

Laval University, Quebec. This highly respectable institution, as our readers are aware, is purely French-Canadian, and offers to the student in Medicine of that origin, who may be desirous of attending lectures delivered in his native language, the opportunity of obtaining a thorough knowledge of the science of Medicine. It was established by Royal Charter in the year 1852, and has the power of granting degrees in Medicine.

The Seminary and the Rector of the University lost no time in carrying the Charter into effect. The Faculty of Medicine was the first organized, and this was done by the merging into the University of the Quebec School of Medicine, which used to receive a legislative grant of £250, and ceased to exist a short time after the inauguration of the University, most of its professors having accepted professorships in the new institution. Dr. Jean Blanchet, a member of the Royal College of Surgeons of England, one of the oldest physicians in Quebec, enjoying an immense practice and a reputation of the highest order, was appointed Dean of the Faculty and Professor of the Institutes of Medicine and of Physiology. He delivered an inaugural lecture, which has been printed, and is considered a remarkable synopsis of the various branches of study of the medical profession. Dr. Blanchet had been a member of Parliament for Lower Canada under the old Constitution, and after having retired from public life for many years he was again elected for the City of Quebec in 1854. His health being considerably impaired in 1856, he resigned his professorship, and had the title of honorary professor conferred on him. His chair has not yet been refilled, but a lecturer has been appointed in his place. He died on the 22nd of April last, and an interesting biography of that able and charitable physician, written by Dr. J. C. Taché, is to be found, together with his portrait, in the 6th No. of *Le Journal de l'Instruction Publique* and in the *Medical Chronicle*.

The other four professors appointed to that faculty were Dr. Frémont, the present Dean, who is the professor of Surgery; Dr. Nault, professor of Materia Medica and Secretary of the Faculty; and Dr. Landry, professor of Anatomy, who has visited Europe and collected a museum of anatomy and a library for the University. To these are now to be added Dr. Jackson, appointed in 1854, professor of Midwifery; Dr. Lemieux, lecturer on the Institutes of Medicine and Physiology; and Mr. L. M. Larue, lecturer on Medical Jurisprudence and Hygiene. The latter is a young gentleman recently admitted to the medical profession, and who has studied in the Universities of Paris and of Louvain for the express purpose of filling the chair to which he will soon be appointed.

The building of the School of Medicine was also the first begun and the first completed. It is situated in St. George street, and has another entrance on University street, which is a kind of lane on the Seminary ground. On one side of the street is the school of Medicine, and on the other the University, and the Boarding house or *Pensionnat*.

The School of Medicine is a building 70 feet in front by 60 in depth and 50 feet high. It is four stories high on St. George street and three on University street. It contains dissection rooms, an amphitheatre, a library, two museums (one of pathological and the other of normal anatomy), a collection of surgical instruments, a vast laboratory, and a depository of medical preparations, and large and well laid out class rooms. The library contains about 3000 volumes, and the collections are of the most costly description.—*Journal of Education, September.*

#### A STUDENT'S LETTERS.

##### No. III.

Perhaps it would not be uninteresting to say a few words relating to *clinical teaching* in Edinburgh in the Royal Infirmary. There are 5 teachers of clinical medicine and two of clinical surgery; Drs. Bennett and Laycock, and Mr. Syme for the university; and Drs. W. T. Gairdner, Begbie, and Keiller, and Mr. Spence, for the College of Surgeons. (Dr. Christison has resigned his clinical chair.)

I must say that for a school of medicine, Edinburgh is, as far as I am capable of judging, very much superior to that of any other city that I have been in; and as a surgical school is little, if at all deficient. It may not be inappropriate to state here in a few words how clinical teaching is conducted.

I shall first describe Dr. Bennett's method. He has three clinical clerks, whose duty it is to take notes of all the cases in his wards which are of any importance, and upon which he lectures. It is likewise their duty to examine the urine of each patient every day when it is required, and to prepare any particular specimen, whether microscopical or otherwise, to be examined by the other students. They also examine sputa or any morbid substance which it may be requisite to know the composition of. This entails a large amount of time, and, as it demands no considerable knowledge on the part of a clinical clerk, they are selected from competent members of the class. (I may here state that all the wards are furnished with an Oberhauser microscope and other requisites, and that the manipulations are performed in a small room adjoining the

ward.) Dr. Bennett examines the cases before the class, points out all the symptoms of disease, and calls out the students singly to examine for themselves.

When a new case comes in he calls on a student to examine it; and when the opinion is given, he either confirms what has been said, or points out where and how the error has been made. He always uses a hammer of Professor Winterich's model as a percussor, and the ivory pleximeter of M. Piorry slightly modified. By this means the different sounds elicited are easily distinguished by the students when at a distance from the bedside; and this is a matter of some importance when the class is so large that many of its members cannot get very near. He lectures every Tuesday and Friday at 12 noon; and has a class once a week, in which the junior members are instructed in Physical Diagnosis, to enable them to distinguish between normal and morbid phenomena. He is very particular in requiring the students, when examining a case, to ask the questions in a certain methodical manner, and to follow each out in such a way that he can come to a direct knowledge of where the lesion exists.

The first question which is always to be asked is, "Where do you feel pain?" The place is pointed out by the patient; and after this has been followed up by an examination, the second is, "How long have you been ill?" and thus it is carried out until the conclusion has been arrived at. (The ordinary students are allowed to take notes of any case they choose, which he corrects.) I shall now pass on to the clinical teachers of the College of Surgeons.

The work with them is divided into three parts. Dr. Gairdner lectures on the senior department every Friday at 1 p.m., and Dr. Begbie on the junior every Tuesday, except the last of each month, on which day Dr. Keiller gives a lecture on those diseases of women which may exist in his ward at the time.

Dr. Begbie has a class for junior students every Thursday at 1 p.m., to whom he demonstrates practically the various methods of carrying out a physical examination, then all the normal phenomena of the various organs, as mapping out the cardiac, splenic and hepatic, dullness, the normal sounds of the heart and lungs, &c. He will then demonstrate the different morbid sounds and appearances on the patients at that time in the wards. Which, after being finished, he will point out the characteristics of healthy urine, and finally the tests, chemical and microscopical, for detecting abnormalities in that fluid. He will also give some attention to the discrimination of the sputa and morbid products. Dr. Keiller points out the manner of conducting the examinations of female diseases on the cases in the wards, with the uterine speculum and

sound, and likewise the operations for rupture of the perineum, and like injuries.

Dr. Gairdner has a class every Monday at 1 p.m., for the purpose of instructing the senior students in making themselves masters of their profession; such as the diagnosis between different diseases, and the manner of coming to a right conclusion regarding them; the different phenomena which the same disease takes on at different times; and matters of like import.

Dr. Gairdner's method of clinical instruction is similar in many respects to Dr. Bennett's, but differs slightly in others.

All those students who wish to take notes of cases, are requested to give in their cards; and to these, the cases as they come in, are given in turn.

In taking notes of cases, he wishes the student to mention only those facts bearing directly on the disease, and not to attempt any lengthened history unless he has such an amount of time as will allow him to do it perfectly. He wishes also that the student shall make a marked distinction of those symptoms which he clearly makes out himself, from those given by the patient, which must be received or not according as they are found to coincide with the disease in question.

When interrogating a patient, allow him to tell his own story first without interruption, and to point out the place where the pain is located. When a student has been given charge of a case, he is required to make an examination privately at any hour he finds it convenient, and to put down his notes on paper, which are read before the class at the next visit.

When finished, he examines the patient himself, and confirms the statements made, or shows how and where the error has been made. He then makes remarks on the notes whether anything useless has been taken down, or if any of the principal symptoms are lost sight of or are not sufficiently dwelt on, which thus serves as instruction for all. After his examination, you take down his remarks on the different signs, which are repeated every day.

By this method a student is better enabled to satisfy his mind concerning a case when he has leisure, and is not so likely to be unnerved as when it is done in public. Dr. Gairdner intends, after Christmas vacation, to select clinical clerks, by competition from those who are desirous of having the office, and to whom the examination of the urine, &c., and preparing notes on cases for his lectures, are committed. He has a junior class, who do not take notes of separate cases, but write down his remarks on the separate diseases. Clinical Surgery by Mr.

Spence and Mr. Syme, is taught similarly by each. The lectures are twice a week, and the subject of each description is brought into the room, and any operation required is performed, and the steps explained. This is independent of the operations performed in the general Operating Theatre.

Dr. Haldane, the Pathologist to the Infirmary, explains the morbid anatomy of the parts under consideration, and sends specimens around to be examined by the students (who are not allowed to be in the area, except the one who has taken notes of the case during life).

There are two eye-wards connected with the Infirmary, which Mr. Walker attends daily. The daily visit at the Infirmary commences at 12 noon.

I shall in the next give a few words regarding the colleges here.

A. R.

Edinburgh, Nov. 25, 1857.

SECRETARY'S OFFICE,  
Toronto, November 28, 1857.

MEDICAL APPOINTMENTS.—His Excellency the Governor-General has been pleased to make the following appointments, viz. :—

John Nation, M.D., and John Gardiner Bolster, Esquires, to be Associate Coroners for the County of Ontario.

ELEVENTH BATTALION, MONTREAL.

To be Surgeon :—Arthur W. Delisle, Esquire, M.D., vice B. Delisle left limits.

To be Assistant Surgeon :—Patrick O'Leary, Gentleman, vice Boudria, left limits.

Toronto, Dec. 5, 1857.

His Excellency the Governor-General has been pleased to make the following appointments, viz. :—

Timothy Theobald Coleman, Esquire, M.D., to be an Associate Coroner for the United Counties of Huron and Bruce.

John Doherty, Esquire, to be an Associate Coroner for the United Counties of York and Peel.

Peter Stuart, Esquire, to be an Associate Coroner for the United Counties of Stormont, Dundas, and Glengarry.

John Stewart, Esquire, Surgeon, to be a Member of the Board of Governors of the Kingston Hospital, in the room of the Hon. John Macaulay, deceased.

HOSPITAL RETURNS.

Monthly Return of Sick in the Marine and Emigrant Hospital, Quebec, from the 29th October to the 2nd December, 1857.

	Men.	Women.	Children.	Total.
Remained, .....	51	9	1	61
Since admitted,.....	48	10	1	59
	99	19	2	120
Discharged, .....	70	5	1	76
Died, .....	4	0	0	4
Remaining, .....	25	14	1	40

DISEASES.

Fever, .....	2	Contusions, .....	2
Inflammation of lungs,.....	5	Catarrhus, .....	9
Inflammation of bowels,.....	1	Pregnancy,.....	4
Rheumatism, .....	8	Hæmorrhoides,.....	1
Dysentery, .....	1	Erysipelas, .....	1
Diseases of skin, .....	1	Feb. Intermittens,.....	2
Syphilis, .....	6	Delir. Tremens, .....	1
Fractures, .....	3	Debilitas, .....	1
Abscess, .....	2	Epilepsia, .....	1
Ulcers, .....	1	Ophthalmia, .....	1
Wounds, .....	2	Destitution, .....	4

C. E. LEMIEUX,  
House-Surgeon.

MEDICAL NEWS.

Two other American physicians, Drs. J. Adams Allen, of Michigan, and Martyn Paine, of New York, claim priority in the discovery which Marshall Hall so gracefully yielded to Dr. Campbell, of Augusta, Georgia. "Why do not," says the New Orleans Med. News, "all the claimants come in at once, and let Dr. Campbell kill them all with one stone?"—One suicide takes place annually in Moscow out of 55,108 inhabitants; Sardinia, one in 59,318; Belgium, one in 27,468; United States, one in 23,263; England, one in 15,300; France, one in 13,461; Prussia, one in 8,081; Saxony, one in 5,664; New York, one in 8,838; London, one in 5,000; Paris, one in 2,175.—M. Perret, the editor of the well-known medical journal, the *Moniteur des Hopitaux*, has been sentenced to three months' imprisonment for speaking (not in his journal, but by word of mouth) disrespectfully of the Emperor.—To the practice of medicine in Beloochistan there are only two slight drawbacks. When the physician gives a dose, he is expected to take a similar one himself, as a guarantee of his good faith. Should the patient die under his hands, the relatives (though by no means