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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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The editors will not be responsible for opinions of contributors.

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

The Student will be sent until ordered to be discontinued.

Editorials.

Be it far from the purpose of The Student to start the year with excuses, but changes in the business management and unforeseen circumstances have delayed the issue a few days. It is with keen regret that we announce that Mr. Allen has been constrained to resign as business manager on account of his already large amount of extra work. Mr. Allen has labored faithfully and successfully for us through the summer, converting a large debt into a small margin, and our only regret is that he is unable to complete the work so well begun. The Student appreciates what has been done by him. Now as to the future. We want the support and coöperation of all. We expect to make mistakes, and oftentimes to be open to criticism; and who is not? We can hardly expect to please all our subscribers with each article of every number. We shall endeavor to do our best by you, and all we ask is the same from you. Criticize us freely if you will; talk to us candidly if you have suggestions to offer; contribute liberally and often to our columns, and take an interest in our prosperity. Mr. Hayford has been elected senior business manager, and we think we can safely promise that this year there will be no delay in the delivery department. The Student is published in the city for the first time, and we expect that will do much to obviate the complaints of last year. If for any cause you fail to get your copy, go to the library and obtain one of Miss Hanks, and speak to Mr. Hayford, who will see that it does not happen again.

"Taken by mistake." These words form a prominent clause in several notices which have already appeared upon the bulletin boards of the school,

posted by distressed students who have lost track of some of their goods and chattels. They are familiar words — familiar because so frequently read last year — and may it be possible that they express an untruth? It is unpleasant to admit that there is anyone in the school who would make a practice of robbing their fellow students, but it is just as disagreeable to be relieved of several dollars' worth of property, either at one fell swoop or on several occasions. In view of the experiences of last year, it is perhaps advisable to warn the members of the school to take care of their valuables, and not place a temptation in the way of any weak-minded individual. Mark your property carefully and then hold on to it. We sincerely hope that there will be no need of saying or doing anything desperate. Meanwhile we may keep our eyes open to good advantage.

Our readers will notice on another page, a column entitled "Half Hours in the Library." This is especially designed to aid students in selecting something to read when they have but a few minutes for reading. There are many very interesting articles that students would be glad to read if they knew just where to find them. These articles often escape entirely from the notice of a student, or if he finally comes across it his time is so nearly exhausted that he can but scan the article, or give it at best a very hasty reading. The Student aims to point out a few which we hope may be interesting to students who are limited in time, and wish to make the most of their few minutes each day. Those mentioned are only a few of the many good things to be found in the magazines. If the column thus prepared serves to direct students in their reading, so that the habit of regular magazine reading be formed, the highest hope of The Medical Student will be realized. When we know that some of our ablest men give to us in this brief style their best thoughts, which are the outcome of many years of experience and study, we are certainly aware of the importance of this special department of the library.

Again it is noticeable that our most skilful physicians are the closest readers of the best magazines. If they are benefited, and in this way are refreshed and invigorated, is it not most conclusive that it must be beneficial exercise for students?

The magazine table is generally quite neglected in the hurry of student life, and thus many miss this means of broadening, and of becoming acquainted with the outside world, which we shall all need to know, and know well, one of these days.

We are glad to note that the city fathers have at last decided to replace the cobble stones in front of the dispensary with asphalt paving. The amount of discomfort and annoyance which has been caused by the noise of heavy teams rattling over the cobble stones is no trivial matter. Many times it is impossible to hear ordinary conversation in the rooms which front on the avenue. Very frequently operations have to be suspended in the chest department because it is impossible to auscultate and percuss on account of the noise. And the next internes may thank their lucky stars that they will not have their morning slumbers aroused, after they have been out all night assisting in adding to the census of Boston, by a milk-wagon and dump-cart symphony, played on the cobble stones outside their windows. We presume that by the time the class of "noughty-nought" gets ready to make use of the dispensary privileges there will be a maternity connected with the institution, an ambulance service for accident cases, and new and palatial accommodations for the internes.

A person remaining in the school building for any length of time would be surprised at the variety of bells and frequency of ringing. We have been asked repeatedly by the students what they meant, and some of the professors have exhibited considerable curiosity on the subject. An electric bell rings at ten minutes and again at five minutes before the hour, and on the hour. This is to prevent professors from stealing one another's time. The other bells and gongs are connected with various parts of the

building, and are used to call the janitor or his assistants.

We take occasion thus early in the year to call attention to our advertisers. The Student has aimed to secure only reliable firms, and as such we can heartily recommend them to you. It is their coöperation which makes the publication of The Student possible, and we owe it to them to give them our trade, other things being equal. Patronize them as well as they patronize us, for this is a case of live and let live.

General Contributions.

POISONING BY PLAYING THE FLUTE.

At the recent meeting of the Massachusetts Homœopathic Medical Society, there was contributed a paper by Dr. J. Heber Smith, entitled "Poisoning by Playing the Flute."

In speaking of this case Dr. Smith says:

"The Cocus-wood, or Grenadille, of Cuba and South America has for many years been employed for the manufacture of flutes. Of all known woods, it is no doubt the most suitable for flutes, and it is now almost exclusively used. It gives a splendidly brilliant and powerful tone, and as the wood appears to be somewhat mollified by age and use, its tone becomes more mellow and flexible. It is an extremely hard and resinous wood, and being therefore peculiarly non-absorbent, it retains its form under the influence of heat and moisture better than any other that has ever been tried. But the variety obtained from Jamaica is denser and more liable to splitting.

"There is most trustworthy testimony from Germany, England, and America to the fact that Cocus-wood and no other material is found by certain susceptible flutists capable producing serious irritation of the lip, necessitating the use of a crescent-shaped silver or gold lip-plate, shellacked to the mouth-hole of embouchure.

"I am informed that, among others, Mr. G—— B——, a much appreciated flutist here in Boston, was thus poisoned, and suffered more or less inconvenience from it for three years. He is now compelled, I am told, to use a silver lip-plate. Mr. W—— R. G——, the well-known player and teacher, cites an instance of one of his own pupils, a woman, who suffered from Cocus-wood poisoning.

"Feb. 20, 1894, an interesting instance of poisoning by this wood came under my care in the case of Mr. W—— H—— of this city, a devoted flute amateur. He had been suffering for many weeks with an obstinate swelling and redness of the lips, on which were many patches of inflamed skin covered with watery vesicles. These were easily broken, but their rupture gave no relief of the soreness.

"Suspecting the cause, Mr. H—— had used oiled silk, gold-beater's skin, and several other coverings for the mouth-piece of his flute, yet the irritation had continued. To my suggestion that he had best sell the offending flute, a costly imported favorite, he replied, 'Not for a thousand dollars. It is the greatest pet I have, next to my wife.' Besides, he had been assured by his teacher that the wood might lose much of its virulence after it had aged. Believing the inflammation to be purely local irritation from the cause suggested, on account of its persistent reappearance, I prescribed the topical use of a wash of the nitrate of lead, in water, 1-2000 solution. After but a week of its use he was entirely relieved. All the while he practised three hours daily, but kept oiled silk upon the head-joint of his flute, as a precaution against further poisoning. March 4, as an experiment, he removed the oiled silk, and practised one hour with his lip in contact with the subtle Cocus-wood. The following evening his lip was swollen, extremely red, and three large blotches appeared, covered with vesicles. Immediate relief followed the application of the nitrate of lead wash, and in two days the lip was well.

"Dec, 15, '94, Mr. H—— reports as follows: 'I have been experimenting again to establish the fact of flute poisoning. I have been entirely free from inflammation of the lip since last spring. But last Wednesday evening I removed the oiled silk, and practised with lip in contact with the flute. Result: a beautiful swelling which I am now endeavoring to reduce with the wash.' It is of interest to note that he had suffered a precisely similar experience, from a like experiment, the previous April.

"But early in the month of October, '95, Mr. H—— reports entire exemption from his trouble, since experiment of last December. There can be no reasonable doubt that this freedom from lip irritation has been due to the fact that he has been using a permanent silver mouth-plate, shellacked to the embouchure of this mordacious pet.

"It should be placed on record, herein, that Mr. H—— is of robust appearance, rather sanguine temperament, forty-six years of age, and that he has enjoyed good health from early youth. It should be noted, however, as possibly accounting in some degree for his extreme and unusual susceptibility to the emanations of the Cocus-wood, that once he suffered from slight eczema at the age of nineteen. The affection was confined to the fingers of the left hand. He was cured by a course of Fowler's solution of arsenic.

"In closing, permit me to call attention to the ethereal tenuity of the emanations from this polished and durable wood, how subtile, and yet as individual as the stroke of a scorpion. Again, is not this an entirely patent example of

the value of certain drug-provings, even though the symptoms be obtained by but one prover in a score, with all the rest exempt? To what shall we compare the human organism, for refinement of adjustment? As in music, it would appear of these bodies of ours that the smallest curves of external accessory vibrations are superposed on the larger ones, and every influence, though apparently simple, is in effect a system and an assemblage of an infinity of partial impulses that compose a total in which no confusion is remarked. The principle of life can select, does select, the pulse of these undulations with which it is able to vibrate in unison and from which, constructing as it were a free aerial reed, it raises them to the dignity of harmonies immortal though often unheard."

VIVISECTION.

Newspaper enterprise is a wonderful thing and, according to the modest admissions of the average daily paper, there isn't a good thing of any importance brought to pass except through the timely and untiring efforts of the staff, editorial and reportorial, of the aforesaid average daily paper.

Of late some newspaper enterprise has been at work on the subject of the course in the physiological laboratory of our school.

Purported interviews with alleged students were published and a most edifying hodge-podge presented, for the purpose of at once and for all dealing the final death blow to the practice of vivisection, which should then count a big star in the crown, self-placed, of the enterprising newspaper which started the game.

For the honor of the school we hope there has been no student disloyal enough to make criticisms to outside parties of the accepted curriculum of the school. To be sure, at first students may be ignorant of the benefit to be derived from some of the work, but having entered the school, and by that tacitly acknowledged the wish and ability of the faculty to give direction to their work for the four years' course, it is the least they can do, if some things are unsatisfactory and inexplicable, to suspend judgment and avoid telling tales out of school until they are sure of what is best for a physician's training.

Queerly enough, even the most potent, grave and reverend seniors don't always know what is best for their instruction, and they have left the physiological laboratory long weeks ago, so those in the midst of it all perhaps may not feel lonesome if we suggest they will think better of it by-and-by.

In no part of the medical course does the attitude of the student toward his work mean so much as in dissection and physiological work. If on entering the dissecting room a student allowed himself to think of what he was really about to do, instead of being imbued with the feeling of what he would gain by his work and the necessity there is that it be done, it is doubtful if any of us are sufficiently hardened to all sensibility of right as to make the first cut with the scalpel. So it makes all the difference in the world as to the moral character of our acts according to the motive. We admit the dissecting room is repulsive in the extreme till we put ourselves entirely on a different plane, and then the horror fades away to nothing in the interest of learning the wonderful mechanism of the body.

One of the foremost scientists of the world declared some time ago that every discovery in the physiological field of any importance during the past quarter of a century was due to vivisection. This was stated during a controversy between those who considered vivisection necessary and those who thought it immoral; a discussion participated in by those who are so far superior in mental weight to the average enterprising reporters who have rushed in to this subject, that we would fain beg their pardon for mentioning the reporters on the same day.

The subject has been discussed time and again. Anti-vivisection societies have been formed, but, strange to say, the members of the societies are always ready to have the benefit of the skill of the physician that is due to vivisection.

It seems superfluous to attempt to give any reasons why vivisection is necessary, though to us they seem quite sufficient.

No one pretends to enjoy the process, *per se*, but there is a great deal in a physician's work that is repulsive but which *must* be done for the good of suffering humanity.

As students of the Medical School, if we don't like dissections, or surgery, or physiology, or zöology, or other things, don't let us air the matter in a sensational newspaper, which will forthwith begin to meddle with that of which its reporters know nothing and lack the training to set it in the correct light before the public, which is long suffering enough. Be brave enough to talk straight to the faculty about it.

HOMESICKNESS.

It is said that there are three kinds of sickness which are very distressing while being endured, but which seldom terminate fatally, namely, seasickness, lovesickness, and homesickness. As a rule, medical students are affected by neither the first nor the second. This is undoubtedly accounted for by the fact that their time is so fully occupied that either a sail on the briny deep, or a cruise on the silvery lake presided over by Cupid, is practically an impossibility. However, do not understand me to say that they are imperviable, for we have examples in our very midst of those who are suffering from acute attacks of the second named difficulty; but as both the old and the new school admit that it is generally incurable, it will hardly pay us to dwell upon it. The third named disorder, however, is so serious, and at the present time so prevalent, that it may not be amiss to consider its causes, symptoms, effects, and treatment, as a word in time may save nineteen or twenty, and if we hope to successfully cope with the intricacies of our chosen profession we must be free from all micro-organisms of that character.

First as to its causes. If you are not in a position where you are susceptible to such experiences, I will ask you to imagine a young person who has left a distant home, either in the country or a city — and by home I mean all that the word implies — and who has come to Boston to attend our school. He procures a boarding place and, having determined where he will live, settles down into his new life. And it is certainly a new existence. Relatives, friends and associates are all beyond his reach. He is surrounded by people and yet he is absolutely alone, a stranger in a strange city. In the crowds which pass him on the street there is not a familiar face. Even at school everything is strange and all are strangers. The novelty of his surroundings may keep up his spirits for a time, but sooner or later his thoughts will turn toward home, a sense of loneliness will creep over him, and almost before he realizes it he is thoroughly homesick. He endeavors not to give way to his feelings and to put on a bold front, but the disease has a firm hold and there is no use in denying the fact. And, indeed, is not the cause sufficient? Who could withstand such an attack under like circumstances? Even if there are friends or acquaintances to fall back upon, human nature will assert itself and trouble will come.

The symptoms of a spell of homesickness, or, in common parlance, "the blues," are quite evident. Our friend cannot relish his food. His slumbers may be affected and he cannot study. He tries to become interested in the subject of bones, but it is dry and uninviting. It is impossible for him to concentrate his mental faculties on anything but his miserable condition, and he is almost tempted to give up and go home. If it be a young lady, the lachrymal glands are apt to be affected and profuse discharges of tears occur. Indeed, this symptom is not confined entirely to the gentler sex, but may be considered a usual accompaniment of the malady.

As to its effects upon the sufferer it may be only necessary to state that they are very distressing and depressing. The patient may be apparently in a state of *totus lapsus mentis*, and all efforts to arouse him seemingly unavailing, or he may appear quite like himself to those with whom he comes in contact and yet be almost a complete mental, moral, and physical wreck.

It is evident that a student, and especially a medical student, who is suffering from such an attack must have immediate attention, as the least hindrance in the commencement of his work is liable to cripple him to a greater or less extent throughout the entire year. As with every disease, a great deal depends upon the person affected. He may recover almost

immediately and with apparently little evil effect, or the disease may leave deep scars which will be evident for months. In treating cases of this description I have invariably found it useless to advise the patient not to think of home, for he cannot help himself. On the other hand, I have endeavored to get him to consider what a privilege it is to attend such a school and the possibilities which are within his reach of making himself a benefaction to those about him. This mental massage, used in conjunction with a few doses of the first potency of friendship, has proved very successful, and I believe is the only sure cure for homesickness.

W. T. L., '98.

BRANDT METHOD.

One of the most famous gynæcological masseurs of the world has passed away within a few months, namely Major Marten Thure Emil Brandt, K.S. He died in Sodertelge, Sweden, on Aug. 5, 1895, aged 76 years.

At the age of 18 he was breveted lieutenant in the Swedish army, then rising till he became major. In 1863 he was made a Knight of the Sword, and two years after he left the army and devoted himself to Medical Gymnastics.

He is especially famous for his method of internal massage, in which he achieved marked success.

Books published by Brandt are "Uterine Diseases and Prolapses treated by Medical Gymnastics," in 1864, and "Gymnastics as a Remedy for Female Pelvic Diseases," in 1884.

SOME THINGS MRS. JENNESS MILLER SAID.

Several weeks ago, Mrs. Jenness Miller lectured in Association Hall, Boston, on subjects connected with health and hygiene.

Speaking of the care of the hair, she said she had a good deal of sympathy with the woman who would put some one's else hair on her head rather than go without hair.

But she would as soon have a woman bald as short haired. (So would the editor, especially if the woman belongs to the profession.)

Thirty or forty years ago, people had much better hair than is common nowadays, because it was the custom to use bear oil or beef marrow on the hair, and this fed it and kept it vital. Since the fashion of crimping the hair came in, the use of oil has gone out.

According to the preparation seen under the microscope, hair has three layers; the outer one of scales which overlay, the next containing pigment granules, and the inner which provides the oil for nourishment.

By microscopical examination, it can be seen if the pigment is becoming exhausted, and if so, it may be renewed and gray hair prevented.

Almost anyone can by treatment of the hair have good, vital hair, if he will take the trouble to see that the inner layer of nutriment is renewed.

A brush should never be used to stimulate the scalp, for it irritates it instead. A brush is to remove extraneous dirt, and should be selected for that use. It should have such bristles as will go between the individual hairs and take off the foreign matter.

To treat hair intelligently, don't wash oftener than two or three times a year. Give the hair plenty of air and sunlight.

To clean it and really stimulate the scalp, go all over the head, lifting the locks of hair, and with the finger tip (not the nail) loosen the dandruff. Then brush the loose dandruff from the hair, taking the brush through the entire length of the hair shaft, and avoiding contact with the scalp.

A cloth, dampened somewhat, is now used to wipe the strands of hair, and after it is all done, there is quite as perfect cleansing as by ordinary washing, and no injury done. This applies to hair in vital condition.

If the hair is not vital, once in two months, wash it with a pure bland soap, making a lather with warm water, but never touching the soap to the hair.

With the lather and tips of fingers, go over scalp and then the hair shafts; rinse several times and dry with towels and sunshine. Never dry with artificial heat. Then rub into the roots, only, a little beef marrow or bear's grease.

The condition of the nervous system affects the condition of the hair, so keep the general system in good trim. Getting rid of corsets and heavy bands about the waist, etc., will act reflexly on the hair.

Men get bald, even if they do not wear corsets, because they are continually sousing their heads in water, using brushes as regular Indian club exercises, wearing hats so constantly, and then running to the barbers for a hair tonic, of which the barber and the victim know nothing.

To test the vitality of the hair, select a fine hair here and there on the scalp, pull it out quickly, and inspect the end. If there is a gelatinous bulb at the end, your hair is all right. If there is a hard knob on the end, your hair is in bad condition.

Dandruff is more plentiful on the heads of those who use their brain much. (!) Those who live out of doors are not much troubled in this way.

Civilized people won't sleep on pillows in the future days.

MALARIA AND ITS DIAGNOSIS.

FREDERICK F. STRONG.

The term malaria is applied by many physicians to all conditions characterized by intermittent and uncertain symptoms. As many diseases are ushered in by phenomena of this description, malaria has been made to cover a multitude of evils. When at loss for a diagnosis, the physician frequently falls back upon this "old stand-by," and consequently we often hear of pneumonia "running into" typhoid, pneumonia, tuberculosis, and so on. On the other hand, cases of genuine malaria are frequently mistaken for other conditions — especially typhoid — and the consequence of such diagnostic errors are most unfortunate.

The researches of Laveran, Celli, Machiafava, Dameluoski and others have removed the cloud of obscurity which formerly surrounded this subject, and the term, malaria, is, at present, restricted to a certain class of well defined symptoms resulting from the presence, in the blood of the patient, of a specific, parasitic micro-organism.

The latter is not classed with the bacteria, but is a primitive animal organism belonging to the sporazoa. (The latter class includes those species of uni-cellular animals which reproduce by splitting up into a number of small bodies called spores, each of which ultimately becomes a mature organism.) The malarial parasite is chiefly characterized by its microscopic size, and by the fact that, during the greater portion of its life cycle, it exists as a mass of formless protoplasm known as a plasmodium. Several varieties of this parasite have been observed, but only two are met with in this country, i.e., the parasite of tertian and that of quartan ague. They are comprehended under the single title of hæmamœba malariæ. The life history of this parasite is quite simple. In its earliest stage it exists free in the blood stream as a small spherical body, provided with a delicate, whip-like filiament known as a flagellum, which enables it to move among the blood corpuscles, one of which it finally penetrates. In this stage it is quite similar in form and motion to a spermatozoön, except that it is much smaller than the latter and does not possess a nucleus. It penetrates the blood corpuscle in much the same way that the spermatozoön enters the ovum; and its flagellum is then absorbed, like the "tail" of the former. At this point the analogy ceases; the parasite enters into its "plasmodium stage" and increases in bulk at the expense of the invaded blood disc, until it becomes from ten to twenty times its original size. In assimilating the substance of the corpuscle, the parasite throws off the iron of the latter, which it cannot use as food, in the form of a pigment known as melanin, which collects around the plasmodium in minute, rod-like granules. When the invaded blood disc is reduced to a mere shell, the parasite assumes a globular form and divides into a number of small bodies, which are discharged into the blood as the flagellated organisms first described.

The discharge into the blood of a "brood" of these bodies, which are called spores, marks the appearance of the febrile symptoms, the attack subsiding when the newly formed organisms have invaded a fresh series of blood discs. The fever-free or apyrexial period corresponds to the interval required for the development and segmentation of the intracellular parasites, the organism of quartan requiring a day longer than that of tertian ague. In quotidian fever, we have simultaneously in the blood several distinct broods of the quartan parasite, maturing at intervals of twenty-four hours. The "Roman" fever, which occurs only in Italy, is a form of malaria in which the duration of the apyrexial period is very irregular. The half-moon shaped parasites, of which illustrations are frequently given in text books, are the cause of this variety of palludism.

Method of Examination of the Blood for the Parasites of Malaria.

The blood should be obtained, preferably, a few hours be-

fore a paroxysm is expected, as the parasites will then be at their maximum size, and may, in consequence, be recognized with much greater facility. If the blood be taken at, or just after, an attack, the parasites will then be so small as to frequently escape detection. The flagellated organisms are seldom seen in ordinary diagnostic examinations, it being necessary to employ special methods of staining in order to render them visible. In cases of quotidian ague the various stages in the life cycle of the parasite may be seen in a single preparation.

The blood may be taken from the lobe of the ear or from the end of the finger, by means of a triangular needle. A clean cover-glass, held in a pair of forceps, is lowered until its under surface just touches the exuding drop of blood, when it is quickly raised, and gently placed upon a second cover, so that the adherent drop spreads out into a thin film between the two. This should be done in such a way that the glasses will overlap each other slightly, so that they may be quickly drawn apart as soon as the film is complete. They are then placed face upward until dry. (If the films are not completely dry in thirty seconds, too large a drop of blood has been taken.) The entire operation should not require more than a minute, it being of especial importance that the cover-glasses should remain in contact only for an instant, otherwise coagulation occurs, and when the glasses are drawn apart, the corpuscles will become entangled in and distorted by the network of fibrin filiaments which has formed around them. It is also important that the covers should be separated by a quick sliding movement in a direct line, otherwise distortion will occur. While the process is extremely simple, it requires considerable practice to obtain uniformly even films in which the corpuscles retain their normal shape. When dry, the preparations may be preserved indefinitely without fear of their deteriorating; or they may be stained at once. Each cover-glass is first passed three times through a flame in order to coagulate the proteids, and thereby cement the film to the glass. It may then be floated upon the staining fluid; or a few drops of the latter may be applied directly to the film of blood. For purposes of diagnosis, it is sufficient to stain the preparation several minutes in Löffler's Alkaline Methylene Blue Solution, or in an aqueous solution of Methyl Green; but in order to properly differentiate the various elements of the blood, the following method is recommended.

A few drops of conc. alcoholic eosin are applied to the cover-glass, (which is held in a pair of forceps) and immediately washed off with a little 80 per cent alcohol, followed by a stream of water. It is then immersed in Löffler's Alkaline Methylene Blue Solution for not more than a minute; then washed thoroughly in distilled water, allowed to dry in the air, passed once over a flame and mounted in balsam. Heat should not be employed to hasten the drying of the film of blood.

As a rule, the parasite of malaria may be readily detected with a ⅛ American or No. 7 foreign objective; but an immersion lens is needed to bring out the minute details of its structure. In a case of moderate severity, the infected corpuscles will be found in about the proportion of one to one thousand normal discs. In extreme cases, nearly 50 per cent of the cells may be infected; and on the other hand, the writer has met with instances where only one or two parasites could be detected in an entire preparation, although the general malarial symptoms were well marked.

On examining a slide of malarial blood, the attention of the observer will be attracted to the infected discs by the sharply defined pigment granules which usually surround the individual parasites. The plasmodium will usually appear as a bluish green mass with an irregular outline, generally situated near the centre of the corpuscles; in some instances several of the parasites may occupy the same cell. The body of the infected corpuscle usually stains a deeper red than the normal discs, which appear of a bright pink color. In the blood of most cases of malaria, large numbers of small circular bodies of a pale violet color may be seen scattered among the discs, and are frequently mistaken for the plasmodia. These are the "blood-placques" or "plattelettes" of Bizzozero, and may be distinguished from the parasites by the fact that they never stain a distinct blue, and are not found inside the blood discs.

If the blood be taken just before an attack, cells will be seen containing parasites undergoing segmentation. (Spore formation.) According to the descriptions in most of the text books, the parasite assumes a circular form, the pigment granules collect at the centre, and the organism divides into a number of radial segments like the petals of a daisy, or the pieces of an apple pie when it is cut to "go round" a large family. While this so-called "rosette" formation may sometimes be actually seen, in by far the greater number of cases what is known as artypical segmentation will occur; instead of a regular division into sectors, the parasite divides into a number of ovoid bodies, the mass resembling the morula stage of a fertilized ovum, or the lobed appearance seen in a blackberry, the newly formed spores being outlined by the melaiun granules, which arrange themselves in the chinks between them. In tertian ague, the number of segments will run from sixteen to twenty-four, while in quartan and quotidian rarely more than eight or ten are seen. In all cases of malaria the proportion of the lencocytes will be found to be increased, especially the small lymphocytes and the neutrophile cells. The former cell may be confounded with a mature parasite, but the absence of melaiun granules in the lymphocyte will serve to differentiate the two.

If impure methylene blue be employed, or if a trace of methyl violet be added to the Löffler's Solution* used in staining the blood, the observer may occasionally discover a

cell consisting of a pale blue nucleus surrounded by a layer of large granules which stain a deep violet color. The granules are about the same size and shape as those seen in the eosinophile lencocytes, except that in the latter case the granules have an affinity for acid dyes, and therefore assume a red color from the eosin; while those first described have an affinity for basic stains, and therefore absorb the methyl violet. They are therefore called basophile granules and the cell in which they occur is known as the mast cell. The latter is a variety of lencocyte which occurs normally in the blood of birds and reptiles, and in human connective tissue. According to Ehrlich and others, this cell occurs in the blood of man only in cases of the rare disease, leukæmia; butin a series of investigations, the results of which have not as yet been published, the present writer has demonstrated its presence in the blood of cases of chlorosis, sarcoma, and malaria. It is a point of considerable interest that whenever this cell occurs in human blood, the blood platelets are markedly increased in number. These two facts possess a most important diagnostic significance, as will be shown in the article to which reference has just been made.

The few hints given above ought to enable anyone who has access to a microscope to make an accurate diagnosis of malaria by examining the blood. A number of cases of malaria have been examined at the hospital during the summer which have afforded some very beautiful preparations of the various forms of the parasite. The writer will be very glad to show these to any who may be interested in the subject.

In the last number of that profoundly scientific journal, *The Medical Brief*, (and indeed the authentic medical information contained therein is exceedingly brief) it is stated, under the heading of "A Prevalent Mistake," that Laveran and his co-workers had mistaken the nuclei of the white corpuscles for parasites of malaria. It is evident that the author of the above statement had never seen a white corpuscle or a malarial parasite. The diplomatic editor gives the name of a physician in Hyderabad as the originator of the above idea. People who dispute scientific facts in this way always happen to be in India or at the North Pole, or in some place equally remote from civilization. However, although there is a humorous side to such publications, it is unfortunately true that many who read articles of this nature accept them as absolute facts. No opinion should be formed on any subject until a personal acquaintance with the evidence both for and against the matter under consideration has been obtained. It is superfluous to add that the unsupported statement of a man in Hyderabad — or in Boston, either — does not constitute evidence.

*Löffler's Alkaline Methylene Blue is prepared as follows:
a. Sat. alcoholic solution of methylene blue 30 c.c.
b. Sol. caustic potash in distilled water (1: 10,000) 100 c.c.
(In order to stain the "mast cells"—To ten c.c. of the above, add two drops sat. alcoholic solution of methyl violet.)

HAVE WE CHANGED?

THE almost universal idea seems to be that when a person commences to study to be a doctor, he must lay aside all tender feelings, every sympathetic sensibility and every tendency to gentleness; in other words, he must become heartless and fearless, ready to perform any deed either human or inhuman, and so callous that he can look upon any scene, no matter how pathetic or distressing, without a quiver or sensation of pity. The heartrending stories of vivisection, the creepy accounts of grave snatching and dissecting room experiences, and the air of secrecy which seems to surround a medical school and its devotees, are undoubtedly largely responsible for this condition of the public mind. Nor does this prevalent opinion have for its objects medical students alone; the medical profession as a whole is regarded in the same light by a great many people. Is the voice of the people the voice of truth in this instance?

We recall very distinctly the peculiar sensations we felt when for the first time we watched the keen-edged knife of the operator cutting the quivering flesh of a human being, and yet some who were the most affected are now assisting in the most difficult operations. The dissecting room was at first a gruesome place, but it soon lost its terrors and became no more than a workroom. Indeed there were students who shrank from handling human bones, who shivered as they looked upon the specimens in the museum of the school, and who shed tears when they first pithed a frog, but who can now appear unmoved among the most disagreeable surroundings. Have their hearts turned to stone? Are their sensibilities so blunted that nothing can move them?

It seems to me about as sensible to suppose that such must be the case as it was for the man who had both legs amputated by a railroad train a few days ago to ask the doctor if he should be lame for life. Medical students and doctors are still human beings, with the ordinary amount of susceptibility. It is not necessary to conclude that because they become accustomed to things from which others shrink, they

have no feelings. It is true that there are some who are incapable of sympathizing with anybody, or of appreciating another's condition, but this is a natural and not a professional defect, and such persons are a disgrace to the profession. There is a man in the state prison who has been there since he was a boy, simply because he so enjoyed seeing the sufferings of others that he not only made a practice of torturing animals but even included human beings in his fiendish manipulations. Such a man is a suitable companion for the class of persons to whom I have referred.

In view of the public sentiment on this subject it is not only desirable, but also extremely necessary, that we, as medical students, should do all in our power to correct this erroneous idea. We should not only do this by voice and pen, but by our conduct outside of the school as well. It is bad form, to say the least, for students to carry bones or other parts of human bodies about with them in view of the "world at large," nor is it better taste to discuss the scenes of the dissecting or operating rooms in the hearing of the uninitiated. The effect upon the hearer is usually unpleasant, and the tendency is to lower the standing of the profession. At the same time nothing is gained except the mere satisfaction (?) of watching the expressions of astonishment and horror on the face of the listener. If we expect to rely upon the public for our support when we write the word "doctor" before our names, we must have a care how we prepare that public for our advent.

RECEPTION.

Wednesday evening, Nov. 6, was the occasion of the reception tendered by the classes of '96 and '97 to '98 and '99. The reception was held in the dispensary, which was tastily decorated for the occasion by the efficient committee from the two upper classes. The patronesses were Mrs. Clapp, Mrs. Boothby, and Mrs. Turner, who received from eight to nine. Then the company had the pleasure of listening to a most excellent entertainment, the numbers of which were as follows: —

Piano solo, Miss Cullen.

Reading, Mr. Buckley.

Duet, mandolin and guitar, Mr. Strong and Dr. Smith.

Violin solo, Miss Wesselhoeft.

Zither duet, Misses Merrick and Smith.

Following the entertainment refreshments were served, and then the floor was cleared for dancing, which was indulged in by a large number of those present to a late hour. Tables for whist were provided in the side rooms for those who did not dance. We were glad to note the presence of several members of the faculty. It was a most enjoyable occasion and everyone seemed to have a thoroughly good time. We sincerely hope that this is but the first of a series of these pleasant occasions, which do so much to bind together in ties of friendship the members of the different classes. It used to be said of the Medical School that there was absolutely no social life here; that the different classes were strangers to each other, and that the interests of the school suffered to a certain degree as a result of this. This is certainly not true at the present time and the amount of social life is growing more and more each year We feel confident that this good work will go on, as the members of the lower classes show such marked interest in all the social functions.

CLINIC AT WESTBORO.

On Friday, Oct. 17, the senior class made its first expedition to Westboro. The weather was all that could be desired. Most of the party spent the time on the trip out in viewing the beauties of nature from the car windows, while others, we regret to say, repaired to the smoker and beguiled the time manipulating the seductive pasteboards. On arriving at Hospital Station, at 12.20 P. M. or thereabout, we found conveyances in which most of the fair members of the party were transported to the hospital, while most of the gentlemen, and one or two of the ladies, walked, — the gentlemen from necessity, and the ladies, we presume, from choice. We arrived

at the hospital about 12.30, and were there cordially greeted by Dr. Adams, the superintendent, and the other members of the hospital staff. The absence of four members of the class, whom we had expected to be present, was noticed with much solicitude, as they had been seen in the station just before the departure of the train from Boston, but while speculation was rife as to their whereabouts our fears were allayed by their arrival by special conveyance from Westboro. It seems that in their anxiety to get to the hospital they had taken an earlier train, which, unfortunately did not stop at Hospital Station. They said that Westboro was a very pretty place indeed, and that they enjoyed the ride from the town to the hospital very much, and advised us all to come that way in the future, but somehow their disinterested advice was not taken.

After half an hour spent in looking over the premises the call for lunch was sounded and we were ushered into the dining-room where coffee, milk, bread and butter were provided, which with the viands brought from Boston, made a most acceptable lunch. The class did full justice to the good food provided by the hospital, and one member appreciated the butter so fully that he ate it on everything, and was even heard to call for a glass of buttermilk. After lunch the time was spent in investigating the place, including the apple orchard, until two o'clock when we assembled in the chapel where the clinic was held by Dr. Adams. Here patients were brought before us to illustrate the different phases of the subject under consideration, which was melancholia.

After the clinic the ladies were shown over the female wards, and the gentlemen over the male wards, also the kitchen, laundry, workshops, etc. The most striking thing about the hospital is the absolute cleanliness and neatness which prevail everywhere, and there is a marked absence of the unpleasant features which are usually associated with, and found in, hospitals of this nature. The location of the buildings is a most beautiful one, they being situated on quite an elevation overlooking lake Chauncy and the town of Westboro. Fine views can be obtained from nearly every part of the hospital. It seems as though the insane ought to receive benefit in such a place as this if they can anywhere. Another thing which was most noticeable was the cordial way in which the class was treated by everyone connected with the hospital.

At 4.45 conveyances were ready for the trip to the station, where the time before the arrival of the train was spent by some of the party in the lively and interesting game of "duck," at which game some of the staid and respectable members of the class particularly distinguished themselves by their agility. At 5.19 we took the train for Boston, arriving there in good season, and all agreed in declaring the first expedition to Westboro a decided success and a most pleasant and profitable time.

Where we Live.

POST-GRADUATE CLASS.

Theodore Gomez, M. D., 683 Massachusetts Ave.
Lena Eliza Hitchcock, M. D., 629 Tremont St.
Laura Müller, M. D., 49 East Newton St.

SPECIAL STUDENTS.

Mary Albina Palichick, M. D., South Boston.

FOURTH YEAR CLASS.

Allen, Edward Everett, 82 High St., Charlestown.
Amsden, Henry Hubbard, Homœopathic Dispensary, 750 Harrison Ave.
Barney, Jennie Sarah, 36 East Springfield St.
Burpee, Carroll Colby, 59 Pleasant St., Malden.
Byington, Helene Cleghorn, 48 East Springfield St.
Cobb, George Herbert, 556 Columbus Ave.
Cohill, David Young, Roxbury Dispensary, 1224 Tremont St.
Corey, Harry Sanborn, A.B., Homœopathic Dispensary, 750 Harrison Ave.
Dews, Frederick Gifford, 123 West Newton St.
Ford, Mary Etta, 48 East Springfield St.
Gould, Chester Harlow, 71 Worcester St.
Hayford, Herbert Scott, 664 Massachusetts Ave.
Hodsdon, Walter Grant, 556 Columbus Ave.
Hoskins, Bertha Ladd, 305 Nash St., Brookline.
Kenney, Hattie Eliza, 40 Berkeley St.
Klein, Wilhelmina Agnes, 2 Rutland St.
McGovern, Catherine Elizabeth, Homœopathic Dispensary, 750 Harrison Ave.

Miner, Jennie Theodate, 43 East Newton St.
Montague, Charles Elbert, A. B., 71 Worcester St.
Morse, Harry Martin, 29 Worcester Sq.
Mulliner, Mary Rees, 156 West Newton St.
Mulholland, Mary, 43 East Newton St.
Nesmith, Edwin Clarendon, 470 Massachusetts Ave.
Newton, William Curtis, Crescent Beach, Revere.
Parmenter, Kenneth Raymond, 13 Rockville Pk., Roxbury.
Patterson, Alice Zelia, 66 Linden St., Everett.
Pearce, Mary Alice, 47 East Newton St.
Phillips, William Converse, 32 East Brookline St.
Robbins, Frederick Carver, 2 Boutwell Ave., Dorchester.
Skelton, Grace Evelyn, 29 G St., South Boston.
Soule, William Lamson, A. B., Consumptives' Home, Dorchester.
Swope, Dalva Hamit, 664 Massachusetts Ave.
Thompson, Alfred Percival, A. B., 535 Massachusetts Ave.
Weeks, Rufus William, Jr., 23 Union Pk.
West, Nellie, Homœopathic Dispensary, 750 Harrison Ave.
Strong, Isabel Lawrence, Waban, Newton.

THIRD YEAR CLASS.

Badanes, Ida, 227 Hanover St.
Barnard, Belle Strickland, 29 Dana St., Cambridge.
Brennan, John Charles, 37 Eastburn St., Brighton.
Capelle, Charles Stanislaus, 98 Pleasant St.
Chapman, William Louis, Newtonville.
Colburn, Frederick Wilkinson, B. S., B. U. S. M., East Concord St.
Colby, William Morrill, Wakefield.
Collins, Harriette Maria, 129 West Concord St.
Collins, Mertie Gay, 13 Beethoven St., Roxbury.
Donnelly, James Harvey, 22 Worcester Sq.
Emery, William Gordon, Everett.
Foss, Percy Harold, 9 Greene St., Somerville.
Foster, Winifred Smith, B. S., 36 East Springfield St.
Fuller, Solomon Carter, A. B., 1 Stevens St.
Furniss, Maud Granger, 41 West Newton St.
Hanks, Mary Elizabeth, 46 East Newton St.
Haskell, Lyman George, 57 Spring Park Ave., Jamaica Plain.
Hawkes, Edgar Sampson, 634 Warren St., Roxbury.
Hayward, Walter Barrows, 3 Worcester Sq.
Hoffses, Granville Ernest, 660 Massachusetts Ave.
James, Lucille Amanda, 670 Massachusetts Ave.
Lang, Thomas, Jr., 202 Mountain Ave., Malden.
Libbey, Charles Emerson, 53 East Concord St.
Lowe, Evelyn Ellen Annie, 730 Massachusetts Ave.
Mandelbaum, Sarah, 37 Worcester Sq.
Merrick, Sara Newcomb, 570 Columbus Ave.
Perkins, Anne Elizabeth, 40 Worcester Sq.
Perkins, Effie Allyne, 40 Worcester Sq.
Ring, Arthur Hallam, 156 West Concord St.
Robinson, Mary Emma Bliss, 730 Massachusetts Ave.
Snow, Henry Curtis Butler, 53 East Concord St.
Spalding, Harry Osgood, A. B., Hotel Cluny.
Stevenson, Arthur William, 22 Worcester Sq.
Strong, Frederick Finch, Massachusetts Homœopathic Hospital.
Wells, David Washburn, 122 Boylston St.
Winslow, Richard Elliot, Norwood.
Woodvine, Liverus Hull, A. B., 739 Tremont St.

SECOND YEAR CLASS.

Bassett, Alice Haley, 10 Concord Sq.
Briggs, Emily Francis, 35 West Newton St.
Butler, David Presbury, Jr., 424 Columbus Ave.
Chase, Daniel Emery, Jr., 70 Park St., Somerville.
Clarkson, Thomas Carbans, 44 East Newton St.
Cleaveland, Joseph Gilbert, 34 East Springfield St.
Corr, Francis Xavier, 80 Magnolia St., Roxbury.
Couch, Oscar Roberts, Centre St., West Roxbury.
Cutting, Charles Theodore, Jr., 18 Worcester Sq.
Davis, Anna Belle, 41 West Newton St.
Davis, Frank Albert, 41 West Newton St.
Diemar, Lena Hess, 133 St. Botolph St.
Doolittle, Margaret Augusta, A. B., 68 Warrenton St.
Goddard, Abbie Elma, 47 East Newton St.
Graves, Fred Clinton, 451 Shawmut Ave.
Green, Julia Minerva, B. S., 22 Worcester Sq.
Griffith, Thomas Richards, College, East Concord St.
Hall, Charles Francis Adams, 351 Cross St., Malden.
Hill, Phœba Emma, 94 Pearl St., Somerville.
Howard, Charles Tilden, A. B., Hingham Centre.
Jones, Everett, 18 Union Pk.
Lee, Wesley Terence, 13 Cordis St., Charlestown.
Loring, Benjamin Tappan, Y. M. C. A., Lynn.
MacNeil, Bernard Chester, 11 Marlboro St.
McClintock, Thomas Henry, Campello.
McGown, Philip Talmage, A. B., 37 East Concord St.
Macy, Fred Stevens, Hudson.
Marden, Wilmot Leighton, 124 Brookline St., Lynn.
Mason, Gilbert McClellan, 137 West Newton St.
Neale, Lillian Belle, 34 Alban St., Dorchester.
Newman, Elizabeth Benham, 68 Warrenton St.
Newton, Carrie E., Fayville, Box 78.
Osgood, Harry Weldon, A. B., 85 West Springfield St.
Parker, Ralph Walter, Reading.
Perkins, Thomas Tounge, 48 East Springfield St.
Phillip, Wilson Frank, College, East Concord St.
Plumer, Herbert Hall, 890½ Harrison Ave.
Sanford, Margaret McPhee, 1666 Washington St.
Schubmehl, Frank Edward, 890½ Harrison Ave.
Slagle, Sara Elizabeth, Beverly.
Smith, Joseph Arthur, 44 West Cottage St., Roxbury.
Snow, William Porter, Waverly House, City Sq.
Staniford, Edward Read, Reading.
Starkweather, Mary Allen, 35 West Newton St.

Steele, Harry Leon, 112 Chandler St.
Stone, Arthur Lile, 80 Taylor St., Waltham.
Streeter, Howard Alvertus, 58 Windsor St., Worcester.
Thayer, William Hewins, 451 Shawmut Ave.
Willis, John Embert, 152 West Concord St.

FIRST YEAR CLASS.

Abbott Eulalie Marie, 16 Perrin St., Roxbury.
Atkins, Grace Elizabeth, 81 Garfield St., North Cambridge.
Barnard, Esther Subia, 68 Warrenton St.
Beardslee, Fred Nicholson, 616 Dudley St., Roxbury.
Bodfish, Gertrude Trevette, 1st James Terrace, Roxbury.
Boomhower, Alberta Sylvia, 424 Massachusetts Ave.
Brown, Luther Ainsley, Lynn.
Bridge, Emma Frances, 138 Newbury St.
Bryer, James Allen, Middleton.
Bush, Charles William, 48 Munroe St., Roxbury.
Chandler, Robert Adams, 24 Mt. Vernon St.
Congdon, George Lawrence, 114 Huntington Ave.
Corey, Daisey Mae, 69 East Brookline St.
Cross, Louis Kent, 81 Worcester St.
Dalrymple, Alfred Tomblinson, 257 Emerson St., So. Boston.
Dorr, James Frederick, Oakdale.
Downing, William Alexander, Arlington Heights.
Ellis, Millie Elizabeth, 14 Langdon St., Roxbury.
Eveleth, Fred Shailer, South Lincoln.
Farnum, Eva Helen, East Boston.
Flanders, Walter Herbert, Melrose.
Foss, Frederick Lincoln, 38 Clive St., Jamaica Plain.
Foster, Frank Brooks, 70 Montgomery St.
Foster, Louis Everett, 14 Harvest St., Dorchester.
Goodwin, Edward Everett, 31 Battle St., Brockton.
Goulding, James, 239 Eustis St., Roxbury.
Graves, Walter John, 77 King St., Dorchester.
Guy, Walter Bryant, 3353 Washington St.
Hartley, Rebecca Agnes, 717 Massachusetts Ave.
Hay, Walter Graham, 21 Bowdoin St.
Higgins, Addie Blanche, 41 East Concord St.
Holst, Augusta Matilda, 78 Lauriat Ave., Dorchester.
Ingalls, Henrietta Esther, 40 Berkeley St.
Jacoby, Charles Wells, Newburyport.
Jean-Jacques, Condillac, 369 Northampton St.
Jordan, Ernest Major, College, East Concord St.
Junkins, Cora Eugenia, 40 Worcester Sq.
Kawase, Isaac Motokuro, 660 Massachusetts Ave.
Kennison, William Herman, 15 Warren Ave.
Lacaillade, James Oliver, 474 Common St., Lawrence.
Leib, Edwin Ray, 195 Church St., Newton.
Marstin, Clayton Raymond, 26 Sagamore Ave., Chelsea.
McGovern, Charles, 875 Adams St., Dorchester.
Miller, Edward Alexander, 554 Mass. Ave., Cambridge.
Murdock, Frederick William, 708 Tremont St.
Nalchajian, Dikran Danis, College, East Concord St.
Parshley, Burt Wilbur, 17 Cushing Ave., Dorchester.
Perkins, Alfred Raymond, 74 West Newton St.
Pike, Katherine Hope, 113 Pembroke St.
Pilgrim, Arthur Layton, 164 West Canton St.
Richardson, Elizabeth May, 117 Berkeley St.
Souther, Robert Fulton, 691 Adams St., Dorchester.
Sturtevant, Charles Alton, 81 Worcester St.
Tallman, Arthur Doyle, 155 Point St., Providence, R. I.
Taylor, Lina Barbara, 81 Worcester St.
Wetherbee, Lucy Emma, 117 Berkeley St.
Whitehead, Mary Charlotte, 69 East Brookline St.
Woodbury, George Frank, 186 West Seventh St.
Wyman, Arthur Edward, 1 Hartwell St., Roxbury.

Locals.

Mr. Mason, '98, has full charge of the dissecting room this year.

Pay your laboratory fees, and eat Thanksgiving with a clear conscience.

The Y. M. C. A. is again in shape, and is holding half hour meetings each Thursday P.M.

Football seems to be having its day. Well, doctors and surgeons must live, you know.

To students of materia medica: "Sentimental musings while strolling by moonlight." Name the drug.

We are sorry for you, '99. It is better to have tried and failed than never to have tried, even in football.

Next to the Dean, the busiest man in the school just at present seems to be Mr. Mason, '98. Do you know him?

The school societies are getting under way, and are ready to hustle when they have a place in which to do so. When?

The class of '99 has representatives of several countries among its members, including Africa, Armenia and Japan.

Dissecting! Do you know what the word implies? The sophomores who have commenced do. Apply to them for further information.

Professor in anatomy: "Which are usually the

stronger muscles, the flexors or extensors?" Class still undecided. What do you think about it?

The books of one of the freshmen bear the owner's name, with the significant letters M.D. appended. What are we coming to? Blush, ye seniors!

This is the receptive period of the year, not only in the social way, but also in connection with our studies. We ought to take all we can get in both lines.

The class of '97 has elected the following officers for the ensuing year: President, Mr. Colburn; vice president, Miss Foster; secretary and treasurer, Mr. Fuller.

Mrs. Nathaniel Emerson has very kindly furnished a large number of magazines and light literature for "The Room," and has promised more contributions in the future.

It gives us pleasure to announce a wedding in the sophomore class and an engagement in the junior class, but it is with regret that we announce the apparent "divource" in the senior class.

The class of '98 has elected the following officers for the ensuing year: President, Mr. W. T. Lee; vice president, Miss S. F. Briggs; secretary, Mr. F. E. Schubmehl; treasurer, Miss A. H. Bassett.

Mr. Corr, '98, who may be termed the assistant dean, and Mr. Griffith of the same class, whom we may call the assistant in microscopy, are receiving congratulations from their classmates and friends.

The class of '99 has organized under the leadership of the following officers: President, Mr. R. A. Chandler; 1st vice president, Mrs. Bridge; 2nd vice president, Mr. Bush; secretary and treasurer, Miss Barnard.

Some of the conditioned unfortunates have passed satisfactory exams and are free, but there are others who are still in trouble and need our sympathy. They may be found among our upper classes, as well as further down the scale.

That freshman who, on witnessing an amputation for the first time, wondered why no one had ever thought of cutting the nerves on the central side of the seat of operation in order to render the operation painless, will undoubtedly soon be known as one of our rising young surgeons.

Old students on their return this year were surprised to find the reading room has disappeared, and that its place has been taken by the society room. The library and reading room are now one, yet there seems plenty of space for the crowds of students who flock there to study.

The present make up of the sophomore class shows a loss of ten or a dozen of last year's students. Nearly all of these are in other medical schools. The additions to the class will probably equal the "subtractions," however. One or two who went elsewhere became homesick and have returned to the fold.

The Sigma Chi Beta has officers as follows: Cephalon, H. S. Hayford; accessorious, H. O. Spaulding; secretary, S. C. Fuller; receptaculum, R. E. Winslow; sphincter, F. C. Robbins; accelerator, L. H. Woodvine; literary committee, H. M. Morse and F. W. Colborn. The society has already held two literary meetings.

The applause which greeted the mention of the name of Dr. Batchelder by the Dean at the opening of the school was an indication of the pleasure which the sophomores feel in having him as an instructor during another year. Already some of the students are devising means whereby he may progress with the class until '98. What will be done after that is as yet uncertain.

When Mrs. Driscoll's smiling face was seen for the first time this year, we all knew that what is called in the catalogue the "Refectory" was again ready for business. It is to be hoped that as many of the students as possible will patronize it, for the cost of running it for few is nearly as great as running it for many, and the more who are fed, the better the quality and quantity will be.

A case came into the hospital the other day which illustrated the carelessness or ignorance of some peo-

ple calling themselves surgeons. The patient, a woman, had been operated upon previously for floating kidney, and reported that it had been secured, but that her trouble still continued. Dr. Packard decided to operate, and upon opening the body it was found that the kidney was normal, but that the lower border of the lobe of the liver had been sewn to the peritoneum. Adhesion had taken place, which was broken up when the real cause of the patient's trouble was found to be an enlarged gall bladder. The abdominal cavity was then opened and 116 gall stones removed from the gall bladder.

An interesting operation was performed at the hospital by Dr. Packard recently. The patient, a woman, was suffering from torticollis, or wry neck. The older operation in a case of this kind was to sever the sternomastoid muscle, but Dr. Packard decided to resect the branches of the spinal accessory nerve supplying the sternomastoid and trapesius muscles. An incision was made along the anterior border of the upper third of the sternomastoid, and after careful dissection, the nerves were exposed. To prove that these were the right branches, they were stimulated by electricity, and spasmodic contractions of both muscles followed. About an inch was removed from each nerve, and the patient has had no further trouble.

Alumni Notes.

Dr. L. A. Stewart, '95, is located at 208 Ashmont street, Ashmont, Dorchester.

Dr. Grace Gardiner, '95, was suffering for several days from a severe attack of follicular tonsilitis, but is now convalescent.

Dr. Henry M. Wiggin, '95, was married on Wednesday, Nov. 6, to Georgien Isabel Russell, in Boston. They receive at their home in Whitefield, N. H.

On Aug. 22, 1895, Dr. Lucy R. Barney, '93, of Hyde Park, was married to Fred. A. Hall, also of Hyde Park. Mr. Hall has entered the Medical school this fall.

Among the guests at the reception given by the classes of '96 and '97 to those of '98 and '99, on the evening of Nov. 6, were Dr. Frederick P. Batchelder and his bride.

Dr. Gilbert W. Bent, '92, located at Walpole, Mass., was married to M. Rebecca Stetson, on Sunday, Oct. 6. They will be "at home" to their friends on the Tuesdays in November.

Dr. Rowe, '93, has left the Homœopathic Hospital on account of her father's illness and removed to Springfield, Mass., so as to be near him. Her place as intern in the hospital is filled by Dr. Julia M. Lombard, '95.

Dr. N. W. Emerson, '81, is about to open a private hospital at 40 West Newton street, Boston, for the treatment of patients who do not wish to enter a general hospital. Dr. Sara Johnson, '94, is to be resident physician.

Dr. Sarah S. Windsor, A.B., '85, had a sign that evidently attracted some college boy, for it was stolen several weeks ago, and presumably adorns the room of some undergraduate. It seems to be unsafe to leave one's sign out over night!

Dr. Mara L. Pratt, '89, is medical director of the Durant Gymnasium of this city, and has the supervision of upward of five hundred women and girls during the year, in the gymnasium classes. Special terms are offered at the Durant to members of this medical school.

At Schenectady, N. Y., Sept. 28, Dr. Rudolf Lantzius-Beninga, '89, died suddenly at the age of thirty-six years. He was lecturer on Pathological Anatomy and curator of the museum in this school from 1889 to 1892, when he resigned and returned to Germany, his native land, for his health. He was a sufferer from a peculiar hay fever, and doubtless undermined his health by cocaine which he used for relief.

Half Hours in the Library.

Among the editorials of the September *New England Medical Gazette* is an interesting note on the Northrop Method of Administering Chloroform. The following are a few of the most striking features:

Patient yields to anæsthetic without struggle and in very short time.

In long operations no exhaustion follows and pulse often shows improvement of heart action.

It does away with nausea and much danger, as it may be used safely with patients who have weak hearts and when the respiration is easily embarrassed.

It is a mere substitution of pure oxygen gas for air.

In the November *Hahnemannian Monthly* is an article by Dr. Northrop himself, who gives further information on this vitally interesting question.

In the same number is an encouraging article on the decline of tubercular consumption, based upon the statistics of Philadelphia. It shows a steady decline of nearly one per cent a year during the last decade. And this, too, in a city noted for its "sweat shops." Reasons for this steady decline also given.

By turning over a few leaves in the same journal we come to an article entitled, "Climate as a Therapeutic Agent in Phthisis." In reading such hopefully written items one wonders if the final downfall of phthisis is not near at hand.

The Homœopathic Review for September, 1895, gives us the personal experience of Dr. Richard Hughes in the treatment of influenza. The paper is not long but is full of the pithy points Dr. Hughes is wont to give.

In the October number of the *North American Journal of Homœopathy* Dr. Dearborn, of New York City, gives a brief report of one skin clinic at the Metropolitan Post-Graduate Medical School.

Students studying skin diseases cannot fail to be interested in this report. The treatment of these cases is full of instruction.

In the same journal is a most timely article on "How to Study Materia Medica." This cannot fail to catch the eye of the struggling junior and mayhap aid a belated senior.

Under the head of "Original Articles in Surgery" in the October *Journal of Homœopathy* we find a paper by Dr. Alonzo Boothby on pelvic peritonitis. It is scholarly and full of practical points which can but aid any student who will give it a careful reading.

The first article in *The Hahnemannian Monthly* for October is "Comparison of Results of Various Methods of Medical Practice, Chiefly of Those Known as Homœopathic and Alopathic," by Conrad Wesselhoeft, M. D. The subject and writer combined is sufficiently attractive without comment. If your faith be weak, read and reflect; if it be already strong, add to the reasons for the faith that is in you.

Those interested in electrical treatment will be glad to read the paper by Dr. William L. Jackson on "The Electrical Treatment of Endometrites," in the November *North American Journal of Homœopathy*.

Dr. W. T. Helmuth, Jr., of New York, gives an account of "Three Cases of Fracture of Skull," which is full of interest, especially for those who aspire to surgery.

"Materia Medica Miscellany," in *The American Homœopathist* of Nov. 1 is good.

Much remains for the student to find for himself, and we pray him not to overlook the journals of the old school. Many of them are much more useful than is sometimes supposed.

The following was taken from the "Official" bulletin board soon after the Gregory reception: Are you in sympathy with it?

Ho! Notice!
Read and consider.
PARTIALITY ! ! !

Yesterday evening the Gregory society, so it is said, invited *female* members, only, of the freshman class, to tea. Can we bear this? No! No! Vengence! Vengence! Yes, soon! Ho! Let us have a tea party, only for the male members. Ho! Let us invite the immortal Gods, Bacchus, too, and the Muses. They will sing to us. Ho! Let us raise the roof, and cause the floor to fall. Ho! Let us have *a perfect good time*.

Don't forget it now.

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