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THE MEDICAL STUDENT.

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The Medical Student.

Published Monthly, from November to June, Inclusive, by the Students of the Boston University School of Medicine.

"When we have to do with an art whose end is the saving of human life, any neglect to make ourselves masters of it becomes crime."—*Hahnemann.*

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Editorials.

The editors of THE STUDENT are elected by the students as a whole, and in a measure represent the choice of the whole school. No class nor section nor party is the exclusive owner or manager, and all should feel an interest in the paper and its welfare, and all should give it cordial support. But there is a growing conviction on the part of the present editors and also a large number of the students that the management of THE STUDENT should be in the hands of its friends. In other words, *the patrons* should be the managers; they and they only should vote at the election of editors or on any question concerning it. This is certainly no unreasonable proposition, for if one does not take enough interest in it to subscribe, he will hardly be particularly careful to see that the best editors are elected. Neither is it fair to the subscribers that the paper be managed by those who do not contribute to its support. Another matter nearly akin to this is the eligibility to the staff. Lately it has been the custom to elect haphazard, whether the student desired it or not, and it has made little difference whether or no he took any interest whatever previous to his election. This is not as it should be if the best interests of THE STUDENT are considered, and it is to be hoped it will be righted before another election.

The suggestion in the last number of THE STUDENT as to the desirability of a smoking room in the building was a good one, and, as was said, would be an advantage to both smokers and non-smokers. But there exists another need which is very real and has been apparent to many for a long time. We mean a room set apart as a reception room, sitting room, or whatever one chooses to call it, for the use of the women students. Such a room would be a great convenience, especially to out-of-town students, during study

hours, or the occasional breathing spells that even a medical student can snatch from the round of work. How delicious to rest one's weary bones for ten minutes now and then in a comfortable chair, with something more attractive than bare walls and wooden furniture to look upon, even if one's thoughts were full of surgical operations, the differentiation of lead and copper poisoning, or the symptoms and pathology of acute anterior poliomyelitis. It has been suggested that this matter is a particularly appropriate field for the efforts of the Gregory Society, and thanks to the energy of some of its members, the accomplishment of the desired end seems almost an assured thing. The recent enlargement of the college building makes the lack of room no longer a valid objection, and we understand that the co-operation of the "powers that be" is already secured. The expense of furnishing such a room need not be very great; past as well as present members of the Society would doubtless be willing to contribute toward it, and members of our faculty have always shown themselves most generous in any need of the students. The meetings of the Gregory could be held there so much more enjoyably than at present, and the Society would henceforth have a "local habitation." When one thinks of the comfort of such a room to the large number of students, one can only wonder why it has never before been considered a necessity.

Nobody feels much happier than the student just through dissecting, and who can blame him? for the spectacle and odor of the dissecting room can hardly be agreeable to the enthusiast, to say nothing of the average student. Still, there is no place about the college, not even the library, where the student can obtain better reward for his time than in the much despised and poorly patronized dissecting room. Anatomy is elusive enough if we give it a fair chance, but to give two years free swing and then hope to have much of it left savors almost too much of high dilutions. It was remarked by one of our professors last year that each student *ought* to dissect at least twelve parts, and some of the best schools have gone so far as to require six. It is a step in the right direction and one that is absolutely necessary for an exact knowledge of anatomy. While that is not feasible for all of us at present, there is a chance to learn by observation and to keep fresh what we stored away a year or two ago. Its one of our many chances.

We have received the initial number of the *Journal of Medicine and Science*, the official organ of the Maine Academy of Medicine, of Portland, edited by E. E. Holt, M. D., and J. A. Spaulding, M. D. The opening article by Dr. S. H. Weeks, and the discussion which follows, are of signal interest. We believe this is the only medical journal at present published in the Pine Tree State, and welcome it warmly.

It has seemed advisable to publish a few of the Public Statutes which concern us in our work, as it is certain that some members of the school have, through ignorance, been violating these rules, and thereby have laid themselves open to penalties and the school to criticism. An unfortunate state of affairs, certainly. Undoubtedly it is the duty of the student, when he arrives at the dignity of taking his first case, to acquaint himself with the laws, statutes, and ordinances which concern his work; but the fact remains that the majority of the students think little or nothing of these matters until they are reminded either casually, by some friend, or an unpleasant check comes in the shape of some official who demands an explanation. This is a matter of vital importance, and the school can no longer afford to omit from its curriculum a subject which is so certain to bring discredit upon it. Let us, either at the beginning of the course, or before we come in contact professionally with a confiding public, have an understanding of such matters. It has been the custom to give a course in medico-legal lore at the end of the college course, and fortunately we have no need for most of the subjects touched upon in these lectures during our work here, but let us have a word on these everyday matters early. Probably all that is necessary might be incorporated into one or two lectures. The Manual of the health department can be obtained on application at the Old Court House, and every student and physician should be thoroughly conversant with its contents.

It is announced that an experiment in the science of hypnotism will be tried on the next victim of the guillotine at Buda Pesth. Professor Bernheim, of the college of medicine at Nancy, will attempt to

make the severed brain respond to the influence which will be exerted before the execution, and without intermission after the head has been parted from the body. The result of this unusual effort in behalf of scientific research will be awaited with greatest interest.

Among new inventions, or rather new appliances, we note that of Supt. Ludlam of the New York Hospital. We believe he is the first to make use of pneumatic tires on ambulance wheels. In the first practical trial the tires were punctured and ruined, but Dr. Ludlam hopes to perfect his work and thereby to materially lessen the discomfort attending the transportation of the sick.

General Contributions.

391 HARVARD STREET,
CAMBRIDGE.

To the Editor of the Medical Student:

SIR:—Will you allow me space for a word of warning and advice to your fellow-students, who, I think, can be warned through your columns more effectively than in any other way. My subject is the painful and delicate one of case-snatching. Let me entreat those who are enjoying the rare privileges of our dispensary practice to seek in this no other advantages than knowledge and experience. We have had, in former years, occurrences of the most demoralizing character to the whole class, and painful to the faculty, when the rules for the regulation of attendance on dispensary cases had to be enforced, and I know that the whole faculty are with me in earnestly hoping that no repetition of those experiences may come before us. There can and will be no shrinking on the part of those in authority from the enforcement of the rules laid down and published for the guidance of students in relation to the acceptance of fees for the treatment of dispensary cases and to the matter of soliciting such cases through any other than the legitimate channels.

I am led to refer to this unhappy topic here and now by the fact that certain signs have recently appeared of the revival of these infractions of our laws, and by the hope that a single word may be enough to nip in the bud all unclean practices of this kind. It is in conformity with the spirit and the works of the faculty to avoid all disciplinary measures as far as may be consistent with justice and reason, and the class is asked to remember that a high standard of living and working is confidently looked for from those with whom it lies to uphold the honor and the past traditions of our school.

With thanks for the courtesy afforded me of addressing those whom it may concern in this way, I am, sir,

Obediently yours,
WALTER WESSELHOEFT.

ANTITOXINE IN DIPTHERIA.

Just now the eyes of the medical world are turned with much interest toward the so-called antitoxine treatment of diphtheria. Diphtheria is a much-to-be-dreaded disease, and when, as at present, we are having almost an epidemic, the reports for the past month having in no instance shown less than 130 new cases each week in this city, any treatment which offers even the hope of immunity is welcomed.

It was discovered several years ago by a German doctor named Behring, who was experimenting for a remedy for tetanus, or lockjaw. In this disease it is the poison that kills, and the same is true of diphtheria. As the matter now stands, diphtheria is vastly more dangerous than smallpox with all its terror, and it is expected that this new treatment will be to diphtheria what vaccination was to smallpox.

It had been a matter of medical knowledge for years that a person who had been a victim of diphtheria and had recovered was immune from another attack of the disease.

There appears to have been an almost simultaneous movement towards this grand discovery both in France and Germany; but Dr. Roux went ahead of the German savants in the practical application of the theory to the urgent need of humanity. The honors that are being showered upon Dr. Roux by his own country have been fully earned. The modesty of this bacteriologist adds not a little to the esteem in which he is held. When the insignia of a commander of the Legion of Honor were recently bestowed upon him by the president of the republic, Dr. Roux would not allow himself to be described as the discoverer of the sero-therapic treatment of croup and

diphtheria, but referred the honor principally to M. Pasteur, the initiator of the bacteriological method, and acknowledged, moreover, the obligation under which he was placed to the German investigators, Loeffler and Behrings.

What is technically called toxine is first necessary. This is a poison, and it is not an easy matter to tell just how it is made. Prof. Roux, the head of the Pasteur Institute and the president of the French committee appointed to look into the matter of a diphtheria preventive, describes the modus operandi in the following words:

"Vessels with flat bottoms and with lateral tubes are used; into these is poured an alkaline bouillon peptonized to 2 per cent, the liquid being spread in a thin layer. After sterilization, recent and very virulent diphtheria bacilli are added, and the temperature of the chamber is raised to 37 deg. centigrade. After keeping the concoction for three weeks the toxine is ready for use—on a horse. To use it on a patient would be putting him where he would no more need the intervention of any preparation for the cure of diphtheria.

"The horse undergoes its first inoculation, not, however, with the pure toxine, for it is largely attenuated with iodine (Gram's liquor). It is not until the animal has undergone a series of inoculations and several weeks have passed that the pure toxine is injected into the system. It takes about seven weeks to complete the treatment, and then the horse has been rendered absolutely proof against diphtheria, and the serum which is drawn off from its blood after coagulation is fit to be employed upon the human subject."

In order to arrive at any satisfactory conclusion, it is all important that in every instance where antitoxine is used there should be a bacteriological examination of the throat, also the urine should be examined for albumen, before and after injection. The antitoxine is usually injected with a syringe in about the same manner as an injection of morphine. This injection produces on the blood the same effect that an attack of diphtheria would. It is a preventive as well as a cure, that is, except in advanced cases, where it has been known to fail.

It is so easy to discover diphtheria that great results are claimed for it if applied before the poison has obtained a hold on the system, and that would not be until the membrane in the throat would have developed. As the trouble is apparent long before the formation of the membrane the remedy can easily be applied in time.

The dose for procuring immunity is one c. c. for any age under three years, and one-half that for younger children. For a cure of the disease during the first two or three days two to three c. c. under two years of age; from two to ten years, five c. c.; above ten years, ten c. c. After three days, in a severe case, two times as much may be used with advantage. If there be no relief from the first dose, give a second in twelve hours. In cases reported, no evidence of any distressing or annoying symptoms is given, one advantage in the treatment being that after the injection into the back or abdomen there is no swabbing the throat, nor discomfort from tearing the mucous membrane, and even most cases have an amelioration of suffering, the dyspnœa being lessened.

At the medical congress at Buda Pesth, M. Roux read an exhaustive paper, compiled from the result of investigations carried on at the Pasteur Institute and Hôptal des Enfants Malades, with the assistance of M. M. Martin and Chaillon.

Dr. Katz has obtained excellent results with the treatment in the Emperor and Empress Frederick's Children's Hospital, under Professor Baginsky's superintendence. In the last three years, 1891–1893, 1081 cases of diphtheria have been treated in the hospital, of which 421, or 38.9 per cent, died, the mortality in the respective years being 32.5 per cent in 1891, 35.4 per cent in 1892, and 41.7 per cent in 1893. From the commencement of this year up to March 14, 86 cases have been treated, with 38 deaths, or a mortality of 41.8. On the latter date the antitoxine treatment was commenced and employed in 128 out of 151 cases admitted to the hospital, 23 cases not being subjected to it for various reasons. In the 128 cases so treated only 17 deaths occurred, the mortality thus falling from 41.7 to 13.2 per cent. In all his clinical observations, Dr. Katz is able to say that on no occasion could any deleterious effect be attributed to the employment of the antitoxine solution. If renal inflammation did occur it followed quite a normal course; no bad effect

could be observed upon the rhythm or tone of the heart or pulse.

Katz also inoculated 72 children exposed to the disease in order to determine the prophylactic value of the remedy. Of the 72 inoculated only 8 were attacked, and so slightly as to be free from any evil consequences. He states that in the records of the hospital there has never been so favorable a result in a series of diphtheria cases as since the introduction of the antitoxine treatment.

THE INSANITY OF PREGNANCY.

By D. E. Brownell, M. D., Westboro Insane Hospital, Westboro, Mass.

Very little is yet known of the psychology of pregnancy. In fact nothing scientific has ever been written on the subject. The endless caprices of pregnant women, the causeless weeping, laughing and morbid appetites, unfounded dislikes and the various mental disturbances are without explanation.

Physiologically, pregnancy means a change in the blood, in the urine, in the skin, in fact in nearly all the tissues. Psychologically, no fewer changes can be expected to follow. Very rarely, however, does the pregnant state lead to insanity. The percentage of such cases is very small. There is no period in a woman's life when she is actually safer from insanity than during the pregnant state.

There is an exceptional class of cases, however, in whom pregnancy always means temporary insanity. A case which came under my observation is as follows:

The patient, Mrs. A. primipara, age 18, I first saw when she was seven months pregnant. The family history showed that her mother and two sisters had died of phthisis, the mother having given birth to another child, who is now insane, the year previous to her death. This patient had naturally a gloomy disposition, was taciturn and of a serious demeanor. During the third month of her pregnancy she fell on the street and sprained her ankle. On being assisted to her room she said she both heard and felt "a crackling in her abdomen." It was three weeks before she walked again, but after the first two or three days she never referred to an internal injury.

Whether this shock to her nervous system or the impression she had received of an internal injury had any relation to her mental condition later, I am unable to say, but upon her recovery from the physical injury, she very soon exhibited a lack of interest in her home, in her work, and in her friends. She asked her husband to leave her and go home to his own mother, as she could no longer do for him as she should. Very often she left her home all day, not returning until late in the evening.

During this time she was greatly depressed, losing appetite and careless of her own personal appearance, as well as of her household duties. One morning, in her seventh month, she left her home, saying to her husband, "You'll never see me again." This time, instead of going to various friends in the city as she had done heretofore, she wandered about the streets all day and night, and the next morning was found by a policeman, who, finding she could give no account of herself, had her sent to the city insane hospital. Shortly after this she was taken home by her husband. Her condition was now much worse. She could not be induced to take water nor food, and upon the least attempt to coax her she became excited and accused them of trying to murder her.

It was at this period she became a patient here and my acquaintance with her began. She was put in bed and immediately fed by the nasal tube, which she resisted with all her energy, three times every day for the two months that followed. In fact, she resisted everything, dressing or undressing, staying in bed or walking; it was only by patient determination and force on the part of the nurses that any care could be given her. Her favorite attitude was sitting on the side of her bed, motionless, with head slightly inclined forward and eyes staring into vacancy. I never knew her to volunteer any remark except, perhaps, to answer questions in a monosyllable, during the two months that followed her admission. She would not touch water, food nor medicine, nor could any persuasion induce her to do so. She, no doubt, believed them to be poisoned. After a few days of nasal feeding her tongue, which on admission was coated brown, and dry almost to hardness, began to show signs of clearing. The sordes on the teeth diminished and the breath was less offensive, in short all those objective signs of fasting which are so often to be observed in new patients in an insane hospital,

gradually disappeared. There was, however, a little increase in temperature. Soon after admission I was able to diagnose a vertex presentation, but from external examination only, as, with her determined resistance, it seemed best to trouble her as little as possible.

When labor began I do not know. My first finowledge of it was in the evening of the day when she had vomited upon the introduction of the nasal tube at noon. At that time, as she gave no sign of pain or uterine contraction, I left her, presuming it was an attack of indigestion. Had I waited a half-hour that noon and looked for contractions I think now I should have found them. In the evening, however, while feeding her, I found not only normal contractions but the "show" as well. She was now evidently in pain, yet her only manifestation was an occasional low moan. In about two hours she was delivered of a plump, active, female child.

There were no complications and, strange to say, she resisted very little during the second stage, and instead of the force I had expected would be necessary to keep her on the bed I found her behaving quite as well as many of my sane patients. The first week after delivery her mental condition was unchanged and the case, from an obstetrical standpoint, was normal Suddenly on the eighth day her temperature reached 103 deg. There was absolutely no other unfavorable symptom. The temperature remained high during the following ten days, at the end of that time falling to normal.

It was impossible to attribute the cause of the fever to the puerperal state, and only a theory of its cerebral origin can be advanced, not proven. The mental improvement came gradually. She commenced to eat and talk. In nearly four months from the time of delivery she was discharged, recovered.

The treatment consisted in keeping the patient in bed as much as possible, though at no time was she in restraint; in forcibly giving her three quarts of milk and three eggs daily, during the time she would not eat.

The only medication given was the indicated homœopathic remedy at each feeding with the milk.

A man who spends his time in microscopy is in mighty little business.

THE PNEUMOGASTRIC NERVE.

EUGENE FIELD.

Upon an average, twice a week,
When anguish clouds my brow,
My good physician friend I seek
To know "what ails me now."
He taps me on the back and chest,
And scans my tongue for bile,
And lays an ear against my breast
And listens there awhile.
Then he is ready to admit
That all he can observe
Is something wrong inside, to wit—
My pneumogastric nerve.

Nor when these Latin names within
Dyspeptic hulks like mine
Go wrong, a fellow should begin
To draw what's called the line.
It seems, however, that this same,
Which in my hulk abounds,
Is not, despite its awful name,
So fatal as it sounds,
Yet of all torments known to me,
I'll say without reserve,
There is no torment like to thee,
Thou pneumogastric nerve!

This subtle, envious nerve appears
To be a patient foe,
It waited nearly forty years
Its chance to lay me low;
Then, like some blithering blast of hell
It struck this guileless bard,
And in that evil hour I fell,
Prodigious far and hard,
Alas! What things I dearly love—
Pies, puddings and preserves
Are sure to rouse the vengeance of
All pneumogastric nerves.

Oh, that I could remodel man!
I'd end these cruel pains
By hitting on a different plan
From that which now obtains.
The stomach, greatly amplified,
Anon, should occupy
That all of that domain inside,
Where heart and lungs now lie.
But first of all I should depose
That diabolic curve
And author of my thousand woes,
The pneumogastric nerve.

SOME INTERESTING CASES FROM THE EYE CLINIC.

REPORTED BY DR. KLEIN.

In a paper read Dec. 6, 1894, before the Boston Society, Dr. Klein gave some interesting statistics from the dispensary eye clinic, which we hope to publish later. To illustrate the difference which often exists between the results obtained with the opthalmoscope and those with the lenses, in diagnosing errors of refraction, he quotes a few cases.

CASE 1. Miss H., 13 years, light hair, fairly well nourished, complains of not seeing well; whenever she attempts to read her eyes begin to pain and water so that the letters swim before her eyes. In school she has to sit close to the blackboard, and is therefore considered to be near sighted. Her vision is, R. E. 20-100; L. E., 20-200. I could see her fundus R. E. with 0, that is, no lens in the opthalmoscope. The fundus appeared normal. As I am a miope of 6 diopters, she must have hypermetropia in the right eye of 6 diopters, minus the distance between observing and observed eye. The fundus of her left eye I saw with +1. diopter. Her hypermetropia in the right eye was 7 diopters, in the left 9 diopters. These lenses were placed before the patient, but she could not see with them. With +3.5 she read 20-30 R. E. and with +4.5 she read 20-30 L. E. Here was a difference of about one-half of what was found with the opthalmoscope and that found with the lenses. *Homatropine*, 4 grains to the ounce, was now applied, and after full dilatation of the pupil the eyes were tested again. She now reached a +6. for the R. E. and a +8 for the L. E. to read the same number as before. There existed as much latent hypermetropia as there was manifest, and there was still one diopter not accounted for. Very likely that the *homatropine* did not fully relax the ciliary muscle. The question now arose, should I neutralize the full amount of hypermetropia, or only the manifest. Taking the age of the patient into consideration, as well as the probable hypertrophy of the ciliary muscle, I ordered the glasses with which she saw best before the application of the *homatropine*, until the ciliary muscle had accustomed itself to the new order of things, when stronger glasses will be used.

CASE 2. Mrs. B., 46 years, dark complexion, healthy appearance, complains of not seeing well, letters begin to blur after reading or writing for a short time, has headache on beginning work and is not free from it all day, uses spectacles which make the letters appear clearer. Vision was 20-40, with or without glasses. The opthalmoscope showed her to be a hypermetrope of 4.5 diopters. With these lenses she could not read. As the patient was 46 years of age, *atropine* was out of question, so an instillation of *cocaine*, 4% solution, was made, which had but a feeble effect on the iris. As I could not detect any pathological condition of the fundus, and taking into consideration the close work of the patient, I came to the conclusion that she was suffering from chronic spasm of the ciliary muscle. I therefore forbade all close work, which she could not obey, as she would lose her position, so the *cocaine* solution was ordered to be dropped into the eye q. i. d. and a +1½ diopters lens to be used, and an application of ether 10, spirits rosemary 60, and rosewater 180, to be applied to the outside of lids and temples and to evaporate there whenever severe pain should occur. Internally *arnica* 3x, one pill q. i. d. was ordered. This treatment was continued for four weeks, when the glasses were increased to +3 diopters. Most of the asthenopic symptoms had disappeared, only the conjunctiva remained congested. On account of this, I insisted upon the stopping of all night work, since which the patient has done fairly well.

CASE 3. This lady, 25 years of age, complained of constant dizziness; felt as if drunk most of the time. Her vision was 1-20. The opthalmoscope revealed a myopia of 22 diopters; the glasses with which she read 20-40 were —18 D. Considering that glasses of that strength greatly reduce the size of the objects, I concluded that her dizziness was due to the constant straining to see small objects. I therefore ordered —12 D. for constant use, and —10 D. to be held before the others when she wanted to see objects clearly in the distance. Her dizziness, for which she had taken lots of medicine, disappeared as by magic.

CASE 4. Susie G., 16 years of age, went bathing last summer, and finding the water "too delicious for anything," stayed in it until quite exhausted, then lay on the sand and went to sleep. On awaking after an

hour, her ears felt as if salt water were in them, so she poked her little fingers into the ear passages, leaned her head to one side and shook, but no relief came; then tried jumping, with no better result. Thinking it would wear off, she left the ears alone. The stuffed feeling grew worse, until three weeks later a discharge appeared from both ears. She then came to the Dispensary. I found both ear passages full of muco-purulent discharge, and after cleansing, examination showed some dark object clinging to the superior part of the meatus. On syringing, four flies were removed from the right ear and one lonely old fly from the left. Both ear-drums showed large perforations. An insufflation of boric acid and iodoform constituted the treatment. I feel sorry to say that Susie did not come again.

CLINIC.

The following case is of interest in that it throws light upon a form of difficulty which is somewhat obscure and liable to be diagnosed as something entirely different.

B. S., aged 14, came to Dr. Powers' clinic at the Dispensary with the following history: Six months ago had a severe fall, striking on the right shoulder and causing a severe bruise and lameness of the part, but with no dislocation nor fracture. The previous day had injured it again, though not so severely. There was a great deal of pain, stiffness and soreness in the shoulder, extending from the side of the neck well down onto the arm, though the worst pain was just in front and to the inner side of the shoulder-joint. Pain was aggravated by motion and by using the arm. On testing the hand-grip on each side, it was found that there was a marked loss of muscular power on the right side as compared with the left. The case had been diagnosed and treated elsewhere as rheumatism. Pressure on the upper portion of the brachial plexus at the side of the neck, on the musculo-spiral nerve on the outer and middle portion of the arm, and on the median and ulnar nerves on the inner side caused great pain, and from this symptom, together with the loss of power on the affected side, Dr. Powers made a diagnosis of neuritis of the brachial plexus.

These cases, while by no means rare, are usually diagnosed and treated as rheumatism, and it is readily seen that it is quite important to recognize the actual pathological condition which is present.

WESTBORO INSANE HOSPITAL.

The tenth annual report of the trustees of the Westboro Insane Hospital contains some interesting data.

The average number of patients was 530.95, an excess of 9.56 over the previous year, when the current expenses exceeded the ordinary receipts by $2,019.84, making a change during the past year in favor of the hospital of $4,273.88, due to the increase of patients and to great economy of management. The average weekly cost per patient was $3.65 57-100.

This is the first year since the establishment of the hospital that its receipts from patients have exceeded its running expenses, and it is also the year that its average number of patients has been the highest. The trustees feel confident that, if this average is maintained and if there is no great diminution in the receipts from private patients, the institution will be, under ordinary circumstances, self-supporting. Up to this time the state has been obliged to help support the institution, by an appropriation, nearly every year, to meet current expenses. The trustees will not, this year, apply for any such appropriation.

During the year there were 246 direct commitments to the hospital by the courts, 48 commitments by order of the state board of lunacy and charity, from other hospitals and from boarding out, and 10 voluntary patients admitted. Of the patients discharged, 172 went to their homes and friends, and 65 were discharged by order of the state board. Of those discharged, 42 were transferred to their place of settlement outside of the state, 19 to other institutions, and 4 were boarded out. There occurred two elopements during the year, though 12 others ran away but were eventually returned to the hospital.

There were only 73 cases of mania and melancholia admitted in the past year, and, excluding the cases of recurrent mania, which is a self-limited disease, and treatment can only modify and shorten its duration, there were 62 cases; 43 cases of those two forms were discharged recovered, being 70 per cent of such cases admitted. The small number of acute cases admitted was due in part to admissions from other

institutions, but statistics show that the per cent of incurable cases that come to the hospital has been increasing for the past five years, there being more of paranoia, and hence fewer of mania and melancholia. The per cent of curables in 1889 was 63; in 1893 it was 38.3.

A comparison has been made between the Westboro Hospital and the other four hospitals in the state as regards recovery of patients with curable forms, showing for Westboro 53.39 in 100, other four 24.64; acute mania, Westboro 55.05, other four 34.94; acute melancholia, Westboro 50.68; other four 27.68. In the past seven years there have been treated in the hospital 348 cases of acute mania, and 535 of acute melancholia.

Dr. Emily A. Young and Dr. A. Don Hines resigned during the year, and Dr. DeEtte Brownell, a graduate of the New York Medical College and Hospital for Women, was appointed assistant physician to succeed Dr. Young.

WHAT TO EAT IN ORDER TO KEEP WELL.

FOOD PRINCIPLES — AIR — WATER — PROTEIDS — FATS — CARBOHYDRATES — SALTS.

[Notes from a lecture by Miss Mary A. Boland, at the Women's Industrial and Educational Union.]

Air we count now as one of the food principles, because we must have air or we cannot live more than a few minutes. Water is another necessity, without which we could live but a few days. Many people would be much healthier if they would drink more water. We need on an average three or four quarts of water per diem. Much of this amount is taken in foods and in drinks. Tea and coffee are thought by some to be injurious; but, if properly made and not drank to excess or to the exclusion of food, they are not harmful.

Recipe for Tea.—Put the tea in a strainer which hangs in the top of a cup. Over this pour *boiling* water. Let it stand three minutes.

Coffee.—Put the coffee in the coffee-pot. Pour over it hot water. Stand on the stove and let it come *to* the boiling point, or *just short of it*. (Do not let it boil.) Then steep on the back of the stove ten minutes.

Chocolate and cocoa are good drinks, chocolate being much the richer, as it contains fat. The chocolate should never be allowed to boil, because the fat would be separated from the other chocolate constituents and would be thus rendered indigestible.

Some of the principal foods are arranged below in columns. Milk is placed in the proteid column because it contains a greater per cent of proteids than of fats or of carbohydrates. Bread contains some proteids, fats and salts, but more carbohydrates, and therefore is put in the carbohydrates column.

	PROTEIDS.		
Beef.	Mutton.	Fowl.	Game.
Milk.	Eggs.	Oysters.	Pork (lean).
Peas.	Beans.	Lentils, etc.	
	FATS.		
Butter.	Cream.	Olive oil.	Fats of meat, etc.
	CARBOHYDRATES.		
Bread.	Potatoes.	Oatmeal.	Corn.
Rolls.	Cornstarch.	Arrowroot.	Farina, etc.
	MINERAL MATTER.		
Milk.	Fresh meats.	Fruits.	Vegetables.
Salads.	Lettuce.	Onions.	Spinach, etc.

The proteids contain nitrogen; the fats and carbohydrates contain carbon, oxygen and hydrogen.

A careful estimate has been made and it has been found that, on an average, we need each day 4½ oz. proteids, 3 oz. fats, 17 oz. carbohydrates, and salts to season and as a relish.

You can make your own choice from the lists each day, but you need proteids in two meals, fats and carbohydrates in each meal, and vegetables or fruits at least once a day. Proteids are very necessary; there is more danger that one does not get enough proteid, which is the most expensive food, than that he get too much. This principle is thought of when caring for invalids, and pains should be taken to provide game for them, as it is found to be more nutritious than domestic fowl.

Bread is our chief article of food, as it seems a necessity three times a day. If there is butter *in* the bread we do not need so much butter *with* it. If we drink chocolate with the bread we find this need quite well supplied, but not so with cocoa, as it contains much less fat. Thus we see that nature has wisely provided for our needs by giving us a craving for the foods that best supply our economy.

The preparation of food with regard to cleanliness was made very prominent in the lecture. Fruits should always be washed. Wash grapes by letting water fall on them from the faucet, and then dry by resting on a towel. Wash small fruits in a strainer. Apples may be washed with a wet cloth. It is very important in preparing or cooking any food to take measures for the utmost cleanliness. Bread tins and other cooking utensils should be thoroughly washed before using each time.

HOW THE APE RESEMBLES MAN.

An autopsy was held a few weeks ago on the body of Gumbo, the ape that had been at the dime museum of Stone and Shaw, and died of tuberculosis. Dr. W. T. Councilman, professor of pathology at Harvard University, Prof. Thomas Dwight, professor of anatomy at Harvard, and Dr. Franklin Dexter performed the operation of examining the body, beginning with the intestines.

It was found that the most virulent tuberculosis had spread throughout the intestines, and that evidences of the disease were everywhere present. It was interesting to note that Dr. Councilman made the statement that tuberculosis is most prevalent among apes, and said that most of the apes in this country die of that disease. It is also a fact that one-seventh of the human race die from tuberculosis in one form or another. A careful analysis revealed the fact that the spleen, kidneys and liver of the ape were especially affected by the disease. An examination of the lungs and heart then followed, and it was found that one of the lungs was destroyed.

At this point in the examination the attention of the doctors was especially called to a sac extending from shoulder to shoulder and connecting with the lungs and mouth. This is the organ which enables the ape to give the terrible roars and shrieks. The muscular development of the back and chest was something remarkable, and the ribs and breast bone were observed to be exceedingly human in their development. The vermiform appendix was revealed and measured, and it was found to be ten inches long, whereas the same part in the human anatomy averages only about three inches.

The examination of the brain was perhaps the most interesting point from a scientific view. It was found that the cerebrum, or thinking part of the brain weighed twelve ounces, and that the cerebellum or part that has control over the muscular actions, weighed three and one-half ounces, a total of fifteen and one-half ounces, or only about a third as much as the brain of a human being. The proportions of the two parts of the brain, however, were all right, although the cerebellum was, of course, proportionately larger than in a human being. The disease had in no way affected the brain. Dr. Councilman seemed to think, from the general appearance of the brain and structure, that the ape must have been about forty years old, whereas Mr. Shaw, one of the owners of the beast, has all along believed that he was not more than twelve or thirteen.

Some of the measurements of the structure of the beast were especially interesting and valuable for purposes of comparison. In life Gumbo stood about five and a half feet tall and weighed about 165 pounds. His arm was measured and found to be 36 inches long, the hand alone measuring eleven and one-fourth inches and the middle finger six and one-fourth. In the legs the "thumb" or big toe was remarkably large, whereas the fingers or other toes were small. But in the hands the case was just the opposite, the fingers being remarkably large and well developed and the thumb small. The shape of the skull, in comparison with the human skull, was an interesting point brought out in the examination. The top of the skull in the ape was small, whereas in a human being the top is the larger part and the skull tapers off to the chin. Prominent bones were noticed over the eyes, which seemed to contain hollow cells, in which air had been stored. The simplicity of the brain structure was another interesting point in making a comparison with the human brain. The whole carcass has been given to Harvard College by Mr. Shaw and more minute experiments and a more thorough analysis of the organism will be made. On account of the condition of the skin it will be impossible to have it stuffed, and the whole body will be disposed of by the Harvard doctors.

Professor Councilman remarked upon the great value of the operation he had just performed, from a scientific standpoint, and said that it is seldom in this country that such an experiment can be made. The

specimen, he said, was a quadruma of the highest form of apes. Dr. Dexter, throughout the examination, was intensely interested in the developments of the peritoneum, but found in it little at variance with the development in the human system.

TEA INEBRIATION.

No longer, it appears, may we speak of tea as the cup which cheers but not inebriates. It may indeed still cheer. It certainly does inebriate with most deplorable effects; ranking, as an intoxicant, a good second to alcohol itself. Many lay observers have long suspected that such was the case. Their suspicions are now confirmed by professional authority in a manner so startling as to make it seem desirable that concerted action should be taken to check the evil. To some, perhaps, the idea of a temperance crusade against the teapot will appear grotesque. Yet in all seriousness that very thing is urgently needed.

According to statistics recently furnished to "The Medical News" by Dr. James Wood, of Brooklyn, of all the patients applying for treatment at the chief dispensary of that city, no less that 10 per cent are tea-drunkards. They are not aware of the fact. Not one asks to be cured of what we may call theamania. But the symptoms of their cases point unmistakably to overindulgence in tea, and that presumption, on inquiry, is confirmed by their confessions. They suffer from headache, vertigo, insomnia, palpitation of the heart, mental confusion, nightmare, nausea, hallucinations, morbid depression of spirits, and sometimes from suicidal impulses; surely a formidable list of symptoms. These patients are of both sexes and all ages, and confess drinking from a pint and a half to fifteen pints of tea each day. Another interesting fact is that nearly one-third of them are of Irish birth, and it is safe to assume that of the nearly two-thirds of American birth a large proportion are of Irish parentage. For in Ireland itself tea-poisoning has long been recognized as a widely prevalent evil, contributing largely to the number of inmates of insane asylums; and here, as most housekeepers know, the most inveterate and inordinate tea-drinkers are the domestic servants of Irish origin. It is an interesting question, worthy of investigation, whether this prevalence of tea intoxication among that race is because they use tea more freely than other people, or because their nervous temperament is more susceptible to its effects.

The evil of tea drinking is due, however, not only to the amount consumed, but also to the manner in which it is prepared. An unmeasured quantity of the leaves, says Dr. Wood, is thrown into the teapot, and an unmeasured quantity of boiling water is added. In any time from ten to thirty minutes this infusion is used. Then new leaves are thrown in with the old, which have been left to soak, and more water is added, and so on. Sometimes leaves are thus kept soaking for a day or more. The result is that the decoction is loaded, not only with thein, but with from 7 to 17 per cent of tannin, and with other even more deleterious substances. This form of preparation is almost universal among kitchen servants, and among shop and factory girls, who also are great tea-drinkers, and is too often practiced among other people of small means, who do not wish to waste a single leaf so long as there is any "strength" in it.

Against this particular phase of the evil a crusade may well be directed. Tea-drinkers should be taught how to prepare the beverage properly, so that it will be comparatively innocuous; and should be warned that such decoctions as they have been making are nothing else than rank poisons. Physicians doubtless give such advice to their patients whom they find suffering from tea intoxication. But the mistress of the household should give it to her domestics, and enforce it upon them, too; and the city missionary and dispenser of charity among the poor should make the same facts known to all whom they visit. This is no light matter. There is serious reason to believe that many cases of suicide and insanity are directly due to tea-poisoning, while the number of chronic invalids from the same cause in this city alone is to be reckoned by thousands. It is high time for the evil to be recognized and checked.—*New York Tribune.*

How nice to be able to go home for Christmas! There was such an exodus of students that the college buildings seemed peculiarly lonesome, and would have been utterly deserted had it not been for the faithful few who were daily "stepping heavenward" —to the anatomical observatory. (Good word.)

SOME STATUTES RELATING TO THE DUTIES OF PHYSICIANS.

PHYSICIANS TO GIVE NOTICE.

Chapter 80. Section 79. When a physician knows that a person whom he is called to visit is infected with small pox, diphtheria, scarlet fever, or any other disease dangerous to public health, he shall immediately give notice thereof to the selectmen or board of health of the town; and if he refuses or neglects to give such notice he shall forfeit for each offence not less than fifty nor more than two hundred dollars.

CONCERNING CONTAGIOUS DISEASES.

The diseases which are regarded by the Board of Health as dangerous to public health within the meaning of section 79, chapter 80, and which attending physicians and householders must report to this Board of Health, are small pox, diphtheria, membranous croup (so called), measles, scarlet fever, typhus fever, typhoid fever, yellow fever, and cholera.

PLACARDS TO BE DISPLAYED.

In all houses where either diphtheria, membranous croup (so called), or scarlet fever, is found to exist, a placard should be displayed in a conspicuous place, informing the public of the presence of such disease.

DISINFECTION OF PREMISES INFECTED.

Immediately upon the recovery or removal of a contagious disease in a house, the room or rooms occupied by the patient must be disinfected to the satisfaction of the Board of Health. This work is performed by officers of the disinfecting corps, under the charge of the Board of Health and at the public expense.

RULES AND REGULATIONS OF BOSTON PUBLIC SCHOOLS CONCERNING CONTAGIOUS DISEASES.

Chap. 15, section 232. The rules and regulations of the Boston public schools provide that no pupil shall be admitted to any of the public schools without a certificate of a physician that such pupil has been vaccinated, or is otherwise protected against small pox; but this certificate is not required of pupils who are transferred from one public school to another.

WHOOPING COUGH.

No child ill with the whooping-cough is allowed to attend school; nor is any child allowed to attend any school in this city while any member of the household to which such child belongs is ill with small pox, diphtheria, scarlet fever, or measles, or during a period of two weeks after the death, recovery, or removal of such person, such length of time being certified to in writing to the teacher by a physician or by the Board of Health. Whenever, by reason of the structure of tenement or other dwelling houses, families live in close contact with one another, so as to be practically as one family, the teachers and officers of the School Board regard such houses in which the families do not live apart, or are not removed from contagion, as one household, within the meaning of chapter 64 of the acts of 1884, and the acts in addition thereto.

REGISTRATION OF DEATH CERTIFICATES.

Chap. 306, Section 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration a certificate stating to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides.

RETURN OF BIRTHS BY PHYSICIANS AND MIDWIVES.

Chap. 288, Section 7. Physicians and midwives shall, on or before the fifth day of each month, report to the clerk of each city or town a correct list of all the children born therein during the month next preceding, at whose birth they were present, stating the date and place of each birth, the name of the child (if it has any), the sex and color of the child, the name, place of birth, and residence of the parents, and the occupation of the father. The fee of the physician or midwife shall be twenty-five cents for each birth so reported and shall be paid by the city or town in which the report in made.

October 29, 1894.

At a meeting of the Board of Health this day the following regulation was adopted:

1. Whoever is infected with scarlet fever, diphtheria, or croup shall immediately proceed to some hospital set apart for the treatment of such disease, or to some isolated room or place approved by the

Board of Health, and no infected person shall leave such hospital or isolated place until the Board of Health shall certify that all danger of communicating such disease to others has passed.

2. Every parent and guardian of any child or ward infected with scarlet fever, diphtheria or croup shall immediately cause such child or ward to be coveyed to some hospital set apart for the treatment of such disease, or to some isolated room or place approved by the Board of Health; and no parent or guardian shall permit such child or ward to remove from such hospital or isolated place until the Board of Health shall find and certify that all danger of communicating such disease to others has passed.

3. No other person than the attending physician and nurse shall enter any apartment or other place set apart for the treatment or care of scarlet fever, diphtheria or croup until the Board of Health shall certify that said apartment or place has been satisfactorily disinfected.

4. No person who has been infected with scarlet fever, diphtheria or croup, and no article shall be removed from any room in which such person has been kept until the Board of Health shall certify that the same can be so removed without danger of infection to others.

5. The person having charge of the body of any person who has died of scarlet fever, diphtheria or croup shall cause such body to be immediately washed with a solution of corrosive sublimate (2 drachms to 1 gallon of water), wrapped in a sheet saturated with a solution of corrosive sublimate, same strength, and immediately placed in a tightly sealed coffin.

ATTEST;

C. E. DAVIS, JR.,
Secretary.

Locals, Personals, and Alumni Notes.

Happy New Year!

"Don't you care? Think of the fun you're having!"

Dr. Frank Allard, '92, has been appointed to take charge of the sophomores in physiology in the place of Dr. May.

Dr. Joel Frank Trull, '94, has taken unto himself a wife. Wise and noble man! Congratulations, hearty and sincere, from THE MEDICAL STUDENT.

Professor (to patient in clinic)—"In what respect are you worse than last week?" *Patient*—"Financially." *Class* (with assurance)—"Give him aurum metallicum."

Dr. Geo. May has resigned from the faculty, and will give all his time to his practice, which has grown to require it. The students regret to lose Dr. May, but congratulate him on his success.

We were pained to learn of the death of Miss Abbie Goddard's mother, who died Dec. 10, '94. The class of '97 will be sorry to know that Miss Goddard will not return to school until next year.

Dr. Rockwell began his lectures to the second year class on Jan. 1. The lectures, in conjunction with the work laid down for the students, cannot be other than a very instructive and interesting course.

Dr. Alice Rowe, '93, of Little Rock, Ark., has been engaged as medical interne in the hospital for the year beginning Jan. 1, '95. Dr. Rowe has many friends here who will be happy to welcome her back again.

Dr. Ida Barnes, '93, brought from Beverly a very interesting case for the nervous clinic. We are proud that Dr. Barnes has not been disappointed in Beverly which shows that Beverly has not been disappointed in her.

Just before the holidays Dr. Hayward closed his very interesting course of lectures on gunshot wounds. Such thoroughly practical lectures, delivered in such a pleasant and impressive manner, are always popular with the students.

The Ethical Society met at No. 47 East Newton street on the evening of Dec. 19. Several members from the classes of '97 and '98 were invited, and most of them responded to the courtesy. The chief attraction of the evening was an interesting and instructive talk by Dean Talbot. Long live the Ethical Society!

It is interesting to note how busy (?) some of the students are apt to be in the hall or coat room until the lecture or quiz is nearly done, and then how business-like and hurried they appear as they enter the lecture room in time to answer to roll-call. There are tricks in all trades—but ours.

Learned Senior (to Soph., who is eagerly searching for something in the appendix of dictionary)—

"Don't believe your dictionary has an appendix." *Soph.* (indignantly)—"Well, I guess it has, and a nice one, too." *Senior* (innocently)—"Are you sure it hasn't been removed? It's all the rage now to remove the appendix." Soph. faints.

THE MEDICAL STUDENT'S reporter (who is an expert detective) has come upon some very interesting facts concerning the Hahneman Society. We hope soon to be able to give a minute and graphic description of their processes of initiation. We wish to prepare our readers beforehand for the shock these discoveries must be to their "nervous cisterns."

Those students who did not go home for Christmas were made happy through the goodness of Dr. and Mrs. N. W. Emerson, who did so much to make them forget to be homesick. Students are too faithful to their friends to forget such kindnesses, and wouldn't it be nice if they were to remember all about it when they get out of college, and would then be likewise kind and thoughtful of some other students? A good way of paying such debts.

The third number of the *Bulletin of Medical Instruction* is out.

Dr. Powers has been appointed on the surgical staff at the hospital.

Dr. Harriet E. Reeves, '92, has located at 163 Huntington avenue.

Dr. Ida Dudley Clapp, '77, has opened an office at 599 Dudley street, Roxbury.

Dr. Conrad Wesselhoeft is lecturing to his class Wednesday evenings at seven o'clock.

A banjo, guitar and mandolin club has been formed in the college, and includes some first-class talent.

It made some of the seniors feel so at home to have one of the patients recognize them as inmates of "the other ward."

Dr. George B. Rice has been appointed lecturer on throat diseases in the college. He also has charge of the throat clinic at the dispensary.

Dr. N. W. Emerson has removed his office to 601 Boylston street, where he will give exclusive attention to general and gynecological surgery.

Stewart got lost up in the Westboro asylum the other day, and the class were loud in acclamations of joy at the recovery of "the missing Link."

Some of the seniors are still wondering how that man got lead poisoning. They can't understand whether the plumbum was in the paper or in the sand.

Those members of the school who, through the courtesy of the Ethical Club, had the good fortune to hear Dr. Talbot's remarks some few evenings ago, could not help being impressed with the great benefits which are to be derived by the students from such informal friendly talks as these.

Through the courtesy of Dr. French the clinic was enabled to see a very interesting case of lead poisoning which he has been successfully treating. Thanks to Dr. French for remembering us. We wish that more of the alumni would send in some of their interesting cases for our instruction.

The members of the class of '98 are very constant in their attendance at the surgical clinic at the dispensary, and are fast becoming proficient in the art of bandaging and general surgical dressing. Their greatest forte, however, is winding bandages, and the avidity with which they seize the necessary implements and reel off the bandages is sufficient to bring tears to the eyes of the hardened seniors.

The following item, clipped from one of our daily papers recently, is of a good deal of interest to physicians and medical students in general, as it suggests a new and hitherto undiscovered function of the liver: "The blood, on passing through the liver, loses most of its fibrin, though what becomes of this substance is not definitely known." Perhaps some of our sophomores, from their profound and *exhausting* studies of Foster's Physiology, may be able to explain where the fibrin goes.

Societies.

THE NEW ENGLAND HAHNEMANN ASSOCIATION.

We quote the following from the by-laws of the New England Hahnemann association, which has just been formed in our midst:

4—OBJECT.

The object of this association is to aid in the support of Boston University School of Medicine, and the institutions intimately connected therewith and essential to its work.

5—MEMBERSHIP.

Any person may become a member of this association by paying into the treasury the sum of $2 annually, and may become a life member by paying into the treasury the sum of $25. Persons by paying $1,000 may become an endowment life member.

6—MEETINGS.

The annual meeting of the association shall be held on the second Monday in January of each year, at such time and place as the board of managers shall select. There shall also be held, annually, a social meeting on the birthday of Samuel Hahnemann, the 11th of April, or as near thereto as practicable. Special meetings of the association and meetings of the board of managers may be called by the President on the written application of ten members, or by vote of the board of managers.

SKULL AND CROSS-BONES.

The *Skull and Cross-Bones* is the name of a new secret society in college, new, in that it has just been made public, though it has existed for nearly a year. The society was organized on a plan somewhat like the ordinary secret college societies, and thus far has more than realized expectations. Its aim from the beginning was to promote good-fellowship and encourage closer relations than are apt to be established with those one meets only casually. With this end in view it has held a meeting every two weeks in which two or more students present original articles upon some current medical subject, which is followed by a general discussion upon the subjects treated. These subjects are chosen with special reference to the class work and dispensary or out-patient cases. In consequence of this choice of topics, and to center the interest, membership has been limited to a single class, though it will not be in the future. At present the organization is Cephalon, Mr. Dews; Accessorius, Mr. Montague; Receptaculum, Mr. Swope; Sphincter, Mr. Hodsdon; Accelerator, Mr. Cohill; the other members are Messrs. Cobb, Hayford, Nesmith, Robbins and Weeks.

A little later the society hopes to present some of the articles read in its meetings through the columns of THE STUDENT.

CLASS OFFICERS.

The class officers for the current year are as follows:

Senior Class—Hovey L. Shepard, President; Mary Lakeman, Vice-President; Myron W. Smith, Secretary; Florence H. Tresilian, Treasurer.

Junior Class—Charles E. Montague, President; Mary E. Ford, Vice-President; Edward E. Allen, Secretary; Jennie T. Miner, Treasurer.

Sophomore Class—George L. Haskell, President; Henry C. B. Snow, Vice-President; Myrtie G. Collins, Secretary and Treasurer.

Freshman Class—Frank A. Davis, President; Lillian B. Neale, Vice-President; Frank E. Schubmehl, Secretary; Sarah E. Slagle, Treasurer.

Hahnemann Society Officers—Myron W. Smith, President; Joseph Dutra, Vice-President; Elmon R. Johnson, Secretary; Hovey L. Shepherd, Treasurer; W. J. Marclay, Sergeant-at-arms; A. G. Howard, Guard.

Gregory Society—Grace Gardiner, President; Sarah N. Merrick, Vice-President; Catherine E. McGovern, Secretary; Cordelia Melvina Whittier, Treasurer.

At the regular meeting of the Gregory Society, December 3, the members were addressed by Mrs. Kate Tannatt Woods, who spoke of the history of this country, choosing as a subject the "Story of the birth of the first white baby born in this country." In closing Mrs. Woods paid tribute to the memory of Dr. Mary Safford, a graduate of this school, who spent many useful years in the Cairo hospitals and did a noble work among the sick and suffering.

From the Magazines.

The case of Hermaphroditism, which was seen by most of the students some weeks ago, is reported at length in the *Chironian* of December 1, where remarks of Prof. Helmuth, delivered in the theatre of the Flower Surgical hospital, are quoted. The article is illustrated by a clear-cut reproduction of a photograph of the subject, which is well worth the attention of any who did not see the original.

Mr. F. F. Strong in the November *Medical Gazette*, gives a brief description of the present methods of studying blood, the normal constituents of blood, and a few hints concerning its pathology. Mr. Strong speaks from experimental demonstration, and

daily in the laboratory many of the phenomena may be observed. It seems at present to offer a fertile field for research, and none can afford to be ignorant of the technique or the results of the present methods. Mr. Strong is now engaged in work upon the frog's blood, especially the parasites that may be found in it, and will soon publish an article upon that subject. The *Gazette* also has a very common-sense article by Charles E. Page, M. D., on the prevailing absurd idea as to the cause of "colds."

The *Australasian Medical Gazette* reports a case of successful treatment of poisonous snake bite by injections of strychnine. Fifteen minims liq. strychniæ were injected, followed by ten, and later by three other doses of about the same size. Recovery was speedy and complete.

The Hahnemanian Monthly contains an article on the effect of poke berries (*phytolacca decandra*) on birds. It is, in fact, a statement of some of our best ornithologists, and they concur in saying that the birds feeding on poke berries are invariably fat. Whence, then, the anti-fat properties of phytolacca?

In the December number of the *Medical Gazette* the report of a few cases treated at the hospital is more than interesting, also Dr. Boothby's paper on Hysterectomy. This magazine, more than any other is of interest to us, and those who fail to read it carefully are missing one of their great opportunities. It affords an insight into what our own Faculty are doing and thinking outside the sphere in which we usually meet them.

Boston University.

CERTAIN FUNDAMENTAL PRINCIPLES.

I. The Ideals of Christian Anthropology are the highest of anthropological ideals.

II. The Ideals of Christian Society are the highest of social ideals.

III. The Ideals of Christian Education are the highest of educational ideals.

CERTAIN FORMATIVE PRINCIPLES.

I. The Ideal University is not a school, nor a group of schools, but a social Organism, a living Society, fed and recruited and developed by the scholastic appliances and activities which it maintains.

II. The Ideal University is of so integral, inclusive and vital a nature that men alone, or women alone, can no more constitute and grow it than they can constitute and grow an Ideal State, or Church, or Family.

III. The Ideal University is of a nature so harmoniously and cosmically adjusted that any tendency toward merely specialized training or toward the merely generalized, toward the sciences of matter or toward the sciences of mind, toward theoretical interests or toward practical, toward national aims or toward cosmopolitan ones,—works, the moment it becomes a controlling tendency, immediate deterioration, and, ultimately, disintegration and decay.

CERTAIN HISTORICAL FACTS.

I. Boston University was the first ever organized in full and deliberate recognition of all the principles above set forth.

II. In the United States it was the first to present in Theology, Law and Medicine, uniform graded courses of instruction covering three scholastic years, and to require the full three years of study. It was also the first to open a Four Years' Course in Medicine, and to restore the long-lost Baccalaureate Degrees in Medicine and in Surgery.

III. It was the first in any part of the world to attempt the integration of the highest national forms and forces of culture by means of international university alliances.

CERTAIN STATISTICAL FACTS.

I. The past year, bearers of university degrees from eighty-seven American and foreign university colleges, and professional schools, pursued professional and other advanced studies in Boston University. The number of such tributary institutions, both Foreign and American, is constantly increasing.

II. The undergraduate work of the University is organized in Colleges, of which there are two: The College of Liberal Arts and the College of Agriculture. Departments of the University which presuppose on the part of the student a previous collegiate education, are called Schools. Of these there are three which relate respectively to Theology, Law and Medicine; and a fourth, the School of All Sciences, in which ther are more than one hundred Bachelors of Arts studying for the degree of Doctor of Philosophy. In this general Post-graduate department, which is intended in time to include all branches of the highest learning, hardly more than the humblest beginning has as yet been made.

III. Number of Professors and Lecturers the present year: One hundred and ten; Students: Over one thousand, representing twenty foreign countries; Members of the University Convocation: Over two thousand; Annual Income of Scholarship Funds for the aid of needy students: Over thirty thousand dollars: General Endowment: One million four hundred thousand dollars.

The surprisingly steady growth of the University is producing grave embarrassments. Additional endowments and buildings must be had at once. The purpose of this announcement is to ask benevolent men and women of means to help in the good work of enlarging and strengthening an institution so beneficent in its workings, and so representative of all that is most precious in the eyes of the American people. Persons making their wills are particularly invited to remember the University as liberally as possible.

WILLIAM F. WARREN, PRESIDENT,

12 Somerset Street, BOSTON, MASS.

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IS THE STRONGEST ANTISEPTIC KNOWN.

One ounce of this new Remedy is, for its Bactericide Power, equivalent to two ounces of Charles Marchand's Peroxide of Hydrogen (medicinal), which obtained the Highest Award at the World's Fair of Chicago, 1893, for

Stability, Strength, Purity and Excellency.

CURES DISEASES CAUSED BY GERMS:

DIPHTHERIA, SORE THROAT, CATARRH, HAY FEVER, LA GRIPPE, — OPEN SORES: ABSCESSES, CARBUNCLES, ULCERS,—INFECTIOUS DISEASES OF THE GENITO-URINARY ORGANS, — INFLAMMATORY AND CONTAGIOUS DISEASES OF THE ALIMENTARY TRACT, TYPHOID FEVER, TYPHUS, CHOLERA, YELLOW FEVER, — WOMEN'S WEAKNESSES: WHITES LEUCORRHŒA, — SKIN DISEASES: ECZEMA, ACNE, ETC.

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BOTH MEDAL AND DIPLOMA

Awarded to Charles Marchand's Glycozone by World's Fair of Chicago, 1893, for its powerful healing properties.
This harmless remedy prevents fermentation of food in the stomach and it cures:

DYSPEPSIA, GASTRITIS, ULCER OF THE STOMACH, HEART-BURN, AND ALL INFECTIOUS DISEASES OF THE ALIMENTARY TRACT.

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AVOID IMITATIONS.

Hydrozone is put up only in small, medium and large size bottles, bearing a red label, white letters, gold and blue border, with signature.

Charles Marchand's Peroxide of Hydrogen (medicinal) is put up only in 4-oz., 8-oz., and 16-oz. bottles, bearing a blue label, white letters, red and gold border, with signature.

Glycozone is put up only in 4-oz., 8-oz., and 16-oz. bottles, bearing a yellow label, white and black letters, red and blue border, with signature.

THESE REMEDIES ARE PREPARED ONLY BY

Charles Marchand

☞ Mention this publication

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SOLD BY LEADING DRUGGISTS.