

1907

The medical student: v. 19, no. 1-3

Boston University School of Medicine. The Medical Student, volume 19, number 1-3. 1907.

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Vol. 19, 1907-1908
Nos. 1-3 only

Volume XIX

MARCH, 1907

Number 1

BOSTON UNIVERSITY
School of Medicine

The Medical Student

BOSTON UNIVERSITY SCHOOL OF MEDICINE

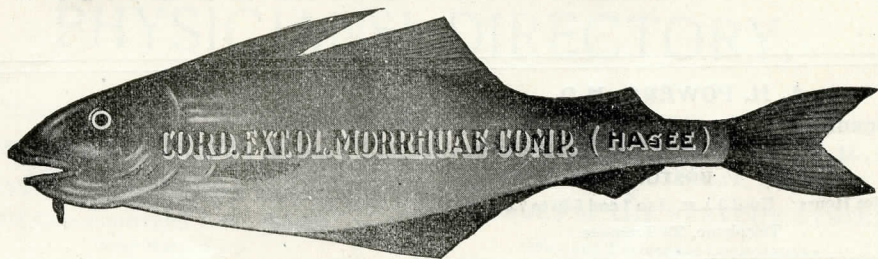
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THE MEDICAL STUDENT.

VOL. XIX.

MARCH, 1907.

No. 1.

Publisher:

CLARENCE E. BURT.

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Address contributions to THE MEDICAL STUDENT, 80 East Concord Street, Boston, Mass. The editor assumes no responsibility for opinions expressed in contributions.

THE MEDICAL STUDENT will be sent to subscribers till ordered to be discontinued. Subscription \$1.00 per year, in advance. Single copies, 15 cents.

Contributions are requested from all undergraduates, alumni, and officers of instruction. No anonymous articles accepted.

The last form closes on the 15th preceding month of issue.

Rates for Advertising, Blank Contracts, and full particulars sent on application.

EDITORIALS.

MEDICAL SOCIETY MEETINGS.

Attendance upon a selected number of medical society meetings is one of the best known ways for a young physician or student to economize in time. Following every possible meeting and being a "joiner" of every organization, lay or professional, within reach, is undoubtedly a vicious habit. Fortunately for our readers, we have not here to bolster up a decrepit fraternity, but claim the more pleasant privilege of recalling to a fair proportion of the local profession the really excellent opportunities they should not miss. It is noticeable that in these meetings the leaders, the most progressive, find it profitable enough to be regular attendants.

First, then, do not many of you regret having missed those Boston Society meetings where men like Professor Shattuck of Harvard University and Professor Percy of Boston University, Dr. Walter Wesselhoeft, and Dr. Richard Cabot have jointly presented the characteristics and possibilities of the two schools of medicine? Where our own specialists or invited guests have summarized latest

views on live timely subjects, as rabies, pneumonia? The first Thursday evening of each month is a good date to reserve for the meetings at the Natural History Society's rooms, of which the social half hour each month is no mean feature. Our students have had a public invitation to these meetings, and three times as many as attend now would find it profitable to go.

There is next the annual State Society meeting in Boston April 9 and 10, for which we hear details of an especially good program. Finally, there is the American Institute meeting in June at the Jamestown Exposition. With a Boston University graduate at its head in Dr. Edward B. Hooker of Hartford, and the opportunity of special exposition rates in transportation, its session is commanding the greatest interest and anticipation in this section. Systematic, concentrated study after the diploma is obtained is one means, and the give and take of chosen society meetings is another, for keeping filled the reservoir of efficient knowledge which puts a man in the lead.

A QUESTION OF HOSPITAL APPOINTMENTS.

G. J. JACKOWITZ, '07.

Is the post-graduate course at the local hospital worth while? This is a question that every Senior who is interested in a hospital appointment considers with the greatest degree of care. And the decision is dependent entirely upon the point of view taken. We all know that the hospital is one of the best homœopathic hospitals and second to no other in the country. The results obtained here are such that all connected with the institution may hold up their heads with pride. The aggregation of men are excelled by but few in scientific medicine and as individuals they are men who have done much for the advancement of medical science. Yet in view of all these facts, are the services what they should be? True, a man can acquire a large amount of knowledge by merely coming in contact with such men, if he so desires, but were he to go elsewhere, where the duties of the interne staff were more systematized, the incentive would be such that he would get a great deal more in the same period of time with the same amount of energy expended. Compare, for example, the services here with those of other hospitals;

those of the Massachusetts General and the City Hospital in our own city, those of the Rhode Island Hospital at Providence, those of the Metropolitan Hospital in New York. Under such services as exist at the above institutions, the prospective promotions from service to service act as a constant stimulus for efficient work. Why, then, is there no attempt made to systematize and grade the services and in that way make the positions on the staff much sought for?

As things exist at the present the interne finishing his term of service is allowed to do little more than he who enters upon his duties, unless he picks up a few crumbs dropped him through the charity of the operating surgeons. There are a number of things that are important factors in the post-graduate courses in other hospitals that are entirely neglected by the men who serve here, and many available opportunities for self training are absolutely disregarded. This, without question, is because of the lack of a graded system. Were the medical board to arrange the services in such a way as to consider the good of the prospective interne and that of the hospital together, the positions on the staff would be more desirable and the results obvious. Under the present conditions the men are only compelled to do just enough to "keep the wheels going," and on the whole the hospital life is far from strenuous. Nothing is more true than a statement made by one of the past members of the interne staff, that this hospital was a good place to board while seeing Boston. Does it not seem reasonable that the appointment should be made a little more than the means of a temporary boarding place for sight-seers?

How, then, should the services be graded and systematized? This problem can be better met by none than by the members of the medical board. They know the needs of the recent graduate and they also know the needs of the hospital, and the work of systematizing can only be done by making the benefit mutual for those concerned. Merely as a suggestion it is recommended making use of the out-patient department, requiring the men to spend some time in various clinics, as the medical, surgical, nervous, etc., having them take charge of the same at least one day in the week. Let them spend their afternoons in the laboratories, both pathological and urinary, under such able men as direct them. Require the men to do more work on the medical side. Let them treat a few cases

on their own responsibility. Watch them, guide them, and let them be a little more than onlookers. They've been that for four years. On the surgical side make it their duty to do the dressings and get acquainted with the progress of a healing wound, thereby relieving the nurses of this work. Let them gradually work into surgical technique, allow them to familiarize themselves with the use and the manipulations of various instruments, and allow them to assume more responsibility as they approach their seniority in the services. Let them do the minor operations under supervision and let them have a certain number of the emergency cases.

If this is done, the interne, no matter how low down in the scale he begins, will have something to look forward to. Each step of advancement will make him have more confidence in himself, and by the time he graduates he will be far better able to cope with the world than he is after graduating under the present system. As this problem is solved, and the services systematically graded, the positions on the staff will be more desirable to the recent graduates and the service rendered will be more satisfactory to the hospital, thereby eliminating the necessity of filling vacancies with non-graduates or "left overs."

ORGANIC HEART MURMURS.

The Numerical Order of Frequency as a Possible Aid to Memorizing.

BENJ. C. WOODBURY, JR., M.D.

MANY, if not all students, find more or less difficulty in adopting a method for committing to memory the various heart murmurs which shall be concise, systematic, and at the same time easily learned. It is hoped that the following schema, which is offered merely as a suggestion and only with due apology to the author from whose excellent treatise it has been obtained, may be of some service. It has been made necessarily brief and includes only the name of the murmur, its location or point of maximum intensity, its transmission or area where also heard. For further consideration the work itself from which it is taken and other text books should be consulted. The many text books, admirable as they are in arrangement and classification, are more or less bewildering to the stu-

LEFT HEART.				RIGHT HEART.		
RHYTHM OF MURMUR.	DISEASE.	MAXIMUM INTENSITY OF MURMUR.	MURMUR ALSO HEARD.	DISEASE.	MAXIMUM INTENSITY OF MURMUR.	MURMUR ALSO HEARD.
SYSTOLIC.	[1] MITRAL REGURGITATION. (Insufficiency.)	At or near the apex.	Over the superficial cardiac space; and unless too feeble, in the axilla and behind, near the lower angle of the left scapula.	[5] TRICUSPID REGURGITATION. (Insufficiency.)	At lower part of ensiform cartilage.	Generally limited to the superficial cardiac space. If transmitted at all, it is to the right.
	[2] AORTIC OBSTRUCTION. (Stenosis.)	Second right intercostal space, near the sternum. Exceptionally, second left intercostal space near the sternum.	Over the carotids; more or less over the body of the heart. Sometimes in the inter-scapular space near the spinous ridge of the scapula; feebly or not at all at the apex. Transmitted better upwards than downwards.	[6] PULMONIC OBSTRUCTION. (Stenosis.)	Second or third left intercostal space near the sternum.	Propagated upwards for a short distance towards the left clavicle, but not over the aorta or carotids. Remember that exceptionally, may be heard at second left intercostal.
DIASTOLIC.	[3] AORTIC REGURGITATION. (Insufficiency.)	Second right intercostal space (or fourth left costal cartilage), near the sternum.	Diffused over a large area, extending in the direction of the apex or ensiform cartilage and heard at the sides of the chest and along the spine. Transmitted better downwards than upwards.	[7] PULMONIC REGURGITATION. (Insufficiency.)	Second or third left intercostal space near the sternum.	Propagated downwards towards the ensiform cartilage.
PRE-SYSTOLIC.	[4] MITRAL OBSTRUCTION. (Stenosis.)	At or near the apex.	Over the superficial cardiac space only.	[8] TRICUSPID OBSTRUCTION. (Stenosis.)	At lower part of ensiform cartilage.	

dent unless he has some pre-formed plan for study or is thoroughly master of the subject matter in hand.

In the accompanying diagrams the numbers in brackets represent order of frequency according to Walshe.

To insure still further simplicity, the schema can be arranged as in Diagram No. 2, which has not, however, the location of the murmur or the area of its transmission.

	LEFT HEART.	RIGHT HEART.
RHYTHM.	MURMUR.	MURMUR.
SYSTOLIC.	[1] MITRAL REGURGITATION. (Insufficiency.)	[5] TRICUSPID REGURGITATION. (Insufficiency.)
SYSTOLIC.	[2] AORTIC OBSTRUCTION. (Stenosis.)	[6] PULMONIC OBSTRUCTION. (Stenosis.)
DIASTOLIC.	[3] AORTIC REGURGITATION. (Insufficiency.)	[7] PULMONIC REGURGITATION. (Insufficiency.)
PRE-SYSTOLIC.	[4] MITRAL OBSTRUCTION. (Stenosis.)	[8] TRICUSPID OBSTRUCTION. (Stenosis.)

Diagram 2.

Numbers in brackets represent order of frequency, according to Walshe.

Explanatory notes to both diagrams:

There are in all eight murmurs, four on the left side and four on the right side of the heart; and these murmurs are arranged in numerical order of frequency in accordance with Dr. H. C. Clapp's "Auscultation and Percussion."

There are four systolic, two diastolic, and two presystolic, respectively; from above downwards and from left to right.

Of the four valves commonly affected every one has two murmurs, one due to obstruction, the other due to regurgitation, or backward flow of blood. In the above diagrams, following out our original plan, that is according to relative frequency of occurrence, we find that there is a definite sequence from above downwards ac-

cording to period of occurrence in the cardiac cycle. As for example, reading from left to right and from above downwards, we find: the first four are systolic; that is, [1] and [2] and [5] and [6]; the next two, that is, [3] and [7] are diastolic; and the remaining two, [4] and [8], are presystolic. Note also that precedence is taken by the initial regurgitant which is due to insufficiency; next note that [2] and [6] are also systolic, but due to obstruction; [3] and [7] alternate and are, like [1] and [5], due to insufficiency. Again, [4] and [8] alternate and are, like [2] and [6], due to stenosis.

Also note that on both left and right sides (in the diagrams) the two initials and the two tricuspid murmurs are at top and bottom. (These valves correspond to each other in location, that is to say, are situated in the lower half of the heart.)

The four in the middle, the two aortic and the two pulmonic, which also correspond in location, that is, are situated in the upper half of the heart on the left and right sides respectively, also have similar valves (semi-lunar).

The object in thus calling attention to this subject has been to facilitate its study, which has been, as before said, by no means easy. If we employ the method suggested in one of the lecture courses in this School which is, from an anatomical standpoint, most admirable, namely, that of taking first the upper half of the heart, including the aortic and pulmonic valves, and considering their respective murmurs, thereafter taking the lower half with its mitral and tricuspid, we are still confronted with the problem of committing their relative frequency. The diagrams as given by Dr. Clapp, from which this schema is constructed, discuss the murmurs according to the sides of the heart and the valves affected without regard to the order of frequency, although this is mentioned and at the same time emphasized.

In preparing for an examination during the past year it occurred to the writer that a schematic arrangement of this sort might simplify the task of memorizing.

ABOUT THE HOSPITAL.

The Clark ward for children has been moved from the main building, where it occupied the whole upper floor on the medical side, to the remodelled five-story dwelling house, 12 E. Brookline

street, fronting Franklin Square, a few doors from Washington street and from the new People's Palace of the Salvation Army. The upper floor is occupied by the head nurse and helpers. On the floor below is the infants' room and an operating room and sterilizing room, used chiefly for nose and throat and orthopedic work. The second and first floors include the children's wards and play-room, and in the basement are kitchen and heating apparatus. There is new plumbing, new heating apparatus, new cement floors, and painted walls throughout the building. There are accommodations for thirty children, a slight increase, with balconies for fresh-air treatment. A disadvantage certainly is the number of flights of stairs, which greatly increase the work and would be impermissible in new hospital construction of today. The present lack of elevator and speaking tubes emphasizes this difficulty.

The Fifth Medical, from which the Clark ward was moved, will be known as the Aldrich ward, having been furnished by the family of the poet Thomas Bailey Aldrich, who is at present successfully convalescing from an operation performed at the hospital by Dr. Packard. It will accommodate nineteen adults and is being used in part as an additional maternity ward.

Considerable alterations are planned in the amphitheatre floor during the coming summer. They include the transfer of the X-Ray rooms to the east end of the Pierce ward, the use of this space for an additional operating room, and the enlargement of the private operating rooms.

Promotions and appointments: Dr. E. E. Allen, from assistant physician to physician; Dr. G. S. Southwick, surgeon; Drs. C. T. Howard and T. E. Chandler from assistant surgeons to surgeons; Drs. R. C. Wiggin and A. S. Briggs from 2d assistant to 1st assistant surgeons; Dr. H. D. Boyd, 1st assistant surgeon; Drs. D. W. Wells and J. M. Hinson from assistant ophthalmologists to ophthalmic surgeons; Dr. G. A. Suffa, ophthalmic surgeon; Dr. N. H. Houghton from assistant laryngologist to laryngologist; Drs. E. R. Johnson and Conrad Smith from 2d assistant to 1st assistant laryngologists; Laurence F. Keith, interne, in place of Dr. L. G. Howard, resigned.

Student interne appointments at the Out-Patient Department for the year beginning March 1, 1907: James D. Christie, '08, and Miss Emma A. Polsey, '08. Short term appointments: R. E. Emery, '08, Miss E. T. Wright, '08.

Additions and transfers in the staff of the Out-Patient Department: Surgical, Drs. W. K. S. Thomas, E. S. Calderwood, F. R. Sedgeley, H. J. Lee, R. F. Souther, A. S. Briggs, R. C. Wiggin; Orthopedic, Drs. A. G. Howard and Howard Moore; Nose and Throat, Drs. Wentworth and Bush; Children's, Drs. LeVerne Holmes and O. R. Chadwell; Chest, Dr. Harold F. Simon; Skin, Dr. E. M. Jordan; Nervous, Dr. A. H. Ring; Medical, Dr. Mary Leavitt; Eye, Dr. J. R. Noyes.

AT THE SCHOOL.

The annual book sale of the School Library will be held March 27 to 30, from 11 to 3 o'clock. Duplicates and odd volumes will be sold at nominal prices for the benefit of the library.

The Junior Class were privileged to make a midwinter visit January 30 to the State Sanatorium for Incipient Consumption at Rutland. By the kindness of Professor H. C. Clapp, his friend, Mr. Estabrook, who furnished transportation for the class, and the authorities of the sanatorium, the day was made most instructive as well as a delightful holiday. A sleigh ride from the station to the buildings gave a hint of the pleasures of the outdoor treatment in winter. Dr. W. J. Marcle, B.U.S.M., 1895, the retiring superintendent, showed the students about. Dr. G. N. Lapham, '00, and Dr. J. E. Runnells, '06, house physician and assistant on the homœopathic service, assisted Dr. Clapp in the generous clinic after lunch. Dr. Runnells re-demonstrated the Gabbitt method of staining for tubercle bacilli, with a large number of specimens. Later the students took snap-shots and made original investigations about the wards and the grounds.

A. R. Heupt of Melbourne, Australia, has entered the Senior class. Mr. Heupt has studied four years at the Melbourne University and Medical School, including three years' hospital work at the Melbourne Homœopathic Hospital, and five months at Rush Medi-

cal College in Chicago. He has the titles of Fellow of the Royal Microscopical Society of London, Associate of Science and Associate of the Institute of Analysts of Victoria, and has taught two years in chemistry. Mr. Heupt tells us that the Boston University Medical is one of two foreign degrees recognized, by a recent law, as permitting its holder, equally with the Australian degrees, to register for practice in Australia. This as a result of the efforts and the records of our graduates in Melbourne.

Edith Neild, M.B., of Tunbridge Wells, England, a graduate of the Edinburgh School of Medicine for Women, having gained the distinction of the Dudgeon Traveling Scholarship, is taking special studies in homœopathic materia medica and therapeutics in Boston University.

A. V. Pierce of Winthrop, Mass., has entered the Junior class from Jefferson Medical College of Philadelphia.

Conrad Wesselhoeft of Cambridge, son of Dr. Walter Wesselhoeft, entered the Freshman class in February from the class of 1908 in Harvard College.

Prof. Walter Wesselhoeft has been giving a series of three evening lectures on "The Principles Underlying all Medicine," and Prof. E. P. Colby two lectures on "The Demands of the Profession," of which we plan to give a report in the next issue.

A large Providence department store having arranged a tuberculosis exhibit during March, a pathological section of about twenty-five specimens was loaned them by Dr. Watters from the School museum.

C. A. Eaton, '08, has been substitute interne in the Maternity Department of the Hospital for a month, during a trip of Dr. J. A. Hayward to the West Indies.

Prof. Winfield S. Smith this year gave the course of lectures on Military Surgery formerly given by the late Dr. Hayward. Dr. Smith is taking a brief vacation trip to southern Spain.

C. E. P. Thompson, '03, whose wife is the junior member of the firm of MacKenzie & Allen, has made it possible for the medical students and alumni of Boston University to get special attention and prices on all goods and repairs as per ad. on page 6 of the MEDICAL STUDENT.

ALUMNI NOTES.

'89. Florence N. Robinson has removed from 21 Valley street to 17 Valley street, Lawrence, Mass., having purchased the residence of the late Dr. A. J. French.

'95. H. Laura Bradley was married last fall to Mr. Edward Farwell and has gone to Beveridge, Minn., to live.

'99. Dr. Walter Wesselhoeft has assumed control of his office again and Dr. John A. Rockwell, Jr., has located for himself at 24 Garden street, Cambridge.

'03. Married in Fairhaven January 5, by Rev. Frank L. Phalen, Dr. Charles E. P. Thompson to Mrs. Grace A. Allen.

'04. E. Samuel Eastman has located at 276 Columbus avenue, Boston, corner of West Newton street.

'04. Belle J. Allen sailed during January on her way to Baroda, India, where she takes up medical mission work.

'05. E. P. Sanborn is settled in Bristol, Conn.

'05. Bernard H. Byam has opened his office at 24 B street, Chelmsford, Lowell.

'05. Elizabeth E. Shaw and Marion R. Horton, after a year's study abroad with Dr. Belle J. Allen, '04, spent mostly in Vienna, have located at 1471 Beacon street, Brookline.

'05. Dr. A. J. Shadman has started in for himself at West Roxbury after being with Dr. A. G. Howard.

'06. H. G. Batchelder, W. M. Anderson, and John E. Runnells went to Portland March 4 and 5 for the Maine State Board examinations.

'06. Laurence F. Keith has received an appointment in the Massachusetts Homœopathic Hospital and entered upon his duties there.

'06. A. G. Gigger has located permanently at 74 Brockton avenue, Abington.

'06. Dr. L. G. Howard has opened an office in Hudson, Mass.

PURIFICATION OF SEWAGE.

A valuable contribution to the literature on the disposal and purification of sewage has just been issued by the United States Geological Survey as Water-Supply and Irrigation Paper No. 185; investigations on the purification of Boston sewage, with a history of the sewage-disposal problem, by C. E. A. Winslow and E. B. Phelps. The volume of sewage discharged by modern communities is so large and the character of all kinds of sewage is always so objectionable that the so-called sewage disposal problem becomes, from the economic as well as the sanitary point of view, one of the most serious with which American cities have to deal. It is of vital importance to every community to secure such a disposal of obnoxious sewage as will avoid the creation of any insanitary focus or foci in the environment, or any infringement of the laws of hygiene and sanitation.

The investigations described in this publication were made at the Sanitary Research Laboratory and Sewage Experiment Station of the Massachusetts Institute of Technology under the direction of Prof. William T. Sedgwick. The station at which the work was carried on is situated on the line of the main trunk sewer of the south Metropolitan district of Boston at a point where it contains the sewage of about half a million people. At this station pumps were installed and tanks were constructed for tests of the various methods of sewage purification. Dr. N. M. Wood's second year class in Sanitary Science has made several visits to this station, on Albany street, near Massachusetts avenue, during the last three years, following the course of the experiments with interest. The results of this work and the practical conclusions that have been drawn are given in Water Supply Paper No. 185, which may be obtained on application to the Director of the United States Geological Survey, Washington, D.C. These results are by no means applicable merely to large cities, but contain lessons of practical value to all communities having to deal with the ever present sewage disposal problem. The description of the experiments is preceded by a careful and elaborate historical review of the whole sewage disposal problem from its origin in the wide adoption of the water-carriage system up to the present time, when that system has become practically uni-

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versal. This interesting review cannot fail to be of the highest value to expert engineers, sewage commissioners, and cities all over the United States, especially to those numerous small communities that are confronted, perhaps for the first time, with a problem that means so much for the health as well as the finances of the citizens.

PENNSYLVANIA RAISES THE REQUIREMENTS FOR ADMISSION TO MEDICAL SCHOOL.

RECOGNIZING the advantages of a broader general education and the growing necessity of the prospective student having in addition special preparation for the study of medicine, the Board of Trustees of the University of Pennsylvania has decided recently to raise the requirements for admission to its medical school. These requirements include two years of general college training and in addition a certain knowledge of biology, chemistry, and physics. According to the plan which has been adopted, the standard will be raised gradually, beginning with the academic year 1908-1909 and reaching the maximum 1910-1911.

INTERNESHIP.

An examination of candidates for the position of house physician and surgeon of St. Mary's Hospital, Passaic, N.J., will be held on Saturday, April 20, 1907, at 1 P.M. Term of service, one year beginning June 1, 1907. Full information from the Secretary, H. F. Datesman, M.D., Passaic, N.J.

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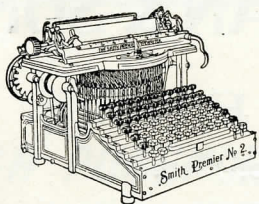
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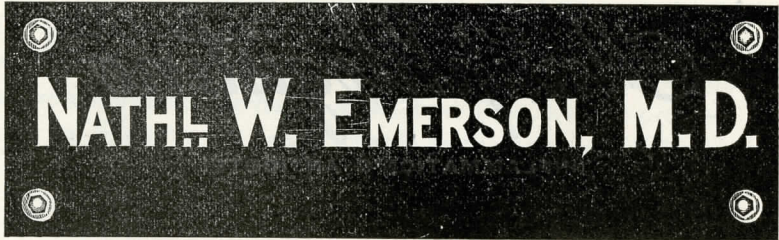
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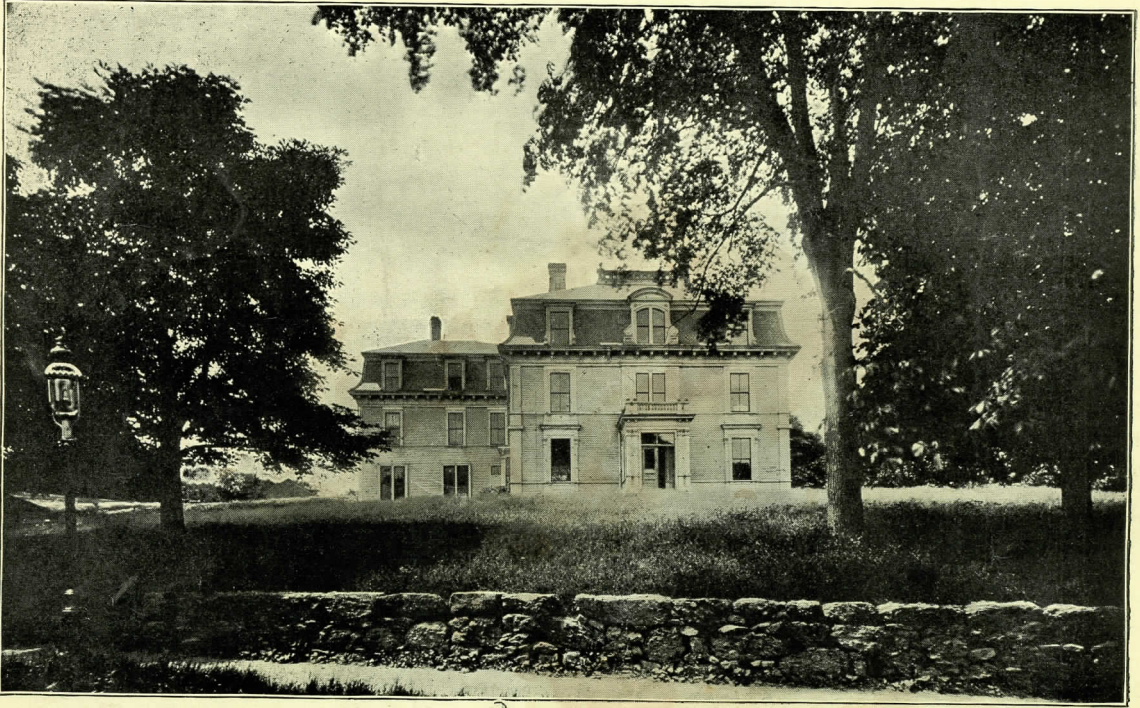
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