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THE MEDICAL STUDENT.

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The Medical Student.

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

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

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The Medical Student.

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Editorials.

The Editor-in-Chief is off "shooting ducks" this month. The Student is proud to report this, for do not all great men shoot ducks? Of course things cannot go on at this end of the line with the usual calmness and good order, so do not wonder if the rest of the Editorial Staff lose their heads and say all sorts of things. They rarely have such a good chance to speak up, when the public will hold some one else responsible.

While the Editor-in-Chief is away, it is a good time to tell what a good marksman he is. He brought down some fine game recently, and as a result is to reap all the benefits which come to Hospital Internes. We feel that not only Montague is to be congratulated, but the Hospital management as well.

We wish to call particular attention to the first article under "Communications." It is encouraging to feel that someone has been thinking, and what is better, has been good enough to put those thoughts down on paper, and best of all gave the result to us. The key-note has been touched several times, and we sincerely hope that it may serve to awaken more interest in the work of The Medical Student. The criticism is a just one — that the Student has not been the mouthpiece for the students, but the reason is best known to themselves. Certainly it has been offered — yea, urged — upon them. Too glad would we be to read other productions than our

own, and yet it has been so hard to secure them that perhaps we had become discouraged and had not asked for them often enough. To be sure it has been necessary a few times to omit some things sent in, but what paper does not need to do so, and what writer has had *all* his productions accepted? For some reason, which may not be uncomplimentary to the writer, it may seem best to withhold a communication; but never, in that case, would an explanation be denied the writer if the matter were referred to.

It is safe to say that the present board is not satisfied, nor will they be until the MEDICAL STUDENT, because of real merits of its own, holds the place in the minds of the students that it was designed to hold. We may be tardy, but we are not discouraged, and since Miss West has so aptly brought the matter before the school, shall we not see good results? The editors of THE STUDENT would gladly have the subject further discussed.

OFTEN we would fain believe that the days of narrowness and conceit on the part of our brethren (we insist upon it) of the old school are passed; but just as we are settling back, feeling quite easy in our minds, we are in some way reminded, sometimes forcibly, that we must face as have our predecessors, the same cowards thrusts and ignorant injustice that in this advanced age are particularly offensive. There was a time that it may have been excused, but a hundred years of demonstration of one of the greatest laws of science ought to be able to convince even the most stupid and bull-headed. What makes it still more queer, members of the old school are daily demonstrating in their use of drugs the law of similars; yet they shut their eyes to facts and try to explain in some other way (often ludicrous) their understanding (?) of the matter. Only the other day, a man in good and regular standing in the old school referred to the Boston University School of Medicine as a "Tabood School," and hesitated to assist a student of this school to employment for fear "of incurring a certain odium" from his "medical colleagues who are supposed to be 'above reproach.'" But in spite of this "great obstacle to success in the medical world" he tries to show that he is a humble, fair-minded man, and adds that while he can give "no recognition medically," he would be glad to do something for this student. Kind consideration! Noble sacrifice! Too bad the snow is gone; perhaps a competent student from the B. M. S. M. might do to shovel snow from the back steps of this blue-blooded knight, or (happy thought) maybe he could grind out ice cream this summer. Sure it is, that one of these days there will be a grand shaking up of the dry bones, for before half the next centennial rolls around, the Law of Similars will have been incorporated into every medical college worthy of existence. (Agaricus — "prophetic mind.")

THERE is no profession in which the value of practical work to the student is greater than in the medical. Theory is good, the literature of the subject is excellent and exact, the lectures are the very best, and yet the average graduate is rather inadequately fitted to grapple with the vicissitudes of practice, especially if it be a country practice, where each man is, perforce, his own specialist and an expert in every department. If disease would run in typical channels only, and the history, symptomatology, and pathology could be definitely ascertained, then perhaps one could practice successfully on theory as a basis. The Dispensary to be sure furnishes a wide and varied field for observation, but the average student in his fifty cases gets about five that he really feels anxious about, and two that are really dangerous, possibly not that, if

chronic incurable cases are omitted, while by the kindness of a fellow student he may see one or two rather severe cases.

It may be his good fortune to *see* in the dispensary or the hospital, or outside, most of the more common acute and chronic diseases, but *seeing* a patient, and carrying him through the course of the disease are two very different matters. Correct diagnosis, especially of rare diseases and atypical conditions, is of absolute importance for treatment and of great scientific interest, but a wealth of resources in treatment is just as scientific and just as essential as diagnosis. It was largely on this account that the old method of studying in a physician's office and then "taking a course or two of lectures," turned out successful practitioners if not scientific physicians. The fund of reserve measures, culled from years of experience, was open to the student, as well as the universal methods.

In Homœopathy we are taught to rely on the indicated remedy for the results, but human judgment is not infallible, nor are the public educated to pure Homœopathy. They demand, and have a right to demand, that active measures be taken. Our most carefully selected remedy fails. What are we to do if it be a case of extreme suffering? The discussion of such matters as adjuvant treatment and emergencies in medicine falls largely under the head of clinical medicine, but the discussion in that department, able as it is, is necessarily limited by the number and character of the cases reported. The adjuvant treatment given every second year by the chair of materia medica is very valuable, as are also the hints dropped from day to day, yet as a whole the average graduate is weak in this line. Practical experience will set it right, perhaps, but the cost may be beyond computation. We venture to say that we voice the sentiment of a large number of the students in stating that the emergency and adjuvant hints from the various clinics are very valuable to us, and our only wish is that they might be largely increased.

THE Seniors must feel pretty humble when the Juniors stepped into Dispensary practice and from the first perform the most wonderful cures, and are now "dreaming dreams (of future conquests) no mortal ever dared to dream before." Aborting sudden and serious attacks of pneumonia, for instance, with bryonia 2x, in exactly twenty-four hours. Curing a case of grip with six doses of gelsemium, so that the patient was absolutely well in eighteen hours and thirty-six minutes. Startling results come in with each return, and as these precocious youths gain age and experience we may hear of things still more wonderful. As it is, we do not question; we never doubt the diagnosis nor the remedy. We never would dare to wonder if the patient would have recovered in ten hours if let alone. Oh no! we can only stand aghast and wonder what the world is coming to.

THE discussion at the meeting of the Boston Homœopathic Medical Society, March 5, was of intense interest to all who uphold the standard of personal purity and morality. The dire effects and the almost incredible prevalence of syphilis and gonorrhœa were set forth in a most vivid manner. As one of the speakers well said, the consideration of such a subject drags discussion down to the dregs of humanity, but it is to just such depths that we must descend in order to do anything to eradicate the scourge. The disease exists and continues to undermine society, the home, and the family relation by its ravages; it can no more be legislated out of existence, nor glossed over by mock modesty and false shame than can a cancer be cured by concealing it under a protective dressing.

Every man, woman, and child in all walks of life should understand the matter thoroughly, and

from a physiological, scientific standpoint. But the majority of people, in all classes of society, — rich and poor, wise and ignorant, cultured and refined — regard all such subjects, whether relating to disease or health, as something shameful and not to be spoken of, except perchance to give point to some vile story or joke. Fathers and mothers will deny themselves the very comforts of life to educate their children, and yet deny to those children, out of false modesty and almost criminal neglect, instruction in the subjects which are of such vital importance to their health and welfare, and ignorance of which may drag them down to depths lower, viler than the lowest perdition. The knowledge must come sooner or later, and unless children are properly taught by their parents, they will acquire their information from their companions, and in a way and from a point of view which cannot fail to be most harmful. But parents do not realize this. They say, "Oh, my child is too good, too pure to be influenced by anything of this sort." But there is no child who may not be led astray in just such matters, and any parent who takes such a view and such risks is not doing his or her duty by that boy or girl, who is exposed to a thousand and one temptations and dangers which the parent never dreams of.

As well said, the physician's duty is not merely in the treating of these cases which may come to him; he has a greater, a higher duty in so instructing and warning his patients, that they may avoid all danger of contracting the disease. And it is right here that most physicians fail to recognize their duty, in warning parents, and, if need be, children, and giving them a true conception of these vital, natural functions. But it is necessary first to make the parents understand the dangers which surround their children, so that, even if they will not give them the needed instruction, they at least may not oppose the physician in so doing what he believes and knows to be his duty. If parents do not thoroughly understand these matters, they may and probably will vigorously oppose the doctor in what they deem an unwarrantable interference in their rights and privileges.

The condition exists; what is the remedy? It lies not merely in trying to frighten our patients by picturing the dire results which come from the disease, but in so instructing them that they may avoid it, not merely because it is unclean, but because it is wrong and in opposition to the great truths that are laid down for our guidance, and in order to do this we must so regulate our own lives that those who are so ready to criticize may not point the finger of scorn toward us, and say, with bitter truth, "Physicians, heal thyself."

General Contributions.

I WISH to open a question box in the columns of our paper and hope that some of the queries may be common food for thought among our men and women.

I sincerely hope that they may be answered from a variety of standpoints, and, too, not as many questions of great interest to us have been discussed in the past, among a few in the corridors or private rooms, but publicly through the columns of our paper. I beg of you, as you value the usefulness of our periodical, to give your attention to them and bring them frankly and enthusiastically into the searching light of public criticism.

Questions:

1. Is the MEDICAL STUDENT the mouth-piece for first, second, third and fourth year students?

2. Is the present board of managers satisfied with its share of the work?

3. Why such a limited number of contributors?

Answers:

1st. Our MEDICAL STUDENT is not the voice of the majority of our students.

2nd. That the board of managers is not satisfied

with its work is evident by numerous editorials begging for more contributions. That the editors have sustained a remarkably high moral and literary tone for a paper of its class is undeniable. Is the fact that the paper at present is a medium by which the management bring their view of the world at large, and the affairs of our Medical School in particular, before us, a choice with them? I fancy not. What can they do but assert their individuality to "pump themselves" when other matter is not forthcoming, and thus limit and narrow our paper to the view of ten or twelve individuals when it should be fifty.

3rd. Why such a limited number of contributors? Principally lack of interest. Hold an annual students' meeting that shall represent a large number of students. Canvass the field for editors — encourage competition. Don't be afraid of instituting charges. Old ways are not always best. Ruts become monotonous in periodicals as well as other institutions of this life. All vague and indefinite, I know. So dissect it, maybe definite plans will arise and clamor for publicity and possibly trial. Let us give the editors something to do inspecting contributions.

Surely there are many men and women connected with us who are capable of making our STUDENT what the best of us wish it to be — a pleasure and profit to Boston University School of Medicine men and women.

Perhaps, too, contributions may have been lessened by the fact that previous articles from the pens of varying individuals have been declined. Surely any paper of merit must refuse some submitted articles for varying reasons. Is it not stupid to lose one's interest for so trivial a thing? Write again and send in your contributions, remembering that your first attempt has only met a fate common to some of our best writers.

Let us realize that the paper is ours, that it is intended to furnish us a means of publicly expressing our view of medical matters in our own little corner of this earth, that our duty to ourselves and to our paper demands a personal consideration of the same. Let us not be lazy, selfish, piqued or indifferent. Step forward and help to make the STUDENT a paper of the greatest amount of interest to the *many*.

The editors need encouragement and support. They have asked it too many times to mistake the call. Now give it to them. Make the paper yours.

NELLIE WEST, '96.

WE WONDER WHY IT IS.

1. THAT Seniors, when on anæsthetizing duty at the hospital, seem to be expected to need no food between the hours of 10 A.M. and 2, 3, 4 or 5 P.M.

2. That so *many* of the students of the school want to write for the MEDICAL STUDENT?

3. That there are not glass plates put at *all* the windows in the "small lecture room"?

3. That one of the Faculty thinks there is no potency of *silica* between the 3 x and the C. M.?

4. That Senior and Junior students are supposed to learn the rules governing the dispensary cases and clinics by some occult prescience of their own?

5. That a certain number of students in a certain class in the college are so *modest* they calmly assert that their class is the only one that will ever amount to anything, and imply that "wisdom will die with them?"

6. That those gentlemanly (?) students who take occasion to express their regret that this college is co-educational, should forget that in this one instance the women were first on the ground, and that there are medical schools elsewhere with requirements not so high, in which they are not menaced by any possibility of a woman surpassing them in their studies?

7. That our medical students have so little apparent respect for the "sick-making" power of drugs as to be continually regaling themselves and their friends with tablets of this or that drug, apparently enjoying them as much as a bit of candy or a cigarette?

X RAYS! X RAYS!! X RAYS!!!

EVERY paper we take up is full of promises to every kind and condition of men. The X ray will

do thus and so for this, that and the other profession and trade. In vain have we watched for some ray of hope, X ray or otherwise, for the patient, overworked medical student. Some one, it seems to us, might have made one little exertion, if for nothing more than to encourage us a trifle. There are many things that might be done for us by the famous ray, even now while it is yet imperfectly understood, but what may we not hope for when the whole scheme is perfected and practical.

How convenient, saying nothing of the great saving on nervous force and midnight oil, when, with our little X ray kodak, we can photograph the examination questions in the breast pocket of the wary professor. If for only a few minutes before the hour for examination, it would be a great help and save no end of time and worry fixing up "cribs" which, though prepared on the principle of a shot-gun, falls so wide of the mark.

Then, too, we could snap-shot the Dean's book, which contains each student's rank, and we could find out, before the summer is over, whether or not we have gained the rank we are so confident should be ours.

When we get hard up, board bills, room rents, laundry bills and stationery accounts are urgent, and we, in sheer desperation, but with a happy, unconcerned "think-of-the-fun-you're-having" style, slap a good comrade on the shoulder and say, "Lend me a V, Bob?" and he, in the most sincere and solemn manner, says, "Awful sorry, but I can't, old boy!" if, with our little X ray kodak, we can get a clear view of a roll of bills from the new draft just cashed, we'd understand better, perhaps, that solemn manner, and we'd know whether he is what he is or what he seems to be, and whether we are what we hope to be or what we used to be.

Time is too short and space in the MEDICAL STUDENT too valuable to enumerate more, but this serves our purpose and shows how the X ray may yet be a boon to the student.

A LAW CONCERNING PHYSICIANS.

THE following will be of interest to those who are soon to be thrown out upon the cold, cold world, and may help them to so order their steps that they may be saved much weariness.

The states given below are those which issue a license to practice medicine on a diploma from a college in good standing (which means B. U. S. of M.) without examination. The conditions may differ in some minor points, but they mean to us no examination:

Arizona, California, Colorado, Connecticut, Delaware, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Massachusetts, Michigan, Missouri, Montana, Nebraska, Nevada, New Mexico, Ohio, Oklahoma, Oregon, South Carolina, Tennessee, Vermont, West Virginia, Wisconsin, Wyoming.

The following states require examinations. Diplomas confer no right to practice:

Alabama, Arkansas, Florida, Maryland, Minnesota, Mississippi, New Jersey, New York, North Carolina, North Dakota, Pennsylvania, South Dakota, Texas, Utah, Virginia, Washington.

The four given below have no legal requirements:

District of Columbia, Maine, New Hampshire, Rhode Island.

PHYSICAL CULTURE AS AT PRESENT TAUGHT IN THE PUBLIC SCHOOLS OF BOSTON.

Given at the Boston Homœopathic Medical Meeting, February, 1896, by E. M. HARTWELL, M.D., Director of Physical Culture in the Boston Public Schools.

I WANT to express my great gratification at the thoroughness and interest with which you are discussing this subject and the manner in which you take it up. I have been connected with physical training for the last fourteen years, and the vast majority of people with whom I have had occasion to talk in regard to the value of physical training or muscular exercise, emphasize muscular without recognizing the facts that have been insisted on, that muscular exercise exercises and affects the nerves. If we build our theories and take our exercise with a clear view of and comprehension of this fact, we are on the upward path, but if we consider merely the enlarged and hardened muscle which comes from

exercise we overlook our most telling and convincing argument for the value of physical training. It is an agency in the great problem of developing structure, and more than structure, function. I need not say that education is not scientific, for there is too much that is empirical in the way of mere instruction.

Heller, the great physiologist of the last century, thought that the evolution or development of the embryo was the development of something infinitely minute, but perfect in all its parts, by assimilation of new material, and that there was no development of one part out of another, as bone from cartilgæ. But modern physiology teaches us that the infant is an incomplete being in the number of its parts and in the completeness of those parts, for instance, in the matter of muscle and nerve. Relatively, the infant is large in brain mass, and the brain and nerves will increase only a small amount in actual weight from the weight at birth, while the muscles will increase some 48 per cent, and from being 23 per cent of the total body weight at birth will, in the adult, form 43 or 44 per cent of the whole weight. For educational purposes the infant is a totally different being from the child of seven or eight. The end organs of the nerves do not attain their full growth until puberty, when the outlaying peripheral centres are brought into connection with the strong central ones. If we classify movements we find they are divided into two classes: the common movements of the body, those which attend the child through life, as breathing, etc.; and those which are concerned in peripheral and acquired movements, as speech, manipulation of the hands, etc. To have a natural, safe and effectual system of physical education, we must learn the order of development of the neuro-muscular system. You can teach an idiot to develop a certain amount of mental strength by teaching his hands; not by using the finer muscular movements, but by training first the shoulders, then the arms, and so working down to the movements of the hands. If you recognize the order in which the centres develop you can proceed from stage to stage until the child is really fully developed according to nature's method. So we should have the simple movements at first, and bring in later those which are most difficult and require fixed attention, which have the elements that are likely to result in inaccuracy and failure if tried in too young a child. The man who makes Roman mosaic must use a magnifying glass and his movements must be made with the utmost accuracy and nicety; but the man in the street who is laying a mosaic of paving stones can hit anywhere within six inches of the centre of the block and it will be all right. You must first lay your foundation of health in the child and then you can build upon this your refined muscular movements.

In Boston our system does not conform to all these requirements. No system is perfect and scientific that does not conform to the laws of development of the nervous system, that does not conform to the requirements of modern experimental physiology. A perfect system of physical training is yet to be brought out; all we have is a good number of attempts of an empirical nature. There are two main departments of systematized muscular exercise which, in a perfect system, should go hand in hand: the plays which culminate in athletic sports and games, and the systematized gymnastics for developing structure and power in definite and controllable ways. So I would have both a good playground and a gymnasium, and give to each child the special kind of exercise that he needs. In this way we shall get much more out of exercise than we do now, and it will be recognized as a genuine and indispensable part of education.

According to a vote passed June 24, 1890, after much discussion and reports made by the board of supervisors, the Ling system was introduced throughout the schools of the city. We have introduced only a small part of it up to the present time. No apparatus is required. The classes perform the evolutions in the aisles between the desks and in the corridors. This is good for the children in the primary and grammar schools for building up co-ordinated actions. There is a great deal in free standing gymnastics that is hard to do, because they require close attention and co-ordination. I have seen trained athletes try these movements and find them far from child's play.

We have thirteen hundred teachers here in Boston

and twelve high schools for boys and girls. Military drill was established in the '60's, and there is no intention of taking the boys out of military drill to give them gymnastics. The only preparations made are for teaching the teachers and teaching gymnastics without apparatus. Ninety-four per cent of the pupils are to be found in grades below the high schools. The great mass are in the middle grades, between ten and fourteen years of age. So we have concentrated our attention there. Gradually, by filling up the high schools with pupils who have had a pretty good gymnastic training in the lower schools, I think we produce a rather healthy state of dissatisfaction in those pupils about going over and over the same old grind of gymnastics, which are first-rate for the lower schools but do not fit the needs of the high school pupils. There are two high schools with apparatus for gymnastics, Charlestown and Brighton, and demands are also coming from some other schools that something be done for them. We have carried it down the other way into the primary schools rather further than the Swedes do, and are getting some very satisfactory results. What is most needed is to improve the work in the primary schools, put some simple apparatus into the grammar schools and feed the children on something more interesting than free standing movements done at command. We want to give the high schools well-equipped gymnasiums and competent teachers. We have some such and there is a feeling that more are needed. It is not a question of way, but a question of the public and official will. And to help the official will the public will should be expressed on the basis of a calm, careful consideration and knowledge, such as comes from the medical profession when it speaks, having made up its mind that it is right. The medical profession does not teach men the value of exercise. Until it rescues medical gymnastics and massage from the wretched crew that have taken them over into their possession it will not have performed its duty.

In the Boston public schools, in the upper grades, sixteen minutes are given in the afternoon for gymnastics, one-half of which is used in instruction and the rest in performing exercises already learned. In the primary schools we get three periods of six minutes each in different parts of the day. I am not going to belittle what we are doing, and I think it commends itself to the teachers. I never for a minute supposed it would be a success unless it grew. But what does sixteen minutes avail if, during more than two hundred minutes a day, more than twenty per cent of the children are obliged to occupy desks and chairs which cause weariness and even deformity.

Every class which is inspected is marked on five points: fundamental position, steadiness with which exercise is performed, precision and correctness with which the work is done and correctness on the part of the teacher.

Following is the result of the inspection for the years 1892 and 1894, showing the gain made in that line:

1892 — 55 schools: 5 excellent, 19 very good, 22 good, 7 passable, 0 poor.

1894 — 50 per cent excellent, 30 per cent very good, 3.6 per cent good, 0 passable, 0 poor.

CONFESSIONS OF A FIEND.

I FREELY admit I am a fiend; not a fire fiend, nor an ice fiend, nor a storm fiend, but simply what is called a "fresh air fiend."

But, alas, my fiendish power is so extremely limited that I cannot get the fresh air when I want it. With eager longing I look forward to the coming of gentle spring, for then the windows in the lecture rooms of the college may be opened without offense to the most of the embryo Esculapii.

But with more earnestness do I look for the day when some efficient means of ventilation shall be installed in the building where we are told of the evils resulting from the lack of vital air.

One of the latest bits of information in that line was that conjunctivitis was often caused by impure air; and still the room in which the statement was made, having an air space of perhaps 5,000 cubic feet, is day after day crowded with seventy students

and one professor, with one window sometimes opened a wee crack.

That means about 70 cubic feet apiece and 100 cubic feet for the professor (just out of respect for him, you know).

With an average of twenty respirations to the minute, and sixty minutes for the lecture, this means that 1,200 times we work that 70 cubic feet of air over and over again for sufficient oxygen to comprehend the brief, simple, uncomplicated materia medica of homœopathy, or other things just as easy to grasp in a half-asphyxiated condition.

Perhaps if each one had the 70 cubic feet of air nicely boxed up for himself, like individual butter plates, it would be easier to endure; but to get such a mixture of seventies, with all the different bacteria, etc., that inhabit the different respiratory tracts! Ugh! It makes a fiend shudder to think of it; but it doesn't seem to affect the sensibilities of the medical student in general. And yet few of them would want to bathe themselves in a tank of water that seventy others (counting the professor) had used for cleansing purposes.

There seems to be a disease affecting most of the students that we might name ærophobia, and some of us "have it bad." The few "fiends" seem to have an immunity that is remarkable. It is barely possible these ærophobiaces have gone through a course of dosing with Cocculus Indicus in physiological doses, and are practically proving the drug; for one of the marked indications, (vide Prof. Fred Percy) is a dread of fresh air, and aggravation in the fresh air.

Our new mayor of Boston, Josiah Quincy, has been heartily commended for the attention he has given to the ventilation in the public schools. Well, good luck to him, for if the public schoolchildren get used to breathing only pure air when they get around to studying medicine in the B. U. S. M., they will insist on having such air to breathe in the classrooms and lecture halls, and then, what doctors they will make!

In the Dean's address at the opening of the school he grew enthusiastic in speaking of the superlative (?) excellence of the students of this school, saying, in summing up, "a splendid lot of students — *as students go!*"

So he thinks we might be better and it is quite possible he is right, but we need better ventilation to encourage us to try to be good.

A teacher in a boys' school was used to note that if the air in the schoolroom was not changed frequently enough, the boys would inevitably become inattentive, restless, and disorderly; and if by any chance she neglected the ventilation she soon learned that the general disorder that soon ensued was only a demand for fresh air, which being given, the restlessness could be easily overcome.

Isn't it said that CO^2 produces a sort of intoxication in those breathing it? It seems to be verified, sometimes.

It is hard to understand how it has happened that a college building so recently erected as the new part of this school, should be so utterly lacking in facilities for ventilation as it seems to be, requiring the opening of windows to afford air in the classrooms. The old building is worse, of course, but surely some way can be devised by which a reasonably, if not ideally pure air can be supplied to the professors and students, for the sake of the studies, if not for their health.

What's the matter with the graduates in Sanitary Science looking into the possibilities of a fresh air supply for the colleges, and putting into practice the instruction they have received as to the *why*, *how*, and *must* of proper ventilation? There's a task for you, dear Sophs, that will take your super-abundant energy, and put it to noble use.

Preparations for the Centennial Festival go on apace and its success is assured. Among the special attractions offered are lectures and demonstrations of the various systems of physical culture; lectures on food and cooking, also adulterations of food; and a special demonstration of the Röntgen graphic process. Varied musical and dramatic entertainments are promised for afternoon and evening. Come and bring your friends.

Locals.

The last of the Sophomores are almost through dissecting.

Mr. Carr, '98, has returned from quite an extended business trip.

Mr. Boynton, formerly of '98, was at the school the other day and was warmly welcomed.

We wonder how next year's class will distinguish itself; will it be the class of '00, or of '19?

The young women of the school spent a very enjoyable afternoon with Mrs. Sutherland and her journalistic friends on March 19.

Corey, '96, is taking the practice of Dr. Hodsdon of Peterborough, N. H., the doctor being unable to attend to his duties on account of illness.

Now that the Sophomores have completed the courses in practical physiology and chemistry their pulse and respiration are working down toward normal.

The Sophomores only have anatomy, physiology, and minor surgery to contend with now, and the question is, "Where, oh where, is the course in materia medica?"

Perhaps by means of the X rays the Juniors may be able to discover why they got from 10 to 30 in the preliminary in obstetrics, instead of from 90 to 150, as they should have had.

The first annual banquet of the Sigma Chi Beta was held at the United States Hotel, February 24. There was a large attendance of members and the affair was most successful.

Dr. Packard, at the beginning of a lecture on surgical diseases of the upper extremity: "My lecture is all on hand this morning, but I am sorry to say that all the class are not." Seniors take warning.

The reception on the evening of March 13, was one of the most enjoyable in the history of the school.

The competency of '98's and '99's in such lines has been fully demonstrated. In fact they are pretty near "all right" everywhere.

S. and S., '98, were recently observed in front of the Conservatory under peculiar circumstances. The latter was playing a hand-organ, while the former passed his hat for subscriptions. We wonder if their success accounts for the business enterprise which they have just undertaken.

When we think that by this time we generally have had our spring vacation we grow very tired, and wish we had it now. But when we think of the long spring term, which this time will be shortened to about seven weeks, we are comforted, and trudge along again quite merrily.

Dr. Rice gave the Juniors (and a few Seniors) a most interesting lecture on "Antitoxine and its uses in Diphtheria." One thing characteristic of Dr. Rice's lectures is the clear, logical manner in which they are put before the students. This one was no exception, and the "extra hour" was much appreciated.

Speaking of X rays it might be well for those inclined to tetanic contractions of the flexor muscles of the hand when near some one else's purse, or other property, to remember that now with the X rays they can be photographed in the act, even through intervening walls and doors. This is only a friendly suggestion.

In the absence of the regular action from the chest clinic the other morning, several Seniors took advantage of the opportunity to renew their acquaintance therewith. When the doctor arrived, one of them remarked that the Seniors were afraid he would be lonesome with no students there so they jumped into the breach, whereupon the doctor inquired what they would have jumped into had there been two clinics.

Some exceptionally interesting operations have been done in the Hospital recently, and it is to be lamented that so many students because of final examinations, special lectures and courses, have been too occupied to attend them. If we could manage to be in two — sometimes three places at once — how convenient it would be.

The Juniors recently had an opportunity to witness near at hand a complete vaginal hysterectomy at the Boothby Hospital. The operation was especially interesting, being upon a Dispensary patient, who had been under observation for some time. While working Dr. Boothby gave many practical points to the students.

The Rhode Island Homœopathic Hospital, located in Providence, and having about forty beds, will receive applications for the position of male house physician for the ensuing year. This hospital is very pleasantly located, and affords very valuable clinical opportunities. Further information may be obtained of Dr. W. T. Talbot.

Since we last went to press, the class of '96 have been to Notman's to have a group picture taken. Everybody finally got there, sooner or later — some later — but evidently somebody should have stayed away, for just as the class was arranged in front of the camera there was a crash, and a broken plate was announced as resulting from the intent looks of one, or all of the class. It's pretty bad to have such a thing go on record, and of '96, too!

It is often urged that persons who die of infectious diseases should be cremated, instead of buried, the impression being that burial affords opportunities for the spread of intection. Recent researches by Dr. Lösener, however, tell against this view. Following conditions precisely similar to those of ordinary interment, he buried carcasses infected with the microbes of various diseases, such as typhoid fever and cholera, and determined how long the germs maintained their virulence. Typhoid germs lived for so long a period as ninety days, but those of cholera only survived interment twenty-eight days. Furthermore, in neither of these cases did the microbes find their way into the adjacent soil or water; indeed, the soil beneath the infected carcasses was always found free from the disease germs. It appears, therefore, that burial is not the dangerous factor in the discrimination of disease that it is sometimes supposed to be.— *London Graphic, Feb. 29, '96.*

In the Surgical Clinic: (Old man limping in.)

DR.: "What's the matter with your foot?"

PATIENT: "Sure, an' I don't know, docthor."

DR.: (After an examination). "Why it's corns."

PATIENT: "Oi thought so, docthor, but I can't git down to pare 'em meself."

Exit of patient. Happy to know of a place where he may get his corns shaved for ten cents.

"Did you remember the experiments in *Mercury*?" was an oft repeated question after the final on March 4.

PROF: "How long does it take the blood to make its complete circuit?"

STUDENT: "Less than half an hour."

PROF: "Quite right!"

At the Hahnemann Centennial Festival in April, the Gregory Society will have a table for the sale of various articles, useful as well as ornamental. The table is to be in the society room, and should be a centre of attraction, especially to those graduates, who, in their student days were identified with the society. This table is under the direction of the women students, and it is hoped there will be a liberal response from friends, when the students solicit donations and, later, attendance and patronage.

Alumni Notes.

Dr. Hovey L. Sheperd, '95, has obtained a good practice in Springfield, Mass.

Dr. Alonzo G. Howard, '95, of Centre St., West Roxbury, is kept busy by his practice, but has added to his labors by acting as chairman of the committee

on gymnastic work in the coming Hahnemann Festival.

Dr. Charles D. G. Mack, '95, has returned from McKeesport, Pa., where he was located for a time, and is now practicing at 92 White St., East Boston.

Dr. Nelson Merwin Wood, '95, of 71 Elm St., Charlestown, has an exceptionally good practice, and seems to have omitted the traditional "course of starvation" which is said to follow the medical course.

Half Hours in the Library.

New England Medical Gazette, February, contains papers from Drs. Walter Wesselhoeft, J. Heber Smith, C. Wesselhoeft, Edward P. Colby, Frank C. Richardson, E. B. Cahill, and L. A. Phillips. Such a list insures the careful reading of the *Gazette*.

North American Journal of Homœopathy, March. "Induction of Abortion and Premature Labor," by Benj. F. Bailey, M.D. Personal experience, and good for comparison and thought.

"What is the cause of so much Leucorrhœa, Displacement and Erosion Among Our Girls," Dr. Chas. Holton. Well worth considering. Several truths.

"The Dispensary Question," discussed editorially and by contributor, in this number.

The Hahnemannian Monthly, March. "A Case of Typhoid Fever, and Some of Its Lessons," Dr. Searle, Brooklyn. Instructive in several ways. In the department of Gynecology and Obstetrics, edited by Dr. Southwick, are many excellent points.

The Homœopathic World, February, contains several interesting things on materia medica, as does also the March number. In the March number, page 104, is an account of body temperatures of 122 degrees F, also 148 degrees F, being found in two different patients who recovered.

Homœopathic Review, February, contains an interesting paper by Richard Hughes, on "The Place of Homœopathy in Drug Therapeutics." It also discusses "The New Crusade Against Homœopathy," by the British Gynæcological Society, which is interesting, and not *very* discouraging.

In the *Arena* for February is a paper by Dr. J. Heber Smith about Cremation. Other articles from Dr. Smith, dealing with Man's Relations to the Heavenly Bodies, are promised by the Arena Company soon. These cannot fail to be interesting.

A Medical Journal containing the address of Dr. Roberts (president of the Pennsylvania Medical Society), is in the library, and if the address is read in connection with Dr. Sutherland's editorial in the January *Gazette*, it is remarkably interesting. Dr. Roberts' paper treats of "The Attitude of Physicians and Modern Medicine to Homœopathy." (*Note the title*), and shows us how "the other half" thinks of us, or *seems* to.

Book Reviews.

A Textbook upon the Pathogenic Bacteria, by Joseph McFarland, M.D., Demonstrator of Pathological Histology and Lecturer on Bacteriology in the Medical Department of the University of Pennsylvania, etc., etc. With 113 illustrations. W. B. Saunders, Philadelphia, publishers. Price $2.50.

Part I deals with the general considerations such as the biology of bacteria, immunity, sterilization, culture-media and cultivation, experiments upon animals, etc.

Part II. Specific Diseases and their Bacteria.

A. The Phlogistic Diseases.

B. The Toxic Diseases.

C. The Septic Diseases.

Under these headings all the diseases known to be

of bacterial origin are grouped. Sufficient pathology is given to make clear the condition which the bacteria cause. The bacteria are studied with reference to history, morphaology, conditions of existence, methods of culture and appearance of same, various methods of staining, inoculation and results, toxines, etc., etc.

The book is intended largely for the use of students, and presents the subject in a concise though complete and scientific manner. It is a valuable work for general study, or for labratory work. The illustrations are excellent.

ELECTRICITY IN ELECTRO-THERAPEUTICS, by Edwin J. Houston, Ph.D., and A. E. Kennelly, Sc.D. The W. J. Johnston Co., New York, publisher. Price $1.00.

This little book is designed to meet the requirements of the general practitioner, and to satisfy the inquisitive public as regards the physics of electricity applied to electro-therapeutics. It contains a brief history of the science and a discussion of electromotive force, electric resistance, electric current, the varieties of electromotive force, frictional machines, magnetism, induction, the medical induction coil, dynamos, motors, transformers, electrolysis, dangers in use, etc., etc. In the discussions technical terms are purposely avoided, and the statements are so simple and exact that a misunderstanding seems impossible. It is especially adapted to those who have had no special training in physics.

AN ENJOYABLE TIME.

ON Friday, the 6th inst., the Senior class were invited to visit Dr. and Mrs. Packard at their home on Commonwealth Ave.

Nearly all the class were present and took a trip with their hosts to the "tight little island" across the "pond." The pictures taken by Dr. Packard while abroad are exceptionally fine and certainly illustrated well his interesting description of people and places, as well as, incidentally, the desirability of possessing a camera when one goes on a pleasure tour.

Professional subjects were tabooed for the evening, and but for the frequent utterances of "doctor" one might have supposed medicine was an unknown quantity to the company,

Besides the Senior class, Doctors Haub, Baker, Flint, Myron Smith and Gardner were present.

Altogether, it was one of the pleasantest entertainments the Seniors have had and we hope they gave even half as much pleasure to their hosts as Dr. and Mrs. Packard did to the Seniors.

A SAMPLE OF DISPENSARY PRACTICE.

Anxious Mother,— "Yes, sure, I think she's better! Her cough is that loose, since you give her thim pills! She doesn't raise it, though. Do you think it will hurt her to swallow the stuff, an' have it goin' through her lungs?"

Doctor,— "Oh, no! my dear madam! When she swallows it, it doesn't go through her lungs."

Anxious Mother,— "Don't it, now? I always thought everything we ate or drank went through our lungs."

Doctor,— "Did you? Well, it doesn't, you see."

Anxious Mother,— "Well! well! how much you doctor's know!"

HIGH POTENCIES.

THERE are a few students in the school who are advocates of the use of the higher dilutions or potencies. Of course, they "catch it" on all sides, but in general they seem to go on their way serenely indifferent to the criticism of those who think the other way.

It is amusing, to say the least, to see the unanimity with which the heads of a class are turned around toward a solitary "high dilutionist" whenever the professor expresses his opinion of the foolishness of going beyond or even to the point where one can

just see the substance of medicine with a microscope. Probably the class means to have the H.D. realize that they suppose the H.D. *must* be crushed by the instructor's dictum, combined with the rubbing in, or attempted rubbing in, of the class.

The unfortunate part of the matter seems to be the H.D.'s were evidently "dyed in the wool" before they ever entered this school, and so they can't see the force of some of the arguments as against the results of observation.

It is more than probable that the columns of the STUDENT could be used to air the arguments of either side.

While the proportion of H.D.'s to the entire body of students is perhaps only four or five per cent, there is a larger proportion on the editorial staff of the STUDENT, namely, 16 2-3 per cent.

Of course, this isn't just right, but it is probably the first time it has ever happened so, and certainly the 16 2-3 per cent would not prevent the discussion of the question in these columns if anyone has something to say.

As a starter, we propound this query:

It is stated that if a drug is potentized, say to the 200th centesimal dilution, there will be less of the original drug in the liquid than of the silica, etc., that will be dissolved from the glass bottle. Therefore you'd be taking more silica, etc., than of the drug you are supposed to be using.

Granted — that more silica, etc., is in a 200th dilution of, say, Lachesis, than there is of the snake poison. If drugs have an elective affinity and action for certain parts of the body and certain pathological conditions, will the *indicated remedy* go for the spot or will the minute quantity of silica, etc., that is *not* a simile, have a physiological action? If there is not a silica condition present, there can't be the similia similibus result, and so, where is the argument found in such a statement as in the preamble?

A QUEER PLACE TO HAVE THEM.— A chiropodist announces on his cards that he has had the honor of removing corns from several crowned heads of Europe.

PERUVIAN BARK.

I lay alone all through the day,
And lonely pass the hours away,
Quietly wishing all the while
That I might start a little bile.
But none will start 'tis sad to say,
And thus the night succeeds the day.
Merc. I've tried and arsenic, too,
But still no bile can I get through.
Pod. and Chel. I've used in vain,
With Digitalis no bile came.
My heart was weak, my head was, too,
My body looked like a painted Sioux.
But hark, a voice cries in the dark,
"Try the renowned Peruvian Bark!"
'Tis of value sure, authorities say;
Give it a trial, 'twill surely pay.
You've tried all things including oil,
Until your head is in a whirl.
Try this bark, 'twill do you good,
And give an appetite for food.
The bark was tried, and, bless its name!
Under its treatment rich bile came.
And now I feel as gay as a lark,
Since I have used Peruvian Bark.

D. Y. C.

ASEPTOLIN A SUCCESS — CASES OF CONSUMPTION CURED IN PITTSBURG PENITENTIARY.

Aseptolin, the new cure for consumption discovered by Dr. Cyrus Edson of New York, is now being used to stop the ravages of tuberculosis in Pittsburg penal institutions.

At the western penitentiary, where many convicts have died from consumption, the new cure has been tried with amazing success.

The physicians have kept the matter a secret until they could see what effect the new treatment had.

The three prisoners on which it was tried, John

Caler, Charles Reynolds and John Couts, are all long term men.

Caler has been a consumptive for a year, and was sent to the hospital to die. One day he read about Dr. Edson's experiment and offered himself to the prison doctors to see "if there was anything in it." On February 12 he received the first injection of fifty minims.

There was no improvement until the end of the first week. Then his whole appearance began to change, and he breathed easier. He is now receiving 150 minims at a single dose daily. He has taken twenty-eight injections.

The doctors are positive of a permanent cure, as Caler says he never felt better in his life.

The other two men are also improving.—*Post.*

STUDENT PHYSICIANS.

There never has been a time in the past, and as long as the world continues to occupy its present relation to the universe, there undoubtedly never will be a time in the future when a certain class of people will cease to seize every occasion, whether seasonable or inopportune, to discuss their aches and pains, to enter into every detail of their bodily ailments real or imagined, and to seek sympathy from friend and stranger. In fact it would almost seem as though the chief object in life of many people was to envelop those with whom they come in contact with the same melancholy mental chord in which they apparently take so much pleasure. They are like the lady who, having been feeble from infancy, was accustomed to reply to the inquiries of friends as to the state of her health, "I am almost dead, I thank you." Every physician meets more or less persons of this variety, and they are the kind of patients who cause the best of the profession to tear their hair and wish they had never been born. They are incurable and incorrigible. Their constant source of comfort seems to be the fact that they have tried many physicians, and that none of them have helped them permanently.

To these people a medical student seems to be an excellent object of attack. It matters not whether he is a Senior or a Freshman. The fact that he is studying medicine is sufficient to convince them that a recital of their troubles with the varied symptoms and treatments will not only be of intense interest to him, but will also be a great educational advantage and give him a rare opportunity of observing the practical application of the principles which he is studying. They discuss their cases with the ardor and precision of a professor of anatomy, not fidgeting the minutiæ of the smallest subdivision of one of the main divisions of their subject.

This, then, is one of the classes of human beings with which the medical student has to deal, and while he may not be asked to prescribe, yet he must devote some of his more or less valuable time to some of its members. But ignoring these chronic cases, it is unquestionably a fact that a medical student bears a peculiar relationship to those about him. May I not term his position that of an embryo physician, or as the subject has it, a "Student Physician?"

His relationship to the world at large is peculiar in many ways. Although he may be only a High School graduate, he is looked upon as an authority in cases of doubt. In addition to his supposed ability to correctly diagnose any pathological condition to which flesh is heir, he is considered an "Encyclopædia Britannica of twenty-four volumes bound in calf," from whom information may be obtained upon any subject and at a moment's notice. Moreover, his friends and acquaintances are constantly asking him for his opinion as to the causes of certain pains or aches, and what is good for the same. Persons who have never thought of mentioning any physical derangements before, now confidentially give him an insight into their condition and seek his advise. Others talk with him on subjects which are never discussed in the social circles of life, and he begins to be a partner in the innermost secrets of human lives and to occupy the position which gives him the key to happiness and misery.

It is this increasing familiarity with certain subjects not only in the line of his studies, but also in

his social environments, which is quite apt to lower the moral tone of the student physician. His constant dwelling upon these things in his studies tends to keep his mind active along the lower lines of thought, to the exclusion of higher and nobler ideals. He finds enjoyment in stories and discussions which were formerly distasteful to him. He becomes a slave to his lower nature, and in too many cases a moral failure, if not a physical law-breaker. It is an indisputable fact that the student, as well as the physician, can ill afford to allow himself to be thus debased. While it is essential that he study matters which are to the laity like a closed book, it is not necessary for him to permit the finer sensibilities of his nature to be blunted or to lose his self-respect. On the other hand, the position of the professional standard depends to a greater or less extent upon his moral standing as a student and prospective physician, while indeed his reputation as a scholar is also greatly influenced by his mental condition.

It is not the purpose of this article, however, to deal with the subject of ethics, but its design is to impress upon its student readers the thought that medical students are regarded by the laity in general as but a step below the full-fledged physician, and that acting upon this idea, which is to some degree a correct one, they begin to roll upon them the burden of responsibility which in a few years is to rest upon them so heavily. Whether it be the chronic complainer or the friend in need, the student physician, realizing his position, should endeavor to so control himself as not to fall below his conception of an ideal physician.

MEDICAL MEETING NOTES.

One of the speakers at the February Medical Meeting said that the time would come, and that in the near future, when medical schools would have to give instruction in gymnastics and physical culture to their students, in order that the students, after graduation, might be able to intelligently advise their patients in the matter of physical culture.

The importance of this branch of medical instruction can hardly be over-estimated. The true mission of the physician is not merely to heal the sick, but also to give such advice and counsel to the healthy as to enable them to maintain their health and strength. And there is no more important factor in this, to the average person of sedentary habits, than systematic exercise intelligently prescribed and carried out. It is very easy for the physician to tell his patient to get a pair of dumb-bells or a health-lift, and use them, but it is a far different matter to give intelligent advice as to their use. Too much exercise, taken at improper times, under unfavorable surroundings and irregularity, will often do more harm than good.

And to bring the matter nearer home, exercise is of the utmost importance to the physician himself. Take the average general practitioner, how much systematic exercise does he get? He walks a variable amount each day, he drives more or less; outside of this, his body gets no attention whatever, and more often than not, gets more abuse and ill-use from late hours, hasty meals, worry, lack of sleep, etc. Now it is an undisputed fact that a man can do more and better work with his brain if his body is in good condition. Ergo, it behooves the doctor to practice, in his own case, what he prescribes for his patients, and inform himself so that he can intelligently instruct his patients when they come to him for advice on this all-important matter.