1896

The medical student: v. 8, no. 1-8

Vol. 8. JANUARY, 1896. No. 3.

THE MEDICAL STUDENT.

CONTENTS.

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.*

Vol. VIII. BOSTON, JANUARY, 1896. No. 3.

The Medical Student.

TERMS:
$1 per year, in advance. Single Copies, 15 cents.

Entered at Boston as second-class mail matter.

Printed by C. M. Barrows & Co., 2 North Market St., Boston.

Articles for publication, books for review, exchanges, subscriptions and all matter pertaining to the paper should be addressed to The Medical Student, Box 105, Station A, Boston, Mass.

Students, Alumni, (especially recent graduates), and members of the Faculty are cordially invited to contribute to this journal.

The editors will not be responsible for opinions of contributors.

Single copies may be obtained of the Business Managers, and any regular subscriber who fails to receive a copy, can obtain the same of Miss Hanks, in the Library.

The Student will be sent until ordered to be discontinued.

Editorials.

There seems to be an erroneous impression among the students of the college as to the position and claims of The Student. On the title page it is represented as being published by the students of the college under the supervision of editors elected for that purpose, and the editors have endeavored to represent all interests so far as possible in an unprejudiced and impartial manner. In return we ask the support of the students, and what do we get? Eight subscribers from one of the classes — eight out of forty or more — while one other class is only slightly ahead. Consequently we are forced to depend very largely indeed upon our Alumni for the support of the publication. We give them only a brief column. All the rest of the paper is devoted to things of interest to us and to the school. But if the present state of affairs persist it is only fair to give the Alumni the bulk of space and a hand in the management; in brief, make it an alumni publication. There may be another misconception abroad. If any of the students think the management is a financial bonanza, all we ask of them is that they take the paper, with $250 debts, as the present board did at the end of last year, and endeavor to put it on a supporting basis with a subscription list as noted above. If the present rate continues, it can only be a few years when the publication must lapse entirely, for it is out of question to publish a students' paper if the students will not support it. We ask, then, only what we have a right to ask and a right to expect; that is, the moral and financial support of those whom we represent.

We can't help wondering where we are in reference to our year's work. Are we abreast of it, or

are we dropping behind, so that by and by we shall be driven hard in order to cover the work laid down? When the weather is hot and enervating, and the burdens of examinations are upon us, we are not in trim to do extra work and make up for lost time. Now is the time when we can work hardest with least strain and fatigue. The winter weather is invigorating, and we are not wearied from long effort. It is not for ourselves that we are solicitous. It is mainly of our dear professors we are thinking. It is so hard for them to lecture on difficult subjects when the weather's temperature is 106° F., and when the students have "spring fever" and are yearning for a cool place in which to enjoy it. We know it must be very taxing for our lecturers and instructors. We would shield them, and incidentally save ourselves exacerbations of the disease just named.

Wouldn't it be ideal if during the next two or three months we were to quicken our pace and gain a little time so that at the end we may take a steadier, easier gait, and yet come up to the judges' stand in good time and in good condition?

THE last two years of our college course convinces us of at least one thing — the enormity of the responsibility before us. Many and of great variety are the subjects before us, and many things outside of our course must also be mastered before we are the ideal physicians we all hope to be. We know some things must be left undone, in the short time here, but what things can we safest leave, and what things would we better do now, in order that we are "armed and well prepared" when we enter upon our more serious duties?

There is one thing — "the burden of my song" — which as students we must not neglect. It requires no time and but little effort, yet is one of the greatest in importance. It is the cultivation of a genuine regard and feeling for our patients. The writer has in mind a surgeon, in another city, who is undoubtedly more skilful than any of his associates. Not a few times, however, has he offended some of his best, most influential patrons by a general lack of feeling and consideration for his patients, shown in unnecessary exposure and a seeming harshness in treatment. It is easy to understand why he has lost the prestige he could have, if his manners were as good as his heart or his head.

Any of us can think of men who have for years been the honored and much loved family physician, though it is well known that they excel more in gentleness and thoughtfulness than in ability. It is not impossible for us to possess both skill and this fine appreciation of little things which often mean so much. And it is fortunate indeed for us that we are privileged to assume the rôle of doctor in different families and with such a variety of people. Much good to us must come of it, and no harm can result except as we forget that we owe to the poorest, most ignorant patient the kindest possible treatment. The student who remembers this with the meanest dispensary case will not forget it when he comes before the richest, most influential patron. It is hard sometimes for us to realize that conditions familiar to us are often new and embarrassing to laymen, and when students laugh and talk in "asides," patients are quite apt to imagine that they are the subjects of mirth and conversation, and are consequently uncomfortable. It is always bad enough for a sensitive patient, and it is too bad if the conditions are not the best we can make them.

It is not unusual that a patient suffers much pain in the course of examination, especially when we, lacking in experience, do bunglingly. If we hurt the patient, we can do nothing less than show the courtesy we would to one another, and give the patient to know, in a word, that we will work gently, and are sorry to cause pain. This will at least piece out the patience and good nature of the sufferer.

Not long since a nervous, sensitive little woman was thoroughly examined by several students. The next time she came, she said, in pleading tones, "Please, I don't want so much 'treatment' today." In this case it may have been the kind of treatment instead of the amount. In no instance probably does this lack of consideration come from a really unkind heart, but rather from our inability "to put our-

selves in the other fellow's place," which is no doubt one great source of unkindness.

These are very little things, very easy to attend to, and they are the things which some day will help to make or break us.

Now cometh the beginning of the merry time when we go up before the professors to tell them most wonderful facts (probably hitherto unknown to them), and hoping we'll be able to pass by every chair, and somewhere gather together the necessary seventy per cent.

There are exams and exams, however. Some are fair tests of the knowledge we should have retained, and some seem like unfair advantage of the position of professor.

Last year, there was an examination which was unlike all the others, and strange to say, met with very general approval, for it made it impossible for any one to "crib."

It wasn't ideal, of course, for that would mean the existence of such a high standard of honor among all the students that no one would think of putting on his paper the knowledge of another student. But, recognizing the facts of the case — that we were not all immaculate — it was a compulsory honesty to which a graceful submission was in order.

Each student had a laboratory table all to himself, and the tables were so ingeniously placed, and at such an angle to each other, that each one seemed to be in a world, separate and apart from all disturbing influences, with only his own knowlege of the subject to put on the paper. (This probably saved some labor in writing, as it takes less time to display a little knowledge, than to put down all one knows himself plus that his neighbor knows.)

Alas that such arrangements should be necessary in a college of supposedly self-respecting men and women who have come to get the best training possible! But it seems to be necessary, even in the best of the classes,— which is yours, of course — and so may the rest of the professors give us just as good a chance again to fail or pass as each one deserves.

Examinations are a relic of bygone days anyway, and ought to be abolished, as they will be when some other satisfactory test is devised, but while we must have them, let's have them so they will be something more than a farce.

It has happened many times that the lazy, shiftless student has "cribbed" enough to make his examination mark equal to or superior to that of the faithful, honest worker.

It is not for per cent that one works, and the worker has the knowledge for his own that the other only seems to have, but it is according to the per cent attained that students are rated. It is exasperating, to say the least, to see a dishonest fellow student, known by all, and by the professors as well, to be dishonest, rated above one who has done his level best all through the course, and who would scorn to pass in a stolen examination paper.

It is strongly suspected that if all examinations had been conducted as the above mentioned one was, there would have been fewer graduates from the school for several years, but that afterward the number and quality would have markedly increased.

THERE have been several improvements made in the school building which add greatly to the comfort and facility of work of the students, and only those who have done without them in the past are able to appreciate their value. The entrance into the library from the second floor of the old building is a "jewel" and saves lots of time and strength for hurried and weary students, as in order to reach the new building it was formerly necessary to either go through the dining room or out of doors. Another improvement which affects a limited number is in the dissecting room. The extra gas jets with the new shades furnish the needed light and give it where it is required. The new system of selecting names for demonstrations, although used but a short time, seems to be working finely. The anatomical observatory is well taken care of and as comfortable as is possible. Mr. Mason certainly deserves credit for the manner in which he has done his work. To be sure, there

are other things about the building which might be changed for the better, but undoubtedly these alterations will be made as rapidly as possible. Meanwhile, let us be thankful that we enjoy the advantages of the improvements already made.

General Contributions.

THE PROCESS OF CREMATION.

Read by Mr. Carroll C. Burpee at the January meeting of the Boston Homœopathic Society.

WHATEVER your views may be concerning the method of disposing of the bodies of our dead, the *importance* of the subject must have manifested itself to all of you.

It is not new, for even Plato and Aristotle discussed it, but from the standpoint of reverence for the departed; while Cicero establishes three kinds of justice, and, singularly enough, places duty to mankind as third and last. But we must consider justice to humanity as first and foremost.

The importance to the living of the shortest and quickest method of such dissolvement is unquestionable. Chemists and physicians all know that the exhalations from decomposing animal tissues are poisonous. However weakened by diffusion they may be when entering the human system, they inevitably lower the vitality of those who breathe them. The final dissolution of all that is mortal *must* take place, whether it be by the slow process, inhumation, or by the more rapid and purer method, incineration.

Of inhumation there is little to be said. The process is familiar to all of you, but that there is a change necessary as this century draws to its close with its rapidly increasing population, when everything that pertains to human welfare is being so keenly appreciated, is inevitable. It has been proved that the few feet of earth which is placed over a dead body is insufficient to absorb all the gases which arise. Glancing over the country, how many cemeteries are there which are not situated in land which would not be most desirable and healthy for the living? Are many not almost bounded by dwelling houses, and even in close proximity to some do we not find the very water supply for the community? With the present process in vogue it may in time require the sacrifice of the living for the accommodation of the dead.

Now let us look at incineration. There are many who do not believe in it, but I have found it is more from the want of knowledge of it and not realizing the consequences which may result from the old custom. There are some people who can never look with favor when a departure from the old order of things is made, even though it will be of benefit to them. With these let us deal gently and reverently, for what forms a part of their life and that of their friends is indeed sacred. It might not be unwise for me to say at this point that my attention to cremation as a method for disposing of the dead was first brought to it by a natural horror of the grave which I entertained from my earliest recollection. Two thoughts seemed always in my mind, the worms eating my body and the fear of being buried alive, and with the imagination of childhood these thoughts were greatly enlarged. It was not until the interment of my father that I could even think of ever having my own body buried, and only then because I was willing to submit to whatever should befall him. It was about a year ago that I had an opportunity to witness the incineration of a gentleman who had been a life-long friend of my father, and who since his death had been almost a father to me. I speak of this because it was a real test, and I shall endeavor to explain the process to you as I saw it.

It may, however, be of interest to you to know the growth of cremation in the United States within the last ten years:

In 1885	there were	36	bodies cremated.
1886	"	119	"
1887	"	125	"
1888	"	199	"
1889	"	262	"
1890	"	263	"
1891	"	464	"
1892	"	576	"
1893	"	677	"
1894	"	876	"

With these figures before us it would go to show that before many years inhumation will be the exception and incineration the common method of disposing of the bodies of our dead.

It was about two o'clock on the 22nd of last January that we approached the stone building of the Massachusetts Cremation Society which is situated behind the Forest Hills Cemetery. This building contains two incinerators and varies from others in the fact that a spray of super-heated petroleum is used and that a heat of 3,000 degrees F. may be obtained. The heat is generated several hours before the process of incineration is begun. The casket was carried and placed on a large high table and all metal was removed, and at 2.30 this table was moved in front of the retort. The iron door, which is large enough to admit the casket, was opened. Although the fire had been entirely shut off, the lining of the retort, which resembles the common stove lining, was slowly raised and threw out a pink rosy radiance which seemed to make a path from itself to the dark-colored casket, containing one of God's most precious jewels. Reverently was it placed from the table into the purifying light, which shone with such rosy radiance all about. The curtain was lowered and the door shut. The heat was again applied to the retort and in but a few moments the temperature reached between 2,000 and 2,500 degrees.

In the process of incineration the ashes of the casket, being much lighter, are entirely separated from the ashes of the body. It was about ten minutes after the body was placed within the retort that we went directly on the opposite side to view the process. The place for observation is about two inches in diameter, covered by an iron plate, and within this plate is another small hole of about three-quarters of an inch in diameter, large enough to see through with one eye. As I looked, there seemed to be surrounding the casket a pink rosy cloud, such as you have seen many times in the heavens. For twenty-five minutes the head of the casket stood there with the only change of having now become mottled in appearance. This cut off my view of the whole body for the time being. The long time which this stood is accounted for by its being of hard wood. With the exception of the right arm and forearm having dropped to one side, I could see no part of the body, but after twenty-five minutes had elapsed, the wood finally fell, and what remained of the body was entirely visible. During the time which this board withstood the fire the flesh, clothing, etc., was being destroyed. It may interest you to know that in the process of cremation the clear bones are the last ones to be destroyed. It was noticeable throughout that the bones would not break up into small pieces, but would gradually grow smaller and smaller and purer and purer. The humeri and the ribs, in place of breaking into small bits, held their form throughout. The bones of the head, after becoming separated at their sutures, became smaller and whiter, and there was a stage when they exactly resembled the bones of childhood. Never shall I forget the impression it gave me. Here was the body of a large strong man after it had done its work returning again to the very state into which it was given into the world.

So complete is the destruction that no odor is perceptible nor any fumes visible in the air. After eighty-one minutes the process was pronounced complete. In a few hours, when all would be cool, the remains would be removed from the retort and all the metal, etc., which remained in the casket and could not be removed previously, was separated from the ashes. The time required depends much upon the size of the body. Not long ago a lady whom I knew, and who was more or less emaciated, was cremated, and it only required forty-five minutes.

After all, the only difference between burial in the ground and cremation is in the length of time required. I know of one case in which a body had been buried, and when the remains were to be removed to another locality the skeleton was as perfect as it is possible for any skeleton to be, yet this body had lain in the ground forty-two years?

Which is most desirable, especially for the health of the living, forty-two years or forty-five minutes.

As we left all that remained of our friend in the rosy, purifying light, and drove from the incinerator,

situated there among the pines, my attention was drawn to the setting sun on the western horizon. The same rosy, pink-colored cloud that surrounded all that was mortal within the retort, was even here throwing out its radiance on the heavens. It seemed to me as if God had indeed claimed his own and had taken it from the retort directly unto Himself.

Never before had I realized the saying as I did at that time,

"Dust thou art and unto dust thou shalt return."

ELECTROLYSIS FOR THE SURGICAL TREATMENT OF STRICTURES.

BY J. A. FORT, M. D.
(Professor of Anatomy in the Ecole Practique of the Paris Faculte de Medicine.)

It affords me great pleasure to have the honor of being allowed through the kindness of your president to present to you a new instrument which I have devised and called "electrolyser," for the surgical treatment of strictures by the "linear electrolysis" method.

It is a well known fact that electrolysis has been discarded on account of the imperfect instruments which were used. My electrolyser has all the advantages of the urethrotome and none of its inconveniences. It looks like a small whip of which the handle contains a metallic wire projecting from the end which connects with the flexible part. This instrument, being first introduced into the urethra, is connected with the negative pole of a continuous current battery, and the positive pole is connected near the affected part, on the front of the thigh or over the pubes; then the current is turned on.

The operation, which is almost painless, requires thirty seconds (on an average), with a current of a strength of at least ten milliamperes, as indicated by means of a galvanometer. The electrolyser remains perfectly cool during the operation. In nearly all cases there is no bleeding, or but very little. The urethra is made aseptic before and after the operation. In nearly all cases I pass a sound the third day after the operation, also the day after. I instruct the patient to pass a sound, No. 22 or No. 24 F., every month and every other month.

With the urethrotome, which cuts blindly, the surgeon can not ascertain the degree of density of the tissue of a stricture. On the contrary, by means of electrolysis, which merely produces a molecular destruction of the stricture, although the instrument remains cool, I have been able to demonstrate that there are two classes of strictures — soft and hard. Hard strictures are in the proportion of one against five soft ones.

The time required to perform the operation varies with the density of the stricture. Some strictures are so hard that they cannot be successfully operated upon by electrolysis.

I have also applied electrolysis to the treatment of strictures of the urethra, uterus, rectum, and œsophagus.

NEW ENGLAND HAHNEMANN ASSOCIATION.

The second annual meeting and reception of this association was held in the College building, Monday evening, January 13, 1896, and was a thoroughly successful and enjoyable function. The buildings were in gala dress, the college colors being very prominent and in evidence everywhere.

A business meeting preceded the reception at which there were reports of the officers of the association showing a most encouraging condition of affairs.

Short addresses were made by the Dean, by Professors Calder, Rockwell and Sutherland, by Dr. W. T. Talbot, Dr. F. D. Stackpole, and others. The reminiscences of those who had been students in the earlier days showed the marked improvements that have been made in the course.

After the adjournment of the meeting, the guests visited the lecture rooms and laboratories, which were beautifully decorated. Refreshments were served from tables in the laboratories, which were presided over by the wives of the professors.

The college orchestra was a most pleasing addition to the evening's entertainment, and certainly sounded as though the members made a specialty of music as well as of medicine.

Upwards of five hundred persons were in attendance and we hear there were some gratifying accessions to the membership of the association.

To judge by appearances, the plan of showing the workings of a medical school to the laity was appreciated by the latter and was enjoyed by the "medics." For the students, it was quite refreshing to see the place where they "grind" arrayed in festive attire.

Many of the alumni were present and enjoyed a reunion with classmates, with a wish that they hadn't been born so soon, so they would have had greater advantages than they did in their medical studies at college. Well, if the course still improves as it has, we'll think that we, too, were ushered into the world several years before it was best for us.

DISPENSARY PRACTICE.

To those students, especially of the Senior class, who have had the opportunity of availing themselves of the privileges of the dispensary, and have "taken cases," these few observations which follow may not appeal with any degree of force, but the writer hopes that they may be of interest and possibly some advantage to the members of the lower classes, who have yet to pass through these experiences.

And first it may be said that the clinical advantage, which our dispensary offers in the way of out-parties or domiciliary work is unsurpassed. The dispensary records for the past three or four years show that between three and four thousand cases have been treated annually. It will be seen from this that there is a wealth of clinical material at the disposal of the students. While many of these cases are trifling illnesses, no one who takes a reasonable number of cases can fail to get some serious and interesting forms of disease to treat.

Granted, then, that we have this clinical material; what are the advantages to be gained from this dispensary practice, and also what, if any, the disadvantages?

That the advantages are manifold will appear at a glance. An intimate acquaintance and association with disease of every form and type cannot be otherwise to the student who is trying to fit himself most thoroughly for the practice of medicine.

First, as to diagnosis. A man may know disease thoroughly, from the standpoint of the textbooks, but when he is confronted with an actual case of some particular trouble, all that he ever knew about that disease is very apt to desert him. Better have this happen in dispensary practice rather than private practice. But if a student has seen a dozen cases of measles, has examined half a dozen cases of pneumonia, and so on, he is not half as likely to make a mistake in diagnosis at a time when his reputation may rest on his correctness.

As to treatment the same statement applies which was made about diagnosis. It is merely the difference between theoretical and practical knowledge. Having seen the indicated remedy work in several cases increases one's faith in the medicine, and enables him to prescribe it with more accuracy and confidence the next time he sees it called for. Then in the matter of adjurant treatment, experience is most valuable. And it is these little side issues, measures which often have no vital relation to the treatment, which add vastly to the patient's comfort, and incidentally, to the doctor's reputation. If one has tried these things he will realize this, and use them, when without experience he would never know of their existence.

Again, and this is perhaps of as much importance to the young physician as any one thing, one acquires a certain amount of professional manner. There are some who have this so thoroughly developed by nature that experience is unnecessary, but to those who have to acquire it the experience gained in dispensary practice is invaluable. A knowledge of human nature is of real importance in the practice of medicine, and as unfortunately this branch of study is not included in our curriculum, we must look elsewhere for instruction.

It will be seen from the above imperfect resumé of the advantages to be gained from dispensary practice, that it is of great importance to the student. And now for the disadvantages.

The principal one is owing to the fact that students are apt to get careless in their ways and lax in their manners, when attending these cases, where dirt and indolence and intemperance often make a combination which is anything but conducive to politeness and refinement. It is very easy indeed to fall into loose ways, to let slip remarks which are perhaps not out of place in the surroundings, but which are hardly such as should come from the lips of a gentleman, or sound well in polite society. This is perhaps the chief disadvantage.

Another one is that by force of circumstances students often are obliged to take more cases than they can handle, and so the cases suffer, and the student from lack of time in which to properly read up his case, does not gain the knowledge that he should.

But, after all, these are but minor points, and the fact remains that the preparation for the practice of medicine which may be obtained from dispensary work cannot be gotten in any other way.

ILLEGITIMATE CHILDREN.

Do you happen to know the way the law reads in regard to registering the birth of an illegitimate child? The other day a senior, who had to report the birth of such a child, was told at the City Hall by an official that only the name of the mother was to be put on the registry blank. No matter how positive the proof, the name of the father was never to be mentioned in the report.

The senior's feelings may be imagined when she remembered that, in the case in point the father was, fortunately, departed "to his place," as Kingsley puts it, but had been a miserable drunken sot and had died from excessive drinking.

But his name and reputation (?) must be protected by law while his victim's name is registered in the city archives as the mother of a nameless child.

We don't want to excuse the woman, but, in the name of *justice*, why should the matter stand in this way? Truly there is an appalling amount of sin and misery in the world, but why the responsibility for one class of sin should rest upon the woman and the man go scot free, passes our comprehension.

As if the physical consequences were not enough, the laws, made solely by men, decree that the legal opprobrium shall rest solely on the woman! Chivalrous, isn't it?

Perhaps it would be just the same if women had a vote in making the laws of this commonwealth, but we think it would not.

What right has the law-making half of the adult community to make laws that *encourage* illegitimacy? If the proven father's name were to go on the city registry of births along with that of the mother, would it be any more than just and right? Would it increase or decrease the number of nameless waifs who, with their mothers, must carry their own sins and those of their graceless fathers in addition?

As physicians in the dispensary districts, every graduate of this school has seen and heard of many cases where the woman (often only a mere girl) was bearing the consequences of her sin or weakness and the man was *apparently* beyond reproach, showing an unblamable front to the world, and so able to work an indefinite amount of mischief.

If the *facts* were on record how much less likely such a man would be to have a chance to impose on another woman.

It is monstrous that such a law should be on the statute books of this or any other state when its injustice shows so plainly on the face of it.

If we have any power over public opinion, as physicians let us do all we can to have this matter righted, in the interest of morality and justice.

WOMEN PHYSICIANS.

A GROUP of women were one day discussing their doctors, and the talk turned on women physicians, one of the most talented and successful practitioners

in the city, Dr. A., being mentioned. One spoke highly of Dr. A.'s successful treatment of her case, when another spoke up and said: "Oh! Dr. A.? Why, I would n't have her attend me for anything. She may be smart and all that, but the way she dresses and walks shows she 's a crank, and *I* do n't want her.

It was a sharp criticism, and yet a fairly common one. Indeed, in a way, the criticism was well taken, and just. The critic would have to go far before finding so good a doctor as the one she declared she would never employ. But the doctor does not know how many such patients have been lost to her because of her injudicious dress and manner.

Years ago it was very difficult for a woman to obtain a medical education. Those who did succeed in gaining admission to the colleges did so in face of tremendous opposition, and only because of their inherent grit and perseverance did they finally obtain degrees.

Of course the success of such women would be phenomenal, and it was. By the reputation these pioneers made, it has become easy for women nowadays to enter the best medical schools of the country and have advantages equal to those enjoyed by men.

The benefits of their struggles, we, the later generation, are enjoying, but along with it we 've inherited the effects of their neglect of what they considered unworthy of their attention, namely, dress and manner.

Even now, if the word "woman-doctor" is spoken, it calls up to the mind of many an image of a short-haired, ill-dressed and brusque person, who seemingly wanted to see how unlike most women she could become. Happily, this type is seldom met, but it may be long before the people will cease to associate the name and the unattractive idea, as some doctors, in their admiration of the talents of the early exponents, imitate their foibles and eccentricities.

It is quite true a physician's first care should be her profession, and those things that will give her the largest success in her chosen work. It is also true that it requires a considerable amount of time and brains, together with some money to dress suitably and well. But it can scarcely be denied that the majority of women physicians dress without much reference to taste, fitness, and proper economy, and so in direct antagonism to their successful practice. Some of them by sheer talent in the medical line, win in the race in spite of their handicap.

For the new woman, however, it is foolish to try to ignore the question of conformity to fashion, more or less. Was it Ruskin who said it was a woman's duty to be as attractive looking as possible? Certainly women whose work is to help others are not exempt from the obligation. We owe it to our younger sisters to see that "woman physician" does not mean a "guy" with a manly stride. The opposition we 've met in studying medicine on account of this prejudice has not been pleasant, has it?

You know, there 's a certain gait that 's called a "woman doctor's walk"? We 've all seen it, — it does n't need description, but it does need to be avoided along with the adoption of radical dress reform garments, so far as known at present. The whole subject of dress reform needs *specialists in dress* to attack it and bring it to pass. But a physician with a practice has no time to give the necessary attention and study that would make a reform dress attractive enough to be generally adopted. And unless it is so attractive it will be repulsive, and reform is farther off than ever. We can preach the necessity of a reform, and do our best to have somebody practise it; but it 's enough to do one thing, and let others do the other part. One can't preach and practise both — it 's too much strain on the powers of life; so let us beware how we depart from following Dame Fashion for a while yet. Instead of wearing the initial reform garments ourselves, let us convince some other woman of the necessity that something be done, and then if this other woman is graceful and looks charming in anything (would even look well in a gunny sack), and has a real genius for dress and things dressy, she can work out something worth while, and dress reform will progress fifty times as fast and far as it would under our demonstrations.

One step in advance we may take and that is in the way of suitability; and to illustrate: Did you ever see a business man when his dress-suit coat became too worn for state occasions wear it to business? Did you ever see a woman making professional calls in a gown that in its best days had been designed and worn for festive functions? If one is not seen why is the other seen? Decayed finery is out of place in the office or in the sick room, but it is seen there far too frequently. Perhaps if we realized how potent a factor our appearance is in making or marring our success, we 'd deign to give some of our best thought to wherewithal we are clothed.

To paraphase an old saying, there 's nothing that succeeds *but* success; to be prosperous we need to look prosperous, and it is n't bad practice to even go in debt to make a sufficiently good appearance to seem to be something of a successful practitioner. People want what everybody else wants, and if you look as though you were wanted by a good class of patients, you 'll be very likely to be really employed in consequence, and be given a chance to prove you do know something of the medical profession.

GARLICS AND GOOSE GREASE.

When I was a little girl way down in Nova Scotia, in a sparsely settled portion of the country, doctors were as plentiful as strawberries in December, and so the women had to play doctor, and pretty curious play it was sometimes, too. In the neighborhood in which I lived my mother was the doctor. She was known as an herb doctor, but to my recollection she never disdained the use of so valuable a mineral as salt or saleratus when she knew either of them would strike home.

In our house was a closet known as the "herb closet," and no homœopath was ever more particular than my mother, in keeping from her precious herbs everything that might contaminate. Very early in life it became my happy work to collect, prepare and carefully dry those herbs in which the countryside, field or wood abounded. The aromatic peppermint and spearmint, with smartweed, by the running brook; in rocky pasture lands, the red gool for baby's sore mouth was dug up from the rich earth near old stumps; garlics and onions were cultivated in the garden, as well as many other herbs; the burdock and mullein grew by the roadside, and so on all down the list. How well I remember the horrid, awful taste of boneset and wormwood.

My earnest desire to get very familiar with some of these friends of humanity more than once came near ending my life, for I insisted upon tasting, even to chewing, every new thing I found, smell, sight and touch not being sufficiently satisfactory, and it was matter of surprise to my parents that I survived the period of early childhood. Instinct, however, seemed to tell me when I had taken anything harmful, and the same instinct told me the remedy for my excoriated mouth or burning stomach.

The herb closet had shelves, a goodly supply of nails and one chair. This chair was for little me to stand on when reaching for some package or bag. I had to make the bags myself and every bit of brown paper that came into the house during the year was carefully folded and laid on the top shelf of the closet, to which I was allowed to keep the key. The paper was folded in proper shape when the time came and stuck with flour paste, while at the same time a strip of cloth for a string was pasted on near the top and a label at the bottom. Cloth bags wouldn 't do, for the virtue of the herbs would evaporate through the pores.

It was in sickness of babies and young children that my mother was oftenest called, for it seems that not everyone can understand the little folks. Then, when she had elicited a few of the more important symptoms from the messenger, how my feet would fly to the herb closet to get the proper herb; marigold petals for thrush, (calendula lotion), yarrow for bowel complaint, burdock for drafts on the feet and hands in fever, poppy seeds for sleeplessness, and so on.

Oftenest of all, though, it seemed to me, I was sent for the garlics and goose grease. They were not kept in the sacred closet, as the odor of the

former might contaminate the more delicate herbs, and the idea of anything greasy in that place was not to be tolerated. Did the baby have the snuffles only, then his nose and forehead were well rubbed with the grease, with perhaps a drop of camphor to "help it strike in." Did he have a more serious cold that had settled on the chest, then there was work. Some goose grease was poured into a saucer and set on the hot ashes; four or five segments were taken from a garlic, peeled and sliced very thin, and dropped into the grease, and then both allowed to simmer for a minute until the garlic had softened. In the meantime, a good-sized piece of flannel was doubled and cut to fit the neck, then the bits of garlic spread between the folds; and the pieces were quilted together with a needle and thread, the edges sewed carefully together, and strings sewed to the upper corners to tie around the neck, because baby might have to keep this on for two or three weeks. Afterward this was dipped in the hot grease and placed on the little sufferer's chest as hot as could be borne. Next the palms of the hands and soles of the feet were lubricated with the hot grease. Think of the odors surrounding that baby!

As if this were not enough, an onion stew was concocted as follows: One half-cup of molasses, one small onion cut up fine, two tablespoons of cider vinegar (any other would do as well), and a lump of butter the size of a walnut. Just here the women would hold a conference, and as goose grease was more effectual than butter, if the child was not strong enough to fight much, and his nose and hands could be held without too great a scuffle, O shades of Mother Goose! the grease was added instead of the butter. After boiling ten or fifteen minutes, the mess was ready; and being strained and cooled, was given at stated periods. Think of the nauseous dose!

Garlics and goose grease for a cold have long ago vanished from my mind, but the onion stew has held its sway, and I have broken up many a dry cough with it when my little medicine case has for some reason failed.

Dr. Turner's first lecture the other day on acute coryza, giving Allium Cepa as the first remedy, brought all this to my mind, and I thought the younger students might like to read how colds were cured in earlier days.

SARAH NEWCOMB MERRICK.

BARON NILS POSSE, M. G.

AT noon, Dec. 21, the funeral services of Baron Nils Posse, M. G., were held at the Posse Gymnasium, Irvington Street, Boston.

His death was a severe shock to his many friends in this city, in both the profession of medicine and that kindred one of gymnastics.

Baron Posse was an indefatigable worker, and in his short life of thirty-three years did more for his fellow-men than many men accomplish in a long life of many years.

His work has been most remarkably successful in popularizing the Swedish system of physical education and extending the knowledge of rational therapeutics.

Several well-written books show that his knowledge of the theory of gymnastics was deep, broad and extensive, but so logically arranged that it was readily available for explanation.

His practical work was exceptionally good. Even among professional athletes, he showed his superiority, and was a well-nigh perfect exponent of physical education.

As a Medical Gymnast, he was well to the front, and enjoyed the confidence of physicians generally, having given special study to physiology and pathology, with reference to the applicability of kinesiatrics. He achieved marked success in the treatment of those abnormal conditions of the mind and body that are amenable to the movement-cure.

Among his published works are: "The Special Kinesiology of Educational Gymnastics," which is a very complete treatise, and will be a standard work for many years to come; "Handbook of School Gymnastics," especially for teachers of public schools; "Columbian Collection of Essays on Swedish Gym-

nastics"; and "Exercise and Cerebration," being a monograph on the educational effects of systematic exercise.

For some time a work on medical gymnastics has been in preparation, which if at all ready for publication will doubtless be a very valuable contribution to the literature on that subject.

A LETTER TO THE STUDENT.

In looking over the pages of the last MEDICAL STUDENT, I found an article entitled "Gymnastics." The first sentence which attracted my attention was this: "Supposing that a physician's desire is to benefit his fellowmen, and not merely make capital from the ills of humanity."

If I understand the meaning of the word "physician," it is not only to cure disease, but to prevent it, if possible. Dr. Jones told us when I was a student, that we were under obligations to our patients to keep them from sickness and suffering just as much as we were expected to prescribe the indicated remedy. And I believe that every conscientious practitioner cannot look upon the profession in any other way.

We are to look after the sanitary surroundings of the homes into which we are called, and use all the means in our power to keep them in a healthy condition, so as to prevent disease from getting a foothold therein.

Clothing should also be carefully inquired after, remembering that it is very essential that proper clothing should be worn to prevent suffering and sickness.

Diet must be attended to, and in some cases we will find many errors in this direction which must be corrected in order for our patients to keep in a healthy condition. People generally are ignorant of the laws of digestion and it is our business to enlighten them.

Exercise is a very important factor in regard to health. Many of the ills which attack our women and children especially, while perhaps not the chief cause of disease, are brought about by a lack of exercise. More especially is this true in the months of winter and early spring.

As the cold weather comes on the careful (?) parents think that the children must be housed in, allowed to play only in a badly ventilated, overheated kitchen, afraid if a breath of fresh air should touch them that a terrible cold would be the result, which might terminate fatally, and so the child is imprisoned until the heat of summer again makes its appearance. And the mother cannot go out, as it is too cold to take the children with her, so she sits down in the same unhealthy surroundings, with doors and windows shut as tight as possible to prevent the pure, fresh air from entering the apartment. This is a sad mistake which we as physicians should rectify if possible. Good healthy exercise in the fresh, open air is conducive to health. Children should be allowed to go out through the winter as much as possible, in order to be well and strong. Cold weather was made for them and they are made for cold weather.

Of course, heavy, warm clothing should be worn, the feet well protected from the dampness of the ground, and there will be no danger of disease making its appearance because of the child getting out into the fresh, cold air. The mother, too, who will go out every day if only for a short walk, will find that she is a great deal better prepared for warm weather when it comes by getting pure, fresh air all winter, than if she had breathed warm and often poisonous air.

In many of our densely populated cities young women cannot get healthy exercise enough unless they find it in a gymnasium, and if exercise here is conducted in a right and proper way, with no undue over-exertion, she can but be benefited in all the future years of her life. I think a great many of our young mothers, had they had proper exercise to fully develop all the muscles of the body, would have far easier times when called upon to endure the sufferings of childbirth.

It is a great mistake to think that young women must spend all their time doing fancy work or study-

ing music and art. What the world needs today is healthy, well developed, strong mothers, who can look after the interests of their children, and instruct them in the way of right living.

Let us as physicians look into the home life of our patients, and see if we cannot benefit them in these directions and prevent, as far as possible, sickness and suffering. Then, and only then, will we be worthy of this noble, matchless calling of ours, remembering that we are followers of the Great Physician who went about doing good.

FLORENCE N. ROBINSON, '89.

Locals.

Why does a Senior or Junior like to be called "doctor"?

The Juniors are gradually getting used to eight o'clock Monday and Thursday mornings, but oh! it is hard.

We have the absorbent power of a sponge, but don't squeeze us too dry. Dr. Turner will please take notice.

Miss Barnard, '99, has demonstrated her ability as an artist. Dr. Allard's chart was drawn by her in a skilful manner.

Our school has been well advertised through the newspapers this year free of charge. Let the good work continue.

Now that the preliminary exams in anatomy and chemistry are over, the Freshman class can breathe easily once more.

The down begins to appear on the lips of various members of the Freshman class, and in many cases it looks like "first down."

The Sophomores have begun their individual tasks in practical physiology, and the midnight oil may be needed to light their pathway.

We suppose that the new resolutions dated Jan. 1, '96, are being kept by the students, although we have observed no marked changes yet.

At a recent meeting of the Senior class, Miss Pearce was elected president, Miss Ford, vice-president, Mr. Cobb, treasurer, Mr. Phillips, auditor.

Some of the class of '98 are already through with their dissecting, others are on their last parts, and the Freshmen will soon be in full possession of the room.

The careworn expression observed on the faces of the upper classmen is due to the exams which are now in order. "Hood's" is considered good for that tired feeling.

Professor Bellows met the Senior class at his office on Tuesday and Thursday evenings, giving them practical work in the examination of the normal drumhead of the ear.

Have you heard the Hahnemann Orchestra? Under the leadership of Mr. Chapman it has reached a degree of proficiency which astonishes and delights its auditors, that is, *most* of its auditors.

A dispensary patient has an unusual malady, which is, in her own words, "an ulster" on the uterus. It is hoped that the physicians in charge may be able to remove it before warm weather.

Dr. Emerson is giving the Sophomores a very interesting course in minor surgery and the demonstrations at the hospital are especially appreciated. Bandaging is the subject now under consideration.

The security of the dispensary is assured for the coming year. One ambitious Junior consents to apply for position of interne if the authorities will finish off a room on second floor. What is the matter with the third floor? Abundance of fresh air at least.

The Hahnemaniacs have been hard at work at an entertainment to be given Jan. 31, at the dispensary. It is stated as a fact that the program is a rare one, and it is rumored that the proceeds are to go toward the better furnishing of the reception room.

Through the kindness of Dr. Emerson, the Senior class now have opportunity of being with him at the

examinations before the operations, of assisting materially at the operations, and of following up the case to its termination. The class is divided into sections for the work.

It is not the intention to use this department as an advertising medium, and out of justice to our regular advertisers nothing of the kind will be printed in the future. It was through an oversight that any such matter appeared in our last issue.

The laggards had received notice to remove all conditions during the first week of January and many of them spent a profitable if not altogether pleasant Christmas vacation in delving into such forgotten lore as botany and anatomy. They are now anxiously waiting for the returns to come in.

Dr. Windsor has promised an examination on children's diseases about the middle of February, which is to be final on the work gone over. Then about May 5 another exam (final) on the lectures given after the February exam. This is meritorious, and we hope others may go and do likewise.

Lapse of Memory. — Question: "Miss '99, did you forget the club meeting last evening?" Answer: "Oh, no! I was very busy studying and could n't go." Unkind looker-on: "Why, Miss '99! I saw you at Modjeska last evening, and was just about to ask how you enjoyed the play!" Silence reigned for a quarter of a second!

Under the auspices of the Y. M. C. A. our students had the pleasure of listening to Mr. Sayford, who is well known throughout the colleges of the country as an eloquent and earnest worker for Christianity. Mr. Sayford was with us for two days and left some well-planted seed which, from the close attention shown during the meetings, has fallen in fertile ground.

The last meeting of the Hahnemann Society was initiation night and the poor victims who were up for the second degree furnished an agreeable evening's sport for the regular members. One of the candidates, while waiting in front of a well-known hotel for his persecutors to appear, managed to freeze his toes, and his captors had a chance to use their emergency knowledge with success.

"The Room" has received an addition in the form of two beautiful — what shall we call them? We have asked several people who should know, but they evade the question by speaking of them as "vases." Now vases is altogether too common a name for such lovely ornaments and we know it can't be right. If any of our readers can give us the proper name, we shall be duly grateful.

It has been taken for granted among the students that the lady-like practice of curling the hair was confined to a few members of '98, but it seems it has at last spread to a few of the upper classes. Take a friendly warning, gentlemen, and don't let it go any further, for February is notably a wet month and as you no doubt know, damp weather plays the deuce with the product of the curling iron.

The Gregory Society voted at a recent meeting to hold every other meeting in the evening for a general good time. At the same meeting Mrs. Miner, '96, and Miss Mulliner, '96, gave practical demonstrations of treatment in cases of sprains, especially of ankle. Mrs. Miner illustrated the application of adhesive plaster, and Miss Mulliner then talked of massage, at the same time illustrating the different movements. Both did themselves great credit in the intelligent and skilful manner in which they worked. The Gregorians are hoping for more in the same line.

We are requested to say through the columns of THE STUDENT that the society room is intended primarily for the use of the societies supporting it, though they desire to keep it open for the use of all at all times. But it is not intended for a lunch room nor a dance hall nor a place for scuffling and wrestling, and if an improper use of the room is persisted in by certain of the students, the societies will be forced to take active measures to preserve their property. As an illustration, the new coat of shellac which the Hahnemann Society had put on the floor during vacation was scratched and scarred at the end of two days, while at the end of a week it was past appearance of being even recent, not to say new.

Alumni Notes.

Note to Alumni:

Will the alumni of the school kindly take the trouble to send any interesting news of themselves or other alumni to the editor of this department, THE MEDICAL STUDENT, Box 105, Station A, Boston, Mass.

It is exceedingly difficult for a pre-alumnus to gather news of graduates unless the graduates will assist. So it will place the editor under great obligations if any alumnus, knowing of items of interest, will send them as above.

Dr. Edwin D. Stevens, '95, has settled at Francistown, N. H.

Dr. Herbert E. Fernald, Ch.B. '95, has located at Cohasset, Mass.

Dr. Florence H. Tresilian, '95, is doing very well at Medford, Mass.

Dr. Lincoln A. Stewart, '95, is very prosperous in his practice at E. Brookville, Maine.

Dr. Edith C. Varney, '93, is now assistant to Dr. N. Emmons Paine at the Newton Nervine.

Dr. Helen Mack, '95, has opened an office at West and Tremont Sts., and reports a large practice.

In the last issue Dr. A. J. Todd was spoken of as of the class of '89; it should have read '84 instead.

There is talk of an association of specialists being formed in the near future, in which many of the alumni are interested.

Dr. Walter J. Marcley, '95, who has been interne at the Homœopathic Hospital at Buffalo, N. Y., is now associated with Dr. Benedict at Portsmouth, N. H.

Dr. Caroline Y. Wentworth, Ch.B. '95, has hung out her "shingle" at Newton Highlands. We wish her every success. She is also in attendance at the Dispensary clinics three times a week.

Dr. Orpha D. Baldwin, '85, formerly located at Portland, Ore., was married in November to Dr. Hiram M. Bruce. Their address is now 1302 Florida Ave., Tampa, Fla. We extend our best wishes.

OBITUARY.

Dr. Myra F. De Normandie, '85, died at the Homœopathic Hospital, Boston, on Saturday, Jan. 11, of appendicitis. She was ill only a few days, and so rapidly did the disease progress there was a perforation of the intestine before there was time to operate. Her funeral was held on Tuesday, Jan. 14, and was largely attended.

She graduated from this school in 1885, after which she entered the hospital as interne. After a term there she went to Philadelphia and was successful in practice, being connected with the Women's Hospital. For several years past she has been in practice in Boston and was one of the physicians at the women's clinic at the dispensary.

Half Hours in the Library.

Hahnemannian Monthly for January, 1896. Prof. Chas. Platt of Philadelphia speaks of "Water and Health." Practical points on hygienic water.

In the same journal, "A Plea for More Careful Attention in Post Partum Conditions," is well worth careful reading. Especially practical.

Homœopathic Review for October has just found its way into the library, but is worthy of our turning back. "What Homœopathy Explains" is something every student ought to read. There are several good things in this number, but "Physiological Action and Therapeutic Uses of Apis" follows Dr. Smith's lecture well.

North American Journal of Homœopathy for January contains the paper by Prof. Jos. O'Conner on "Symptomatology versus Treatment in Certain Brain Affections." After the reading (at Newport, before the American Institute of Homœopathy)

it was discussed by Dr. Colby and Dr. N. E. Paine of our school. Given in full.

In the same number is an article by Geo. Parker Holden, M.D., New York, on "Newer Methods of Anæsthesia." At this time, when "Anæsthetics" are being discussed "pro and con," we should read and know what our ablest men have concluded. This article is extremely interesting, dealing mainly with Dr. Northrup's method in the Flower Surgical Hospital, under the direction of Prof. Wm. Tod Helmuth.

"New Study of Nux Vomica," also a study of Gelsemium, in the same number, will be found instructive.

January Homœopathic Review. "Place of Drugs in Therapeutics," by Dr. Richard Hughes, is worth reading.

In the December *New England Medical Gazette* we find "Letters Concerning Theories," by Conrad Wesselhoeft, M.D.

In the same number a valuable paper by John L. Coffin on "Differential Diagnosis and Treatment of Ulcerations of the Skin."

Book Reviews.

A Manual for the Practice of Medicine, by George Roe Lockwood, M.D., Professor of Practice in the Woman's Medical College of the New York Infirmary; Pathologist to the French Hospital; Member of the New York Academy of Medicine, of the Pathological Society, of the Clinical Society, etc. With 75 illustrations in the text and 25 full-page colored plates. 900 pp. W. B. Saunders, Publisher, Philadelphia. $2.50 net.

Standard text books on the practice of medicine are abundant and complete, but there is always room for a concise authoritative book upon any subject. This book in the new aid series of manuals aims to furnish the essentials of practice to the busy practicioner or indolent student in a clear, concise, though on the whole, complete manner, omitting most discussions and all citation of cases. Pathology, diagnosis, and the clinical course of disease are rather prominent, the latter being fully supplemented with charts, making the book especially handy for quick reference.

An American Text Book of Surgery for Practicioners and Students, by Charles H. Bornett, M.D., Phineas S. Conner, M.D., Frederick S. Dennis, M.D., William W. Keen, M.D., Charles B. Nancrede, M.D., Roswell Park, M.D., Lewis S. Pitcher, M.D., Nicholas Senn, M.D., Francis J. Shepherd, M.D., Lewis A. Stimson, M.D., William Thompson, M.D., J. Collins Warren, M.D., and J. William White, M.D. Second edition, carefully revised. $7.00, cloth; $8.00, sheep; $9.00, half morocco; by subscription only. W. B. Saunders, Publisher, Philadelphia.

The decided advances made in surgery are in no case better demonstrated than by the fact that so complete and scientific a book should need revision in three years. The adoption by over sixty medical colleges and the profession in general makes comment on the plan and treatment of the subject unnecessary.

Many minor changes have been made and some important additions. Among which might be noted the effect of modern small arms in military surgery; the use of Murphy's button in intestinal anastomosis; a section on symphysiotomy; one on castration for enlarged prostate; important additions, especially in regard to treatment, have been made to the sections on fractures and dislocations, also for the radical cure for hernia; while the section on displacements of the uterus has been revised and another classification made. These and other changes bring it strictly up to date. We can only bespeak a continuance of its favor with the profession.

TREATMENT OF TIC DOULOUREUX.

W. Jarre (*Bulletin Medical*) considers the cause of most cases of tic douloureux to be cicatricial lesions of nerve endings, caused by chronic disease, generally of some single alveolus (arthritis alveolo-dentalis chronico, faulty growth of a lower wisdom tooth, etc.) lesions whose seat can be readily discovered from the statements of the patient and from palpation. He recommends (of course after the extraction of one or two teeth) an operative procedure divided into three stages: 1, removal of the mucous membrane and of the periosteum over the diseased part; 2, resection of the alveolar edges; 3, removal by the chisel of bone cicatrices. Of twelve patients treated in this way, or by destruction of the diseased part by the galvano-cautery, two withdrew too early from treatment, and the remaining ten, whose disease had lasted from ten to fifteen years, have been entirely cured.

A NEW DISEASE.

A Colored servant said to her mistress, "My cousin is sick; she 's got *mustard* rheum'tism, but the doctor thinks he can cure it."

ANOTHER BY A PROF. THIS TIME.

"There 's a patient in the hospital who left yesterday" —

Professor to student — Tell the class what you mean by "this" side.

Student to professor, five minutes later.— Doctor, which side do you mean by "this" side?

After a fifteen minute statement by the Dean, student inquires — Professor, what was the Dean talking about, anyway?

Professor — I 'm sure if he did not make it plain, it is useless for me to try.

General lack of solemnity in the class.

IN THE SURGICAL CLINIC.

"Is 'oo neck 'tiff, 'ittle boy?"

And the class really wonders if the stiff neck is not cajoled into pliability by the tones.

Lecturer on diseases of children — Is Mr. S——— a member of the class?

Voice — He 's gone to change his collar.

THE BOOTHBY SURGICAL HOSPITAL,

1 and 3 Worcester Square, - BOSTON.

The necessity for a new wing to our hospital, which gives us 12 most attractive single rooms and a sunny ward, to a hospital which seemed almost complete before, speaks for itself of the appreciation, by the profession, of our efforts to provide (as near perfection as possible) a private hospital, where sepsis from outside causes shall be an unknown quantity.

As now completed, this gives us without doubt the largest private hospital facilities in New England.

A medical department, for the treatment of nervous diseases and other non-contagious cases, has been established, entirely isolated from the surgical part, and having a separate entrance. Our complete electrical apparatus, including the most modern static machine, becomes a necessity in this department.

In recognition of an urgent need for such, and, also, that our nurses may have obstetrical training, a maternity has been provided, where cases can be received at moderate fees.

From the graduates and from our training school, exceptionally competent nurses may be obtained almost any hour of the day or night, without registry fee.

ALONZO BOOTHBY, M. D., Surgeon in Charge, Special attention to Abdominal and Gynecological Surgery.

J. W. HAYWARD, M. D., Special attention to General and Genito-Urinary Surgery.

F. W. HALSEY, M. D., Special attention given to Rectal Surgery.