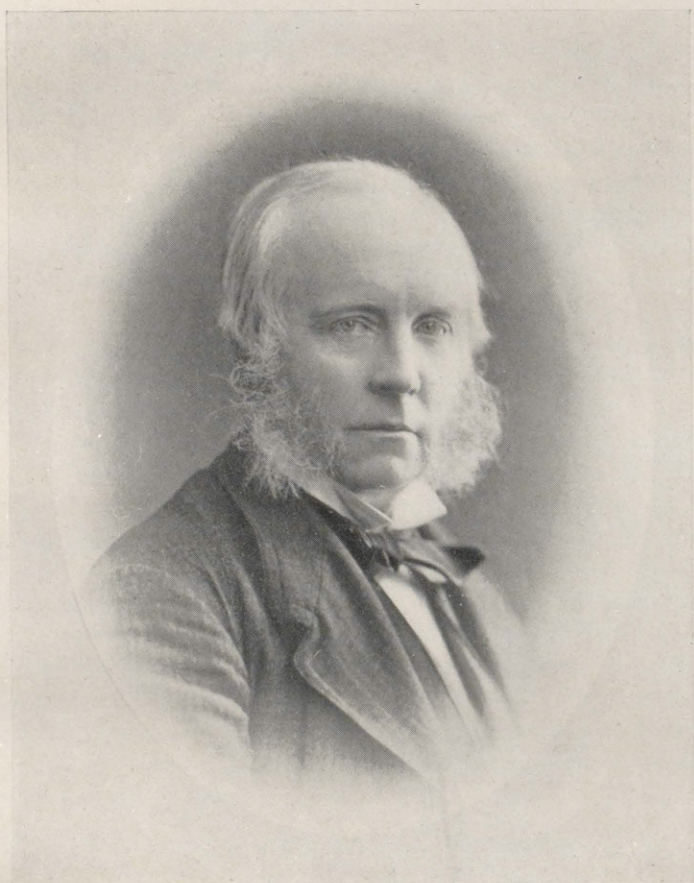
Dr. MacCullum resigned from the chair of Obstetrics in 1883 and was succeeded by Dr. Arthur A. Browne. He died suddenly in 1904, aged 80. For years he edited with Dr. William Wright the Montreal *Medical Chronicle*, and before his death he published for private circulation his collected addresses.

The Chair of Medical Jurisprudence was filled by Dr. GEORGE FENWICK, the Professor of Clinical Surgery, and was a comparatively light subject, the course being three months. The textbook was Guy's "Forensic Medicine" (1868), a very concise and useful book which the professor carefully followed.

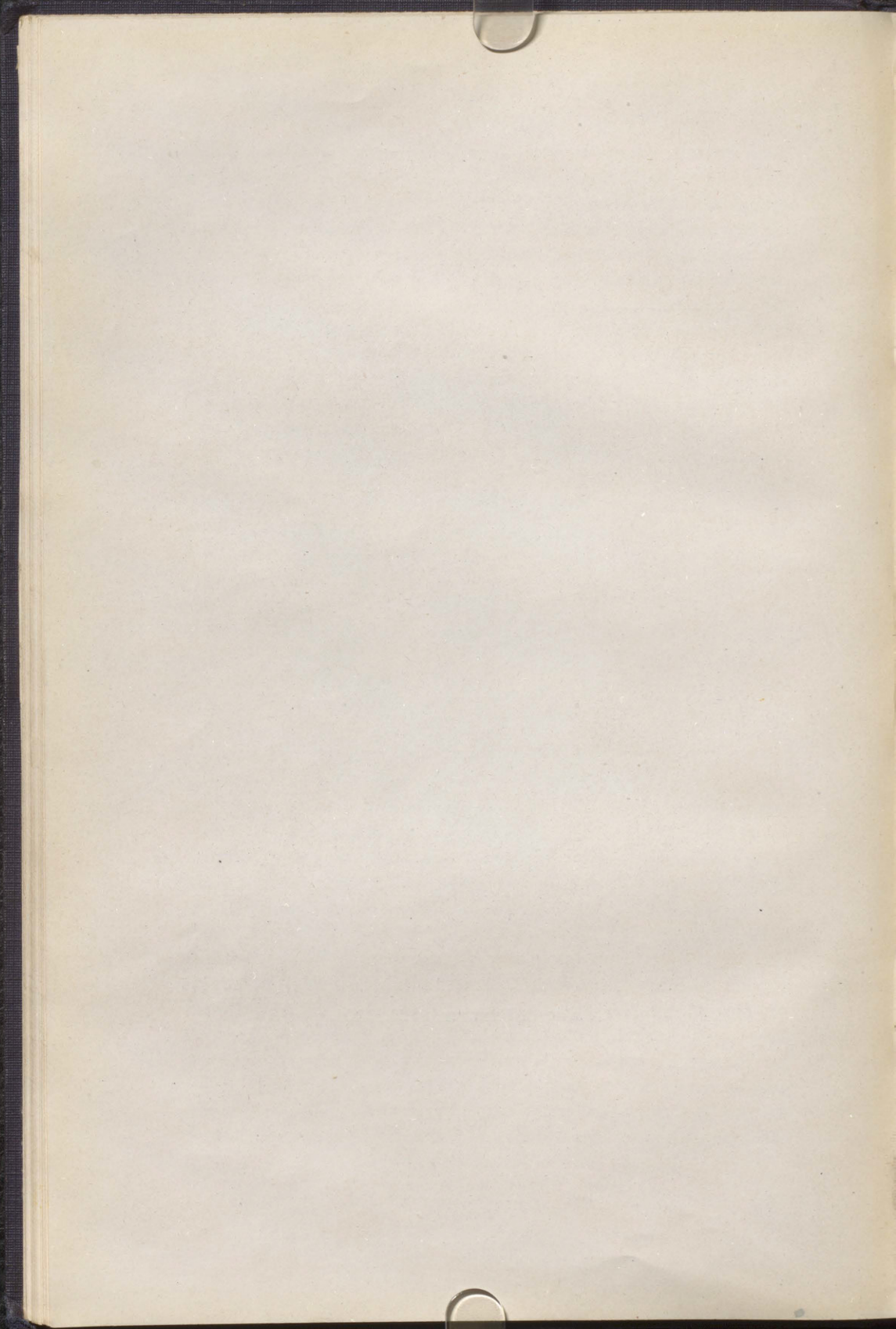
The clinics at the General Hospital were two in number, viz., Surgery and Medicine. DR. GEORGE FENWICK conducted the surgical clinic and was considered the best surgeon in Montreal, now that Dr. Geo. Campbell had practically retired. He was a bold surgeon, well up in his anatomy, whose theory was that meddlesome surgery was bad surgery. This was in the pre-antiseptic days and, with the little cleanliness used, it is a wonder any cases recovered. Dr. Fenwick would operate and then not bother much about the case, perhaps go away for a day, and yet the patient would get well. Others were too solicitous—never tired of meddling—like digging a seed up to see if it was growing, and the cases of such doctors usually died. Dr. Fenwick's clinic was given in the old operating room of the General Hospital (which operating room though not used is still in existence), and were really didactic lectures on fractures, abscesses, aneurisms, etc.; sometimes a case was shown or an operation performed, but there were no real bedside clinics in surgery. There were clinical clerks and dressers who saw more of the work of the Hospital than the others, but there was no real teaching at the bedside. I learnt more in summer when I attended the Hospital, for there were very few students then, and I went the rounds with George Ross and Thomas Roddick, who were the House Surgeons. These House Surgeons not only did the ward work, but every morning attended to all the out-door patients in two little rooms to the left of the front hall, and here dressings and

minor operations were performed. Dr. Fenwick always operated in an old blood-stained black frock coat. The only precautions taken, as far as I remember, were to wash the hands; the instruments and patient were not specially cleansed, and the instrument man and operating room orderly had charge of the post-mortem room as well. This combination went on for many years. Dr. Fenwick was just beginning his operations on the knee, excision for tuberculosis, but had not much success until Listerism was introduced, with spray and many plies of prepared gauze dressing, green protective and rubber dressing outside. Dr. Roddick on his return from England in 1877 brought out the steam spray and all the Listerian ritual, and introduced it into the General Hospital; then Dr. Fenwick's knee excisions had better results. I remember some time after I returned from Europe I was asked by Dr. Fenwick to come and see an operation (private) done under spray; Dr. Roddick assisted him and I looked on. After the operation was over I enquired why they had sprayed the wall instead of the patient—the spray had been going all the time but was not turned on the patient—the fact was, it had been forgotten; however, the case did well.

The condition of surgery in my student days was not very good and the mortality was large. I do not think I ever saw a case of amputation of the thigh recover. At that time, in ligaturing the artery silk or linen thread was used, and after tying the ends of the ligature were left long and hung out of one corner of the wound for drainage, and also to allow of its being pulled away when separated from the artery. Ligatures of all large arteries took about fourteen days to come away, and when this time approached at each dressing the ligature was pulled by the surgeon and at last came away, perhaps accompanied by a gush of blood. This was secondary hæmorrhage, so common in those days. The stump had then to be opened up again and the artery re-tied. As a rule the patient did not last long enough for the ligature to come away, for sepsis killed him before the fortnight expired. After amputation the stump flaps were closed, with three or four wire sutures of silver or iron placed widely apart, and between them strips of diachylon plaster brought the edges together. Rarely any dressing was put on, sometimes a bandage; when the stump was looked at in a day



GEORGE E. FENWICK, M.D., C.M.



or two it was reeking with pus, swollen and red, so that the straps had to be taken off and the wire sutures removed and the stump treated as an open wound. It would have been much better had this been done from the first, for the patient was usually already septic. This condition of affairs was much improved by the Listerian method, which Dr. Fenwick eagerly adopted.

Dr. Fenwick was much beloved by everybody, including the students; he had a kindly, open face and a charming, benevolent manner. He had no idea of time and was called the "late" Dr. Fenwick, but he was so pleasant and so apologetic when he arrived half an hour late for an appointment that no one could be angry. He was careless in money matters and always hard up, never looked after his accounts, and only sent them in when he wanted the money badly, and the amount was usually determined by the quantity of liabilities. He was very practical in his directions of how and when to operate, and had much more success than those who had more scientific knowledge. He was rather, as I hinted above, improvident. On one occasion after he had a severe illness the profession subscribed \$1000 for him to take a trip and recuperate, and to their surprise he immediately bought a \$600 piano and went for a trip on the remaining \$400. He said he had always wanted a piano, and this was an opportunity not to be lost. At times he was very irascible and lost his temper, but it was soon over, and his regrets and apologies made up for his little outbreak. No one could be long angry with Dr. Fenwick. The last few years of his life he continued to operate, but had lost his nerve, and I had sometimes to finish an operation at which I was assisting. He died on the 27th of June, 1894, aged 68. He edited the *Canada Medical Journal* for some years.

Dr. Fenwick was a man who had the courage of his own opinions and was not a slave to authority. He taught the men to think for themselves, and believed in free incisions. He was not a man who rushed into operations without due consideration, and he did not operate to find out but to cure. He was very successful in cutting for stone by the lateral operation, and had a huge collection of calculi at the College, which was evidence of his skill. He was a great collector of pathological specimens for the

museum, and his wonderful bone specimens filled a large section before the fire of 1907.

The Clinical Medicine course was presided over by DR. J. MORLEY DRAKE, an Englishman who had been a chemist before he became a student of medicine at McGill. He was a mild-mannered, very gentlemanly man, of a very fair complexion, but not much force, though he was a man of good ability. His clinics were given in the Surgical Operating Theatre and were really didactic lectures. He went the rounds of the wards occasionally with the students and examined patients, but when Dr. Howard's turn was on the students followed him, for he gave excellent and practical clinics at the bedside. I remember very little about Dr. Drake's course, for it made no impression upon me and I learned but little from it.

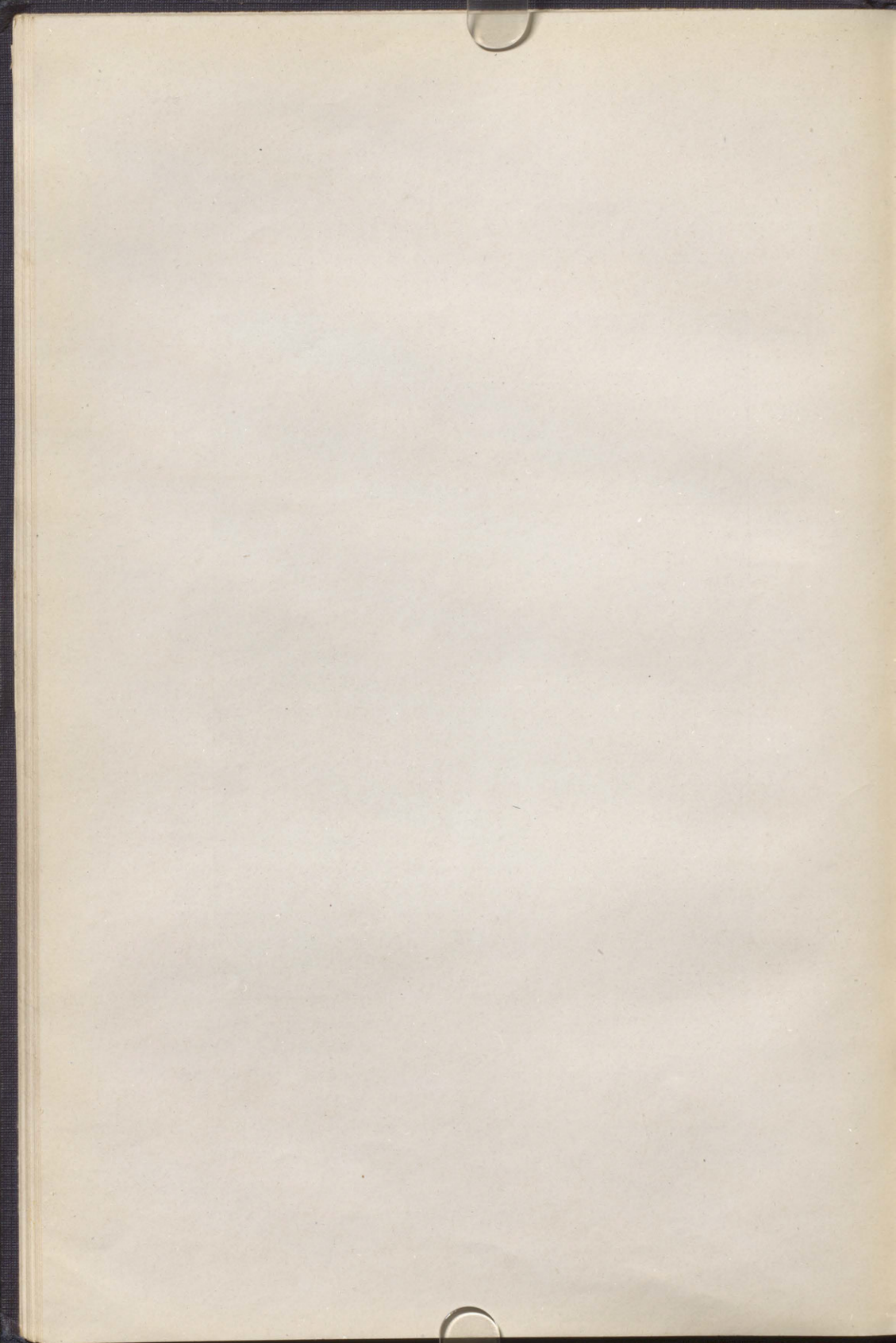
Dr. Drake, as was customary, succeeded Dr. Fraser in the Chair of Physiology (a more lucrative Chair), which he held for two years only, and was succeeded by Dr. Osler. Drake had a large practice and was very devoted to his patients. He made a large income and, having no children, his expenses were not great. He was a delicate man with a bad heart, and it was thought he might die at any moment; his wife was a strong, robust woman, but died first from an attack of pneumonia and willed her half of the property to her relatives. For there was community of property—there being no marriage contract or "séparation de biens," according to French law, half the property acquired after marriage belonged to the wife. So Dr. Drake had to realize his estate and give half to his wife's relations. This broke him up; he gave up practice, retired to a farm in the country, and died there in 1886. His brother endowed the Chair of Physiology, and the professor is called the Joseph Morley Drake Professor of Physiology.

There were a few men attached as attending physicians and surgeons to the General Hospital who were not connected with McGill University; one of these was DR. JOHN REDDY, an Irishman and rather a character. He was a tall, thin man with sharp features, of a dark complexion, curled black whiskers and bushy black eyebrows. He had a good Irish brogue and had his qualifications from Dublin. He had been a house surgeon in the Meath Hospital, and told us much about that celebrated institution and what he did there. Among other tales



JAMES MORLEY DRAKE, M.D.

Jr?



he told us was that while there he had pulled 5000 teeth. He had a large practice and was a very successful midwife. He was not a clinical teacher and was not a man who could be called a scientific practitioner, but he was a shrewd man with a certain quality of wit and an eye for the main chance. He had great faith in the diagnostic powers of George Ross, the House Surgeon and afterwards Professor of Clinical Medicine, and one of the best clinicians and teachers I ever knew. He would ask Ross on entering the Hospital what new cases there were. On one occasion in summer Ross said there was a case of pneumonia in a corner bed in Ward X, and on going the rounds, followed by a few clinical clerks and dressers, he stopped at the door of this ward and suddenly starting back, pointing to a man in the corner bed, said: "What do I see? a man with a flushed face, rapid breathing, distressed look, etc., etc.—surely a case of pneumonia." But Dr. George Ross pulled his sleeve and said quietly, "Not in that corner, but the other"—the man he had pointed to was an old case of chronic rheumatism. He often said to Ross, "You take his temperature, Geordie, whilst I prescribe." At that time long non-registering thermometers were being used, and the thermometer had to be carefully watched. When finishing one of his long prescriptions he often said, "That's the dot which will do the business."

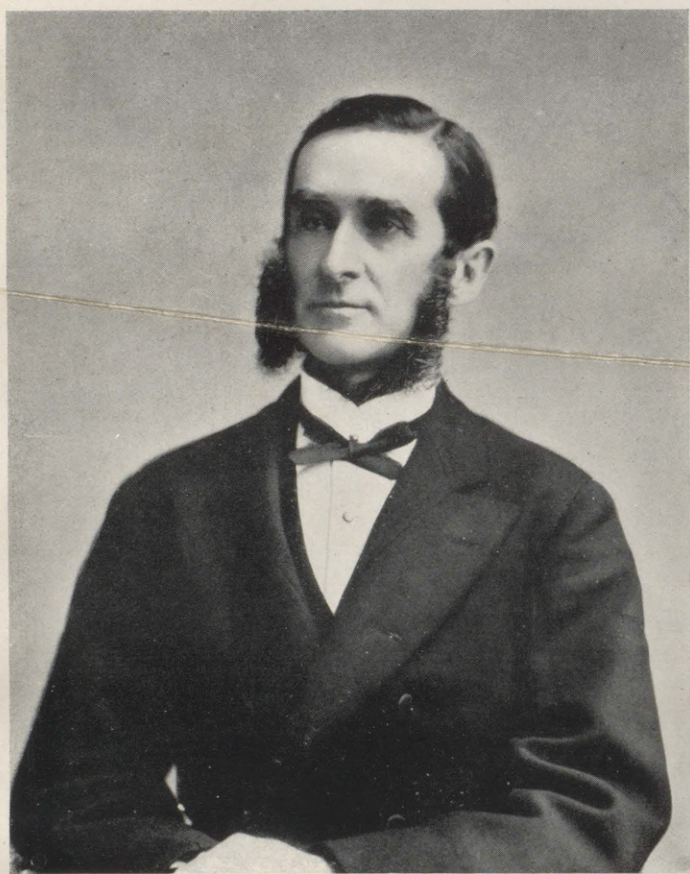
Dr. Reddy was a very religious man and had lately left the Church of England for the Plymouth Brethren. On one occasion he had to take ether for a small operation, which was performed at his own house, and when under ether he commenced to swear and curse most volubly, much to the horror of his wife, who would not believe he had ever indulged in strong "langvidge," for his speech was "frequent and painful and free." Dr. Reddy did but little surgery, and usually relegated the public cases which came to his share to Dr. Fenwick. He always attended the meetings of the Medical Society and added much to the entertainment of the members by his unconscious humour.

The Montreal General Hospital during my student days was a much more modest institution than it is at present. Then, when at its extreme capacity, it would accommodate about 150 patients, and attached to it was a small-pox hospital. The General Hospital was divided into many ill-lighted and ill-ventilated rooms. There was not a single ward which could

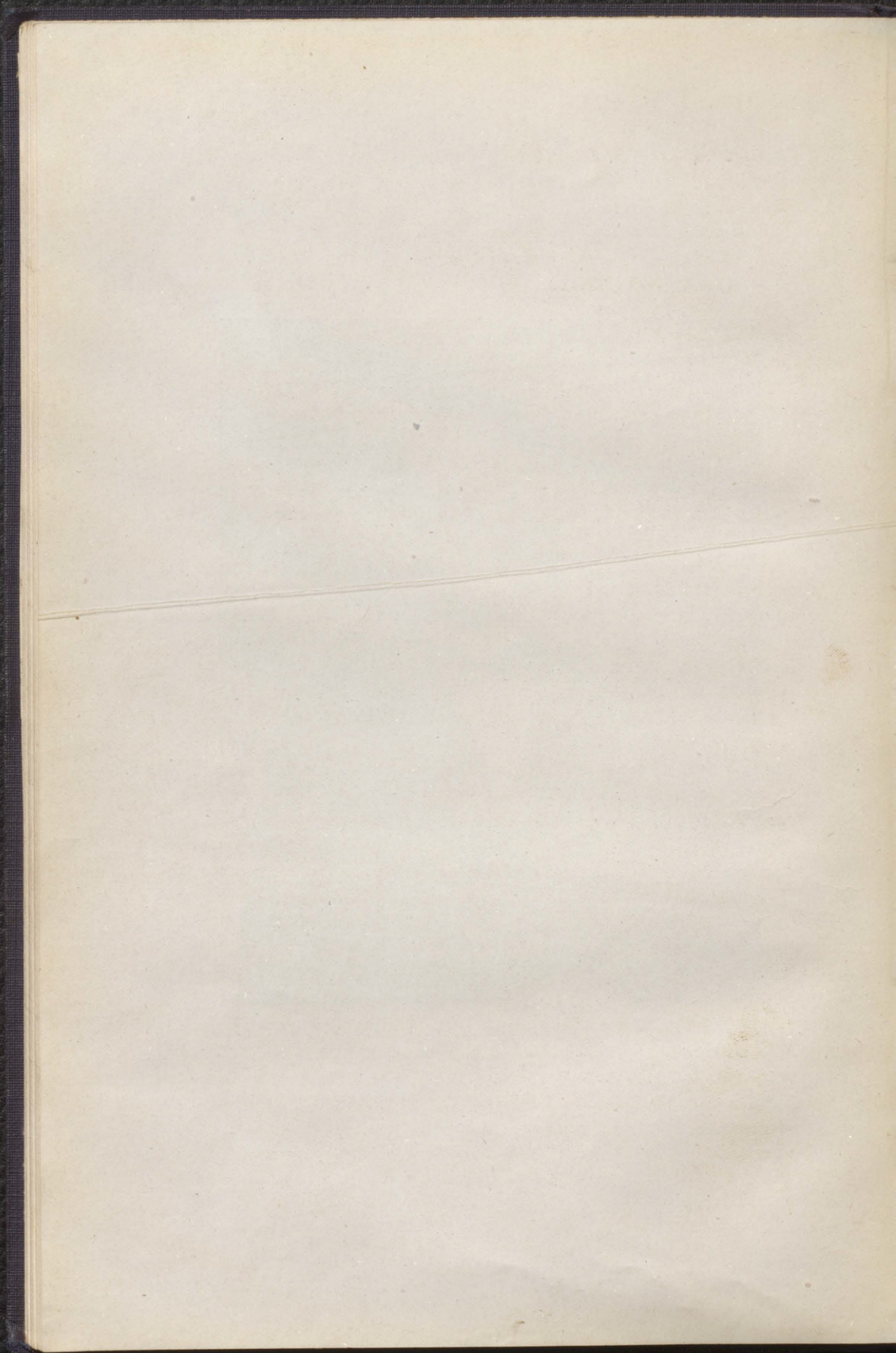
contain more than a dozen beds—very different from the present most spacious, well lighted, and airy wards containing in the neighbourhood of 30 to 50 patients.

The nurses were of the Sarah Gamp type, wore stuff dresses and mob caps; many were old and red-faced and were not strangers to the cup that cheers. They were kind enough, but rough, and the night nurses were worse, and only one nurse for three flats. At this time it was the custom to always prescribe stimulants when a patient entered a ward; the routine was 4 oz. of port, or 2 oz. of whisky or brandy, or two bottles of ale or stout. If a patient did not get a stimulant he thought there was "something rotten in the state of Denmark." At night the opportunity of these nurses came, for at night in serious cases extra brandy was frequently prescribed, and it often reached the nurse but not the patient. In those days, and for some time after, and until we had a training school for nurses, it was the custom to strap a delirious patient to the bed, roll him tightly in a sheet and make it fast. If he was noisy he was gagged. Of course, with the slender help and the fact that the nurse could not be on three flats at once, there was some excuse for this procedure. There were no temperatures to take in those days, everything being determined by the pulse, the facial expression, and the attitude and conduct of the patient. The nurse's chief function at night was to give water, stimulants, and medicine; but this was done rather irregularly, and sometimes not at all.

The operating room was very different from the present palatial hall, with marble below you, marble in front of you, and marble around you; everything shining with cleanliness, including nurses and doctors in immaculately clean garments, masked and rubber gloved, and the patient also in a similar state of cleanliness and asepticity, the instruments of course all boiled and aseptic. In my student days the operating room was well lighted, but had a wooden floor and was surrounded by wooden seats; the floor was often blood-stained and reeking with odours; the wooden operating table was blood-soaked. In some operating rooms were pulleys for reducing dislocations. In a famous hospital in Dublin which I visited, the operating room was situated over a cess-pool, chiefly because the cess-pool was round and the operating room was also round, so they



JOHN REDDY, M.D.



combined forces. The operators sometimes washed their hands, but never the patient, nor were the instruments specially cleaned. The operators usually wore an old frock coat, soaked with the blood of many victims. The stock operations were: amputations, ligature of arteries, cutting for stone, and removal of tumours. The abdomen was never opened except accidentally; compound fractures of the leg rarely recovered, unless amputation was immediately performed; strangulated hernia when operated on resulted usually in fatality. I have already described the method of dressing amputations of the leg and the ligature of arteries with the long ends of the ligatures hanging out of the wound.

The days of purging and bleeding had not altogether gone out when I was a student, and a huge jar of leeches was always kept in the apothecary's shop. Black draught (*Haustus niger*) was a favourite prescription, and more drugs were given in one prescription than would fill a dozen now. The prescriptions were of the blunderbuss variety, in the hope that something would hit the mark.

Empyemas were treated by tapping with a trocar and usually died. Typhoid fever was just being differentiated from typhus, and appendicitis and typhoid were often confused.

The small-pox hospital was visited daily, when there were cases, after the ward rounds and linen dusters were put on over the clothes by the doctor, house surgeon and students who wished to accompany the physician. I remember a curious case where a patient in the delirium of small-pox took a header through one of the windows, landed in a snowdrift (it was in mid-winter and the thermometer several degrees below zero) and ran all the way from the Hospital to Beaver Hall Terrace (nearly a mile) in his bare feet and clothed simply in a night-shirt, where he was overtaken on his own doorstep and brought back to Hospital, receiving no harm from his escapade, for he rapidly recovered.

The changes brought about by antiseptic and aseptic surgery have been rapid and startling, and it is a great privilege to have seen the transition from ancient to modern surgery; again, the modern nursing is so different and so efficacious in hospital—nurses are the left hand of the doctor, and one wonders how one ever got on without their assistance. The danger is that

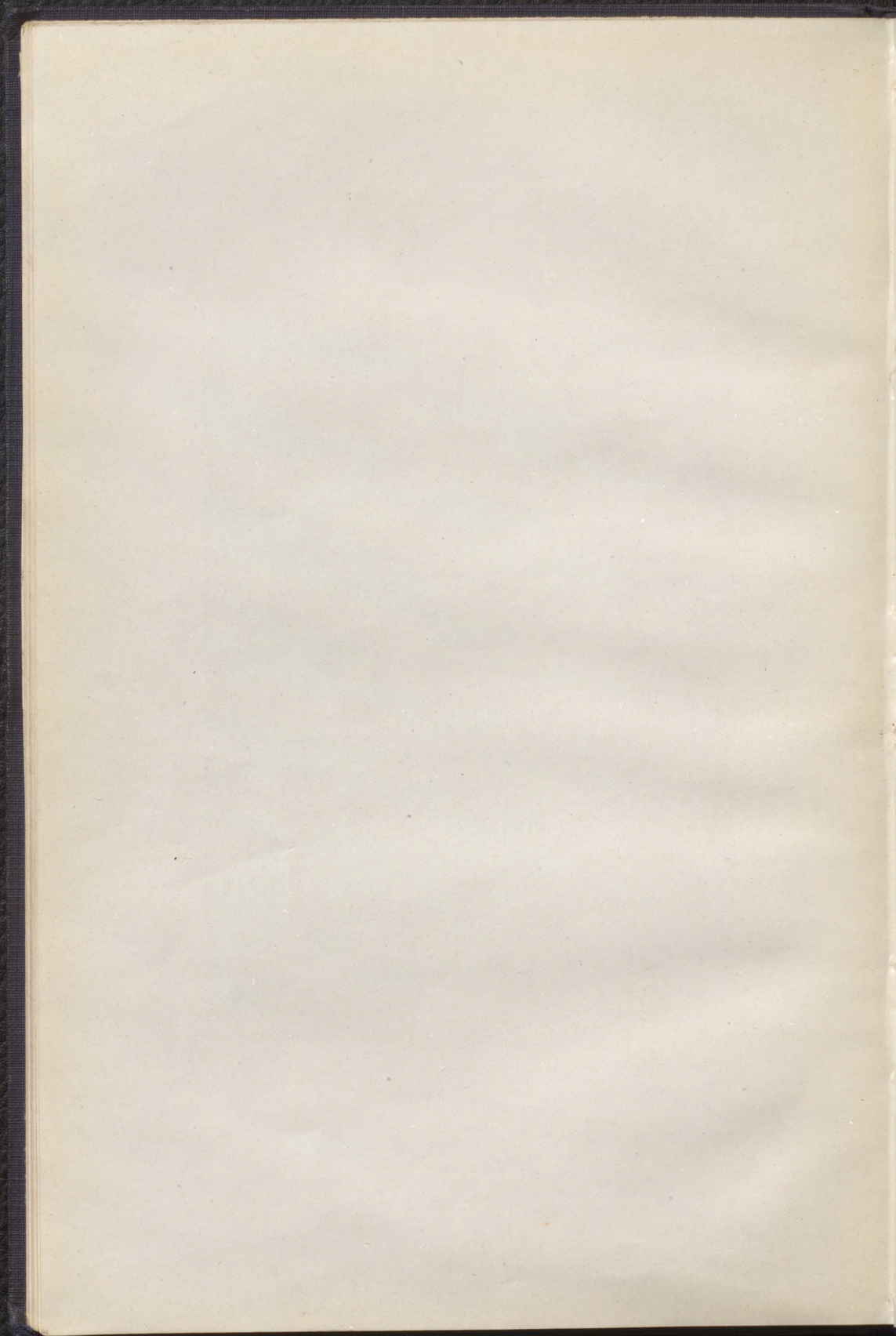
they, like other trades, will want shorter hours and more pay, and, though a necessity, will become a luxury only to be indulged in by the rich.

During the years I was attending the Faculty of Medicine of McGill University the Greek-letter clubs had not come into existence in Canada, but there were always two parties in the class, one of which claimed to be "the gentlemen's party"—a few men who thought themselves socially above the others, though not intellectually. I was always opposed to parties amongst students and never identified myself with any. When the *zeits* were formed some years later I was Demonstrator of Anatomy, but never recognized any cliques or parties. I was always opposed to any class division in the University and do not think they made for the betterment of the students. Jealousies and dissensions were fostered by these societies, for they would only admit those they deemed socially eligible and excluded the poor student. I always looked upon the University as a true republic, where everyone was allowed equal advantages, where there was no distinction of rank and those who were intellectually superior took the lead. The Greek-letter societies tended to bolster up the weak man because he was a member of their society. At one time I myself was accused of favouring the societies, for most of my demonstrators were members. This was all news to me, for I never asked nor wished to know a man's religion or social preferences. The evil was much increased when members of these societies became professors, for it was fully believed that they favoured the students who were members of their society at the examinations.

There were some bright students during my attendance at college—a group of men who lived in a house on St. Urbain Street, and they especially led the class; they were a year or two ahead of me—I need only mention William Osler, Locke, McConkey, Johnston, etc. These were all good students, as were the Mathiesons, Backhouse, Campbell, Arthur Browne, Hamilton Allan, Stevenson, Ross, Kelly, Blackader, Wright, and many others. A good many of these men did very well and some had distinguished careers, and one at least, Sir William Osler, has attained world-wide fame. Some of the brightest men have been failures in life, and men who stood high in their class when tested by contact with the outside world failed to make



WILLIAM FULLER, M.D.



good. Of course, some fell owing to a love for drink, others for want of confidence in themselves, and very few from misfortune not due to their own actions. Again, many students who were obscure and unnoticed in their college careers did most excellently when they faced the world, and obtained renown and sometimes wealth in the profession in which they became leaders. Others gave up medicine and succeeded in business; some became millionaires. A few were utter failures and disappeared in the morass which swallows up the incompetent and inefficient.

ANATOMICAL REMINISCENCES 1875--1883

By

FRANCIS J. SHEPHERD

Formerly Demonstrator of Anatomy, McGill University, Montreal.

When I was a medical student at McGill University, in 1869-73, nearly every subject for dissection was obtained illegally, by the old method of "body-snatching." Although there was an Anatomy Act on the Statutes of the Province of Quebec, and an Inspector of Anatomy, yet as no penalty was attached to the law it was never carried out. The only institution which fulfilled the law was the Montreal General Hospital, which religiously handed over to McGill all unclaimed dead. After the body had been received at the College the Demonstrator of Anatomy went to the Inspector of Anatomy and tendered him a fee of ten dollars and was given a permit to dissect the body. The Inspector at that time was the City Clerk and he took no interest in his anatomical duties. I have occasionally seen as a student cases which were undoubtedly coroner's cases on the dissecting tables; one man I remember had a bullet wound through his forehead—we never asked where he came from and would not have been told had we inquired.

On my return from Europe in the autumn of 1875, to assume the duties of Demonstrator of Anatomy, I found immediately that to provide subjects for the dissecting room I had to accept those obtained from "Resurrectionists." The body snatchers were usually medical students, chiefly French, who by the proceeds of their nefarious occupation paid their fees. The usual price for a subject was from thirty to fifty dollars, paid in cash, and for this purpose the Demonstrator was provided with funds. Of course he gave no detailed account of this expenditure.

For some years I obtained subjects from the Cote des Neiges Catholic Cemetery, to the west of the Montreal Mountain. Two Irish students made a compact with the guardian of the

cemetery, and aided and abetted by him obtained many subjects (so I learned afterwards). The dead poor, not being able to pay expenses of the vaults, were buried in winter in very shallow graves in a certain corner of the cemetery, and those freshly made graves were marked by the guardian and the students went up at night, disinterred the bodies, buried usually the previous morning, removed all clothing, wrapped them in blankets and tobogganned them down Cote des Neiges Hill. Many weird tales are told of accidents and the bodies rolling off the toboggan, and people who saw the accident thinking a death had occurred. They usually arrived at the College in the very early morning hours, and the janitor took in the bodies and gave a receipt on which they collected their money the next day. The receipt was always presented by some one who had nothing to do with the snatching.

Sometimes these bodies were missed by relatives and the dissecting rooms of the city were searched, and if the body was identified it was confiscated by the detectives. Occasionally they prosecuted me for receiving the body. Now, as there is no property in a dead body and no clothes were taken, the only count on which they could summon me was, "Offence against decency," and I was usually fined \$50. The judge, a Mr. Coursol, recognised the necessity of obtaining material for dissection, always fined me and nothing more was said. I seldom knew who brought the bodies, and the janitor, strange to say, was never summoned as it was supposed to be all done by medical students for the love of anatomy and in the interests of their profession, and it was thought that they had the *entrée* to the dead house.

Naturally there were other sources of supply, such as country cemeteries at a distance, and sometimes I received a subject (frozen of course) from the railway in a Saratoga trunk. Occasionally if there had been soft weather the smell from the trunk attracted attention and excited suspicion so that box was often opened and the body found. Needless to say it was never claimed and no one knew who sent it. I remember on one occasion a student finding his uncle on the table. He was a Frenchman, and said to me, "What for you got mine oncle here?" I said I did not know it was his uncle; had I known I should never have received him. I added if he paid the expenses

of removal he could have him. He thought awhile and said, "spose mine oncle come, spose he stay," and he did stay and was properly dissected. On another occasion a man found his grandmother on the table; he explained to me that as far as he was concerned he did not care but he thought the family might object and so took charge of his ancestress and forwarded her to her proper resting place.

Some curious things have happened about subjects. On one occasion I received from Montreal General Hospital in proper legal form the body of a man who had died friendless—an Englishman. He was received on a Friday evening. It turned out the man had been a Mason and the Masons getting wind of it, made enquiries, and it was found that this ne'er-do-well was the Honourable ———, son of Lord ———, and had been a prominent Mason. The Masons called on me Saturday afternoon, and after having explained the circumstances of the case, asked me to kindly deliver up the body, and said they would pay all expenses. I gave a written order to the janitor (the celebrated Tom Cook, a character of much note amongst medical students) to deliver up the body, and they went away much pleased. A fine coffin was sent to the College with a silver plate on the lid giving the name and titles of the occupant, and Cook was to place the body in the coffin. Next day, Sunday, there was a Masonic funeral at Christ's Church Cathedral, which was attended by all the prominent Masons in full regalia. Well, on the Monday following I went up in the morning to the dissecting room and the first subject I saw was this man who was supposed to have been buried the day before. I called up Cook and asked him what he meant by this and he told me that he could not bear to let so good a subject leave the College, so had substituted a rotten old subject which had been some weeks in the deadhouse, a Frenchman and a Catholic. I thought it better to say nothing and the Honourable ——— was duly and properly dissected and the French Catholic had the advantage of being buried twice, once as a Catholic and again as a Protestant, with Masonic ceremonies.

There was a shrewd old steward at the Montreal General Hospital who was very successful (for a consideration) in getting the bodies of people who had died in hospital on loan from their relatives, on condition that we would bury the remains.

This he always did and handed over a certificate of burial, without any cost to them. I won't say as to the quantity of the remains buried but something always *was* kept and buried.

At one time the scandal of the "body snatching" enterprise became so great that public opinion was aroused. It is the custom in Eastern Canada in country places in winter, on account of the frozen state of the ground, to place the dead in vaults or dead houses in place of burying them, and in the spring when the ground thawed out they were interred in the ordinary way. Well, at one time the students in search of subjects broke open these vaults and removed all the bodies from them without disturbing the coffins, leaving the clothes behind. I have seen the French students bring in as many as ten or twelve bodies at one time, obtained in this way. Of course when the relatives came in the spring to bury their dead there were no bodies and an outcry was justifiably enough raised; but it was too late to trace the subjects that had long since disappeared, and the only remedy was to guard the dead more carefully in the future.

At one time the dead house in a nunnery in an adjacent village was robbed of its dead and this happened to be a school where many young ladies came from the States to be educated. There had been an epidemic of typhoid fever and many nuns and scholars had died and were awaiting removal or burial in the spring. One night thieves broke in and stole all these bodies. Unfortunately for the robbers the young American girls were awaiting removal to their homes and when the relatives came they found the coffins empty and then of course there was a great outcry. The bodies were never brought either to McGill or the French school, for the robbers, alarmed at the tremendous indignation which the robbery had aroused, hid the bodies in convenient snowdrifts, of which there were many that winter, and when there was danger of the search coming too near they moved them to other places. I was told that for some time they were buried in a large snowdrift near the medical school and in the college grounds. The bodies were not recovered until a large reward was offered. The perpetrators of the theft were so clever that they not only got the reward but were never found out. This affair so scandalized the community and the Catholic hierarchy that the Archbishops approached the Anatom-

ical Departments and asked them what kind of law they wanted in order to obtain subjects legally. We replied that a law with a penalty attached was necessary and also that the body must be claimed by relatives and not friends. So they went to the Provincial Legislature and requested the Government to pass such a law, which they promptly did; they were opposed only by a few English members. This law put an end to "body snatching" and provided an ample supply of subjects for the dissecting rooms. The law runs somewhat thus: "All persons dying in institutions (such as hospitals, jails, lunatic asylums) receiving aid from the Provincial Government, if not claimed by a relation nearer than the third degree in 24 hours, must be handed over to the Inspector of Anatomy for distribution in proper order to the medical schools." The penalty was of course the withdrawal of the aid furnished by the Provincial Government if the law was not carried out. It has proved most satisfactory, and all the subjects are obtained chiefly from the large lunatic asylums and without difficulty. The clause in the act which requires the claiming of the body by relatives, not further removed than first cousins, and this relationship to be sworn to before a magistrate, is a most important addition, for any friend or society could claim them heretofore.

Another feature of the law, which was introduced to satisfy the prejudices of the many, was the burial of the remains. The Protestant remains had to be separated from the Catholic, and the certificate of burial had to be handed over in due time to the Inspector of Anatomy. For many years now this law has been in force and it has worked well. In summer the College collects subjects, and after preparing them with preservative injections and filling the arteries with tallow or wax, the subjects are kept in hermetically sealed safes, placed on shelves and exposed to a continuous vapour of pure methylated spirits. In this way I was enabled to start the session with thirty to forty subjects, and when the cold weather came fresh subjects were obtained in sufficient quantities to go on with our work.

COLD WEATHER

quantities to go on with our work.

P. S. to letter of W. O. to Shepherd, 11th Jan., 1919 (in 8303)

Since writing this your letter & Body-snatching papers have come.
The letter I will have bound & it will go with the Mss in the Bib.
Osler. - & marked not to be published till after your death. I
thought the denouement came with the stealing of the body of Mayor
of Three Rivers & Bro. of the Bishop. Tis an A 1 account.

cold weather ^{came,} ~~came on~~ fresh subjects were obtained in sufficient quantities to go on with our work.

Some writing that has been printed on the paper and is
the subject of this note is printed in with the use of the
same ink as that used in the printing of the paper and
though the characters are not so clear as those of the
of the same paper, it is not possible to see in a moment.

- 7 -

Another feature of the Law, which was introduced to satisfy the prejudices of the many was the burial of the remains, the *Pro*testant remains had to be separated from the Catholic and the certificate of burial had to be handed over in due time to the Inspector of Anatomy. For many years now this law has been in force and it has worked well. In summer the College collects subjects and after preparing them with preservative injections and filling the arteries with *filler* ~~cotton~~ or wax, the subjects are kept in hermetically sealed safes, placed on shelves and exposed to a continuous vapour of pure methylated spirits. In this way I was enabled to start the session with thirty to forty subjects, and when the cold weather *came,* ~~came on~~ fresh subjects were obtained in sufficient quantities to go on with our work.

