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THE MEDICAL STUDENT.

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The Medical Student.

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

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Editorials.

A year ago when the tuition was raised to the present standard, it was generally understood, and so announced, that the numerous fees were to be abolished and the one item was to include the whole payment to the school for the year. The wisdom of that action has not been questioned, and we believe that the school stands better with the profession and among the medical schools of the country for it, while there is not a shadow of a doubt that the average student feels better satisfied with his investment, for such he must regard it. There was, and necessarily so, a feeling of having been cheated when the first or second year student paid five dollars for material in the chemical laboratory that did not cost over one dollar, or a dollar and a half at the outside; but the same student now pays his regular tuition, even if the sum total be somewhat greater, without a hesitation or a murmur, because it is the regular tuition, and he feels that there is no four hundred per cent profit to any department, as under the old system.

It is on this account that we wish to raise our voice against that system which has been revived in the laboratory department this year. If one hundred and twenty-five dollars isn't enough to pay the expenses of the school, make the tuition one hundred twenty-seven and a half. If that won't do it, make it one hundred and thirty-five or one hundred and fifty even, but do call a spade a spade, and not conceal it behind the mask of a laboratory fee. We do not question the fact that there are additional facilities this year in the laboratory, nor that the two dollars is a small price for the use of the microscope, but we are confident that, from the standpoint of students, it is much more satisfactory when the entire charge is included under the one head of tuition.

No school is faultless. Considering the size of our school, however, there are probably as few things to criticize as in any medical school in the country. But there is one thing which might be changed, and which, we think, ought to be different. We refer to the almost unanimous habit of our professors and instructors of being late in meeting their classes. They are usually from five to fifteen minutes behind hand, with the result that if the lecture closes at the appointed time, so much is lost. Or if, on the other hand, in order to occupy the full time, the lecture does not conclude until after the proper time, another professor must be cut short, students must be greatly inconvenienced in getting trains and fulfilling engagements, or the dinner hour must be so short that all laws of healthy digestion are necessarily violated in order to eat enough food to keep amiable during the afternoon. Not this alone. The students very soon acquire the habit of being late, then later, and finally latest, some staying away altogether. Those who are prompt are apt to get to "fooling"; it is only a step from this to a rough-and-tumble scrimmage, with possibly a touchdown, and confusion confounded is the result. The hurried entrance of the professor does not entirely dispel the disorder, which is liable to show itself now and then during the lecture or quiz. We realize that our instructors are busy men, but it seems as though it would be as possible to arrive regularly on the hour as to arrive regularly at ten minutes past the hour. Would you mind trying?

There is nothing so encouraging as encouragement.

When one has tried to do something that shall do somebody good, it is gratifying to have some one recognize it. It not only helps him to do better next time, but helps him to do it more easily.

The "Half Hours in the Library" column is encouraged to live on. It sees a reason for existence. On several occasions there has been a call for magazines containing articles referred to in the "Half Hour" column of our last issue. And on several of these "several occasions" very kind words were said of the column and of the idea which prompted the creation of it.

If one student is benefitted it is enough, but when quite a large number are aided it is more than enough to insure the column's life.

It is not a small task, but what of that if it is fruitful? If at any time any student finds something which he believes would interest some other student, mention it to some member of the staff and it shall be noted.

DISPENSARY OBSTETRICS.

In a field so broad as the study of medicine it is scarcely within the range of possibilities for the individual to be especially skilled in any department; and this is being recognized more and more by the tendency toward a division of the subject and the increase of specialists. None of us feel at all disturbed at this condition, nor would we wish it otherwise, for the general practitioner feels that he can fall back on some one whose possibilities at least, if not realities, are greater than his own. But there are certain branches of our profession in which each and every one who presumes to represent the dignified calling of a physician must be not only an average practitioner but an actual expert. I allude particularly to the practice of obstetrics. There is no time in the service of a physician when more is at stake, there is no time when greater dangers may arise, there is none when a mistake is so sure of detection and, shall I say, so culpable. At that time the sanctity of the home is invaded, and woman, in the acme of her responsibilities and privileges, motherhood, entrusts not only her own life but another life and its possibilities to the hands of the attending physician. She passes down, as some one has termed it, "toward the door that opens both ways," and upon us, maybe, is thrown the responsibility of determining which way the door shall swing.

Our facilities for acquiring instruction and experience in this matter are fortunately very large. The dispensary has built up a reputation for itself in this

line, and for a long time nothing has occurred to injure this in the least. Comparatively few schools in the country have equal advantages, and perhaps none has greater, and this has been brought about largely through organization and systematization of the work. But little can be really accomplished anywhere by haphazard methods, and least of all in any department of medicine. As the work is now conducted, each student gets his fair share of the cases from the dispensary, and practically all share and share alike. This is the only fair and square way. Just as soon as the "grab game" comes in an obvious injustice is done some one. What is my gain is your loss, and a premium is put on dishonesty, for it is that, pure and simple.

Another thing is worth considering. We have fully competent and willing assistance behind us in case we meet with unusual difficulties. If the case be a "pinched" one, the situation is different. Still another point. Unless the case come from the dispensary, or we are acting under their authority, we have no legal status. It is the connection with the dispensary that gives us the legal right to attend confinements.

The readers of THE STUDENT are probably well aware that a strenuous effort is being made by the Faculty to prevent the taking of such cases except through the regular manner.

In the case presumably before your minds the penalty was lessened largely, because the Senior class declared itself opposed to such practices, and practically bound themselves to stand by the regulations. The penalty should be severe. In the future, expulsion from the school ought not to be too severe, if the practice is persisted in. The present case serves to show the purpose of the Faculty in this matter, and any one going into it goes in with his eyes open, and it is only by rigid adherence to the regulations that the present high standard can be maintained. We have it on good authority that additional opportunities are to be given, possibly in the line of arranging for the Juniors to accompany the Seniors in the last half year; but it, and all other steps in advance, can be made possible only by strict adherence to discipline.

GYMNASTICS.

AMONG the most powerful aids to a physician in these days may be reckoned physical education.

Supposing that a physician's desire is to benefit his fellowmen and not merely make capital from the ills of humanity, anything that will lessen the chances of disease ought to be welcomed.

The present popularity of gymnastics has been called a "fad" that will soon die out. Well, some of the so-called gymnastics ought to die out, and the sooner the better, for the welfare of the people in general.

Unfortunately there are scores of persons affecting to teach gymnastics who have had absolutely no proper training and whose ignorance and presumption make it evident that if there are no serious accidents happening to the pupils entrusted to their care, it is because of the kind Providence that looks after fools and children.

Sometimes accidents do happen, and we hear of such an one being injured in a gymnasium, and there is a reaction against *gymnastics* instead of a reaction against the untrained, unscientific exponent of the art.

It is undoubtedly true that quite a large number of physicians are very chary in advising their patients to take up gymnastic work because some other people have been injured by the same. But these physicians generally do not happen to know just what to advise in the way of exercise, nor do most of them know the points of excellence which a gymnasium and gymnastic instructor should possess in order to merit the confidence of the medical fraternity.

The curricula of medical schools do not offer instruction in the science of gymnastics, though it may be safe to prophesy that in the near future the most progressive medical college will have a chair of Kinesiology, theoretical and practical.

In the meantime, those physicians who are not trained in *kinesiatrics* could, by study, learn to distinguish between good and bad gymnastics (or what are called gymnastics) and between scientific teaching and showy, clap-trap or acrobatic pseudo-training.

There is much in gymnastics to repay study. The

subject is far deeper and more comprehensive than is generally supposed, and by the time a student has learned all that is already known of the science, and so gotten a glimpse of the vast fields of the unknown possibilities, he will be convinced that the general, almost complete ignorance of the technique and physiological basis of gymnastics among the medical profession is lamentable in the highest degree.

General Contributions.

A SMOKING ROOM.

Smoking seems to be one of the habits which "flesh is heir to," so there have been in the past and are at the present time quite a number of the male students in our school who are users of the weed. Now smoking is positively forbidden in or about any part of the building, including the dissecting room, where it would seem to be as inoffensive to non-users as any place could be. For this reason there has been a steadily increasing sentiment among the persons who indulge, in favor of having some room in the building set apart as a smoking room, where they might gather during their resting times and enjoy a smoke talk or indulge in "linkèd sweetness long drawn out."

Many have been the arguments advanced to demonstrate the fact that the Faculty ought to provide such a place. It is urged that while the female students have a room for their exclusive use, in which they may engage in any harmless occupation which they may choose (except smoking), the men students have no such privileges. They must be content with the reading room or society parlor, which are open to all, and if the desire to spend a little while with Bacchus, Jr., is to be gratified, they must go out into the cold or storm, endangering their health by so doing.

We seem to be on the threshold of a new era, however, owing to the progressiveness of the ever watchful Sophomores. A smoking room has at last been discovered or provided, which has already been used by several members of the class. That this room may be legitimately used for this purpose is proved by the fact that Prof. Rockwell, who is considered by all who know him as an authority upon all questions of rights and privileges, has given his consent and has even advised certain members of his class to do their smoking there.

This room possesses several advantages, of which I might mention one or two. It is convenient, being situated on the second floor of the old building, and therefore but a few steps from several of the lecture rooms. Thus it would be sort of a "waiting room for men only." It is also well ventilated and lighted, and with the addition of a very few necessary conveniences would make a model smoking room. In short, the desires of some of the students seem to be gratified at last.

There is but one drawback, but it seems just at present to be a serious one, and may be the means of confining the use of the room to the Sophomore class. This is that the students are restricted as to what they may smoke. All that goes to make the habit a pleasure seems to be forbidden, including cigarettes, pipes, and cigars. In fact, a metal lamp chimney is the only thing which may be smoked. As the Sophomores are the only ones who can utilize the smoke thus produced (it being necessary in the graphic work of Prof. Rockwell's course), it looks very much as though the devotees of the weed would be obliged to look elsewhere for their cherished "den."

W. T. L., '98.

LOUIS PASTEUR.

On Saturday afternoon, September 28, in a suburb of Paris, Louis Pasteur, one of the most marvelous men of this age, died. Though not a physician, he identified his name and his work with the medical sciences.

Pasteur was the first to demonstrate the existence of living germs as the cause of fermentation and disease, though others had guessed at their existence. It is easy to see how this one discovery would lead to

entirely new lines of thought, and medical theories generally were revolutionized.

Dr. Lister, an Englishman, less than thirty years ago, putting the facts into practical use, introduced to the world, by means of a series of brilliant experiments, antiseptic methods in surgery. At the same time he gratefully acknowledged Pasteur's germ theory as the foundation of his work, and the fact which led up to this progressive step in surgery. Pasteur believed and worked to demonstrate that contagious diseases were due to these organisms.

Tyndall wrote to Pasteur in '76, as follows:

"For the first time in the history of science we are able to entertain the sure and certain hope that medicine will soon be delivered from empiricism and placed on a real scientific basis regarding epidemic diseases. When this great day shall come, humanity will recognize that to you the greatest part is due."

The great truths regarding these germs that we as medical students are studying today are the mind products of this wonderful man. It is impossible for us to comprehend what it all means, and what is our debt to this student and scientist.

Koch was led to his experiments to find the cause of consumption by a suggestion from Pasteur. Only eight years later Pasteur telegraphed congratulations to Koch on his discovery of the bacillus of tuberculosis.

That part of Pasteur's work which is probably most widely known pertains to the treatment of hydrophobia. Ridicule was heaped upon him, mainly (be it to its shame) by the medical profession. But the whole world now sees, hears and believes, and Paris has erected the beautiful Pasteur Institute to him as a monument, which is as nothing compared to the monument erected to him by his own genius in the hearts of the people.

In such a life one knows not which most to admire, the sterling qualities of the man or the astounding results of his work. We must surely prize the simplicity of his soul, the pure tenor of his life, the tenderness of his heart, and the absolute freedom from self interest throughout his entire life. Never a bitter word escaped his lips or pen in answer to the bitter attacks from his enemies.

Pasteur and Claude Bernard — both passed from us in less than six months — are two whose names can not die.

DON'T BE WASTEFUL!

PERHAPS many of the students of Boston University School of Medicine, reading this heading, may think, "Well, I'd like to see anyone who is much more economical than I am. Why, I scarcely waste a cent a month, and one would scarcely believe how little it costs me to live." All of which is very well, in a way, and laudable. One doesn't want to become very deeply indebted for the expenses incurred in taking a medical course. Comparatively few students have an inexhaustible parental purse to fall back on for supplies, so the temptation comes to us to make our living as cheap as possible, and with that the ever present tendency to wastefulness of the most expensive kind.

This city of Boston is peculiarly homeless, inasmuch as so many householders are willing and anxious to rent rooms in their houses, but utterly and positively decline to be bothered with feeding the hungry stranger, who, perforce, rents a room and then gets his or her meals haphazard — here, there, and otherwhere for a change.

Most of us, at least a large percentage, have known what it means to go about from one dining room to another, "eating out a ticket" here, perhaps finding the next place closed when a ticket is only half used up, and becoming so utterly weary of the unappetizing viands and service that but little can be eaten; and then it seems hardly worth while to spend one's money for nothing, and occasionally meals are omitted entirely, with the unexpressed, hardly admitted thought that so many cents have been saved by the abstinence.

Haven't we done this, sometimes? But, alas for our calculations! In saving a few dollars now, we have squandered vitality and nerve tissue, which we know is the most expensive of all tissue, and the hardest to replace.

Why do we look so "fagged out" when it comes

along about the spring term? The professors have worked us too hard? Not at all; but in the majority of cases we have been wasting our substance — not in the way of filthy lucre, but that which money can not pay for — and have as certainly neglected our health as some of our patients will do with theirs in years to come, and thereby call down our choicest exhortations — minus the force of example.

Sometimes it happens that students enter college seemingly in good health, and before the course is finished, they are obliged to give up their work from total inability to get around. Then, perhaps it is said the student studied too hard, and was too ambitious, etc. Everything is said except the truth, which, I dare assert, is, in ninety cases out of ninety-one, that by ignoring all the common rules of hygiene, in the way of sufficient food, sleep and heat, the body and mind are utterly unable to respond to the demands made upon them.

It is a libel on a school to say that the course of study is too hard for safety to the students because some "break down" from the flagrant violations of nature's laws, superadded to the wear and tear that necessarily belong to any worthy studying.

Of course, we don't intend to let ourselves go so far as this. But let us be cautious, and ask how far our so-called economy is real economy. Do we save or waste, if while working up to a reasonable limit, we put ourselves in a cold, cheerless room, where the bath and dressing have to be scurried through with to avoid one's being frozen stiff, when we must go out in the morning, during the worst of Boston weather, and walk a longer or shorter distance to such breakfast as we can get for our limit of expenditure, and so on through the day, returning to the cold room to study at night?

Supposing we have borrowed the capital on which we are subsisting; do we stand a good chance to pay it back if we trifle with our reserve fund of vitality in the way some of us do?

We don't want to handicap ourselves by doing this sort of thing. To be sure, we'll be "rare birds," indeed, if we practise what we preach, but certainly the *fin de siécle* physician might well start out by taking some of the medicine he prescribes for others, remembering that he is just as much subject to the rules and penalties of Mother Nature as is the most uninstructed patient to whom he explains that given effects follow given causes.

NO NEUTRALITY.

Editor of the Medical Student:

In your last issue, on the last page, I read the following — "Are you in sympathy with it?"

Will you be so kind as to allow me to say a few words in regard to the effect that the above mentioned question made upon me?

Sir, I do not believe in neutrality. It is my belief that we are either for or against a good or bad cause. We may think that if we show ourselves indifferent concerning a cause, we are not taking part either in its good or bad results.

Is this conclusion logical? Let me ask, suppose one of us on our way sees a Turk, with a sword in his hand, threatening the life of an Armenian. As far as we know, the menaced man has no fault, except that he wishes to worship God and His Son, instead of Mohammed. We see also the Turk is stronger, by reason of many years of unjust persecution, while the Armenian is weak because he has been for many years under the unbearable yoke of the inhuman Moslem.

With which of these two is our sympathy? Action speaks louder than mere words.

If we pass by, our sympathies undoubtedly, if not willingly, actually are with the barbarian; but if we help the wronged man, then our sympathy, both willingly and actually, is with the oppressed.

Sir, believing that there is a large number of graduates of this University and other colleges who read your valuable paper, I wish to put this question to them and let them decide for themselves.

I need not say how Armenia is now in great need of humane, self-sacrificing physicians, for all of us know this.

The profession of ministers and physicians is

unlike others. The day that a man or a woman decides to learn medicine, if he is true to God and his profession, he forgets the self, he forgets the personal ease and comfort; instead of these he finds his highest joy in the welfare of those whom he has helped.

There are times and places in which a professor may be excused for not wishing to teach, while ministers and physicians are expected to be seen in places of danger and death. They are the last friends on this earth of the stricken man or woman. The sick, the wounded, the downcast are looking to these for health and comfort.

What an enormous obligation! What a high calling! Will our physician friends cause this high profession to sink down in a common sink? God forbid!

Dear reader, wishing to draw your attention to the main object of my letter, I believe you are well acquainted with the grief and sorrows of Armenia. You know full well that today there are thousands and thousands of wounded Armenians through the length and breadth of Armenia. They need your actual sympathy and your help.

Ah! your presence may for a moment brighten those grievious hearts! The gushing blood is calling you! The sobbing wound is awaiting your healing hands! Where do you think your life can be of greater value than at present in Armenia?

May I repeat my question?

Reader, "Are you in sympathy with" the wounded, or are you going to let him die also?

Ah, how sad, O God, is this sight of Armenia!

DIKRAN DANIS NALCHAJIAN.
B. U. School of Medicine.

DIPHTHERIA AND SERUM-THERAPY.

AT the special meeting of the Boston Homœopathic Medical Society, Dr. Richardson said:

"Those who had the pleasure and good fortune of listening to Dr. Sutherland realize how little there is left to be added, in so far as this paper is concerned. The thoroughness with which he has covered the ground makes it rather difficult for anyone else to discuss the paper. He has stated facts; they are acknowledged to be facts, and it is my purpose tonight to illustrate, if possible, some of the statements made in this paper, and to give some practical points in the administration of serum-therapy. As an illustration of the fact that the susceptibility to toxines and microbes is largely in proportion to the capability of the organism to combat these microbes, I will cite a case that I had last winter. In a family living in a small flat I had a case of diphtheria in a girl thirteen years of age. Before the case was discovered and a diagnosis had been made, the various members of the family had been exposed to the infection. A baby three years old had been held in the lap of the patient, and even after the discovery of the nature of the case, and a culture had been obtained, the circumstances were such, owing to their inability to obtain a nurse, as to absolutely necessitate the mother of the baby taking care of the patient; and so the baby was exposed for certainly five days during the height of the disease. As soon as a nurse could be obtained, and the child's care provided for elsewhere, it was removed. The thirteen year old girl went on to recovery, and the child developed no sign of the disease. Ten days after the fumigation of the house, and that means ten days after we were able to obtain a culture from the throat of our patient, after ten days had elapsed, and we had every reason to consider ourselves perfectly safe, the three year old baby was taken ill with the disease. The only way to account for the child's immunity during the exposure to the disease and its becoming sick afterward is on the ground that Dr. Sutherland states, that the patient's vitality must have been impaired. And such was the case.

"The child took cold, had an acute catarrhal inflammation of the nasal passages, and as a result of the lowered vitality and in consequence thereof, the disease developed, what from, it would be difficult to say; possibly from the incomplete fumigation, for I believe that the present methods of fumigation are little better than a farce, as they do not destroy the bacilli. To go still further with this family — a week or ten days after the baby's recovery, the mother took sick, that is, a week or so after we were able to obtain a culture from the patient. In her case, the illness was due to lowered vitality, from the tremendous strain. The father, more robust and better able to stand the strain, withstood the disease a week longer, and then came down with it himself. So these three cases, it seems to me, afford a very good illustration of the facts spoken of in Dr. Sutherland's paper. Another point which might be mentioned is the uncertainty of the presence of this bacillus. For example, the bacilli will disappear and we will be unable to obtain a culture from our patient's throat for several days. And then, for some unaccountable reason, if tried again the bacilli will be found. The culture may be obtained from a throat after all signs of the disease have disappeared. Therefore, it is a very good plan to take repeated cultures at intervals of

several days after we think the disease has entirely disappeared. In relation to serum-therapy, I am, as some of you know, an enthusiast. I presume it was on that account that I was invited to participate. To those who have been so fortunate — and strange as it may seem, I have heard this statement made in a meeting of this society — to those who have been so fortunate as never to have lost a case of diphtheria, this discussion as to the value of anti-toxin is useless. I have reason to think that such physicians are so rare that they may be looked on in the light of curiosities. To those who are less fortunate, anything in which there is a promise of cure is of most intense interest. We cannot be proud of the statistics of cure of diphtheria by homœopathic methods, but homœopathy has done as much as any other therapeutic method. The old school methods are worse than unsatisfactory, and their percentage of cures has been less than ours. Up to the present time, we certainly had reason to wish for something further in the treatment of diphtheria. Anti-toxin is not a specific, but I do think that its use has led to the cure of more cases of diphtheria than any one of the dozen remedies which have been tried up to the present time. Those who were present at the meeting when Dr. Cutler presented his remarkable series of cases treated by anti-toxin will remember his percentage of cures. There were thirty-one cases treated, cases where diagnosis was proven by cultures; and out of the thirty-one, there were but three deaths, and those were cases which were taken late in the disease. This is but one series of cases. The cases occurred during the period of the first use of anti-toxin, and since that time we have learned many things which will enable us to obtain as good results, at any rate. It would seem reasonable to hope that we might do even still better. Now in regard to the use of anti-toxin and the methods employed in its use. We have received, and we expect to receive, considerable adverse criticism based upon the individual experience of physicians — an experience with a few cases, perhaps — and when I hear of a case in which the use of anti-toxin was unsatisfactory, I feel confident that the trouble is with the agent employed, or with the method of its application. Strict asepsis is an absolute necessity in the use of anti-toxin, and this is a point which I fear is very much overlooked. My procedure with a case of diphtheria at present is as follows: After I make my diagnosis of diphtheria, I tell the attendant to thoroughly wash the patient's thigh or abdomen — of late I have been injecting into the thigh; I have this thoroughly scrubbed, and then leave a tablet of bi-chloride, advising them to put on a pad soaked in this mercurial solution, 1-1000. I then write a prescription for Roux formula, anti-toxin, one bottle containing 25 cc. Then I leave, go to my office, get my syringe, and return to the house. So in perhaps twenty minutes from the time I discovered the case, I am prepared to inject the serum. I have, as part of my paraphernalia, a common egg cup of sufficient depth to contain a needle. I place the needle in the cup and the cup in a pan of boiling water. This I have thoroughly boiled. I then remove the needle, turn out the water and pour into the cup the serum from the bottle. In this way I have the needle and serum perfectly aseptic. I then draw the serum into the syringe, remove the bi-chloride compress, and inject 20-25 cc. at one dose. The operation is comparatively painless. I cannot remember of ever having a patient complain of either the prick of the needle or the entrance of the virus beneath the skin. I expect to see improvement in twenty-four hours, and I have seen the throat clear up in six hours. If I do not get improvement in twenty-four hours, the patient is given 25 cc. more, but I do not recollect of having to repeat that dose, certainly not within the last six or eight months. In a case that is going on nicely, and in which I see improvement in twenty-four hours, I wait twelve hours longer and give another injection, of 15 cc. On the fourth day, I inject 15 cc. more, and that is usually sufficient for the case. In case of laryngeal complications, I should inject the serum oftener and for a longer period. I should use it at intervals of twenty-four hours, at any rate, if the case were apparently going on well, for at least three days, and if there was not marked improvement, should repeat in twelve hours. To some this may seem like heresy, but the relation of homœopathy to serum-therapy is nothing; there is no relationship. It is an entirely separate affair. I fully agree with Dr. Sutherland. I think there is no therapeutic method so generally efficient. One must speak from the result of one's experience, and an experience of over fifty cases, including the thirty-one cases of Dr. Cutler, has made me a firm convert to the use of anti-toxin in the treatment of diphtheria. Feeling in this matter as I do, I should feel guilty if I allowed an opportunity to pass without advocating very strongly the use of this agent."

Dr. "Would you use this same quantity in all patients, regardless of their age?"

Dr. Richardson — "In children three years old, I use 20 cc. We began the use of anti-toxin very cautiously, using first 10 cc., then 15 cc., and our experience has led us to make use of 20 cc. as the minimum dose at first. It seems to require this amount to make any impression on the disease. I have never seen any ill effects whatever from the use of that amount. We sometimes get a rash resembling urticaria; I think this has been seen in three or four of our cases. I never have had an abscess result, and I do not think there is any necessity for an abscess if fresh serum is used and precautions taken to secure absolute asepsis."

Dr. Chase — "What formula do you use?"

Dr. Richardson — "Roux formula. I have never used any other."

Dr. Cain — "What has been the percentage of deaths in the whole fifty cases?"

Dr. Richardson — "Beside the three cases reported by Dr. Cutler, he has lost one, and I have also lost one, out of fifty-two or three cases. The cases began some time in the early fall.

Locals.

If you need school supplies, Mr. Mason, '98, has them.

The "parlor" has certainly been very finely prepared, and is almost a model.

The Y. M. C. A. holds interesting meetings Thursday afternoon at three o'clock.

Dissecting continues with unabated fury and several have begun on their third and last part.

Since the last issue of the MEDICAL STUDENT, the class of '99 has been enlarged by two new members.

Complaint has been made that there is too much noise about the building. We wonder what causes it.

The Sophomores are mourning over the departure of one or two of their members. Permanent, probably.

Nov. 22, meeting of State of Maine Club.

Nov. 23, the members anxiously look for official news in the *Herald*.

We lower classmen had to smile when the "upper ten" handed over the laboratory fee. Did you notice how bravely it was done?

The Gregory, Hahnemann, and Sigma Chi Beta societies are holding interesting meetings, and initiations seem to be in order.

Ask a Junior if the third year is as hard as the second, and see his eyes roll. They are apparently being not only pushed, but pulled.

Several quiz classes have been organized among the students of the Freshman class. Mrs. Bridge and Mr. Congdon are quiz masters.

We have indisputable evidence that the football season is over, in the fact that several men of the school have had their annual haircut.

Wonder why it is that every morning it is cold the amphitheatre is likewise, and that every morning it is warm the steam is turned on full blast?

According to the most recent authority, viz: a certain member of the Junior class, there are two varieties of parotitis, one sided and two sided.

Anatomy seems to be the bugbear of the Freshmen. The students greet each other in the morning with, "Hallo, have you got the bone down pat?"

We regret to announce that the course in electrotherapeutics will probably be omitted this year, on account of the serious illness of Professor Jackson.

The Freshmen have every reason to feel proud of their work in Physiology, judging from the kind and encouraging words spoken by Dr. Allard to one of the members.

The announcement to the Sophomores by Professor Calder that there would be no examination before Christmas was greeted with loud applause from the galleries.

The lost is found! Mr. Hay of the Freshman class has returned to the arms of his admirers, the male portion of the class. His whiskers have flown to "where the woodbine twineth.

Nearly all the students ate their Thanksgiving dinners at their homes or with their friends, as was shown by the fact that no dinner was served at the school, owing to the small number of responses to the Dean's invitation.

Certain members of the school apparently have great (?) faith in remedial agencies, for a certain Junior was heard to remark the other day that he had tried thirty-seven remedies on one patient, but still she was not fully recovered.

Our school was quite well represented at the game between Boston University and Boston College on Thanksgiving afternoon. Drs. Howard and Smith, '95, were among the most enthusiastic spectators, and

Colby, '97, was kept hustling by the numerous accident calls.

We understand that it has become necessary for the surgical interne of the hospital to be bearded. THE STUDENT hereby extends its good wishes to the gentleman, and suggests vaseline; failing which, the long tried recipe of "cat and cream" might be used with success.

Mr. I. M. Kawase, a well trained Japanese masseur, a Freshman of our school, will attend to massage, Swedish movement, and water treatment. Will give instructions to a small class or private pupils. Address, Mr. I. M. Kawase, Boston University, E. Concord St., or 20 Columbia St., Malden, Mass.

It is to be hoped that the seekers after knowledge in the "anatomical observatory," appreciate the increased light which is now thrown upon the subject — or shall we say subjects? No, Miss ———, this does not refer to your earnest endeavors to enlighten the dense ignorance which (apparently) prevails among the Sophomores, but to the gas!

Dr. Rockwell quizzed the Sophomores in the presence of several members of the Faculty the other day. Beside questions and answers (usually), several practical demonstrations in vivisection were given by the students. Our visitors were Drs. Batchelder, Sutherland, Southwick and Turner. It goes without saying that they were highly edified.

We clip the following from the *Beacon*: "Even Ben forgets himself sometimes, and the latest report is that he pulled in a fire alarm on Washington street the other morning to stop his hat which had blown off. But it is also reported that he did not wait to inform the inspector where the fire was." We would add that by quick work with his extensor muscles, and a slight strain of the temporo-atlantoid articulation, the "missing link" was recovered.

December 4 and 5, from 3 to 5 o'clock an informal reception was held at the Boothby Surgical Hospital to give those interested an opportunity for seeing the recent additions and improvements which have been made. Nearly four hundred invited guests, after being received by Mrs. Boothby, Mrs. Hayward, and Mrs. Halsey, were conducted through the hospital by obliging nurses, and then to the dining room, where refreshments were served. The concensus of opinion seemed to be that Dr. Boothby has one of the most complete private hospitals to be found in Boston, and good wishes for its future success were heard on all sides.

In the coming by and by, perhaps there will be dormitories or homes in connection with the B. U. M. S., where the student of limited means can be comfortably housed, fed and welcomed; where the needs of the body will be recognized as not second to those of the mind; and through which, by the superior nutrition of the body, the standard of the college curriculum may be raised to a height which would now seem dizzy.

When we are alumni of the college, let us not forget how cheerless our life may have been for lack of the home element — how we loathed being "roomers" in one house and "mealers" at some other house — and as the opportunity may offer, give of our incomes (may they be equal to the calls on them) to provide a "homey" place for the students of the years to come.

Alumni Notes.

Dr. Julia M. Lombard, 95, is appointed interne in the Massachusetts Homœopathic Hospital for the coming year.

Dr. E. D. Stevens, '95, is located at Francestown, N. H., taking the place of Dr. A. J. Todd, '89, who is about to locate in Manchester, N. H.

Mrs. Bartlett added to the supply of magazines for our table in the Reception Room quite a number of very interesting copies. He who rests may read.

Dr. Florence Robinson, '89, of Lawrence, Mass., kindly expressed twelve numbers of the *Medical Record* to us, labelled "Reading Room." 'Tis good to be so substantially remembered.

It is with pleasure we announce that Dr. Augustine C. Haub, '90, has been elected assistant surgeon to the Massachusetts Homœopathic Hospital, being the first woman who has held the position.

The young son of Laura Smith Greere arrived a little too late in October to receive notice in our first issue. His birthplace, the famous Yosemite Valley, should cast a beautiful reflection upon the young man's entire life. We extend our congratulations.

Married — On Thursday evening, Oct. 24th, at Watertown, Mass., Miss Harriet Louise Chase and Dr. Winfred Newell Emery, '91. A reception was held immediately after the ceremony at 3 Chestnut street.

Dr. and Mrs. Emery will be "at home" after Dec. 1st at 749 Main St., Waltham, Mass. Mrs. Emery is a graduate of the B. U. C. L. A.

We clip the following from a Boston paper: —

"Chicago, Dec. 4. — All that was mortal of Dr. Emma C. Geisse, the most skilful woman surgeon that ever handled the scalpel in Chicago, was sent in a little brass box to the family burying lot in a country village of Ohio. This was the last act of love of the little circle of friends who listened to the rector's eulogy over the body in the chapel at Graceland, and put wreaths upon the coffin as it was rolled into the crematory.

"This is the end of the career of a woman who was brave enough to be a heroine. She was taken sick ten days ago. The physicians and the few who were close to the great heart were told that the last hours were at hand. She diagnosed her own case. There was no hope but under the knife. She feared the operation, timid only because a year's racking pain had spent her strength.

"Dr. Byron Robinson was called to advise with her. He agreed with her own decision. A conclusion of the consultation was that there was only danger in delay. She was taken from her office in Central Music Hall and assigned a room in the Hospital for Women and Children. This was a week ago, and while the thousands she had attended or saved from death were at church or about the fireside, their physician and surgeon was lying upon the table and giving her final instructions to the men who stood with the instruments.

"Drs. Robinson and A. H. Ferguson administered the ether. They worked for an hour at a most delicate operation. They were successful and the patient rallied. She asked for morphine, a drug she had never taken and never given during ten years of severe practice. This gave her new strength. She lived until Tuesday afternoon and then died. The shock had been too great. The saddest part of her prediction had been fulfilled.

"There was no procession to follow the remains of this noted woman to the crematory. Dr. Julia Holmes Smith, Mrs. May, a companion student, and Mrs. Finn of Minneapolis, a sister, were about the only friends who went with the hearse. They were met at the chapel by a rector from Edgewater, and the last words were said over the body of one who had labored prominently in Chicago for four years, and whose reputation was nearly as wide as the country. The ashes were sent to friends in Wellsville, Ohio, and they will be buried in the family lot.

"Dr. Geisse was fifty years old. She lived at 420 Washington boulevard. She came to Chicago four years ago, and in that short time had earned a practice which took all her time and had made a reputation which gave her many places of honor. She was vice-president of the Chicago Medical Society, a lecturer and member of the staff of the National Hospital, an assistant to Dr. Robinson in the department of gynecology at the Post Graduate College and one of the leading surgeons at the Baptist Hospital. She was a constant student and had just completed a discovery which was to startle the medical world.

"Her career began in Boston. Her surgical ability was discovered by Dr. Horace Packard, while she was yet a student, and after graduation at the Boston Medical College, she was placed in charge of Murdock's Hospital. She went later to Detroit to serve on the staff at Grace Hospital. The field there was

too small, and her next location was Chicago. Her masterly surgery became the talk of the profession.

MIND OVER MATTER.

"THREE bottles of Dr. Kure's Remedy," read Jones, as he glanced over a medical circular which came in his mail the other morning, "will cure heart trouble, no matter of how long standing."

Jones became interested.

"Some people," it went on to say, "have heart disease but do not know it. In such instances the malady assumes its worst form."

Jones was now quite absorbed.

"There are a number of symptoms that warn one the disease has gained a foothold, most noticeable of which are the following:

"Oppressed feeling in the chest, dreaming and nightmare.

"Fainting spells, especially prevalent with the ladies when gentlemen are near at hand.

"Weak and hungry spells, generally just before meals; sometimes noticed just before retiring, if the patient has exercised greatly during the evening.

"Sudden starting when asleep.

"Smothering spells or sinking sensations, frequently present when descending in an elevator—the effect of possible danger acting upon the heart.

"Neuralgia in the chest or right side; sometimes in the left side and back, in region of the heart.

"Frequently a choking sensation in throat (not always attributable to a fish story.)

"Shortness of breath, from going upstairs, walking, sweeping, singing, or eating pie crust, etc. This is very bad.

"A disagreeable feeling when sleeping on left side, particularly if the mattress is made of corn-husks and is inclined to be lumpy.

"A longing for change of scene and freedom from office cares; this symptom is especially marked when you get behind in your work.

"These, with many other apparent signs, indicate an unnatural condition of the heart, though they may not be all present in any one case. Any one of them, however, should furnish food for careful thought," etc., etc.

Poor Jones evidently partook of a large-sized meal, for the next day the coroner's jury which "sat" on him returned a verdict of "Heart failure; cause, imagination." The evidence in their possession was the medical circular found in the dead man's hand.

—*Exchange.*

Half Hours in the Library.

Homœopathic Review, November, contains an article on "Albuminaria," by Dr. Chas. W. Hayward of London. It is wonderfully interesting and instructive. It is continned in the December number. The importance of the subject cannot be overlooked, and Dr. Hayward seems to have arrived at some definite conclusions.

On page 632 Dr. McLaughlin of Oxford, England, gives some clinical and therapeutic notes that should detain you in passing.

In the same journal, page 623, Dr. Richard Hughes discusses nitrate of uranium in the treatment of diabetes. We refer to this in case you forget that Dr. Percy asked you to read it.

The Boston Medical and Surgical Journal always contains good accounts of the doings of our alopathic neighbors, especially noting important events at the Massachusetts General Hospital. The series of papers written by Dr. Warren on "Clinical Experience in Abdominal Surgery" at the Massachusetts General Hospital is worth following.

The Homœopathic Journal of Obstetrics of November contains a paper by Dr. Henry E. Spaulding, in which he discusses from a standpoint of experience the "Induction of Premature Labor." It gives an account of different methods, and finally ends with his favorite process. There are several things not mentioned in Lusk, and even if in a hurry you can't afford to omit it.

In the same number Florence N. Saltonstall, M. D.,

gives her "Surgical Treatment of Uterine Fibroids." She talks just like any surgeon does, and she must be right for she talks very like some of our surgeons do. It is interesting and shows careful study of that vital subject.

Hahnemannian Monthly, December, is full of interest. Dr. Edward Suador, Philadelphia, Pa., gives ideas old and new about basic principles for therapeutic individualization in cases of phthisis. Those giving phthisis special study must not miss this.

In the same number, page 791, a practical article on "Pus Killers," which is a good thing to know.

On page 794 of the same magazine clinical history of a case of paralysis agitaus, with remarks upon its pathology, is full of instruction.

Dr. George R. Southwick is editor of the column, "Gynecology and Obstetrics," and in this department are some good things each month.

The death of Prof. Amos Russell Thomas is noted on page 798. His service as Dean of Hahnemannian Medical College of Philadelphia for so many years, and his brilliancy as a physician have made him famous in the homœopathic world. An account of his life is given in the December number of the *Hahnemannian Monthly*.

North American Journal of Homœopathy, December, contains the paper read by Dr. Horace Packard at the American Institute of Homœopathy in Newport. He draws largely from his own experience and gives several cases (some of which we know) to reinforce his arguments. "Surgery of the Intestinal Tract" is the subject, and it is full of interest.

An editorial in the same journal on surgical technique is pithy and original. Do you agree with it?

New York Medical Times, December, gives Dr. Homer I. Ostrom's paper on "Pelvic Suppurations," and surgical treatment. A man of extensive experience gives his opinions briefly.

In the same number, "Diphtheria — A little Experience in Favor of Antitoxine," by Dr. George Tytler, gives us another case in evidence. We can but be interested in the antitoxine war now going on, and in spite of the *Medical Brief* (see some clippings below), we feel that our faith is increasing.

In a stray number (sample copy) of the *Medical News* for Nov. 30 is a very concise paper on the antitoxine subject, by Dr. Heaman Biggs of New York. It is certainly convincing, and of unusual interest coming from New York where the fight rages hottest.

Vivisection is ably discussed in an editorial of this same sample copy on page 612 and "A Question of Conscience" on page 614 may serve to interest those who are so unfortunate as to have one.

On the whole we hope the publisher of the *News* will send a sample copy often.

It is not always best to read only those things which voice our sentiments and opinions, and so we give from the *Medical Brief* a few clippings which may by knocking up against our pet theories, give us a little exercise.

Says the editor: "*The Medical Brief* is devoted to *pure* science." Then in answer to an attack on the germ theory in diphtheria by one of the scientific (?) readers of the *Brief*, the editor says further:

"It is refreshing to read such a clear comprehensive report of a case of diphtheria. The doctor is quite right. We are carrying the bacilli business too far. Experience has amply demonstrated the fact that the Kebs-Loeffler bacillus cuts no figure in the case."

Again the oracle speaks: "It is remarkable that cities in which antitoxine is freely used *lead* in deaths for diphtheria."

Another clipping: "A Prevalent Mistake. — Dr. Lawrie of Hyderabad says that there are no parasites in the blood in malaria, and that the Italian investigators have mistaken the nuclei of the white cells in the blood for microbes. — *New York Sun*.

Again we read essentially the following: Louis Pasteur was an honest student and a faithful worker, but his influence has been harmful because of his "germ theory," which has done much more harm than good, etc., etc.

One of the scientific (?) contributors writes of a case under his care and he says: "The desire to *avoid urine* is less easily resisted than in health." We will give the contributor the benefit of the doubt and call this a typographical error. Perhaps it is. Space will not permit more clippings, but you can find plenty of food for argument and thought any time you pick up the *Brief*.

"Pseudo-chancre," by William S. Gottheil, M.D., read before the section of dermatology and syphiligraphy at the meeting of the American Medical Association, Baltimore, May 8, 1895. — *New York Medical Journal*, Sept. 28, 1895.

Reinfection syphilitica does occur, but the recorded cases that are entirely trustworthy are very few indeed. Analysis shows that most of the alleged cases are open to grave doubt, and that some of them are manifestly errors of diagnosis.

The following lesions may simulate chancre: —

a. Artificial indurations caused by irritants applied to simple lesions.

b. Nodular lymphangites, as occur in gonorrhœa.

c. Scabies, where penile lesions are the rule.

d. Secondary indurations at the site of the initial lesion (Fournier's pseudo-chancre).

e. Secondary syphilitic papules of tubercles situated upon the genitals.

f. Ulcerative gummata of the genitals.

g. Epitheliomata of the genitals.

Two such cases have recently come under the author's observation. In the first one a non-specific sore was irritated with cauterisants until it exactly resembled a sclerosis, and was so diagnosticated by competent authorities. Nevertheless it healed up under local treatment alone, and until now, two years after date, no secondary symptoms have appeared.

The other case was one of gumma of the penis in a subject in the tertiary stage of syphilis. The lesion resembled an initial one very closely, and was at first regarded as such; but a close examination showed the presence of evidences of past specific disease, and this was confirmed by the history. The entire lesion melted away under the iodide of potassium.

Conclusions.

1. There is no characteristic sign, and no characteristic combination of signs, that enables us to diagnosticate a chancre from the lesion alone.

2. Only the advent of other syphilitic symptoms enables us to form an opinion as to the presence of systemic infection.

3. Almost all the alleged cases of syphilitic reinfection are of doubtful validity; and most of them are pseudo-chancres belonging to one or other of the above varieties.

Book Reviews.

Practical Uranalysis and Urinary Diagnosis. A manual for the use of physicians, surgeons and students, by Charles W. Purdy, M.D., Queen's University; Fellow of the Royal College of Physicians and Surgeons, Kingston; Professor of Urology and Urinary Diagnosis at Chicago Post-Graduate Medical School; author of "Bright's Disease and Allied Affections of the Kidneys," also of "Diabetes: Its Causes, Symptoms and Treatment." With numerous illustrations. Phil: The F. A. Davis Co., publishers.

The second edition of this valuable work is just published, the demand requiring this so soon after the first appearance speaking sufficiently for its popularity. The book has already been adopted by a number of schools and colleges, and meets the requirements of the profession as no other manual of this subject. The plates are numerous and invaluable, and the clinical significance of all abnormal constituents of the urine is fully dealt with. A large amount of space is devoted to urinary diagnosis as relating to the pathological conditions of the urinary organs themselves and also to the changes in the character of the urine in diseases of other organs.

The Pathology and Surgical Treatment of Tumors, by N. Senn, M.D., Ph.D., and LL.D. Professor of Practise of Surgery and Clinical Surgery, Rush Medical College; Surgeon-in-Chief St. Joseph's Hospital, Chicago. Illustrated by 515 engravings, including full page colored plates. Phil: W. B. Saunders, publishers.

Within the last quarter of a century the attention of pathologists and surgeons has been directed more toward the development of the science of bacteriology and the improvement of operative technique than to the investigation of the origin, nature, clinical aspect, and treatment of tumors; hence the need of such a work as this to deal with the subject, without the usual condensation. The author has pre-

sented his material in such a way as to prove most useful as a guide in diagnosing the kinds of tumors by histological and clinical distinctions, and in giving a knowledge of the structure and clinical tendencies of each class.

The classification of tumors is made here in accordance with the theory that the increase in volume caused by a tumor is due entirely to erratic cell growth from a matrix of embryonal cells of congenital or post-natal origin; the enlargement of a part caused by chronic inflammation, which so often simulates a tumor, is due to proliferation of pre-existing mature cells, acted upon by pathogenetic micro-organisms or other toxines, and to the vascular changes and cellmigration characteristic of inflammation; while a retentive cryst essentially consists of an accumulation of a physiological secretion in a pre-formed glandular space, the result of a mechanical obstruction. Following this each class is considered separately and its topographical distribution given, with a description of the different methods of removal. The more difficult operations are fully described and illustrated, many of the illustrations being original.

There was once an examiner, I 've heard tell—
  There was! There was!
Who declined every case that to him fell —
  But pause! O pause!
They all had consumption — there was no hope;
But they found a big fly in his stethoscope.
The company " fired " that doctor, I hope.

N. Y. Medical Examiner.

A Manual of Syphilis and the Venereal Diseases, by James Nevins Hyde, A.M., M.D., Professor of Skin and Venereal Diseases, Rush Medical College; Dermatologist to the Presbyterian, Michael Reese and Augustana hospitals; and Consulting Physician to the Hospital for Women and Children, Chicago; and Frank H. Montgomery, M.D., Lecturer on Dermatology and Genito-Urinary Diseases, and Chief Assistant to the Clinic for Skin and Venereal Diseases, Rush Medical College; Attending Physician for Skin and Venereal Diseases, St. Elizabeth Hospital, Chicago. 600 pp., 8vo., with 44 illustrations and 8 full page colored plates. W. B. Saunders, Philadelphia, publishers. $2.50.

This book is intended for a guide to practice for the busy physician, yet the treatment of the subject is sufficiently inclusive for all save the specialist. Syphilis, chancroid, gonorrhœa, and the non-specific venereal diseases, are treated in turn, logically, scientifically and completely. The tables of differential diagnosis are very valuable to the student.

Physicians Visiting List for 1896: Lindsay & Blakiston (P. Blakiston, Son & Co., Phil., publishers). This well-known list presents several improvements for '96, viz., more space for the name, a column for the amount of the weekly visits, and a column for ledgerpage. The lists for 75 and 100 patients come in two volumes. The book is well arranged for keeping the business accounts easily and systematically.

The announcement of An American Year Book of Medicine, edited by George M. Gould, (W. B. Saunders, Philadelphia, publishers) has been received. This is to be a review of the leading American and European journals, " not simply a series of undigested abstracts indiscriminately run together . . . but the treatment will be synthetic and dogmatic, and will include only what is new." The work will be replete with original and selected illustrations. It is to be ready for delivery January 1.

The Practice of Medicine, by William C. Goodno, M.D., Professor of Practice of Medicine in the Hahnemann Medical College of Philadelphia; Physician to the Hahnemann Hospital, etc.

Volume II containing Diseases of the Circulatory, Respiratory, Urinary and Digestive Systems, Diseases of the Blood, and Constitutional and Parasitic Diseases. Published by the Hahnemann Press, Philadelphia.

The cordial reception which Volume I received and the universal satisfaction which it has given makes comment on Volume II almost unnecessary. But from the fact of its treating of the more common diseases, it is bound to find even greater favor with the general practitioner. The treatment of each subject is logical, complete and exact, while the style is direct, pleasing and scientific. The therapeutic indications are especially worthy of notice, in that they are clear, concise and to the point, and furthermore fully verified by clinical experience. From a book so universally good it is difficult to note individual excellencies, but the chapter on kidney diseases meets to a marked degree the needs of the practitioner, as it contains complete directions for the chemical and microscopical examination of urine, well illustrated. The book stands almost alone in our literature, and fills completely the gap that has so long existed. It is bound to find full favor with the profession.

An American Textbook of Obstetrics, for practitioners and students, by James C. Cameron, M.D., Edward P. Davis, M.D., Robert L. Dickinson, M.D., Charles Warrenton Earle, M.D., James H. Etheridge, M.D., Henry J. Garrigues, M.D., Barton Cooke Hirst, M.D., Charles Jewett, M.D., Howard A. Kelley, M.D., Richard C. Norris, M.D., Chauncey D. Palmer, M.D., Theophilus Parvin, M.D., George A. Piersol, M.D., Edward Reynolds, M.D., Henry Schwarz, M.D.

Richard C. Norris, M. D., editor; Robert L. Dickinson, M.D., art editor.

With nearly 900 colored and half tone illustrations. W. B. Saunders, Philadelphia, publishers. Sold by subscription only; cloth, $7; sheep, $8; half Russia, $9.

The array of talent upon the title page is sufficient to in-

sure the success of the book, but reference to that is unnecessary when the subject matter itself is examined. Unlike many books of composite authorship, each author's name is published in connection with the articles that he contributes, while the book as a whole is a logical unit. Each contributor is not only a master of the subject, but a practical teacher as well, and the subjects are treated in a thoroughly scientific and, at the same time, plain, practical manner. But the wealth of the book is in its illustrations, which in the point of numbers, elegance, and accuracy surpass anything that has come to our notice. These, with the admirable treatment by the authors, render mechanism, dystocia, diagnosis, and operative obstetrics easily understood. We bespeak a wide adoption of the book by the profession and students.

CASE OF COMPLETE SEPARATION OF THE UPPER JAW.

A MAN whose case Dr. G. H. Hopkins relates in the *London Lancet*, Nov. 2, aged 49 years, was admitted to Swansea Hospital on Aug. 7, 1895. He had been struck on the back of the head by a wooden beam and knocked forward on to a coal truck, the sharp edge of which had caught him at the root of the nose. On examination the whole of the upper jaw was found to be detached from the skull, the nasal processes of the superior maxillary bones and the zygomatic processes of the malar bones being fractured. There was over an inch of separation in the middle line. The frontal sinas and anterior ethmoidal cells were opened up. The eyes were quite uninjured. The parts were cleaned and stitched up, free drainage being provided for by the nose. A Smith's gag was used, which kept the parts in very good position. The patient wore this continuously for a fortnight. He is now quite well with the exception of slight ptosis of the right eye.

AN IRISH BULL.

The Prof. — Mr. ———, please tell us about the fontanelles of the fœtal skull.

Mr. ——— — Where the bones of the skull come together they leave an open space.

Class howls with appreciation.

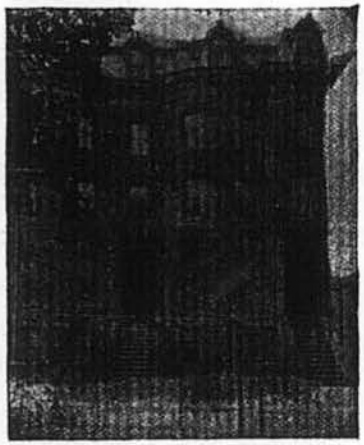
VINEGAR IN GASTRIC AND INTESTINAL CATARRH.

The employment of ordinary table vinegar, a tablespoonful to a pint of water *pro die*, is recommended by Kollman, in the place of hydrochloric acid in acute and chronic catarrh of stomach or intestines, such as occurs where the food is predominantly of carbohydrates and where insufficiency of exercise is taken, as in prisons. Since the use of vinegar in the way mentioned, summer diarrhœa and cholera nostras have disappeared from a penal institution under Kollman's medical charge. He also calls attention to the fact that vinegar is actively fatal to the cholera bacillus.

— *Wiener med. Presse.*

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.