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GLAUCOMA.

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The term glaucoma is applied to a train of symptoms in which increased intraocular tension usually due to a disturbance in the secretion and excretion of the aqueous humor is the most prominent. Primary glaucoma is divided into the acute or inflammatory, the subacute and chornic or non-inflammatory.

Primary Glaucoma is very rare in the young, occurring most frequently after the age of 50 or 60 years. The extremes of age noted are 13 and 96 years. There are more women than men who suffer with the acute or inflammatory type of the disease, while on the other hand there are more men affected with the chronic or non-inflammatory form. The Jews and Egyptions are said to be peculiarly liable to the disease. Heredity seems to play an important role in the causation of glaucoma. De Wecker says when this is the case the attacks occur earlier in each succeeding generation. In many cases there is a gouty diathesis and those with chronic bronchitis and heart disease are more prone to the disease. Some see a relationship between influenza and non-inflammatory glaucoma. Small hyperopic eyes are especially apt to be affected with glaucoma. This is explained by the fact that the circumlental space is much encroached upon by the large, well-developed ciliary muscle found in such eyes from the constant use of the accommodation. Priestley Smith says the constant increase in the diameter of the crystaline lens throughout life is also an important factor in the etiology. Eyes with small cornea and otherwise normal are more prone to glaucoma, thus the normal diameter of the cornea is about 11.6 mm., while that of many glaucomatous eyes is as little as 11.1.

Ayres has reported a case of glaucoma which seemed reflexly dependent upon the presence of a nasal polyp, at least all symptoms disappeared and the patient was well three years after the polyp was removed.

Exciting Causes.—Many indefinite causes are mentioned by various authors as factors in the production of glaucoma, but the cause that precipitates the attack is unknown. Ciliary congestion brought about by a decided impression of an emotional nature, such as great joy, grief, anxiety or what not, exposure to cold, a very hearty meal, loss of sleep, worry, etc., have been mentioned along among other causes. Glaucoma may be a symptom of eye-strain from uncorrected errors of refraction, that is due to an overuse of the accommodation with its consequent ciliary congestion. Mydriatics by dilating the pupil and crowding the iris up into the infiltration angle of the anterior chamber may bring on an attack of glaucoma in those predisposed. Inasmuch as increased intraocular tension is the most prominent symptom in the glaucomatous eye many theories have been advanced to account for it, but what its true cause is, however, has not been definitely determined. Upon it, nevertheless, all the other symptoms seem to depend. Von Graefe taught that glaucoma arose from an over-secretion produced by a serous choroiditis, and Donders that there was an increased supply of aqueous due to nervous irritation. These theories are now discarded and certain retention theories which explain the increased hardness of the eyeball by an obstruction to the escape of the intraocular fluids have been advanced to take their place.

The Kneis-Weber theory considers the obstruction to be situated in the infiltration angle of the anterior chamber of the eyeball and consists in the blocking of this angle by the apposition of or adhesion of the periphery of the iris to the sclero-corneal junction, the iris having been pushed forward by a swollen or congested condition of the ciliary bodies. Kneis believed that tension resulted from the iris becoming adherent to the corneo-sclera, while Weber thought the adhesions were secondary to the pressure.

That adhesion of the iris to the corneal-sclera does not account for all cases is shown by the fact that glaucoma has not infrequently been observed in congenital anaredia and coloboma and in aphakia. Recently Kneis has drawn a distinction between simple, or non-inflammatory glaucoma and inflammatory glaucoma. He conceives the former to be an optic nerve atrophy with excavation of the nerve, and the latter as an irido-cyclitis anterior. Many concur in this view that the pitting of the optic nerve in simple glaucoma is due to a pushing back of the lamina cribrosa by the normal intraocular tension of the eyeball, which is rendered possible by some inherent weakness in the lamina or by the presence of an unusually large physiological pit.

Jaeger and Bitzos, as do others, think that the pitting of the optic papilla is always preceded by a papillitis. The aqueous humor is secreted by the ciliary processes, passes forward through the zonula of Zinn into the posterior chamber; it then passes through the pupil, filters through the mesh-work of the ligamentum pectinatum and leaves the eyeball by way of the canal of Schlemm. Priestly Smith says the filtration of the aqueous through the pectinate ligament may be retarded by a serosity of the fluid. Troncosco also believes the character of the intraocular fluid has much to do with preventing drainage of the eyeball. He showed that the aqueous of all glaucomatous eyes contained albuminous substances in excess. He concluded that hypertension is produced in two ways; first, by the greater difficulty in the excretion of an aqueous loaded with albuminoid material, and, secondly, that there was also a mechanical interference caused by the advance of the iris. He thinks the albuminoid substances may result from a low grade inflammation in the anterior segment of the eyeball or from a vascular infirmity in the ciliary processes, which allows the escape of albumin In the normal condition the vessels of the ciliary bodies do not allow the passage of albumin into the aqueous, but in the event of arterio-sclerosis described by several observers as the most constant lesion in glaucoma. This may occur, Neishamoff says, in some cases, the meshwork of the infiltration angle becomes chocked with exfoliated piment cells from the posterior surface of the iris and from the ciliary bodies. Many believe that in some cases the crystalline lens being relatively too large becomes dislocated in front of the ciliary bodies and thus pushes the iris forward, occluding the canal of Schlemm. Stilling says tissue change within the eyeball may hinder the exit of fluid from it by the way of the posterior lymphatic channels around the optic nerve.

Rheindorf claims that the obstacle to excretion is a sclerosis of the zonula of Zinn. Laquer believes that the hyper tension of the eyeball is the result of the obstruction of the lymphatics, which pass out of the eyeball around the venae vorticosae. Abadie says the filaments of the sympathetic play the chief role in all nutritive troubles of the eye, among which he places glaucoma. In the acute there is a transient and in the chronic form a permanent excitation of the vasodilator fibers of the ocular vessels, all other symptoms he believes proceed from this beginning. As a proof of the correctness of his theory he cites the action of mydriatics and myotics upon the eye, which dilate or constrict the vessels as they do the pupil. In a few cases the cause of tension seems to have been faulty metabolism due to a degeneration of the vessels of the choriod, with aneurismal dilatations occurring in places like beads upon a string.

Wahlfors thinks the real origin of glaucoma is atrophy of the chorioidal elements. This destroys the nerve sensory apparatus and leads to an increase in the intraocular tension of paralysis of the muscular network of the ,chorioid, slowing the course of the currents of liquids with the eyeball. The channels of exit thus become blocked and cause tension. He believes that in simple glaucoma there is a primary atrophy of the lamina cribrosa and a secondary pitting of the optic disc.

Zimmerman considers glaucoma due to a decrease in the general blood pressure, brought about by heart disease, shock or what not, in consequence of which blood is not properly forced into the eye. Stasis, then edema, results, raising the tension. Treatment by general measures have been most satisfactory, strophanthus and adonis vernalis giving the best results in his hands.

It will be seen from the foregoing account that no one cause can be assigned to all cases to explain the hypertension in the glaucomatous eye.

Acute Glaucoma, also called inflammatory or congestive glaucoma, may come on very suddenly (glaucoma fulminans), the patient retiring at night, for instance, with good sight to awake

irreparably blind. Usually, however, there are certain prodromate. This prodromal, or intermittent stage, is characterized by mild attacks, in which the vision is more or less disturbed, the cornea slightly steamy and anesthetic, pupil moderately dilated and reacting sluggishly. The anterior chamber is shallower than normal and there is a venous circumcorneal injection of a violaceous hue and palpation shows the presence of hypertension of the eyeball. During this stage artificial lights seem surrounded with a rainbow of colors, due to the edema of the corneal epithelium. If the media are clear enough the opthalmoscope reveals a turgid condition of the retinal vessels, but there is as yet no pitting of the optic papilla. The attack passes off and the eye returns to its normal condition, save there remains an appreciable decrease in the accommodative power. The patient discovers he is unable to read as well as formerly and applies for a change in his glasses. With stronger reading glasses the vision is once more brought to normal. These prodromata recur once or twice a month or so and may continue months or years until they finally terminate in an acute attack.

The attack itself whether preceded by a prodromal stage or not is ushered in with violent and excruciating pain extending to the side of the head and face, and not infrequently extending to the shoulder and associated with nausea and vomiting. The lids and ocular conjunctiva are more or less edematous. The cornea is decidedly hazy, owing to an edema of its uppermost layers, so much so that the pupil is seen with difficulty. The haziness of the cornea may be more dense in spots, imparting to the cornea a mottled appearance. If the cornea is touched with a wisk of cotton it will be found to be almost if not quite insensible. The pupil is dilated and immobile and emits a greenish reflex from the lens, from which the disease gets its name (*γλαυκός*, green).

The pupil is seldom uniform in its dilatation, and the tissue of the iris is discolored and its marking effected (iritis); the aqueous and vitreous humors are also turbid, so that as a rule no view of the fundus can be obtained. If the droptric media are clear enough the papilla will be found very hyperemic and the retinal arteries pulsating. According to most authorities the dilated pupil in glaucoma is the direct result of the intraocular tension interfering with the nerve innervation to the iris, as all the nerves and vessels passing through the tunics of the eyeball are pressed upon. Franck believes that the pupil is expanded, however, by the overraction of the sympathetic, as he found the vaso-dilators of the eye arising in the medulla with the dilator of the pupil and following the same course, and he remarks that both are thrown into action at the same time.

The sight at this time, partly from the turbidity of the humors and cornea and partly from the pressure upon the retinal vessels and optic nerve fibers as they pass into the eye, rapidly falls off until only large objects or figures held close to the eyes can be seen. Palpation of the eyeball reveals a stony hardness. After a few days or weeks the intensity of the case subsides. The corneal haze and edema of the lids and conjunctiva disappear. The pupil, however, usually remains semidilated and sluggish, the circumcorneal injection does not entirely fade, tension remains up and the anterior chamber somewhat shallower than normal. The vision is now found to have suffered considerably. This condition just described following the acute attack is called the status glaucomatosus. After a varying interval there is another outburst of the disease, then another, until the sight is completely abolished. We have then a condition spoken of as absolute glaucoma. The eye now presents a dull, expressionless look, the cornea is surrounded by a zone of purplish hue, the anterior ciliary vessels are engorged, the pupil is dilated and displays a border of black pigment (ectropion pupillar). The lens and narrow rim of atrophic iris are in contact with the posterior surface of the cornea, thus obliterating the anterior chamber. The tension of the ball is high unless degenerative changes have begun. The opthalmoscope now reveals the characteristic cupping of the papilla. The nerve is white or bluish white, the vessels crowded well to the nasal side of the disc and are seen to make sharp bends as they pass over the edge of the pit into the surrounding retina. The patient may continue to suffer great pain even after the eye has been rendered sightless. Decided tissue changes occur in the eyeball after the glaucoma becomes absolute. The atrophied sclerotic coat yields to the pressure from within and bluish black swellings appear between the limbus and the equator (ectasis of sclera). The cornea and lens become opaque, the retina de-

tached and the eyeball soft from fluidity of the vitreous. We have now a condition of total atrophy. Sloughling of the cornea or panophthalmitis may occur.

Subacute Glaucoma.—This is not as intense as the acute, but consists rather in the prodromal stage of the latter. It may be intermittent or continuous from the outset, but usually passes slowly into the chronic congestive form. In the latter the sclera appears a dusky or livid hue from deep injection and turgidity of the anterior ciliary vessels, especially the anterior ciliary veins.

The cornea has a smoky appearance and is insensitive. The pupil is irregular, being tied down in places by adhesions to the lens capsule, the iris attenuated and faded in appearance, due to atrophic changes, and the anterior chamber shallow. The pain is not so intense in the subacute as in acute glaucoma. Central vision gradually fails and the field gradualy contracts. Like the acute form if treatment is not instituted or fails to benefit it passes into the absolute stage.

Simple, Chronic or Non-inflamatory Glaucoma.—Simple glaucoma is a very insidious disease and is seldom discovered until far advanced. It has little or no tendency to exacerbation or remission. Unless arrested by treatment it leads in the course of months or years to total blindness. The patient usually consults the physician for failing vision. He may have had his presbyopic correction changed frequently within a few months. On examination the range of accommodation will be found much curtailed, the patient being more presbyopic than his age would indicate. Often one eye is alone affected, or to a greater extent than its fellow. The disease is, as a rule, however, bilateral. We sometimes obtain a history of periods of obscuration of vision with the rainbow effect about artificial lights. There is also frequently a history of nervous exhaustion from some cause.

The anterior ciliary veins are found slightly engorged, the anterior chamber too shallow, one or both pupils may be partially dilated and act poorly, but this does not occur regularly in all cases. The lens often appears opalescent, when with the opthalmoscope it will be found perfectly transparent.

The tension of the eyeball is increased in the majority of cases, although at the time of examination this may not be so. As the tension fluctuates it should be examined several times during the day, especially after a full meal or in the evening after the worry and toil of the day. There are cases which never show an appreciable elevation of tension. Such may be examples of progressing optic atrophy with excavation of the disc. The refraction of the eye will be found to be hyperopic, with or without astigmatism, which is against the rule in most cases. If the patient was previously emmetropic, forward dislocation of the lens through the intraocular hypertension produces myopia, while the eye becomes more hyperopic if the tension is exerted chiefly upon the zonula of Zinn. In most cases the refraction is increased, being a diopter or so higher during an attack of tension (due to forward dislocation of lens).

Both peripheral and direct vision suffer in simple glaucoma, especially peripheral vision. In many cases a good degree of central vision is retained for a long time after the field is so contracted that the patient is unable to get about alone. In such cases not infrequently complete blindness comes on suddenly. In all cases the field of vision will be found constricted and most on the nasal side, but there is in many cases concentric contraction. In some cases sector-like defects are seen, in others dumb-bell shaped fields and many bizarre forms. The color fields do not as a rule show any disproportionate shrinkage as in optic atrophy from other causes. There are cases, however, in which the color fields show a greater proportionate contraction than the form field, making the differential diagnosis between optic atrophy and glaucoma difficult from the field alone. The excavation of the optic nerve is the most marked objective symptom in cases well advanced, being rarely absent when the patient is first seen.

The excavation of the nerve in glaucoma involves the entire or almost the entire surface of the disc and attains a considerable depth. The sides of the pit are steep and at times overhanging, so that the vessels disappear from view as they pass up the side of the pit. The vessels are all crowded to the nasal side of the pit and are seen to make sharp bends as they pass from the pit into the retina. It is impossible if the pit is deep to get the vessels in its bottom and upon its edge in focus at one time so that they appear lighter in color and blurred either in the retina or in the pit. With the direct method a stronger

concave or weaker convex lens is needed to see the vessels in the pit than in the surrounding retina, thus we can measure the depth of the excavation, every three diopters corresponding to about one millimeter of pitting. The vessels also undergo parallactic displacement upon the bottom of the pit as the objective lens is shifted.

The disc often shows a greenish pallor and is surrounded by a more or less complete yellowish-white ring of chorioidal atrophy, which is called the glaucomatous halo. Not uncommonly a low grade neuritis is manifest. Arterial pulsation is often present or can be produced by gentle pressure upon the eyeball. The cause of this is that the blood is unable to enter the eyeball on account of the tension except during the systole of the heart. Venous pulsation is less commonly seen though often present. The pitting of the optic papilla in glaucoma is brought about by the intraocular tension causing the lamina cribrosa to recede, it being the weakest point in the tunic of the eyeball. In some cases the process is no doubt favored by an inflammation and softening and later cicatricial contraction, explaining those cases of deep pits without appreciable tension.

Glaucoma simplex nearly always attacks both eyes, as has been said. In contradistinction to inflammatory glaucoma it at times occurs in young people, and attacks men more frequently than women. It is also occasionally found in myopic eyes, which never develop inflammatory glaucoma.

(To Be Continued.)

CONCERNING THE EARLY HISTORY OF PUERPERAL FEVER.*

Abstract from an article by Prof. A. Pinard *on Ignace-Philippe Semmelweis, published in the Annales de Gynecologie et D'Obstetrique for November,* 1906.

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This address by Professor Pinard was delivered on November 9th, 1906, at the clinic of Baudeloque, in Paris, and was suggested by the inaugural ceremonies attending the unveiling of the monument erected to the memory of Semmelweis at Budapest, Hungary, on September 30th, 1906.

Having found it both interesting and instructive, and believing it may be of some practical moment to medical students and graduates, I have translated the article for the benefit of those to whom the original may not be accessible.

In answer to the first two questions that might naturally arise, viz, who is Semmelweis and what did he do, Pinard refers to Siebold's Essay on the History of Obstetrics as translated by Hergott, in which an entire chapter is devoted to Semmelweis.

Semmelweis was born in Ofen, Hungary, July 1st, 1818, his Hungarian ancestry dating back to the seventeenth century.

He began the study of medicine at the age of 19 years in Vienna, where he was graduated April 4th, 1844, and shortly afterwards, on the 26th of the following November, was appointed "Master in Obstetrics" and four days later, "Doctor in Surgery."

Having studied under such masters as Rokitansky and Skoda, he at first thought to apply himself to medicine, but could not divert his studies from obstetrics.

On February 29th, 1846, he was made provisory assistant and on July 1st of the same year titulary assistant in the first obstetric clinic at Vienna, then under the direction of Professor Klein.

Here it was that Semmelweis began his observations on puerperal fever. This disease had been known to Hippocrates, Gaelen, Celsius, Avicenna, etc., but for over 2000 years the most curious ideas as to its nature and cause had prevailed, such as the suppression of lochia, the metastasis of milk, etc. The belief that milk was retained in the belly and therefore could not rise to the breasts, logically justified withholding all milk from the diet of women about to be confined, and this was one of the prophylactic measures actually adopted in St. Joseph's ward at the Maternite of the Hotel Dieu Hospital, in Paris, in 1788.

But that ghastly spectre of the lying-in chamber, like Banquo's ghost, would not down, and puerperal fever claimed its countless victims everywhere; Paris and Vienna being especially visited by the most pestilential epidemics. The maternite at Vienna, founded by the philanthropy

*Read before the University of Maryalnd Medical Society, Tuesday, February 19, 1907.

of Joseph II., August 16th, 1784, proved a veritable hotbed for the disease. In 1839 this clinic was divided into two parts. In the first, under Professor Klein, where medical students practiced who were at the same time in attendance in the surgical wards and the dead house; while the second division, under Bartsch, was devoted to the instruction of midwives exclusively, who were not permitted to enter the surgical wards or the pathological department.

This separation was immediately followed by the most astonishing results. In 1840, in Klein's division, the maternal mortality from puerperal infection rose from a previous 7.36% to 9.5%; while in Bartsch's it fell from a previous 6.62% to 2.6%. In some of the subsequent epidemics, 1841-1846, the maternal mortality in the students' division reached 16% and even 31%, while in the midwife clinic it remained at from 2% to 3%.

Frequent changing of bed linen, painting and fumigating the ward, an entire new auxiliary staff, etc., were all tried in vain!

Such were the conditions prevailing when Semmelweis entered upon his duties as chief assistant to Professor Klein, July, 1846, in the first, or students' clinic, which we are told by Dr. Dirner had a frightful reputation among the Viennese people. All women expecting to be confined invariably applied for admission to the second, or midwife clinic, and when referred to the first, or students' clinic, would fall down upon their knees and implore that they be turned away rather than sent to this almost certain death. Night and day could be heard in the wards of this clinic the tinkle of the sacristan's bell, as he preceded the priest in his rounds, carrying the last sacraments of the church to these agonized and dying unfortunates.

It is interesting to note that just as milk had been blamed for the production of puerperal fever, so this little bell was believed to cause the same disease on account of its emotional influence upon those who had been confined.

At this time Semmelweis observed that parturients of the first clinic who had a prolonged first stage of labor, almost invariably succumbed, while in the second clinic such was not the case; and furthermore, that women confined on the street and immediately thereafter admitted to the second clinic, rarely became sick!

Thus step by step he was gradually compelled to lay the blame on the students, but it still remained to find out how they could carry such a death with them. He became so unhappy and despondent on this account that he determined to abandon his work for a while, and on March 2d, 1847, he went to Venice. Upon his arrival, March 20th, he discovered that his friend Kolletschka was dying from the effects of a scalpel wound on his finger received in the dissection room. In this case, a lymphangitis, phlebitis and general infection evidenced by pleurisy, pericarditis and peritonitis was rapidly followed by death.

Struck by the similarity, amounting to identity, of these symptoms with those he had observed in the puerpera, the light at last broke upon his mind and he recognized in cadaveric poisoning carried upon the students' fingers, the cause of the calamities in his own ward in Vienna.

Thus, about the middle of May, 1847, he introduced the custom of washing the hands in a solution of chloride of lime, and the mortality rapidly fell from 12 to 3%.

Continuing his observations he soon became convinced that cadaveric poisoning was not the only materies morbi of puerperal fever, but that it might be due to any organic substance in a state of decomposition, especially the lochial discharge of the infected patient herself.

He therefore insisted upon disinfecting not only the hands, but also all instruments and other material coming in contact with her, and especially did he insist upon the immediate separation of the sick from the well. As a result of these measures the maternal mortality from puerperal fever in 1848 fell to 1.24%, and the infantile from 6 to 4%.

Semmelweis imparted his ideas to all with whom he was associated and invited them to test the matter clinically and acquaint him of the result. But how were his views received?

His chief, Professor Klein, a specialist of considerable importance, who held his position rather through his personal qualities than his scientific attainments, being hurt in his vanity, jealous, and always disposed to belittle the merits of others, at once turned his hatred upon his assistant.

Notwithstanding the efforts of Haller and Skoda to have him put Semmelweis' views to clinical test; notwithstanding a request from a

majority of the assembly of professors to appoint an official committee to investigate the matter. Klein addressed a formal protest to the minister of state, who decided that the commission should not be appointed.

The appointment of Semmelweis himself to the position of chief assistant to Professor Klein was for two years only, and towards the close of this period he sought a reappointment, which was, however, refused, and on March 20th, 1849, his duties as assistant ceased. He thereupon sent in a petition for the title of Private Teacher (Privat Docent) of obstetrics, but this received no reply. As Professor Varnier remarks: "It was the everlasting hatred of Professor Klein that arrested the progress of Semmelweis and retarded for twenty years or so one of the greatest advances in medicine of the century."

But Klein was not alone, for Kiwisch, an obstetrician of great renown at that time, after making the journey from Prague to Vienna on two occasions for the purpose of studying the question, became a pronounced and hostile opponent of Semmelweis.

The eyes of at least one obstetrician, however, were oponed to a glimpse of the possible sad consequences of a disregard for his views, and that was Michaelis. Shortly after performing an autopsy on a woman dead of puerperal fever, he attended one of his own cousins in confinement and she promptly died of infection, this experience plunged Michaelis into such a state of melancholy and despair that he committed suicide by throwing himself before a moving train.

Discouraged by the general opposition he experienced in Vienna, Semmelweis returned to his native city, Budapest, where in May, 1851, he was appointed Physician in Chief to the Maternite of St. Roch, in which institution parturient women were received only for two months, during vacation time.

In six years of such a service, out of 933 confinements he lost only 8 women, a mortality of 0.85%.

In July, 1858, after the death of Birly, he was unanimously elected by his colleagues Professor of the Principals and Practice of Obstetrics in the University of Pesth.

In 1860 he published an article on the difference between the views of the English and those of himself concerning the etiology of puerperal fever. In 1861 he published a book containing a complete exposition of his doctrines and his pleadings, entitled "The Etiology of Puerperal Fever; Its Cause and Its Prophylaxis." In this book he feelingly proclaims: "Indignation forces me to take up the pen; I believe I would commit a crime by remaining silent any longer and not publishing the result of my experience. I have the deepest conviction that since 1847 thousands of women and children have perished who might have been saved, had I not have kept silent and had I have combatted the errors committed in connection with puerperal fever. It is not merely my views that are in question, but the lives of those who take no part in the discussion. My consolation lies in the conviction that I have founded a doctrine on truth!"

Seeing that he was more and more misunderstood and misjudged, he addressed public letters to Spaeth, Scanzoni, Siebold and various professors of obstetrics, which letters Hergott says were like the cry of a despairing philanthropist.

This constant perturbation so affected his mind that he finally entered an alien institution in Vienna, where from an autopsy wound received a few days before in the median basilic vein of his arm, he died from pyaemia on August 14th, 1865, in the 46th year of his age.

In reviewing the history of puerperal fever, it should be remembered that while Semmelweis will doubtless always deserve and receive the greatest honor for having clearly demonstrated and proved its contagious nature by ample clinical facts, however, the same views had been advanced and maintained by facts, long before his time.

Thus at the commemorative exercises attending the unveiling of the monument to his memory, at Budapest, on the 30th of September, 1906, "Herff claimed for Switzerland, that the conception as to the true nature of puerperal fever was first accepted and acted on in that country." "Gordon, of Aberdeen, distinctly expressed the view that the disease was infectious, as early as 1795." Armstrong did the same in 1814, and various English clinicians and pathologists maintained this doctrine, supported by more or less personal observation and laid down positive rules for the prevention of the disease, long before Semmelweis made his first publication in 1847.

But it is to our own countryman, the intellectual, literary star of the American medical pro-

fession, Oliver Wendell Holmes, that well deserved credit and honor should be given, both for priority over Semmelweis in point of publication of the essential truths concerning the contagiousness of puerperal fever, as well as for the most positive and explicit rules and directions to be observed for its prevention.

"On the 13th of February, 1843, one year before Semmelweis received his diploma in medicine, and four years before he instituted in the Vienna Lying-in Hospital, the practice of washing the hands in a solution of chlorid of lime prior to examining the woman in labor, Oliver Wendell Holmes read a paper before the Boston Society for Medical Improvement, entitled "The Contagiousness of Puerperal Fever," which was destined to exert the greatest influence upon medical thought in America, and to play a large part in convincing the profession as to the preventability of the disease."

Like Semmelweis, Holmes was ridiculed by the medical profession, especially Meigs and Hodge, who were the most celebrated American obstetricians of their day, but such was the "hammer of his logic and the fire of his eloquence," that by the forceful arguments contained in his classical paper entitled "Puerperal Fever as a Private Pestilence," Boston, 1855, his critics were met and practically vanquished.

While Holmes never denied the claims of others, he says in a private correspondence in 1893, "I think I shrieked my warning louder and longer than any of them and I am pleased to remember that I took my ground on the existing evidence, before the little army of microbes was marched up to support my position. Or, as Sidney Smith says, it is not the man who first says a thing, but it is he who says it so long, so loudly and so clearly that he compels men to hear him—it is to him that the credit belongs, and so far as this country is concerned, the credit of insisting upon the great practical truth of the contagiousness of puerperal fever, belongs to Dr. Holmes."

Holmes' style of writing was so beautiful, so impressive and so classical, that in this connection I hope I may be pardoned for quoting the following from his original paper on "The Contagiousness of Puerperal Fever." "It is as a lesson rather than as a reproach that I call up the memory of those irreparable errors and wrongs. No tongue can tell the heart-breaking calamities they have caused; they have closed the eyes just opened upon a new world of life and happiness; they have bowed the strength of manhood into the dust; they have cast the helplessness of infancy into the stranger's arms, or bequeathed it with less cruelty the death of its dying parent. There is no tone deep enough for record, and no voice loud enough for warning. The woman about to become a mother, or with her new-born infant upon her bosom, should be the subject of trembling care and sympathy wherever she bears her tender burden, or stretches her aching limbs.

The very outcast upon the street has pity upon her sister in degradation, when the seal of promised maternity is impressed upon her. The remorseless vengence of the law brought down upon its victims by a machinery as sure as destiny, is arrested in its fall at a word which reveals her transient claims for mercy. The solemn prayer of the liturgy singles out her sorrow from the multiplied trials of life, to plead for her in the hour of peril. God forbid that any member of the profession to which she trusts her life, doubly precious at that eventful period, should regard it neglegently, unadvisedly, or selfishly."

The *Journal of the American Medical Association* for December 8th, 1906, closes an excellent editorial on Puerperal Fever and the Monument to Semmelweis, with the following appropriate paragraphs:

"It is to be hoped that never again will a beneficient discovery meet the reception which was accorded to both Holmes and Semmelweis for their devotion to a truth which was theoretically or practically unpalatable to the authorities who had failed to see and apply it.

The question has been raised: "Why should not America honor Holmes as Hungary has honored Semmelweis? Holmes, it is true, presented only arguments drawn from literature, while Semmelweis added the demonstration of clinical facts, showing that prevention was possible. It is not probable that Semmelweis had seen the communication of Holmes, but that was due to an undue neglect of American literature, and it is fitting that we should honor the leaders of thought as well as those who demonstrate truth by experience.

Such a monument might recognize the work of his predecessors and show to the world that America is not forgetful of the honorable record of the medicine of her earlier days."

REPORT OF AN INTERESTING CASE OF UTERINE FIBROIDS WITH COMPLICATIONS.

By Leonce J. Kosminsky, M. D.

Texarkana, Arkansas.

On January 3, 1907, I was called in to assist a physician and surgeon here on a case out of the city, which was reported to him as one of suspected or probable Ovarian Cyst. We left here at 7 P. M., reaching our destination after about two hours' travel by rail; an hour after our arrival we went to see the patient of whom we knew nothing prior to this visit, save the above mentioned suspected condition. We found the patient to be a colored woman about thirty years old, a mother of six or seven children. The history obtained was meager owing to the woman's condition. For the past seven years she had been a sufferer almost constantly, and for the last four years complained of a growing tumefaction, which caused enlargement of the abdomen; on several occasions she was tapped so as to remove an accumulation of fluid from the abdominal cavity that gave rise to great discomfort and marked shortness of breath; this tapping gave almost immediate relief and after which a lump could be felt by the physician in charge on palpating the abdomen, which probably led to the suspected diagnoisis previously mentioned. The cessation of menstration dated back just about one year. She complained of frequent micturation, yet small in amount at each act, persistant constipation was also present, both no doubt due to pressure. The most prominent condition present on inspection was a greatly distended abdomen with a glistening appearance to the integument, due to markedascites. the lower limbs were quite oedematous. Dyspnoea was marked and radial pulse almost impalpable, which complicated the already grave condition. A positive diagnosis was impossible with the abdominal wall in that tense condition, so after resorting to the hypodermic administration of 1-60. Strych. sulph. we tapped in order to let out enough fluid from the abdominal cavity to relieve the existing tension. This procedure improved the respiratory function and gave more play to the hearts action, also permitted abdominal palpation giving us further knowledge of the case from a diagnostic standpoint, which revealed a case of multiple fibroids beyond any question of doubt. Even though patient's condition was not the best, an operation was the only thing that could be done to hope for any results whatever. With patient in a state of seminarcosis produced by the use of chloroform plus 50% turpentine as anaesthetic, together with other difficulties we proceeded to do an Abdominal Hysterectomy, taking necessary precautions not to permit a too rapid escape of fluid, which in all when removed amounted to about three gallons. Upon opening the abdomen everything was found pretty well matted up with adhesions between the tumor growth, peritoneum and omentum; these adhesions were broken up and the uterus in its pathological condition was liberated from all attachments, then removed. The three varieties of fibroids were present, namely, Submucous, Interstitial and Subperitoneal; furthermore one of the subperitoneal fibroids was in a cystic condition. During the operation it seemed several times that the patient would die on the operating table. After closing and dressing the abdominal wound patient was given an enema of normal salt solution.

Weight of the uterus with its tumors averaged about 15 to 20 pounds.

Prognosis. - Most unfavorable.

General condition of the patient after the operation was better, as the pulse and respiration seemed markedly improved; all in all our expectations were exceeded, as she reacted from the surgical procedure and was alive some five or six hours, when we departed for home, but died some time during the following day after discontinuing the administration of stimulants.

This case is spoken of owing to the rarity of the existance of the readily marked varieties of fibroids in one case, together with the manner in which a positive diagnosis was disguised until the evacuation of fluid from the abdominal cavity.

VINCENT'S ANGINA.

By Richard H. Johnston, M. D.,

Surgeon and Pathologist to the Presbyterian Hospital; Lecturer on Diseases of the Throat and Nose in the University of Maryland, School of Medicine, Baltimore.

In 1894 Rault first described Vincent's Angina. He called the disease "Primary, Benign, Gangrenous Tonsillitis." He had seen four cases,

three of which were between the ages of 19 and 21 years, and the fourth in a woman of 28 years. The last case developed in a patient who had had, three months before, an ulcero-membranous stomatitis. Rualt believed that the tonsil infection did not differ from that of the mouth except in location. In the same year Vincent described a special bacillus, the fusiform bacillus, which he had found in certain diphtheroid anginae. Bernheim found the same organism in ulcero-membranous stomatitis. Lemoine reported the presence of the fusiform bacillus in five cases of ulcerated tonsilitis. Rualt and Thiry observed analogous cases and described the disease under the term "Ulcero-membranous, chancriform Tonsillitis." Since the observations of these pioneers a number of cases of Vincent's Angina have appeared in medical literature.

There seems no doubt that the fusiform bacillus is the specific cause of the disease. Predisposing causes are a low state of health and extensive dental caries. It coexists often with ulcero-membranous stomatitis and is contagious.

The disease is of great practical importance because of its resemblance in appearance to true Diphtheria. It is, however, much less malignant, and the treatment is very different.

A typical case may be described as follows: Miss M. E., 37 years old, consulted me in October, 1906, for a sore throat on the left side. The night before she was seized with chilly sensations, headache, backache, sore throat on one side and a feeling of very decided malaise. She had spent "a bad night," being unable to sleep. The appearance of the patient indicated how miserable she felt. She was pale, weak, with a pulse of 90, and a temperature of 100 degrees. On the left tonsil there was a white membrane, which was easily removed without leaving a bleeding surface. On the upper part of the tonsil an ulceration, covered with a grayish green exudate present. Its edges were clear cut, while round it there was only a slight inflammatory condition. When the base of the ulcer was wiped out the cotton was slightly tinged with blood. The right tonsil was normal. Swallowing was very painful. Smears from the base of the ulcer, stained with methylene blue, showed a bacillus larger and longer than the Klebs-Loeffler bacillus and a number of spirilla scattered about. From the fact that only one tonsil was involved and from the result of the bacteriologic examination, a diagnosis of Vincent's Angina was made. Salol was prescribed internally, the bowels regulated and guiacol—50% in almond oil—swabbed over the surface of the tonsil and the base of the ulcer. The patient was advised to remain indoors and to take nothing hot to eat or drink. An ice bag externally was also suggested. At the second visit on the evening of the same day, the pulse was 96, temperature 101 and the subjective symptoms the same. The appearance of the tonsil had not changed—the membrane had reproduced itself but had not extended to the faucial pillars. Guiacol was again used. The next morning there was marked improvement in the subjective symptoms—the patient said she "felt like a new person." Temperature and pulse were normal and the pain in the throat was not so severe. The membrane still persisted on the tonsil. From this time on, the patient progressed rapidly towards recovery. The subjective symptoms disappeared, the membrane peeled off and under guiacol applications, the ulcer healed. The duration of the disease was eight days. I believe it quite probable that such cases are sometimes treated for Diphtheria. The chief points in the differential diagnosis are the bacteriological examination and the fact that Vincent's Angina usually attacks only one tonsil at the time.

The following description of the disease is taken from Escat's excellent work "Maladies du Pharynx." Ulcero-membranous tonsillitis is observed especially between the ages of 18 and 30 years. It begins with fever with a maximum of 100-101, loss of appetite, malaise and backache. Brindel and Rualt distinguished two periods. First—Pseudo-membranous period. A pseudo-membrane appears on the tonsil with irregular borders, affecting sometimes two separate points. Its consistence is soft and it is easily removed, but quickly reproduces itself. The membrane is surrounded by a red or violet inflammation. The soft palate participates somewhat in the inflammation. Salivation is profuse and the breath foetid. The glands under the angle of the jaw are slightly swollen. Second—Ulcerative period. The process extends in depth; ulceration succeeds erosion which may be very deep. The excavation is filled with an exudate of more compact density at the depth than at the periphery There is no induration of the tissues. It is at this period that the ulceration may be confound-

ed with a chancre or a gumma. With antiseptic treatment the cavity gradually heals. The prognosis is generally good. The ulcer may open the way for secondary infection as Syphilis, Diphtheria or Streptococcus. The diagnosis is made by finding the bacillus in the deepest part of the membrane accompanied by the spirillum. The treatment is antiseptic—solution of chloride of zinc 1 to 30, iodine and glycerine or resorcin or menthol in glycerine, applications of guiacol or formaldehyde 6 to 10 drops in glycerine 20 grammes. If debility is present, tonics should be given. The bacillus occurs in three forms—long, short and medium. Some are rectilinear—others cross each other. They stain well with Loeffler's methylene blue, fuchsin or gentian violet.

CORRESPONDENCE.

GLASGOW, SCOTLAND, *Sept.* 3, 1906.

To the Hospital Bulletin:—

At 10 A. M. on August 30th we took the east coast train for Edinburgh, a journey of about 400 miles. The train made only three or four stops, and passed through many historic places, as York, with its famous cathedral in plain view; Durham, with its cathedral and college in sight; Newcastle, famous as a coal market, from whence comes the expression "bringing coals to Newcastle." The river Tweed, which separates England from Scotland, is crossed by a lofty bridge, under which the largest ships can easily pass. England, to near Newcastle, is a lovely rolling, well-wooded and beautifully cultivated country, the farm houses and villages being constructed mostly of bricks; above Newcastle the country is rugged and is dotted with factories and industrial structures, and is poorly cultivated. Crossing the Tweed at Berwick, the aspect of the country changes, and it becomes more hilly, the houses are almost all built of stone, and herds of cattle and sheep are to be seen in abundance, while here and there castles in a more or less ruinous condition stand out boldly and remind us of the times, now long since passed, when border frays were constant and fierce. As we approach Edinburgh the railroad runs within sight of the North Sea, and many beautiful vistas of the blue sea were enjoyed. We reached Edinburgh in about eight hours, after a very comfortable and pleasant journey. This city is one of the most picturesque places that I have ever seen. It is situated upon hills, with a deep intervening valley or chasm, and is medieval in appearance, even the newer buildings being made to represent antique structures. Princess street is one of the handsomest thoroughfares in Europe, lined with classic looking buildings and thronged with pedestrians and vehicles. Edinburgh has long been celebrated for its medical schools, and whilst its lustre is perhaps not as brilliant as formerly, it is still a great center of medical knowledge. The University Medical School occupies a very large and handsome building close to the Royal Infirmary, and is said to have 1500 students, whilst the Royal College of Surgeons is another famous institution, with about 1000 students. There is a splendid anatomical museum in the university, under the charge of Professor Cunningham, in which the skeleton of Burk, the celebrated "burker," is still preserved. We had a letter of introduction to Dr. Alexis Thompson, who is a prominent surgeon, and were cordially received and entertained by him. Mr. Thompson was on duty at the Royal Infirmary, and we had the opportunity of seeing him operate on a number of cases, which, however, did not present anything of especial interest. In a case of sciatica he made a curved incision along the gluteal fold, pulled out the gluteus maximus and then hooked up the nerve to the outside of the origin of the biceps and semimembranosus and semitendinosus muscles. It seemed to me to be an easy method of reaching the nerve at the upper part of its course.

The Royal Infirmary is a large building, or series of detached buildings, accommodating about 800 patients, and thoroughly equipped. The operating rooms and amphitheatres, of which there were a number, were not as good as one would have expected. Professors John Chiene and Thomas Annandale are the chief surgeons, though there are several others with independent services. We met an Australian doctor here, who said he hoped to be able to visit the "Saint" Johns Hopkins Hospital. I told him that Johns had never been considered much of a saint in Baltimore. Edinburgh Castle, formerly a strongly fortified structure, situated on an eminence overlooking the city, is now used as the barracks of the "black watch," a famous Scottish

regiment. This castle is very rough, but here Mary, Queen of Scots, gave birth to James I., of England, in a very small room, from the window of which he was let down to be baptized. The crown, sceptres, sword of state and other regalia of the Scotch kings were buried for centuries to hide them from the English, but were recovered through the efforts of Sir Walter Scott, and are now exhibited in a carefully guarded room in this castle. Holyrood Palace in the old town is a small and rough castellated building, with common board floors, very unlike the palaces we had seen elsewhere. Here Mary and her husband, Lord Darnley, lived and their rooms are carefully cared for and kept as nearly as possible in their original condition. The Scotch are devoted to the memory of their beautiful queen, and quickly resent any reflections upon her character. Contrary to my expectations the weather was hot and the country dry. One is accustomed to associate Scotland with oat-meal, and it is surprising to learn that the American "Quaker Oats" is superseding the native article in its native habitat. We made an excursion to the famous bridge over the Firth of Forth, one of the largest and highest bridges in the world, and returned by steamer to Leith, which is the seaport of Edinburgh, but directly continuous with it. It has large docks and an extensive trade with the Baltic and the Mediterranean, and is built of grey stone, which gives it an ancient appearance. The Scotch observe the Sabbath very rigidly, and there is very little travel on Sunday. We wished to go to Glasgow, 42 miles distant, but could only go at 8.30 A. M., or later in the afternoon. We took the morning train and were two hours on the way. The country was thickly populated and many factories were to be seen. That the Scotch are canny goes without saying, that they are a handsome race cannot be said. The men are homely, the women ill favored, and the children the dirtiest and raggedest that we saw anywhere in Europe; of course there are exceptions to this rule, but I am giving my impressions as they struck me at the time. Scotland is also the land of caps, and at least 75 of the men I saw wore the ugly Scotch caps, which neither improved their appearance nor added to their dignity. Glasgow is a huge modern looking commercial city of 100,000 inhabitants, though it dates from 600 A. D. It is a great shipping port and the river was packed with craft of all descriptions. There is a famous and beautiful university here, founded about 1450 A. D., with about 1700 students, 600 of whom are medical. The Western Infirmary is in close proximity to the University and the clinical teaching of the medical school is done here. Sir William Macewen is the most distinguished surgeon here, but he was absent at the time of our visit, and there was no operating going on at all.

The Infirmary is a fine hospital and is up to date in every particular. Dr. Macintosh, the superintendent, took us over the buildings and showed us the splendid new dispensary and new wards which were just being opened. At the University we met Dr. Teacher, who had recently returned from the United States and had spent a day or two in Baltimore. Mr. Hunter's Museum is housed in the University of Glasgow, and in some respects is even more remarkable than that of his brother, John Hunter, in the Royal College of Surgeons at London, as he was an assiduous collector of curiosities of all kinds, as well as a great anatomist. His specimens are mostly in good condition, and the uterine dissections 150 years old are still in perfect preservation. The famous specimen on which he demonstrated the independence of the fetal circulation from that of the mother, by injecting the uterine and fetal vessels in different colors is as perfect now as when it was fresh. The placental preparations and the membranes are fine, and there are plaster of Paris casts of pregnant women, showing everything in situ. His lymphatic injections are beautiful. The original steam engine of James Watts is in this museum, as well as his microscope, which was made about 1765. Some valuable paintings collected by Wm. Hunter, as well as other miscellaneous articles add interest to the collection, but as an anatomical and pathological museum it is not equal to that of the Royal College of Surgeons in London. The University is a beautiful Gothic structure built of stone, and perched upon quite an eminence overlooking a large open space called Kelvingrove Park, in the western part of the city. It has new laboratories in separate buildings. A beautiful art gallery is situated in close proximity to the University and the Western Infirmary, so there is a notable group of public buildings situated around Kelvingrove Park.

RANDOLPH WINSLOW.

THE HOSPITAL BULLETIN

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A COMMITTEE OF THE HOSPITAL STAFF.

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BALTIMORE, MD, MARCH 15, 1907.

EDITORIAL

OUR NEW DEPARTMENT.—Now that both the Board of Regents of the University of Maryland and the Board of Visitors of St. John's College have ratified the action of the merger committee the union of these ancient and honorable institutions has been effected by the signatures of Mr. Bernard Carter, provost, and Mr. John P. Poe, secretary of the Board of Regents of the University of Maryland, and Mr. J. Wirt Randall, president, and Mr. L. Dorsey Gassaway, secretary of the Board of Visitors and Governors of St. John's College.

This affiliation is perfectly natural and carries out the views and plans of the early educators of Maryland. As early as 1784, a State University was created by an act of Legislature. This university consisting of Washington College, at Chestertown, and St. John's College was in the above mentioned year incorporated under the title of the University of Maryland, but this charter was rendered non-effective in the year 1806 by the Legislature refusing pecuniary aid to the institutions, and St. John's claims that the title and function of a university were not annulled and continue to exist. By this union then St. John's merely comes into possession of its own.

St. John's College was founded in 1696 as King William's School and took its present name and form in 1784. It at present, as formerly, occupies a spacious site in the historic city of Annapolis, Md., and is in a flourishing and active existence. The newest, but still the oldest department of this ancient and honorable institution will be an honor and a credit to the University of Maryland.

The present University of Maryland began as the College of Medicine of Maryland in 1807, which school in 1812 was authorized by an act of Legislature to annex to itself the faculties of Arts and Sciences, Law and Theology. At the present day only the schools of medicine with the kindred departments of dentistry and pharmacy, and law survive.

The plan for the amalgamation was proposed by Mr. Randall, to last for five years, and its general provisions call for a consolidation similar to those tried in other universities, as Tulane, at New Orleans, and the Northwestern, of Chicago. The plan provides for a council which is to have charge of the curriculum, general policy and management of the merged schools. The Governor of the State is to be chancellor, ex-officio, the provost of the University of Maryland, prochancellor, and Dr. Thomas Fell, president of St. John's College, first vice-chancellor. The alumni of the University of Maryland will observe that this amalgamation marks an epoch in the development and progress of the University of Maryland and is a fitting crown for the rounding out of the first century of her existence.

THE BULLETIN.—Today the BULLETIN celebrates its third birthday. The first issue appeared March 15, 1905, since which time it has been issued regularly on the 15th day of each month. As the enterprise was fraught with many difficulties and embarrassments the promoters entered upon its publication with much misgivings, but happily the stress of two years has been successfully weathered and the journal enters upon its third year much more vigorous than those concerned in its welfare deemed possible. Still there are many defects which could be readily remedied. The editors think, for instance, that some of those interested are not doing their share in promoting its success. Some of those of whom we have expected more have been inert, apathetic, and apparently unconcerned whether the journal survived or died. They are perfectly willing to reap any benefits accruing therefrom, but entirely unwilling under any circumstances to lend a helping or guiding hand. Some of our colleagues have not given us a single article since the inception of the journal and as the character of the authors stamp the individuality and im-

portance of a publication, is it imposing too great a request upon the negligent that they lighten our burden? It is our earnest desire that the New Year will bring about a change for the better, and when the fourth year rolls around there will not be the complaint of lack of co-operation.

The BULLETIN has undoubtedly fulfilled its office, *i. e.*, the welding of the affection of our alumni to their alma mater, the encouragement of literary efforts upon the part of our alumni, and of laying the plans and purposes of the faculty before the alumni.

Our younger alumni have and are supporting our endeavors, but there is a singular lack of encouragement from the older graduates. After two years' constant solicitation 60 per cent. of our subscribers have graduated since 1900, and only 40 per cent. prior to 1900. Of the class of 1906 more than 80 per cent. subscribed and we expect at least the same percentage from the class of 1907. In these classes a new spirit has arisen, each and every member takes a personal pride in the advancement and elevation of their alma mater.

To those who have lent a helping hand, whether as subscriber or contributor, we desire to extend our thanks and appreciation.

NOTES AND ITEMS.

Dr. J. S. Geatty, class of 1906, formerly an assistant resident physician at Bay View Hospital, has located at New Windsor, Md.

Dr. Louis B. Henkel, Jr., class of 1904, of Annapolis, who has been a patient at the University Hospital, has returned to his home.

Dr. Alan G. Brooks, of Philopolis, Md., class of 1906, has been promoted to first junior assistant, Columbus Hospital, New York.

Professor Hiram Woods has been elected a member of the executive committee of the Maryland alumni of Princton University.

Dr. C. W. Roberts, class of 1906, assistant resident surgeon at the University Hospital, who has been confined to his room by illness, is about again.

At the athletic carnival held Saturday, February 9, 1907, at the Fifth Regiment Armory, Baltimore, the Academic Department, St. John's College, won the meet with 26 points to its credit, more than twice the number of its nearest competitor.

Dr. Robert L. Felts, class of 1898, contract surgeon United States Army, has returned to his post, Fort Sam Houston, Texas, from leave of absence.

Dr. Hubert Richardson, clinical lecturer on neurology and psychiatry and lecturer on physiological chemistry, has resigned. Dr. Richardson will in the future make his home in Europe.

Reverend Dr. Francis L. Patton, president of Princeton Theological Seminary, and formerly president of Princeton University, will be the orator at the centennial commencement exercises.

Dr. and Mrs. R. C. Massenburg, of Towson, celebrated their twentieth wedding anniversary February 16, 1907. Dr. Massenburg graduated from the medical department of the University of Maryland with the class of 1884.

The first meeting of the new University Council has been held, with President Fell, of the Academic Department, in the chair, and Dr. R. Dorsey Coale, secretary. The arrangement of the curriculum was under discussion.

Dr. Harry Adler has been elected a member of the board of trustees of the endowment fund of the University of Maryland to fill the vacancy occasioned by the death of Dr. I. E. Atkinson, Emeritus Professor of Therapeutics.

Dr. Charles G. W. Macgill, class of 1856, one of the oldest and best known physicians and surgeons in Baltimore county, Maryland, and president of the First National Bank, Catonsville, is seriously ill. He has been confined to his home for several months with renal and cardiac involvement.

The following of our alumni have been appointed to the staff of the Emergency Hospital, Easton: Chairman, Dr. J. M. Bateman, class of 1867; General Diseases, Dr. Edward R. Trippe, class of 1862; Surgery, Dr. Chas. F. Davidson, class of 1888; Dr. Philip Lee Travers, class of 1902; Eye, Ear and Throat, Dr. Hughlett Hardcastle, class 1895.

At the banquet of the Baltimore Branch of St. John's College, School of Arts and Sciences, University of Maryland, held at the University Club, Baltimore, February 28, 1907, Professor Randolph Winslow responded to one of the toasts. Dr. Wirt A. Duvall, class of 1888, was elected one of the vice-presidents. Among those present were Dr. J. Holmes Smith, Dr. J. C. Hemmeter, Dr. Wirt A. Duvall and Dr. Randolph Winslow.

Thursday, January 31, 1907, the student body held a mass-meeting for the purpose of securing the co-operation of the students in making the centennial celebration a success. Dr. John C. Hemmeter presided. An executive committee will be formed, consisting of a representative from each class of the various departments, to look to the interests of the students in the celebration.

Dr. William N. Bisphan, class of 1897, assistant surgeon United States Army, has been relieved from duty at Fort Logan, Colorado, and ordered to proceed to Fort D. A. Russell and to report in person not later than February 20, 1907, to the commanding officer of the Tenth Cavalry for duty with that regiment en route to the Philippines. On arrival at Manila he will report in person to the commanding general, Philippine Division, for assignment to duty.

The Anne Arundel County Medical Society met at Annapolis, January 8, 1907, and elected our alumni to the following offices: President, Dr. Harry B. Gannt, class of 1880, of Millersville; Vice-President, Dr. W. C. Claude, class of 1875, of Annapolis; Secretary, Dr. Louis B. Henkel, Jr., class of 1903, of Annapolis; Treasurer, Dr. F. H. Thompson, class of 1879, of Annapolis; Censor, Dr. Jos. M. Worthington, class of 1872, Annapolis; Delegate to the Med. and Chirur. Faculty, Dr. Walton H. Hopkins, class of 1904, Annapolis.

MARRIAGES.

Dr. William Hewson Baltzell, class of 1889, of Baltimore, Md., was married February 12, 1907, at Wellesley, Mass., to Miss Alice Steele Cheney, daughter of Mr. and Mrs. Benjamin Pierce Cheney, of Elm Bank, Wellesley.

Dr. John Diedrich Moritz, class of 1904, was married February 12, 1907, to Miss Martha Washington Jennings, daughter of the late Francis Washington Jennings, of Virginia, at the home of her uncle, James McEvoy, 807 Park avenue, Baltimore, Md. Dr. and Mrs. Moritz will reside at Piedmont Lodge, Keswick, Va.

Dr. Robert Emmett Houston, class of 1904, formerly a resident druggist in the University Hospital, and one of the most popular members of his class, was married February 12, 1907, at Christ Church, Greenville, S. C., to Miss Harriet Barnwell Hayne, daughter of Mr. and Mrs. Paul Trapier Hayne, of Greenville, S. C.

DEATHS.

Dr. Joseph H. Wolfe, class of 1868, died of heart disease, at his home, in Elkton, Md., December 18, 1906, aged about 60.

Dr. J. Buxton Williams, class of 1868, a Confederate veteran, died suddenly at his home, in Oxford, N. C., January 2, 1907, aged 68.

Dr. George W. Boland, class of 1856, died at his home, in Barnesville, Md., January 8, 1907, from senile debility, after an illness of one year, aged 82.

Dr. William F. Ard, class of 1891, formerly house surgeon at the Woman's Hospital, in the State of New York, and late attending physician at the City Hospital, Binghampton, N. Y., a practitioner of Westchester, N. Y., died in New York City, January 24, 1907, after an illness of more than two years, aged 40.

Dr. John R. Berry, class of 1893, and also a graduate of the Department of Dentistry, of 1623 Pennsylvania avenue, Baltimore, died Wednesday, Feburary 20, 1907, aged 37. Dr. Berry was born in Richmond, Va., whence he migrated to Baltimore in 1887. In 1890 he married Miss Charlotte Ide, who survives him.

Dr. Charles Wesley Benson, class of 1860, of 1404 Eutaw place, Baltimore, a specialist in skin and nervous diseases, died Sunday, February 10, 1907, of diabetis mellitus, of which he had been afflicted since last December, aged 70. Dr. Benson was born June 1, 1837, at Black Rock, Baltimore county, Md. At 19 years of age he entered the medical department of the University of Maryland, from which he graduated with the class of 1860. After graduating he located in Baltimore, but later removed to Woodsboro, Frederick county, where he built up an extensive practice. In September, 1861, he married Miss Emily Bennett, of the prominent Carroll county family of that name. In 1865 he disposed of his property and migrated to Littletown, Pa., where, upon November 8, 1867, his wife died. In January, 1869, he again married. This time his wife being Miss Mary Barker, of Chester county, Pa. In the fall of 1869 he returned to Baltimore. A widow, Mrs. Mary Barker Benson, and three children—Mrs. Harry C. Primrose, of Baltimore; Mrs. Edward Bose, of New York, and Mr. Edgar B. Benson, of Baltimore—survive.

DIRECTORY OF LIVING ALUMNI OF MEDICAL DEPARTMENT OF THE UNIVERSITY OF MARYLAND.—Continued.

MARYLAND.

Kriete, Chas. H., Aberdeen, class 1895.
Rowe, Walter B., Aberdeen, class 1862.
Boyer, Horace, Accident, class 1903.
Gambrill, Wm. B., Alberton, class 1878.
Miller, Frank O., Alberton, class 1902.
Shipley, Benj. F., Alpha, class 1883.
Claude, W. C., Annapolis, class 1895.
Henkel, Charles B., Annapolis, class 1889.
Henkel, Louis B., Jr., Annapolis, class 1903.
Murphy, James J., Annapolis, class 1896.
Purvis, Jesse O., Annapolis, class 1904.
Thompson, Frank H., Annapolis, class 1879.
Tuck, Washington, Annapolis, class 1856.
Walton, Henry R., Annapolis, class 1856.
Walton, Henry R., Annapolis, class 1850.
Wells, George, Annapolis, class 1867.
Marbury, Wm. A., Aquasco, class 1867.
Billingslea, James S., Armiger, class 1905.
Crane, Geo. H., Armiger, class 1869.
Benson, B. R., Ashland, class 1875.
Abercrombie, John R., Baltimore, class 1895.
Adams, J. Fred, Baltimore, class 1894.
Adler, Harry, Baltimore, class 1895.
Ahroon, Carl R., Baltimore, class 1901.
Algire, Harry C., Baltimore, class 1895.
Allen, Lewis M., Baltimore, class 1896.
Andre, J. Ridgley, Baltimore, class 1850.
Ashbury, Howard Elmer, Baltimore, class 1899.
Ashby, Thomas A., Baltimore, class 1873.
Athey, Caleb W., Baltimore, class 1894.
Atkinson, A. Duvall, Baltimore, class 1894.
Atkinson, Robert, Baltimore, class 1854.
Baldwin, Silas, Baltimore, class 1867.
Ballard, E. K., Baltimore, class 1887.
Barker, Charles W., Baltimore, class 1885.
Barnes, Harry Davis, Baltimore, class 1889.
Barron, John, Baltimore, class 1877.
Bay, Robt. F., Baltimore, class 1905.
Bayne, Frank C., Baltimore, class 1901.
Beatty, Joseph E., Baltimore, class 1861.
Belt, Samuel J., Baltimore, class 1876.
Bennett, Wm. C., Baltimore, class 1900.
Benson, Charles W., Baltimore, class 1860.
Benzinger, Joseph C., Baltimore, class 1863.
Berkley, Henry J., Baltimore, class 1881.
Berry, John R., Baltimore, class 1893.
Bevan, Charles F., Baltimore, class 1871.
Biedler, Hampson H., Baltimore, class 1876.
Blaney, Wm. J., Baltimore, class 1896.
Blum, Joseph, Baltimore, class 1885.
Bolton, John H., Baltimore, class 1862.
Bond, A. K., Baltimore, class 1882.
Bond, Summerfield, Baltimore, class 1883.
Bordley, James, Jr., Baltimore, class 1896.
Boring, Hugh M., Baltimore, class 1896.
Boyd, Harry, Baltimore, class 1888.
Brooke, Charles H., Baltimore, class 1891.
Browne, B., Bernard, Baltimore, class 1864.
Buckler, Thomas H., Baltimore, class 1888.
Buckner, Charles T., Baltimore, class 1899.
Burch, Wm. B., Baltimore, class 1862.
Butler, James H., Baltimore, class 1857.
Butler, James C., Baltimore, class 1882.
Cairnes, George H., Baltimore, class 1864.
Campbell, Robt. E. L., Baltimore, class 1904.
Cannon, T. Harris, Baltimore, class 1901.
Carman, R. Perry, Baltimore, class 1901.
Carrick, Harry J., Baltimore, class 1889.
Carroll, J. J., Baltimore, class 1893.
Carswell, Walter S., Baltimore, class 1895.
Caruthers, Frederick, Baltimore, class 1892.
Chambers, Albert T, Baltimore, class 1898.
Chandlee, Henry, Baltimore, class 1882.
Chew, Samuel C., Baltimore, class 1858.
Chisolm, Francis M., Baltimore, class 1889.
Clark, Thaddeus W., Baltimore, class 1880.
Clarke, Sydenham H., Baltimore, class 1890.
Coben, Lee, Baltimore, class 1895.
Collenberg, John H., Baltimore, class 1879.
Conser, Charles C., Baltimore, class 1900.
Cook, Charles C., Baltimore, class 1901.
Cooke, Theodore, Baltimore, class 1859.
Cooke, Theodore, Jr., Baltimore, class 1891.
Coonan, John N., Baltimore, class 1861.
Cooper, Harrison F., Baltimore, class 1902.
Cordell, Eugene F., Baltimore, class 1868.
Corse, W. D., Baltimore, class 1887.
Craighill, James M., Baltimore, class 1882.
Cromwell, Martin J., Baltimore, class 1894.
Crouch, J. Frank, Baltimore, class 1890.
Crutchfield, Eugene L., Baltimore, class 1887.
Cuddy, John W. C., Baltimore, class 1863.
Culbreth, David M., Baltimore, class 1883.
Curley, James H., Baltimore, class 1850.
Dashiell, Nicholas L., Baltimore, class 1882.
Davies, J. Oliver, Baltimore, class 1898.
Davis, Charles R., Baltimore, class 1890.
Davis, Hoagland C., Baltimore, class 1902.
Davis, Pinkney L., Baltimore, class 1888.
Davis, S. Griffith, Baltimore, class 1893.
Demarco, Salvatore, Jr., Baltimore, class 1900.
Dickson, Isaac C., Baltimore, class 1897.
Didenhover, Chas. W., Baltimore, class 1894.
Dill, Phillip G., Baltimore, class 1885.
Dobbin, George W., Baltimore, class 1894.
Dobyns, F. C., Baltimore, class 1897.
Douglass, Eugene, Baltimore, class 1889.
Driscoll, Albert D., Baltimore, class 1902.
Duncan, E. M., Baltimore, class .....
Duvall, Wirt A., Baltimore, class 1888.
Earle, Samuel T., Jr., Baltimore, class 1870.
Eastman, Lewis M., Baltimore, class 1893.
Ebaugh, Irvin, Baltimore, class 1889.
Edmunds, Page, Baltimore, class 1898.
Eilau, Emanuel W., Baltimore, class 1879.
Ellis, Robert H. P., Baltimore, class 1877.
Everhart, George H., Baltimore, class 1890.
Everhart, George Y., Baltimore, class 1885.
Fawcett, Robert, Baltimore, class 1892.
Fenby, Edwin B., Baltimore, class 1878.
Ferguson, Frank C., Baltimore, class 1901.
Feddeman, Wm. H., Baltimore, class 1888.
Fetterhoff, Ira L., Baltimore, class 1885.
Field, Philip S., Baltimore, class 1852.
Fiske, John D., Baltimore, class 1875.
Fitzhugh, Henry M., Baltimore, class 1897.
Fleming, George A., Baltimore, class 1884.
Fulton, John S., Baltimore, class 1881.
Funck, J. Wm., Baltimore, class 1888.
Gale, Henry E., Baltimore, class 1885.
Galloway, Thomas K., Baltimore, class 1876.
Gamble, Cary B., Jr., Baltimore, class 1887.
Gately, Joseph E., Baltimore, class 1902.
Gavin, Frank D., Baltimore, class 1874.
Getz, Charles, Baltimore, class 1879.
Gibbons, Edward E., Baltimore, class 1895.
Gibbs, Edmund C., Baltimore, class 1884.
Gichner, Joseph E., Baltimore, class 1890.
Giles, Alfred B., Baltimore, class 1880.
Girdwood, John, Baltimore, class 1894.
Gorgas, Ferdinand J., Baltimore, class 1863.
Gorter, Nathan R., Baltimore, class 1879.
Gough, Dixon, Baltimore, class 1844.
Graham, George R., Baltimore, class 1883.
Grimes, John H., Baltimore, class 1868.
Grimes, Samuel B., Baltimore, class 1897.
Groshans, John H., Baltimore, class 1894.
Gross, Harry, Baltimore, class 1896.
Grove, Benjamin F., Baltimore, class 1877.
Hahn, Henry J., Baltimore, class 1899.
Hala, Wm. W., Baltimore, class 1905.
Hammerbacher, G. Herman, Baltimore, class 1894.
Hammond, Jas. R., Baltimore, class 1866.
Hardesty, Robt. F., Baltimore, class 1894.
Harlan, Herbert, Baltimore, class 1879.
Harris, Chas. C., Baltimore, class 1883.
Harris, John C., Baltimore, class 1862.
Harrison, A. C., Baltimore, class 1887.
Hartman, Jacob H., Baltimore, class 1869.
Hartwig, Chas. W., Baltimore, class 1889.
Hearn, A. C., Baltimore, class 1897.
Heldrick, Philip, Baltimore, class 1883.
Helsby, Thos. H., Baltimore, class 1859.
Hemmeter, Geo. W., Baltimore, class 1901.
Hemmeter, John C., Baltimore, class 1890.
Hengst, Wm. F., Baltimore, class 1876.
Hill, Alexander, Baltimore, class 1874.
Hill, Henry F., Baltimore, class 1877.
Hill, Norman F., Baltimore, class 1882.
Hirsh, Jose L., Baltimore, class 1895.
Hocking, George H., Baltimore, class 1879.
Hoen, Adolph G., Baltimore, class 1875.
Hoffman, J. Homer, Baltimore, class 1881.
Holland, Joseph W., Baltimore, class 1896.
Hollyday, John G., Baltimore, class 1868.
Hopkinson, B. Merrill, Baltimore, class 1885.
Horn, August, Baltimore, class 1888.
Houck, Henry C., Baltimore, class 1905.
Houff, John, Baltimore, class 1900.
Houston, William H., Baltimore, class 1900.
Howard, J. McH., Baltimore, class 1869.
Hults, Robt. M., Baltimore, class 1871.
Hundley, J. M., Baltimore, class 1882.
Hyde, Harry C., Baltimore, class 1899.
Iglehart, J. Howard, Baltimore, class 1903.
Irwin, Hamner C., Jr., Baltimore, class 1905.
Jauney, Edward W., Baltimore, class 1863.
Jauney, Francis W., Baltimore, class 1905.
Janney, O. Edward, Baltimore, class 1881.
Jay, John G., Baltimore, class 1871.
Jenkins, Felix, Baltimore, class 1849.
Jenkins, Harry E., Baltimore, class 1905.
Johnston, Christopher, Baltimore, class 1880.
Johnston, Richard, Baltimore, class 1894.
Jones, Howard W., Baltimore, class 1903.
Joyce, J. Burch, Baltimore, class 1894.
Jump, Clarence K., Baltimore, class 1885.

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ACUTE NEPHRITIS.

PTOMAINE POISONING.

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Definition.—An acute inflammation of the kidneys, either of a mild, severe or grave character. It may be more or less diffuse in nature.

Three varieties of acute renal disease are described by Delafield under the term Acute Bright's Disease.

(1) Acute degeneration of the kidneys.

(2) Acute exudative nephritis.

(3) Acute productive nephritis.

Symptoms.—The onset is sudden, as a rule, but varies with the exciting cause of the nephritis. Chilliness, nausea and vomiting, pain in back and head, and in some cases dropsy in 24 hours. Children are subject to convulsions (Uremic), and in severe cases adults are no less liable. Fever may be present, but it is neither constant or high. The early œdema of the eyelids and pallor of the skin is characteristic. Soon, and in some cases, the first thing noticed is the swelling of the ankles and legs, and in some cases dropsy involves the whole body. The scrotum, penis and labia in such cases become greatly enlarged, skin presenting almost translucent appearance. Often local symptoms, as pain and tenderness in lumbar region, are absent. Micturition may become frequent, and accompanied by a slight burning and vesical tenesmus, due to concentrated urine. Bodily movements become painful in marked anasarca. Uræmia may be looked for by the intense headache and backache. A urinary examination is always necessary, as in mild cases the renal condition may be overlooked.

The urine in acute nephritis is characteristic. (1) The total quantity in 24 hours is diminished, varying from 5 to 25 ounces. There may be, and generally is, suppression in cases of toxic origin, where a necrosis of degeneration of renal epithelium occurs. (2) The Sp. Gr. is early increased, though later may fall to 1010 or 1015. (3) The color is usually darker than normal, and usually smoky red. (4) A floculent sediment is seen on allowing it to stand. (5) Some red corpuscles and renal epithelium are found microscopically, together with hyaline, blood and epithelial tube casts. (6) The urine is acid in reaction, and on boiling throws down a curdy precipitate of albumen. The pulse is often hard and tense; though slow at first, is generally accelerated later. The Aortic second sound is accentuated. Epistaxis appears occasionally, and subconjunctival hemorrhages sometimes follow unwitnessed convulsions (Uremic). The uremic symptoms are generally ushered in with a headache, backache, vomiting and convulsions.

Etiology.—More often appears in middle life, though may occur at any time. Males are more often attacked than females.

Of 270 cited cases of Bright's, nephritis occurred more frequently in males than females. Most common during greatest activity of the body. One hundred and forty were acute, 85 being hemorrhage (Deutsch Archives). Occupations necessitating exposure to cold and wet offer special predisposing causes. The long-continued use of alcohol will also, as a rule, prove a predisposing cause. It is often difficult to determine the relative influence of alcoholic excesses and the exposure incident thereto.

Acute intoxication from beer drinking may result in an acute nephritis, but it is yet likely that in most cases the exciting cause is cold acting upon the individual in his exposed condition. It may also be caused at times by cold apart from the abuse of alcoholic indulgence. In such cases it is supposed that there is an inherent weakness of the kidneys or susceptibility, rendering these points vulnerable organs in the system. Acute nephritis may be the result of infectious diseases (Smallpox, Typhoid, Cholera, Diphtheria, Yellow Fever, Measles, Chickenpox, Erysipelas, Septico-Pyemia, Pneumonia, Dysentery, Rheumatism and Tuberculosis). Syphilis is rarely a

cause. Chemical Toxic agents, as Turpentine, Cantharides, Carbolic Acid, Potass. Chlorate, Mineral Acids, Phosphorus, Arsenic and Mercury, Lead and Iron. Iodoform has also caused it. It may occur from the ingestion of highly acid, spiced or adulterated foods, absorption of alimentary ptomaines, which the kidney cannot eliminate.

Pathology.—There is a considerable variation in the anatomical changes of the kidneys, according to the degree of development. There may be no microscopical change in the mildest cases; as a rule, however, the kidneys are slightly enlarged, swollen and somewhat softened. The epithelium is not only changed, but there is an inflammatory exudate between the tubules, consisting of serum, leucocytes and red blood corpuscles. In some cases the kidneys show only a slight cellular infiltration of the intertubal tissue. In others the interstitial tissue is swollen by the coagulated serofibrinous exudate, many leucocytes, besides desquamation of necrotic epithelial cells and presence of hyaline casts in the tubules. The inflammatory exudate collects, also, in the Malpighian bodies and tubules. The tubules may be dilated and choked with degenerated cells, or more frequently the straight tubules are clogged with hyaline casts. The leucocytes infiltrating the stroma are collected in foci in the cortex, and not, as a rule, equally diffused.

Diagnosis.—Acute Bright's can hardly be overlooked when urine is carefully examined chemically and microscopically. It should be expected and the urine examined in every case showing pallor of the skin and puffy eyelids, whether general prostration of health is apparent or not, headache, restlessness, muscular twitching, nausea and vomiting, a tense pulse, moderate fever, dropsy and anæmia. Tube casts and albuminuria are constant; in addition to the above mentioned, the finding of red and white corpuscles should render the diagnosis positive. The history of the case should always be taken into consideration.

Prognosis.—A case of ordinary Exudative Nephritis, following exposure to cold and wet, runs a course varying from a few days to three or more weeks. There is a steady diminution of the albuminuria, which finally disappears together, with the casts, while the daily quantity of lighter urine and quantity of urea increase. The character and intensity of the inflammation and primary disease are causative conditions largely determining the prognosis. Acute Nephritis presents a number of serious and often dangerous symptoms, such as dropsical effusions into serous sacks, uremia (especially when beginning with cerebral manifestations) and finally inflammation of the internal organs, as Pneumonia, Pleurisy, Pericarditis and Meningitis.

Recovery is quite common in cases of marked general dropsy in the absence of uremia. Suppression of urine, if it lasts for 24 hours or more, is usually fatal.

Treatment.—The first object in the treatment is to relieve the congestion and inflammation, since the renal functions in this condition are diminished. It is, therefore, in order to restore the functional equilibrium by their antiphlogistic influence, that the single or combined use of diaphoretics and cathartics is employed, and not that the skin and bowels should be made to perform the work normally done by the kidneys. Absolute rest in warm bed and warm room is of primary importance. Woolen underwear and blankets should be used, as these are of importance both in mild and severe cases. The diet should consist of bland liquid food only, and patient urged to drink plenty of water. Skimmed milk or buttermilk are of great value, especially when given hot. Thin meat broths may be allowed later in the disease, although a strict milk diet is preferable. A profuse perspiration is always desirable, as the congestion of the kidneys is relieved by the action of the skin; this may be accomplished by hot bath or hot pack. Should these measures fail as in uremia, perspiration may be started by hypodermic injection of pilocarpine, gr. 1-8 or 1-6. It will then begin to pour out upon the application of heat. Serious consequences are reported from the use of pilocarpine, and the heart and pulse must always be carefully watched.

The sweating must be repeated just as often as the patient's condition will permit until dropsy disappears. Hydrogogues, as Elaterium, Saline Cathartics and Comp. Jalap powders, are useful. I here give you an old formula of Dr. Nathan R. Smith, found in an old notebook of a friend who heard his lectures:

℞	Hydrarg. Chlor. mite	Gr. 12
	Pulv. Scilla	Gr. 24
	Elaterine	Gr. 3
	Ext. Digitalis	Gr. 4
	Ext. Hyoscyami	Gr. 12
	M. ft. in Caps, No. 12	
	Sig.—One capsule every night.	

If the uremic convulsions do not promptly yield to the diaphoresis and catharsis, venesection must be resorted to, the withdrawal of a pint or two often saving life. Nausea and vomiting may be held in check by cocaine, cracked ice, and occasionally broken doses of calomel. The diet must not be changed to solids either too suddenly or too rapidly, and particularly does this hold good in questions of meat. Milk should form the principal diet, and light, watery vegetables, fruits and cereals may be gradually added. The anemia will indicate tonics of iron. The prevailing custom of putting the patient on strict or partial milk diet has been strongly condemned by Von Noorden and others, but it is generally accepted to be the ideal food in cases of desquamative nephritis.

Carefully regulated habits in regard to dress, exercise and diet, with change to a warmer, drier and more equitable climate, are necessary in cases that are convalescent from the very serious forms of nephritis. Two particularly interesting cases which came under my notice in the past 12 months were of such interest that I will report them here:

Case No. 1.—N. E. K., male, white, aged 46 years; married; occupation, clerical work; patient was formerly in the restaurant business, but of temperate habits in regard to the use of alcohol, but indiscreet in diet; that he was in apparently perfect health previous to attack I am positive, as he obtained life insurance in a reputable company and passed by a physician of standing only four months previous. Patient left his office on the afternoon of December 3d, 1906, feeling in best of health, and on way home stopped in restaurant down town and ate raw oysters, followed with glass of beer, with cheese and crackers. After boarding car he was suddenly seized with violent frontal headache, which was of throbbing character, and everything became hazy and blurred. He endeavored to walk from the car to his house, but found that he was unable to navigate, and staggered as though he were intoxicated.

Upon his arrival home was taken with severe vomiting and pain in abdomen. Was summoned about 7.30 P. M., and found him sitting in a chair in a dazed condition, in profound perspiration, with extremities cold and clammy. Features pinched, anxious expression and very nervous. Pupils were contracted to pin point, resembling profound opium poisoning, with eyes glassy and puffed lids. Patient was unable to give an intelligent account of himself at that time, and frequently complained of terrible agony in head. Mag. Sulph. was immediately given in ½-oz. doses with warm water, followed with hypodermic of morphia and atropia. Patient was ordered to bed, but before retiring was taken with another attack of vomiting and wretching, in which he threw off a mass of cheese and oysters in semi-digested condition. After this pupils became widely dilated and eyes became very red and swoolen. He was put in bed, and in a short time became delirious. A second dose of mag. sulph. was given in three hours, followed by intense pain and nausea, but no vomiting, as calomel in broken doses of 1-10 gr. every ½ hour was administered. In about 10 hours bowels moved freely, and he went into a restless sleep for a few hours. My next visit in the morning found him easier, but throbbing frontal pain continued, and he complained of being unable to see; he could distinguish objects, but could not make out their outline or color.

His urine was examined immediately, and was found loaded with albumen, dark red in color, and contained hyaline casts, with quantity of red blood cells. He was then given Basham's Mixture in tablespoonful doses every three hours and large draughts of water.

My next visit was on the afternoon of the second day, when I found patient easier, headache almost entirely gone, but mental faculties sluggish. Pupils again contracted and eyes had a listless stare. He would locate my position in the room by sound before trying to see, and said that his eyes were so heavy that it hurt him to focus on an object. Diet was limited to skimmed milk and limewater, and sleep induced by bromide in very small doses. Patient gradually improved, and insisted on being taken to his office on the fourth day. He was unable to read or write, and could only distinguish denomination of coin by sense of touch. As his general physical condition was slightly improved, after again finding urine full of albumen, but less blood and casts, I took him to consult an eye specialist.

Dr. Tarun made thorough examination, and found a retinal hemorrhage of each side, supposedly due from the excruciating pain and vomiting. At first he gave a very unfavorable prognosis, but after several visits and rigid diet, with large doses of Basham's Mixture, the symptoms rapidly cleared, and glasses were ordered to cor-

rect the defective vision. Ten days after the attack patient came to my office greatly improved, and on examining the urine was surprised to find it absolutely normal. I ordered a diminution of the dose of Basham's, and another 24-hour specimen, for examination three days later. This also was free from albumen, but contained a few casts and blood cells. He was allowed a more liberal diet, leading up to meat in some form once a day, and he was instructed to report again in five days for another examination. At this time I found him apparently in the best of health, urine negative, no pain, heart also normal, and his vision restored to his former condition. This case I have tabulated as caused from Acute Indgestion or Ptomaine Poison.

Six weeks later patient visited my office for examination. Urine negative, and he had discarded his glasses, except for reading and writing; bowels moved every day and he enjoyed healthful sleep.

Seven or eight weeks later he was seated in barber chair being shaved, when he suddenly became unconscious and fell to the floor. Was summoned about 8:30 A. M., and found him very nervous and confused. Says he did not remember leaving home for barber shop, and has only a vague memory of arising for breakfast. Morphia was administered, and he was removed to his home and immediately placed in bed. Infusion of digitalis was given every two hours until physiological effect was obtained. Urine contained albumen in less quantity than previous attacks, but loaded with blood cells. Patient was nearly wild with pain in lumbar region, which was relieved by the Paquelin Cautery.

He was confined to bed for five days, when urine again entirely cleared up, and he returned to his business feeling his former self again. I have made repeated examinations of urine the past four weeks since the last attack, but have been unable to find any evidences of permanent lesion. March 7, 1907.

Case No. 2.—M.R., age 24; male, white. About June 3d, 1906, he had an attack of Follicular Tonsilitis which was severe, and follicles were filled with grayish deposits, which on the surface fused together in places, resembling a diphtheritic membrane. I was compelled to withdraw from the case at this time to attend the meeting in Boston, and he was left in charge of my friend, Dr. Edmunds. Culture was made for diphtheria, and before result was known antitoxine was administered on suspicion. After due time his tonsilitis cleared up, and he complained of backache, headache and nausea, which was followed by swelling of the feet and ankles to such an extent that he was unable to lace his shoes for several days; eyelids became puffed and skin was of a grayish pallor. Urine was examined, and found albumen in goodly quantity, but no casts. He was placed on Basham's Mixture and lithia citrate, and directed to drink large quantities of water. Albumen cleared gradually, but legs remained swollen. He was advised to go away for a few weeks, and returned from Atlantic City much improved. Urine was examined upon his return, and was found to be perfectly normal, and swelling had entirely disappeared. He has since enjoyed perfect health, and the condition was attributed to some peculiar action of the antitoxine upon these organs.

Before closing this report I wish to call attention to the importance of constantly examining the urine in all suspicious cases, and regret that I did not make a quantitative analysis as well as qualitative. As stated at the beginning of this paper, Acute Bright's should always be looked for wherever we have a history of exposure, constant headache, backache and extreme pallor of the skin.

A CASE OF ECHINOCCUS CYST OF THE LIVER. OPERATION AND APPARENT RECOVERY.

By James M. Craighill, M. D.

Clinical Professor of Medicine, University of Maryland.

As far as I can learn, there have been only two cases of hydatid cysts at the University of Maryland Hospital, four cases at the City Hospital and about the same number at the Johns Hopkins Hospital.

The first at this hospital was also a cyst of the liver in a man, and operated on successfully by Professor Tiffany a number of years ago.

The case I wish to report occurred in a Greek woman, married, aged 30, who came under my care February 1, 1906, having been brought to the hospital about ten days previously, supposed to be suffering with typhoid fever, and treated for that disease when first admitted. Subsequent

study of the case justified the diagnosis of typhoid fever being thrown out.

The patient on entering gave a history of having been sick for two months. She was first taken with a chill, followed by fever, several times having had nose bleed and at times pain in the abdomen.

Physical examination notes made by Dr. J. Holmes Smith, Jr., on entry states the patient to be a woman of small frame, considerably emaciated, muscles small and flabby, skin loose and inelastic, expression anxious; mucous surfaces show anæmia; chest expansion fair and about equal on both sides. Percussion note over both fronts to fifth rib resonant; markedly impaired on both sides below fifth rib. Anscultation respiratory sounds decidedly less distinct over whole of right front and axilla than over left. Over right side below fifth rib breath sounds very distant, but can be heard over left in the lower part of lung much more distinctly. In right axilla over right front, below nipple, a number of fine dry rales are heard on inspiration.

Heart shows nothing abnormal except a slight bruit at apex, with the first sound (likely due to the anæmia of the woman), and some slight accentuation of the pulmonic second sound. Abdomen tense and pain complained of on pressure in the epigastric region, and over this region the note on percussion is flat. Spleen not palpable. I am sorry to say no note is made of the condition of liver, but from my recollection of the case when I took charge, two weeks after these notes were written, nothing abnormal was found about that organ. February 10th Dr. Bay called my attention to a friction sound over lower posterior portion of right lung, with a few fine crackling rales and straight flatness on percussion. Patient's general condition at this time much improved, gaining flesh, complexion better, but obstinately constipated and passed some blood during defecation. February 20th patient was still running some temperature, but was gotten out of bed and given a soft diet, with a subsequent lowering of temperature and a gain in weight and strength. March 1st patient still complains of pain in right epigastrium and joints. Skin has an icteriod appearance. Nausea at times, but seldom vomits.

A definite area of resistance noted in right hypogastrium, where pain is most severe, with rigidity and tenderness. Patient gives history of previous pains in this region, accompanied with jaundice, stools clay colored and resemble putty. Pain constant and not paroxismal. March 22nd, patient was transferred to the surgical side for relief. Her general condition remained about the same; still complains of boring pains under right costal margin, at times radiating to the back. Still runs a low grade of temperature; pulse rate 110; respiration not increased. Abdomen epigastrium stands out prominently; markedly rigid and tender; dull on percussion. Just under right costal margin distinct oval area of resistance noted, about three inches in diameter, dull on percussion and during deep inspiration a smooth mass can be felt, which moves under the palpating fingers. No fluctuation or nodules made out. This area in hypogastric region has only been present during last few days.

The diagnosis of the medical department on the transfer was probably a dilated gall bladder; hydatid cyst was not thought of.

In looking over an account of the operation I find in the notes that even after the abdomen was opened and the tumor was exposed to view it was still thought to be a distended gall bladder. Rolliston, in his book on "Diseases of the Liver," says not uncommonly a hydatid cyst hangs down from the under margin of liver, and may resemble a dilated gall bladder.

After the correct diagnosis was made I questioned the woman, and found she had only been in this country three years, and had lived where many dogs were to be found. According to many different authorities these cysts may exist in the human being for as long a period as 20 years, so it is reasonable to suspect the patient contracted the disease in her native country, where it is a much more common trouble than in the United States.

This form of tapeworm is most common in Iceland and South Australia. In Norway, where dogs are numerous, the disease is rare; also in Russia, in Switzerland and South Germany they are found more frequently. Lyon in 1901 was only able to collect 241 cases in North America, and these were mostly in native Icelanders and Germans. The host of the worm is usually of the dog tribe, including the wolf, fox and jackall. The cyst is rarely formed in the human being under 15 years of age, and most frequently between 20 and 40 years, and is rare after 50 years of age.

These cysts are much more frequent in the

liver than elsewhere in mankind. The eggs of the worm getting into the human stomach, and the embryo, after being liberated, gets into the portal circulation and finds a natural lodgment in the liver. If the embryo pass the liver, the next most frequent lodgment is in the lungs. In a table compiled by Thomas of 1,900 cases, from all countries, the frequency with which different organs are attacked is shown by the following percentages: Liver, 57 per cent.; lungs, 11.6 per cent.; kidney, 4.7 per cent.; spleen, 2.1 per cent.; heart, 1.8 per cent.; peritoneum, omentum and mesentery, 1.4 per cent. These cysts are even sometimes found in the bones of the body.

The mode of conveyance is often directly from the dog to the human being; another frequent source of infection is from drinking water and unwashed vegetables which have been contaminated by fecal matter from the host of the worm. Rolliston also notes the very interesting fact that compensatory hyperplasia occurs with greater ease in hydatid disease of the liver than in cirrhosis, malignant disease or abscess, and gives as a reason that there is no depressing factor, such as the presence of toxins to reduce the vitality of the liver cells. He states fluid from the living cysts is not tonic to the human being, whereas fluid from the dead cyst may be just the reverse. The compensatory hypertrophy is better developed at some distance from the cysts, and, since cysts are usually in the right lobe, the left is frequently greatly hypertrophied, and has sometimes been found to weigh as much as the normal liver. Compensatory hypertrophy also takes place in the two smaller lobes of the liver. The left lobe of this patient became enlarged before leaving the hospital, according to the surgical notes.

According to Albutt's system of medicine, the life of these cysts is unknown in the human being, but it is certain they may exist a long period of years and give comparatively little trouble unless suppuration supervenes, when they may cause death to the patient by rupture into some nearby organ. If rupture takes place into a bronchus, it may cause death by filling up the bronchi of both lungs, or, if this unfortunate accident do not occur, the patient may expectorate over a long space of time the contents of the cyst, showing the scolices and hooklets. If rupture takes place into one of the hepatic ducts, jaundice generally supervenes. If into the stomach, the cystic contents may be vomited up, the vomit having a peculiar and distinct smell, or, if not vomited, may pass on out through the bowel.

If the cyst be located in one or other kidney, the diagnosis is very difficult, resembling a pyonephrosis, and until some of the contents is gotten cannot be well distinguished the one from the other. One of these cysts discharging into the pelvis of a kidney may set up a very severe form of renal colic. Albutt also calls attention to the fact that these cysts, like any other living thing, may die a natural death after attaining a certain age.

In 36 autopsies at the Adelaide Hospital in which hydatid disease was found, 10 were the subject of retrogressive cysts that had been unsuspected during life.

Diagnosis.—The diagnosis of this trouble may at times be easy, and at other times impossible, according to the location of the cyst. No doubt the case I have reported would have been thought of and promptly diagnosed in a country where the medical man is on the watch for this disease. The hydatid thrill may or may not be present; if present is more likely to be positive than negative, as it occurs oftener in this disease than any other; but, on the other hand, may be found in a hydronephrosis and other pathological conditions of the body.

Paracentisis may give fragments of the cysts in which the scolices and hooklets will make the diagnosis positive. This, though, according to most authorities, is a very questionable procedure to tap these cysts if suspected, as some of the fluid may escape and get into parts of the body, which may cause very unpleasant symptoms, if not death, to the patient.

Treatment.—Can be summed up in few words. Medicine administered internally is absolutely negative. The cyst should be opened up and its contents removed by the surgeon, where possible, and the cavity washed out by a weak solution of formalyn.

THE ABUSE OF MEDICAL CHARITIES.

By Arthur M. Shipley, M .D.

Medical Superintendent, University Hospital, Baltimore, Md.

Free dispensaries and the free wards of hospitals are among the world's greatest charities. Perhaps they are the most deserving of all the charities. Here the poor are helped at a time when help is most urgently needed—when they

are ill. Hospital charity is, in the eyes of the poor, free from much that is irksome in many other charities. There is almost no investigation as to past life or habits, and no inquiry as to how he came to his present state, and no attempt at proselyting.

The mere stay in the wards cannot help but have some lasting effect on the patient aside from ministration to his ills of body. Ward cleanliness and ward discipline must create in him some slight desire, however fleeting, of bettering his home conditions.

With the rapid growth in size of our cities, and the crowding in the tenement districts of hordes of the ignorant, poor and foreign-born, there is seen a correspondingly rapid increase in the demand for ward accommodations in the general and special hospitals, and there is no more deserving charity than this—a charity which is limited only by the number of beds in the wards. Here the sick and injured are cared for, and either nursed back to health and usefulness as breadwinners or the manner of their death is robbed of much that makes death so fearsome a thing in the homes of the very poor.

It is rather hard to imagine, for instance, just what would become of the negroes in Baltimore were it not for the hospital charities.

Yet, admirable as all this is, there is much about medical charity that is deserving of criticism. The well- organized, well-equipped, modern dispensary is setting a premium on pauperism, and, more than this, it is seriously curtailing the income of the general practitioner. Anyone who visits our city dispensaries can see any day many persons waiting their turn for free advice and free medicine who are well able to pay for both.

It is not their fault; it is a general desire of mankind to get something for nothing; it is rather our fault in that we make this condition of affairs possible. Why should Mr. X., who is sick of a cough, pay the young physician, graduated only last year, one dollar for examination, and the druggist 75 cents for medicines, when a dispensary will give him an expert's advice for nothing, and charge him, perhaps, nothing for his medicines? This entire question has a much more serious side than at first appears. Only a few years ago dispensaries were so poorly equipped that patients who could pay preferred consulting a physician at his office, but the modern dispensary is a very comfortable place by comparison, and patients have been seen attending the dispensary in their carriages.

This competition that the physician is compelled to meet is unfair to him. It does not injure the older man with a good practice, but it does cripple the young graduate who is practicing in the poorer sections of the city. It has, however, this one advantage, that it compels the doctor to do a better class of work and to be more painstaking in his examination, in order not to have his opinion reversed.

There is another form of injustice in which the hospital itself is the sufferer. Patients are sent into the hospital for treatment by their physicians with the statement that they can pay absolutely nothing, and often a bed in a free ward is occupied by a patient who is not entitled to it at all, while some deserving case has to be refused admittance because the wards are full. This happens quite often. Very often it is not the hospital which suffers, but the attending physician or surgeon. A patient is admitted to the private ward and pays his hospital bill, but the physician or surgeon is informed that he must expect nothing for his services.

Now, no real physician objects to spending much of his time in charity work; he is glad to contribute his skill and knowledge when the case is deserving, but he does object to being imposed upon.

Sometime ago a patient, about whose financial condition I happened to know something, applied for admittance to the free ward. When asked why he wanted to go in the free ward when he was able to pay his expenses, he said that his physician told him that he, the physician, was entitled to the privilege of filling two beds in the University Hospital, and that one of them was empty at that time. This physician was not a member of the hospital staff and was not even an alumnus of the school. Instances of this sort could be enumerated at great length.

Several years ago a patient, a bachelor, with no one dependent upon him, whom I knew, applied for admittance to the free ward. He was suffering from typhoid fever. When asked why he thought he was entitled to free ward treatment, he said that his physician told him that because he was a taxpayer in the state he should have free hospital treatment. This man's property, at a rough valuation, was worth eight or ten thousand dollars.

Only the other day, while talking to a physician, who is about to open a hospital in a West Virginia town, I was told that patients well able to pay a fair fee were treated in the Baltimore hospitals absolutely free, and this, he said, was a great injustice to them.

They had no objection to competition on a fair basis, but they could not compete with surgeons who operated free of charge, in free hospital wards, on patients not in any way entitled to charity.

And this is perhaps one reason why free ward patients are demanding so much. It is amazing, the manner in which absolutely free patients demand things of hospitals. It is all the result perhaps of too much competition, and some understanding will have to be arranged between different hospitals and between hospitals and physicians if we are to stop cutting each other's throats.

THE X-RAY AS AN INSTRUMENT OF PRECISION.

Nathan Winslow, M. D.

With the advent of the X-rays many affections, especially obscure bone and joint lesions hitherto unrecognized or recognized only after great destruction had been wrought, were brought within the pale of early diagnosis, thus enabling the surgeon to institute prompt and efficient treatment with much greater chances of obtaining a permanent cure.

What surgeon of today would operate upon suspected renal calculi without first invoking the aid of this mysterious light in order to determine not only their exact number, but their exact location? A negative result does not signify necessarily the absence of stone, but a positive finding is absolutely correct, thus enabling the surgeon to work more expeditiously and avoid any unnecessary mutilation of the kidneys. Thoracic aneurism have been brought within the realm of absolutism by the X-rays.

The location of foreign bodies is too well understood and appreciated by the general practitioner to need any further comment than passing mention. Fractures and dislocations are accurately disagnosticated, and after reduction the position of the fragments can be definitely determined without removing the retentive apparatus, thus relieving the surgeon of any unnecessary worry and mortification.

In other fields these rays have found practical employment, *i. e.,* diseased conditions of the bones and joints, and even areas of consolidation in pulmonary tuberculosis have been successfully noted.

Spinal caries in the adult, formerly believed an exceedingly rare affection, by consistent and frequent X-ray examinations has been detected in so-called cases of neurasthenia. Dr. Compton Riely has made it a routine practice to obtain a radiograph of the vertebræ of any case suffering with indefinite pains of the abdominal viscera, of those cases incapable of prolonged exertion without tiring of the back, of those cases manifesting various nervous hyperesthesias, of weakness and of increased deep reflexes, of the lower extremities, of varying degrees of paraplegia, of those cases of incontinence of urine and interference with the bowel functions. Any one or all of these symptoms may be due to an irritation of the cord by a pachymeningitis or a spinal abscess without any evident deformity of the spinal column. He believes that many of the cases operated upon by first one surgeon and then another for the relief of indefinite abdominal disturbances would oftentimes be spared operation if a radiograph of their spine had been obtained. Dr. Riely and myself have made it a routine practice in the University Hospital in those cases presenting symptoms identical with those of caries in childhood, namely, neuralgic pains of the abdominal viscera, pain in the back, increased upon motion, hyperesthesia and increased deep reflexes of the lower extremities, general weakness of the back, rigidity of the erector spinæ muscles and immobilization of the back and more or less paraplegia of the lower extremities to subject the patient to a radiographic examination with the apparent discovery in at least six cases of undoubted spinal necrosis. It is only fair to state that all of these patients showed marked improvement when appropriate retentive and extension apparatus was applied.

One case, that of a bed-riddden girl, who had undergone at least half a dozen major abdominal operations for the relief of unbearable abdominal pain, none of them proving successful, was subjected to a skiagraphic examination, with the discovery of a spinal abscess. A special extension apparatus was thereupon applied with very

good effect, as she is now able to get around with a considerable degree of comfort, and the disagreeable abdominal symptoms have almost entirely disappeared. Like treatment of the other cases has been with almost if not as happy result.

TREATMENT OF ACUTE GONORRHOEA

In this paper Dr. Edmunds summarizes the present status of the treatment of acute gonorrhoea in the virgin urethra, omitting the handling of all complications. The treatment of gonorrhea as treatment in general has in the last decade advanced marvelously. When called upon to treat gonorrhea, three desiderati arise, *i. e.*, asepsis, antisepsis, and drainage. Although we have not discovered a specific for gonorrhoea, the duration of the attack, with a corresponding lessening of the liability of complications, may, by proper methods, be somewhat reduced. The strong remedial agents formerly relied upon were the cause of numberless strictures and other complications. After the application of such drastic measures there is almost invariably a prompt return of the morning drop of mucopus when treatment is discontinued.

Formerly asepsis was scarcely thought of, and drainage given no thought at all. As previously stated, powerful escharotic germicidal solutions, as much as 1,000 C. C. at a sitting, were injected into the urethra, and as the endoscope has demonstrated with great injury to the mucous membrane. The idea in the employment of such strong solutions being the destruction of the causative organism, but today it is recognized a solution of such a strength as to kill the germ will invariably injure the mucous membrane.

Drainage is the most important advance made in the treatment of gonorrhoea. Antiseptics are only of secondary importance, as drugs strong enough to destroy the germs would kill the cells; asepsis is of value in the prevention of secondary infection.

Abortive treatment does not abort, but the following procedure may be tried: Direct the patient to pass his urine, then constrict the urethra about one and a half inches from the anterior urinary meatus and inject a 20 per cent. solution of Argyrol every hour for 24 hours.

It has been a time-honored custom to place a pledged of cotton at the meatus urinarius, a most pernicious practice, as the pus is only jammed back and continually bathes the mucous membrane with gonococci; let the penis be pendulant, direct the patient to pass his urine frequently, thus washing the urethra from behind forward. In order to further this idea, administer lithia tablets, plenty of water and buttermilk. If micturition is very painful, an alkaline sedative may be used. Irrigate the urethra with some dilute solution, 1-10,000; stronger solutions will ruin the urethra. Irrigate once daily, and by the end of the second day the discharge will often cease. At the end of the week argyrol injections 2 per cent., or protargol ¼ per cent. The argyrol should be kept in the urethra 10 minutes. In chronic cases oil of santal or cupebs in 10 minim. doses may be beneficially employed. When mucus shreds appear, use mild astringent irrigations.

In posterior urethritis employ posterior irrigations and let the solution run back into the bladder, then direct the patient to urinate. Do not fear gonorrheal cystitis, as this rarely follows such treatment. The drug in the irrigation is of not such great importance. Hot normal salt solution will give as good results as any. Begin to irrigate just as soon as you see the patient.

Paper read by Dr. Page Edmunds at the January 23, 1906, meeting of the University of Maryland Medical Association.

CORRESPONDENCE.

PHILADELPHIA.

Editor of The Bulletin:

My Dear Sir—The annual meeting of the Pennsylvania Branch of the General Alumni Association of the University of Maryland was held at the Colonnade Hotel on Thursday, March 14th, 1907.

Twenty-three Alumni partook of the supper that was prepared for the occasion, and the majority of those present expressed their intention of being in Baltimore during the Centennial exercises of the University. The same officers were elected for another year:

Chas. P. Noble, M. D., President.

John C. C. Beale, D. D. S., Secretary and Treasurer.

The following motion was made and unanimously carried, that an expression of the Branch's hearty support be sent to the Board of Regents, togther with felicitations upon the completion of the first one hundred years of the existence of the University.

Very truly yours,

JNO. C. C. BEALE.

THE HOSPITAL BULLETIN

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BALTIMORE, MD., APRIL 15, 1907.

EDITORIAL

ONE HUNDRED YEARS AGO.—Looking backward one hundred years, we find that the Bill for founding the Medical College of Maryland was passed by the Legislature, and that this institution became, by a subsequent act of the Legislature, the University of Maryland, whose Centennial Anniversary will be celebrated on May 30th, 31st and June 1st and 2d of the present year. One hundred years of continued work and development is a long life for an American institution of learning, when it is borne in mind that only four other medical schools in this country antedated the birth of the University of Maryland.

To fully appreciate the importance and significance of the event which the Centennial exercises will commemorate, we must take a wide range of vision over the conditions which existed one hundred years ago and compare them with conditions which exist at the present time. At the time the Maryland Medical College opened her doors for the instruction of medical students Thomas Jefferson was President of the United States, and this country was engaged in a controversy with Great Britain, which subsequently led to the war of 1812-14. The population of the United States was less than ten millions, and this population was confined almost entirely to the States and Territories east of the Mississippi. This great nation was at that time a weak power, struggling for existence and foreign recognition. At home the conspiracy of Aaron Burr and his famous trial at Richmond, Va., resulting in a verdict of non-guilty, had just come to a termination.

In Europe, Napoleon was at war with Prussia and Russia, the great battle of Eilau had been fought, and the Treaty of Tilsit, which attached Russia to France as an ally, had been signed by Napoleon and Alexander.

In 1807 Fulton exhibited a submarine torpedo and demonstrated the success of the first steamboat, to which he gave the name of "Clermont," but to which the people of New York gave the name of "Fulton's Folly."

In 1807 the population of Baltimore was about 33,000. The northern limit of the city was about Franklin street. Greene street was the western limit and Barre street was the southern boundary.

The Medical College of Maryland began its first course of lectures in 1808 in a building in the locality of the present southwest corner of Fayette and Hanover streets. Lectures previous to this time were delivered at the houses of Professors Davidge, Cocke and Shaw. The first class numbered seven students. During the second session the number of students had increased to ten. The first public commencement was held in 1810, and degrees were conferred on five graduates.

The present building, located on the northeast corner of Lombard and Greene streets, was built in 1812. It was during this year that the University of Maryland was created by an act of the Legislature, which changed the charter of the Medical College of Maryland and made it a State University. Whilst then the Medical Department, under the name of the Medical College of Maryland, began its work with the opening session in 1808, the charter having been granted by the Legislature December 7th, 1807, the other Departments of the University were not organized until later periods. The act for founding the University by the name of the University of Maryland was passed by the Legislature on December 29th, 1812.

The College of Medicine of Philadelphia, the oldest medical school in America, was founded in 1765, and united with the University of Pennsylvania in 1791. The medical school of Harvard University was founded in 1782, Dartmouth College in 1798, and the College of Physicians and Surgeons of New York in May, 1807. The latter school antedating the University of Maryland less than one year.

The weak and struggling condition of the nation, of the State of Maryland, and of the City

of Baltimore, are typified in the feeble beginning of the Medical College of Maryland, and in the small beginnings which surround other institutions of learning in the United States.

When these conditions are contrasted with the present status of national development, and of educational expansion in this country, the comparison, is no less striking than the great progress which has been made in one hundred years in medicine, surgery and the allied sciences.

When the Medical College of Maryland opened her doors to instruct students in medicine McDowell had not performed the operation of ovariatomy, the first pioneer work in intra-abdominal surgery. Whilst Reecarmier had rediscovered the uterine speculum in 1801, it was not until 1818 that he recognized its value and introduced it to professional notice.

The first century of the University of Maryland's life has witnessed the greatest events which have ever taken place in the political and scientific world. During this one hundred years she has kept pace with the progress of the times, and her record is one which entitles her to respect and invites the congratulations of her sister institutions throughout the civilized world.

It is, therefore, eminently proper that her Centennial Anniversary should be celebrated with honorable distinction and generous enthusiasm. Her Alumni and friends have every reason for taking pride in an event which commemorates her progress and achievements.

THE CENTENNIAL.—The one hundredth anniversary of the University of Maryland, to be celebrated next May 30 to June 2, inclusive, will assemble one of the most distinguished gatherings of eminent men and prominent educators that Baltimore has ever witnessed. Invitations have been extended to representatives of every university and college in the world to attend the exercises. Every alumnus whose address can be ascertained will be invited to be present. Eight thousand invitations are to be issued. The vanguard of our guests has already appeared in the person of Dr. Ahmed Hussein Zaki, class of 1906, of Cairo, Egypt. In fact, the authorities expect the occasion to be a regular home-coming of our alumni, as hundreds have already expressed their intention of being present. Besides the regular degrees to be conferred upon the candidates of medicine, law, dentisty and pharmacy, honorary degrees will be bestowed upon a number of our prominent alumni.

The exercises will open at 11 A. M., Thursday, May 30, on the campus of the University, where the representatives of our sister institutions, the candidates for the regular and honorary degrees and the visiting alumni will be officially welcomed. After the opening exercises a luncheon will be served to the guests in the nurses' parlor of the University Hospital. The afternoon will be spent in an inspection of the buildings, laboratories and hospital. In the evening there will be class reunions and banquets at the various hotels.

The feature of the second day will be the orations of Dr. F. L. Patton, president of Princeton Theological Seminary, and ex-president of Princeton University, and of Dr. G. Stanley Hall, president of Clark University, and the conferring of the regular and honorary degrees at the Lyric. In the evening there will be a banquet at the Lyric, at which the Honorable John Prentiss Poe, LL. D., will be the toastmaster. Other addresses will be delivered by the Honorable Ferdinand S. Williams, of Cumberland, Maryland; Dr. John C. Hemmeter, Dr. C. W. Mitchell, and Governor Robert Glenn, of North Carolina. The itinerary for the third day includes a trip to St. John's College, the new department of Arts and Sciences, Annapolis, Maryland, upon the steamer Latrobe. In the evening the student body will have special exercises at Electric Park, Baltimore. The exercises will be concluded with the Baccalaureate address of the Reverend Bishop Luther B. Wilson, M. D., D. D., an alumnus of the school of medicine, at the Mount Vernon Methodist Episcopal Church.

DON'T BE A BARNACLE.—Let each and every one contribute a little mite in forwarding any movement tending to the advancement of our alma mater, for the higher her position, the greater the esteem her children demand of their fellow-men. Let's make a diploma mean something more than a hollow mockery; let's make the institution honored and the learning of her children respected by all men. Whatever your present vocation, whatever your love for your alma mater, above all don't be a barnacle upon the old ship which has been buffeted upon the waves of a hundred years, but let her present a clean, smooth hull to her native elements. Her course has been stormy and dangerous, indeed, but the

smile as it has never done before upon the old University. Don't be discouraged; things have changed, and greater changes are impending. Evolution, to be effectual, must be gradual, otherwise chaos might result. After witnessing the progressive policy of the medical school for the past ten years, if you can't percive that a new era has dawned, your eyes must be clouded. Further improvement is to be hastened only by the encouragement and support of our alumni, not by constant carping criticisms. With this centennial year let us all make resolutions not to be dead wood, but active participants in the rejuvenation of our dearly beloved alma mater.

Class Reunions at the Centennial.—The Bulletin is glad to announce that a Centennial week. The occasion will present a most favorable opportunity for former classmates to get together and recall the memories and events of student days. Where it is not possible for one class to meet, it would be well for two or more classes to unite and hold a joint meeting, and in this way cover a period of time in the history of the University in which but few surviving members are left. For example, the classes of 1872 and 1873 propose to meet together, as it has been found that only some 30 per cent. of the members of these classes are now living, and, perhaps, not over half of the survivors will be able to attend the joint meeting of the two classes. Going back to the classes graduating prior to 1870, the number of living members grows smaller and smaller as the years recede. It would be most appropriate, we think, if all graduates prior to 1860 would hold a joint reunion, and thus make a veteran corps which would recall the golden era of the University prior to the Civil War.

The graduates ranging from 1860 to 1870 would present a body of men whose fortunes were cast with the University during the trying days which surrounded her while the Civil War was in progress, and who flocked to her halls when peace was declared between the States. Many of the graduates of this period were men who had borne arms for the South or for the North, and were now associated as classmates. These were stormy days in the history of the University, yet during all this time she kept her doors open and carried on her work with success and undaunted courage. The men who graduated from the University between the years 1860 and 1870 have shown themselves to be a strong and vigorous body. Let those who are now living come together and celebrate the events which made their student days strenuous and epoch-making.

Coming to the decade from 1870 to 1880, the graduates of the University are made up of men who came into the profession at a time when a new light began to dawn in the medical horizon. These men have lived and worked in the most active period of progress medicine and surgery have ever known. The part which each one has played in helping along this progress, whether much or little, has no doubt many compensations in the fact that it has kept him in touch and in sympathy with many of the great questions which have influenced medicine as a profession and as a science. Each one has contributed his mite, no doubt, to the great movement which is raising the teaching, practice and development of scientific medicine to a higher plane.

From 1880 down to the present time the number of living graduates increases from year to year, so that little difficulty should exist in getting a large attendance from each class. It is, therefore, hoped that every class from 1880 to the present time will make a strenuous effort to secure as large an attendance at the class reunion as possible. These reunions will do much to promote the success of the Centennial celebration; they will do much for the medical department of the University by stimulating a larger interest upon the part of the alumni in the future development of the Medical School. Apart, however, from any advantage which may come to the University from these reunions of her many classes, the men who take part in them will be immensely benefited by a handshake and shoulder-to-shoulder touch with their old classmates, many of whom they may not have seen or heard from since they stood on the stage and received their diplomas from the Provost.

Fellow Alumni! The Bulletin begs you to open wide the doorway to your heart and let your love for your old classmates, for your old Alma Mater flow out freely on this one great occasion, which can only occur once in one hundred years. Such an event in the history of any institution should create in every mind feelings of respect and veneration. All other thoughts, prejudices or interests should be forgotten in our desire to honor our venerable old mother.

ABSTRACTS AND EXTRACTS.

"FOR THE HOSPITAL BULLETIN."

In an article in the *American Journal of Obstetrics,* Vol. LIV., Dr. L. M. Allen, Associate Professor of Obstretrics in the University of Maryland, reports five symphyseotomies and discusses the advantages and disadvantages of the operation.

As a result of these operations all of the mothers recovered, one child was dead when delivered, and one died twenty-four hours after birth. The loss of the child in the first instance was due to the fact that it was a badly selected case, the pelvis being too small for an operation of this kind. In the second case, the delivery was accomplished with no difficulty, and the child was in good condition for twenty-four hours. It died very suddenly when no one was present, and there is every reason to believe that it was smothered. Patient number one had a long and tedious convalescence, due to a severe sepsis resulting from the many manipulations necessary to deliver. She completely recovered, however, and has been a useful woman since. All of the other patients made good recoveries and were able to attend to the regular duties of life at the expiration of six weeks. There was no motion at the pubic joint in any of the cases, a condition which has existed as a result of a certain number of the operations, and which has been urged against it. With a separation in the pubic bones of 7 c. m., which was possible in all of the cases reported, there is a net gain of 25 c. m. The author does not agree with the majority of writers that 6.5 c. m. conj. vera is the low limit for the operation, believing that every case up to 7 c. m. should call for a Cæsarean section; and the field for symphyseotomy is in those cases having a conj. vera between 7 and 8 c. m.; but, he continues, it matters not how exact the measurements may be, no decision can be reached until a careful comparison between the head and pelvis is made, and, after all, this is most important. As it is a well-known fact that spontaneous delivery sometimes occurs in this class of cases, the following advice is given for their management:

Allow labor to begin and watch the patient very carefully, refraining from making vaginal examinations, so that if an operation becomes necessary, it can be performed upon a clean woman. If, after a reasonable length of time, with good flexion of the head and a left anterior position, with good labor pains, engagement does not occur, it generally means that the disproportion is too great. The patient is anæsthetized and an attempt made to force the head into the pelvis manually. If this prove successful, delivery can be completed with the forceps. If not, one has to decide between symphyseotomy and Cæsarean section. Indications for symphyseotomy are given as follows:

In a funnel-shaped pelvis, where the head has been forced into and fixed tightly in the brim, but cannot be forced through. Impacted mento-posterior variety of face presentation.

In case of limited assistants, and facilities, and unfavorable surroundings. Where the attendant has had little surgical experience, for it requires less skill to perform symphyseotomy than Cæsarean section. For these reasons the author thinks that physicians in the country, who have not the conveniences of hospitals or trained assistants, might very readily undertake the performance of a symphyseotomy with every hope of saving both mother and child. Under these conditions it would be rather hazardous to perform a Cæsarean section, and as experience has shown, very few will undertake it. He concludes with the following statement:

If a case is under consideration, and it has been definitely decided that a living child cannot be delivered per vias naturales, Cæsarean section should be the operation of election, believing that in the long run the best results to both mother and child can be obtained from that operation. In the exceptional cases mentioned above, symphyseotomy, with careful after treatment, will undoubtedly give good results. The operation of pubiotomy, recently revived, promises better results than symphyseotomy.

NOTES AND ITEMS.

Dr. William H. Davis, class of 1902, is located at Brooklyn, New York.

Dr. George S. Hanna, class of 1901, is located at Tanta, Egypt, where he has succeeded in building up a good practice.

Dr. A. H. Zaki, class of 1906, of Cairo, Egypt, has returned to America to attend the centennial celebration.

Professor J. Mason Hundley has been suffering from a badly infected finger.

Dr. D. W. Snuffer, class of 1906, of Beckley, West Virginia, has been appointed secretary of the Raleigh County Medical Society.

Dr. O. Edward Janney, class of 1881, and Dr. H. Chandlee, class of 1882, are associated with the staff of the Maryland Homeopathic Hospital.

Dr. E. M. Reid, class of 1864, has been elected president of the Harlem Improvement Association of Baltimore, and Dr. Wirt A. Duval, class of 1888, one of the Board of Governors.

Dr. Armfield F. Van Bibber, class of 1896, of Belair, Maryland, has been appointed almshouse physician by the Harford County Commissioners.

On April 5, 1907, a benefit performance was given at Ford's Opera House for the baseball team.

Dr. William Hewson Baltzell, class of 1889, and Mrs. Baltzell, whose marriage recently took place at Wellesley, Mass., have arrived in Baltimore, and have taken apartments at the Stafford.

The General Alumni Association held a banquet Wednesday, April 10, 1907, at which important business was brought to the attention of its members.

Dr. Frederick De Sales Chappelier, class of 1905, acting assistant surgeon, United States Navy, is stationed at the Navy Medical School, Washington.

Mr. and Mrs. John C. George have announced the engagement of their daughter, Miss Henrietta Cowman George, to Dr. Marshall Langton Price, class of 1902. The marriage will take place in June.

On April 5, 1907, the Nurses' Alumnæ Association gave a benefit performance at Hazazer's Hall for the purpose of raising a fund to support a tuberculosis nurse. Polk Miller was the especial attraction.

Dr. J. Lewis Hanes, class of 1902, of Winston-Salem, North Carolina, has been commissioned captain and assistant surgeon in the North Carolina State Militia, and Dr. R. Duval Jones, class of 1896, of Newbern, lieutenant commander and surgeon to the naval brigade of the same State.

Dr. P. F. Sappington, class of 1887, of Belair, had a narrow escape from electrocution while driving on the Harford turnpike January 8, 1907. A broken live wire hanging in the middle of the road struck the doctor's horse, allowing 2200 volts to pass through the animal and killing it immediately.

Dr. B. F. Price, class of 1857, and Mrs. Price, of Mt. Carmel, Baltimore county, Maryland, celebrated Sunday, March 10, 1907, the fiftieth anniversary of their marriage. Dr. Price has been practicing medicine at Mt. Carmel for half a century, and is at present the health officer of the district.

Dr. N. M. Owensby, class of 1904, superintendent of the insane department at Bay View Asylum, sailed by the North German Lloyd from Baltimore Wednesday, March 27, 1907, for Europe, where he will spend two months in investigating the methods pursued in the foreign hospitals in the management of the insane.

Drs. L. A. Monmonier and James H. Billingslea, who were classmates at the University in 1864, met at Towson during the middle of March for the first time since their graduation. They are among the few survivors of their class, which included Dr. Shaw, of Westminster; Dr. Benzinger, of Baltimore, and Dr. Harry Richardson, of St. Mary's county.

The Medical Society of the District of Columbia, March 6, 1907, gave a complimentary dinner to Dr. J. Ford Thompson, class of 1857, a native of Maryland, and one of Washington's leading physicians. Our alumni present were as follows: Dr. J. R. Bromwell, class of 1877; G. Wythe Cook, class of 1869; Monte Griffith, class of 1896; O. M. Muncaster, class of 1866; W. L. Robins, class of 1890, and A. A. Shands, class of 1884.

At the meeting of the University of Maryland Medical Association held in the amphitheater of the University Hospital, Tuesday, February 19, 1907, the following addresses were delivered: 1.—"The European Clinics," Dr. A. M. Shipley,

superintendent of the University Hospital. 2.—"Concerning the Early History of Puerperal Fever," Dr. L. E. Neale, professor of Obstetrics in the University of Maryland. 3.—"Report of 1904, superintendent of the Insane Department a Case of Rabies," Dr. N. M. Owensby, class of of Bay View Hospital.

The Young Men's Christian Association of the University of Maryland held its annual election of officers Wednesday, February, 13, 1907, at its quarters, 604 W. Lombard street., with the following results: President, Franklin D. Wilson, class of 1908, medical, of Virginia; Vice-President, H. M. Robinson, class of 1909, medical, of New York; Secretary, C. F. Stosnider, class of 1909, medical, of Virginia; Treasurer, C. N. Walters, class of 1908, medical, of North Carolina. Dr. Samuel C. Chew, professor of medicine in the Faculty of Physic, was elected honorary president.

At the meeting of the University of Maryland Medical Association, held Tuesday, March 19, 1907, in the Amphitheatre of the University Hospital, the following read papers: 1. Dr. J. M. Craighill, "Ecchinococcus cyst of the Liver; Operation and Recovery;" 2. Dr. Wm. I. Messick, "Life History and Morphology of the Ecchinococcus." These meetings are very instructive and interesting and are open to the medical profession. Anyone desiring to obtain regularly a program of the meetings may do so by communicating with Dr. Walter H. Mayhew, secretary, 1828 West Lafayette avenue.

The Junior Class gave a box party at Ford's Opera House during the early part of March. Those in the party were: G. Hampton Richards, Clarence Kolb, William L. Burns, John Mackall, J. T. Taylor, H. W. Todd, C. I. Benson, J. H. Bay, William Dew, Henry Bizzell, I. S. Collins, H. S. Dickinson, P. P. Lane, William Davis, Lew Smith, Harry Nolt, C. M. Walters, H. P. Gibson, P. R. Williams, R. Lewis, H. L. Sinskey, J. B. Baldwin, R. L. Rodriguez, L. Seth, F. McBreyer, I. Rayner, W. R. Bender, J. Keeler, H. Rosenberg; P. Williams, G. Martin; L. C. La Barre; Z. T. West, C. C. Edmunds, J. P. Inslee, J. L. Messmore, W. Craig, A. Keen, M. Stadter, A. Carey; J. S. Collins, D. Fadel, J. L. Anderson, L. Stembler, H. Riser and W. Coleman.

The following of our alumni are connected with the staff of the Baltimore Presbyterian Eye, Ear and Throat Hospital: Dr. Herbert Harlan, class of 1879; Dr. Hiram Woods, class of 1882; Dr. I. R. Trimble, class of 1884; Dr. C. W. Mitchell, class of 1881; Dr. Francis M. Chisolm, class of 1889; Dr. John R. Winslow, class of 1888; Dr. R. H. Johnston, class of 1894; Dr. J. Frank Crouch, class of 1890; Dr. Charles F. Nolen, class of 1890; Dr. George A. Fleming, class of 1883; Dr. E. E. Gibbons, class of 1895; Dr. Wm. Tarun, class of 1900; Dr. G. S. M. Kieffer, class of ——; Dr. H. C. Davis, class of 1902; Dr. J. P. La Barrer, class of 1901; Dr. F. W. Janney, class of 1903; Dr. L. J. Goldback, class of 1905; Dr. F. J. Wilkens, class of 1906.

Arrangements are being made for a banquet in April by the General Alumni Association of the University of Maryland. The purpose is to arouse enthusiasm for the coming centennial and a discussion of the endowment fund. A University Club may be launched by a committee, of which Dr. Nathan Winslow is chairman, and Drs. Grieves, Caspari, Penning and Mr. J. V. L. Murphy the other members. The committee in chairman; H. P. Hynson, pharmacy; A. L. Wilkinson, St. John's; N. Winslow, medical, and Eugene F. Cordell, medical. Mr. J. Harry Tregoe, the newly elected president of the General Alumni Association, hopes to raise a $100,000 endowment fund by the time of the University's centennial celebration.

At a meeting of all the committees held at the Hotel Rennert, Thursday, February 7, 1907, general progress was reported in the preparations for the celebration of the centenary of the university. Owing to illness, Dr. John C. Hemmeter was unable to be present, and Judge Henry Stockbridge occupied the chair. Dr. G. Lane Taneyhill reported for the committee on banquet and hall that the Lyric had been procured for May 31. The commencement exercises will be held there in the morning and at night the annual banquet will take place. Announcement was made of a committee on endowment appointed by the Board of Regents, to wit: Dr. John C. Hemmeter, chairman; Dr. Charles Caspari, Jr., Dr. T. O. Heatwole, Judge Henry Stockbridge and Mr. Harry Busick. A letter was read from Bishop Luther B. Wilson accepting the invitation to preach the baccalaureate sermon at Mount Ver-

non Place Methodist Episcopal Church, Sunday, June 2, 1907.

The following of our alumni were present at the annual banquet of the medical and assistant medical examiners of the relief department of the Baltimore and Ohio Railroad, held recently at the University Club, Baltimore, Maryland: Dr. S. B. Bond, class of 1883, chief medical examiner; Dr. I. R. Trimble, class of 1884, chief surgeon; Dr. J. A. Doerner, class of 1877, of Cumberland, medical examiner; Dr. E. A. Fleetwood, class of 1904, of Pittsburg, assistant medical examiner; Dr. P. S. Lansdale, class of 1903, of Harrisonburg, Va., assistant medical examiner; Dr. R. A. Wall, class of 1905, of Cleveland, assistant medical examiner; Dr. C. A. Sinsel, class of 1888, of Grafton, W. Va., assistant medical examiner; Dr. C. W. Pence, class of 1894, of Washington, assistant medical examiner; Dr. G. C. Winterson, class of 1902, of Cumberland, Md., assistant medical examiner; Dr. I. D. Chaney, class of 1906, of Pittsburg, assistant medical examiner.

A special feature of all of the centennial exercises will be the appearance of all of the participants in academic costume. The committee of regents consists of: Dr. John C. Hemmeter, chairman; W. Calvin Chestnut, LL. B.; Edgar H. Gans, LL. B.; John P. Poe, LL. D.; R. Dorsey Coale, Ph. D.; Dr. C. W. Mitchell, and Dr. D. M. R. Culbreth.

The chairmen of the committees which have the arrangements of the centennial celebration in charge are as follows: *Honorary Degrees*—John P. Poe, LL. D. *Endowment*—J. C. Hemmeter, M. D. *Finance*—T. A. Ashby, M. D. *Music*—B. Merrill Hopkinson, M. D., D. D. S. *Programs, Printing Invitations*—J. L. V. Murphy, LL. B. *Press and Publication*—Oregon Milton Dennis, LL. B. *Reception*—T. O. Heatwole, M. D., D. D. S. *Banquet*—G. Lane Taneyhill, M. D. *Orators*—W. Calvin Chestnut, LL. B. *Academic Costume*—Thomas Fell, A. M., Ph. D., LL. D. *Hospitality*—Nathan Winslow, M. D. *Ladies' Reception and Entertainment*—Mrs. Samuel C. Chew.

The Craftsman Club of the University of Maryland recently held its annual banquet at the Hotel Caswell. The club is composed of students and members of the faculties of the University who are Master Masons. The following responded to toasts: "Our Club," W. J. Coleman; "The Past and Future of the University of Maryland," Professor T. A. Ashby; "A Craftsman as a Student;" Professor F. J. S. Gorgas; "The Craftsmen as Professional Men," Professor J. L. Hirsch. The officers of the club from the medical department are: President, William J. Coleman, class of 1908; Secretary, J. Ernest Dowdy, class of 1909. Those present from the medical department were: Charles Bagley, class of 1904, superintendent of the Hebrew Hospital, Baltimore; E. H. Brannon, class of 1906, assistant resident physician Bay View Hospital; R. L. Mitchell, class of 1905, assistant resident gynecologist University Hospital; Robert Bay, class of 1905, assistant resident surgeon University Hospital; W. V. S. Levy, class of 1904, resident pathologist University Hospital; T. A. Ashby, class of 1873, professor of gynecology University of Maryland; J. L. Hirsch, class of 1895, professor of pathology, University of Maryland; F. J. S. Gorgas, class of 1863, professor of dental Science, Dental Surgery and Dental Mechanism, University of Maryland; T. H. Cannon, class of 1901, assistant in Clinical Pathology, University of Maryland; O. P. Penning, class of 1897, assistant in Surgery, University of Maryland; Irvin Spear, class of 1900, Instructor in Psychiatry, University of Maryland; G. Mahle, class of 1905, ex-assistant resident Obstetrician, University Hospital; Harry Boyd, class of 1888; E. H. Titlow, class of 1907; William Coleman, class of 1907; J. Ernest Dowdy, class of 1909; W. H. Lyons, class of 1907; J. M. Gillespie, class of 1909; R. S. Carey, class of 1908; T. Bissell, class of 1908; J. L. Anderson, class of 1908; C. I. Winslow, class of 1908; G. D. Moose, class of 1907; A. L. Plummer, class of 1907; E. L. Griffith, class of 1907; Sylvan McElroy, class of 1907; Arthur E. Landers, class of 1907; Joseph C. Joyce, class of 1907; Frank McLean, class of 1908.

Dr. Charles G. W. Macgill, class of 1856, of Catonsville, Md., president of the First National Bank, Catonsville, and one of the oldest and most prominent physicians of Baltimore county, is confined to his home on Frederick avenue by illness, and his condition is considered serious. Dr. Macgill is the son of the late Dr. Charles Macgill, class of 1828, of Hagerstown, Md., where the

doctor was born May 10, 1833. He began to study medicine at an early age and graduated from the medcal department of the University of Maryland in 1856. He began practice in Hagerstown, and in December, 1865, opened an office in Catonsville, where he enjoys a large practice. He is assisted by his son, Dr. J. Charles Macgill, class of 1891. During the war Dr. Macgill was a surgeon in the Second Virginia Infantry, Stonewall Jackson's Brigade. For 25 years he has been one of the board of managers of the Maryland Hospital for the Insane, and has been president of the First National Bank since its organization in 1897.

We are glad to announce that Professor William T. Howard, one of the oldest, and for many years one of the most widely known physicians and surgeons in Baltimore, is regaining his health and expects shortly to be out. Although 86 years old, Dr. Howard is wonderfully active, both physically and mentally. Dr. Howard was born in Virginia, but early removed to North Carolina. He received his medical diploma from the Jefferson Medical College, in Philadelphia, with the class of 1844. From then until after the close of the Civil War he practiced in North Carolina, when he removed to Baltimore. He began his connection with the University of Maryland in the year 1866, holding at that time the position of lecturer on auscultation and percussion in the summer faculty of the University. In the following year he was appointed professor of the diseases of women and children in the University of Maryland, which chair he faithfully filled until his retirement in 1897, since which time he has held the title of emeritus professor of the diseases of women and children and clinical medicine in the University of Maryland.

The Senate Committee on Military Affairs at the request of the War Department proposes to confer an unusual honor upon Lieut. James Carroll, class of 1891, curator of the Army Medical Museum and laboratory surgeon in the Surgeon-General's office, by promoting him to a major. The promotion is offered in recognition of distinguished services to science and to his country as a member of the yellow fever commission, and the first volunteer in the experimental production of yellow fever by the bite of an infected stegomyia. The *Maryland Medical Journal* says: "It is not pretended that the promotion is an adequate reward. It is simply the measured remuneration which the country can offer for services which are invaluable—an outward and visible sign, denoting, not the limits of the country's gratitude, but a government's mode of expression." Dr. Carroll, as a member of the commission sent to Cuba in 1900 to investigate yellow fever and its methods of dissemination, offered himself as a sacrifice to determine the theory of mosquito transmission of the yellow fever germ. He was the first of the volunteers to take the fever and his was the first case of experimental yellow fever. Whilst serving as a hospital steward a good many years ago, an army surgeon noticed the aptitude of James Carroll for medicine, and persuaded the army authorities to permit the steward to matriculate in the medical school of the University of Maryland, whence he graduated in 1891. From then until 1900, on account of his age, he was not permitted to enter the commissioned branch of the Army Medical Corps, but in this year Dr. Walter Reed recognizing the ability of his steward persuaded the authorities to commission Dr. Carroll as an assistant surgeon, with the rank of lieutenant. Dr. Carroll entered the army as a private in 1874, and passing through the several non-commissioned grades finally was promoted to a sergeancy. He then entered the hospital corps as a steward, where, as previously mentioned, his ability attracted his superior officers and placed him in position to finally acquire a commission.

Dr. J. M. Craighill, chairman of the Executive Committee of the class of 1882, Medical Department, University of Maryland, has issued the following letter to members of his class:

It is proposed to celebrate the twenty-fifth anniversary of our graduation by a class reunion and dinner to be held in Baltimore on or about June 1, 1907. The festivities attending the Centennial of the University of Maryland will be in progress, rendering more pleasant a visit to the city at that time. Such a reunion was held by the class of 1881 last June, bringing together men who had not met for a quarter of a century.

It is hoped that a large number of the class

will attend. Will you not help us by your presence?

The dinner will be held at some centrally located hotel at a cost of about $5.00 per plate. Full and exact information as to time and place will be furnished later.

Kindly fill out enclosed blank and return at your earliest convenience:

1. Full name and address.

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2. Are you still engaged in active practice? If so, in what branch of medicine are you especially interested?

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3. If married, please state maiden name of wife and names of children.

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4. State what public or teaching positions you may have held or still occupy.

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5. Give any interesting information you have about members of the class, and all addresses you happen to know in the following list:

Alex. Robinson Banks, Louisiana; Albeota Berlanga, Mexico; Otto Binswanger, Germany; Geo. W. Butter, North Carolina; Chas. B. Clark, Mississippi; C. Corbin Clark, New York; Wm. T. Daughtridge, North Carolina; Wm. Frederick Gary, Georgia; Joseph P. Keith, North Carolina; F. B. Mickle, Maryland; Howard E. Mitchell, Maryland; Robt. Wallace Murray, Virginia; Harold A. Myers, Pennsylvania; Wm. Nelson, Virginia; Silas W. Oxley, West Virginia; Cyrus Bryant Phillips, New York; Saml. S. Pitman, Georgia; W. Raymond Sanderson, Maryland; Vandyke G. Schiltneck, Maryland; Richard H. Sommerfield, Maryland; Robert S. Stahle, Pennsylvania; W. T. Stoddart, South Carolina; Norwood K. Vance, South Carolina.

6. Will you attend the dinner?

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The Hospitality Committee of the Centennial celebration is composed of the following doctors:

W. F. Sowers	Fulton Ave. and Balto. St.
F. J. Wilkens	2428 E. Fayette St.
J. G. Matthews	20 W. Preston St.
W. K. White	Chase St. and Broadway.
Gordon Wilson	806 Cathedral St.
J. Dawson Reeder	639 N. Fulton Ave.
W. H. Smith	3429 Chestnut Ave.
Hugh Brent	2124 Maryland Ave.
H. Kahn	1902 Edmondson Ave.
J. A. Tompkins	905 Cathedral St.
W. H. Mayhew	1828 W. Lafayette Ave.
John Houff	15 N. Monroe St.
A. B. Lennan	742 N. Patterson Park Ave.
J. W. Holland	1530 Linden Ave.
J. T. O'Mara	1033 Edmondson Ave.
Carroll Lochard	1621 W. Lafayette Ave.
S. B. Bond	6 W. Read St.
I. J. Spear	650 Columbia Ave.
J. P. La Barrer	1903 W. North Ave.
Homer Hoffman	702 W. Fayette St.
A. D. McConachie	805 N. Charles St.
Milton Whitehurst	1732 Bolton St.
J. Herbert Whitehurst	1732 Bolton St.
O. P. Penning	1711 St. Paul St.
H. C. Davis	819 Park Ave.
S. Demarco	1604 Linden Ave.
H. C. Hyde	1024 E. North Ave.
T. H. Cannon	401 N. Fulton Ave.
W. S. Hall	716 Park Ave.
G. Mahle	1906 W. Baltimore St.
G. L. Ewalt	703 N. Gilmor St.
L. Karlinsky	639 N. Patterson Pk. Ave.
A. G. Rytina	2204 E. Monument St.
G. S. Kieffer	1414 Mt. Royal Ave.
S. T. R. Revell	33 N. Luzerne St.
H. D. McCarty	408 N. Carrollton Ave.
J. Fred. Adams	1314 N. Charles St.
J. H. Iglehart	539 N. Carrollton Ave.
C. L. Jennings	St. Joseph's Hospital.
M. A. Weinberg	18 N. Pearl St.
W. P. Stubbs	1504 Hollins St.
C. W. McElfresh	854 W. Lombard St.
M. J. Cromwell	Professional Building.
Wm. Tarun	613 Park Ave.
Roscoe Metzel	1824 W. North Ave.
Charles Overman	Arlington Ave.
W. S. Love	836 W. North Ave.
H. J. Maldeis	319 N. Paca St.
W. D. Scott	Curtis Bay.
C. C. Conser	1424 N. Fulton Ave.
H. E. Ashbury	The Walbert, Charles St. and Lafayette Ave.
J. F. Hawkins	1608 Light St.

MARRIAGES.

Dr. Edward Quarles, class of 1899, of Mount Savage, Maryland, was married March 11, 1907, at Chicago, Illinois, to Mrs. Mary Downey Sheridan, widow of Captain John Sheridan, a millionaire coal operator in the George's Creek field. Dr. and Mrs. Quarles will spend their honeymoon in Mexico. As a student "Ned Quarles" was very popular with his college mates. Since graduating he has succeeded in building up a very profitable practice.

DEATHS.

Mrs. Kate C. Benson, wife of Dr. J. Edward Benson, class of 1884, of Cockeysville, Maryland, died March 14, 1907, suddenly.

Dr. Joseph C. B. Ray, class of 1888, a member of the American Medical Association, and for a number of years a prominent practitioner of Owensboro, Kentucky, died March 5, 1907, from pneumonia, aged 50, at his home in Denver, where he had moved six years ago, on account of his health.

Dr. J. B. Walback Gardiner, class of 1866, died February 6, 1907, at Pleasant Hill, Charles county, Maryland, aged 65. After service in the Confederate Army, 1861-1865, Dr. Gardiner studied medicine at the University of Maryland and graduated with the class of 1866. Upon receiving his diploma, he entered the United States Army, where he attained the rank of captain and surgeon. He has been for some time on the retired list.

Dr. Henry Carroll Sutton, class of 1880, of Rome, New York, a member of the state and county medical societies, health officer of Rome for twenty years, and for three years a coroner of Oneida county, died at the De Soto Sanitarium, Jacksonville, Florida, March 5, 1907, from heart disease, after an illness of a year, aged 50. At a meeting of the physicians of Rome, March 6, resolutions laudatory of Dr. Sutton and regretting his death, were unanimously adopted, and the physicians of the city decided to attend the funeral in a body.

Dr. Alexander Hill, class of 1874, of Baltimore, and for many years surgeon of the fire department and coroner, died Friday, March 15, 1907, of chronic bronchitis. Dr. Hill was 52 years of age, and born in Richmond, Virginia, where his father was a shoe merchant. Soon after the Civil War his father died and his mother removed to Baltimore. After being graduated from Loyola College, he studied medicine and was graduated from the University of Maryland with the class of 1874. After graduating he was appointed coroner, which position he held for several years. He was next appointed fire surgeon, and retained this office for 15 years, resigning in 1903 on account of poor health.

Dr. Elisha E. Mullinix, class of 1874, of Urbana, Frederick county, Maryland, died at his home March 5, 1907, after a week's illness of pneumonia, aged 56 years. He was the oldest son of the late Leonard C. Mullinix, of Frederick county. After an academic course at Frederick College, he entered the medical department of the University of Maryland, where he graduated with the class of 1874. After receiving his diploma he remained three years in Baltimore, one of which he spent as resident physician in the University Hospital. He then removed to Urbana, where, during the past 30 years, he has built up a large and lucrative practice. He is survived by a widow, who was Miss Mary Dooling, of Baltimore, and five children.

Dr. H. J. Coffroth, class of 1879, of Greensboro, Maryland, died Thursday, March 7, 1907, at the University Hospital, Baltimore, aged 50 years. Dr. Coffroth, a native of Baltimore, was the son of Mr. and Mrs. George R. Coffroth. He obtained his early education at the Virginia Military Institute, and later studied medicine at the University of Maryland, where he graduated with the class of 1879. After graduating he served two years on the hospital staff of the University Hospital, when he was appointed assistant surgeon in the United States Army and sent to Helena, Montana. Returning from the West, he opened an office in this city, but seven years ago removed to Greensboro, where he practiced until a few weeks before his death. Dr. Coffroth was unmarried. Besides his parents, he is survived by two sisters—Mrs. Edward R. Scull, of Pittsburg, Pa., and Mrs. R. Edward Norfleet, of Norfolk, Va.

DIRECTORY OF LIVING ALUMNI OF MEDICAL DEPARTMENT OF THE UNIVERSITY OF MARYLAND.—Continued.

MARYLAND.

Bowen, George F., Barnesville, class 1856.
Norris, John B., Beckleysville, class 1866.
Archer, Wm. S., Belair, class 1880.
Bouldin Robert R., Belair, class 1865.
Page, Robert S., Belair, class 1898.
Richardson, E. Hall, Belair, class 1891.
Spencer, Ernest, Belalton, class 1892.
Lewis, John L., Bethesda, class 1888.
Collins, Rollin P., Bishopville, class 1890.
Wheeler, Wm. B., Boonsboro, class 1862.
Wheeler, Wm. C., Boonsboro, class 1888.
Brooke, Chas. H., Brooklyn, class 1891.
Robinson, John B., Brooklyn, class 1862.
Warfield, Claudius, Brooklyn, class 1867.
Yourtree, J. Tilghman, Brownsville, class 1865.
Hedges, H. Slicer, Brunswick, class 1883.
Schamel, H. Franklin, Brunswick, class 1897.
West, Levin, Brunswick, class 1886.
Carrico, L. C., Bryantown, class 1885.
Routson, T. Clyde, Buckeystown, class 1899.
Hardy, Thomas E., Burkittsville, class 1849.
Yourtree, George W., Burkittsville, class 1902.
Drach, J. H., Butler, class 1880.
Goldsborough, B. W., Cambridge, class 1880.
Goldsborough, M. W., Cambridge, class 1896.
Mace, John, Cambridge, class 1887.
Steele, Guy, Cambridge, class 1897.
Travers, John C., Cambridge, class 1895.
Williams, Thos. H., Cambridge, class 1848.
Wolff, Eldridge E., Cambridge, class 1899.
Garrett, Robert E., Catonsville, class 1890.
Gerry, Nathaniel R., Catonsville, class 1864.
Kalb, George F., Catonsville, class 1902.
Macgill, Chas. G. W., Catonsville, class 1856.
Macgill, J. Charles, Catonsville, class 1891.
Mattfeldt, Chas. L., Catonsville, class 1886.
West, J. Marshall, Catonsville, class 1901.
Bordley, James, Centerville, class 1868.
Corkran, Jas. M., Centerville, class 1887.
Finley, J. Lane, Centerville, class 1884.
Chaney, Thos. M., Chaney, class 1866.
Reeves, John R. T., Chaptico, class 1858.
Petherbridge, Gustavus W., Charlotte Hall, class 1866.
Carrico, Camillus P., Cherry Hill, class 1898.
Fisher, Samuel G., Chestertown, class 1854.
Dudley, Normon S., Church Hill, class 1901.
Dent, George T., Church Hill, class 1888.
Gorsuch, Wm. S., Church Hill, class 1888.
Deets, James E., Clarksburg, class 1882.
Foster, Henry C., Clear Spring, class 1889.
Waring, John L., Clinton, class 1868.
Benson, Benjamin R., Cockeysville, class 1873.
Benson, J. Edward, Cockeysville, class 1884.
Smoot, Andrew J., Cooksey, class 1852.
Collins, Clarence E., Crisfield, class 1902.
Coulbourn, Wm. H., Crisfield, class 1901.
Gunby, Hiram H., Crisfield, class 1855.
Simonton, Gordon, Crisfield, class 1896.
Somers, Jacob F., Crisfield, class 1885.
Hammond, George, Crownsville, class 1854.
Carder, George L., Cumberland, class 1891.
Carpenter, George H., Cumberland, class 1868.
Doerner, John A., Cumberland, class 1877.
Duke, Edgar T., Cumberland, class 1891.
Franklin, A. Leo, Cumberland, class 1902.
Noble, Wm. H., Cumberland, class 1883.
Owens, Charles L., Cumberland, class 1904.
Richards, H. Preston, Cumberland, class 1889.
Robosson, Thos. P., Cumberland, class 1859.
Twigg, W. Franklin, Cumberland, class 1883.
Wiley, Wm. W., Cumberland, class 1871.
Cawood, Mackame, Cumberstone, class 1902.
Lansdale, Benj. F., Damascus, class 1866.
Lansdale, Philemon S., Damascus, class 1902.
Hopkins, Ephraim, Darlington, class 1859.
Kirk, Walter B., Darlington, class 1893.
Davidson, E. R., Davidsonville, class 1867.
Alexander, Harvey G., Deal's Island, class 1891.
Fisher, Percy R., Denton, class 1897.
George, Enoch, Denton, class 1872.
Smith, R. C., Dickerson, class 1868.
Monmonier, J. Carroll, Jr., Dickeyville, class 1897.
Diller, Charles H., Double Pipe Creek, class 1872.
Jones, Edward L., East New Market, class 1901.
Bateman, Jas. M., Easton, class 1867.
Davidson, Chas. F., Easton, class 1888.
Johnson, Julius A., Easton, class 1871.
Lowndes, Chas. H. T., Easton, class 1855.
Trippe, Edward R., Easton, class 1862.
Willson, S. Denny, Easton, class 1900.
Wilson, Thomas B., Edesville, class 1866.
Benson, Thos. P., Elk Ridge, class 1898.
Eareckson, Wm. R., Elk Ridge, class 1890.
Tongue, Harrison, Elk Ridge, class 1871.
Winterson, Chas. R., Elk Ridge, class 1871.
Cawley, Wm. D., Elkton, class 1902.
Owings, L. Gillis, Ellicott City, class 1900.
Owings, Thos. B., Ellicott City, class 1852.
Brawner, John B., Emmitsburg, class 1872.
Eichelberger, Chas. D., Emmitsburg, class 1868.
Eichelberger, Jas. W., Emmitsburg, class 1870.
Stone, D. Edwin, Jr., Emmitsburg, class 1900.
Eagley, C. A., Fallston, class 1904.
Posey, Cataldus H., Faulkner, class 1886.
Jefferson, R. Kemp, Federalsburg, class 1890.
Moores, Samuel L., Finksburg, class 1852.
Houston, Wm. H., Fishing Creek, class 1900.
Smithson, Frank P., Forest Hill, class 1880.
Gorsuch, Jas. F. H., Fork, class 1876.
Wilson, James H., Fowblesburg, class 1868.
Du Hadaway, John W., Fowling Creek, class 1887.
Keyser, Newberry A. S., Franklinville, class 1883.
Thomas, Bruce, Frederick, class 1852.
Hedges, Frank Hill, Frederick, class 1898.
Johnson, Thos. B., Frederick, class 1887.
Baldwin, Joseph S., Freeland, class 1874.
McLane, W. Oliver, Frostburg, class 1892.
Price, J. Marshall, Frostburg, class 1890.
Etchison, E. C., Gaithersburg, class 1874.
Haddox, Horace B., Gaithersburg, class 1893.
Scott, Edward A., Galena, class 1886.
Course, Wm. D., Gardenville, class 1887.
Green, John S., Gittings, class 1882.
Sim, Joseph W., Glenwood, class 1892.
Henry, Robert J., Glyndon, class 1866.
Price, Thomas R., Glyndon, class 1891.
Barron, John, Govanstown, class 1877.
Duncan, Edward M., Govanstown, class 1884.
Frames, W. Wayland, Govanstown, class 1892.
Hocking, George H., Govanstown, class 1879.
Barber, Thomas K., Granite, class 1865.
Richardson, Henry C., Great Mills, class 1864.
Betson, George W., Greensboro, class 1865.
Goldsborough, W. W., Greensboro, class 1901.
Malone, Fred R., Greensboro, class 1882.
Boyle, Charles B., Hagerstown, class 1869.
Derr, Hamilton K., Hagerstown, class 1881.
Herman, Henry S., Hagerstown, class 1876.
Humrichouse, J. W., Hagerstown, class 1873.
McCauley, Charles M., Hagerstown, class 1878.
Morrison, Wm. Baker, Hagerstown, class 1895.
Pitsnogle, J. E., Hagerstown, class 1889.
Ragan, O. H. W., Hagerstown, class 1874.
Schinuel, Edwin M., Hagerstown, class 1883.
Wareham, Edward A., Hagerstown, class 1883.
Watkins, Daniel A., Hagerstown, class 1903.
Zimmerman, Luther M., Hagerstown, class 1864.
Bush, Edgar M., Hampstead, class 1896.
Richards, Richard F., Hampstead, class 1897.
Wells, R. C., Hampstead, class 1867.
Burden, Frank, Hancock, 1905.
Pearre, Merton S., Harney, class 1900.
Wells, Robert F., Harney, class 1892.
Burns, Ira, Havre de Grace, class 1905.
Crothers, Augustus, Havre de Grace, class 1888.
Hopkins, D. W., Havre de Grace, class 1877.
Hopkins, J. Lee, Havre de Grace, class 1897.
Hopkins, Wm. W., Havre de Grace, class 1858.
Smith, Richard H., Havre de Grace, class 1875.
Mitchell, Alex. R., Hereford, class 1877.
Emory, Thomas H., Hess, class 1896.
Carrico, Louis C., Hughesville, class 1885.
Chappelier, Harry C., Hughesville, class 1897.
Maguire, C. Frank, Hurlock, class 1883.
Myers, G. Roger, Hurlock, class 1902.
Latimer, Guy W., Hyattsville, class 1901.
Mudd, Joseph A., Hyattsville, class 1864.
Wells, Charles A., Hyattsville, class 1862.
Riggs, George H. Ijamsville, class 1891.
Jarrett, Martin L., Jarrettsville, class 1864.
Bradley, Hugh, Jarrettsville, class 1897.
Crum, Charles W., Jefferson, class 1888.
Gross, H. B., Jefferson, class 1871.
Hammond, R. Alex., Jessups, class 1892.
Lunthicum, A. S., Jessups, class 1852.
Tull, H. C., Jesterville, class 1900.
Sidwell, Frank H., Johnsville, class 1880.
Fout, R. Claude, Kempton, class 1901.
Barwick, G. Irvin, Kennedyville, class 1894.
Lewis, Wm. L., Kensington, class 1892.
Benton, John R., Kent Island, class 1883.
Snyder, Charles E., Kent Island, class 1902.
Liggett, John J., Ladiesburg, class 1869.
Owen, Thomas S., La Plata, class 1892.
Darling, E. G., Lauraville, class 1882.
Cronmiller, John D., Laurel, class 1861.
Taylor, Wm. F., Laurel, class 1884.
Taylor, Wm. E. E., Laurel, class 1905.
Crawford, Basil B., Laytonsville, class 1851.
Dyson, Vernon H., Laytonsville, class 1894.
Starlings, Albert S., Leitchs, class 1902.
Greenewell, Francis F., Leonardtown, class 1892.
Stone, Otis B., Libertytown, class 1893.
Harrison, Henry T., Loch Raven, class 1874.
Hodgson, Henry M., Lonaconing, class 1903.
Skilling, W. Quail, Lonaconing, class 1883.
Smith, Benj. L., Madison, class 1858.
Weaver, John F. B., Manchester, class 1864.
Robertson, Samuel H., Manokin, class 1853.

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HISTORICAL SKETCH OF THE DEPARTMENT OF MEDICINE, UNIVERSITY OF MARYLAND.**

BY T. A. ASHBY, M. D.,

Professor of Diseases of Women.

The first attempt to give instruction to a class of medical students in Baltimore was made during the winter of 1789-90 by Dr. Andrew Wiesenthal and Dr. George Buchanan. This led to the organization of a medical school in the spring of 1790, with a full faculty. This movement met with such poor success that it was soon abandoned. It was not until 1807 that any further organized effort was made to found a medical school in this city. During the fall of this year Dr. J. B. Davidge and Dr. John Shaw began a course of medical instruction, which led to the organization of the Medical College of Maryland, a charter for which was granted by the Legislature on the 18th of December, 1807. This charter created a Board of Regents, which held its first meeting on December 28th at the home of Dr. Davidge and organized by electing Dr. George Brown, Professor of the Practice and Theory of Medicine; Dr. John B. Davidge and Dr. James Cocke, joint Professors of Anatomy, Surgery and Physiology; Dr. John Shaw, Professor of Chemistry; Dr. Thomas E. Bond, Professor of Materia Medica, and Dr. William Donaldson, Professor of the Institutes of Medicine. Dr. Brown resigned and Dr. Nathaniel Potter was elected to his chair.

BALTIMORE CITY 100 YEARS AGO

**The author wishes to acknowledge his indebtedness to the valuable Historical Sketch of the University of Maryland by Prof. E. F. Cordell, M. D., for much of the information used in this article.

Dr. Davidge was elected Dean, and Dr. James Cocke secretary of the faculty.

JOHN BEALE DAVIDGE, M. D.
Founder of Medical College of Maryland
Born 1768, Died 1829

With this modest beginning, the first course of lectures was delivered by Drs. Davidge, Cocke and Shaw at their residences. Drs. Bond, Brown and Donaldson soon retired from the chairs to which they were elected.

During the early months of 1808 the faculty secured a building located near the present southwest corner of Fayette and Hanover streets, which served for college purposes until the present building, located on the northeast corner of Lombard and Greene streets, was completed during the winter of 1812-13.

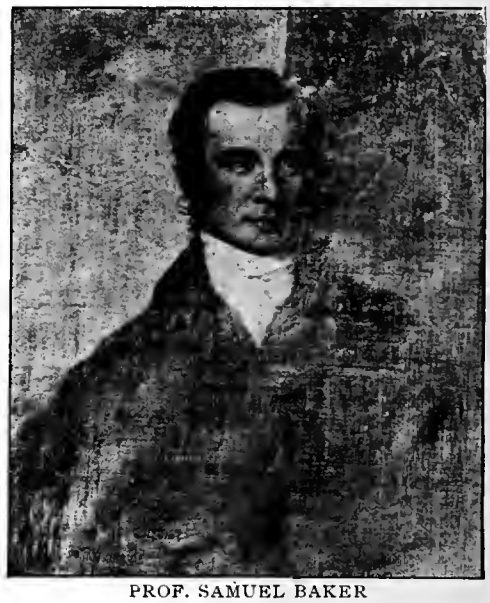
Dr. Shaw was compelled to resign from the faculty by reason of ill health during the fall of 1808. The vacancies in the chairs of chemistry and materia medica were filled by the election of Dr. Elisha De Butts and Dr. Samuel Baker.

The second session, 1808-09, opened with a class of ten students. During the session of 1809-10 the class had increased to 18. The first public commencement was held in April, 1810 and degrees were conferred on five graduates.

During the year 1812 Dr. William Gibson was elected to the chair of Surgery and Dr. Richard Wilmot Hall was made adjunct Professor of Obstetrics.

The present college building, modeled after the Pantheon at Rome, so massive in structure and imposing in appearance, was begun May, 1812, and so far completed by the time for the opening of the fall session that it was partially tenantable when the session opened. From that year until the present time this building has been occupied by the Faculty of Physic of the University of Maryland. There can be little doubt of the fact that the erection of this noble building led to the founding of the University of Maryland. An act of the Legislature, passed December 29th, 1812, authorized the Medical College of Maryland to constitute, appoint and annex to itself three colleges or faculties, viz.: The Faculty of Divinity, the Faculty of Law and the Faculty of Arts and Sciences; the four faculties or colleges thus united were constituted an university by the name and under the title of the University of Maryland. After the passage of the act incorporating the University, the Medical College of Maryland became the Medical Department of the University, with a faculty known as the Faculty of Physic.

The Centennial celebration commemorates the organization and continuous work of the Faculty of Physic, first as the Medical College of Maryland, and second as the Department of Medicine of the University of Maryland.



PROF. SAMUEL BAKER

The purpose of this article is to briefly present the work of the Medical Department during the past one hundred years.

The important work of the Faculty of Physic begins with the opening of the new building on Lombard and Greene streets in the fall of 1812. A gold medal for the best thesis in the Latin language was conferred for the first time upon John D. Sinnott in 1813. At the commencement that year the graduating class numbered ten.

The session lasted from November 1st to February 28th. Prof. James Cocke, one of the founders, died during the session of 1813-14, and the vacant chair was filled during 1814-15 by the election of Dr. Maxwell McDowell.

The library was opened in the fall of 1815. Dr. Wm. Gibson resigned the chair of surgery in 1819, and Dr. Granville Sharp Pattison was elected to the chair of surgery. Professor Pattison was regarded as a brilliant but erratic Scotchman, who brought much éclat and introduced a number of innovations which left their impress upon the school. Among other things he founded the Museum, which still contains a number of valuable collections, anatomical, pathological and embryological, in fair state of preservation. This museum, inaugurated with much éclat, was for a number of years a striking feature of the University, and no doubt in its day added to the prestige of the institution. It was housed in a building erected at much expense for its care. Various contributions of valuable specimens were added to it from time to time, and it is still an object of interest to visitors and students.

The library connected with the University, which within the past five years, under the fostering care of Prof. E. F. Cordell, has grown to be one of the most valuable collections of medical publications in this city, was the outgrowth of the establishment of the museum, though antedating it in its birth. The next important feature in the development of the Medical Department of the University was the erection of the Baltimore Infirmary, now the University Hospital, on the southwest corner of Lombard and Greene streets, in 1823. This was among the first movements upon the part of any of the medical schools of this country to provide for adequate clinical instruction by the erection of its own hospital, available at all times, for the use of students.

The Faculty of Physic thus early recognized the great value of clinical instruction, which to the present day has been one of the University's best assets as an educational institution.

The University Hospital, under the exclusive management of the Faculty of Physic, is today one of the best equipped institutions in the country for clinical teaching. Its wards, private rooms, accident and outdoor departments furnish the greatest variety and amount of material for class and interne instruction, and provide the students of the University with systematic and practical clinical work.

It is probable that no feature of the Medical Department has added so much to the distinction and usefulness of its educational work as the clinical instruction given in the University Hospital. With the introduction of hospital instruction the classes of students increased rapidly. The session of 1824-25 showed over 300 students in attendance.

In 1825 the University conferred the honorary degree of Doctor of Medicine upon Ephraim McDowell, of Kentucky, the first ovariotomist and "Father of Intra-abdominal Surgery," thus showing an early appreciation of the work of this distinguished and now famous surgeon. On the 9th of October, 1824, the University conferred the honorary degree of LL. D. upon Lafayette, the distinguished French patriot, who visited America during that year.

During the year 1826 disturbances arose among members of the faculty, which led to an open rupture and to important changes in the act of incorporation. By an act of the Legislature, passed March 6th 1826, the Board of Regents was removed and a Board of Trustees was intrusted with the management of the University. This act of the Legislature was contested unsuccessfully in the courts. From 1826 to 1839 the affairs of the University were administered by the Board of Trustees. During the summer of 1826 Professor Pattison severed his connection with the University and Professor Davidge assumed charge of the chairs of anatomy and surgery, with Dr. John Buckler as adjunct professor of anatomy.

Professor Davidge, by reason of ill health, resigned the chair of surgery in 1827, and Prof. Nathan R. Smith was elected to the chair. Professor Smith at that time was 30 years of age. He at once became a leading figure in the work of the University, and, perhaps, by reason of his "imperious character," added more to the éclat of the school than anyone ever connected with the Faculty of Physic. He was a bold, original surgeon, self-willed, determined and commanding. His long connection with the University and his personal characteristics gave to him the title of "Emperor," by which he is best known to former students who sat under his instruction.

Dr. Davidge, one of the founders of the Medical College of Maryland, died on the 23d of August, 1829. His long connection with the

University and his valuable services made his loss deeply felt by the school he had done so much to honor and develop.

NATHAN R. SMITH, M. D.
Prof. of Surgery in University of Maryland, 1827-1870

Dr. Benjamin Lincoln was appointed lecturer on anatomy to succeed Dr. Davidge, but retired from the work in 1831. Dr. Eli Geddings was elected to the chair of anatomy and physiology in 1831, but resigned the chair in 1837 to accept a chair created for him in the Medical College of South Carolina. He was a man of strong intellect and character, and for many years was the nestor of the profession in Charleston, S. C. Professor Geddings died October 7th, 1878, at the age of 79.

Prof. Elisha De Butts, who had held the chair of chemistry since 1809, died April 3d, 1831. His connection with the University had been very useful and brilliant. His death was deeply felt by his colleagues.

The next change in the personnel of the faculty occurred in 1833, when Prof. Samuel Baker and Prof. Maxwell McDowell resigned, the former having entered the faculty in 1809 and the latter in 1814.

Prof. Robley Dunglison succeeded Professor Baker in the chair of Materia Medica, but resigned in 1836 to accept a chair in the Jefferson Medical College, of Philadelphia. Professor Dunglison subsequently became one of the most distinguished writers and teachers of his day.

Professors Geddings and Ducatel resigned from the faculty after the close of the session of 1836-37.

Prof. R. E. Griffith, of Philadelphia, succeeded Professor Dunglison, but held the chair only one year.

During the year 1837 a second revolution occurred in the management of the affairs of the University, which restored the same to the Board of Regents which had been supplanted by a Board of Trustees by an act of the Legislature in 1826.

The revolution was brought about by the appointment of Dr. Henry W. Baxley to the chair of anatomy as the successor of Professor Geddings. Professor Baxley was not popular with the student body and his colleagues of the faculty favored the appointment of Prof. Samuel G. Baker. The act of the trustees in making the appointment was considered arbitrary and injudicious. The faculty resolved that if the trustees should make an appointment to the chair of anatomy of the individual now proposed by them in direct opposition to the nomination of the faculty, the professors should resign. As soon as the official announcement was received of Dr. Baxley's appointment their resignations were delivered to the chairman of the Board of Trustees.

"Drs. Potter and Hall, senior members of the faculty, in resigning their appointments under the trustees, expressly retained those formerly held from the regents under the charter of 1812."—(Cordell.)

Two faculties—the regents and trustees—were now contending for the control of the affairs of the University. The contention was carried to court, which restored the regents to the power exercised by them prior to 1826.

The affairs of the University have, since 1837, been administered by the Board of Regents. The wisdom of the course of action which resulted in the removal of the Board of Trustees and restoration of the authority of the Board of Regents has many times been questioned by the friends of the University. Without discussing the merits of this question, we must admit the weakness of a system which confers upon its teaching body absolute authority over its own succession without power of removal and without accountability, save to its own membership.

Under the management of the Board of Trustees the affairs of the University were conducted


Collegium Medicinæ Terræ Mariæ

Omnibus ad quos hæ literæ pervenerint

SALUTEM

THE DIPLOMA OF CORBIN AMOS, CONFERRED IN 1812
By the Medical College of Maryland

in a judicious, business-like and successful manner. There are many evidences to show a large and liberal policy. The restoration of the Board of Regents brought harmony in the faculty and a gradual development of the medical department along conservative lines. For a State University one may well doubt the advantage of a system of government by a Board of Regents representing faculties which have an absolute authority over their own departments and only a nominal responsibility to the Board of Regents as a whole.

With the management of the affairs of the University again invested in the hands of the Board of Regents, the work of the University began to revive and the number of students increased.

In the fall of 1836 Prof. W. E. A. Aiken was elected to the chair of chemistry to fill the vacancy occasioned by the resignation of Professor Ducatel.

Professor Aiken filled this chair until 1883, a period of 47 years.

During the session of 1839-40 the duties of the chair of surgery were discharged jointly by Prof. Wilmot Hall and Prof. W. N. Baker, Prof. N. R. Smith having accepted temporarily a chair in Transylvania University. During the year 1841 Prof. Samuel G. Baker and his brother, Prof. Wm. N. Baker, died. They were the sons of Prof. Samuel Baker, who had been professor of materia medica from 1809 to 1833.

Prof. Samuel Chew was elected to the chair of materia medica and Dr. A. C. Robinson was made lecturer on anatomy in 1841.

In 1842 Dr. Joseph Roby, of Boston, was elected professor of anatomy.

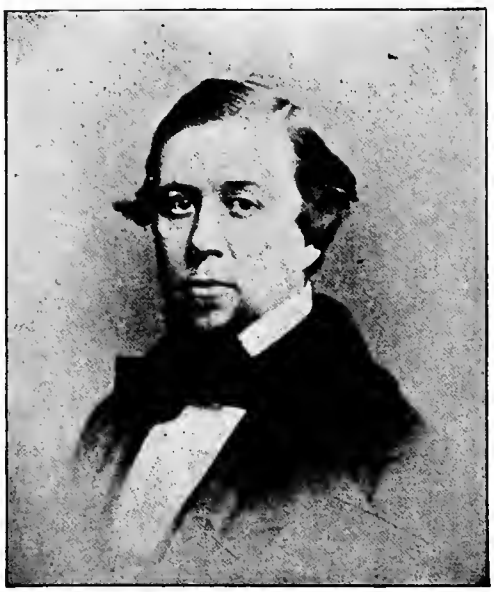
Prof. Nathaniel Potter died on January 2d, 1843, after having been professor of theory and practice of medicine since 1807. Prof. Richard

S. Steuart succeeded Professor Potter, but never lectured.

Prof. Richard Wilmot Hall, professor of obstetrics from 1813 to 1847, died during the latter year, and was succeeded by Prof. Richard H. Thomas.

Prof. Elisha Bartlett, of Massachusetts, was elected to the chair of practice in 1844, but resigned in 1846, and was succeeded by Prof. Wm. Power. Professor Power resigned in 1852, and was succeeded by Prof. Samuel Chew.

Prof. R. H. Thomas resigned the chair of obstetrics in 1858, and was succeeded by Prof. G. W. Miltenberger. Prof. Charles Frick was elected to the chair of materia medica in 1858, which was made vacant by his death from diphtheria, contracted from a patient, in 1860.



CHARLES FRICK, M. D.
Professor Materia Medica in University of Maryland, 1858-1860

Professor Roby resigned the chair of anatomy and physiology in 1860, and was succeeded by Prof. W. A. Hammond, who became surgeon general of the United States Army, and resigned. Dr. Edward Warren, of North Carolina, was elected to the chair of materia medica in 1860, but vacated the chair to join the Confederate Army in 1862, and was succeeded by Dr. Richard McSherry, who, on the death of Prof. Samuel Chew in 1863, became professor of practice. During the year 1864 Prof. Samuel C. Chew was elected professor of materia medica and Prof. Christopher Johnston was elected professor of anatomy and physiology.

At the conclusion of the Civil War, in 1865, the affairs of the University began to assume a more hopeful prospect. During the four years of civil strife the work of the University was conducted under trying circumstances. With the restoration of peace students from the South came in large numbers to Baltimore, attracted by the sympathy and friendly sentiments of the people of Maryland for the Southern cause. The University of Maryland opened her doors to these students and treated them with open-hearted liberality.

In 1866 Prof. Frank Donaldson was elected professor of physiology, hygiene and pathology.

In 1867 the University created the new chair of diseases of women and children, and elected Prof. Wm. T. Howard, of North Carolina, to the chair.

The University of Maryland became the first medical school in America to establish separate and independent chairs of diseases of women and children and of eye and ear diseases.

In 1869 Prof. Christopher Johnston was made professor of principles and practice of surgery, Prof. J. J. Chisolm was made professor of operative surgery and clinical professor of diseases of the eye and ear.

Prof. F. T. Miles, of South Carolina, was elected professor of general, descriptive and surgical anatomy and clinical professor of diseases of the nervous system.

In 1880 Professor Donaldson resigned the chair of physiology, and was succeeded by Prof. F. T. Miles. To the chair of anatomy vacated by Professor Miles, Prof. J. E. Michael was elected.

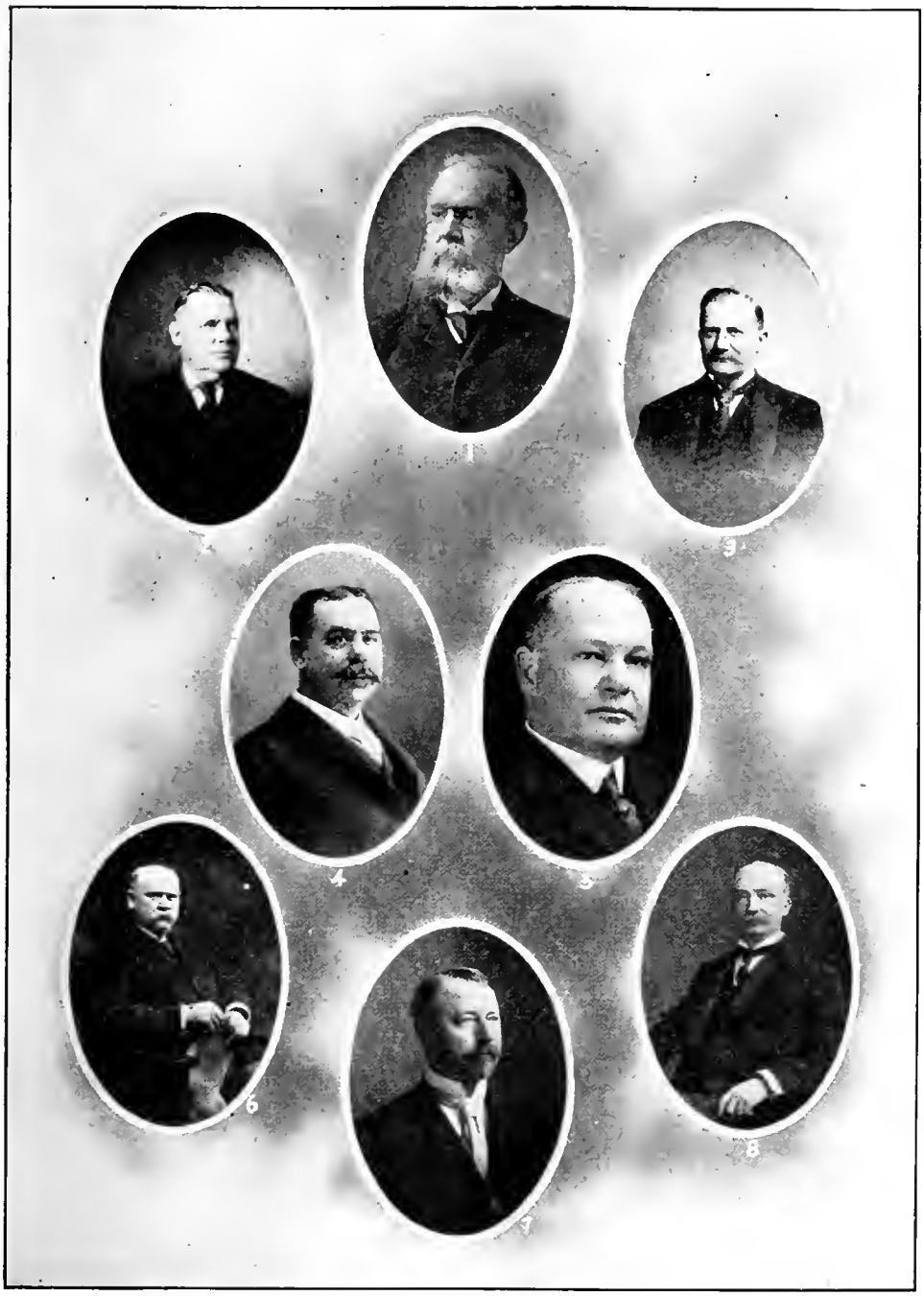
In 1873 Professor Chisolm resigned the chair of operative surgery to fill the chair of eye and ear diseases. Prof. Alan P. Smith was elected professor of operative surgery, but retired after one course of lectures, and was succeeded by Prof. L. McL. Tiffany.

In 1880 Prof. I. E. Atkinson was made clinical professor of dermatology. During this year the Alumni Association of the Medical Department was organized, with Prof. G. W. Miltenberger as president.

In 1881 Prof. Christopher Johnston resigned the chair of surgery, and was succeeded by Professor Tiffany. In 1883 Professor Aiken resigned the chair of chemistry, and was succeeded by Prof. R. Dorsey Coale.

In 1886 Prof. S. C. Chew was transferred to

FACULTY OF PHYSIC, REGENTS



1 Prof. S. C. Chew 2 Prof. R. Dorsey Coale 3 Prof. Randolph Winslow 4 Prof. L. E. Neale
5 Prof. C. W. Mitchell 6 Prof. T. A. Ashby 7 Prof. J. Holmes Smith 8 Prof. J. C. Hemmeter

the chair of practice made vacant by the death of Professor McSherry. Professor Atkinson was made professor of materia medica.

In 1887 the Free Lying-in Hospital was established. In 1890 Prof. George W. Miltenberger resigned the chair of obstetrics, having filled the same since 1858, and was succeeded in the same by Prof. J. E. Michael, who was transferred from the chair of anatomy. The chair of anatomy was filled by the election of Prof. Randolph Winslow on April 23d, 1891. Owing to the lamented death of Prof. J. E. Michael in Decem-

FACULTY OF PHYSIC—JUNIOR FACULTY

9 Prof. J. E. Hirsh 10 Prof. Hiram Woods 11 Prof. J. S. Fulton 12 Prof. Dan'l Base 13 Prof. E. F. Cordell
14 Prof. J. M. Hundley 15 Prof. T. C. Gilchrist 16 Prof. J. T. Smith 17 Prof. Frank Martin
18 Prof. St. Clair Spruil 19 Prof. R. T. Taylor 20 Prof. J. R. Winslow 21 Prof. J. M. Craighill 22 Prof. J. E. Gichner
23 Prof. A. D. Atkinson 24 Prof. S. B. Bond 25 Prof. L. M. Allen 26 Prof. J. G. Jay 27 Prof. Harry Adler

ber, 1895, the chair of obstetrics was again made vacant. Prof. L. E. Neale was elected to the chair of obstetrics in 1896. On September 4th, 1895, owing to ill health, Prof. J. J. Chisolm resigned the chair of eye and ear diseases.

In 1896 Prof. C. W. Mitchell was elected professor of materia medica and clinical medicine, Prof. I. E. Atkinson holding the chair of therapeutics and clinical medicine.

On July 23d, 1897, Prof. W. T. Howard resigned the chair of diseases of women and children, having filled the same since 1867. The chair was then divided, and on August 2d, 1897, Prof. T. A. Ashby was elected to the chair of diseases of women and Prof. C. W. Mitchell was elected to the chair of diseases of children and clinical medicine.

Prof. L. McLane Tiffany resigned the chair of surgery on May 22d, 1902, and in June following Prof. Randolph Winslow was transferred to the chair of surgery. Prof. J. Holmes Smith was at the same time elected to the chair of anatomy. Owing to ill health Prof. F. T. Miles resigned the chair of physiology on June 9th, 1903, and was succeeded by the election of Prof. J. C. Hemmeter.

Prof. D. M. R. Culbreth was elected professor of materia medica in 1902, and resigned the same in 1906.

It has not been possible in this brief sketch to make notice of the various appointments made in the teaching body outside of the Board of Regents. At the present time over fifty teachers are engaged in giving instruction in the different branches now taught by the faculty. So rapidly has this work grown that the junior faculty is now giving the major portion of the course of instruction in the laboratories and hospital clinics. The widening out of the course of instruction at the University is best shown by a comparison of the present system with that in force as late as 1865.

At the close of the Civil War the Board of Regents numbered eight professors in the Department of Medicine. The course of instruction began October 1st and ended March 1st. The course extended through two years. Oral examinations were given at the end of the second year.

At the present time the Board of Regents numbers eight professors, but the corps of teachers and instructors contains over fifty. The course of instruction begins October 1st and ends June 1st, and extends through four years, with graded instruction and class examinations at the end of each year. All examinations are in writing and the student must pass all branches with an average grade of 75 before receiving a diploma.

The growth of laboratory and clinical work has kept pace with the progress of the day. The laboratories of physiology, chemistry, pathology, bacteriology and clinical medicine are well equipped with appliances for practical as well as experimental work.

The University Hospital, rebuilt in 1897, is one of the best equipped hospitals in the country, with over 200 beds, outdoor, and accident and lying-in departments, giving the greatest abundance and variety of material for clinical instruction. In the lying-in department over 600 deliveries were attended during the past year by the students of the University, assigned in classes to the individual cases, under the supervision of a graduate.

THE DEPARTMENT OF LAW.

By Hon. John P. Poe, LL. D.

The records of the University show that almost immediately after the granting of the charter to the University the College of Medicine of Maryland, which was incorporated in 1807, annexed to itself the three departments of law, the arts and sciences and theology, and the several faculties of these departments went to work.

The principal work was done by the Faculty of Physic, in continuation of the instruction which had previously been conducted by the College of Medicine. Lectures in theology were delivered from time to time to the students of medicine.

As originally appointed the members of the Faculty of Law were leaders of the bar. The great William Pinkney headed the list, followed by Robert Goodlow Harper, Robert Smith (a United States senator), John Purviance (afterwards for many years judge of Baltimore County Court), Nicholas Brice (also for many years judge of Baltimore City Court), and Nathaniel Williams (for many years United States district attorney). David Hoffman was the first professor of law, a gentleman, according to all accounts, of most extraordinary learning and extensive attainments.

It appears from the record that he began his

course of lectures in 1822. He published a syllabus of lectures showing the great and thorough range of instruction which he marked out for the students, and his "Course of Legal Study," first published in 1817, and addressed to the students of law in the United States, indicates a vast and comprehensive knowledge of the whole field of the law, too large for the practical purposes of what at the present day would be considered a sufficient course for three or four years.

The syllabus which succeeded it in 1821 would appear at the present day to cover more ground than could reasonably be expected to be gone over in the ordinary course of study generally pursued now. He taught well and learnedly. His classes, however, were small, and the support which the school received was meager, and the lectures were finally discontinued.

The reason, doubtless, was that at that time law students in our section of the country did not go to law schools, but "read law," as it was called in the offices of practicing lawyers for the prescribed time of two years, and were then admitted to practice upon the motion of their instructors, followed by an examination, which was usually a mere matter of form.

In 1825 the legislature passed an act by which control of the University was attempted to be taken from the regents and vested in a board of trustees.

The legality of this action was questioned from the beginnng, but was submitted to for a number of years. Finally, counsel were employed (amongst others Daniel Webster), to test the validity of the act, and after full discussion it was held to be unconstitutional and void by our Court of Appeals in the leading case of Regents of the University of Maryland vs. Williams, Gill and Johnson, 365, and the property of the University was in 1838 restored to the regents.

During this interval the work of the law department was interrupted and hampered, and doubtless this unfortunate condition of things had much to do with its discontinuance for a number of years.

From time to time the personnel of the six regents comprising the Faculty of Law was changed, but from the beginning they were chosen from amongst the best and most prominent members of the bar, and amongst their number were such lawyers as Taney, Heath, Frick, Pinkney, Harper, Meredith, Williams, Evans, Mayer, Dobbin, Latrobe and Brown.

Hon. John P. Kennedy was elected provost in 1850, upon the death of his predecessor, Dr. Ashton Alexander, and continued to hold this position until his death, when he was succeeded in 1870 by the late Severn Teackle Wallis, who filled the office with great acceptability and distinction until 1894.

HON. JOHN PRENTISS POE, LL. D.
Dean Department of Law

In June of that year the present provost, Mr. Bernard Carter, was elected.

In the fall of 1869 the then survivors of the Faculty of Law, viz., Judge George W. Dobbin and Mr. John H. B. Latrobe, determined to reorganize the law department. The first step was to fill the vacancies in the faculty.

This was done by the election of George William Brown, Bernard Carter, Henry Clay Dallam and John Prentiss Poe.

Hon. Robert N. Martin and Hon. John A. Inglis, both of whom had filled with distinction high judicial positions, were chosen professors, and the work of instruction of the reorganized faculty began on the first Monday of February, 1870.

In July, 1870, Professor Martin died, and Hon. Alexander H. Handy, a native Marylander,

who had greatly distinguished himself as a lawyer and judge in his adopted State of Mississippi, was elected to fill the vacancy.

Mr. John Prentiss Poe began his work as a professor in October, 1870, and has from that time to the present continued to be one of the regents, and upon the death of Judge Inglis was elected professor of law, the place first held by Prof. David Hoffman, and upon the retirement of Judge Dobbin was elected dean of the faculty, both of which positions he still holds.

In 1871 Judge Handy was recalled to Mississippi and resigned his professorship.

At this time Hon. George William Brown, afterwards Chief Judge Brown, came to the front and undertook to deliver a course of lectures upon constitutional law; Arthur George Brown kindly consented to help us with a series of lectures upon admiralty and shipping, and Benjamin C. Barroll was good enough to undertake the instruction of classes in the principles and rules of equity jurisprudence, pleading and practice.

In the fall of 1872 Major Richard Venable was chosen as a professor, and the immediate occasion for the aid of Messrs. George William Brown, Arthur George Brown and Benjamin C. Barroll having passed away, the entire course of instruction was distributed among Judge Inglis, Major Venable and Mr. Poe, and for six years the lectures and work of the school went steadily onward under this arrangement.

Judge Inglis died in 1878, and the chair previously held by him was assigned to Profs. Charles Marshall and Bernard Carter, who were then elected as members of the board of instruction.

After remaining with us for a number of years they withdrew, and Major Thomas W. Hall, Edgar H. Gans, Henry D. Harlan, John C. Rose, Wm. T. Brantly and Judge Charles E. Phelps became members of the faculty.

From time to time other changes in the faculty were made. The late Judge Albert Ritchie and the late Judge Thomas S. Baer were assigned to chairs, and were with us until their lamented deaths.

The progress of the law department from September, 1870, until the present time has been most gratifying, our alumni numbering more than 1,400, while the number of students on our rolls during these years was very large.

The course of instruction has been extended to three years, and the junior, intermediate and senior classes contain now more than 250 students.

The present accommodations of the Law School have now become inadequate, and it is proposed during the coming summer to materially increase them.

THE DEPARTMENT OF DENTISTRY.

By T. O. Heatwole, D. D. S.

During the 1882 session of the General Assembly of Maryland the charter of the University of Maryland was so amended as to provide for the creation of a Dental Department. Prior to this time, however, the University had occupied the distinction of being the first institution in this country to apply a regular course of dental lectures to its curriculum. These lectures were delivered by Dr. Horace H. Hayden in 1837, who was the first American practitioner of dentistry registered as such in the United States.

The organization of a separate Department of Dentistry in the University of Maryland followed closely upon the legislative authority granted in 1882, with Prof. F. J. S. Gorgas as Dean, and associated with him Prof. James H. Harris. These two instructors had been for many years connected with the Baltimore Dental College, and were well equipped for the establishment and propagation of the new duties set them. Their conservative business methods and practical application of all knowledge bearing on the subject of dentistry as a science were not long in making themselves felt, and the school early began to rank with the best in any section of the country, until at the present time the influence of the Department of Dentistry of the University of Maryland is known and felt in every part of the civilized world.

The equipment of the department in the beginning was naturally rather meager, but as time advanced and success became assured, it had to seek enlarged quarters, the rapid growth demanding several additions to the buildings within two decades. In 1904 a new building, with all of the latest improvements as to comfort and fixtures for the special uses of a modern dental school of instruction, was completed and occupied.

Under the original plan students of this department have always taken lectures with those

pursuing medical courses in such branches as Materia Medica and Therapeutics, Chemistry, Anatomy and Physiology, and in this way have had the advantage of a broader field of knowledge than is afforded in the ordinary independent school of dentistry. The good effect of such a plan shows itself in the number of dental graduates of our school who, having in this way gotten an insight into the science of medicine, have availed themselves of the opportunity to acquire a degree of Doctor of Medicine in addition to that of Doctor of Dental Surgery.

The Dental Department of the University of Maryland has always enjoyed the reputation of having at the disposal of its students clinical material in almost unlimited amount, and this in no small degree has been of service in attracting students; and, in addition to the strength which the faculty itself represents, has brought many undergraduates of other schools to see the wisdom of finishing their courses at the University, where ample practical experience may be had to fit them for entrance upon a successful career. Membership in the National Faculties Association provides for an interchange of students, and be it said to the credit of the Dental Department of the University of Maryland, her additions to advanced classes have always been largely in excess of those who, having matriculated in the Freshman year, seek release and transference to other schools.

The equipment of this department is now ideal. The infirmary, which is commodious, is so situated as to give excellent light. The corps of demonstrators, under Dr. I. H. Davis, is well organized; the mechanical department is so arranged that the different classes have their own laboratories. The building, which is three stories high, is heated throughout with hot water and fitted up with both gas and electric lights.

The country can boast of no better facilities for teaching than are to be found in this Department of Dentistry, and with the advance of the science, backed up by the enviable record which it has made in the last quarter of a century, the Dental Department of the University of Maryland may justly be expected to maintain the high ground now occupied and move onward to greater things in the future.

From this department have gone out each year on an average of half a hundred graduates, many of whom now take high rank in the profession and have reflected great credit upon their Alma Mater. The next quarter of a century will doubtless see some changes in both faculty and methods, and, judging from the past, we may look forward with confidence to the perpetuation of a progressive advancement along all lines which will be in keeping with the spirit of the University as a whole.

DEPARTMENT OF PHARMACY.

Formerly Maryland College of Pharmacy.

By D. M. R Culbreth, M. D., Ph. G.

Historical.—Pharmacy, both as an art and science, began to take on new life in our country the early part of the last century, and fortunately Baltimore shared largely in the upward movement. The business in many places had shaped itself after the English custom, modified by the prevailing superstition of the Indians, and while our city for years came under the same influence, yet happily the impression of higher pharmacy reached us much earlier than some localities, through the French refugees and a few apothecaries skilfully trained in France. The priceless interest which that country manifested in behalf of the American Revolution seemed to stimulate young pharmacists to risk their fortunes upon our soil, and from these, as well as the Acadian exiles, Baltimore claimed several who attained in their calling well-merited reputations.

In 1791 many deserving persons, fleeing from the massacre of Santo Domingo, took refuge here, and among them one pharmacist of rare ability and knowledge, Monsieur Edme. Ducatel, who with justice can be called the father of our modern healing art. His store was No. 26 West Baltimore street, north side, third door west of Harrison street, in the center of the then business community, where he conducted until the early thirties one of the largest, and by far the most scientific, retail drug houses that Baltimore has ever known. From this store and under his tutelage came into the business such worthy exponents as John M. Laroque, Elias Durand, John Milhau, George W. Andrews, Thos. G. Mackenzie and Oscar Monsarrat, who in turn, establishing themselves on their own account, gave to the city in about 1840 a coterie of earnest and bright workers having the one object in view—to elevate and develop the possibilities of pharmacy.

Up to this time the compounding of prescrip-

tions was largely in the hands of the physicians —such work being delegated to their more or less inexperienced understudies, who then were regarded as indispensable attaches to the doctor's office. Thus far the pharmacist was more a vender of crude drugs—few galenicals, numerous quack nostrums and many other commodities in no sense pharmaceutical, such as glass, paints, oils, dyestuffs, etc. Medical agents were multiplying rapidly, new chemicals were gaining popular favor, and various remedial appliances were being invented, all making a greater demand upon the physician's capacity and the druggist's knowledge. The former, as a class, were becoming well jaded in the dual service of prescriber and compounder, and had determined,

FACULTY OF PHARMACY.

1. WM. SIMON, Emeritus Professor
2. CHAS. CASPARI, Jr., Dean
3. D. M. R. CULBRETH
4. DANIEL BASE
5. H. P. HYNSON
6. CHARLES SCHMIDT (Deceased)
7. J. P. PIQUETT (Deceased)

if posible, to seek relief from some of its responsibilities; the latter felt themselves unqualified to do justice to the new condition of original investigation and manipulation, especially as pharmaceutical laboratories and manufactories were in their infancy, and the production of metallic salts and chemicals fell to their hands.

Times truly seemed propitious for an acknowledgment and acceptance that the practice of medicine and the practice of pharmacy did not belong to, and could not be followed satisfactorily by the one and same individual, and both professions recognized the immediate necessity of better educated pharmacists and assistants. The great step forward was to elevate pharmacy in our midst, an object toward which, it must be said in all praise, the medical profession in the beginning worked heart and hand with the druggists. In order that this purpose might be accomplished best, all concerned agreed that a specific institution should be established wherein might be taught by knowing men the growing business and its scientific demands.

Organization.—It was to this end that, on June 8th, 1840, three prominent physicians, representing the Maryland Medical and Chirurgical Faculty—Wm. E. A. Aikin, William Riley and Samuel Baker—met at the house of the latter eight representative pharmacists—Thomas G. Mackenzie, George W. Andrews, David Stewart, Robert H. Coleman, Henry B. Atkinson, John Hilk, Jonathan Chapman and J. W. W. Gordon. The meeting was presided over by Dr. Baker, and was not only interesting, but important, from the fact that it appointed a committee of five apothecaries, who should report subsequently the best plans for a college of pharmacy in the city of Baltimore. A month later, July 6th, a general meeting of the regularly educated apothecaries in Maryland was called (in order that all might have an opportunity to express their views upon the proposition), at which a committee was appointed to draft a constitution and by-laws and to report back at a similar meeting two weeks later, July 20th, the day from which dates the existence of the Maryland College of Pharmacy. At the following session of the legislature it was made a legalized institution by incorporation, the memorial being presented to that honorable body by Benjamin Rush Roberts and Robert H. Coleman, passed upon January 27th, 1841, and signed a short time thereafter by the then Governor, Hon. William Grason.

The incorporators, seventeen in number, immediately organized and established a course of instruction in chemistry, materia medica and pharmacy, it being decided that lectures for a while, at least, should be delivered by the various willing members of the college in regular rotation. Seven, having thus consented, entered upon their duties the first week in November, 1841, and continued to the close of the session of 1843-1844, when it was considered advisable to have distinctive professors for each department. As a result the chair of "Theory and Practice of Pharmacy" was constituted April 24th, 1844, Dr. David Stewart elected thereto, and an arrangement effected with the faculty of physic of the University of Maryland whereby the lectures of the college were to be united with those of the university, thus giving the medical and pharmaceutical students reciprocal advantages. Thereafter the university lecture and faculty rooms, northeast corner Lombard and Greene streets, were used conjointly by the representatives of both institutions, lectures on pharmacy, including materia medica, being delivered by Prof. David Stewart, while the pharmaceutic students attended the chemical lectures of Prof. Wm. E. A. Aikin, then also dean of the faculty of physic. This arrangement with the University continued in force until 1847, when Prof. Stewart resigned, owing to the number of students continuing small, the compensation insignificant and the general interest in the college less evident. Of the seventeen originators, seven had sought other occupations and four had passed away by death, while those entering the profession manifested little zeal towards its educational improvement, in consequence of which, after March 23d, 1848, the lectures and meetings were discontinued altogether for a period of nine years, the charter remaining in force, when through a revivifying spirit a new era dawned.

Reorganization.—On February 7th, 1856, ten apothecaries of the city met together in the hope of reaching an agreement upon certain principles by which pharmacists should be governed in their relations to one another. At this meeting the presiding officer, Israel J. Grahame, boldly affirmed that, in his opinion, this could be accomplished most effectively by reorganizing the Maryland College of Pharmacy, and by a united determination on the part of the apothe-

caries to give it their hearty support. He further stated that the by-laws of that quiescent institution contained a provision which entitled all pharmacists in good standing to honorable membership. These suggestions were accepted seriously, and a committee was appointed to wait upon the holding-over president of the college, George W. Andrews, with the request that he call a meeting of the old organization, and of pharmacists generally, to consider the matter definitely. This meeting was held February 20th, 1856, at the northeast corner of Lexington and Eutaw streets, and was attended by thirty-one druggists, but, owing to the want of a quorum of college members, the election of new applicants for membership had to be deferred five days, February 25th, when they were accepted, as was the resignation of the former officers, the successors of the latter being promptly chosen. At a subsequent meeting the original constitution and by-laws were revised, a code of ethics adopted and a "committee upon instruction" appointed, consisting of Israel J. Grahame, Wm. S. Thompson and J. Faris Moore, who in due time recommended the creation of three professorships—chemistry, materia medica and practical pharmacy—with distinctive professors, each to deliver at least twelve lectures during the session. A canvass of the city indicated that about twenty students would attend that fall, 1856, consequently rooms were rented and properly fitted up for renewing the work she has ever since striven to ennoble and dignify.

Habitations.—Like many institutions of humble beginning, she has experienced a certain itineracy more healthy than otherwise, that which in each instance has followed the path of acknowledged improvement and promotion. At first (1841-1876) it rented halls, Lombard and Greene streets (1844-1848), Calvert and Water streets (1856-1858), 47 North Calvert street (1858-1868), 12 West Baltimore street (1868-1876); then (1876-1886) in her own granite building, 113-115 Aisquith street, originally a city grammar school, purchased and rearranged for her specific needs; then, outgrowing these quarters (1886-1904), in a much more imposing brick three-story building, erected for her purposes on the old site, including the side and rear yards, 109-115 Aisquith street; then finally (1904), by a wise affiliation with the University of Maryland, to enjoy her more liberal advantages, wherein the larger life and possibilities are afforded for developing broader-minded men, a better type of manhood. These are milestones simply of her material progress, while those of the educational line may be said to stand out with even greater boldness.

Growth in Requirements.—It seems now almost incredible that in the earlier period diplomas were granted on a course of one session, "consisting of at least twelve lectures in each of three subjects, chemistry, materia medica, practical pharmacy," and that the recipients went forward to do honor to themselves, their calling and that training; but such is the fact, certainly due not so much to what they learned at college as to their unfaltering character, strength of purpose and long apprenticeship service, conditions that seldom fail in bringing success.

Mark the happy contrast of the present requirements of the college as to time and matter, a course extending over two years of eight months each, including one hundred and twenty hour lectures on each of the three subjects, chemistry, materia medica and pharmacy; two hundred hours in chemical laboratory; one hundred and eighty hours in pharmaceutic laboratory; ninety hours in dispensing laboratory; ninety hours in commercial pharmacy; ninety hours in vegetable histology; one hundred and eighty hours in quizzes, besides much time devoted to botany, pharmacognosy, etc., and one has revealed the rapid strides taken by the profession towards which she has contributed liberally, and stands vigilant to maintain by amply preparing her graduates to measure up to all possible demands. Nor is this all, although the third institution of her kind established in this country, she was the first to recognize a separate professorship of pharmacy, thereby assigning to that scientific branch an individuality of its own; she was also the first to make a course in analytical chemistry obligatory, to insist upon uniformity of instruction in all kindred colleges, and among the first to advocate preliminary examinations for matriculation; to provide modern buildings and facilities for advanced teaching, to institute separate and distinctive laboratories for the various departments, and to procure local pharmaceutical legislation to protect the community she served and contributed to upbuild.

Outside Workers.—The college with these laudable traditions has not been the outgrowth of a brief period, but that of a slow, gradual and persistent policy extending over years, called into

being and exercised by men consecrated to the cause they loved. Well may they be designated as *worthy knights of honor,* for during the past "threescore and ten," at the sacrifice of time and money, they have stood foremost in advocating pharmaceutical education and advancement in our city, controlling largely the destiny of this institution, the veritable exponent of their dearest principles and fondest hopes. Their names are too numerous for the limits of this article, but we cannot withhold those whose devotion has been most loyal, standing for all that was best in their profession and all that adorns personal character, as well as business probity: George W. Andrews, Henry B. Atkinson, Wm. H. Balderston, J. W. Barry, J. Brown Baxley, Charles Caspari, Jonathan Chapman, John A. Davis, Charles E. Dohme, Louis Dohme, Edwin Eareckson, Henry A. Elliott, Columbus W. Emich, E. Baldwin Fisher, James P. Frames, R. Fuller Frames, John W. Geiger, J. W. W. Gordon, Adam J. Gosman, John F. Hancock, John H. Hancock, Ferd Hassencamp, John Hill, N. Hynson Jennings, Thomas G. Mackenzie, Samuel Mansfield, J. Faris Moore, Wm. H. Osburn, Elisha Perkins, Thomas T. Phillips, Benjamin Rush Roberts, Joseph Roberts, James C. Rogers, E. Walton Russell, Richard Sappington, Alpheus P. Sharp, J. Jacob Smith, William Silver Thompson, William E. Thornton.

Inside Workers.—Beyond these there remains to be mentioned that noble band of even more faithful workers, without whose sagacity, knowledge and indomitable energy all efforts else would have failed; those wise and kindly teachers who, with pitiable salaries have been content to sacrifice their life's blood at her shrine, feeling largely compensated in the satisfaction that here, above all other places, were needed their powers and devotion towards the uplifting and building of an honorable calling so interwoven with medicine in the relief of human suffering:

Professors—Chemistry.—Wm. E. A. Aikin, (1844-1846), Lewis H. Steiner (1856-1861), Alfred M. Mayer (1861-1864), Lewis H. Steiner (1864-1865), John C. Carter (1865-1866), Thos. Helsby (1866-1868), M. J. De Rosset (1868-1873), William Simon (1873-1902), Daniel Base (1895).

Materia Medica.—David Stewart (1844-1846), Charles Frick (1856-1858), Frank Donaldson (1858-1863), J. R. Winslow (1863-1866), Claude Baxley (1866-1879), J. Faris Moore (1879-1888), David M. R. Culbreth (1888).

Pharmacy.—David Stewart (1844-1846), Israel J. Grahame (1856-1860), L. Phillips (1860-1861), J. Faris Moore (1861-1879), Charles Caspari, Jr. (1879).

Microscopy.—David M. R. Culbreth (1886-1895), Daniel Base (1895).

Practical Botany.—David M. R. Culbreth (1888-1895), John P. Piquett (1895-1906), Charles H. Ware (1906).

Dispensing and Commercial Pharmacy.—Henry P. Hynson (1900).

Associate Professors—Chemistry.—H. A. B. Dunning (1902).

Materia Medica.—John P. Piquett (1895-1906), James W. Westcott (1906).

Pharmacy.—Charles Schmidt (1895-1905), E. Frank Kelly (1905).

Quiz-Instructors—Chemistry.—David M. R. Culbreth (1885-1895), Daniel Base (1895-1902), H. A. B. Dunning (1902).

Materia Medica.—David M. R. Culbreth (1885-1895), John P. Piquett (1895-1906), Jas. W. Westcott (1906).

Pharmacy.—David M. R. Culbreth (1885-1895), Charles Schmidt (1895-1905), E. Frank Kelly (1905).

Conclusions.—In spite of the untiring efforts of these two great classes, *outside workers* and *inside workers,* the college has experienced many vicissitudes, but with them all she has pursued an onward and upward course, never surrendering her ideals to mercenary greed, always maintaining for her alumni quality rather than quantity.

Of the 1,100 graduates taught by this honorable corps of teachers, a goodly number have passed to their reward, but many of those remaining have grown to importance in their chosen profession or have drifted, by natural selection, into other fields of labor, to become highly useful and respectable citizens. As her future work is to be in a broader educational atmosphere, under the many advantages of a university community, is it more than reasonable to predict, as is indicated already, that her power for good must increase and multiply, and that her honor-bearers of the new era will reflect even greater credit in the enjoyment of their far richer fruitage?

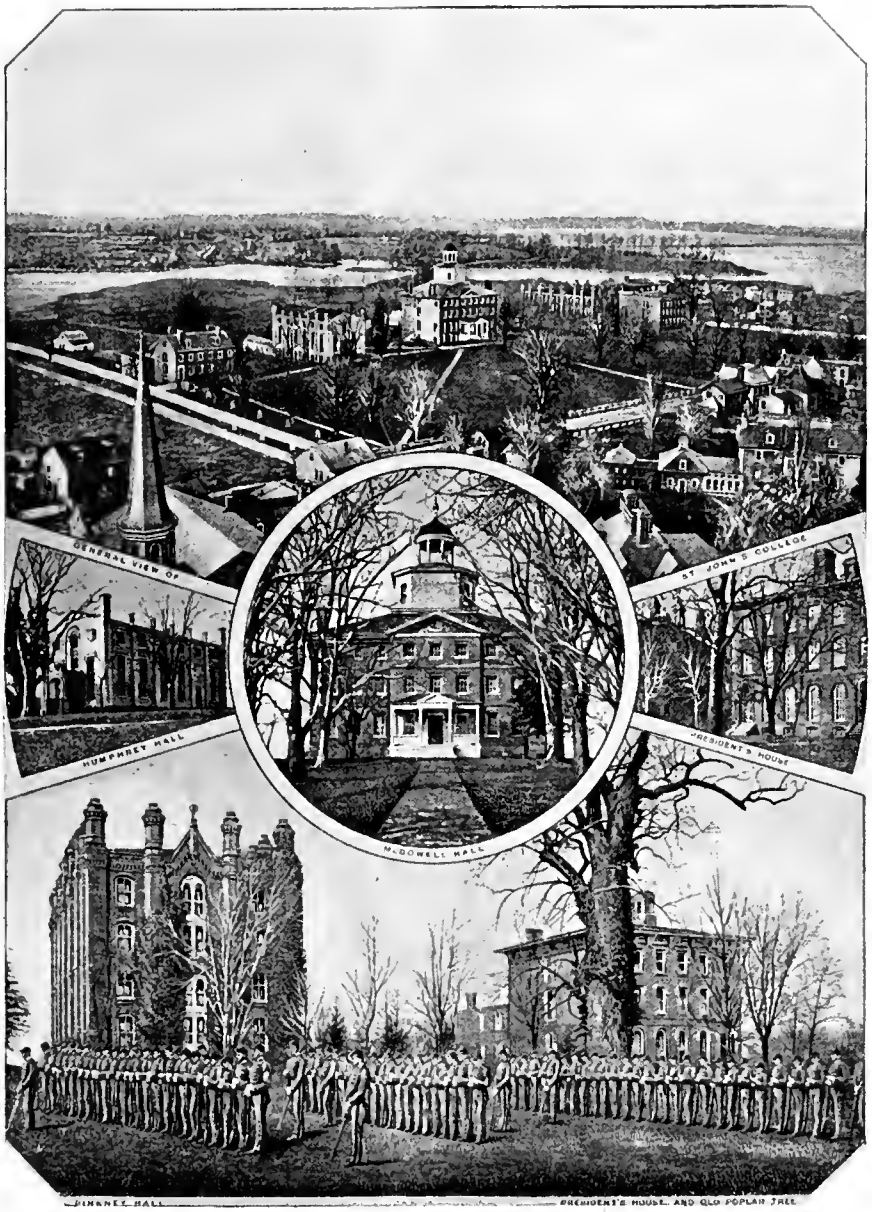
THE DEPARTMENT OF ARTS AND SCIENCES, ST. JOHN'S COLLEGE.

By President Thomas Fell.

St. John's College, at Annapolis, the Alma Mater of so many of Maryland's most noted and honored sons, is charmingly situated on the banks of the Severn River, a few miles from the Chesapeake Bay. Nothing in the country surpasses the picturesque beauty of its situation.

It reaches back in the continuity of its records to the earliest colonial times. The first effort to establish a college in Maryland was made by the General Assembly, convened in the city of St. Marys in the year 1671. An act was then passed by the Upper House of Assembly for "founding and erecting a school or college for the education of youth in learning and virtue."

This act was returned by the Lower House with certain amendments providing for the differences in religious views existing at that time among the people, which amendments were not acceptable to the Upper House, and there the bill rested.



ST. JOHN'S COLLEGE, ANNAPOLIS, MD.

In 1694 the then Governor, Sir Francis Nicholson, sent a message to the Legislature proposing "that a way may be found for the building of a free school for the province," and offering to give money for its maintenance. The plan was approved, and the General Assembly offered subscriptions of tobacco. No further action was taken at this time, but in 1696 an act was passed which resulted in the establishment of King William's School. This act recites that the school was established for "the propagation of the gospel and education of youth in good letters and manners." It was addressed to "His Most Excellent Majesty, etc., 'Dread Sovereign' William III. of England." This law further enacted that "the Most Reverend Father in God, Thomas, by Divine Providence, Lord Archbishop of Canterbury, Primate and Metropolitan of all England, may be Chancellor of said school, and that to perpetuate the memory of Your Majesty it may be called King William's School."

The Rev. Dr. Bray, who had been appointed Commissary of Maryland by the Bishop of London, and who is said to have been the originator of the Society for the Propagation of the Gospel, was mainly instrumental in obtaining this said act.

King William's School was thus established. Governor Nicholson gave to the school a lot in the town of Annapolis, with the house thereon, and the Legislature appropriated money to it, but the school-house was not finished until 1701. It was of brick and stood on the south side of the State House.

The Bishop of London had sent over the Rev. Andres Gaddes to take charge of the school, but he, not finding it finished, was sent to All Saints', Calvert County, Md.

The earliest mention of an officiating master of the school is found in the records of St. Anne's Parish Church. They record, "Died, November 9th, 1713, Rev. Edward Butler, rector of St. Anne's, and master of the free school, Annapolis."

Few of the names of the rectors of the school have come down to us, but about 1756, and for nine years after that date, Mr. Isaac Daken is mentioned as master of the school. On the 27th of August, 1784, the Rev. Ralph Higginbotham was appointed master of King William's School, and when at a later date the school became incorporated with the college, we find him occupying the position of Professor of Languages in the newly-organized institution. This school is noted in the annals of the State as the nursery of some of her greatest men, amongst others the distinguished lawyer and statesman William Pinkney.

In 1784 the charter of St. John's College was granted, two years after a like charter had been given for the establishment of Washington College at Chestertown, on the Eastern Shore.

It was intended by the terms of the charter that the two colleges thus founded should constitute one university under the name of the University of Maryland.

By act, 1785, the property and funds and students of King William's School were conveyed to St. John's College.

Among the chattels passed to the college were a number of "quaint and curious volumes" brought over by the Rev. Dr. Bray from England, and which still remain in the library of St. John's.

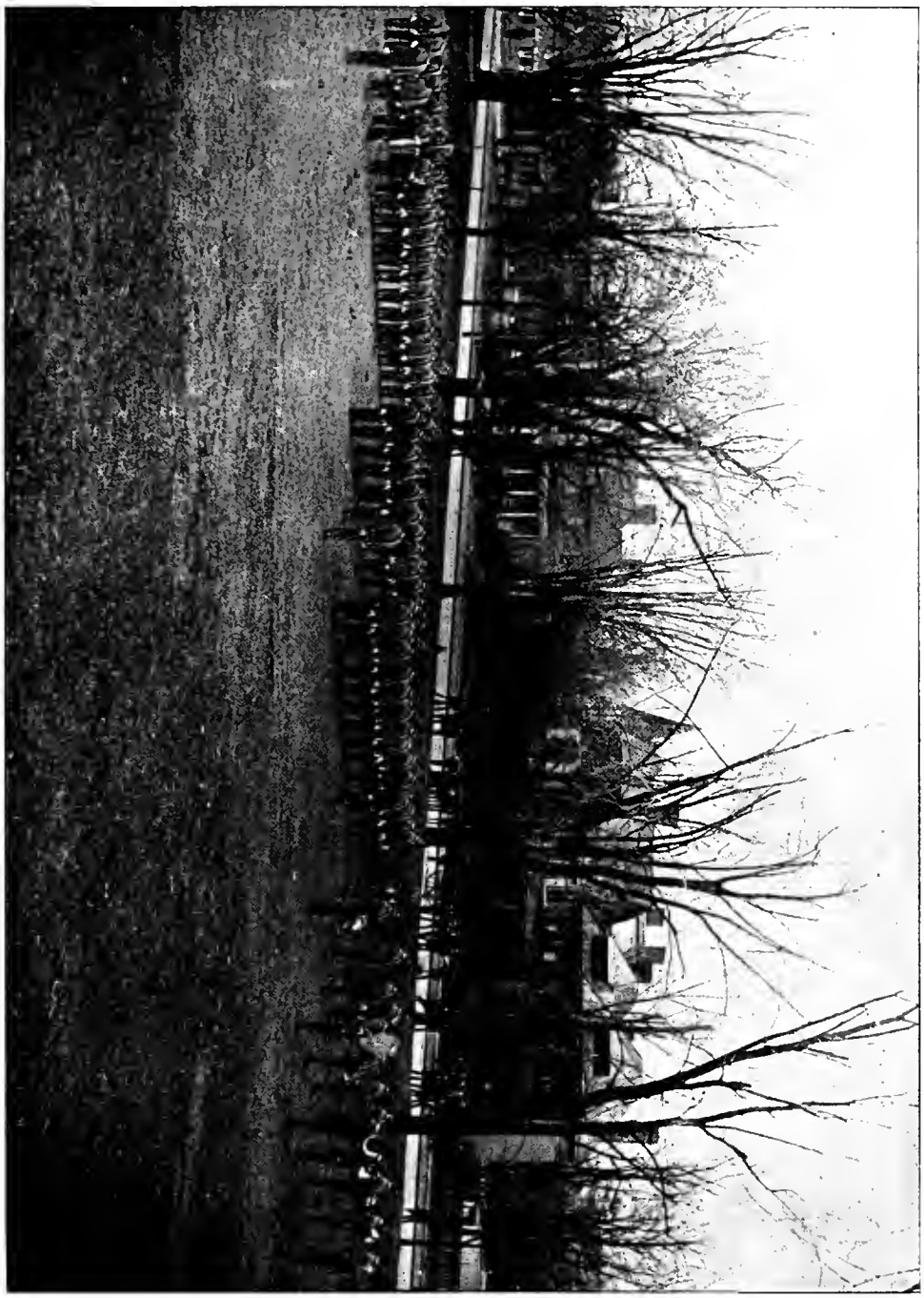
On November 11, 1739, the college was formally opened, and the dedication was performed with much solemnity, all the public bodies being in attendance, and forming a long procession from State House to College Hall.

Among the students of that early period are to be found the names of George Washington, Parke Custis, and Fairfax and Lawrence Washington, nephews of George Washington; also, of Francis Scott Key, who entered St. John's November 11th, 1789, and graduated in 1796.

On Friday morning, March 25th, 1791, President Washington, attended by the Governor of Maryland and a number of citizens, visited St. John's College, and expressed much satisfaction at the appearance of this rising institution.

Within the period of thirteen years, from 1793, when the first class was graduated, until 1806, the names of four Governors of Maryland, six United States Senators, five members of the House of Representatives, four Judges of the Courts, one Attorney General, one United States District Attorney, one Auditor of the United States Treasury, six State Senators, fifteen members of the House of Delegates, besides foreign consuls, officers of the army and navy, physicians and surgeons, distinguished lawyers (including one Chancellor of South Carolina), college professors, etc., are to be found among the names in the register of the alumni. In 1807 Rev. Dr. Bethel Judd was chosen principal, and the work, though grievously hampered by the action of the Legislature, was partially con-

tinued, and in January, 1812, $1,000 of the annuity, which had been withdrawn by the Legislature in January, 1806, was restored. A lottery, granted in 1821, added $20,000 to the funds, and

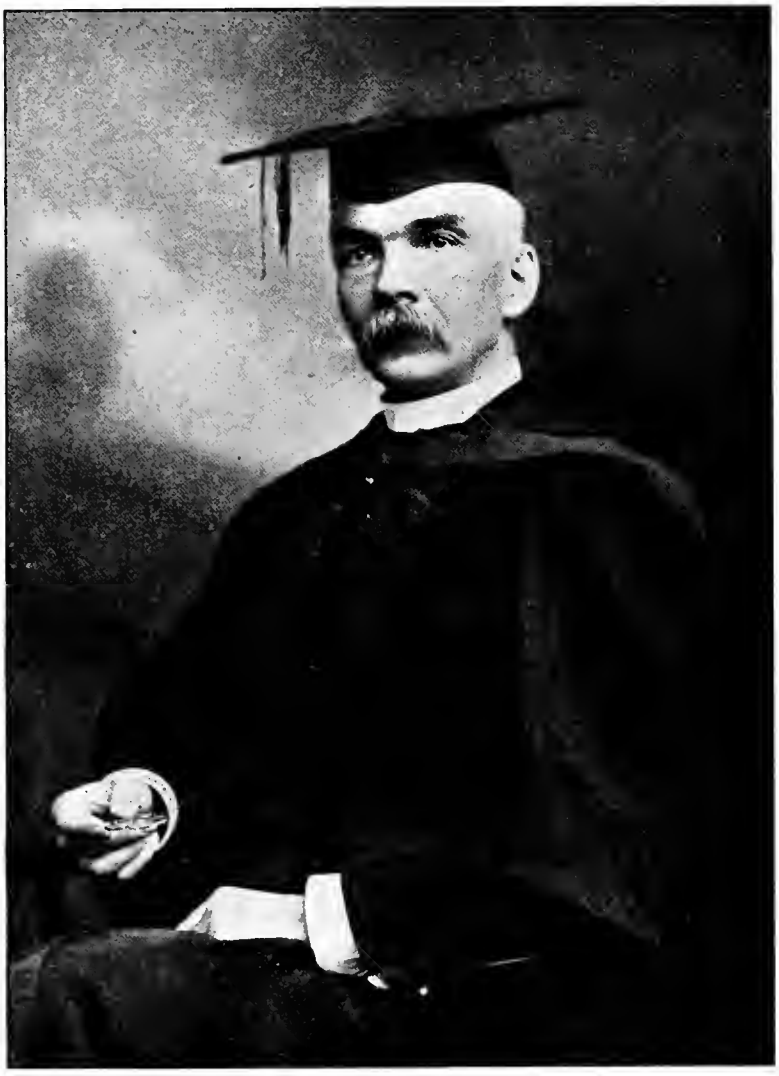


PARADE GROUNDS, ST. JOHN'S COLLEGE

enabled the college to extend its work. Rev. Dr. Henry Lyon Davis served as principal from 1820 to 1824, and the Rev. Dr. William Rafferty from 1824 to 1831. In 1831 Rev. Dr. Hector Humphreys was appointed principal, and by his persevering efforts and personal influence with the members of the Legislature a sum of $3,000 was added to the annuity, provided the Board of Visitors and Governors should agree to accept it "in full satisfaction of all legal or equitable claims that they might have or be supposed to have against the State."

Dr. Humphreys was succeeded by Rev. Dr. C. K. Nelson. He guided the college successfully till 1861, when the college buildings were utilized as a military hospital by the United States Army until the close of the war.

After the war the college buildings were put in thorough repair, and Dr. Henry Barnard, of Connecticut, late Commissioner of Education, was elected principal, and the college was reopened in September, 1866. On his resignation the following summer, Dr. James C. Welling, afterwards and now president of Columbian University, Washington, D. C., was chosen principal, and the college opened in the autumn with 115 students. Before the close of the next session the Board of Visitors and Governors, in recognition of an increased annuity, passed an ordinance establishing 150 State scholarships, each scholarship entitling the holder to exemption from the payment of room rent and tuition fees in any department of the college, and the number of students in attendance increased to 225. Dr. Welling resigned at the close of the session 1869-70, and Dr. James M. Garnett, now professor at the University of Virginia, was appointed in his stead. Under his administration, in 1871, the first class since 1860 was graduated, and continuously thereafter classes have been duly graduated each year. In 1880 Dr. James M. Garnett, with other members of the faculty, tendered their resignations, which were accepted by the Board of Visitors, and the Rev. Dr. J. M.



PROFESSOR THOMAS FELL,
President St John's College

Leavitt was invited to undertake the administrative duties of the college.

In the summer of 1884 Dr. Leavitt resigned, and went abroad for his health, and Prof. William H. Hopkins, subsequently appointed President of the Woman's College, Baltimore, Md., was installed as acting principal. He maintained control during the sessions of 1884-85 and 1885-86, but in spite of strenuous efforts on his part to ameliorate the condition of things, no appreciable progress was made. Under his direction and personal efforts the detail of an officer from the United States Army, and also of an engineer from the United States Navy, were obtained, in accordance with the provisions of certain acts of Congress, with the conditions of which St. John's was able to comply.

He resigned in the summer of 1886 to accept the position offered to him by the trustees of the Woman's College, Baltimore, Md., and Dr. Thomas Fell was called to occupy the presidential chair.

On the 26th of June, 1889, the college celebrated the 100th anniversary of its existence under the title of St. John's College. Many of the old students returned for the occasion, and friends who had not met for years exchanged the heartiest greetings. Owing to the large assemblage of visitors a tent was erected on the campus, in the shade of the famous old poplar tree, where the literary features of the program were carried out.

At 10 o'clock, in imitation of the ceremony observed at the founding of the college in 1789, the Board of Visitors and Governors, the faculty, headed by Dr. Fell, wearing his academic gown and hood, and alumni, formed in procession at the State House, and, escorted by the battalion of college cadets in uniform, under command of Lieutenant Jamar, U. S. A., marched to the tent on the campus. On the platform, erected under the ancient poplar tree, among others, were seated Governor Jackson, who was ex-officio president of the Board of Visitors; Rev. Drs. C. K. Nelson, John M. Leavitt and William H. Hopkins, former principals of the college; President Fell, Dr. Abram Claude, Maj. Sprigg Harwood, Capt. John Mullan, Messrs. Frank H. Stockett, Nicholas Brewer, J. Shaaff Stockett, Philemon H. Tuck, John S. Wirt, Dr. T. Barton Brune, and Dr. James D. Iglehart, Rev. Dr. Orlando Hutton, and Philip R. Voorhees. An historical sketch of the college was read by the latter gentleman, after which followed a centennial ode by Rev. J. M. Leavitt, D. D., and an address by the Rev. Leighton Parks, D. D., of Boston, an alumnus of the college.

After the benediction had been pronounced by Rev. C. K. Nelson, D. D., the commemorative tree was planted on the college campus by Mrs. Jackson, wife of Governor Jackson. At the close of the ceremony an artillery salute of twelve guns was fired by the College Corps in honor of the event.

Toward the close of 1891 the Board of Visitors authorized President Fell to initiate a movement for the formation of an endowment fund. In pursuance of this object he has met with much success, and as one of the results of his efforts in this direction has paid off a mortgage debt of $30,000, incurred by reinstating and equipping the college after the civil war. .

In 1901 a new scientific building was erected and dedicated to the memory of Henry Williams Woodward, the father of James I. Woodward, president of the Hanover Bank, New York. And in 1904 a dining hall and a new dormitory for students was added to the group of buildings.

In 1905 Mr. Andrew Carnegie made a donation for the erection of a new building on the campus, which has not yet been built.

President Fell, in his last report submitted to the Board of Visitors, says the number of students on the roll for the present session, 1906-07, amounts to 207.

The General Alumni Association of the University of Maryland had its first banquet at the Eutaw House Wednesday, April 10, 1907. About 55 graduates of all departments were present, and spent a thoroughly enjoyable evening. The enthusiasm displayed by the assemblage made up for the lack of numbers. The address of welcome was made by Oregon Milton Dennis, LL. B., an earnest and zealous worker for his alma mater. Hon. James E. Carr, Jr., LL. B., was toastmaster. Those responding to toasts were: Hon. J. Harry Tregoe, Hon. J. Wirt Randall, Hon. Henry Stockbridge, E. Miller Reid, M. D.; Isaac H. Davis, M. D., D. D. S.; Henry P. Hynson, Ph. G.

Dr. B. Merrill Hopkinson rendered an original song entitled "The University."

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BALTIMORE, MD., MAY 15, 1907.

EDITORIAL

THE BACCALAUREATE SERMON.—The University of Maryland is fortunate in having among her graduates a distinguished divine, who will preach the Baccalaureate Sermon before the body of the alumni assembled in the Mount Vernon Place Methodist Episcopal Church on Sunday, June 2d, at 11 o'clock A. M.

Bishop Luther B. Wlison graduated from the Medical Department of the University in the class of 1877. Soon after his graduation he felt the call of duty to the Christian ministry, and, abandoning the medical profession, he entered the ministry of the Methodist Episcopal Church, in which, by his culture, zeal and piety, he has reached the highest position within the gift of the church of his faith.

Bishop Wilson was respected and beloved as a student of medicine by all who knew him. His work in the ministry has been of the most active and influential character, and few men of his age have been more useful in their calling and more self-sacrificing in the discharge of duty.

OUR CENTENNIAL NUMBER.—In presenting this issue of the BULLETIN to its numerous readers we have tried to give a brief but clear history of each department of the University of Maryland from its organization down to the present time. We believe the friends and alumni of the University will experience feelings of satisfaction and pride in reviewing the record of the work which our venerable Alma Mater has done in the education of thousands of men for the useful walks of life. This record, going back in the case of the Medical Department and of the Department of Arts and Sciences (St. John's College) over one hundred years, shows a continued progress and an honorable career. Contrasting the past with the present, the small stream has grown to a large river, flowing onward to larger and larger proportions, and giving promise of deeper and wider influences as the years come and go.

Considering the conditions which have surrounded this old University in the past, have we not just reason to believe that the conditions which surround her now, and which must apply to her future, all forecast a larger and grander career of usefulness than her founders dreamed of? The record which the BULLETIN presents tells its own story. No clouds obscure the picture, but each fact, each line, each color presents to our view the sure but steady progress which has been made by those who have preceded us.

When another hundred years have come around we trust the historian of that period may find access to a copy of the present number of the BULLETIN, and, by contrasting the events which have surrounded the old University during the second century of her existence with those we here present, he may rejoice in her great achievements during her early struggles.

CLASS REUNIONS.—There is no feature of the Centennial exercises which can add greater pleasure to the alumni than the Class Reunion. We, therefore, urge each class, wherever possible, to meet, organize and hold a banquet on Thursday and Saturday evenings, May 31st and June 1st, respectively. There are any number of hotels, restaurants and halls in the city where these meetings can be held on the evenings mentioned. All that is required is for one or two active members of each class to call his classmates together and invite each member of the class within reach to attend this meeting. Let this matter be taken up with earnestness, and it will be found that no regrets will be experienced by those who take part in these reunions. Apart from the pleasures which one will experience from a few hours spent in a social and convivial festivity with his old associates of student days, the permanent organization of each class, the cultivation of a class spirit and the fostering of a class pride will exercise a most stimulating influence over each member in his future work.

Every generous-hearted student is proud to learn of the advancement and success of his old

classmate. When honors or success come to one we have known as a fellow-student, we indirectly profit by his good fortune. The stimulus of his example and of his work is an incentive to better efforts on our own part. There is a noble rivalry between men who esteem and respect each others' efforts. How often do we see in one class two or more men reaching after the same high ends, and finally attaining the same results? The history of each class presents a different picture, but striking instances so often occur where a single class has brought forward a number of men of equally high rank and successful achievement in the world's great work. The classes at West Point present many striking illustrations of the above statement. The unconscious influences of example, the great stimulus of association, bring surprising results even when explanations are wanting to establish motives which lead fellow-classmates to the same high plane of duty and achievements.

We cannot urge too earnestly the reunion of classes at the University during this Centennial. Even if only two or three can get together at one time, don't fail to have a cordial handshake, to smoke a cigar, or even do worse—drink a glass of beer or something milder. What each one needs is to open his heart to the nobler feelings of his nature and to draw a deep, long breath of love for his fellow alumni, for his grand old Alma Mater. If we have little warmth in our hearts for this old University of Maryland, who has given us her degree, let each and every one try on this one occasion to kindle that small spark of affection and to renew allegiance to her.

The Work of the Centennial Committee.—The committee in charge of all of the arrangements for the Centennial Celebration has worked so earnestly and faithfully in the discharge of its many duties that the celebration promises to be a most brilliant success.

Every detail of this work has been under the care of numerous sub-committees, which have given to their respective duties the closest attention. No feature of the celebration has been neglected and every function will be performed at the proper time in a manner which will bring pride and satisfaction to all who attend the exercises, extending through four days of profitable, and, we hope, a happy, reunion of the alumni and friends of the old University.

On Thursday, May 30th, the house-warming and home-coming exercises, on the old campus and at the University Hospital, are designed to bring our alumni in personal contact. Old classmates, old associates and friends will then come together for the first time, in the case of many, since student days. This reunion should gladden the hearts of many. It should renew the ties of youthful associations and bind them with stronger cords of esteem and affection, which come with years of service and sympathetic experiences. Those who met in years gone by as boys now come together ripened by the usages of time and mellowed by the experiences which have been gathered along the journey each one has trod. Whether on the threshold of life's great work, in the great stress of most active responsibilities, or in the resting period, the race about run, let each alumnus enter into the spirit of the occasion from a standpoint that strengthens every association and brings out every generous sentiment.

On Friday, May 31st, the exercises in the Lyric, beginning at 10.30 in the morning, will be of the most impressive character. Degrees in course and honorary will be conferred by the Provost of the University. The orators of the occasion will deliver addresses in keeping with the character of the celebration.

At eight o'clock in the evening a banquet will be held at the Lyric.

On Friday, at noon, the alumni and invited guests will leave on the Latrobe for a trip to St. John's College, at Annapolis. A buffet lunch will be served on board the steamer. In the afternoon and evening the student body will hold exercises at Electric Park.

On Sunday, at 11 A. M., the Baccalaureate Sermon will be preached by Bishop Luther B. Wilson, a distinguished alumnus of the Medical Department.

The Bulletin presents the program of these exercises in detail in the present issue.

It will be seen from the statement here presented that the Centennial Committee has omitted no detail to mar the success of the Centennial Celebration.

What the University of Maryland Has Stood For.—Whilst the University of Maryland can make no claim to the position of a great State University, since she has not enjoyed the benefits of a large endowment from either State

or private bounty in the conduct of her work during the first century of her existence, she has a larger claim upon the respect and affections of the people of Maryland growing out of the character and influence which she has exercised as an educational institution and as a moral factor in maintaining the highest standards of instruction in all of her departments that were possible under the conditions which have surrounded her. Beginning the work of her Medical Department one hundred years ago with a class of seven students, without a dollar's worth of property, she has continued her courses of instruction under trials and difficulties, during war as well as during peace, with few resources apart from the zeal, energy and determination of her faculties. With contentions between her governing bodies, with competition from rival institutions, with little aid from State or private sources, she has survived the dangers which at times threatened to destroy her, until at last she rounds out the first century of her life with her work well in hand and her future full of hope and promise.

In contrasting the work of the University during her long life with that of the many richly endowed Universities which have been established within the past forty years, full credit should be given her for the high character of the work she has done and for the progress she has made without the aid of private or State endowment, and with entire reliance upon tuition fees received from her classes of students.

Her growth has not been favored by liberal expenditures of money upon her plant or upon her teachers. It has been made by the efforts and self-sacrifices of her governing bodies, by high standards and ideals which have characterized her work, and by the observance of a definite policy to keep pace with the progress of the times, to make the best use of the conditions which surrounded her and measure up to the responsibilities which she had assumed as an educational institution bearing the name of the State of Maryland.

How well she has measured up to these requirements her alumni must give an answer. As results speak louder than words, we ask her critics to examine these results in a spirit of fairness and candor, giving due consideration to conditions, to environments, to moral as well as educational standards, to times and circumstances connected with her early and later struggles. The University of Maryland has never claimed more than what she is. She has made no attempt in her long history to make standards she could not live up to. Her work has been done in the open, and, such as it is, it must speak for itself. The spirit of her work, the atmosphere which has surrounded it, has been kept pure by a high regard for principles and by a just respect for ethics. She has never been radical in her teachings or grasping in her business policy. Her aim has been to do honest, practical and efficient work; to present to her student bodies good instruction, good advice and good examples. The men who have entered upon the duties of life with her diploma cannot say that it has not been honorably won and that it is not valued. Whatever this diploma has stood for in the hands of its possessor, it has represented the best the University was able to bestow. The man who has dishonored it has dishonored himself, not his Alma Mater. The man who has won honor for himself, has won honor for his old mother. Of this latter class there are many worthy sons of the University whom she delights in, who have brought joy to her heart and honor to her fame.

Her alumni are found in almost every section of the habitable globe; they have filled almost every position of honor or distinction within the reach of man. Her sons have been or may be found in both Senate and Congress of our nation, in the State Executive Mansion, on the bench and eminent at the bar, at the head of the Medical Departments of the Army and Navy, filling chairs in the great universities and medical schools of our country; in the private walks of life eminent as physicians, dentists, lawyers, pharmaceutists and educators; as citizens living up to the highest standards of civic duty. Her alumni have given up their lives in the interests of science and duty within the Arctic circle, at the Lena Delta (Ambler), and in the hospital at Havana (Lazear). Others have fallen martyrs to duty by daily contact with pestilence and disease (Frick, Weigel). Wherever found the children of the old University have done her honor, have added to her fame and have rendered her filial devotion.

The University of Maryland stands for all these loyal and distinguished sons who reflect her teachings, who have absorbed and practiced her ideals, and who have held up to the world her noble standards.

NOTES AND ITEMS.

Dr. Lewis M. Allen, class of 1896, has been elected vice president of the Maryland Alumni Association of the University of Virginia.

The class of 1884 will have a reunion at the Belvedere on Thursday evening, May 30th, at 8 o'clock. Dr. J. C. Hemmeter is chairman of the committee.

Th class of 1882 will hold a reunion and banquet at the University Club on Thursday evening, May 30th, at 8 o'clock. Members of this class are requested to report to Dr. J. M. Craighill.

Dr. L. Ernest Neale, professor of obstetrics in the University of Maryland, who was operated on April 4, 1907, for appendicitis, we are glad to report, has been able to resume his duties at the University.

Dr. F. D. Chappelear, class of 1905, assistant surgeon and lieutenant, United States Navy, has been detached from the Naval Medical School at Washington, D. C., and ordered to duty at the Naval Hospital, Pensacola, Fla.

At the 109th anniversary of the Medical and Chirurgical Faculty, held in Baltimore, Md., April 23, 24 and 25, our alumni were elected to the following offices: President, Dr. Charles O'Donovan, class of 1881; vice presidents, Dr. Roger Brooke, class of 1887; Dr. H. A. Naylor, class of 1860; Dr. G. W. Dobbin, class of 1894.

The classes of 1872 and 1873 will hold a joint reunion and banquet at the University Club on Thursday evening, May 30, at 8 o'clock. About 30 per cent. of the membership of these classes is still living. Dr. Joseph T. Smith, of the class of 1872, and Dr. R. Winslow, of the class of 1873, are in charge of the arrangements for the reunion. Members of these classes are requested to report to these gentlemen.

The University of Maryland's Nurses' Alumnae Association benefit at Hazazer's Hall Friday, April 5, 1907, we are glad to report, was a success. The entertainment was given by Mr. Polk Miller, assisted by his "Old South" quartet of genuine negroes, and was under the auspices of the University of Maryland Nurses' Alumni Association. The proceeds will be used to employ a nurse to do tuberculosis work among the poor.

The general committee of the University of Maryland centennial anniversary has determined to present a brass plate bearing the seal of the University, and mounted on an ebony shield, to St. John's College to commemorate the affiliation of these two institutions. St. John's College, though it retains its name and identity, is the academic department of the University of Maryland. The presentation will take place June 1, 1907, when those attending the centennial will go on an excursion to Annapolis.

At a meeting of the Montgomery County Medical Society, held at Rockville, Md., April 16, 1907, Dr. Edward Anderson, class of 1875, of Rockville, presiding, the following officers were elected: President, Dr. James E. Deets, class of 1882, of Clarksburg; secretary-treasurer, Dr. John L. Lewis, class of 1888, of Bethesda; censors, Dr. Horace B. Haddox, class of 1893, of Gaithersburg; Dr. O. M. Linthicum, class of 1890, of Rockville; Dr. Wm. L. Lewis, class of 1892, of Kensington.

The District of Columbia Branch of the University of Maryland Alumni Association had its annual banquet Saturday, April 6, 1907, at the University Club. Several new members were elected to membership and short talks were given by a number of the members. The following officers were elected for the ensuing year: President, Dr. William L. Robbins, 1890; first vice president, Dr. Harry Hurtt, 1895; second vice president, Dr. H. J. Nichols; secretary and treasurer, Dr. William Simkins; corresponding secretary, Dr. J. O. Skinner.

In the fifty-fourth annual report of the Northeastern Dispensary, located at 1224-1226 East Monument street, Baltimore, Md., we note that the following of our alumni are on the staff: Dr. A. D. McConachie, class of 1890, secretary of the board of directors; P. E. Lilly, class of 1901, general medicine; A. L. Levy, class of 1903, diseases of children; Dr. S. T. Roeder, class of 1891, surgery; Dr. J. C. Robertson, class of 1900, nose and throat; Dr. A. D. McConachie, class of 1890, nose and throat; Dr. S. J. King class of

1903, skin; Dr. J. S. Bowen, class of 1903, nose and throat.

Dr. James Carroll, class of 1891, major and surgeon, United States Army, who was promoted from the grade of first lieutenant to that of major by special act of the recent Congress as a reward for his distinguished services as a member of the Yellow Fever Commission in Cuba, has been quite ill at his residence, in Washington, for the last two months. Major Carroll is suffering from a continued fever of an obscure character, and, while he has not at any time been in a serious condition, his continued illness has caused more or less uneasiness to his friends. At the present time he is improving, and it is hoped that he will soon be able to resume his duties.

The synopsis of ceremonies commemorating the one hundredth anniversary of the University of Maryland, Baltimore, Md., Thursday, May 30th, to Sunday, June 2d, 1907, inclusive, will be as follows:

Thursday, May 30.

11 A. M., reception of representatives from other universities, invited guests, visiting alumni and candidates for regular degrees. University Campus, Lombard and Greene streets.

12 M., luncheon. Nurses' Parlor, University Hospital.

Afternoon—Inspection of buildings, hospital and laboratories.

Evening—Class dinners, reunions, collations. Details to be announced later.

Friday, May 31.

10 A. M., academic ceremonies. The Lyric. Address by Prof. Francis Landey Patton, D. D., LL. D., etc., president of the Theological Seminary of and ex-president of Princeton University.

Conferring of regular degrees. (a) academic; (b) medicine, (c) law, (d) dentistry, (e) pharmacy. Conferring of honorary degrees.

The regents, faculties, invited guests, alumni, candidates for regular degrees will assemble in the smaller hall of the Lyric, facing Mount Royal avenue, second floor.

The undergraduates will assemble as follows: Medical and dental, in the waiting-room to the right of the lobby; law, pharmacy and academic, in the waiting-room to the left of the lobby of the ground floor. Academic costume for all participants.

7 P. M., academic banquet, the Lyric. Subscriptions, five dollars ($5)), to be mailed to G. Lane Taneyhill, M. D., chairman banquet committee, 1103 Madison avenue, Baltimore, Md. Details of addresses, orchestral and choral music will be announced later.

Saturday, June 1.

Reception and concert on the Campus of St. John's College, Annapolis (the academic department of the University of Maryland). The steamer Latrobe will leave Baltimore at 12 M. Luncheon on board during the trip.

8 P. M., students' evening at Electric Park, Belvedere, near Park Heights avenue.

Sunday, June 2.

Mount Vernon M. E. Church, Mount Vernon Place, 11 A. M., baccalaureate sermon, by Right Rev. Luther B. Wilson, M. D., D. D. (Alumnus School of Medicine, University of Maryland. 1877). The regents, faculties and invited guests, alumni, including the graduates of May 31st, as well as the undergraduates of all departments, will assemble in the lecture room of the Mount Vernon M. E. Church at 10:30 A. M.; academic costume.

Committee.

COMMITTEE OF REGENTS.

John C. Hemmeter, M. D., Ph. D., LL. D., chairman; W. Calvin Chesnut, LL. B.; Edgar H. Gans, LL. B; John P. Poe, LL. D.; R Dorsey Coale, Ph. D.; Chas. W. Mitchell, M. A., M. D; David R. M. Culbreth, Ph. D., M. D.

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Banquet.....G. Lane Taneyhill, M. D.
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Academic Costume.....
Thomas Fell, A. M., Ph. D., LL. D.
Hospitality.....Nathan Winslow, B. A., M. D.
Ladies' Reception and Entertainment.....
Mrs. Samuel C. Chew

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ADDRESS DELIVERED BY PRESIDENT G. STANLEY HALL OF CLARK UNIVERSITY,

AT THE ANNUAL COMMENCEMENT OF THE SEVERAL DEPARTMENTS OF THE UNIVERSITY OF MARYLAND, FRIDAY, MAY 30, 1907.

Those were indeed remarkable days in which this institution was born. Thomas Jefferson was then midway in his second term as President of the United States. There were seventeen States in the Union, and Ohio, the last to be admitted, was four years old. The Mississippi River had been our Western boundary till 1803, when the Louisiana Purchase more than doubled the area of the Republic. Only a year before your charter was granted Lewis and Clark had returned from their 8,000-mile expedition, exploring and establishing our claim to the Oregon region and making the Pacific Ocean our Western boundary. Two years before, at the Battle of Trafalgar, the power of Spain in the New World, as well as in the Old, began to totter toward its fall, and the way was prepared for the acquisition of Florida and the great Southwest which Aaron Burr had the sagacity to anticipate by what was charged to be a conspiracy, of which, however, he was acquitted in 1807. This and the Embargo Act, which closed all our ports to foreign trade and was repealed the same year, just a century ago, had crippled the East so that statesmen feared for the future predominance of the Atlantic States in view of the vast future they foresaw for the West, but also in 1807 Fulton's first steamer, the Clermont, made its first trip up the Hudson to Albany in thirty-two hours. Congress, too, had just provided for a national road from Cumberland, Maryland, to Ohio. The Barbary Pirates had been humiliated, the Chesapeake Incident and the Proclamation of 1807 ordering British armed vessels to leave our waters and other events leading on to the War of 1812—these laid the foundations of our naval power and contributed to the supremacy of the Eastern States, and to consolidate the North and the South under the so-called Democratic Republican Party which had elected the great commoner of Monticello to his second term, and which upheld his magnificent statescraft which culminated in his national education policy by which the foundations of your institution were influenced, if not indeed directly inspired.

You were the fifth in time of the 152 medical schools now chartered in this country, large and small, some alas! very small in every sense of that pregnant diminutive. Baltimore had then a population of only 40,000 and you had already been struggling with a small organized faculty since 1790. Beginning with the graduating class of five in 1810, you will soon have 6,000 graduates in medicine from all parts of the country, many of them filling important positions in other States.

In quality and leadership, your record too is a proud one, showing that your helmsmen have held their tiller true between the Scylla of conservatism and the Carybdis of too radical progress. You were the first institution in the land to compel dissection of the cadaver, to give instruction in dentistry and to establish independent clinics for the diseases of women and children, and for eye and ear troubles, and one of the first to establish a medical library, to teach hygiene and medical jurisprudence, and to provide clinical instruction in your own hospitals, open at all times to students.

Your classic old building, begun in 1812, which was long the most imposing architectural installation the profession could show in America, federation with the historic St. John's College at Annapolis, now under the able leadership of President Fell, the re-creation of the school of law in 1869 under the masterful hand of Professor Poe, the addition of a dental department in 1882, the affiliation of the Maryland College of Pharmacy, then sixty years old, in 1904—these are milestones of an indeed unique progress by which a University with over 1,000 students from

Baltimore alone has developed around the nucleus of a medical school, as in Salerno, the oldest of the mediæval universities, and your history as written by Cordell (1) and by Steiner (2) are valuable contributions to the educational records of the country's progress. Thus it is that you have kept pace with the marvelous advance of the country during the century throughout which progress has been the dominant note.

In no department of life or thought, however, has the advance been greater than in the field of the theory and practice of medicine, and what contrasts are greater than those between methods in vogue when you began and now? Since then the microscope has created half a dozen sciences of objects the existence of which was almost unknown a century ago, but which are most vital for life, health, reproduction and disease, sciences which have re-created both interpretation and treatment of symptoms; chemistry has become, in the language of one of its experts, less a science than a group of sciences, and nowhere has their service been greater than to medicine. Anæsthetics, antisepsis, antitoxins, the ophalmoscope, the stethoscope, the long war over, the cadaver and the later one over duly controlled vivisection—all these things and many more have widened the scope and increased the efficacy, and therefore prolonged the period needful for preparation for your profession. In view of all this, it is no wonder that Billroth urged that the history of medicine should be taught in every university as a part of the world's culture history. But a stranger cannot do justice to your history or a layman to the progress of medical science, and so for the time allotted me, I venture to invite your attention to a few points in the broad field of social therapeutics which are of common interest to the physician and the scientific psychologist.

1. The first of these is the growing tendency to celibate life. From an exhaustive study of the statistics of the graduates of nine of our oldest colleges for men and of four for women, it appears that ten years after graduation about one-fourth of the men and one-half of the women remain unmarried. (1) In our grandfathers' days marriage was early and was contracted joyfully, almost as a matter of course, but now not only in our land, but in every country of Western Europe, especially among those in easy circumstances, young men and women delay, deliberate, weigh the attractions of single and of wedded life, consider social and even pecuniary pros and cons till the golden dawn of youth advances to the high noon of maturity, and in Herbert Spencer's phrase, "The motives that make for individuation become too strong for those that make for genesis." The love of freedom, the desire to escape domestic responsibilities, culb life, the increasing expense—all such motives should be as nothing to the fulfillment of the great laws of nature and of God. I am no advocate of most of the premature or unpractical measures that have been proposed, the taxation of bachelors, Galton's scheme of endowing wedlock for those inclined and pronounced fit by a commission, or even of forbidding it to any considerable classes in the community, despite the lessons of the Jukes and the Binswangers, Margarets, Aubry's Kerangel family and the tribe of Ishmael, least of all of any fantastic and demoralizing scheme of the trial marriage order, but I do maintain that every man without the handicap of grave hereditary disease and with even a comfortable wage should marry, and that our girls should be trained for home life rather than to secretly nurse the ideals of single blessedness and to ape mannish ways, and that even those thus trained will thereby be best fitted for self-support, should that be their fate. If the cynical views of the wedded state, too rife in the Press and in conversation, shake the healthful instinctive faith that joys are doubled and troubles halved, then I would even urge that as it is the citizen's duty to pay taxes and if able-bodied to take up arms if his country's life is at stake, so wedlock is a social, patriotic and religious duty which it should be a point of honor not to shirk. I plead for no rejuevenated platonic state with a tribunal before which every vigorous man from thirty on must seek certificate or exemption; yet even this has been advocated by serious publicists in Europe, where more and better soldiers as well as toilers are wanted. I do not argue the case which many of

(1) Cordell, E. F. Historical Sketch of the University of Maryland. Friendenwald, Baltimore, 1891. pp. 218.

(2) Stiner, B. C. University Education in Maryland. Johns Hopkins, 1891.

(1) See "Marriage and Fecundity of College Men and Women" by G. Stanley Hall and Dr. Theodore L. Smith. Pedagogical Seminary, 1903. Vol. 10. p. 275, et sec.

our leading Catholic brethren are now pleading at Rome, that the clergy be no longer forbidden, but should be encouraged to marry, for the State and the church both need the offspring such men would give to the world. When man has as fully domesticated himself by civilization as he has domesticated the animals he rears with such wisdom and care, the voice of the medical profession will be heard upon this problem of the national and racial economy, for nothing in the world is quite so precious as heredity, and those with most ground for pride in their own ancestry should feel most keenly their obligations to transmit the sacred torch of life undimmed to future generations.

2. Close to this problem lies that of fecundity versus race suicide. President Eliot long ago showed that Harvard graduates did not reproduce their own numbers; so that if all the sons they rear went to Harvard, that institution would decline, and the same is proven in the case of at least seven other Northern colleges, and is true to a still greater degree of women graduates. In France the birth-rate has for a long time but little exceeded the rate of death, so that that country is nearly at a standstill. For the white races throughout Australasia the decline of birth is more rapid than in any other part of the world where such statistics are kept, although it has not yet quite reached the critical point of equilibrium. In England itself, which once stood near the head of all lands in fecundity, progressive sterility is now so marked as to cause anxious forebodings, and medical and parliamentary commissions and various societies have been organized to study and to stem this downward tendency. In Italy, Russia and even in prolific Germany, the same decline is more or less pronounced, for the birth-rate is tending toward the ominous ratio of twenty per thousand, and various groups of learned, patriotic and philanthropic men, organized and unorganized, are pondering the causes in our own country. So many official voices have spoken that eugenic clubs and Fabian societies are sure to be heard from by the great public in the very near future. This tendency is most marked among the old families of New England in the region of abandoned forms and decadent, moribund stirps. Those most prolific in this country were themselves or their parents or grandfathers born in Europe. The most rapid increase is among the poorer classes and among those who inherited the promise of the great covenant of Jehovah with Abraham, that if they would do his will their seed should be as the stars of heaven for multitude. Progressive sterility, Gibbon tells us, attended the decline and fall of ancient Rome, as it does the extinction of the many moribund stocks of primitive races. Sidney Webb marshalls a mass of evidence to show that today the chief cause of this decline is "deliberate volition," and the late head of the Bureau of Statistics and Labor says that "This cause has more effect in reducing our population than war, pestilence and all other causes combined." The old ideal of large families has given place to that of small ones, and that of early to that of late child-bearing, so that as Chandler has shown, the interval between generations is increasing, especially among the upper classes, while in the lower there is one generation more every two hundred years than among the former. Bohannon (1) and others have described the pathos of the only child in a family whose parents, under the mistaken ideal expressed by the slogan *uno sed leo,* lavish upon one child all the care meant to be diffused upon many in the effort to atone by nuture for the enfeeblement of nature and the thwarting of her deepest instincts. Heredity is not only the most precious and ancient form of all wealth and worth, but Huxley said that one ounce of it was worth a ton of education and modern dramas. Novels galore represent posterity as a great cloud of witnesses calling to us, demanding the right to be born and well born, with the desire to revere us as we revere our ancestors. The old families of the South, despite the hardships of the last generation and a half, have an enviable record compared with us of the old Yankee stock. It would be hard indeed if we descendants of the Puritans ever have to offer our *morituri salutauus* to you, the offspring of the cavaliers; but if that day ever dawns, we must admit that it is you and not us who have inherited the promise. For the true test of all the influences that make up civilization, as of domestication, is the producing and the bringing to fullest maturity of the best and most children. The 1,500 millions that people the earth today are but a handful to those who have lived, and also to those who shall crowd this teeming world when we are all dead, and the real struggle for

(1) Bohannon, Eugene W. The Only Child in the Family. Pedagogical Seminary, April, 1898. Vol. 5, pp. 475-96.

existence today is the struggle whose offspring should inherit the world and wield the accumulated resources of civilization in the far future.

3. But it is not enough to bear children; they must live and thrive. Amidst all the sin and woe of the world today, I know nothing more pathetic than the bitter cry of infants for milk, pure, fresh, abundant, and, above all, natural. In England and Wales, where 120,000 infants die each year, Newman (1) has shown that deaths during the first year are about five times as numerous among children fed upon cows' milk and artificial and proprietary foods as among those that are breast-fed. Bunge's statistics show that in Berlin, despite the asservations of many physicians to the contrary, mortality is six times as great among those not fed at the breast as among those that are. In many cities of the Old and a few of the New World, comprehensive special studies point to the same result, so that it is a conservative statement to say that those artificially fed are from three to six times as likely to die before the age of two as those normally nourished. In Middle Europe, about one-half of the mothers are not able to nurse their children sufficiently during the first nine months of life, and this sad proportion is increasing, and of Bunge's 1,629 cases, mothers taken at random, two-thirds were unable. Rose's statistics are most comprehensive. Out of 157,000 individuals in his tables, those reared at the breast were not only more viable in the early stages of life, but they were heavier and taller at all stages of life. Far less were rejected as unavailable for the army and their longevity was greater. Not only this, but every three months of natural nursing increased each one of these advantages. So strong is German sentiment upon this subject that a law has been drafted, though not yet passed, heavily fining not only all mothers who can but will not nurse their offspring, but also those who advise them not to do so. It is very difficult to determine the proportion between genuine inability and disinclination. There is a certain stage when the best mother is the best nurse and when everything should be subordinated to this lacteal function. Without it not only physical but affectional motherhood is incomplete in its higher qualities. A race that thus neglects posterity has already begun to decline, and even anthropometry shows that children thus handicapped in the earliest stage of their development suffer not only physical but mental and moral disadvantages throughout their lives. They are especially more prone to rickets and dental caries and to summer diarrhœas, the mortality from which latter seems to be from twelve to eighteen times as great for those artificially fed. The power of adequate lactation, once lost by a mother, is rarely regained in her posterity. There is now a general concensus among experts who have given this subject most attention that the chief cause of this first stage of sterility is voluntary, and this omnious social danger of our day, which the limited statistics at hand indicate is greater in this country than in Europe, should be resisted by physicians by every means at their disposal.

This physiological separation from the mother at birth has often been compared in its effects to premature delivery, and it is becoming a distinctive feature of civilization, for the savage mother has abundant milk and to spare.

If infants of the future must be thus parted from their mother and the maternal function thus abridged and dwarfed, while our offspring become parasites of the cow or dependent upon proprietary foods which are of vegetable and not of animal origin, we must look well to the composition of the latter and control the transit of the former at every stage from the cow to the infant's mouth. Organic chemistry is yet in its infancy and is far from being able to reproduce such compounds as the lacteal fluid, which even Bunge calls one of the most complex and marvelous of all the products of nature, containing in it everything that the body and soul of the child needs for the first year of life. Milk, as everyone knows, is subject to very many kinds both of pollution and infection, and is a veritable trap for bacteria. No pasteurization or sterilization, condensation or any other process can give it anywhere near the value of mother's milk, whatever physicians who have not followed these recent studies or who are too complaisant with their patient's inclinations may say. On the infant's side, too, all these substitutes for nature's provision are more easily imbibed with too little effort and are often too abundant, so that overfeeding is more liable, and the stomach, gorged with starchy food and with animal milk, with far too large a proportion of some ingredients and too little of others, readily becomes delicate and sensitive, and the curve of mortality sometimes

(1) Infant Mortality: a Social Problem. London, 1906.

strikes upward in the sultry days of August several scores of points on the percentile grade. We have learned to prolong the average length of life among adults, have greatly lessened the death rate from various diseases, but infant mortality has not only not declined, but has slowly and steadily increased in all countries where such statistics are kept since the 80's of the last century. Thus our infants cry and far too often die for want of the food which nature has so marvelously prepared to meet their needs. You all know the new demands now urged upon many and assumed by some American cities of assuming as complete control of the milk as of the water supply, and not only putting it up in suitable quantities for each meal, but giving it out at free public dispensaries to all who need, and even providing nurses gratis to go about and teach its use, as well as the care of new-born infants generally. After weaning and during all the growing years no food is probably more conducive to growth than an abundance of fresh cow's milk, and its adulteration or pollution is a crime without a name committed against childhood. The war for pure country milk in cities is spreading today over the whole civilized world, all the more that the human supply is failing, and it is now one of the most important problems of national health and prosperity. It should be one of the first items in the bill of rights for childhood.

4. When the child begins to pass from the home to the street or school, it no less needs the care of the new higher social medicine. Urban life is especially hard on childhood, which needs the country brought to it in playgrounds and parks; and every possible sunny, grassy, sandy open space counts for increase of health and even life. If the very grave space of each needlessly dead city child were to be added to the play space of the living, there would soon be breathing room enough for exercise, games and gambols. Do I go too far or speak rashly if I suggest that what a municipality does for the health of its children is now a good measure of the standing and the influence of the medical profession in it? Surely reduced Saturday and other holiday car fares to suburbs and parks, with as much free play over the grass as it will bear (for to what higher use can a good lawn be put?), open school yards every daylight hour when school is not in session, simple public out-of-door gymnastic apparatus and sand piles, the utilization of all unused lots where population is densest, public baths for children in summer and in winter, the opening of spacious private grounds to the children of the neighborhood at stated intervals, spacious sheds where children can play in bad weather, roof playgrounds, creches and nurseries for young children of mothers away at work—all these and more are now institutions of the new religion of health of which the physician is priest. These installations now bid fair to take their place beside lying-in and children's hospitals, orphan houses, institutions for defectives and so forth, and what in all the world is more worthy of love and service than the bodies and souls of the children who bear our name and will soon take our places in the world's work?

The doctor now follows the child into the school and not only tests eyes and ears, looks for adenoids, anæmia, chlorosis, curvatures, measures and weighs, detects dullards and sub-normals; perhaps has a tiny health book open for each child, with the co-operation of parents and teachers discovers infectious diseases in their early stages, and removes those who are sources of contagion. He not only selects sites for schoolhouses, roomy, high, well drained; provides sufficient lighting and heating, ventilation, but now studies with great detail mental economy in methods of teaching; suggests the length and hour of the day of the hardest lessons, helps to keep off strain, over-pressure and fatigue, and in general strives to make school buildings palaces of health and the curriculum a wholesome gymnastic exercise for strengthening sound mentality. The medical inspection of schools now extends in some places not only to every school-room, but to every child, whether in day or evening school, and teacher and pupil no longer dread to welcome the physician and he no longer indulges in undiscriminating and wholesale criticism of schools as the chief cause of hygienic defects, whether of individuals or in the community, and the parent welcomes his influence as it penetrates into the home.

5. Lastly, at puberty and through adolescence, or from the dawn of the teens into the early twenties, another new field has lately opened rather suddenly before the physician, which may ere long become a specialty, as pediatrics has long been. The advent of this era is marked by all-sided mental and physical changes and there are new liabilities to disease and grave moral dangers unknown before. Dementia præcox, whatever else it is, is at least degeneration fol-

lowing arrest. The energies of growth are not sufficient for the full development which is due at this nascent period of man's higher life when nature normally builds a new and splendid story upon the far older and simpler foundation of childhood. The church has treated this stage of life by the cult of confirmation and conversion, and man is, indeed, born anew, for he now passes from the individual selfish life into the large one of the race, and altruism and self-sacrifice are now normally at their very best. But the physician now has a wider and almost pastoral function to youth, to help keep them pure, to teach them that true honor is at bottom loyalty to the unborn, to shield them from the quacks that play upon this callow age with shameless advertisements which too many newspapers admit to assuage the fears, often grave, but happily mostly, though not always, groundless that sometimes sap the courage and zest of young men for years, fears that spring from ignorance and are removed by a little knowledge as by magic. I have collected nearly six score pamphlets and books addressed to boys near the dawn of manhood, all well meant; a very few concise, direct and admirable, but mostly prolix, sometimes prudish, and fairly infectious with self-consciousness. What most boys need is a very plain and very brief, but always personal talk; perhaps one a year for a few years, from a physician who has some native fatherhood and a little philosophy in his soul and who has given careful attention to this subject. Most American boys reach this critical period singularly well posted in what they should not know about it, and still more curiously ignorant of what it is important for them to know. We do seem at last approaching a period of sanity in the pedagogy of secret vice, and the old extravagance, insincerity and hysteria about it is giving place to true knowledge and to common sense and honesty. The general reading public now know, thanks to a few physicians who not only have the facts, but have felt the social duty of popularizing them, something of the nature and extent of the venereal peril, and we have been told how to approach our sons upon this shyest of subjects at the shyest of all ages. There can be little doubt that since the day of primitive man the age of sexual maturity has been increased, and the later it comes the more the educational period lengthened. Despite the tendencies of city life to precocity reversing this tendency, it is vital for the future of man that the prepubescent stage be not shortened, but prolonged by every available device of hygiene and regimen. Its vulnerabilities make it the most dangerous and its higher possibilities make it the golden age of human life. If one tithe of its dreams are realized in later life, the day of the superhuman is sure to come.

But, finally, on an occasion like this, one can but barely hint of themes so vast and momentous for the public weal. Let us hope that medical science is today, despite all its achievements, only in this golden adolescent age of promise. If we judge the future by the past, by the end of another century our most advanced knowledge will seem crude and most cherished ideals faint-hearted. Because no profession rests so solidly upon the foundations of modern science, none has a better right to expect great things for itself in the future, and none can render such service in developing men of a higher type who will be able to realize high ideals in all departments of human life.

ADDRESS DELIVERED AT THE CENTENNIAL CELEBRATION OF THE UNIVERSITY OF MARYLAND MAY 30TH, 1907,

By SAMUEL C. CHEW, M. D.,
Professor of the Practice of Medicine in the University.

Gentlemen of the Board of Regents of the University, and of the Several Faculties:

My Fellow Alumni:—Eight years ago the pleasant duty was assigned to me of addressing many members of the medical profession on the occasion of the Centennial Anniversary of the Medical and Chirurgical Faculty of Maryland, an institution which antedated in its foundation that of the University of Maryland by just that period the lapse of which has brought us to the Centennial birthday of our Alma Mater. Today I am here to offer, on behalf of the Faculty of Physic of the University a salutation and a most cordial welcome not only to members of my own profession, but also to the Faculties, the other teachers and the Alumni of the several schools which now constitute this University, and to all our invited guests of every calling who, by their presence here, are kindly showing their interest in our celebration and are rejoicing with us in our joy.

And now the thought which should perhaps

most stir the hearts of all of us is not merely that our University has attained its one hundredth year, though that is a notable consideration; nor that its Department of Medicine has been in continuous and unceasing operation for a century, though that is a source of pride; nor that its Department of Law, after a period of suspended activity awakened thirty-seven years ago to full vigor and strenuous work, and, pursuing its course of constantly increasing usefulness and reputation ever since, is known and honored throughout the broad domain of the profession of Law; nor again that in accordance with examples set by other Universities the Department of Medicine has added to itself Schools of Dentistry and Pharmacy; not by any one of these reflections are we so much stirred and enkindled to greater endeavors in the future as by the fact that through the amalgamation recently accomplished with St. John's College in Annapolis an Academic Department of Letters and Sciences has been added to the other schools, the keystone has been placed in the arch of her structure, and the University of Maryland is now and will be henceforth, we trust, a University not in name only, but in actual fact, and as such she starts upon the second century of her life and growth. *Faustum sit felixque.*

And surely it is a reflection of deep interest that the time of this full development, of this assumption of all the characters and conditions of a University, should coincide with the beginning of the second century of the existence of the Institution.

Will it be thought too great an indulgence of fancy if we hold that by the union with St. John's this University as a whole adds to its years those of the early history of the older institution? May we thus claim a foundation dating back into the 18th century, as that of St. John's actually does, for it was founded in the year 1784? Or, while we are giving rein to imagination, may we allow it still freer play and claim that through the evolution of St. John's from the earlier King William's School, which took its origin in 1696 in the reign of King William III, after whom it was named, our University has had a continuous life to the present day from the 17th century, that great century which included a part of the "spacious times of great Elizabeth," and which witnessed the first establishment of Anglo-Saxon civilization on this continent, the commemoration of which is now being made at Jamestown?

If, however, such claims be not allowed and we must content ourselves with a century, yet even the period of one hundred years is in this new world enough to impart the dignity of age to any institution. We cannot, indeed, vie in this regard with schools of the old world; with "those twins of learning, Ipswich and Oxford;" and who that has ever visited Oxford does not long to see again

> "That sweet city with her dreaming spires,"

which another and a greater poet praises as

> "So famous,
> So excellent in art and still so rising
> That Christendom shall ever speak her virtue,"

and to which our country is more closely than ever bound by the Rhodesian scholarships.

We cannot vie with the five hundred and fifty years of Heidelburg of the Vaterland; or with the venerable University of Bologna, which was a seat of learning in the reign of Charlemagne and which has lately celebrated her thousandth birthday.

We have, however, age enough to give that the lack of which was so sadly lamented by the guilty king of the great drama; we have

> "That which should accompany old age,
> As honor, love and troops of friends."

But, better than any consideration of antiquity is this reflection, that now in the present time we find our University striving to make the best use of such means as she possesses, striving to increase her resources and her facilities for teaching, strengthening whatever weak points she may have, taking the initiative, as time and again she has done, in establishing new departments of instruction, and ever raising her standard of requirements higher and higher.

With these things already accomplished and with the determination that greater things shall follow, we may find satisfaction in the thought, not only that we are not *novi homines,* but that we are bound with our Alma Mater to the traditions of an honorable past, and to the hopes and expectations of an honorable and greater future. What is wanted for the full realization of these hopes and expectations is an endowment worthy of the position which the University holds and has so long held among the educational institutions of this country, an endowment not sparsely or with a niggardly hand bestowed, but showered

in abundant largesses upon the several schools and in proportion to their respective needs. If this University shall be dowered with even a moderate measure of such assistance in the way of endowments as comes to others, she will ask no points of any of them, but with better equipment thus obtained she will continue a generous rivalry with all of them in the great cause of advancing knowledge in every department of science, of literature and of philosophy.

If with but little assistance, with no private aid except such as has been afforded by her own Faculties, and no state endowment, so much has been accomplished as this University has to show, what may not be hoped for and expected when this community is more thoroughly aroused to a sense of the importance of the work which the University has been doing among themselves and their forefathers and predecessors for a hundred years? But a beginning has been made; light, which will brighten to the fulness of a better day, has been thrown upon the necessities which exist and upon the good that can be accomplished by adequately providing for them.

My Friends and Fellow Alumni, the University of Maryland is entering upon the second century of its existence. Will you allow me a brief personal note?

For the larger part of its first century I have been associated with it personally and by heredity. More than eighty years ago my father first entered its halls as a student of Medicine. Sixty-six years ago he was appointed to the chair of Materia Medica here, and afterwards succeeded to that of the Practice of Medicine, which I have myself occupied, however unworthily, for twenty-two years; and the time draws near when in the order of nature it must pass to a younger incumbent.

With such associations in my mind and heart, you will pardon me for giving expression to a feeling of deep, sincere devotion to the interests and welfare of the University of Maryland.

I cannot expect myself to see more than only a little way—it may be a very little way—into the course upon which with such aid as it deserves and which I fully believe it will receive, it may advance in this opening century, but I rejoice to think that in all its departments of instruction its fortunes will still be entrusted for a long time to come, as I fervently hope, to the care and guidance of my younger colleagues who, by their ability, their knowledge, their energy and their zeal, will, with the blessing of Almighty God, bring to pass all that may be desired and hoped for in the future.

The Centennial Celebration

FIRST DAY

Thursday, May 30, 1907

The ceremonies commemorating the one hundredth anniversary of the University of Maryland were auspiciously begun Thursday, May 30, 1907, with a reception on the college campus and an opening meeting in Anatomical Hall, Lombard and Greene streets, in the morning; a luncheon in the nurses' parlor at the University Hospital at noon and a general inspection of the University buildings, hospital and laboratories in the afternoon. Class dinners, reunions, etc., were held at night. All of the functions were largely attended, and Anatomical Hall was crowded to its utmost capacity at the opening meeting.

A large proportion of the people forming the crowds which thronged in and out of the various University buildings all day were visitors from out of town. Alumni and friends of the University and representatives of other universities came from all parts of the country and from abroad to participate in the centennial festivities. The office of the dean of the University Medical School was crowded throughout the day with visitors, who went there immediately upon reaching town to register and obtain tickets for the various University events. The list of those who registered will be found elsewhere. It includes the names of many men distinguished as scholars and educators and men in all walks of professional life. Besides, Baltimore's most prominent citizens participated in the ceremonies.

It was the most glorious day in all its history. The faculty, the hundreds of alumni, the students and the thousands of Baltimoreans and Marylanders who cherish the institution among the most venerable in the State had cause to rejoice at the worthy beginning of the celebration.

All of the University buildings and the hospital were elaborately decorated for the occasion, flags and bunting being freely used, the Maryland colors, black and orange, and the national red, white and blue predominating. The dates 1807-1907 were displayed in large figures on two of the front pillars of the main building.

In the absence of Mr. Bernard Carter, provost of the University, who was ill, Judge Henry

Stockbridge acted as provost. He was on hand, together with Judge Henry D. Harlan, secretary of the Law School faculty, and Dr. R. Dorsey Coale, senior dean of the University, to welcome visitors.

An hour before 11 A. M., the time set for the exercises, the campus was crowded.

The official inaugural exercises were held in Anatomical Hall, and the program was as follows:

Overture ("William Tell").....Rossini
Orchestra.
Invocation.....Rev. John Timothy Stone
Official Announcement.....Prof. John C. Hemmeter
Largo .....Handel
Orchestra.
Address of Welcome.....J. Harry Trego
Intermezzo ("Cavalleria Rusticana").....Mascagni
Orchestra.
Address.....Prof. Samuel C. Chew
Benediction.
March ..... Berlioz
Orchestra.

Music for the occasion was furnished by Prof. John Itzel's orchestra.

Prof. John C. Hemmeter, chairman of the Committee of Regents in charge of the celebration presided.

After the invocation, offered by Rev. John Timothy Stone, pastor of Brown Memorial Presbyterian Church, Dr. Hemmeter made the following official announcement of the opening of the ceremonies:

"On this day of honor to this ancient University, on this day so full of memories of the past, so full of hopes for the future; on this day when God's bright and glorious sun, upon whose rays and warmth all life depends, sends us propitious greeting to the opening of our centenary festivities; on this day let us cast aside that reserve and conservation with which the modern so-called cultured human being incases his soul.

"Fellow-alumni and friends, the regents of this University have deigned to select me as their impotent mouthpiece, and thereby—as my present emotions convince me—have imposed a task which I am quite incapable of performing. These regents, professors and teachers extend to you a most cordial greeting and say: Brother and sister, be welcome—heartily welcome—at the hearth of our Alma Mater."

Dr Hemmeter then read the list of institutions and individuals from whom greetings and expressions of felicitations had been received.

The list follows:

University of Oxford.
University of Cambridge.
Dr. R. A. Reeve, University of Toronto.
Dr. W. S. Thayer, Harvard University.
Dr. Thomas L. Shearer, University of Edinburgh.
Harry R. Mann, Georgetown University.
Dr. E. H. Griffin, Williams College.
Dr. Barton W. Evermann, Indiana University.
J. Harry Tyler, Brown University.
Miss Jean D. Cole, Mount Holyoke College.
Dr. Ira Remsen, Johns Hopkins University.
President Charles W. Needham, George Washington University.
Edgar F. Smith, Vice-Provost of University of Pennsylvania.
Prof. W. C. Thayer, Lehigh University.
President Harris, Bucknell University.
Prof. Harold C. Ernst, Harvard Medical School.
President E. J. James, University of Illinois.
Dean James E. Russell, Columbia University.
Edward G. Maine, Purdue University.
Prof. C. A. Ewald, University of Berlin.
A. F. Clark and George Y. Chown, Queen's University, Kingston, Ont.
W. H. Baldwin, Western Reserve University.
President Maurice Hutton, University of Toronto.
Prof. W. H. Maltbie, Woman's College, Baltimore.
President Francis A. Soper, Baltimore City College.
President Cain, Washington College.
President A. M. Isanogle, McDonogh Institute.
Norman James, Yale.
President R. W. Silvester, Robert Crain, Charles H. Stanley, David Siebert, Thomas H. Spence and Dr. Joseph R. Owens, all of Maryland Agricultural College.
Henry Pratt Judson, University of Chicago.
Dr. G. W. Ward, State Normal School, Baltimore.
Dr. J. Whitridge Williams, Johns Hopkins University.
J. V. L. Murphy, Rock Hill College.
President George B. Stewart, Theological Seminary, Auburn, N. Y.
Wilbur Patterson Thirlkeld, Howard University, Washington, D. C.
Prof. W. H. Carmalt, Yale.
Rev. Dr. Arthur C. Powell, Amherst College.
University of Jena.
University of Lausanne.
University of Fribourg.
Academy of Dijon, University of France, Dijon.
Prof. Ad. Schmidt, Dresden, Germany.
Professor Havern, University of Paris.
University of Amsterdam.
President George Colby Chase, Bates College.
Dr. William H. Hopkins, Woman's College.
Dr. W. Simon, professor emeritus of Maryland College of Pharmacy.
Rector of the Charles Francis University, Gratz.
Royal University Halle-Wittenberg.
Erlangen University.
Pharmacological Institute of the University of Strassburg.
Lord Strathcona and Mount Royal, Chancellor of the University of Montreal

President Engler, Worcester Polytechnic Institute, Worcester, Mass.
University of Kansas.
University of Lyons.
Philadelphia College of Pharmacy.
University of Geneva.
Leopold University, Lemberg.
Heidelberg University, Heidelberg.
Rector and Senate of the Royal Julius Maximilian University, Wurzburg.
Rector and Senate of the State University of Groningen.
Society for Internal Medicine and Treatment of Children, Vienna.
University of Leyden, Prof. W. Nolen.
Royal Ludwig-Maximilian University, Munich.
University of Madras, Chancellor Hon. Arthur Lawley.
University of Lille.
University of Berne.
Magdalen College, Oxford.
Union Theological Seminary.
University of Chicago.
North Carolina Medical College.
Columbia University Medical College, New York.
Yale University.
New York University, New York.
Amherst College.
Ohio Wesleyan University.
University of Tokio, Japan.
University of Upsala.
Tuskegee Institute.

Message From St. Petersburg Read

Many of the representatives of large institutions not only sent greetings, but were present. Prof. Henry Cramer, of the Philadelphia College of Pharmacy, and Prof. Harry E. Mann, of Georgetown University, brought and delivered handsome engrossed expressions of felicitation and spoke. Dr. Hemmeter thanked them for their expressions of esteem for the University.

The only one of the greetings from a distance that was read was that from the Imperial University of St. Petersburg. It follows:

"The Imperial University of St. Petersburg sends her trans-Atlantic sister homage and greeting in the name of science, which overbridges oceans and binds nations together in a great brotherhood. RECTOR BORGMAN."

Dr. Hemmeter announced that Mr. Bernard Carter, provost of the University, was too ill to attend and make the address that was expected from him.

Mr. J. Harry Tregoe, president of the General Alumni Association, made a brief address welcoming the visiting Alumni to the city and asking them to join with the Baltimore and Maryland graduates of the University in making the occasion a happy one. Before he sat down he said that he hoped that many of the Alumni would express their fondness for their Alma Mater by large financial aid toward the $100,000 endowment fund being raised.

Prof. S. C. Chew next delivered an able address, which will be found elsewhere in the BULLETIN.

Rev. John J. Burkart pronounced the benediction.

Women Auxiliary Hostesses

The reception and luncheon under the auspices of the Woman's Auxiliary of the Hospital was one of the most picturesque and delightful features connected with the centennial.

The great central stairway leading to the nurses' parlor, where the luncheon was served from noon until 3 P. M., was transformed into an avenue of tropical plants. The columns of the reception room were twined with maroon and black, and great clusters of snowballs and bridal wreaths nodded to masses of white marguerites and fragrant clover across the room.

The committee in charge of the decorations included Mrs. Franklin Wilson Levering, Mrs. L. Ernest Neale, Miss Mary Ashby (chairman), assisted by Mrs. Nathan Winslow, Mrs. Washington Bowie, Mrs. H. M. Towles, Mrs. Hardie-Ridgely, Miss Sadtler and others.

Mrs. Hamilton Easter, president of the Woman's Auxiliary, assisted by many ladies of the board, welcomed the guests as they entered the room, and the elaborate toilets of the ladies contributed materially to the beauty of the scene. All wore tiny badges blazoned in colors with the Great Seal of Maryland. To these were attached maroon and black ribbons, upon which was printed in gold letters the legend, "Woman's Auxiliary, University Hospital, Centennial Reunion, May 30, 1907."

The reception and luncheon were given to the guests and physicians of the University and their wives.

Apart from the grace conferred upon the occasion by the presence of the members of the Woman's Auxiliary, the result of their more than 20 years of faithful work in connection with the Hospital was everywhere manifest. From a body of 60 women the organization has grown to

nearly 200 members, and their annual contributions to the Hospital have at times reached as high as $8,000 in one year. To the auxiliary the Hospital is indebted for fine verandas extending around the wards, erected at a cost of $3,280. The auxiliary built the new suite of nurses' sleeping-rooms, also the roof garden, and by the auxiliary the cold-storage plant of the Hospital was installed. In one year this body of women contributed $1,000 worth of linen for the use of the Hospital, and through the same source the table service of the sick is daintily equipped. In every way their interest and practical usefulness in the affairs of the institution are felt.

The officers of the Auxiliary are:

President—Mrs. Hamilton Easter.

Vice-Presidents—Mrs. Samuel C. Chew, Mrs. Joseph T. Smith.

Treasurer—Mrs. Samuel J. Hough.

Recording Secretary—Mrs. Frederic Tyson.

Corresponding Secretary—Miss L. P. Marshall.

The Auxiliary Board includes in its membership:

Mesdames William Paret, L. B. Purnell, William Painter, S. Johnson Poe, Mary W. Pope, Charles B. Penrose, W. C. Page, William T. Howard, Francis T. Homer, J. Mason Hundley, Theodore Hooper, J. C. Hemmeter, Joseph Holland, William Williams, Nathan Winslow, George Ward, Richard Williams, Eliza K. Wilson, John R. Winslow, Walter W. White, W. J. Yerby, J. H. Cottman, Henry Clark, John B. Clunet, George T. M. Gibson, B. B. Gordon, M. A. Hamilton, Alexander L. Hodgdon, Alcaeus Hooper, Harriet Blandford, Washington Bowie, C. Boyd, T. Benson, John W. Brown, Chauncey H. Blodgett, E. J. Chism, T. S. Clark, M. W. Bowie, William M. Allen, R. M. Amos, Rowland Abercrombie, Charles F. Bevan, Joseph F. Ewing, George F. French, D. S. L. Frank, William Adams Gale, Frank C. Bolton, Howard S. Bowie, Henry H. Klinefelter, H. Y. Chaterly, T. Harris Cannon, H. Crawford, J. A. Dunham, Herbert O. Dunn, Harry B. Dillahunt, Henry C. Matthews, Edward G. McDowell, H. C. James, E. E. Jackson, Agnes G. Jones, John G. Jay, John T. King, L. Ernest Neale, John M. Nelson, Leonard Neudecker, Thomas Owings, O. A. Kirkland, Berwick B. Lanier, Franklin W. Levering, Henry Liebman, William M. Marbury, Frank Martin, James D. Mason, W. H. Matthias, James McEvoy, John I. Middleton, William E. Morton, Charles H. Riley, William C. Rouse, John C. Rose, Hardie Ridgely, William T. Malster, John G. Murray, Paul Turner, G. Lane Taneyhill, John K. Shaw, Frederick P. Stieff, Charles E. Sadtler, Jordan Stabler, H. M. Towles, Vori Bories, Francis E. Waters, Robert K. Waring, Albert Weil, Robert W. Wylie, Sidney Turner, J. K. Taylor, Randolph Winslow.

Misses Frances Cooper, Nannie Gibson, Mary S. Gittings, S. Davis Hill, Annie Hough, Madge Waters, Juliette Y. Wilson, Susan Brown, Mary Ashby, Evelyn Bull, H. S. Chew, Elizabeth F. Mitchell, Esther Murdock, Alice Keys, Lydia H. Kirk, Elizabeth Kent, Lillie Detrick, Virginia A. Wilson, Nannie W. Wilson, Janie S. Waters, Mary Shaw, Mary H. Smith, Henrietta N. Slicer, Helen Smith, Lillian Sheppard, Florence Sadtler, Alma Phelps, Carrie Plummer, Frances Pentz, Mary M. McRae, Mary H. Kerr, Josephine E. Livezey.

Class Dinners

A feature of the gathering was the number of class reunions at night, which were held as follows:

1872 and 1873—University Club; 19 present.
1882—University Club; 10 present.
1884—Hotel Rennert; 18 present.
1890—Harmonie Hall; 13 present.
1895—Ganzhorn's Hotel; 12 present.
1896—Hotel Rennert; 20 present.
1900—Hotel Rennert; 17 present.
1902—Caswell Hotel; 28 present.
1907—New Howard Hotel.

Class Banquets

REUNIONS A FEATURE OF THE UNIVERSITY CENTENNIAL.

A number of class banquets were held Thursday night by alumni of the University of Maryland, among them being that by the class of 1897 at the Hotel Junker. Dr. Guy Steele presided and was toastmaster. Twenty-eight members of the class attended. Those who responded to toasts were: Dr. Love, of Jacksonville, Fla.; Dr. Fitzhugh, of Westminster, Md.; Dr. T. O. Heatwole, of Baltimore; Dr. Penning, of Baltimore; Dr. P. Causey, of Suffolk, Va.; Dr. Marchant, of St. Paul, Va.; Dr. L. Harris, of West Virginia; Dr. Gilbert Smith, of Stamford, Conn.; Dr. Compton Reily, of Baltimore, and Dr. Henry Clay, of Martinsburg, W. Va.

It was decided to hold a reunion and banquet every five years on graduation night.

Phi Chapter Banquets

The annual banquet of the Phi Chapter of the Psi Omega Fraternity of the Dental Department of the University of Maryland was held at the Belvedere Hotel. Diplomas were awarded by the fraternity to the following members of this year's graduating class:

Messrs. R. Orman Apple, Troy A. Apple, A. Mack Bevyhill, J. William Harrower, William H. Lyons, William Judson Lewis, Luther P. Baker, Franc D. Carlton, Arthur J. J. Bowker, Samuel E. Doyle, A. Preston Scarborough, Hubert C. Smathers, Robert H. Mills, Travis F. Epes, S. Terski, William H. Perein, Arthur P. Reade, George C. Weighart, Robert L. Spear, Luther A. Theil, John F. Kernodle.

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A COMMITTEE OF THE HOSPITAL STAFF

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BALTIMORE, MD., JUNE 15, 1907

EDITORIAL

THE CENTENNIAL CELEBRATION.—The celebration of the Centennial of the University of Maryland fully measured up to the expectations of the Alumni and friends of the old University, who came from far and near to witness the imposing ceremonies connected with it. In every respect it was a most brilliant and enjoyable occasion. The attendance was large, the ceremonies were inspiring and the addresses and functions connected with each day were of a character to command the highest respect and commendation. From first to last there was not a discord or harsh note in any of the exercises. With a dignity, grace and cheerfulness becoming such an occasion the old University was commended and congratulated on her achievements in the past and encouraged and inspired with hope for the future. Her record and worth were recognized by the distinguished men who came to pay their respects by their presence and by her sister institutions in every part of the civilized world, who sent either representatives or friendly greetings.

Her alumni came from near and far distant homes to show their affection for the old mother who gave them her diploma in the years gone by, and to prove by their presence the esteem in which she is held. As inspiring as the ceremonies were the occasion was more conspicuous for the warmth and cordiality of all in attendance, for the enthusiasm which filled all hearts. No one could witness the exercises connected with each day's functions without feeling that it was good to be present; without thanking God for what the old University has done in the past; without wishing for her His blessings in the future.

THE CLASS REUNIONS.—It is probable that no exercises connected with the Centennial gave greater pleasure than the class reunions held on Thursday evening. In the case of several classes many of the members had not seen each other, or heard from each other, for over 35 years. When they last parted they were in the first flush of manhood, with their diplomas fresh from the hands of their Alma Mater. When they met on Thursday night they came together as matured men, bearing the signs of years of hard service and ripened by the experiences and usages of professional life. Though old in work and scarred by time's unsparing hand, they met again as boys for the night, forgot the dull cares of daily toil to relate the reminiscences of student days, and to exchange experiences gathered in their varied fields of labor.

It was both pathetic and pleasurable to meet with old friends, to recall to mind the days when as students we sat on the hard benches of the classroom or romped on the campus. As these days came before us, how vividly could one recall the beloved teacher and the bright and youthful classmate! Where are they now? This was the thought which came into every mind as first one, then another made mention of the absentee.

Of the class of 1872, ten were present out of fifty-six. Of the class of 1873 eight met, thirty-eight absentees. Where are all of those absent from the class reunions? The historian of each class tells us the larger number have joined the great majority. They rest from their labors, shall we say, almost forgotten by their old classmates? This is the pathetic part of it. Why should old classmates be forgotten, disappear from the minds of those who when students were often the warmest friends, the most intimate associates? No answer can be given to this question save one—the want of class organization, class spirit, the need of a class historian. It is hoped that the reunions of the classes on Thursday night will revive a class spirit among all the classes—that a permanent organization of every class in the University, wherever possible, will be effected.

To foster this class spirit the BULLETIN now suggests that every class have a tablet made of brass or copper, with the name of each member on the shield, the same to be placed on the walls of the University building. In this way the membership of the class will be kept before the eyes of all students and visitors to the Univer-

sity. The pride of each class will be stimulated by the thought that its connection with the University is made known to those which follow it as the years come and go.

"Other Men Labored and Ye Entered Into Their Labors."—In the selection of the above passage from the Gospel of St. John for the subject of the Baccalaureate sermon, Bishop Wilson was able to present in forceful thought a theme which illustrated the work of the University during the first century of her life and the obligations which she must live up to in the future. Her progress during the past one hundred years, though deliberate and free from sensation, has been marked by high ideals and substantial achievements. The many good men who have directed her policies and governed her affairs have been faithful and constant in their devotion to her interests. They have discharged their duties with a high conception of the responsibility resting on them. No fact was more in evidence during the Centennial week than the all-prevailing sentiment among alumni, friends, invited guests and the people of Maryland, that the old University was worthy of the respect and affection of the people of this State and nation; that she stood for the very best traditions and principles in her educational work and in her moral influences. If this assertion is correct, we owe to her founders and to those who have succeeded them a debt which those now directing her affairs and those who follow can only pay by observing the same high standards and living up to the same high conceptions of duty. "Other men labored and ye entered into their labors." This should be the thought in the minds of those who have the good of the University at heart. We are under great obligations to this old University to serve her best interests and to hand her work and influence down to coming generations enlarged by the times in which we live and broadened by the opportunities and possibilities of her present environment. No other fact was more in evidence during the Centennial week than the claim which the University of Maryland has upon the liberality and support of the State of Maryland. Her friends have made good the assertion that this old University belongs above all things to the people of Maryland by reason of her venerable age and association, by reason of the large work she has done in her several departments in the education of her sons in training them for professional as well as civic duties, and by reason of her possibilities as the nucleus for concentration of the educational work of the State under a University system.

The second century opens up with larger views, with larger aspirations and with larger possibilities for the University. If we draw from the ceremonies and functions which marked her brilliant Centennial the inspiration which filled our souls as the exercises were going on, we venture to say that the old University will henceforth take on a new life, will breathe a purer atmosphere and will reach after larger and higher standards. May she ever live up to her motto: *"Omnia probate bonum tenate."*

Our Alma Mater

Dear mother of a kindred line,
On this, thy golden wedding day,
Within thy temple, graced by time,
We meet to cheer thy onward way.

We come from many a distant home,
From duties fraught with earnest care;
We gather beneath thy lofty dome
To breathe again thy native air.

On this centennial of thy birth
The annals of an honored past,
Like flowers fresh from mother earth,
Survive the storms of winter's blast.

We dearly love thy hallowed halls,
Where art and science meet in truce;
We hail with joy thy pillared walls,
Adorned by time's most noble use.

We here renew our student vows
To hold aloft thy code of truth;
To till the seed our mother sows
In hearts alive with pride of youth.

One hundred years, brief span of time,
'Tis but the early dawn of light;
May years with greater brightness shine
As lights to mark thy onward flight!

Items

The wards of the Mountain Hospital for Crippled Children at Blue Ridge Summit, Md., were opened on June 15th. This Hospital is a branch of the Hospital for the Relief of Crippled and Deformed Children of Baltimore, the Orthepædic Department of the University of Maryland. W. H. Daniels, class of 1907, has been appointed resident, and W. Cole Davis, class of 1908, resident student.

Dr. J. B. Piggott, class of 1907, has been appointed assistant resident surgeon at St. Joseph's Hospital, Baltimore; Dr. H. Y. Righton, class of 1907, assistant resident physician at the Hebrew Hospital, Baltimore; Dr. C. J. Flowers, 1907, to an interneship in the Harrisburg Hospital.

The Alumni Association of the Dental Department, after participating in the opening exercises at Anatomical Hall and attending the luncheon at the Hospital, went to the Dentistry Building and witnessed clinics held by the following:

R. L. Simpson, D. D. S., Richmond, Va.; A. D. Cobey, D. D. S., Washington, D. C.; Julian Gartrell, D. D. S., Washington, D. C.; George L. Wilcox, D. D. S., New York; Charles E. Duck, D. D. S., Leslie LeCron, D. D. S., E. E. Cruzen, D. D. S., John Abercrombie, M. D., Baltimore; A. H. Tritle, D. D. S., Hamilton, Bermuda Islands; Lewis E. Hess, D. D. S., Fred Groshans, D. D. S., William A. Mills, D. Edward Duff, Eldridge Baskin, Joseph Fournier, D. D. S., and A. C. Brewer, D. D. S., Baltimore.

At the annual commencement of the Maryland University Hospital Training School for Nurses, held in the nurses' parlor at the University Hospital, Tuesday, May 14, 1907, before a large audience of relatives and friends, seventeen young ladies received the degree of graduate nurse. Bishop Paret made the opening prayer, and Dr. R. Dorsey Coale awarded the diplomas. The graduates were:

Misses—	Nancy M. McNabb,
Amy Bruce Tongue,	Alice Frances Bell,
Marie Watkins Pue,	Isabella Griffith,
Rosamond Minnis,	Esther E. Brewington,
Naomi Viola Hissey,	Jane Traies Hayden,
Nannie L. Brian,	Ella B. Ogburn,
Grace Irene Bay,	Clara B. Robinson,
Lulu Evelyn Miner,	Carrie Foster Peyton,
Mary Erie Grimes,	Jennie Dean Barber.

The oration was delivered by Prof. Samuel C. Chew.

On April 23d Dr. Hiram Woods, class of 1882, the retiring president, delivered the presidential address, "The Medical and Chirurgical Faculty: Its Debt to Itself and to the Public." Dr. R. B. Warfield, chairman of the committee to confer with the lay press, made a report of the conclusions arrived at by his committee, and Dr. S. C. Chew, in a few appropriate words, presented the portrait of Dr. John H. Patterson to the faculty. On April 24th addresses were delivered by the following of our alumni: Dr. A. K. Bond, Dr. H. O. Reik, Dr. Randolph Winslow, Dr. L. M. Allen, Dr. Lewis B. Henkel, Jr., and Dr. John S. Fulton. On April 25th papers were read by the following of our alumni: Dr. C. U. Smith and Dr. Wm. R. Stokes.

The adjunct faculty held a meeting and smoker Monday, May 6, 1907, at 8.30 P. M., at the Germania Club, 408 West Fayette street, at which Dr. J. C. Hemmeter, of the Faculty, gave an address on his impressions of the German and foreign clinics. He also spoke of the coming Centennial and the preparations being made for the same. Dr. B. Merrill Hopkinson enlivened the evening by a rendition of some classical music.

Marriages

Dr. Guy W. Latimer, class of 1901, of Hyattsville, Maryland, was married Saturday, June 1, 1907, in St. Andrew's Episcopal Church, Washington, to Miss Mabel Rebecca Sanford, daughter of Mr. and Mrs. Don A. Sanford, of Washington.

Dr. Robert H. P. Ellis, class of 1877, of Baltimore, was married during the early part of May to Mrs. Ida Van Bussum, widow of Peter Van Bussum, and daughter of Mr. and Mrs. Henry Van Riper, of Paterson, New Jersey, at the country home of the bride's parents, outside of Paterson. The ceremony was performed by Rev. Dr. Gorrell Quick, pastor of First Baptist Church, Paterson. After the ceremony Dr. and Mrs. Ellis left for Washington, Richmond and Jamestown, after which they will spend the summer in Europe. Dr. and Mrs. Ellis will make their home in Baltimore.

Dr. Page Edmunds, class of 1898, of 630 North Gilmor street, Baltimore, was married Thursday, May 30, 1907, in St. Anne's Protestant Episcopal Church, at Annapolis, Maryland, to Miss Millicent Geare, a graduate of the University Hospital Training School for Nurses, class 1905, by Rev. Joseph P. McComas.

The bride is a daughter of Mrs. Annie Geare, of Cumberland, and has for the past year been superintendent of the Emergency Hospital at Annapolis. Dr. Edmunds is a member of the adjunct faculty of the University of Maryland, being associated with the genito-urinary department.

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(Original Paper.)

ADDRESS OF REV. DR. FRANCIS L. PATTON,

Delivered at the Lyric Theatre, Baltimore, May 31, 1907.

May it please your Excellency, Ladies and Gentlemen:—I count it an honor to be asked to speak on an occasion so interesting as the present. I congratulate the University of Maryland on the completion of one hundred years of institutional life. I congratulate the Faculties of this University on the work which they have done and on the equipment which they have for doing greater and better work in the future. Great changes have taken place in the material world since your Institution was founded and changes equally great have taken place in the programme of education. The ordinary college curriculum has been widened and in the sphere of professional studies the march of progress has been marvelous. You have great reason to be proud today of what has been accomplished by this University. It is not only true that great names have been connected with your faculties, but it is also true that you have sent out many graduates who have made an honorable record for themselves in their professional careers. I shall not be invidious enough to mention names; I will mention one, for it is no small boast, and something of which any institution may well be proud, that the name of George Washington appears among the matriculants of one of your affiliated institutions. You have long held a leading place among the schools of medicine in this country and you have the distinction of being the first to give to dental science the academic status which it now holds. The past certainly is safe. And now as you face the future, I have no doubt that you feel that the dollar, of whatever material it may be made, is a large factor in any conspicuous success, and I am one of those who hope that while showers of pecuniary blessings are falling on other institutions, at least some droppings will fall on you. There is a great deal of wealth, collective and individual, in this land, but I have discovered that it possesses the attribute of extreme cohesiveness and that it is not easy to learn its lines of cleavage. I have noticed that rich men not uncommonly regard themselves as stewards of the Lord and their money as only lent to them by Him, but I seldom find one who regards it as in any sense a *call* loan, or me as a properly accredited collecting agent.

I wonder how the educated man of one hundred years ago would compare with the educated man of to-day, and how the professional man of one hundred years ago would compare with the average professional man of the present moment. The practice of the law, I suppose, was more elementary; there were fewer cases which had been decided, and the lawyer who went out early in the morning on an errand of legal shopping would have more difficulty than he now has in matching the sample which he happened to hold in his hand. He might, however, perhaps have been the more willing on that account to venture upon a legal opinion of his own. Whether the lawyer of that day knew as well as he does now how to advise his clients to do what he wanted to do without transgressing the law I do not know, but I understand that the practice to-day is becoming more like that of preventive medicine and is designed not so much to get a man out of trouble as to keep him from getting into trouble, and those who express themselves concerning current practice in this euphemistic way would have us believe, I suppose, that the law is presenting a more humane aspect all the time.

Medicine must have been much simpler in its practice, I should think; doctors felt the pulse and looked at the tongue as they do now, but the patient had to pull through fever without the aid of a clinical thermometer. The physician compounded his own medicines. The dispensing druggist was not there to put up his prescriptions and the pharmaceutical chemist had not

arrived to save him the trouble of writing them. The physician made his rounds of daily visitation without having a new tabloid pressed upon his attention every day. I am at great loss to know how the clergymen got along. There were no motor cars nor tramways, and consequently fewer accidents. There was no telegraphy, wireless or otherwise. Hence, news was slow in reaching its destination and would ordinarily come too late for the Sunday sermon. Even the philosophic clergyman, who feels himself called specially to exploit the latest fad in philosophy or to break a lance with the scientist, must have had but a limited field for the exercise of his gifts, and I am afraid that if the truth be told it was a matter of sheer necessity then to preach the simple gospel. This, however, was a state of affairs which I think must have had its obvious advantages.

On this Memorial day, however, we are not here to mourn over the past, nor do I stand before you as a *laudator temporis acti*. I stand with you this morning facing the future and congratulate you on what I think are the splendid opportunities before you. It may not be inappropriate for me to say something on the general subject of education, and perhaps even on the specific subjects of education which this University has taken under its care. Let us ask ourselves seriously what education has done for us. I had the honor of addressing a Young Ladies' High School a few weeks ago, and the principal told me the result of an experiment she had made in having a class write an essay on Education. The older and more thoughtful girls expressed themselves on the subject by making good use of the etymology of the word "education," and accordingly sought to show how, by means of education, one's latent potentialities find expression; but others less mature and less philosophical, perhaps, took a more concrete view of the matter, one of them saying, "It is so embarrassing to talk to educated people and not know what to say"; and another—speaking perhaps even more freely from her own experience—saying, "It is so nice when a young man talks to you to be able to carry on the conversation." Now, while I thought it very likely that some of this conversation would not, or at least might not, call for articulate expression, and that even the uneducated mind learns early in life the art of telepathic communication, I really felt that there was a great deal more truth in the answer that this young lady gave than some would be disposed to give her credit for. Of course, I recognize the great value there is in the power of self-control that comes with the early stages of education: the lesson one gets, in other words, by learning lessons; the lesson, that is to say, of learning to live under the regime of will rather than impulse; of learning to keep one's wayward thoughts in leash and command attention to a chosen theme. But adjustment to one's environment is after all a very large part of education. To be able to exchange the current coins of conversation with a certain degree of self-confidence, to take an intelligent interest in the great world of events, to move gracefully in that portion of the intellectual world which we happen to inhabit, to talk when it is our turn to talk and to know when it is ours to listen, and tactfully to turn the sharp corners of conversation when it threatens to lead down lanes with which we are not familiar—all this it seems to me is an important part of education, and this surely is no inconsiderable advantage; this much we have learned at all events. We have, besides, acquired a certain knowledge of the cosmos and know something of kinetic and potential energy. We have read a little of the world's best literature and perhaps have acquired the art of recognizing a fine line when we see it or hear it; and though it be only a little knowledge, I do not think it is so dangerous as to offset the obvious advantage of knowing who constituted the leading poets of the Lake school, when Queen Elizabeth reigned, and that the Revolution (I mean the great Revolution) was in 1688. Of course, we forget a great deal and the day comes, alas, too soon, when we are rather rusty in our Greek and when the binomial theorem sounds like the echo of a far-off day.

I am quite ready to admit that there are two fundamentally different views of education; one regarding it as an end in itself and the other as a means to an end. If it be an end in itself the question arises, What is the model curriculum? I am old-fashioned enough still to believe that to get the largest mental development in the shortest space of time we must make mathematics and classics the staple of our educational programme. We must teach the young to think in concepts; we must give them the key to the interpretation of the cosmos, and mathematics is the organon of physical science. But, besides this, we must teach them the art of expression. Mr. Augustine

Birrell says somewhere in one of his essays that the scientific man is the only man who has anything to say, but he cannot say it, and the literary man is the only man who knows how to say anything, but he has nothing to say. The ideal scheme of education would, therefore, seem to be one which gives the student something to say and tells him how to say it. Besides his mathematics, therefore, I would have him study Latin and Greek. He must read his Homer and his Virgil, and if not his Homer, at least his Virgil—"Wielder of the statliest measure ever moulded by the lips of man." But whether it be through scientific or through literary culture that education is to proceed, we must remember that it is the thought and not the word or fact which is significant. He who reads literally reads poorly; *hacret in litera haeret in cortice*. Even jurisprudence, which holds us to such strict account for our use of words, teaches us that there are times when we not only judge what a man meant to say by what he said, but also times when we must judge what he said by what he obviously meant to say. The scientific man must also go behind the facts with which he deals to the ideas which those facts represent. These facts are simply the syllables of the writing which he is striving to decipher. It is only when he has hit upon some key to nature's cipher that he is doing work worthy of scientific fame. It is only when his facts go to the support of a great scientific generalization that their accumulation possesses special value. Otherwise he is only a census-taker in the kingdom of nature; a cataloguer in the great library of truth, writing titles and reading the backs of books. Ah, Science, you demand facts; you proclaim the all-mightiness of induction; the reign of law; the empire of the senses. You have reduced history to science, and literature to science, and philosophy to science, and religion to science, but what after all does it signify? You have given us a rubbish heap of material whose destiny is death and destruction unless there be some unifying idea, some informing thought to give it shape and comeliness. Say what you will, the philosopher, the apostle of the idea, is necessary to make these dry bones live.

I admit, however, that a strong plea can be made by those who say that education is to be regarded as a means to an end and who will remind us that however important it is that there shall be professors of poetry and the humanities, it is important also that there shall be professors of applied science, of mechanical and mining and electrical engineering. We know, they tell us, exactly how many acres constitute the farm and how much arable land there is on it. The farm is not getting any bigger, but the family is increasing at a tremendous rate. If we divide the inheritance by an equal distribution among the heirs, what each one gets will hardly seem worth keeping. Inevitably, therefore, in the struggle of life there will be a scramble, and the man who is anxious with reference to his offspring naturally wishes that his own son shall come out on top. He, therefore, is in favor of an education which will enable his son to earn an honest living and to meet the rough competition of the world. I confess I am in sympathy with this practical view of education, and therefore I have a great deal of interest in that part of a University's life which deals with the professional schools.

When a man's general education has been completed, the next question is, What calling is he to follow? There is a certain element of determinism in the settlement of this question, for once a man's choice is made, it fixes the character of his life. No wonder then that men hesitate and linger on the brink of decision, for whether they shall be obliged to travel or be compelled to remain at home all the time, whether they shall be left without any time to read or whether they shall be compelled to have a book before their eyes continually, will depend upon the choice they make; as will also depend upon this choice the kind of friends they make and the kind of society in which they mingle. But there is, for that matter, or there seems to be, an element of determination even in the making of the choice. The boy perhaps takes kindly to his father's calling and you find him late in life doing business at the same old stand. Another, for reasons that he perhaps cannot give a good account of, chooses to study medicine, and still another enters the holy calling of the ministry under the predestinating influence of a pious mother's wish. Recognizing an over-ruling Providence behind all the elements that enter into the making of a choice, we may say, therefore, that the minister is not the only one who has been called into his profession, and therefore that in a very true and solemn sense each man's calling is a providential indication of the work that he is meant to do. A young man if asked what he intended to do on leaving College would

not uncommonly say that he was not sure whether he would go into business or take a profession; the careers open to men seeming to divide into these two hemispheres. Just what the difference is between a business and a professional career may be hard to say, though I have been accustomed to regard the difference as indicated by the fact that the business man enters upon his career for the purpose of making money, and in that sense of working it for all it is worth, while the professional man is supposed at least not to make the emoluments of his profession the principal object of his thought, but to regard himself in the light of a public servant engaged in the discharge of philanthropic duty. This is an ideal view of the situation which I fear does not correspond exactly to the actual ambitions of professional men. I am afraid that the commercialization of the professions, at least of some of them, has gone on so far that it is not easy to make a strict line of demarcation between a professional and a business career. The old way of regarding the matter was to say that there were three learned professions; and this view of the matter still lingers in the minds of some, but it would perhaps be more correct to say that there are more than three professions and that none of them is as learned as it ought to be.

There is to begin with the profession of Law. I hope I shall not be regarded as a sordid Philistine in my views of education, but with all respect to those who make so much of culture for culture's sake, I cannot help realizing that we are living in a very practical workaday world, and I have a very special leaning therefore toward professional education. Of course, there is the very specific knowledge of the practice of the courts in which one expects to appear and a ready knowledge of the particular body of laws with which one is called upon to deal, which is of the first importance to the practical lawyer, and much of which may be foreign to the academic study of jurisprudence that we laymen are more apt to be interested in. I am bound, however, to say that a little knowledge of that purely academic kind is good for any man, and that even the practicing lawyer, in my judgment, would not suffer as the result of having it. Whether one read Austin or Amos, Blackstone or Holland, Sir Henry Maine or Maitland, I know that the man who does so, whatever his profession may be, will thereby increase his own cubic measurement. I am told that very much depends, so far as success goes, on the way one proceeds in the study of the law. I suppose this is so, but it is hard for me to see that it makes so much difference whether the method be *a priori* or *a posteriori*. Whether the method be—"Here is the case, get the law out of it by a process of induction," or "Here is the law, how can you apply it in this particular case?" You will never convince me that there is only one way of becoming great in legal attainments. I realize in saying all this that I am a layman availing myself of the layman's privilege to talk boldly and with a great deal of freedom upon a subject of which I have a very limited acquaintance; yet the law comes so close to our social relations that the layman may be excused for feeling a little interest in it. Law is not, as so many suppose, the science of wrangling; it is the systematized substitute for private vengeance; it is between individuals what we hope it will become between Nations, an arbitral tribunal. The lawyers are the men who know the private life of their fellow men in the causes that lead to business estrangements; they are the men who know the ins and outs of the human heart when it is under the dominating influence of greed; they are the men who have a preferred claim to public position; they are the men to discuss the great questions that lie on the boundary line of ethics and politics; they are the men who are to deal with the mighty problems of political life and help us to say whether the religion of the Nazarene, which has shaped our civilization, has moralized society and has made our laws as equal to the task of building up a civilized life among new peoples. It is when the captains and the kings depart; it is when the great admirals sail away, that the work of the lawyer and the statesman begins. For such a work, however, no equipment is too great, and I might very properly, though modestly, plead on this occasion for the general study of philosophical jurisprudence as a propaedeutic to the specific study of municipal law. That general study, of course, may take on one of several forms. The student of the science may be an historical jurist and trace the genesis of great legal concepts back to their origin in custom, or he may be an analytical jurist and seek to show how the great body of law contained in judicial decisions and in legislative enactments can be comprehended and concatenated in the body of systematic jurisprudence; or he may be a meta-

physical jurist and show how the great categories of status and contract, torts and servitudes, which have originated in custom, express after all the fundamental and *a priori* laws of reason; so that instead of judging the product by its genesis, you will interpret the genesis in the light of the product under a high teleogical conception of history. This is the idealistic method which prevails in some quarters to-day. But whatever the method may be, it is to be understood that the student is handling great subjects, and whatever the relation may be that one sustains to the legal profession, these are topics worthy of one's best thought. I do not know how much you who are so soon to be called to the bar care for these things, for you may think that they are very remote from the ordinary practice of the law, but I venture the modest opinion that it will do you no harm to be minutely acquainted with the history of your great profession; no harm to know that the Romans taught us how to make testamentary disposition of property and that they thought out the great idea of the impersonal person which figures so largely in public discussion to-day under the name of a corporation; no harm to know that international law had its crude beginnings in the Roman doctrine of the *jus gentium* and the decisions of the *praetor peregrinus;* no harm to know that equity jurisprudence is largely based on the canon law, that in olden time the Chancellor was an ecclesiastic and that it was in the mellow light of Cathedral windows that the marriage of law and theology was celebrated. I am sure that when a man has pursued the studies to which I refer he will not agree with Sir Frederick Pollock in saying that he sees no reason why a lawyer should be a moral philosopher any more than anybody else, or with Bain when he says that conscience is an imitation within us of the organized government without us; but on the contrary he will say that law is itself based upon conscience and that the dictates of conscience bespeak the greater truth regarding law, that, as Hooker says, "her home is in the bosom of God and her voice the harmony of the world."

And now I must turn to the profession of medicine. It is only a just recognition of the law of division of labor that the science which in its large area deals with the pathological conditions and therapeutic treatment of the human body should have elevated its junior departments of dentistry and pharmacy to a position of academic rank, and I gladly pay my respects to the institution in which these departments hold such conspicuous position. Be it known to you, however, ye masters of odontological science, that we laymen dread you as we do the executioner, and when in a spirit of resignation we rest our heads in your chair, we are sure that we experience some of the emotions that swelled the breast of Charles I. and Lady Jane Grey and Mary Queen of Scots when they laid their heads upon the block; but we thank you, nevertheless, for the service which you have rendered, for to you as much as to any class of men we owe the fractional increase in the average length of human life of which the actuaries have informed us; and why not? Is not the molar process of mastication the logical and chronological antecedent of the molecular process of digestion? And speaking of digestion, what shall I not say in praise of modern physiological and pharmacological chemistry! How much has been done by that science in the interest of human life! Less often than before do we see the baby's cradle deepen into the grave; the old stay with us longer and go more gently down the steep declivities of life; thanks to the articles of food which have been scientifically prepared with special reference to the needs of weak and slow digestion. What a variety of obligation indeed we owe to the men who are engaged in pharmacy! As for medicine they have made the taking of it a luxury, and it is a part of a gentleman's education now to be able to give the name of the latest specific for headache and dyspepsia. The truth is I keep up my Greek that way:—Antikamnia, for instance, and *rhinitis* only if *rhinitis* is good for a cold why is not *bronchitis* good for a cough?

But let me come more specifically to speak of the medical profession itself. I do not wonder that leading men in this profession say that a general literary education should precede the study of medicine, so much does eminence in it depend upon high intellectual development. And yet we should not overlook the fact that in a certain sense the study of medicine is itself a literary education. If one should say that in order to acquire the blacksmith's trade under the best conditions, it would be well for one to take two years of all-around exercise in a gymnasium, something might be said in reply to the effect that after all one might acquire a little exercise and some muscular development in the acquisi-

tion of the trade itself. And whether a man has or has not a Bachelor of Arts degree before entering upon the study of medicine, he will, if he has used his time well during his period of study, have acquired in no small degree a very rigorous mental discipline. I remember very well the tribute which Hamerton paid to the science of medicine for the high and varied quality of intellectual discipline which the profession involved. It is interesting to notice the affinity that medicine seems always to have had with literary studies; not to speak of John Brown of Scotland, the genial author of "Rab and His Friends," or of our own Dr. Weir Mitchell of Philadelphia, how many men there are on the roll of literature who also stand high in the medical profession! I had the pleasure of conversing once with Dr. Osler upon this subject, and I was interested in hearing him say that there were four great names in the world's literature also famous in the history of medicine; these four being Rabelais, Sir Thomas Browne, John Locke and Oliver Wendell Holmes; and that it would be impossible to add another name without anticlimax. Medicine is no *parvenu* in the peerage of science. Her patent of nobility goes back to the days of Pericles. If I were a medical man I am sure that I should wish to be familiar with the history of medicine from Hippocrates to Galen, (and if I had but little use for the Galenian tinctures I should, nevertheless, roll the Galenian maxims as sweet morsels under my tongue) and from Galen to Vesalius and from Vesalius to Boerhaave, from Boerhaave to Harvey, from Harvey to Jenner, and thence down to these days of daring laparotomy with special mention of Sir James Simpson and Lord Lister, the two famous Scotchmen, one of whom made this operation painless and the other made it safe. It is in the medical profession that specialization of function has been carried further perhaps than anywhere else. The doctors are the men who seem to have made special application of the text, "This one thing I do." And so we have doctors of the cranium, doctors of the thorax, doctors of the viscera, doctors who give pills and doctors who use the knife, doctors who investigate and do not practise, doctors who practise and do not investigate, serum-therapists, oculists, aurists, alienists, gynecologists, orthopædists and osteopathists—and it takes about three of them now-a-days to keep any one of us in even ordinary repair. They tell me that the day has gone or is rapidly passing when there is any function for the old-fashioned family physician, or at least any other function than that of sitting in his office and directing his patients to the proper specialists. They tell me that even in the practise of specialties the old opinion that a general knowledge of the science is a necessary condition of an adequate knowledge of any branch of it is not so universally held as it used to be, and that a man will not hesitate now to perform a capital operation in his own department who has never vaccinated a baby nor snipped the *frenum* of a tongue-tied child! But, of course, I pay no heed to this idle gossip and slanderous misrepresentation of your noble profession. And what a noble profession, indeed, it is! What a life it is that you are called upon to live! How close you come to us! How we love you! How it soothes us to feel your hand upon us when we are ill! How, when our loved ones are ill, we welcome your coming and listen anxiously for your retreating footsteps and wait for you at the bottom of the stair! We love to speak of the Saviour of mankind as The Great Physician, and none, it seems to me, more closely follow in His footsteps than those who, regardless of emolument and at cost of rest and sleep in their unwearied effort to heal the sick and lessen pain, go about doing good.

Gentlemen of the medical profession, whether teachers or taught, whether in this city or throughout this broad land, I bid you God-speed in the prosecution of your noble calling. Oh, ye healers of mankind throughout the world, God bless you.

And now as I conclude, I beg the privilege of saying a few words to those of my audience who are standing upon the threshold of their professional life. Accept my congratulations on the completion of your academic career and my good wishes for your success in your several callings. Have a high aim in life and remember that there is nothing so great as love, and nothing so sweet as service. You may look on life as a great game or a great fight, as you may feel disposed, but in either case it means a struggle; but do not lose heart or be discouraged; and remember that your greatest struggle is within the sphere of your moral nature. It is there that you may win your greatest victories and there that you may suffer your most shameful defeats. There will be times when you will feel a humiliating sense of self-condemnation, not only because the worst that

is in you is so bad, but also because the best that is in you is not good. Seek to take a true measurement of your own merits and defects; know yourself. Then when the world neglects you and puts a wrong construction upon your motives and your actions, you will find solace in an approving conscience. Then when the world praises you this same knowledge of yourself will serve to keep you humble; for you will feel that the very graces of your nature have often opened to you doors of opportunity for wrong-doing and that you need forgiveness for the defects of those very qualities which are the exponents of the best elements of your manhood.

And again, to all of you, Undergraduates, Alumni, Professors, Regents and Trustees of the University of Maryland, I give once more my very hearty congratulations as you step across the threshold of the second century of your institutional life. I bid you God-speed and wish you a cereer of increasing distinction and enlarged equipment in the great scientific work that you are called to do. I hope that you will share in the increasing prosperity of the City and the State with which you are identified and that from year to year there will go forth into the world from this University those who will adorn their professions and be conspicuous additions to the moral forces of the Republic.

The Centennial Celebration

SECOND DAY

Friday, May 31, 1907

The most imposing of ceremonies ever held in connection with the cause of education in Maryland was that of May 31 at the Lyric, when the principal exercises of the one hundredth anniversary celebration of the University of Maryland were held coincident with the annual commencement of the institution's several departments.

Two hundred and thirty-six young men and one young woman received diplomas, and 30 honorary degrees were conferred, the recipients of the latter being men who are scholars of international reputation, authors of important works and discoverers of new truths in science.

Fully 3,000 persons were present, including representatives of all the important educational institutions of the world (in many cases the presidents of these seats of learning), hundreds of the alumni of the University of Maryland, friends and relatives of the graduates—who came from all sections of the country—and the most representative of Baltimore's citizens. Every seat in the large hall was occupied and there were many who stood in the aisles during the four hours of the ceremony.

In caps and gowns and hoods of many hues, about 500 men—including the distinguished representatives of the leading educational institutions in the country, the leading alumni of the University of Maryland and its new addition—St. John's College—and the 237 graduates, were present in the splendor of raiment in which scholarly attainment entitled them to garb themselves.

With the hundreds of electric lights, with decorations which for richness and beauty, perhaps, surpassed any scheme of adornment that has ever hung from the walls and galleries of the hall, there was almost as much to see as to hear.

The large hall was elaborately decorated for the occasion, coats-of-arms, banners, flags and bunting being artistically draped from the galleries, around the stage and on the walls. The great seal of the University of Maryland and the Maryland State Seal were conspicuously displayed, as were also the dates in large gold figures, 1807-1907. The predominating colors were those of the State of Maryland—black and orange—and the national red, white and blue.

Stripped of facts and figures and regarded aside from its significance, the event, considered as a whole, deserves to be remembered as one of the most imposing ceremonies ever held in the city.

Every one with an official connection, except the members of the Choral Society, who went directly to the stage, met in the assembly hall, on the second floor, where the procession was formed.

The ceremony was begun shortly after 10 o'clock, when the graduates, 237, representing the academic and scientific departments of St. John's College, Annapolis (recently affiliated with the University of Maryland), and the University's Schools of Medicine, Law, Dental Surgery and Pharmacy, in this city, all wearing caps and gowns, filed down the main aisle and occupied seats reserved for them in the front of the hall, immediately facing the stage.

Major C. Baker Clotworthy, of the Fifth Regiment, was chief marshal, and four of his brother

officers—all members of the Alumni and all attired in cap and gown and carrying batons—were assistant marshals. The Major had general charge of the pageant, and his assistants—Messrs. Washington Bowie, Jr., Jesse Slingluff, Stuart S. Janney and Arthur D. Foster—each directed one of the divisions.

After a moment's pause there was a sudden blare of trumpets, announcing the coming of the procession of orators, regents, ecclesiastical dignitaries, presidents of other universities and colleges and official delegates, national, state and city officials and others. Many men of great distinction were in the line, and they were greeted with rousing cheers as they passed down the long aisle and up the steps leading to the stage. The stirring strains of the march from "The Queen of Sheba" were played by an orchestra of 70 pieces as the procession proceeded. First came the chief marshal, Mr. Charles Baker Clotworthy, immediately followed by Governor Edwin Warfield, Chancellor of the University, and Judge Henry Stockbridge, acting Provost. Next in line were Cardinal Gibbons and Dr. Thomas Fell, president of St. John's College and Vice-Chancellor of the University Council; Dr. R. Dorsey Coale, senior Dean of the University, with Bishop William Paret; Judge Henry D. Harlan and Dr. Francis L. Patton, former president of Princeton University; Dr. Daniel C. Gilman, president emeritus of Johns Hopkins University, with Rev. P. C. Gavan, and Mr. John P. Poe, with Dr. G. Stanley Hall, of Clark University.

Other Divisions

These comprised the first division of the procession. The other four divisions were made up as follows:

Second Division—Marshal, Washington Bowie, Jr., LL. B., with the presidents of the various universities and colleges and official delegates.

Third Division—Marshal, Arthur D. Foster, with national, state and city officials, followed by specially invited guests.

Fourth Division—Marshal, Stuart S. Janney, and the faculties of the University.

Fifth Division—Marshal, Jesse Slingluff, and the chairman and members of the Centennial Executive Committee, including the honorary committee.

Among those prominent in the procession other than those already mentioned were:

Vice-President Edgar F. Smith, of the University of Pennsylvania; Dean James F. Russell, of Columbia University; Mr. Frederick Wilkens of the New York University; Dr. Thos. Shearer, Dr. G. Lane Taneyhill. Dr. J. C. Hemmeter, Dr. N. G. Keirle, Dr. Samuel C. Chew and Mr. James P. Gorter.

All the delegates from the various colleges and universities whose names appeared were in line.

Program of Exercises

The program of the exercises was as follows:

Music—March from "The Queen of Sheba"....Gounod
Prayer by Rev. P. C. Gavan, representing His Eminence Cardinal Gibbons.
Music—"Academic Overture".....Brahms
Address—President Francis Landey Patton, of Princeton Theological Seminary.
Music—"The Ride of the Valkyrie".....Wagner
Conferring of Degrees by Hon. Edwin Warfield, LL. D., Governor of Maryland and Chancellor.
Candidates for the degrees Bachelor of Arts and Bachelor of Sciences presented by the Dean of the Faculty of Arts and Sciences.
Candidates for the degree Doctor of Medicine presented by the Dean of the Faculty of Physic.
Candidates for the degree Bachelor of Laws presented by the Dean of the Faculty of Law.
Candidates for the degree Doctor of Dental Surgery presented by the Dean of the Faculty of Dentistry.
Candidates for the degree Doctor of Pharmacy presented by the Dean of the Faculty of Pharmacy.
Music—"The University Ode".....Hemberger
Words by Eugene F. Cordell, M. D., '68.
AWARD OF PRIZES.
Address—President G. Stanley Hall, of Clark University.
Music—"Hygeia" .....Hemmeter
Conferring of honorary degrees.
Music—Largo .....Handel
Benediction—Rt. Rev. William Paret, D. D., Bishop of Maryland.
Music—Prelude to third act "Lohengrin".....Wagner

Not the least attractive part of the program was the music furnished by the Baltimore Choral Society, of over 100 mixed voices, under the direction of Mr. Robert LeRoy Haslup, and a large orchestra led by Mr. John Itzel. The selections included the University ode, the words of which are by Dr. Eugene F. Cordell.

The principal addresses were made by President Francis Landey Patton, of Princeton Theological Seminary, and President G. Stanley Hall, of Clark University.

Governor Warfield, as Chancellor of the Council, appeared for the first time in the gorgeous rich silk gown, cap and hood that was the insignia of his rank. When the exercises were over Bishop Paret offered the benediction.

President Fell, of St. John's College, called the gathering to order and asked Rev. P. C. Gavan to deliver the prayer. His solemn words were followed by those of Cardinal Gibbons, who

led the audience in repeating the Lord's Prayer.

Governor Warfield was then introduced as the chairman of the proceedings. After expressing his regret that Mr. Bernard Carter, Provost of the University, was too ill to be present, the Governor explained that he was Chancellor of the University by virtue of his position as Governor of the State.

This was the largest commencement ever held by the University, because its own departments graduated together for the first time in addition to the recently affiliated St. John's College of Annapolis. There were 237 men who received sheepskins from the hands of Governor Warfield. They were presented by the deans of the respective departments and were classified as follows:

Bachelor of Arts	28
Doctor of Medicine	62
Bachelor of Laws	70
Doctor of Dental Surgery	51
Doctor of Pharmacy	26
Total	237

Students who received degrees were:

BACHELOR OF ARTS.

Edgar H. McBride,	Alex. C. Thompson,
Benjamin Hance,	Howard T. Ruhl,
Clarence E. Tilghman,	Robert Anderson, Jr.
Asher R. Smith,	Walter G. Mudd,
John Collinson, Jr.,	Alex. McC. Stevens,
Norman A. Belt,	John M. Thompson,
Everette LeRoy Bowen,	Raoul J. R. Poey,
Francis B. Gwynn,	Marcello W. Bordley
Alton L. Arnold,	George D. Riley.

BACHELOR OF SCIENCE.

Eli Elmer Bennett,	Cuthbert C. Cathcart,
John T. Harrison,	Lee Isaac Hecht,
William A. Strohm,	Hugh A. Coulbourn,
Irving P. Kane,	Eugene W. Magruder
W. F. Childs, Jr.,	Robert C. Brady.

DOCTOR OF MEDICINE.

Sidney H. Adler,	John Cox Keaton.
O. Paul Argabrite,	Joseph I. Kemler,
James H. Bates,	Oscar W. King,
Benjamin R. Benson, Jr.,	Max Kunstler,
Jacob W. Bird,	Arthur E. Landers,
Howard J. Bostetter,	Thomas E. Latimer,
Ralph C. Bowen,	Thomas H. Legg,
Marshall J. Brown,	Frank S. Lynn,
Nathaniel Burwell,	W. Culbert Lyon,
Walter M. Carmine,	John W. MacConnell
Fred. D. Carpenter,	R. O. McCutchen,
Albert H. Carroll,	Sylvan McElroy,
William H. Daniels,	John S. McKee,
Hazlett A. Delcher,	James E. Mann,
John Joseph Egan,	Gurley D. Moose,
C. J. B. Flowers,	Edgar S. Perkins,
James S. Fox,	Thomas H. Phillips,
Rufus C. Franklin,	J. Burr Piggott,
A. W. Giampietro,	Harry Y. Righton,
S. G. Duteil,	William O. Roop,
E. W. Glidden, Jr.,	Harry A. Rutledge,
Walter C. Gordon,	Theo. A. Schaefer,
T. Arthur Griffin,	Herbert Schoenrich,
Ernest L. Griffin,	William F. Schwartz,
Julius E. Gross,	Charles R. Sheridan,
Harry V. Harbaugh,	E. B. Smith, Jr.,
Raymond V. Harris,	John A. Smith,
F. H. C. Heise,	Harry W. Stoner,
Fred. H. Hermann,	Edward L. Sutton,
Houston B. Hiatt,	Joseph L. Valentini,
Francis E. Jamison,	Robert A. Warren.

Prizemen—University prize, gold medal, Frank Sidle Lynn. Certificates of honor, James Shelton Fox, J. Burr Piggott, Harry Victor Harbaugh, Rufus Cecil Franklin, John A. Smith, Thomas Edwin Latimer.

DOCTOR OF DENTAL SURGERY.

Robert O. Apple,	William A. Lyons,
Troy A. Apple,	Walter S. Lightner,
Arthur J. Bowker,	Herbert L. Mann,
Hugh J. Burton,	Franklin J. Markert,
A. Mack Berryhill,	Samuel H. McCall,
Luther P. Baker,	Robert H. Mills,
William D. Creet,	C. J. O'Shanecy.
Francis D. Carlton,	William H. Perrin,
Abraham Cramer,	L. J. Robertson,
Miles M. Culliney,	Arthur P. Reade,
William M. Degnan,	Solomon Rosengardt,
Samuel E. Douglas,	Albert C. Roy,
Louis M. Edwards,	A. P. Scarborough,
Travis F. Epes,	A. S. Shpritz,
Singleton C. Ford,	T. W. Smithson,
H. A. Freeman,	Halph T. Somers,
Edward Gazouzi,	Richard F. Simmons,
Winfield S. Garland,	Robert L. Speas,
Arsenius Georgion,	H. C. Smathers,
Edward Greene,	Wilbert B. Smith,
James W. Harrower,	L. A. H. Theil,
J. E. Heronemus,	Sadayoshi Teraki,
John F. Kernodle,	H. L. Thompson,
E. Gordon Lee,	George E. Truitt,
William J. Lewis,	George C. Weighart.
Paul Lynch,	

Prizemen—University prize, gold medal, Lawrence J. Robertson; honorable mention, Troy A. Apple.

DOCTOR OF PHARMACY.

Thomas W. Alexander,	William H. Kratz,
Bernard F. Behrman,	Charles O. Laney,
C. J. Carraballo,	C. H. Lapouraille,
F. G. Carpenter,	F. B. McCrackin,
H. A. B. Dunning, Ph. D.,	John R. Miller,
John Cyril Eby,	James H. Moran,
R. I. Esslinger,	H. J. F. Munzert,
Amin Fanous,	F. F. Seidel,
M. J. Freeman,	N. E. Shakespeare,
Herman N. Frentz,	C. B. Sullivan,
Samuel W. Ford,	Bayard Van Sant,
Joseph W. Jones,	Russel Brown Way,
Louis Kirchner,	Henry L. Whittle, Ph. G., M. D.

Prizemen—College prize, for general excellence,

Joseph Wester Jones; Simon prize, for practical chemistry, Russell Brown Way; practical pharmacy prize, Joseph Wester Jones; vegetable histology prize, Cristobal J. Carraballo.

Certificates of Honor, awarded in Order of Merit—Russell Brown Way, C. Howard Lapouraille and Maysville J. Freeman.

The next address, delivered by President G. Stanley Hall, of Clark University, is printed in full in the June 15th issue of the BULLETIN.

The honorary degrees were also conferred by Governor Warfield.

The following honorary degrees were conferred:

DOCTOR OF LAWS.

William T. Councilman, Boston.
Simon Flexner Philadelphia.
G. Stanley Hall, Clark University.
Francis L. Patton, Princeton.
Judge James McSherry, Maryland Court of Appeals.
Major James Carroll, United States Army.
Walter Wyman, United States Marine Hospital Service.
S. J. Meltzer, New York.
William T. Porter, New York.
William J. Mayo, Rochester, Minn.
William T. Howard, Baltimore.
Samuel C. Chew, Baltimore.
C. H. Ewald, Berlin, Germany.

DOCTOR OF SCIENCE.

Alexander C. Abbott, Philadelphia.
Henry J. Berkely, Baltimore.
Charles P. Noble, Philadelphia.
J. Homer Wright, Boston.
J. Whitridge Williams, Baltimore.
J. Ford Thompson, Washington, D. C.
Isaac Stone, Washington, D. C.
H. D. Fry, Washington, D. C.
Dr. N. G. Keirle, Baltimore.

DOCTORS OF SACRED THEOLOGY.

Bishop Luther B. Wilson, Chattanooga, Tenn.

DOCTOR OF PHARMACY.

Charles E. Dohme, Baltimore.
John F. Hancock, Baltimore.
Henry P. Hynson, Baltimore.

DOCTOR OF MEDICINE.

Dr. T. C. Gilchrist, Baltimore.

MASTER OF ARTS.

Dr. Eugene F. Cordell, Baltimore.
Richard L. Simpson, Baltimore.
Dr. B. Merrill Hopkinson, Baltimore.

Particularly impressive was the conferring of the 29 degrees upon prominent men of this and other cities by Governor Warfield. This part of the program took place just after the address of Dr. G. Stanley Hall, president of Clark University, and lasted more than an hour.

The names of the various persons to be honored were called by the deans of the particular departments of the University conferring the degrees, and as the Governor presented the treasured sheepskins to the successful candidates, brief sketches were read, giving interesting facts concerning their life's work.

Judge James McSherry, chief judge of the Court of Appeals, was the only absentee, he having been detained at home by illness. When his name was called the audience applauded vigorously. The scroll was received by Mr. John P. Poe, who read the eulogy on Judge McSherry.

Doctors of Laws

In conferring the degree of Doctor of Laws upon a number of Marylanders by the University of Maryland at the commencement exercises, three of them were subjects of remarks by members of the faculty. The case of Prof. Samuel C. Chew, upon whom the degree of Doctor of Laws was conferred, is an exceptional one. It was the decision of the faculty not to present one of their own number for an honorary degree, but because of Dr. Chew's long and honorable service, his learning and his peculiar claims to honorary distinction the exception was made in his case.

In explanation of this Mr. Poe said at the commencement:

"Upon the death in 1864 of his accomplished and lamented father, Prof. Samuel Chew, whose memory is still held in highest honor as one of the most learned of the long line of eminent men who from the beginning of its work 100 years ago have shed lustre upon the School of Medicine of the University, Samuel Claggett Chew was elected a professor in the faculty of physic.

"During all these intervening years he had dedicated himself with constantly increasing zeal and power to the study and practice of his profession, and to the discharge of his important duties as one of the most learned and gifted members of the faculty.

"During a professorship of 43 years thousands of students have had the benefit of his luminous and comprehensive instruction, and now, with a mind of great original force enriched by the invaluable stores of a wide and diversified experience, and strengthened by assiduous cultivation and ripe scholarship, he still invigorates the University by the fruits of his high character, matured wisdom and unusual attainments.

"Making an exception in his case, because of his peculiar claims to honorary distinction, to their determination not to present for an honor-

ary degree any of their own number, his colleagues on the Board of Regents, with hearty and affectionate unanimity, commissioned me to present him to you for the degree of Doctor of Laws as a just recognition of long years of most admirable and successful work cheerfully done by him for his Alma Mater, to whose high rank among the universities of the country he has so largely contributed."

Mr. Poe read the sketch of Dr. Howard, which was as follows:

"For more than 30 years William Travis Howard was one of the most eminent of the faculty of Physic of the University of Maryland. He is a physician and surgeon of great originality and skill, thoroughly familiar with the best learning and literature of his profession, and the constant upholder of its loftiest ideals.

"His former associates on the Board of Regents, recalling with gratitude and admiration his long, laborious and distinguished services and his large share in maintaining and advancing the honor and fame of the University, gladly avail themselves of this occasion to present him for the honorary degree of Doctor of Laws, to which he is justly entitled by his acknowledged professional eminence and the culture and scholarship by which he has made his professional distinction the more conspicuous and attractive."

Eulogy of Judge McSherry

In eulogizing Judge McSherry, Mr. John P. Poe said:

"In 1869 it was my privilege to move the admission of James McSherry to the bar of the Court of Appeals He was a very young man, but, young as he was, he had already made a strong impression upon the bench and bar of his circuit. In 1887 he was made chief judge of his circuit, and, as such, became a member of the Court of Appeals. Since 1896 he has been the chief judge of that high tribunal—our State court of last resort in Maryland.

"During the 20 years of his judicial career he has worthily won his right to take rank with the best and most distinguished of our judges, and in the exercise of his functions as chief judge of our highest court, by common consent, he stands fully abreast with the ablest of his predecessors.

"He is profoundly learned in all the branches of his profession, the cases which he is called on to consider and decide embracing in their wide range and scope nearly every subject of forensic controversy.

"His extraordinary diligence and capacity for long-continued and thorough investigation are now proverbial in Maryland, and he brings to the examination of the large and complicated questions constantly submitted to him a mental vigor and grasp that extort admiration and praise.

"His established reputation as a jurist of great ability and wide and diversified attainments in his profession call for generous and emphatic recognition, and the regents name him most heartily for the honorary degree of Doctor of Laws.

"To our great sorrow, he is at this time confined to his home by a distressing illness, so that it is absolutely impossible for him to appear in person and receive the mark of distinction which we wish to confer upon him, but we all agree that it be conferred upon him in absentia, and request that you will direct the diploma to be forwarded to him."

Dr. Patton Eulogized

In speaking of the work of Dr. Patton, Mr. Poe said:

"For many years the honored and admired president of Princeton University, he is now the revered and beloved president of the Princeton Theological Seminary. Justly distinguished for profound and diversified learning, he adds to the graces of the most extensive culture a marvelous power of keen, logical analysis and a beauty and force of rhetorical expression seldom found in harmonious combination.

"As a reasoner, theologian and pulpit orator he stands in the very foremost rank of scholars and divines, and is everywhere recognized as a man of extraordinary power in all the qualities and endowments that command admiration and homage. We honor ourselves in honoring him."

Dr. Nathaniel Garland Keirle, Sr., city post-mortem physician and director of the Pasteur department of the College of Physicians and Surgeons, was among those honored with an honorary degree by the University of Maryland, where he received his degree of Doctor of Medicine.

For nearly half a century the doctor has been practicing medicine in his favorite fields, and he is looked upon as one of the best authorities in the country on anatomical conditions. His autopsy work has long associated him with the

criminal history of Baltimore, and during his time he has aided materially in many cases of great importance.

Dr. Keirle received his Bachelor of Arts degree from Dickinson College, at Carlisle, Pa., and later received his Master of Arts degree from the same institution. Then he studied medicine and now his career is to be climaxed with the high degree conferred upon him.

Alumni at Feast

NOTABLE MEN AT BANQUET BOARD—OVER THREE HUNDRED AT CENTENARY FEAST—MANY INSTITUTIONS OF LEARNING WERE REPRESENTED AT THE LYRIC—MR. JOHN P. POE WAS TOASTMASTER—ADDRESSES BY ATTORNEY GENERAL BONAPARTE, GOVERNOR WARFIELD, MAYOR MAHOOL, SENATOR WHYTE AND MANY OTHER PROMINENT GENTLEMEN—LYRIC SCENE OF BEAUTY.

The guests at the banquet held in honor of the University of Maryland's centenary at the Lyric made up one of the most distinguished assemblies ever gathered around a festive board in Maryland. They included nearly all of the notable men who had received honorary degrees, as well as all the representatives of other institutions of learning who were in town for the celebration. Besides, there were present the faculties of the University of Maryland and a great many of the alumni of that institution. Covers were laid for 317.

American flags and those of the State were elaborately used in the decorations. Against the front of the balcony on the north side of the room was the great seal of the University of Maryland, and on the sides, draped with American flags, were the devices "1807" and "1907." A big American shield was depicted on the left of the stage, and on the right hung the Stars and Stripes.

Festoons of red, white and blue lights were swung by green streamers from the chandelier in the center to the balcony, and helped to make the place more beautiful.

Maryland's most distinguished men were upon the toast list, and as each paid a glad and reverent tribute to the University he was applauded to the echo. The toasts were spirited and calculated to stir the pride of college men in the name of the institution on whom they help to shed luster.

Mr. John Prentiss Poe acted as toastmaster. The toasts and those who responded to them were as follows:

"The President of the United States".....
Hon. Charles J. Bonaparte
"The State of Maryland".....Gov. Edwin Warfield
"The City of Baltimore".....Mayor J. Barry Mahool
"Our Guests".....Senator Wm. Pinkney Whyte
Dr. Francis L. Patton and Dr. W. S. Thayer.
"The University of Maryland"..Judge Henry D. Harlan
"Our Alumni".....Hon. William Cabell Bruce
"Woman".....Folger McKinsey

The following was the menu:

Little Neck Clams on Half Shell.
Sauterne.
Radishes. Olives.
Sherry.
Julienne Soup.
Soft Crabs on Toast.
Tartar Sauce. Saratoga Chips.
Braised Sweetbreads.
Maraschino Punch en tasse.
Cigarettes.
Broiled Spring Chicken.
Mushroom Sauce. Bermuda Potatoes.
Old Smithfield Ham.
Cold Asparagus, Vinaigrette Dressing.
White Lettuce.
Harlequin Blocks Ice Cream.
Mixed Cakes. Fresh Strawberries.
Rochefort Cheese.
Toasted Crackers. Coffee.
Almonds. Mint Wafers.
Creme de Violette.
Cigars. Apollinaris Water.

At the close of the dinner Dr. John C. Hemmeter announced that the honorary degree of Doctor of Laws had been conferred on Dr. C. H. Ewald, of the Imperial University of Berlin. Dr. Ewald was to have attended the centennial to have the degree bestowed upon him, but the sudden death of his mother prevented. Dr. Hemmeter made the nomination.

Mr. Bonaparte's Address

Mr. Poe, the toastmaster, in calling upon Attorney General Bonaparte as the first speaker, said:

"The President of the United States"—May he always stand as the faithful and vigilant protector of the rights and liberties of the people and as the honored and reverend representative of the virtue, power and glory of the republic. And I call on Attorney General Bonaparte to reply.

Mr. Bonaparte said, in part:

"There is a closer connection than there may seem to be between the existence of a real nation and the existence of real universities within that

real nation. To truly merit the name of 'university' an institution of learning must stand ready to make of each youth who shall seek its halls a man with all the breadth of thought, of sympathy and of knowledge implied in a liberal education, and to do this it must itself enjoy the wider intellectual and moral horizons afforded by national, as distinguished from provincial, life. A real university is a big thing; not, indeed, necessarily big in its buildings or its endowment, the number of its students or the salaries of its professors, but big in the end and the scope of its work, big in the spirit and temper wherewith that work is done, and if this big thing be crowded into a little space, if it be cramped in its home and stunted by the narrowness of its outlook, its growth will be misshapen and its teaching the lurking place of sophistry and prejudice.

"Moreover, if by 'a real nation' we mean a nation in the highest and most distinctive sense of the word; that is to say, a member, and a respected and influential member, of that family of nations which rules the world today, then, unless it be the home of real universities, unless its government, its diplomacy and its public opinion are guided and inspired by that product of real universities, liberally educated men, it is gravely, even hopelessly dwarfed and crippled in its work for humanity. America has grown into a real nation as and because its foremost institutions of learning have grown into real universities, and we have, in daily greater number, real universities because, as we gained them, we have gained likewise a real national life, in which they also live.

"Of that national life the President of the United States is the sign and voice; he is our first public officer because, and as proof that, we are a nation; and, on his behalf, I welcome to the threshold of its second century this one of our American universities, with the wish and in the hope that a hundred years from today it will be as full of life and strength and helpfulness to mankind as is now the great nation over which he presides; and that during those hundred years its growth in all that makes a university living and strong and an aid to humanity may be as vast and rapid as has been the growth of America since the University of Maryland was founded."

Governor's Response

Proposing the next toast, Mr. Poe said:

"The State of Maryland"—Our dear native State, upon whose escutcheon there rests no stain or taint of weakness or dishonor. The more we explore her history the more worthy she appears of our pride and affection. The Chancellor of our University, Gov. Edwin Warfield, will make good her claim to her place as one of the best of the original thirteen."

Governor Warfield in response referred to the inauguration in 1784, under the administration of Governor Paca, of the policy of extending State aid in the development of higher education in Maryland, looking to the establishment of a university, and providing that St. John's College and Washington College should be united under the name of the University of Maryland. This policy, the speaker said, was never fully consummated, and the plan was apparently abandoned in 1812, when the present University of Maryland was incorporated. Even this new university did not fulfill the requirements of the act of incorporation, which provided that the institution should have a full equipment of four faculties, representing the arts, law, medicine and theology.

The people did not seem to respond to the policy recommended by Governor Paca in 1784, and, while the University of Maryland has won fame in its medical and legal departments, the other schools have never been established.

His Excellency dwelt upon the bright outlook for the future success and prosperity of the University, in view of its affiliation with St. John's College, and predicted that it would become one of the great universities of the country. He emphasized the indebtedness of the State to the University of Maryland and St. John's College for the training given the sons of Maryland, and told something of what the men there educated had done for the greatness and glory of the State.

The Governor referred to the fact that St. John's College had furnished the first president of the medical faculty of the University of Maryland. He spoke briefly of the great events in the history of the State of Maryland, which place her in the first rank of the colonies which founded the nation. The speaker dwelt especially upon Maryland's stand for religious liberty, the separation of church and State, the magnificent record of her patriots and soldiers in the Revolutionary War, the fact that in all great movements Maryland has always taken the lead, but asserted that she had ever been conservative in her position on all public questions, although never vacillating or weak.

Mayor J. Barry Mahool

In proposing the toast, "The City of Baltimore," Mr. Poe said:

"Tried by the fierce fire of the furnace of affliction, she has emerged from her desolation with a marvelous increase in beauty and power. Mayor J. Barry Mahool will tell us what, as her chief executive, he aspires to do for her continued advance along all the lines of the best sort of municipal improvement.

Mayor Mahool said, in part:

"Baltimore enjoys the promise of a great future. Every day seems to adduce some new evidence to convince us as to our splendid destiny. There is a marvelous awakening all along the line. Every phase of our new life shows some amazing improvement. A transformation has occurred which is gloryfying to the city.

"There is a wide contrast between the Baltimore of today and the Baltimore of 10 years ago. There is a difference even in the way we do business. While we have lost none of the rugged honesty which formerly distinguished us, we have caught step with the rush of that modern aggressiveness which is the maker of commercial success. We have changed the practice of merely praying for factories to come here. We are going after them. It is our aim to make inducements so alluring to outsiders that any sensible business enterprise will find it desirable to come our way. And I want it distinctly understood right now that this administration intends to devise additional ways and means to multiply faster the growth of our factories.

"This spirit of hustle is not confined to one circle. It is general. The reawakening of our city seems to have disclosed to Baltimoreans the almost limitless possibilities within their reach. As a consequence, instead of lying lazily still, waiting for the apple to drop into our mouths, we are climbing for the apple with our might and main. Our people are developing into purposeful hustlers. They have learned that more can be gained by one week of actual hustle than can ever be done by 10 weeks of talk.

"This idea is beginning to break through the conservative crust of our financial circle. The new spirit in our city has convinced the banking and money-lending interests in the city that the more they help to upbuild the substantial industrial and commercial strength of Baltimore the better it will be for the prosperity of our people. A more encouraging liberality, as a consequence, is being shown by investors towards such enterprises as will add to the volume of our industrial activities. That is wise. If our moneyed people will only more and more show their faith in our city in this practical and effective way they will double the speed of our forward progress. No city can expand unless its own capital readily and abundantly flows into its local channels of commerce and manufacturing.

(To be continued)

Items

Dr. Walter T. Messmore, class of 1901, is located at Smithfield, Pennsylvania.

Dr. Fitz Randolph Winslow, class of 1906, has returned from his European tour.

Dr. Henry M. Fitzhaugh, class of 1897, has removed from Baltimore to Westminster, Md.

Dr. J. Frank Crouch, class of 1890, has been made a Knight of St. Gregory by Pope Pius X.

Dr. R. H. P. Ellis, class of 1877, of Baltimore, and wife have sailed from New York for Naples.

Dr. G. Lane Taneyhill, class of 1865, has been elected president of the United States Pension Surgeons.

Dr. W. E. E. Tyson, class of 1905, has received an appointment to the Kensington Hospital for Women, Philadelphia.

Dr. James G. Matthews, class of 1905, of Baltimore, has gone to Mount Savage, Maryland, for a three months' stay.

Dr. Joseph W. Holland, class of 1896, will spend the summer at Deer Park, Maryland, where he will be the resident physician.

At a recent meeting of the Baltimore County Medical Society papers were read by Drs. A. D. McConachie, 1890, and J. S. Bowen, 1903.

Dr. W. W. Hala, class of 1905, and Drs. E. H. Brannon and W. L. Brent, class of 1906, have resigned their positions at Bay View Asylum.

Dr. Sidney H. Adler, class of 1907, has accepted the position of resident physician in the General Hospital at Uniontown, Pennsylvania.

The engagement of Dr. J. Frank Crouch, class of 1890, of 412 Cathedral street, Baltimore, to Mrs. Caroline Rennert Dieter has been announced.

Dr. George S. Hanna, class of 1901, is convalescing from an attack of diphtheria. Dr. Hanna is located at Tanta, Egypt, and has built up quite a lucrative practice.

Dr. H. C. Irwin, class of 1905, who has been senior resident physician at St. Joseph's Hospital, has been elected superintendent of Franklin Square Hospital, Baltimore.

Dr. Alan G. Brooks, class of 1906, has been promoted to the position of senior house physician in Columbia Hospital, New York, having charge of the medical side.

Dr. E. Laurence Scott, class of 1906, late resident at the Hospital for Crippled Children, has settled in Birmingham, Ala., and will confine his practice to orthopædic surgery.

The Supervisors of City Charities have elected the following of our Alumni assistant resident physicians at Bay View Asylum: W. F. Swartz, class of 1907; Thomas H. Phillips, class of 1907; Herbert Schoenrich, class of 1907; John A. Smith, class of 1907; W. V. S. Levy, class of 1904.

Dr. Henry B. Thomas, Dr. R. Tunstall Taylor and Dr. Francis M. Chisolm have reopened their cottages at Blue Ridge Summit, where Dr. Hiram Woods, Jr., has also taken a cottage for the summer. Dr. J. Mason Hundley has sold his cottage there, and will take a place nearer Baltimore.

The engagement of Dr. Marshall Langton Price, class of 1902, of Baltimore, to Miss Henrietta Cowman George, niece of Mr. and Mrs. Julian Henry Lee, of Baltimore, has been announced. The marriage took place on Friday evening, June 14, 1907, at St. Paul's Protestant Episcopal Church.

Dr. N. R. Gerry, class of 1864, of Catonsville, Maryland, for nearly half a century a practicing physician of that village, celebrated his 75th birthday June 25, 1907, at his home on Melrose avenue. He was born at Rolandsville, Cecil county, and migrated to Catonsville in 1852, since which time he has resided at that place.

Mr. and Mrs. John Edward Blakemore, of Bertrand, Virginia, have issued invitations to the marriage of their daughter, Miss Mary Elizabeth Blakemore, to Dr. William Clarence Chowning, class of 1904, of Hawthorne, Florida, to take place at Corrotoman Baptist Church, Ottoman, Virginia, Wednesday afternoon, June 12, 1907.

Dr. J. L. Kosminsky, class of 1906, is receiving the congratulations of his friends upon his election as city physician of Texarkana, Ark. Dr. Kosminsky succeeds Dr. Marion King, class of 1898. The BULLETIN extends to Dr. Kosminsky its best wishes for a successful and conscientious administration of his office, and trusts he will reflect honor upon his alma mater.

Major James Carroll, class of 1891, United States Army, curator of the Army Medical Museum in this city, has been signally honored by the degree of Doctor of Laws having been conferred upon him by both the University of Nebraska and the University of Maryland, the latter being his Alma Mater. The degrees were conferred in recognition of Major Carroll's notable work in the field of bacteriology.

A clause in the will of the late Mrs. Louisa Gross Horwitz provided that should the testatrix and her children have died at the same time by an accident the estate would have been divided into three equal parts, one of which was bequeathed to the University Hospital. Although this gift did not materialize, it shows the trend of the mind of this community, and sooner or later, as has been confidently stated in the BULLETIN repeatedly, our institution will find that its claims upon the public-spirited citizen has at last been realized.

The Faculty of Physic has announced the following promotions: Dr. C. W. McElfresh, from Associate Professor of Clinical Medicine to Clinical Professor of Medicine; Dr. E. F. Cordell, from Honorary Professor of History of Medicine to Professor of the History of Medicine; Dr. W. H. Mayhew, Lecturer on Histology and Embryology; Dr. I. J. Spear, Lecturer on Neurology and Psychiatry; Dr. W. H. Smith, Instructor in Clinical Medicine; Dr. J. Holmes Smith, Jr., Assistant Demonstrator of Anatomy and Prosector to the Professor of Anatomy; Dr. J. W. Pierson, Assistant Demonstrator of Anatomy.

At the annual session of the Anne Arundel County Medical Association, held at the residence of Dr. Thomas H. Brayshaw, Glenburnie, June 18, 1907, the following of our Alumni attended: From Baltimore—F. J. Kirby, 1892; S. T. Earle, Jr., 1870; T. M. West, 1901; I. R. Trimble, 1884; Charles O'Donovan, 1881; L. M. Allen, 1896; A. M. Shipley, 1902; H. C. Davis, 1903. From Annapolis—L. B. Henkel, Jr., 1903; W. H. Hopkins, 1904; J. O. Purvis, 1904; Dr. C. R. Winterson, 1902, Hanover, Md.; Dr. C. H. Brooke, Brooklyn, Md.; Dr. H. B. Gannt, class of 1880, Millersville, Md.; Dr. J. S. Billingslea, class of 1905, Armiger, Md.; Dr. S. H. Anderson, class of 1870, Woodwardville, Md.

Dr. John S. Fulton, class of 1881, and professor of state medicine in the University of Maryland, for the past ten years secretary of the State Board of Health, Maryland, has resigned his position to become secretary-general of the International Congress of Tuberculosis. Dr. Fulton's new position is one of great responsibility. The International Congress of Tuberculosis meets every three years, and is the guest of the country in which its sessions are held. The last meeting was held in Paris in 1905, and the previous one in London. The next convocation will occur in Washington in 1908. As it is expected to attract the greatest gathering of physicians ever collected together, a most elaborate tuberculosis exhibition will be given. Dr. Fulton's duties as secretary-general will consist in arranging for the exhibition.

On February 26, 1907, the Woman's Medical College, of Baltimore, celebrated its twenty-fifth anniversary. It is interesting to note that this institution is linked more or less closely with the University of Maryland, inasmuch as it was founded by her sons and to the present day is controlled more or less by her graduates. Twenty-five years ago Dr. Randolph Winslow and Dr. Thomas A. Ashby, both now of the University of Maryland Faculty, conceived an idea of founding a woman's medical college and associated with them in the undertakings Drs. B. B. Browne and Eugene F. Cordell, both alumni of our alma mater. Since that time the institution has been gradaully expanding and at the present day has a number of our alumni on its faculty, namely: B. B. Browne, 1867; Henry Lee Smith, 1894; Charles W. Larned, 1893; S. Griffith Davis, 1893; Charles H. Riley, 1880; George A. Flemming, 1884; John R. Abercombie, 1895; W. Milton Lewis, 1888; H. C. Davis, 1902.

The following of our Alumi attended the sessions of the Baltimore and Ohio Association of Railway Surgeons, held in Washington, D. C., June 27, 1907:

Dr. S. B. Bond, class of 1883, Baltimore; Dr. A. C. Crothers, class of 1888, Havre de Grace, Maryland; Dr. Page Edmunds, class of 1898, Baltimore, Maryland; Dr. H. S. Hedges, class of 1883, Brunswick, Maryland; Dr. B. F. Smith, class of 1855, Frederick, Maryland; Dr. I. R. Trimble, class of 1884, Baltimore, Maryland; Dr. Levin West, class of 1886, Brunswick, Maryland; Dr. R. W. Hall, class of 1874, Moundsville, West Virginia; Dr. D. C. Louchery, class of 1880, Clarksburg, West Virginia; Dr. B. B. Ranson, Sr., class of 1869, Harper's Ferry, West Virginia; Dr. T. K. Shields, class of 1890, Tridelphia, West Virginia; Dr. A. H. Thayer, class of 1876, Grafton, West Virginia; Dr. A. H. Woodford, class of 1892, Bellington, West Virginia; Dr. J. I. Warder, class of 1879, Weston, West Virginia; Dr. A. S. Warder, Jr., class of 1886, Grafton, West Virginia. The following of our Alumni were elected to office: First Vice-President, Dr. B. F. Smith, 1855, Frederick; Executive Committee, Dr. I. R. Trimble, class of 1884, Baltimore.

At the thirteenth stated meeting of the General Alumni Association held Thursday, February 21, 1907 at the Medical and Chirurgical Hall, the following addresses were delivered: "Foreign Travel," S. Leroy Robinson, Ph. G.; "Rem-

iniscences of the School of Arts and Sciences, University of Maryland," William Reynolds, A. M. The following officers were elected to serve for the ensuing year: President, J. H. Tregoe, LL. B.; Secretary-Treasurer, Dr. Eugene F. Cordell; Assistant Secretary-Treasurer, J. Harry Skene, LL. B.; Executive Committee, Dr. Randolph Winslow, Dr. Charles S. Grindall, Dr. Al. Wilkinson, Oregon Milton Dennis, LL. B., H. P. Hynson, Ph. G.; Committee on Endowment, J. Leiper Winslow, Dr. F. J. Koerner, J. F. Hancock, Dr. E. F. Cordell. Mr. James E. Carr, Jr., was appointed chairman of a committee to name the candidates for honorary degrees to be bestowed during the centennial anniversary. The report of the secretary, Dr. E. F. Cordell, showed that the organization has a membership of 178, an increase of 21 since the last meeting. Mr. J. Harry Tregoe in his inaugural address dwelt upon the importance of a University of Maryland Club, which would serve as a home for the association. He also promised to forward the movement for the raising of the $100,000 endowment fund.

Mr. Tregoe made a stirring speech on the needs of the University at the annual banquet of General Alumni Association, University of Maryland. He said in part:

"The important and dignified position of Baltimore among American cities is maintained just as largely through its educational atmosphere as its commercial and financial development. It has always been foremost from the time that it stepped into the dignity of a metropolis in maintaining institutions that will afford not only splendid advantages for education and the development of its youth, but that would attract those from a large radius who would undertake the professional life. The maternity of nature is something that the basest disposition cannot overlook or set aside as a controlling influence, and it does seem second only to this maternity comes that of the alma mater as something to be prized and a stimulant for the strongest emulation. With the record of a century of asking nothing and giving all things, should it not suggest itself to us that the mother should be provided for and safeguarded against future exigencies and equipped in every department to give her future sons the highest and best in scientific knowledge?

"Dedicated to this, though, our Alumni Association is deeply convinced that an endowment fund of ample proportions should be provided for, and without delay. Nothing could be more fitting or more propor upon the centenary birthday which is soon to be celebrated than to make a gift. Nothing could be more grateful as the result of this pleasant meeting than that the purpose of the endowment fund should be greatly strengthened, and that the sum already contributed for such a purpose should be largely augmented and plans arranged for the quick consummation of this excellent project."

Mr. J. Wirt Randall, the next speaker, spoke on "The University and the State." He said in part:

"Although many of the leading institutions of learning started as sectarian, most of them have left that influence behind."

He gave a brief resume of the history of St. John's College, at Annapolis, now the department of arts and sciences of the University of Maryland, and predicted that much good would accrue to each institution by the affiliation.

Judge Stockbridge responded to the toast "The University and the Law." In his address he called attention to the prominent position the alumni of the law department of the University of Maryland have assumed in their communities, many having been honored by the public by being appointed to offices of the greatest responsibility and trust.

Dr. E. M. Reid spoke on "The University and Its Alumni: Duties."

Dr. I. H. Davis, "The University and Morals," and Dr. Henry P. Hynson "The University and the Past."

It was the consensus of opinion of those present that they had listened to the best series of after-dinner speeches it had ever been their privilege to hear, and that those who were unable to attend missed a rare treat. All of the addresses abounded with undoubted sincere expression of filial love to the old University, and those who heard them could not have left the hall without imbibing some of their spirit and feeling, if possible, more tenderly toward their alma mater.

The following gentlemen were elected honorary vice presidents of the General Alumni Association: Thomas Fell, president of St. John's College; Judge Henry Stockbridge, Hon. John P. Poe, LL. D.; Dr. Randolph Winslow, professor of surgery, University of Maryland; Dr. Hi-

ram Woods, professor of the diseases of the eye and ear, University of Maryland; Hon. J. Wirt Randall, of Annapolis.

The committee on banquet was: O. M. Dennis, LL. B., chairman; Eugene F. Cordell, M. D.; B. Merrill Hopkinson, M. D.; Nathan Winslow, M. D.; Al. L. Wilkinson, M. D.; H. H. Biedler, M. D.; Henry P. Hynson, Ph. G.; S. LeRoy Robinson, Ph. G.; C. V. Matthews, D. D. S .

The officers of the association are: J. Harry Tregoe, LL. B., president; O. M. Dennis, chairman of the executive committee; E. F. Cordell, chairman endowment committee and secretary-treasurer; John Henry Skeene, assistant secretary-treasurer; Henry Stockbridge, LL. B., president of the board of trustees of the endowment fund; J. Harry Tregoe, LL. B., secretary-treasurer of the board of trustees of the endowment fund.

Marriages

Dr. H. Austin Delcher, class of 1907, of Baltimore, was married during the latter part of May to Miss Bernardine McCormick at St. Martin's Catholic Church by Rev. Dennis McCormick.

Dr. Joseph Vandevanter Milton, class of 1901, of Hamilton, Virginia, was married June 5, 1907, at Alexandria, Virginia, to Miss Anna Page Maury, of Alexandria, by Rev. G. MacLaren Byron, of Baltimore, assisted by Rev. W. J. Morton, of Alexandria.

Dr. Irving J. Spear, class of 1900, of Baltimore, during his college days a house-student, and later connected with the insane department of Bay View Asylum, first as superintendent, and afterwards as visiting neurologist, instructor in psychiatry in the University of Maryland, was married Monday, June 24, 1907, to Miss Hortense Greenwald, daughter of Mrs. Joseph Greenwald, of Baltimore. After a honeymoon spent in the North, Dr. and Mrs. Spear will reside at the Marlborough.

Dr. Marshall Langton Price, class of 1902, of Baltimore, was married Friday, June 14, 1907, to Miss Henrietta Cowman George, daughter of the late Mr. and Mrs. John C. George at Old St. Paul's Church, Baltimore. Dr. Price is secretary of the State Board of Health of Maryland. The ceremony was performed by Rev. J. S. B. Hodges, rector emeritus, assisted by Rev. Arthur B. Kinsolving, the rector. The best man was Dr. John S. Fulton, class of 1881, vice-secretary of the State Board of Health. After the bridal tour Dr. and Mrs. Price will reside at Towson, Maryland.

Deaths

Dr. A. Harold Myers, class of 1882, a division surgeon of the Baltimore and Ohio Railroad, died at his home, in Rochester, Pennsylvania, June 10, 1907, aged 51.

Dr. Ezra Weis, class of 1851, surgeon of the Ashland General Hospital, during the Civil War, a practitioner of Peoria, Illinois, for 20 years, died at his home in that city April 12, 1907, aged 62.

Dr. Benjamin Gorsuch Franklin, class of 1866, a prominent physician of Westminster, Maryland, died at his home, on East Main street, June 24, 1907, aged 64, of Bright's disease. Dr. A. Leo Franklin, class of 1902, of Cumberland, Maryland, is a son of the deceased.

Dr. Charles E. S. McKee, class of 1858, of Hagerstown, Maryland, died suddenly Sunday, June 30, 1907, of apoplexy, aged 71. Dr. McKee was born in Hagerstown, February 4, 1836, and was a son of the late Dr. James B. McKee and Mary Bender McKee. He was reared in Hagerstown and educated at private schools, at the Old Hagerstown Academy, and at Pennsylvania College, Gettysburg. He afterwards studied medicine and was graduated with the degree of Doctor of Medicine at the University of Maryland in 1858. He began the practice of his profession in Hagerstown, but in the spring of 1862 he entered the Union Army as surgeon of the Third Maryland Infantry Regiment, and served with the Army of the Potomac until the close of the war, when he settled at Oakland, Maryland, where he practiced until 1870, when he returned to Hagerstown. In 1873 he retired from the practice of medicine to engage in the hardware business. In 1874 Dr. McKee was elected mayor of Hagerstown upon the Democratic ticket. In 1864 he married Miss Alice De M. Jones, a daughter of Rev. John M. Jones, a Methodist minister. He is survived by two children—Edwin J. McKee and R. Donald McKee.

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ADDRESS
DELIVERED BY HON. J. WIRT RANDALL OF ANNAPOLIS, JUNE 7, 1907.

Mr. President, Fellow-Alumni of the University of Maryland, Ladies and Gentlemen:

It is with peculiar pleasure that we welcome you to these halls on what we believe will be, historically, a most significant occasion.

Our thoughts naturally go back to another somewhat similar celebration nearly one hundred and twenty years ago, to a function held in this very hall where we are now gathered. On the 11th day of November, 1789, St. John's College was formally opened, and the union with it of the old historic *King William's School* was actually accomplished.

I find in the issue of December 3d, 1789, of *The Maryland Gazette,* an Annapolis newspaper, the files of which are preserved in the State Library here, and also in the library of the Maryland Historical Society in Baltimore, the following account of that ceremony:

"On Wednesday, the 11th of November ultimo, St. John's College in this city was opened and dedicated with much solemnity in the presence of a numerous and respectable concourse of people. The honorable the members of the General Assembly, the honorable Chancellor, the judges of the General Court, together with the gentlemen of the bar, the worshipful Corporation of the City, and the principal inhabitants thereof, preceded by the scholars, the professors and the visitors and governors of the college, walked in procession from the *stadt-house* to the college hall. An elegant sermon, well adapted to the occasion, was preached by the Reverend Doctor W. Smith, who presided for the day. An oration was also delivered by the Reverend Ralph Higginbotham on the advantages of classical education."

Now the Reverend Ralph Higginbotham was the headmaster of the venerable King William's School of Annapolis. While still headmaster of that school, he had been, on the 11th day of August, 1789, elected, as we learn from the files of the same paper, Professor of Languages of St. John's College, in which Dr. John McDowell had already been elected Professor of Mathematics.

The act of 1785 authorized the merger of the two institutions. The teachers and scholars, the property and funds of King William's School, under that act, became the professors and scholars, the property and funds of St. John's College; and from that time the two institutions were consolidated and became identified. We claim the right, therefore, although the name was changed with the times, to date back the birth of this old college to the remote days of colonial settlement, when King William's School came into being. King William's School, as its name indicates, was founded during the reign of William and Mary, the Prince and Princess of Orange, and was named after that illustrious prince and statesman, whom Macaulay has immortalized and made a hero to the whole English race.

You can see in our library now, ladies and gentlemen, many of those "quaint and curious volumes of forgotten lore" presented by that King to the school named for him; books which in the union with St. John's became our property. The royal coat of arms in gold still shines forth

upon their vellum covers, scarcely tarnished by the two centuries and over that have elapsed since they were presented.

That school was founded in 1694, and was in successful operation before the close of that century; *it was the first free school established in America.*

It may be of interest to you to know that this building, in which we are now assembled, named McDowell Hall, after the distinguished John McDowell, the first president of St. John's, was begun by Thomas Bladen, Governor, in 1744, as a residence for the Governors of the Province of Maryland. Owing to an unfortunate disagreement between the Governor and the Provincial Assembly (they were always scrapping over their respective rights), work upon the building was suspended and it remained unfinished until after the Revolution. Then it was, by the Seventh section of the Act of 1784, which granted its charter to St. John's College, given by the State to the Visitors and Governors of that college, and their successors, "for the only use and benefit of the said college and seminary of universal learning forever."

It was strictly a non-sectarian institution from the beginning. Among its original incorporators were the Rt. Rev. John Carroll, the Roman Catholic Bishop of Maryland, and several prominent ministers belonging to various Protestant denominations. The same non-sectarian character has ever since been maintained in the personnel both of its Faculty and of its Governing Board.

It has sent forth many men who have distinguished themselves in all walks of life, civil and military. Governors and Judges, United States Senators and members of Congress; legislators in both Houses of our own General Assembly; ambassadors, divines, lawyers, physicians and men eminent in all the affairs of life, whose name is legion. The great Washington honored it by here sending two of his nephews, Fairfax and Lawrence Washington, and a step-grandson, George Washington Parke Custis.

"Outsiders," says Lowell, "can only be expected to judge a nation by the amount it has contributed to the civilization of the world." The same might well be said of a college. But the silent, the hidden streams of beneficent influence of such a multitude of educated men are impossible to trace; and it is equally impossible to overestimate their civilizing, elevating effect.

St. John's has nobly fulfilled its mission, as beautifully set forth in its charter in 1784, "the liberal education of youth in the principles of virtue, knowledge and useful literature, as the highest benefit to society in order to train up and perpetuate a succession of able and honest men for discharging the various offices and duties of life, both civil and religious, with usefulness and reputation."

It would seem almost invidious, among so many distinguished sons of these two consolidated Annapolis institutions, to point to any and say with Cornelia, the mother of the Grachi, "These are my jewels;" but I cannot forbear to remind you that among them were the great William Pinkney and Reverdy Johnson, two of the greatest lawyers, orators and statesmen that this State or this Nation ever produced; and Francis Scott Key, whose name shall live in the hearts and on the lips of men so long as the "Star-Spangled Banner" shall float and his country or the memory of it shall endure.

And now we are met to commemorate another event in the history of this institution of learning; to bear witness to another union of hearts and hands over its ancient double altar.

The law of life is progress and growth—or else decay. Evolution from a lower to a higher type of being and usefulness is a rule, a principle of life, physical, mental and spiritual, and it cannot be violated with impunity.

> "Build thee more stately mansions, oh, my soul,
> As the swift seasons roll;
> Let each new temple, nobler than the last,
> Shut thee from heaven with a dome more vast."

And the occasion which brings us together today marks the consummation, as we believe, of an attempt to apply this natural law and aspiration to the two institutions of learning, which we love and have been appointed to guard and ad-

vance. It is not, in this case, it is true, *an absolute merger of the one* institution into the other, as has been somewhat mistakenly represented, and as was the case with King William's School and St. John's College. It is rather an affiliation, a confederation, a building of a common roof over the heads of the various schools, departments and colleges which will hereafter constitute *The University of Maryland.*

When its charter was granted in 1784, the 33d Section expressly authorized St. John's College to enter into such an alliance with another college therein named; the two institutions thereafter to be one university, "by the name of *The University of Maryland,* whereof the Governor of the State for the time being should be Chancellor, and the principal of one of the said colleges should be Vice-Chancellor; and to frame rules, by-laws and ordinances for the general government of such university and for conferring of the degrees and honors of the university, *"provided,* the same be not repugnant to the constitution and laws of this State, *or in any manner abridge or destroy the separate and distinct rights, franchises and immunities* of either of the said colleges, as expressly declared and granted, in their respective charters or acts of incorporation."

It is along these lines thus indicated in this charter and with no intention whatever of surrendering its charter or affecting its own distinct individual autonomy as a college, that each of our institutions has entered into these contracts of alliance, affiliation and confederation. It is a course that has been pursued by other institutions in our own land, as well as in England, and one from which we hope and believe, and have a right to hope and believe, that great benefits will flow to the institutions involved, their alumni and the State and Public at large.

Within a few months we shall have two lines of electric railroad service between Baltimore and Annapolis; and the facilities, conveniences and economies of transportation between the two cities (already so much improved within the past few years) will be immensely increased. The several departments and colleges that will in future form The University of Maryland (and we hope and believe that both their number and scope will be yet further increased) will be as close together in point of time and convenience as the several departments of many of our great universities. It will be perfectly feasible, for example, as is contemplated, to let those of our seniors who propose to study law, take the essential, required courses for their academic degree here at St. John's, and at the same time attend the afternoon law lectures in Baltimore, as their *senior elective studies,* thus saving a year in the combined courses. But time will not permit me even to touch upon the many advantages that our respective governing boards foresee in the plan of confederation that we have adopted; suffice it to say that the more we consider it the more we like it, and that opinion, we are convinced, is shared by all our alumni, with scarcely an exception.

No one who has attended any of the delightful and inspiring centennial exercises of the University of Maryland in Baltimore this week could fail to be proud of the institution with which we are allying ourselves, and of the noble sons who have flocked around her to celebrate her one hundredth birthday. It was, indeed, a happy omen for her future. And I wish to express, on behalf of this old college and its Board of Visitors and Governors, our own grateful appreciation and cordial reciprocation of the very many kind and friendly things which were said during those exercises about St. John's and concerning the new and auspicious connection we have established between our two ancient institutions.

And so, gentlemen, fellow alumni of the University of Maryland, it is with great and renewed pleasure and satisfaction that we now greet you and welcome you here today. If I were a preacher and should desire to take a Biblical text for these remarks, I should choose the 2d verse of the 54th chapter of Isaiah; not being a preacher, instead of beginning with it, I will end with my text:

"Enlarge the place of thy tent, and let them

stretch forth the curtains of thy habitations; spare not, lengthen thy cords and strengthen thy stakes." That is the rule and exhortation of progress which has appealed to us.

HISTORY OF THE CLASS OF 1872 OF THE UNIVERSITY OF MARYLAND (MEDICAL DEPARTMENT).

By Joseph T. Smith.

Read at the Class Reunion, May 30, 1907.

C. Albert is dead, although no information in regard to him could be learned.

Lewis A. Aldridge was born in Frederick county, Md., September 15, 1843. He obtained his literary education in the public schools and his medical education at the University of Maryland. He was married, but had no children.

The southern section of Carroll county, Md., had no one who was better known; his practice extended 15 miles, making the work incessant and laborious. He was a very faithful and conscientious practitioner and a very lovable man, and as a result he built up a large practice and made hosts of friends. His financial abilities were of a high order. His was a well-spent life, and his many years of usefulness are still gratefully remembered.

Worn out and ill from overwork, he died at New Windsor, Md., June 27, 1904, of Hepatic Dropsy, at the age of 60.

W. S. Arthur is dead, although no further information of him could be obtained.

C. F. Bellerman is dead, but no information as to particulars could be obtained.

J. Benjamin Black was born in Collenton county, South Carolina, July 19, 1849. His literary education was obtained at the public and high schools of his native county and his medical education at the University of Maryland.

He is married and has eight children.

He is one of the State Senators of South Carolina; was Mayor of the City of Bamberg, S. C.; for eight years he was a representative in the Legislature of South Carolina and served on several important committees; he served for four years as D. D. G. M. of the Masonic Order and for one year was D. D. G. C. of the Knights of Pythias.

He lives in Bamberg, S. C., and, in addition to being a successful practitioner, he keeps a drug store and deals in general merchandise.

William Constantine Pease Boone was born in Washington, D. C., April 16, 1844. He obtained his literary education at Washington Seminary, now Gonzaga College, Washington, D. C., and at Georgetown College, now Georgetown University. At the latter place his studies were interrupted by the Civil War. In October, 1862, he enlisted in Company E, First Regiment, Maryland Cavalry, Confederate States Army, and served throughout the conflict with the Army of Northern Virginia. He obtained his medical education at the University of Maryland.

He is married and has five children.

He was one of the Hospital Internes during his last year at the University of Maryland. He located in Plainfield soon after his graduation, where he has been ever since, and still is engaged in practice. He has been City Physician of Plainfield; was coroner of Union county, N. J.; was attending physician on the staff of Muhlenberg Hospital, Plainfield, from 1880 until his resignation in 1906, since which time he has been its consulting physician. He is medical examiner for several insurance companies and of the Watchhung Council, Knights of Columbus. He is a member of the Plainfield Clinical, Union county (N. J.), and New Jersey State Medical Societies; also of the Confederate Veteran Camp of New York.

John B. Brawner was born in King William county, Va. He obtained his literary education at St. Joseph's Parochial School, Emmitsburg, Md., and his medical education at the University of Maryland.

He has never married.

He is physician and surgeon to St. Mary's College and Seminary (male) and St. Joseph's Academy and Mother House, near Emmitsburg,

Md. He was left an orphan at the age of three years, without a competence, and as a result he has had to fight his own battles through life. His present position, as a careful and painstaking practitioner of medicine, honored and esteemed in the community in which he has cast his lot, he has attained through his own unaided efforts.

He is still engaged in the practice of medicine at Emmitsburg, Md.

J. G. Carroll and H. R. Chamberlaine we have been able to obtain no information concerning.

N. Chapman is dead.

J. H. Clawson was one of the Clinical Recorders at the University of Maryland Hospital in 1872 and Assistant Resident Physician in 1876. In 1876 he was one of the Prosectors to the Professor of Anatomy.

He died in Baltimore, Md., some 25 years ago.

John Collinson was born at South River, Anne Arundel county, Md., March 9, 1849. His literary education was obtained at the public schools and from a private teacher and his medical education from the University of Maryland.

He is married and has four children.

He is physician to the Country Home and is engaged in the practice of his profession at South River, Md.

W. J. Cooke; no information concerning him could be obtained.

William C. Corse was born at Farley Hall, Baltimore county, Md., July 17, 1845. He obtained his literary education at Newton University, at that time located on Lexington street, near Calvert, and at a Friends' School near West Chester, Pa.

He is married, but has no children.

After his graduation in medicine he practiced his profession for seven years, when he was obliged to relinquish it on account of his health. He then entered the nursery business carried on by his father, and has conducted it for many years with success. He is still carrying on the business, with an office on Calvert street.

D. M. Devilbiss; no information concerning him could be obtained.

S. W. Dickinson was born in Louisa county, Va., January 23, 1851. His literary education was obtained at private schools and at Kenmeier Academy. In 1871 he graduated in medicine from the Medical College of Virginia, and in 1872 obtained the degree of M. D. from the University of Maryland.

He is married and has seven children living, five sons and two daughters.

Since 1872 he has been a member of the Medical Society of Virginia and was its Vice-President in 1901. He was a Director in the Southwestern State Hospital for the Insane and President of the Alumni Society of the Medical College of Virginia. He is a member and clerk of Marion and Smyth County School Boards and medical nominator for the Equitable Life Insurance Company for the Ninth Congressional district. The following are some of the articles he has published:

"Report on Obstetrics and Diseases of Women and Children."

"Some New Ideas That Are Old."

"Delusions in Medicine."

"Laceration of the Cervix Uteri as a Cause of Post Partum Hemorrhage."

His eldest son graduated from West Point, and is now a Lieutenant in the United States Army.

He is now engaged in active practice in Marion, Va.

C. H. Diller was born in Johnsville, Frederick county, Md., October 22, 1851. He obtained his literary education at Darrow College Institute, Westminster, Md., and his medical education at the University of Maryland.

He is married and had five children, of whom four are living.

He has been United States Examining Surgeon since 1897; is examining physician for the Prudential, Maryland Life and Aetna Insurance Companies.

In April, 1872, he located at what was then called Double Pipe Creek, now Detour, Md., and has been faithfully pursuing his professional work there ever since.

Enoch George was born in Queen Anne's county, Md., June 20, 1850. His literary education was obtained at Fort Edward, New York, and his medical education at the University of Maryland.

He is married and has three sons.

He has been twice mayor of Denton, Md., and is at present School Commissioner and Health Officer for Caroline County. In April, 1872, he located in Denton, and has pursued the practice of medicine there since that time. For the first seven years he was physician to the Almshouse.

George E. H. Harmon was born in Cambridge, Md., March 5, 1848. He obtained his literary education in private schools in Cambridge and Baltimore and his medical education at the University of Maryland. He is unmarried.

For one year, 1872, he was Assistant Physician at Baltimore Quarantine; in 1873 he was appointed Resident Physician at the Hospital of the University of Maryland; on December 20, 1873, he was appointed Assistant Surgeon, United States Navy, and since that time has filled important positions in that service as follows:

Senior Medical Officer, Naval Academy, Annapolis, 1896 to 1898.

In command United States Naval Hospital, Yokohama, Japan, 1900 to 1902.

In command Naval Medical Supply Depot, New York, 1903 to 1904.

In command United States Naval Hospital, Brooklyn, New York, 1905 to 1907.

He has received the following promotions:

Passed Assistant Surrgeon, 1876; Surgeon, 1888; Medical Inspector, 1899; Medical Director, 1904, which latter position he still retains. In 1891 he was elected Vice-President of the Alumni Association of the University of Maryland. He has seen sixteen years of naval service at sea, and is at present Medical Director United States Naval Hospital, Brooklyn, New York.

T. L. Hill; no information could be obtained concerning him.

T. P. Howell; he is possibly at Davis, Indian Territory (Chickasaw Nation), as letters were sent to him there, and neither answered nor returned from the postoffice.

J. E. Hubard; no information concerning him could be obtained.

E. W. Humphreys; he is in all probability in Salisbury, Md., although two letters sent to him there were not replied to nor returned from the postoffice.

F. Hyatt is in Washington, D. C., but no information concerning him could be obtained.

W. H. James; the following letter was received from Dr. J. H. Moore in regard to him:

San Antonio, Texas,
May 22, 1907.

My Dear Doctor Smith: Dr. W. H. James was connected with an exploring expedition. Vessel was attacked by natives of New Guinea while trading aboard ship. Captain was knocked overboard and drowned. James took command of crew, fighting desperately, he alone dispatching seven natives before he was speared from the rear. Natives were finally beaten off. James was buried by sailors in sand bank.

Poor fellow came to a tragic end. He had an unusually bright mind, but, unfortunately, was not practical and inclined to be on the move.

Wishing you a joyous reunion and regretting my inability to be present, I remain

Sincerely and Fraternally,
J. H. Moore.

The murder occurred in 1886.

DeV. D. Jones; letters were written to him at Woodlawn, Alabama, and were not returned from the postoffice.

J. O. Keech and M. B. Keisler; no information could be obtained concerning these gentlemen.

W. F. A. Kemp; letters were sent to him, but no reply was received.

C. J. Klueber; all that is known of him is that he died.

E. M. B. Leggette; no information concerning him could be obtained.

J. R. McCleary was born in Badington, Berkeley county, West Virginia, June 14, 1849. He

obtained his literary education at Professor Dabney's School in Middleberg, Va., and at St. John's College, Annapolis, and his medical education at the University of Maryland. He was never married. After his graduation he went to Hedgesville, West Virginia, where he engaged in practice for seven years. He was then obliged to relinquish it on account of failing health. He gave promise of a bright career could he have remained at his post. He went to Asheville, where he spent a year, without benefit, and then returned to his home at Vanclevesville, West Virginia, near which place he died of tuberculosis March 17, 1880, at the age of 31.

A. H. McKenzie was born in York county, South Carolina, April 18, 1849. His literary education was obtained in the common schools and at King's Mountain Military School, S. C.

He is married and has had twelve children, of whom nine are living.

He is physician and surgeon to the Gardner Lumber Company; is Secretary of the Yell County (Ark.) Medical Society; is Secretary of the Board of Health of the same place, and is a member of the Arkansas State Medical Association. He is examiner for several life insurance companies and is a member of nine different secret and fraternal societies, in most of which he has held high rank.

He is at present located at Dardanelle, Yell county, Arkansas, engaged in the practice of his profession.

H. Clinton McSherry was born in Baltimore, Md., in 1851. He obtained his literary education at private schools and at Loyola College, he leaving the latter institution before taking his degree; his medical education was obtained at the University of Maryland.

He is married, but has no children.

He was Resident Physician at St. Joseph's Hospital, 1872-1873. Most of his time in 1874 and 1875 he spent in Europe, chiefly in London and Vienna, making a special study of Throat and Chest diseases. He held at different times the following positions:

Clinical Assistant to the Professor of Throat and Chest diseases in the University of Maryland.

Lecturer on diseases of the Throat and Chest in the summer course in the University of Maryland.

Professor of Throat and Chest diseases in the Polyclinic and Post Graduate Medical School.

Originator of and Chief of the Department of Throat diseases in the Presbyterian Eye and Ear Hospital.

Surgeon to the Baltimore Eye, Ear and Throat Hospital.

Fellow of the American Laryngological Society.

He has been in Europe for some time, and when last heard from was in Nice.

Samuel K. Merrick was born in Talbot county, Md., August 22, 1848. His literary education was obtained at Bowking's Latin School and Preston's Classical School for Boys, both in Talbot county, and his medical education at the University of Maryland.

He is married and has four children, three sons and one daughter.

Under the first Cleveland administration he was appointed a member of the Board of Examining Surgeons (Pension Department, United States Government) at Baltimore. He located in Baltimore soon after his graduation, engaging for a short time in general practice, but subsequently devoting his energies exclusively to diseases of the Nose, Throat and Chest. For twenty-one years he has held the chair of diseases of the Nose, Throat and Chest in the Baltimore Medical College. He has written numerous papers upon his special subject.

He is at present engaged in the practice of his specialty in Baltimore.

J. H. Moore was born in Loudon county, Va., January 4, 1848. His literary education was obtained at Pott's Academy, Hillsboro, Va., and at Roanoke College, Salem, Va., and his medical education at the University of Maryland.

He is married, but has no children.

From 1872 to 1883 he practiced at Waterford, Va. In 1885, on account of ill health, he removed to Texas, where he engaged in live stock and real estate business until 1895, when he went to New Orleans and took a post-graduate course in medicine during the winter of 1898. In 1899 he resumed practice in San Antonio, Texas, and is still there, hard at work at his chosen calling. He is a member of his County and State Society, as well as of the American Medical Association.

E. Y. Murphy; no information of him could be obtained.

George W. Norris was born in Baltimore county, Md., July 1, 1846. He obtained his literary education at Murphy's Academy, Pa., and his medical education at the University of Maryland.

He is married and has one son, who is engaged in the practice of law.

In 1872 he was appointed one of the Clinical Recorders at the University of Maryland Hospital. Soon after his graduation he located in Baltimore, and has remained here continuously ever since, engaged in the laborious practice of his profession. He has a brother five years his senior, also a graduate of the University of Maryland, and who is still engaged in practice.

John Denham Palmer was born in Monticello, Fla., July 24, 1850. He obtained his literary education at Jefferson County Institute and his medical education at the University of Maryland.

He is married and has six children, three sons and three daughters.

In 1872 he was appointed one of the Clinical Recorders at the University of Maryland Hospital. He was for two months in Memphis, Tenn., during the epidemic of yellow fever in 1878, and in 1879 was appointed special agent of the National Board of Health.

He is living in Jacksonville, Fla., engaged in the practice of medicine and surgery.

A. E. Parker; no information could be obtained concerning him.

M. C. Parker; all that is known of him is that he is dead.

H. J. Ray; no information of him could be obtained.

M. G. Salley was born in Orangeburg county, S. C., March 29, 1849. His literary education was obtained in city schools of Orangeburg and his medical education at the University of Maryland.

He is married and has four children.

He was druggist at the University of Maryland Hospital 1877-1878. He is Major Surgeon Second Regiment, South Carolina National Guard. He is third vice president of the South Carolina Medical Society.

At present he is engaged in practice in Orangeburg, S. C., and has made a comfortable happy home for himself.

S. W. Seldner; letters addressed to him were not replied to.

William A. B. Sellman was born in Montgomery county, Md., June 10, 1850. He obtained his literary education at Frederick City College, St. Timothy's Hall and Stuart Hall, Baltimore, and his medical education at the University of Maryland.

He is married and has one son.

He settled in Baltimore in 1873 and has been in active practice in the city continuously ever since. He has devoted his energies for some years to obstetrics and diseases of women. From December, 1885, to June, 1906, he held the chair of Diseases of Women in the Baltimore University School of Medicine. Since its opening he has been physician to the Margaret Bennett Home. The following articles are from his pen:

Use of Vaginal Tampon—1896.

Pus in the Pelvis—1904.

Treatment of Stenosis of Uterine Canal—1905.

Double Vagina, with Case—1906.

Joseph T. Smith was born in Baltimore, Md., September 23, 1850. His literary education was obtained at private schools and at the Baltimore City College and his medical education at the University of Maryland.

He is married and has two children, of whom one is living.

He has been uninterruptedly connected with the University of Maryland School of Medicine since he first entered its walls in 1870, as follows:

Clinical Recorder at University Hospital, 1872.

Dispensary Physician University Hospital, 1872-1875.

Prosector to the Professor of Anatomy, 1876-1884.

Lecturer on clinical medicine and visiting physician to Bayview Asylum for the University of Maryland, 1884-1892.

Lecturer on Medical Jurisprudence, Hygiene and Clinical Medicine, 1892-1898.

Associate Professor of Medical Jurisprudence, Hygiene and Clinical Medicine, 1898 up to the present time.

He was elected vice president of the Alumni Association of the University of Maryland in 1881, and again in 1890, and is an ex-president of the old Baltimore Medical Association. In 1882 he occupied the chair of Anatomy and Clinical Medicine in the Baltimore Medical College, then located on Paca street. From 1885 to 1902 he was connected with the Woman's Medical College of Baltimore, first as lecturer and subsequently as professor and dean. Since its foundation he has been physician to the Egenton Home, and is also visiting physician to the Presbyterian Deaconess' Home. He has published a number of articles relating to the practice of medicine.

Since his graduation he has been continuously engaged in the practice of medicine in Baltimore.

J. McQ. Stansill; no information could be obtained concerning him.

C. G. Stone is living at Brightwood, D. C., but no further information could be obtained.

I. S. Stone was born at Sandy Spring, Md., March 1, 1851. He obtained his literary education at public and private schools and at Stanmore and Taylor and Backson's Academy, Wilmington, Del.

He is married and has three children, one son and two daughters.

He is honorary member of the Virginia Medical Society; late member of the Virginia Board of Medical Examiners; founder member of the Southern Surgical and Gynæcological Association; life fellow British Gynæcological Society; member of American Gynæcological Society, also of the Obstetrical and Gynæcological Society of the District of Columbia and of the District of Columbia Medical Society. He has written numerous articles bearing on his specialty.

After his graduation he settled in Virginia, but in 1890 moved to Washington, D. C., where he has since engaged in practice. For several years he has devoted himself to special work in diseases of women.

He is at present located in Washington, D. C., engaged in the practice of his specialty, in which he has attained a reputation and success.

Albert Sargeant Tinges was born in Baltimore, Md., April 25, 1850. His literary education was obtained at private schools and his medical education at the University of Maryland.

He was married, and has left three children, two daughters and one son.

In September, 1872, he was appointed one of the physicians to the Dispensary of the Hospital of the University of Maryland. After serving for one year in that position he settled in York, Pa., and engaged in practice. Later returned to Baltimore and began to practice in connection with a drug store which he started. His health commencing to fail, he removed to Winchester, Va., then to Hanover, Pa., and finally to Waynesboro, Pa., in each of which places he did what practice he was able. His condition of health, however, gradually grew worse until August 24, 1888, when he died in Waynesboro, Pa., of tuberculosis. While in Waynesboro he was appointed surgeon to the fire department.

R. O. Trent; no information of him could be obtained.

A. G. Watson is dead.

J. A. Watson was born in Yorkville, S. C., De-

cember, 1849. His literary education was obtained at Yorkville Military School and at the University of South Carolina, and his medical education at the University of Maryland.

He was married but had no children.

After his graduation he was appointed Demonstrator of Anatomy in the University of South Carolina. He, however, preferred the practice of medicine to a professorship, and after a short service resigned and located in Chester, S. C., entering into partnership with Dr. A. P. Wiley. In 1883, after several years of successful practice in Chester, he moved to Asheville. He was gynæcologist to the Baker Memorial Hospital at Biltmore, N. C. In March, 1901, he read a paper before the Buncombe County Medical Society entitled "Treatment of the Uterus, With Special Reference to Ventrofixation." This is one of the many articles from his pen. He was very highly esteemed in the community in which he cast his lot, and he secured a large practice. His financial ability was above the average, so that he was enabled to accumulate considerable property.

"He died from heart failure from overwork" in Asheville, N. C., November 4, 1902.

Joseph Muse Worthington was born in "Belvoir," Anne Arundel county, Md., December 16, 1846. His literary education was obtained at the University of Maryland, Department of Belle Lettres, and his medical education from the University of Maryland School of Medicine.

He has been twice married, having by his first wife one son and by his second two sons and three daughters, six children in all.

He was health officer for Anne Arundel county, Md., 1892-1900. He has written on various subjects in more than fifty journals and magazines.

He is located in Annapolis, Md., at present, and I quote from his letter in regard to his present condition and occupations: "It is due to myself to state that I am not old, lazy and generally worthless, with some practice in Annapolis. I am running in this county a saw mill and six farms, and sometimes I am compelled to wake up and hustle. The energy and vim you gentlemen are devoting to the University of Maryland in my judgment will not be wasted."

W. J. Young was born in Barnwell county, S. C., February 10, 1851. He obtained his literary education in the common schools and the high school of Charleston, S. C., and his medical education at the University of Maryland.

He was married but has no children.

After his graduation he spent the remainder of 1872 and most of 1873 as house physician to the City Hospital, Charleston, S. C. He is the medical examiner for the following companies:

New York Life, Mutual of New York, Equitable of New York, Prudential Life of America, the Bankers' and Pacific Life.

He has written a few articles for the medical journals. Since his graduation he has been constantly engaged in practice, and now has a large and flourishing practice in Fairfax, S. C. His wife was a very estimable woman, the author of many magazine and newspaper articles and the authoress of the following books: "Beholding as in a Glass," "A Tower in the Desert," "Blue Hen's Chickens." She was an earnest worker in the cause of woman's rights.

The class that received its diplomas from the hand of Hon. Severn Teackle Wallis on the stage at Ford's New Opera House, on Monday, March 4th, 1872, the valedictory address being delivered by Hon. George William Brown, numbered fifty-five, and from a review of the histories just read we note the following points of interest:

Those whose histories we have read number 22.

Those about whom no information could be obtained number 16.

Those who have died number 9.

No one of the class, so far as is known had a degree other than M. D.

Of the twenty-two whose histories are known, but two have retired from practice.

Sixty-nine children have been born to the

members of the class whose histories we have read.

Most of the class have faithfuliy and earnestly followed the life work they chose, and have been abundantly rewarded, as they have obtained more than a competence. Two of the class served as mayors of their respective cities and one represented his state in the State Senate.

The record of the class of 1872 has been a highly creditable one in every respect.

The Centennial Celebration

SECOND DAY

Friday, May 31, 1907

(*Continuation of Mayor Mahool's Address.*)

(Concluded.)

"Without intending to speak unkindly of other communities, I do feel that we have just reason for feeling proud of the contrast between our own record and that of other cities is different sections of the country. It is this civic and moral honesty in our midst which is creating such a marked and useful confidence in our people. It has awakened new ideals and new demands. Baltimoreans are now satisfied with nothing less than the best that can be obtained. We have convinced ourselves that Baltimore should have the best physical conditions, that she should have the best commercial facilities, that she should have the best and cleanest municipal government, and, be it said to our credit, we are working determinedly to accomplish those ends.

"Our views since the fire have broadened out, and much of the timid conservatism which blocked our progress in the past has entirely disappeared. We find the Baltimore of today in the hands of bold and aggressive men, who are struggling to push her to the very forefront of American cities. This is why you see so much in the local press about welcome improvements all along the line.

"It is useless for me to detail to you the many items of progress which have distinguished our past three years. My time will not permit such a thing. Much, however, is yet to be done; and upon the continued hearty co-operation of our people depends the degree of our future advance. Your municipal government is heartily in sympathy with any progressive movement. There is no agency in the city more ambitious to promote every interest of Baltimore, moral and material, than is the present administration. Nor will that administration be satisfied until it succeeds in imparting stronger impetus to our progress."

Response in Verse

Mr. Folger McKinsey, "the Bentztown Bard," read the following poem in response to the toast to "Woman:"

The captains of the battles, with her faith around them furled,
Are the masters of the ages, are the conquerors of the world!
The toilers in the cities and the tillers of the field
Wear her name upon their banners, as the warrior on his shield;
The morning breathes a fragrance, and the night is filled with dream
That she came to Eden garden in her native bloom supreme!

We name her name of mother and we name her name of wife—
Her sweetness is a service in whatever path of life!
The magic and the marvel of creation made her last
That out of all the grandeur, all the glory, that had past,
The Gardener might gather for enfragrance of the gloom
The blossom of perfection with the rosy lips of bloom!

He made her with the spirit of the mother, that her grace
Might found the mighty legions of the teeming human race,
That little arms could fold her and upon her tender breast
The weary childheart slumber in the dream of childhood rest;
That men could rise in splendor for the glory of her name
On the fields of roaring thunder and the ramparts of the flame!

He made her wife and sweetheart, that the manhood of the time
To heights of happy purpose and the hills of hope might climb;

That men should brave the dangers of old battles
fought again,
That hearts should beat responsive to the hearts of
noblemen;
That love should be exalted and life bend to meet the
blows
In battles of love's beauty for the winning of the rose!

He made her out of patience and the all-unselfish
heart—
A sacrificial spirit standing from the world apart!
He made her of devotion and the all-uplifting trust
That urges men to effort when the wheels of action
rust!
He made her as a scorning of the mean and low and
vile—
Then filled her heart with sunshine and her April lips
with smile!

He made her of endurance and the quiet wish to be
A vine of helpful clinging round the towering forest
tree;
He made her fair as Helen, wise as Portia, sweet as
Ruth—
A vestal of the morning at the stainless shrine of truth!
As sad as fair Ophelia, and beyond all grace of these,
As faithful as the faithfulness of lovely Heloise!

To her the bugles echo on the summits of the morn,
And hearts repeat the echo with love's lips upon the
horn,
The sabres flash in conflict and the lances ring in
charge
When down the lists of honor ride the knights of
spear and targe!
To her the feet of toilers through the lanes of even-
ing roam—
To her the hearts are singing as they swing the gates
of home!

Then, lift a glass to woman, to the sweethearts and the
wives,
The mother on whose bosom sleeps the bloom of little
lives!
The toilers in the cities and the tillers of the field
Wear her name upon their banners, as the warrior on
his shield;
The captains of the battles, with her faith around
them furled,
Are the masters of the ages, are the conquerors of the
world!

Special Music

A special musical program was given during the feast by Prof. John Itzel's Orchestra. The numbers were as follows:

March, "My Maryland".....Itzel
Overture, "The Merry Wives of Windsor".....Nicolai
Selection, "M'lle Modiste".....Herbert
Waltz, "Wine, Women and Song".....Straus
Cornet solo, selected.....Mr. Arthur Miller
Medley, "Reminiscences of the South".....Boetger
Fanfare, "Gallants of Maryland".....Hemmeter
Overture, "Zampa".....Herold
Selection, "Robin Hood".....De Koven
March, "En Avant".....Gungle

The members of the committee in charge of the banquet were: Dr. G. Lane Taneyhill, chairman; Henry M. Wilson M. D.; D. M. R. Culbreth, M. D.; J. P. Gorter, LL. B.; Charles Caspari, Jr., Ph. D.; H. H. Biedler, M. D.; H. P. Hynson, Ph. G.; Charles E. Sadtler, M. D.; A. D. McConachie, M. D.; Thomas Fell, LL. D.; T. O. Heatwole, DD. S.; Arthur M. Shipley, M. D.; John Houff, M. D.; E. F. Kelly, Ph. G.; Isaac H. Davis, DD. S.; C. V. Mathews, DD. S.; Walton H. Grant, A. B.

Dr. Ewald Sends Cablegram

A cablegram was read at the banquet from Dr. C. H. Ewald, professor in the Imperial University of Berlin, Germany, conveying his best wishes to the graduates and alumni of the University of Maryland. It was addressed to Dr. J. C. Hemmeter, who read it immediately after the menu had been served, and was as follows: 'Vivat academia professoro," which in English means, "Long life to the academy; long life to the professors."

Dr. Ewald was to have received the honorary degree of LL. D. by the faculty of the University, and had intended coming to Baltimore for the occasion, even going so far as to engage a stateroom on the Kaiser Wilhelm der Grosse. On the day that he was to sail, however, his mother died suddenly, and he immediately notified the members of the faculty of the University of Maryland that he would be compelled to remain at home.

The absence of Dr. Ewald, however, did not prevent the degree from being unanimously conferred by the faculty, which was done upon the motion of Dr. Hemmeter.

The cable gram from the noted physician when read was cheered vociferously by the banqueters.

Invited Guests

The specially invited guests were:

Governor Warfield.
Attorney General C. J. Bonaparte.
Mr. William Cabell Bruce.
Judge Henry D. Harlan.
Prof. John C. Hemmeter.
Dr. G. Stanley Hall.
Hon. Frank Brown.

Judge Alfred S. Niles
Hon. John C. Rose.
Dr. Thomas Fell.
Dr. Thomas A. Ashby.
Dr. Charles Carpari.
F. S. T. Gorgas.
Henry P. Hynson.
J. Holmes Smith.
Daniel Base.
George R. Willis.
Dr. G. Lane Taneyhill.
Senator William Pinkney Whyte.
Hon. John Prentiss Poe.
Dr. Francis L. Patton.
Mayor J. Barry Mahool.
Mr. Folger McKinsey.
Senator Isidor Rayner.
David Fowler.
Judge Henry Stockbridge.
James P. Gorter.
William T. Brantly.
Dr. R. Dorsey Coale.
Dr. L. E. Neale.
Dr. D. M. R. Culbreth.
Dr. Randolph Winslow.
Dr. Joseph L. Hirsh.
Dr. Eugene F. Cordell.
Dr. J. M. Hundley.
Dr. H. H. Biedler.
Dr. Hiram Woods.

The Subscribers

Following is the list of the banquet subscribers:

Messrs. Thomas A. Ashby, David Ash, Charles W. Armstrong, H. N. Abercrombie, J. Fred Adams, Felix Agnus, Henry Adler, R. L. Allen, C. R. Ahroon, A. D. Atkinson, H. H. Beidler, Isaac Brooks, Jr., Josiah S. Bowen, W. T. Brantley, Daniel Base, Richard Bernard, Alfred Bernard, H. M. Brune, Wm. E. Bonn, Frank L. Black, James A. Black, Frank Brown, W. K. Brooks, H. W. Brent, Carroll T. Bond, A. C. Binswanger, E. G. Baetger, J. H. Bartlett, B. Barrow, A. D. Baker, E. F. Cordell, W. J. Corse, Charles Caspari, Jr., D. M. R. Culbreth, H. F. Cooper, James E. Carr, Jr., Thomas M. Chaney, Charles C. Conser, R. Dorsey Coale, F. M. Chisolm, C. B. Clothworthy, Fleet U. Cox, F. C. Colston, W. C. Chesnut, P. P. Causey, M. J. Cromwell, F. G. Carpenter, R. K. Cross, J. C. Clarke, James M. Chapman, John S. Donnett, John A. Davis, Isaac H. Davis, John J. Dobler, S. Demarco, O. M. Dennis, H. E. Douglas, A. Degeuring, W. F. Elgin, H. Eastman, Jr., Howard Emmons, Thomas I. Elliott, A. C. Everett, Thomas Fell, L. F. Farinholt, J. W. Funck, H. W. Fischel, D. K. Este Fisher, Joseph C. France, Eli Frank, P. R. Fisher, H. Osborne, David Fowler, E. J. Farber, H. C. Forester, John Girdwood, Charles S. Grindall, R. Edward Garrett, Frank Gosnell, James P. Gorter, W. H. Grant, Roger T. Gill, A. C. Girdwood, W. E. Green, John Houff, H. P. Hynson, J. C. Hemmeter, Jose L. Hirsch, E. W. Hodson, J. W. Holmer, J. E. Hengst, A. T. Hill, B. M. Hopkinson, B. H. Haman, Charles Herzog, John Hinkley, Enoch Harlan, Henry D. Harlan, Alex L. Hodgdon, George Hague, J. F. Hawkins, George W. Hemmeter, T. O. Heatwole, F. T. Homer, Daniel H. Hayne, A. C. Hearne, J. M. Hundley, E. Hansen, Edwin C. Ireland, J. D. Iglehart, John G. Jay, A. L. Jackson, C. N. Joyce, E. F. Kelly, J. S. Kemp, F. R. Kent, A. R. Kinsolving, W. J. Koeltz, J. M. Lyle, Wm. P. Lyons, F. C. Latrobe, J. M. Lyell, C. V. Matthews, George K. Marsh, A. D. McConachie, A. W. Machen, Harry E. Mann, D. G. McIntosh, F. McKinsey, E. L. Meirhoff, Telfair Marriott, R. L. Mitchell, C. L. Merriken, J. V. McNeal, C. V. Mace, Z. C. Myers, C. W. McElfresh, Charles P. Noble, A. S. Niles, L. E. Neale, Eugene O'Dunne, J. T. O'Mara, F. W. Ortman, H. C. Ohle, Wm. J. Pillsbury, John P. Poe, S. J. Poe, E. A. Poe, R. V. Palmer, J. C. Potterfield, C. L. Parks, Neilson Poe, Arthur Poe, C. T. Partridge, F. V. Rhodes, A. R. Riggs, L. Riggs, John C. Rose, E. M. Reid, Joseph Ross, C. W. Roberts, Isidor Rayner, J. K. Rush, Jr., S. C. Sykes, Charles E. Sadtler, Steuart Steuart, S. D. Schumacher, W. A. B. Sellman, J. G. F. Smith, Joseph T. Smith, D. W. Schaeffer, W. Snowden, H. Stock bridge, T. F. A. Stevens, Arthur Shipley, N. H. Smith R. R. Norris, L. H. Nice, I. L. Straus, W. Snowden, Jr., Arthur Stewart, M. Schaeffer, J. E. Semmes, A. J. Shriver, H. M. Simmons, John G. Shipp, Charles E. Sonneberg, G. Lane Taneyhill, O. B. Thomas, J B. Thomas, O. A. Turner, Alfred Tyler, H. T. Tiffany, William Tarum, J. H. Tregoe, Murray Vandiver, Albert H. Wehr, Randolph Winslow, Charles H. Ware, J. W. Westcott, John Winslow, Wm. A. Wheatley, G. W. Williams, J. C. Wolf, William Pinkney Whyte, R. A. Warner, Gordon Wilson, W. K. White, Wm. H. Welch, Thomas A. Whelan, Charles S. Woodruff, Hiram Woods, Nathan Winslow, E. H. Young.

THIRD DAY

Saturday, June 1, 1907

At Historic St. John's

TABLET TO COMMEMORATE UNION WITH UNIVERSITY UNVEILED—MR. RANDALL PAYS TRIBUTE —ALUMNI AND FACULTY OF UNIVERSITY OF MARYLAND MAKE PILGRIMAGE TO ANCIENT CITY.

By the unveiling of a tablet on its historic walls St. John's College, at Annapolis, marked its formal amalgamation with the University of Maryland at exercises that will be remembered as significant of the most important event in connection with the centennial of the University.

The ceremonies had their importance in the fact that they marked a great stride in the history of both institutions, which from now on will have one history.

The rain upset almost all the plans, because most of the exercises were to be held on the campus of the college. An outing and real pleasure and amusement were to be the features of the day. The indications had been that the number to attend the day's celebration would be greater than those on the previous days in Baltimore.

Gathering inside the old hall of the college, where George Washington and Lafayette shook hands and chatted together and many of the great alumni of the old college have contributed to or listened to oratory from the little platform, the audience found consolation for the fact that the exercises could not be held on the lawn.

Cordial and Informal

The touch of informality and the genuine cordiality of the welcome of the old institution gave all a pleasure that compensated for the rigor of the trip through the rain.

After obstacles of one sort or another, chief among which was the failure of Dr. John C. Hemmeter, who was to make the speech in behalf of the regents of the University of Maryland, to catch his train, the bronze tablet was finally unveiled. Its purpose is best told in its inscription, which is as follows:

June 1, 1907.
In Commemoration of the Affiliation of
ST. JOHN'S COLLEGE
with the
UNIVERSITY OF MARYLAND.
Presented by the Regents of the
University of Maryland,

President Fell, of St. John's College, called the gathering to order, and, after expressing his regret that the ceremonies could not be held on the campus, spoke of the historic hall, which, he said, had first been built for a governor's mansion, but before being used for that purpose had been turned over to St. John's College. After Dr. Fell had told of the misfortune of Dr. Hemmeter in missing his train, and that he would be delayed for half an hour or more, the audience called for Mr. John P. Poe, who had entered the hall, to speak.

Pushed forward to the platform, Mr. Poe began by saying that he came not to talk, but that while he was there he wanted to present Dr. Fell for indictment for not giving a better day. He told of a big political meeting at which Senator Whyte, Mayor Hodges, Senator Rayner and other prominent speakers were for one reason or another unable to be present, and he was accordingly sought out to do the talking.

"I am always expected to have oratory on tap," said Mr. Poe, and then he told a few incidents of orators of the past who had that accomplishment.

Mr. Randall's Address

Although by that time most of those present had begun to feel thoroughly welcome, it was down on the program for a welcoming address, and Mr. J. Wirt Randall was asked to deliver it. After a few words of greeting, he spoke of the history of the college.

"Our thoughts naturally go back to another somewhat similar celebration nearly 120 years ago," he said, "to a function held in this very hall where we are now gathered. On November 11, 1789, St. John's College was formally opened, and the union with it of the old historic King William's School was actually accomplished.

"The Act of 1785 authorized the merger of the two institutions. The teachers and scholars, the property and funds of King William's School under that act became the professors and scholars, the property and funds of St. John's College, and from that time the two institutions were consolidated and became identified. We claim the right, therefore, although the name was changed with the times, to date back the birth of the old college to the remote days of colonial settlement, when King William's School came into being. King William's School, as its name indicates, was founded during the reign of William and Mary, the Prince and Princess of Orange, and was named after that illustrious prince and statesman whom Macaulay has immortalized and made a hero to the whole English race.

"You can see in our library now, ladies and gentlemen, many of those quaint and curious volumes of forgotten lore presented by that King to the school named for him—books which in the union with St. John's became our property. The royal coat of arms in gold still shines forth upon their vellum covers, scarcely tarnished by the two centuries and more that have elapsed since they were presented.

"That school was founded in 1694 and was in successful operation before the close of the century; it was the first free school established in America."

Merger of Two Old Schools

With regard to the merger with the Maryland Institute, Mr. Randall said:

"And the occasion which brings us together today marks the consummation, as we believe, of an attempt to apply the natural law of aspiration to the two institutions of learning, which we love and have been appointed to guard and advance. It is not, in this case, it is true, an absolute merger of the one institution into the other, as has been somewhat mistakenly represented, and as was the case with King William's School and St. John's College. It is rather an affiliation, a confederation, a building of a common roof over the heads of the various schools, departments and colleges which will hereafter constitute the University of Maryland.

"St. John's has nobly fulfilled its mission, as beautifully set forth in its charter in 1784, 'the liberal education of youth in the principles of virtue, knowledge and useful literature, as the highest benefit to society, in order to train up and perpetuate a succession of able and honest men for discharging the various offices and duties of life, both civil and religious, with usefulness and reputation.'"

Dr. Hemmeter Presents Tablet

By the time Mr. Randall had finished Dr. Hemmeter arrived, and in a brief address he presented the tablet to St. John's College on behalf of the regents of the University of Maryland. Dr. Fell made a brief response.

Including members of the faculties, alumni, students and the ladies, about 400 persons attended the ceremony. From Baltimore the party made the trip in two sections. A stag party left at noon on the iceboat Latrobe and at 1 P. M. those who were making the trip accompanied by ladies or for other reasons were unable to get off on the boat went down on a special train. On the boat Mr. Oregon Milton Dennis and his committee, which included City Councilman T. O. Heatwole, Dr. Thomas A. Ashby, Dr. R. .M Bruns and Mr. James Lattane, saw that there was amusement.

With plenty to eat and drink and see and hear the time passed swiftly for those who made the "voyage," although at times the big boat rocked and tossed.

President and Mrs. Fell had assisting them in receiving the guests the following residents of Annapolis:

Mrs. Edwin Warfield, wife of the Governor; Mrs. Oswald Tilghman, wife of the Secretary of State; Mrs. James M. Munroe, Mrs. L. Dorsey Gassaway, Miss Kate Randall, Miss Magruder, the Misses Magruder, Mrs. Nevett Steele, the Misses Claude, Miss Elizabeth Randall, Miss Elizabeth Handy, Miss Daisy Brown, the Misses Walton, Miss Nancy Walton, Miss Elizabeth Mumford, Miss Helen Moss, Miss Lennette Bonney and Miss Wilmer, all of Annapolis; Miss Trescott, of Richmond, Va.; Mrs. Hemmeter, wife of Dr. John C. Hemmeter, of the Maryland University, and Mrs. B. Vernon Cecil, Mrs. John B. White, Mrs. J. B. Rippere, Mrs. A. H. Davis and Mrs. C. F. von Schwerdtner, wives of members of the faculty of the College.

Programme

SUNDAY, JUNE 2D, 1907, 10:30 A. M.

11.00 A. M., Organ Prelude.

Anthem.....Gloria, 12th Mass
Hymn...."Faith of Our Fathers," Frederick W. Faber
Creed.
Anthem....."Except the Lord Build the House."
Prayer.....Rev. Wilbur F. Sheridan, D. D.
Pastor Mt. Vernon Place Methodist Episcopal Church.
Anthem....."The Wilderness"
Baccalaureate Sermon..Bishop L. B. Wilson, S. T. D.
Prayer.
Anthem.....Hallelujah Chorus
Benediction.

James E. Ingram, Jr., Musical Director.
B. Merrill Hopkinson, A. M., M. D., Soloist.

The audience will stand during the singing of the hymn and the Hallelujah Chorus and the reciting of the Creed and prayers.

(The congregation in the galleries will kindly remain until the audience on the lower floor retires, which will be in the reverse order in which they entered.)

The centennial celebration of the University of Maryland closed with exercises at Mount Vernon Place Methodist Church, at which Bishop Luther B. Wilson delivered a sermon. The musical program was under the direction of Mr. James E. Ingram, Jr., and Dr. B. Merrill Hopkinson was soloist. Among the hymns sung were "Faith of Our Fathers," "Except the Lord Build the House" and "The Wilderness." Rev. Dr. Wilbur F. Sheridan, pastor of the church, offered prayer. Mayor Mahool occupied a seat on the platform.

Bishop Wilson's text was: "Other men labored, and ye entered into their labors."—St. John iv., 38. He began by saying that the centuries were very unlike each other in detail, but that in their trend and philosophy they were very like.

"In every century," he said, "there have been great leaders who have blazed the way of progress, and there have been the thousands of patient plodders without whose co-operation the work of the leaders would have counted for little.

"From the plains the great brotherhood has climbed to the foothills and then to the plateaus. We have seen great changes in the customs, the garb, the dwellings and the ideas of people. We who stand at the close of one century and the beginning of another realize that it is not in the magnificence of the palace, but in the comfort of the dwelling that the true mark of progress is found.

"But we are more interested in the dweller than the dwelling, the worker than the workshop. The uplifting of man himself is the crowning achievement of the centuries.

"In the march of progress and enlightenment the common man has more than kept pace with his environment. The common man in our day has come into a consciousness of himself and stands self-reliant and free from the hampering restraints of the long ago. The common man has climbed up after the thinkers. The discovery of ourselves is the summit of progress.

"Still there is that which is unfinished in the scheme of life. In the studio of the artist is the beautiful masterpiece, every detail complete, but beside it on the easel stands the unfinished picture. In the inheritance sent down to us by the thinkers of the past there is a lack of finish. But, if the dream is not fully interpreted, must we think any the less of the dreamers? They have enriched us with what they have dreamed and what they have done, and we must carry out the task to completion.

"It seems that all the Beethovens of the centuries have dreamed of a symphony, and if we see the dream come true, how rich is our inheritance."

In closing his remarks Bishop Wilson declared that the mental emancipation of man, which has been going on in years past, will reach its perfection only when all the people try to see things with unbefogged minds and a desire to learn the truth. A large number of the alumni of the University were present. The marshals were:

Doctors—

G. Lane Taneyhill (chief), Thomas Fell,
Walton H. Grant, Arthur M. Shipley,
Isaac H. Davis, T. O. Heatwole,
E. A. Kelly, H. H .Biedler,
A. D. McConachie, D. M. R. Culbreth,
Clyde V. Matthews, Charles E. Sadtler,
John Houff, J. P. Gorter,
H. P. Hynson, Charles Caspari, Jr.
J. P. Gorter,

Hymn 415—Faith of Our Fathers

Faith of our fathers! living still
In spite of dungeon, fire and sword;
O how our hearts beat high with joy
Whene'er we hear that glorious word!
Faith of our fathers! holy faith!
We will be true to thee till death!

Our fathers, chained in prisons dark,
Were still in heart and conscience free;
How sweet would be their children's fate,
If they, like them, could die for thee!
Faith of our fathers! holy faith!
We will be true to thee till death!

Faith of our Fathers! we will love
Both friend and foe in all our strife!
And preach thee, too, as love knows how,
By kindly words and virtuous life:
Faith of our fathers! holy faith!
We will be true to thee till death!

—*Frederick W. Faber.*

Items

Dr. Robinette B. Hayes, Class of 1906, is spending a few days in Baltimore.

Dr. J. H. Goldbach, Class of 1905, of Baltimore, is spending his vacation at the Jamestown Exposition.

Dr. J. H. Bates and Dr. E. S. Perkins, of the Class of 1907, are spending their vacation at Atlantic City.

Dr. Fitz Randolph Winslow, Class of 1906, of Baltimore, has left for California, where he expects to settle.

Dr. Kivy Pearlstine, Class of 1906, of Charleston, S. C., was a recent visitor to the University Hospital.

Dr. Howard J. Maldeis, Class of 1903, of Baltimore, who has been ill at the University Hospital, is convalescing.

Dr. Jackson Piper, Class of 1853, of Towson, Md., the oldest physician in Baltimore county, is seriously ill at his home.

Dr. Albert H. Carroll, Class of 1907, of Baltimore, has sailed for Scotland. Later he will visit Norway and Iceland.

Dr. F. H. Herrmann, class of 1907, of Baltimore, Md., is spending his summer vacation visiting points of interest upon the Continent.

Dr. R. D. Chappelear, Class of 1905, acting assistant surgeon, U. S. N., has been detached from the Naval Hospital, Pensacola, and ordered home to wait orders.

Dr. Joseph T. Smith, Class of 1872; Dr. H. O. Reik, Class of 1891, and Dr. J. Frank Crouch, Class of 1890, all of Baltimore, are spending their vacation in Europe.

Dr. Daniel Jenifer, class of 1904, of Lock Raven, who has been home since July 3 last, has returned to Alto Pass, N. C., where he is physician at Camps Nos. 3 and 4, on the South and Western Railroad.

Dr. Wm. D. Corse, class of 1887, of Gardenville, Baltimore county, Md., was struck by a bolt of lightning Thursday, July 18, 1907, as a result of which he was rendered unconscious and suffered a fractured toe. We are glad to announce that the Doctor has apparently suffered no permanent injuries and is able to be about again.

Dr. William O. Roop, Class of 1907, of Harrisburg, has been officially notified of having successfully passed the Ohio State Medical Board. Before entering upon the practice of medicine Dr. Roop expects to pursue post-graduate studies at the Johns Hopkins University, after which he expects to pursue a course of studies in Berlin, Germany, under Prof. Max Joseph. Dr. Roop's present address is 427 Boas street, Harrisburg, Pa.

The Maryland State Board of Medical Examiners have announced that the following of our graduates passed the examinations held July 18-21, 1907: J. Herbert Bates, Jacob W. Bird, Howard J. Bosteter, Ralph C. Bowen, Marshall J. Brown, W. M. Carmine, Frederick D. Carpenter, Claude J. B. Flowers, James Shelton Fox, Rufus C. Franklin, Harry O. Harbaugh, Fred. H. C. Heise, Oscar W. King, Max Kunstler, Thomas E. Latimer, Thomas Henry Legg, Arthur E. Landers, Frank S. Lynn, Wm. C. Lyon, Gurley D. Moose, Harry Y. Righton, Theodore A. Schaefer, Herbert Schoenrich, Wm. F. Schwartz, Harry W. Stoner, all of the Class of 1907, and Earl H. Brannon, Class of 1906.

According to the twenty-seventh annual catalogue of the Baltimore Medical College, the following of our alumni are found upon their teaching roster:

Dr. R. H. P. Ellis, Class of 1877, Emeritus Professor of Materia Medica and Therapeutics; Dr. Wilmer Brinton, Class of 1876, Emeritus Professor of Obstetrics; Dr. A. C. Pole, Class of 1876, Professor of Anatomy; Dr. S. K. Merrick, Class of 1872, Professor of the Diseases of the Nose, Throat and Chest; Dr. Samuel T. Earle, Jr., Class of 1870, Professor of Physiology and Diseases of the Rectum; Dr. J. Frank Crouch, Class of 1890, Professor of Materia Medica and Therapeutics; Dr. Charles O'Donovan, Class of 1881, Professor of the Diseases of Children; Dr. Tilghman B. Marden, Class of 1892, Professor of Biology, Histology and Bacteriology; Dr. Charles E. Simon, Class of 1890, Professor of Clinical Pathology; Dr. Wm. T. Watson, Class of 1891, Professor of Hygiene and Public Health; Dr. R. B. Warfield, Class of 1884, Associate Professor of Anatomy; Dr. J. Clement Clark, Class of 1880, Associate Professor of Psychiatry; Dr. Francis J. Kirby, Class of 1892, Lecturer on Surgical Pathology; Dr. Wirt A. Duvall, Class of 1888, Lecturer on Nervous and Mental Diseases; Dr. Patrick F. Martin, Class of 1900, Demonstrator on Diseases of Children.

Marriages

Dr. Oscar Wentworth King, Class of 1907, one of the resident physicians at Bayview Hospital, and a resident of Wilmington, N. C., was married June 26, 1907, at Washington, D. C., to Miss Maude A. Selby, of Amberg, Va.

Dr. H. B. Hyatt, Class of 1907, of Clinton, N. C., was married Monday, July 8, 1907, at Washington, D. C., to Miss Kathleen Cromwell Sadtler, of Baltimore, Md., daughter of Mr. and Mrs. George Washington Sadtler, of 26 East Twenty-fifth street.

Deaths

Dr. William Travis Howard, LL. D., University of Maryland, 1907, of 854 Madison avenue, Baltimore, Md., familiarly and affectionately known by the medical fraternity of Baltimore and the State of Maryland, a graduate of the Jefferson Medical College, Philadelphia, Pa., of the Class of 1844, for 41 years a gynecologist and general practitioner of this city, thirty of which he was actively associated with the teaching force of the University of Maryland, especially as professor of the diseases of women and children, and for the last 11 years as emeritus professor of Mort. Mulier and Inf., died rather suddenly Wednesday, July 31, 1907, after a short illness, of ptomaine poisoning, at the Massanoit Hotel, Narragansett Pier, at the advanced age of 86. Dr. Howard, together with Mrs. Howard, had been at Narragansett only since Wednessday, July 24, and was not taken ill until the following Monday, hence his last illness was of very short duration. When it was seen that Dr. Howard was seriously ill Dr. Chew was summoned, but was unable to save him. Interment was in Hollywood Cemetery, Richmond, Va.

Dr. Wm. T. Howard was born in Cumberland county, Virginia, on January 12, 1821. He was educated at Hampden-Sidney and Randolph-Macon Colleges, and began the study of medicine as the pupil of Dr. John Peter Mettauer, a noted surgeon of Virginia. He received the degree of doctor of medicine from the Jefferson Medical College in 1844. Between the sessions he was a resident student in the Baltimore Almshouse, where he received the instructions of Drs. William Power and Thomas H. Buckler. After graduating he settled in Warren county, N. C., where he remained until after the close of the Civil War. He came to this city in 1866, and at once took a leading position among the medical profession. Recognizing his merit, the chair of women and children was created for him on January 26, 1867. This was the first distinct chair of its kind in the country. He held this chair until 1897, when, after thirty years of conscientious, untiring effort, he was made professor emeritus. From 1866 until his elevation to full professorship he was associated with the chair of physiology. Dr. Howard was founder of the American Gynecological Association, and its president from 1884-1885, likewise of the Baltimore Obstetrical and Gynecological Society, of which he was president during 1886-1887. In 1902 he was honored with the presidency of the Medical and Chirurgical Faculty of Maryland. He was the chief surgeon to the Women's Hospital of Maryland.

Dr. Howard's literary efforts are to be found principally in the "Transactions of the American Gynecological Society and of the Medical and Chirurgical Faculty." Dr. Howard was married three times, his last marriage, in the early nineties, being to Miss Rebecca Williams, daughter of the late George Hawkins Williams, of Baltimore. The following gentlemen served as pallbearers: Honorary—Dr. Samuel C. Chew, Class of 1858; Dr. Henry M. Wilson, Class of 1850; Dr. E. F. Milholland, Class of 1858; Dr. William Whitridge, Class of 1862; Dr. Charles H. Riley, Class of 1880; Dr. Robert Atkinson, Class of 1854; Dr. Thomas A. Ashby, Class of 1873; Dr. John N. Mackenzie, Class of 1877, Medical Department, New York University; Dr. Samuel Johnston, Class of 1870, Jefferson Medical College; Dr. L. McLane Tiffany, Class of 1868; Dr. W. B. Booker, Class of 1867, University of Virginia; Dr. Wm. H. Welch, Class of 1875, College of Physicians and Surgeons in New York City; Dr. Hiram Woods, Class of 1882; Mr. John P. Poe, of the Law Department, University of Maryland; Mr. Bernard Carter, Provost of the University of Maryland; Mr. W. H. Dawson, Mr. John S. Gittings. Active—Dr. Randolph Winslow, Class of 1873; Dr. Charles W. Mitchell, Class of 1881; Dr. Charles O'Donovan, Jr., Class of 1881; Dr. J. Whitridge Williams, Class of 1888; Dr. Wm. F. Lockwood, Class of 1875, University of Virginia; Dr. Arthur H. Mann, Class of 1890; Dr. J. Mason Hundley, Class of 1882; Dr. John R. Abercrombie, Class of 1895; Dr. St. Clair Spruill, Class of 1890; Dr. Frank Martin, Class of 1886.

Dr. Howard will be remembered as a clear and forcible speaker with a remarkable memory, which he retained until his last days, Father Time seemingly making slight inroads upon his mental faculties. He was the nestor of the medical profession of Baltimore, and among the last of the "old-school practitioners." He was intimately acquainted with all the notable physicians of his day, and was a connecting link between the old and new schools. His death marks the passing of a shining light in the Faculty of the University of Maryland.

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THE CURE OF NEURASTHENIA.*

By A. K. Bond, M. D.,
(Class 1882),
Of Baltimore.

In a recent paper, entitled "A New View of Sleep" (*Maryland Medical Journal*, October, 1905), I discussed the logical basis of sleep, and applied the principles there unfolded to a few allied states, such as dreaming and wakefulness, leaving the fuller application of these principles in the field of mental disorder to the nerve specialist. As no one has pursued the course suggested, and as recent discussions in our local society have shown the great need of a more intelligent foundation for our studies of the important group of disorders roughly labeled NERVE WEAKNESS, or NEURASTHENIA, I shall endeavor in the present paper to develop a little further the suggestions of my former treatise.

The principle enunciated therein — that the basic and normal state of all nerve tissue is one of REST, and that all activity and awakeness is the direct outcome of, and must be kept up by, a definite stimulus from an external or an internal irritant or group of irritants, applies to all nerve action, whether wholesome or morbid. The value of this conception in the study of neurasthenic states, of brain and spinal and peripheral systems, is not difficult to demonstrate. I shall, in this paper, touch only on a point here and there of this large theme, devoting myself rather to the logical basis of my contention.

I would have you look upon the nervous system as a great machine, brimful of energy, which energy can, however, be loosed only by a definite stimulus. Unless awakened by a stimulus, the nervous system remains passive and quiet.

Normal and Abnormal Response.

If the nerve tissue, in its basic state of rest, becomes the recipient of a normal stimulus, and is itself normal, it will respond with a normal act, exulting (as it were) in the very complexity and harmony of that act.

If its response be unwilling, incomplete, unharmonious, or bizarre—as we find it in Neurasthenia—the cause must be, either

a In that the nerve tissue is out of health; or

b In that the stimulus is perfect; or

c In that the perfect stimulus acts on healthy nerve tissue in a manner or at a time deterrent to good response.

In studying and curing any case of neurasthenia, therefore, we must bear in mind the three possibilities just stated. The fundamental difficulty in each case is, doubtless, nerve exhaustion; and without nerve recuperation a cure cannot be obtained. Very many of the symptoms, however, involve the two other difficulties (*b*) and (*c*) mentioned; and these must be met by wise treatment. Other stimuli, to which the nervous system of the patient is unaccustomed, must be brought to bear, and the time and manner of incidence of the accustomed stimuli must be varied. REST, TONICS, and CHANGE are, therefore, the watchwords in this battle for lost health; the two former to promote recuperation, the latter to bring in new stimuli and to vary the incidence of the old.

Body-Rest.

Our first duty is to find whether the body, as a whole, is exhausted. If it is, rest of the body must be secured, or all our other therapeutic efforts will be of no avail. For the nervous system, at every point, must draw its nourishment from the common store of body pabulum. All things considered, rest in bed is the most helpful and refreshing. For what length of time, depends on the conditions of each case. We must thoroughly rest the body, but not make a bedridden invalid. Body-rest must sometimes be enforced against the patient's own desire; for in some high-strung individuals fatigue of body is accompanied by morbid activity. In such a case, after a day or two of fidgeting, the patient will enjoy the bed. Later, in energetic persons, a dis-

*A companion paper on the Logical Basis of Neurasthenia was read before the Medical and Chirurgical Faculty and published in the *Maryland Medical Journal*.

like for bed shows that the body is now rested. Indolent patients, however, must be driven from bed as soon as the physician determines that sufficient body-rest has been obtained.

Nerve-Rest.

If the body, as a whole, has not been exhausted, bed-rest is not so necessary—perhaps injurious. Attention, in this case, should be directed at once to the nervous system.

In order to secure rest for the nervous system, it is necessary to know what has fatigued it. Nerve tissue, it must be remembered, is body-tissue specially sensitized to respond to certain tenuous stimuli and to give forth in return energy of a refined quality, in a properly controlled manner. Temporarily over-fatigued nerve tissue has lost this sensitiveness and reverted in its capacities toward undifferentiated tissues, or has lost the control. In time, with care, it will probably recover its special gifts. The excessive use of any organ or faculty begets inability for normal action in the organ or faculty; and that pleasure which attends all normal activity may be transformed into pain, when the use then is insisted upon.

Very great and prolonged over-strain of any part of the nervous system will usually fatigue the whole. In such cases it may be very difficult to determine the original point of exhaustion. The peculiar elusiveness to diagnosis of sexual fatigues in female patients introduces a further difficulty.

Thought-Tire.

In my paper, above cited, on SLEEP, the statement was made that Thought was the great master-excitant of the nervous system. I shall, therefore, in considering nerve-fatigue, first speak of fatigue due to excessive thought—the so-called Psychasthenia.

It is generally admitted among civilized men that Intelligence is a faculty of the spirit, independent of the brain. Intelligence quiescent is Knowledge, and does not waste the brain. Intelligence active is Thought, and by its very expression, decidedly wastes the brain tissue through which its expression is obtained. There are thoughts of greater and lesser intensity, and the brain-waste is proportional. Creative thoughts of an abstract or philosophical nature, and thoughts which restrain one's own, or another's thoughts, and thoughts expressing or restraining the higher emotions are the most exhausting. Absent-mindedness, a well-known characteristic of creative philosophers, is, in part, mild brain exhaustion. The tendency of psychical research to end in insanity of the investigator is familiar to readers of current literature. It has been said that no ordinary mind can for a length of time contemplate the problem of evil, and the awful mysteries of eschatology, enlisting the emotions in his research, without peril of insanity. The brain-tire of the sensitive woman who dwells day and night for month after month on the future prospects of her soul is likewise thus easily explained. Equally exhausting to these higher centres is grief for lost friends, fretting over blighted happiness, and the like. Unspoken grief is not a quiescent brain-state; for the mourner is thinking, imagining, framing reproaches to himself; a process more exhausting than telling it to others.

Treatment of Thought-Tire.

The principles of treatment for psychasthenia, in cases where the body is not physically exhausted, are very simple; but their application demands the highest medical skill. The direct results may follow if the patient falls into the hands of a hurried doctor whose views of humanity are cold and superficial and who has never reflected philosophically on the processes of the human mind. A materialist should be solemnly warned not to undertake such cases. How can he understand or minister to an anguished spirit? A man is needed to whom the patient will lay bare the inmost recesses of the soul; for an untold grief or horror underlies many an uncured psychasthenia. To the physician who reverently, sympathetically, understandingly and confidently knocks at this inmost sanctuary, the sufferer will gladly open the door, feeling the cure half-wrought in the very revealing. To one who is lost in a wilderness of terrible, loathsome thoughts, the coming of a guide who knows the way out and is not ashamed of his companion is itself rescue. Still better, if the guide himself has trodden that wilderness before. There is a school of modern medical thought which teaches that life is but a turning of "meal into manure, and manure into meal again," and regards therapeutics as limited to correction of errors in the process. What wonder if the psychasthenic turns away thence to the faddist or quack, who ofttimes cures by sheer force of human sympathy, real or pretended.

How to Rest.

There are two methods of rest for the neurasthenic brain:—one is by persuading the patient to cease from his deep thinking; the other is by so stupifying him with drugs that he can't think deeply. A business man may best, perhaps, be rendered incapable by bromides; a morbid woman can be rendered indifferent, to even her worries, by sufficient doses of opium. By concealing from her the nature of the drug, and by furnishing her attendant with an exactly similar pill of tonics without opium, the times of giving the anodyne can be kept secret, and the opium habit be avoided. The bowels should be carefully opened, and the drug discontinued as the patient gains confidence of recovery and control of her meditations.

Morbid religious thoughts should be met not by controversy nor by encouragement of them, but by the establishment of a piety as simple as that of early childhood. Instead of the higher brain centres, the centres of locomotion and manual usefulness must be called upon. All sorts of little recreations must be devised; especially those which lead out of doors to interesting and unfamiliar surroundings.

The sexual neurasthenic must be kept occupied every hour of the day and cared for at night, roused from her hurtful morning reveries, and gently hustled all day until she improves and changes her ways. Tonics and aperients (not so harsh as to fret the ovaries in the straining of stool) will complete the cure. These patients do well on tonics. Unless specially needed, pelvic treatment does harm. Confinement of these patients among the insane where they can dream and worry, or in hospital beds where they worry and tease themselves, makes them worse. Many melancholic women are sexually worn out by trains of thought or physical teasings not told to the doctor.

The whole family of the neurasthenic may have become morbid. They must be taught how to treat the vagaries of the invalid, with sympathetic firmness; being always kind, but standing no nonsense from her. They must resume normal lives themselves; enjoying outings and social life as before the neurasthenic calamity struck their home.

Patients tired nervously by *responsibilities* should for a time become subordinate. The domination of a wise, masterful nurse is of great value here. Let the high centres of generalship get refreshed in the patient through temporary disuse.

The patient who is worn out cultivating a grief or disappointment must put away the little mementoes and begin to live a new life. She must be taught that normal humans have their heads intentionally set on their bodies with the faces forward. That life is a sacred trust not to be wasted in repinings. That sorrow should teach us outgoing sympathy for those about us whose griefs are now upon them, and helpfulness to our neighbors in need.

At the same time the worn-out nervous system must be supplied with nourishing blood, and must have sufficient sleep secured to it. The digestive system must be toned up, and frequent, easily digestible, perhaps predigested, meals and lunches at least six each day, must be furnished. Sleep, if deep, is one of the best nerve remedies; and, if not deep, it should be deepened by appropriate therapeutic devices or drugs.

With Healthy Nerves.

Upon a normal nervous system an unperfect or unnatural stimulus may fall, begetting neurasthenic symptoms which last as long as the incidence continues. The thought centres are frequently disordered in this way by poisons circulating in the blood (if long exposed, of course the nerves would become actually diseased). Such poisons are the poisons of acute fevers; but especially those contaminations of the blood which proceed from digestive or fecal absorptions. In all these cases the kidneys may become disturbed, and kidney excretia may be retained in the blood, further contaminating it. This neurasthenia is often found in those who over-feed themselves and neglect exercise.

Other unnatural stimuli are those which arise from disorders and draggings of the pelvic organs in women, greatly intensified in their malign effect by the attendant emotional strains. Surgery, mechanical therapeutics, anodynes, aperients and tonics are among the remedies.

Among unperfect stimuli we may instance the numerous forms of sexual teasings indulged in by men, women and children. The spinal reflex centres in these cases may be long or frequently teased, short of complete orgasm; or the sexual centres of the brain may be excited, and not soothed by the affectionate caresses which they crave.

The Sexual Act in Woman.

The crowning sexual act in woman has a brief inception in coition, continues throughout pregnancy, and closes with long lactation, the sexual centres of uterine and mammary action being successively involved. Under the normal development of this crowning act her whole brain, nervous system and body grow to their highest perfection. Under incompleteness, or interruptions, of this act at any point of its development, especially by wilful meddlings, neurasthenic symptoms are liable to appear. The cure is plain.

The cure of non-coitional teasings is too intricate to discuss here. All of these forms of neurasthenia run a course of years, if once well established; but in persons built with good nerve material they end in recovery if the cause be removed.

Monotony.

Upon a *normal* nervous system a *perfect* stimulus may act in a manner or at a time deterrent to good results. Thus excessive monotony begets neurasthenia. As I have stated elsewhere, variety is not the spice of life, but a normal ingredient therein. The lower, automatic centres will respond a thousand times a day to the same stimulus, with the same action; without fatigue, without error. Not so, the psychic centres. Their activity is of a higher grade, more exhausting. While the automatic centre acts best under peripheral stimulus, the psychic act best when the action is, as we say, interesting—attended by enthusiasm. This attitude cannot be attained when the act has been frequently repeated in exactly the same way. Under monotony the psychic centre is not prepared to repeat the act with pleasure; and if it is compelled to repeat it without pleasure, the centre is wearied, or experiences pain.

Local Neurasthenias.

Similar to the higher Thought-Tire is the somewhat lower-centre tire, which may be termed FUNCTION-TIRE. This is more apt to be local, involving one or more centres (apparatuses) upon which excessive strain has fallen. Examples are presented in the typewriter's hand, the drunkard's stomach, in a thousand distressful ailments of our strenuous semi-barbarism.

Here, as in psychasthenias, the classification of causes under three heads—fatigue, irritation, and monotony—holds good. Rest, of the whole body or of the sick organ; the removal of local worries; the introduction of new local impressions, as of new viands to an ennuied stomach, are potent aids to cure.

Sympathetic Distresses.

The local tires are oftentimes merely sympathetic strikes, excited by illness of a neighboring organ, which is fretted or shirks its proper share of the body's work. The organ making the loudest remonstrance is not itself in need of treatment. Herein lies the danger of the modern fad for the consulting of specialists unversed in general medicine, without the oversight of a physician whose thought takes in the body as a whole.

Remedies.

Here is the stronghold of drug medication, whether applied within or without the body. To strengthen weak tissues, stimulate or lessen blood supply, soothe irritation, what potencies are at our command! The wise physician seeks ever, more and more, to relieve without drugs; but the man of few drugs is, in general practice, the man who doesn't know or who doesn't care. Many drugs of value get bad reputations, as worthless, because the doctor has treated the wrong organ or function.

The Joy of Function.

I think we may state with confidence as a physiological axiom that "All nerve action which is unattended by pleasure is injurious to the nervous system." All normal reflex action is, I am convinced, attended by pleasure. This pleasure is only occasionally brought strikingly to our attention, but it is there, unnoticed, all the while. There is a joy of mastication and of deglutition; an exhilaration of respiration in taking in a freshened air; a glad bounding of the pulse on occasion; and humbler joys, too, of digestion, micturition, defecation, and the like. Their sum makes up that "joy of living," which is so prominent a trait in some humans, and the lack of which makes invalidism so dreary. If this joy of function is absent, the automatic process calls for attention from the psychic centres, which quickly exhaust themselves in their supervision of things which do not belong to their sphere.

When the Automatism Balks.

Normal occupations in life are mainly automatic, their activities are largely reflex — responses to outside demands for exertion—and give as much pleasure as fatigue. Men whose

callings are distasteful to them, or who have lost interest in their callings, are, therefore, candidates for neurasthenia. To "force oneself" to the daily task is to fret the higher centres with work belonging to the lower. The captain of the ship is stoking the furnace.

Under this waste of higher forms of energy the business man begins to faint away in his office, while perfectly robust everywhere else; the mistress of the household goes to bed ill whenever the cook leaves, leaping at once to full health when a new incumbent arrives; the wife gets partial palsy of certain arm muscles when the time for her spring sewing arrives. These are not sham ailments; they are the protest of the higher nerve centres against continual boosting of automatic centres which balk at pleasureless tasks.

It is said that there is no earthly task so apparently unpleasant but that somebody likes to do it. There are women who joy in the washtub; there are men who delight to lay out dead bodies and superintend funerals; there are, I suspect, laboratory physicians who take pleasure in the fractional distillation of feces. To banish neurasthenia from a community we should have to secure to each individual the task he takes pride in doing, and to secure him suitable leisure for doing it satisfactorily to himself.

Education Enlarges Automatism.

Improper education of the nerve centres plays a large part in the production of neurasthenia. True education searches out the natural tastes of the child and shapes the life thereto. More than this, it develops in the little daily tasks of life an interest which makes their exercise a pleasure—consigns them to the region of reflexes, which do not so easily tire with repetition. The nervous system set to tasks in which it has no pleasure will, as life progresses, either sink into neurasthenia (many so-called stupid people are really neurasthenics) or break away from the uncongenial ways; some of these people succeeding in other callings, some drifting aimlessly for the rest of their days.

Endurance of Monotony.

A certain tolerance of monotony, however, is necessary to all successful lives. Highly sensitive minds can acquire it only by transferring to the task some pleasure anticipated in time or eternity as a reward for its proper performance; or by doing it in the company of and for the sake of some one they love.

The Wholesome Spirit.

The appreciation of the little joys of life, the joying in its little things, is the greatest safeguard against neurasthenia. The aged pauper who spent her birthday counting up her blessings and found the greatest of them all in the fact that she still had two teeth left, which were opposite, had learned the prevention of neurasthenia. This type of religion is good for the body. Recovery from neurasthenia depends ultimately on the character of the patient. A patient by inheritance and life-views sturdy and brave regains health. The lazy remain invalids.

Monotony Tells.

People vary in their toleration of monotony and in their capacity for self-entertainment; but excessive monotony with pleasureless existence will tell for evil in the end. This form of psychasthenia may be developed by unvarying, uninteresting surroundings in the home; in the business world; in the sick-bed (the patient may go to bed for a fracture or a fever, and end with a sick-bed neurasthenia).

Into such lives variety and interest must be introduced. This may be done objectively, or subjectively. Objectively by travel, new companionship, new clothes (for women), new duties, new fads, new medicines, new nurses, new doctors. Subjectively by teaching the patient more wholesome and cheerful views of life; by stimulating to new aspirations after self-development; by encouraging the attainment of hopeful religious views and interests. Restore the lost fairyland, and let the patient make little excursions into it and report what is seen there. Clothes, religion, babies of all ages, romantic novels, and mild flirtations with the doctor tone the feminine mind. One or the other is sure to hit.

The Doctor.

The physician to neurasthenics should never let any grass grow under his feet. He should be, above all, interesting. Either "the dearest doctor ever was," or the most unfathomable; of varied and surprising conversational interests; a man of hobbies, always refreshing, and unexpected; of unlimited patience and hopefulness; equipped with a dozen harmless remedies (mostly external) for every genuine or imagined ailment

of a tired, discouraged nervous system; a man whom it is "a pleasure to do things for."

Giving Back the Reins.

As convalescence progresses, he must teach the patient self-mastery, self-reliance, the enjoyment of the normal pleasures of personal activities, and the forgetting of those body-processes which occupy so much of the thought of the invalid, but which in health escape our notice.

A CASE OF ACUTE APPENDICITIS, FOLLOWED BY EMBOLISM OR THROMBOSIS OF THE LEFT EXTERNAL ILIAC ARTERY, WITH DRY GANGRENE OF THE LEFT FOOT AND LEG.

By Randolph Winslow, A. M. M. D.,
Baltimore.
Professor of Surgery in the University of Maryland.

On September 17, 1906, Mr. G., a large, fat, previously active, and supposedly healthy man, 57 years of age, was taken with pain in the abdomen. He went to his store on the morning of the 18th, but was unable to remain the whole day, and I was summoned to see him in the evening of that day. He was suffering considerable pain in the belly, and the abdomen was rigid in the appendical region, whilst there was marked tenderness on pressure over the appendix. There was fever and acceleration of pulse to a moderate degree. This man had enjoyed exceptionally good health, was not addicted to alcohol, but used tobacco to a moderate extent. He was a merchant, and was able to live comfortably, and without undue strain or exposure of any kind. His arteries were not sclerotic. Two years previously he had an attack of facial erysipelas of a severe type, from which he made a good recovery, and he had had no sickness since that time.

On the 19th, the symptoms were about the same as on the previous day, the temperature about 103, pulse quickened, but good, some distention of the belly, with pain, tenderness and rigidity of the right lower quadrant, evidently due to an acute appendicitis. Blood count, leucocytes 11,000. Urine contained many granular casts.

Treatment.—Ice bag to abdomen, abstinence from all food by mouth, rest, and sufficient anodynes to relieve pain. Although there was no doubt in my mind that he was suffering with an acute appendiciits, I refrained from operating on account of the condition of his urine, his obesity, the previous attack of erysipelas, the low leucocyte count, and objections on the part of the patient and his wife. His symptoms rapidly subsided, and on the 23d, six days from the inception of the attack, he appeared to be convalescent. At 11 a. m. on the 23d, he was free from pain, with diminished tenderness and rigidity, and felt very comfortable. Two hours later, he was suddenly taken with pain in the left leg below the knee, which became numb, cold, white, and without appreciable pulsation in any accessible artery. There was absolutely no pulsation to be felt in the femoral or external iliac arteries. I do not remember to have listened to the heart previous to this occurrence, but afterwards, I found a slight soft endo-cardial murmur, but there were absolutely no signs of any acute or serious heart complication. The foot became discolored, dark, cold, and of almost horny hardness, and this extended irregularly almost to the knee. Above the knee the skin continued warm. In a month, an irregular line of demarkation had formed below the knee. The urine cleared up, the appendical symptoms disappeared, and the heart was performing its functions well. The patient was seen by the late Dr. I. E. Atkinson and Dr. W. S. Thayer, and the condition of the left leg was recognized to be due, to either an embolus, or to a thrombosis caused by a septic end-arteritis of the left external iliac artery. He was removed to the University Hospital, where an amputation was done just above the knee, under ether anesthesia. He made a good recovery, and has remained well until this time.

Amongst the complications of appendicitis, femoral phlebitis and thrombosis is not of very rare occurrence, and this may occur on either the right or left side, or, as in a case recently under my care, on both sides, but I have not seen any account of a gangrene due to interruption of the arterial blood supply, as a consequence of appendical disease. It is very difficult to understand how a septic infection of the left external iliac artery could result from an appendicitis, apparently of mild type, and the question arises whether this gangrene was a consequence of the appendicitis or merely a coincidence. In the absence of any previous symptoms suggesting disturbance of the heart, and from the fact that

there had been no cardiac distress before this attack, and has been none since, notwithstanding a slight endocardial bruit, I do not think it probable that an embolus large enough to completely block the external iliac artery could have been washed from the cardiac valves, and lodged in this situation. I am, therefore, of the opinion that from some cause, a point of least resistance was found in this artery, and that organisms were conveyed by the blood stream to this point, which set up an endarteritis with thrombosis of this vessel, and completely plugged its lumen.

The clinical symptoms, however, were strongly suggestive of an embolism, as they came on suddenly without any premonition. In some cases of typhoid fever endarteritis of the femoral vessels has been observed, and this condition may have had a similar pathology. Was the gangrene in this case due to the appendicitis, or would it have occurred spontaneously? I do not know, but I believe it was the result of the appendicitis. Would the early removal of the appendix have prevented the gangrene? This is possible; but I am glad it did not follow an operation, as it would have been certainly attributed to the operation, rather than to the disease. It seems to me that the case is of sufficient interest to be put on record, and I shall be pleased to know of any similar cases that may have been observed.

REPORT OF CASES.

A case of Empyema, reported by Dr. K. M. Jarrell, M. D., of Clear Creek, W. Va. Class '06.

W. R. M., white, male, age 26.

Family History.—Parents alive and in good health. Grandparents lived to old age. Cause of death not known. Four brothers and two sisters, all alive and in good health. No specific nor T. B. history.

Past History.—Had none of the diseases common to childhood, except measles, which he suffered from last winter, complicated with bronchial trouble. Had pneumonia 2 months ago. No history of any other disease.

Present History.—I was called July 1, 1907, to see the patient, who said, "I have not recovered from the effects of pneumonia and something is terribly wrong with my right side and shoulder, but my physician told me this would not affect me long."

The patient complained of pain in right side of chest and right shoulder with extreme tenderness to pressure which pain, etc., continued during and since the attack of pneumonia. He also said he suffered so much pain that he couldn't sleep at night.

Condition.—Temperature 100.4 F., pulse 100, respiration 36. Patient couldn't move on account of pain.

Physical Examination.—Patient was a man of dark complexion. Anemic, fairly well nourished. Muscles and skin soft. No edema, some cyanosis. Pulse easily compressed, no lympathic enlargement, pupils equal; pupillary reflexes normal. Alae of nose moved with respirations. Lips pale. Tongue coated.

Chest Inspection.—Right side of chest extremely bulged and respiratory movements lessened. On left side respiratory movements were increased and also each heart-beat could be recognized through the chest wall.

Palpitation.—Exaggerated breathing on left side of chest and diminished breathing on right side.

Auscultation.—Respiratory sounds absent on right side of chest except from the second intercostal space up. On left side of chest labored breathing.

Heart.—No cardiac disease could be detected, but the apex beat was further to the left than normal.

Percussion.—Dullness all over right side of chest, except at the extreme top. Left side resonant.

Heart.—Cardiac dullness further to left than normal. By puncture in the fourth intercostal space to the right with a small aspirating syringe, I drew out a syringe full of purulent fluid establishing the diagnosis. No further examination was made.

Diagnosis.—From pleural effusion. Temperature and pain increasing in empyema and temperature and pain diminishing in effusion. With aspirating syringe will get pus in empyema and straw colored fluid in effusion.

Prognosis.—Patient's general condition was bad to undertake the operation outside of a hospital and his strength would not permit to move him. Without an operation meant sure death; with an operation gave him a chance for life.

Treatment.—I advised an operation at once, to which the patient agreed. Dr. D. W. Snuffer, of Beckley, W. Va., was chosen to help perform the operation. The patient was prepared in the usual way (on July 4, 1907) and given ¼ gr.

morphia and 1-150 gr. atropine hypodermically one-half hour before operation and was given 1-40 gr. strychnine sulphate 10 min. before operation in same manner.

On the evening before patient was given a saline cathartic, and not allowed any breakfast, only one glass of milk on the morning of operation.

It was our intention to use a local anesthetic for this. We used Sleich's solution, but due to the extreme tenderness and pain on right side of chest it failed to give the desired effect, and as a last resort we had to use a general anesthetic (contrary to the general rule) for which we chose chloroform.

Operation.—An incision was made 2 inches long in the fifth intercostal space on the right side, separating the tissues down to the pleura in which an incision ½ inch long was made. This being sufficient we drew off one gallon of purulant fluid; then inserted in the opening a medium sized rubber drainage tube containing a gauze wick, the tube being protected from falling inside by a large safety pin fastened through it externally; then sterile dressings were applied. Just as the sterile dressings were finished being applied the patient collapsed, but by artificial respiration, hypodermics of strychnia and plenty of fresh air, etc., he revived and soon rallied from the effects of the operation. The patient was left entirely to my care, and was redressed daily for the first week. Then every second day for the second week, after that only as thought might be necessary. The gauze from the drainage tube was removed the second day and replaced and again removed the third day and let remain out to allow better drainage.

The pus kept diminishing and stopped by the twelfth day, and the tube was removed on the fourteenth day and replaced by a wick of gauze for a few days, to drain any remaining fluid. The gauze drain was removed and the opening closed in a few days. In less than one month from day of operation patient was completely well and has had no further trouble.

CORRESPONDENCE.

MUNCHEN, DEN., July 16, 1904.

Messrs. Editors: My time was so fully occupied while in Vienna that I was not able to write you from there as I had planned when I left home; we left Vienna on Saturday at 12.45 A. M., and got in here at 10.20 P. M., and this is the first spare moment I have had to send you a brief and hurried account of my visit to Vienna. My visit was somewhat interferred with by the weather, which was unseasonably cool and rainy, so that life as one usually sees it in Vienna at this time of the year was not to be seen. I had seen it, but many of our party were disappointed. The out-door cafes were deserted and that sort of street life so characteristic and interesting was lacking. As we rode along from Vienna here the day was cool and rainy, and as we passed Linze we could see snow on the mountains. Indeed, since we landed at Antwerp, June 26, cool weather and rain have been with us most of the time. In spite of weather we much enjoyed a second visit to Vienna. It is even more beautiful than when we saw it in 1882, and I took a most enjoyable walk the whole half circuit of the Ringstrasse, and the fine public buildings, theatres, parks and volkes garden and clean streets made it come up fully to its reputation. The chief point of interest to me and the only purpose I have in writing was the "Allegemeine Krankenhause." It has not changed in external appearance and but little within; the same set of buildings, looking more like soldiers' barracks than a hospital, the same large gateway and porter's lodge to the right, the walls of the wide entrance posted all over with notices of the various clinics and special courses until you would think almost each organ of the body had its special students; the same court yards dividing the various buildings, surrounding them into hofs. So, if you ask for any special professor you are directed to his hof number; the same politeness and courtesy from everyone you meet, anxious to give you every facility to make a cursory inspection or a stay for study and investigation. When I was in Vienna before Bilroth was the great surgeon, and he drew crowds of students, he is gone and now it is Lorenz, in so far as Americans are concerned; so my son and I hunted up his clinic. We went into an anteroom filled with mothers, a few fathers and street children. We passed through this into the main clinic room, where two of his assistants received us very kindly and said that Professor Lorenz had gone and would not be back until 9 the next morning. From there we went to Professor Schralter's clinic, saw the examination of a number of patients, most of whom were tuberculous, to the medical clinic, where we were most kindly and cordially re-

ceived, one of the assistants leaving his work to show us the wards, laboratories and a room full of patients undergoing larygoscopic examinations. We next went to the clinic for diseases of women, sent in our cards and were cordially received and invited to witness an operation. One was just about finished when we went in, and when the patient left the room it was soon put in condition for the next, which was a case of pyosalpynx. We saw the operation throughout. They did not use as many clamps as our surgeons do, but tied the vessels. Their technique was excellent; instead of rubber gloves they used white cotton, two pair. This, it seems to me, undesirable, as these cannot be rinsed off as can the rubber. There is more danger of infecting the surgeon, and each operation necessitates much more hand disinfection. The nurses were bright and active, but not as attractively uniformed as with us. After the last row of sutures the little metal clips were used to hold the intervening skin in place. They are very particular about quiet—some in the room, visitors, were talking and chatting, when the operator (I regret I could not learn his name) gave them quite a sharp reprimand. No conversation went on except about some point of interest, and that but seldom. All seemed intent upon the work before them. On Saturday morning we paid a second visit to Professor Lorenz's "klinik." We found the anteroom again crowded, and when we went into the main room were directed to a side room to witness an operation for necrosis of the oscalcis, as Professor Lorenz had not come in. He came in in a few minutes, and as soon as he came into the operating room his assistant, who had been so kind to us on the previous morning, asked for our cards and gave them to him. He shook hands with us most cordially and invited us to go with him as he examined his patients. The main room was full of patients when we went back to it with him. He stopped before one poor fellow with tubeculosis, whom he ordered put in a plaster jacket, that the patient, as he said, "might die without pain." Another was that of a young girl with congenital luxation, who, as she had no pain or discomfort except for the shortening, he did nothing. Another was that of a woman, mother of eight children, who was somewhat stooped and complained of pain in her back. And then he took us from case to case. When he began his examination of the young girl with the luxation she began to laugh, which I took for an hysterical cry at her exposure and the examination, but he said she was laughing at the English—she thought it such a funny language. He made not only a most careful examination of each patient, but he explained each step he took in making his diagnosis so lucidly in English that we followed him with the greatest delight. His patients are very fond of him, as he gives each one such close personal attention and deals so gently with all, especially the children. He has a number of assistants, and he kept them all busily at work carrying out the directions he left as he finished with each case. A couple of young ladies (English or Americans) followed him about when he set to making the diagnosis first. Then he quizzed them and made his diagnosis. His whole method of clinical instruction is interesting and inspiring to his students and assistants, and his manner and evident desire to do the best possible for their welfare secures for him the confidence of his patients, so they willingly lend themselves as subjects for teaching.

I fear this letter is already too long, that and the lack of a better dress must be put down to the hurried way in which it necessarily has had to be written. JOSEPH T. SMITH.

MUNICH.

REPORT OF CLASS OF 1882.

BY J. M. CRAIGHILL, M. D.

Number of Graduates, 73, March 1, 1882.

Austin Charles Lee, Lewisburg, W. Va.; no reply.

Banks, Acra Robinson; unknown.

Berlanger, Alberto; unknown.

Binswanger, Otto, Portland, Ore.; married; 2 children. Prof. chemistry and tox., Med. Dept. University of Oregon; prof. chemistry and tox., North Pacific Dental College.

Bond, A. K., City.

Braswell, Jas. C., Whitakers, N. C.; no reply.

Botter, Geo. W., unknown; Winchester, Va.; insane asylum.

Butler, J. Camp, City.

Chandlee, Henry, Homoepath, City.

Clark, Chas. B., unknown.

Comas, Philip H., Baxley, Ga.; no reply.

Craighill, Jas. M., City.

Darling, Edwd. G., Lauraville, Md.; no reply.

Dashiell, Nich. L., Jr., city, married, one child.

Daughtridge, Wm. T., dead.

Deets, Jas. Edward, Clarksburg, Md., G. P., two boys.

Edmunds, Wm. Taylor, G. P.; married, one child.

Epps, Victor M., Soudans, Mecklenburg Co., Va.; no answer.

Furman, Davis, Greenville, S. C.; no reply.

Gay, Wm. F., unknown; thought to be dead.

Gilpin, Geo. E., Berkeley Springs, W. Va.; no reply.

Green, John S., Gittings, Md.; married; five children, G. P.

Hammond, Robt. L., Woodsboro, Md.; no reply.

Hill, L. T., Abbeville, S. C., G. P.; son in 1906 class and one other child.

Hill, N. F., City.

Holliday, W. Zellers, 4116 Green street, Augusta, Ga.; no reply.

Hollisfield, H. B., The Victoria, Washington, D. C. Medical Examiner Bureau of Pensions; married, no children.

Hollingsworth, Chas. M., dead.

Holmes, Jno. W., Pulaski, Va. G. P., three children.

Hundley, J. Mason, City.

Johnson, W. Holton, Lexington, Okla.; no reply.

Jones, Robt. H., Petersburg, Va.; no reply.

Keith, Jos. P., dead.

Kinard, J. Wesley, Lancaster, Pa.; no reply.

Latham, O. N., dead.

Malone, F. R,. Greensboro, Md., G. P.; married, one child.

Martin, Geo. M., dead.

McLeod, Gilbert, Carthage, N. C.; no reply.

McMillan, Benj. F., G. P.; five children.

Mickle, F. B.; unknown; dead.

Miller, Aaron B., Syracuse, N. Y.; married, two children. Prof. gynecology Syracuse University Medical College.

Mitchell, Howard E., not found; dead.

Murray, Robt. W., not found.

Myers, Harold A., not found.

Nelson, Wm., dead.

Oxley, Silas W., dead.

Penington, Clapham, Baltimore, out of practice; no reply.

Phillips, Cyrus Bryant, not found.

Piggot, Cameron, Suwanee, Tenn.; married, one son. Prof. chemistry University of South Suwanee, Tenn., from 1887. Dean Academic Dept. from 1900.

Pitman, Saml. S., dead.

Pitts, James D., dead.

Russell, R. J., Hanover, Pa.; no reply.

Sanderson, W. R., Bland P. O., Col. Out of practice; not married.

Schiltneck, Vandyke G., not found.

Schwatka, J. Bushrod, City; married, has children. Ex-sheriff of this city. Now dean of the Maryland Medical College.

Shoemaker, W. J., Lock Haven, Pa.; no reply.

Smith, B. R., not found.

Sommerfield, R. H., not found.

Stahle, Robt. S., not found.

Steel, Chas. L., not found.

Stewart, C. C., City.

Stoddard, W. T., not found.

Telfair, Wm. G., 568 West Ave., Rochester, N. Y.; nervous diseases; six children and one grandchild. Proprietor of sanatarium for nervous diseases.

Thornton, J. M., Des Moines, Iowa; no reply.

Vance, Norwood K., not found.

Varden, Robt. B., Franklin Co., Pa.

Wolfley, R. H., not found.

Whitaker, L. T., Enfield, N. C., G. P., three children.

Wilson, Henry M., Jr., dead.

Woods, Hiram, City.

Wright, Jefferson D.; married, two children, G. P., Louisville, Ga.

Zimmerman, Chas. O., Rome, N. Y.; retired; no reply.

REMARKS MADE BY PROF. THOMAS FELL.

President of St. John's College, Md., At the Unveiling of the Tablet Commemorating the Affiliation of the College with the University of Maryland, June 1st, 1907.

It was ever the dream of George Washington that Maryland should have a university, democratic in its origin, democratic in its tendencies—a university for the people of Maryland.

This dream has remained a dream for more than a century, but may it not be said that in pursuance of that dream St. John's College has at length been established as a coordinate part of the University of Maryland.

Nothing is more real or persistent than dreams of great men, whether statesmen like Bismarck

or Gladstone, or poets like Dante and Petrarch, or prophets like Savonarola.

States are overthrown, literatures are lost, temples are destroyed, but somehow truth and beauty, art and architecture, ideals of liberty and government, of sound learning and of the education of youth, these immortal dreams are revived from age to age to take concrete shape before the eyes of successive generations.

It is, therefore, with much satisfaction and pride, and with high appreciation of the artistic taste manifested by those who prepared it, that I receive this memento of the affiliation of St. John's College, the original foundation, with the Professional Schools in Baltimore now known as the University of Maryland.

It seems to be particularly fitting that this tablet should be placed in this hall. Here, where George Washington and Lafayette have been, here, where they have cast a halo of reverence by the influence of their presence, is essentially the spot where the fulfilment of that dream should be memorialized.

It is therefore, my earnest hope that the union thus auspiciously initiated may become more firmly cemented through succeding years as time rolls on.

ATTENDED CELEBRATION.

LARGE NUMBER OF VISITORS FROM OUT TOWN REGISTER AT UNIVERSITY OFFICE.

Those attending the celebration from out of town who registered at the office of the University Medical School were:

Howard Osburn, Rippon, W. Va.; Kyle M. Jairell, Clear Creek, W. Va.; Henry E. Palmer, Tallahassee, Fla.; S. R. Waters, Watersville, Md.; Joseph R. Owens, Hyattsville, Md.; E. P. W. Hall, Freemansburg, W. Va.; Wm. H. Davis, Brooklyn, N. Y.; Henry E. Douglass, Ticonderoga, N. Y.; Emerson Land, Virginia Beach, Va.; F. D. Willis, Newport News, Va.; W. W. Hall, New York; W. L. Brent, Fredericksburg, Va.; E. H. Brannon, Glenville, W. Va.; Newton F. Foote, Tupper Lake, N. Y.; Joseph Smith Horner, Hot Springs, Ark.

Amin Fanous Fayoum, Egypt; M. J. McKinnan, York, Pa.; Z. C. Myers, York, Pa.; Charles P. Noble, Philadelphia; Henry W. Fishel, Harrisburg, Pa.; D. W. Shaffner, Enhant, Pa.; J. R. Crockett, Burks Garden, Va.; H. N. Pheneger, Philadelphia; S. K. Pfatzgroff, York, Pa.; Alonzo A. Bemis, Spencer, Mass.; Frank G. Wilson, Gastonia, N. C.; Joseph N. Gardner, Riverdale, Md.; W. R. McCain, Waschaw, N. C.; W. I. Hill, Albemarle, N. C.; M. F. Wright, Burlington, W. Va.; C. P. Corrico, Cherry Hill, Md.

Samuel Claggett, Petersville, Md.; C. H. Rogers, Newport, R. I.; Harry Ainsworth, Thomasville, Ga.; Frank R. Rich, Pittsburg, Pa.; S. W. Jones, Franklin, N. H.; Ernest J. Jones, Norwich, Ct.; W. B. Warthen, Barton, Ga.; R. Kemp Jefferson, Federalsburg, Md.; I. W. Jamison, Charlotte, N. C.; Charles H. Diller, Detour, Md.; C. Kurtz, Paterson, N. J.; Thomas J. McGee, Allegheny, Pa.; R. O. Lyell, Warsaw, Va.; H. B. Maxwell, Whiteville, N. C.; W. P. King, Weston, W. Va.; A. P. Shanklin, Towson, Md.; H. H. Hartley, Pittsburg, Pa.

W. C. McKeeby, Syracuse, N. Y.; Joseph A. Wright, Sharptown, Md.; F. H. Gaverich, Harrisburg, Pa.; L. W. Moyer, East Mauch Chunk, Pa.; J. H. Bennett, York, Pa.; Wm. C. Thayer, Lehigh University, Bethlehem, Pa.; L. E. Feck, New Salem, Pa.; J. S. Kemp, Littlestown, Pa.; ex-Senator David Seibert, Hagerstown, Md.; W. J. Shoemaker, Lock Haven, Pa.; Morton R. Hotchkins, New Haven, Ct.; W. S. Davidson, Charlotte, N. C.; P. R. Fisher, Denton, Md.; S. Thomas Day, Port Norris, N. J.; S. K. Wilson, Tilghman, Md.; J. R. Power, Abbeville, S. C.

J. C. Hill, Abbeville, S. C.; Louis B. Henkel, Jr., Annapolis, Md.; Charles R. Sheridan, Cumberland, Md.; A. J. Edwards, Bristol, Tenn.; James H. Moran, Adams, Mass.; Arthur E. Landeis, Ireland; H. B. Hiatt, Clinton, N. C.; J. E. Gross, Pittsburg, Pa.; James F. H. Gorsuch, Fork, Md.; E. Herman Wakelee, Big Flats N. Y.; Louis C. Carrico, Bryantown, Md.; A. G. Hoen, Richmond, Va.; W. A. Smith, Haywood, Va.; G. B. Harrison, Sharps, Va.; D. A. Warkins, Hagerstown, Md.

David W. Smouse, Des Moines, Ia.; W. B. Everett, Silver Spring, Md.; D. W. Bulluck, Wilmington, N. C.; James E. Deets, Clarksburg, Md.; H. F. Getzendanner, Frederick, Md.; Gilbert Selby, Eglon, W. Va.; L. J. Robertson, Nanticoke, Md.; J. E. Beatty, Frederick, Md.; Fred. L. Arnold, Providence, R. I.; C. S. Wiley, Glen Rock, Pa.; J. C. Keaton, Albany, Ga.; Raymond V. Harris, Savannah, Ga.; J. L. Spratty, Fort Mill, S. C.

W. T. Wootton, Hot Springs, Ark.; C. E. Clay, Martinsburg, W. Va.; Carville V. Mace, Rossville, Md.; D. E. Stone, Mount Pleasant, Md.; W. H. Everhart, Newton, N. C.; W. H. Carswell, New Haven, Ct.; J. E. Urquhart, Asheville, Mass.; G. T. Partridge, Waterbury, Ct.; R. L. Allen, Waynesville, N. C.; R. W. Trapwell, Point of Rocks, Md.; Wm. B. Gambrill, Alberton, Md.; Charles R. Winterson, Elkridge, Md.; S. S. Sykes, Elkton, Md.; W. S. Phillips, Rapidan, Va.; A. D. Baker, Keedysville, Md.

W. J. Koelz, Keyser, W. Va.; W. S. Gorsuch, Churchville, Md.; H. Louis Naylor, Pikesville, Md.; Benjamin F. Tefft, Jr., Anthony, R. I.; F. Clifton Moor, Tallahassee, Fla.; A. L. Hodgdon, St. Mary's county, Md.; W. F. Sappington, Webster Mills, Pa.; James M. Kibler, Newberry, S. C.; Henry Kraemer, Philadelphia; H. H. Hobner, Harford, Pa.; J. D. Cronmiller, Laurel, Md.; J. W. Watson, Harnsville, W. Va.; R. Contee Rose, Wye Mills, Md.; A. B. Miller, Syracuse, N. Y.; Chas. Owens, Hyattsville, Md.

T. H. Taliaferro, Maryland Agricultural College, Maryland; W. B. Morrison, Hagerstown, Md.; B. F.

McMillan, Red Springs, N. C.; James D. Love, Jacksonville, Fla.; Edward L. Meierhoff, New York; Oliver J. Gray, Wilson, Del.; Gilbert T. Smith, Stamford, Ct.; Henry L. Rudolph, Gainsville, Ga.; A. Bruce Eagle, Martinsburg, W. Va.; J. R. Brodbeck, Codorus, Pa.; N. R. Peck, Clarksburg, W. Va.; W. T. Vance, Berwick, Pa.; Charles H. Kricte, Aberdeen, Md.

B. B. Ranson, Jr., Maplewood, N. J.; James Cain, Chestertown, Md.; Roger Brooks, Sandy Spring, Md.; R. Bolvin, Berlin, Pa.; W. A. Dietrich, Chattanooga, Tenn.; James H. Billingslea, Westminster, Md.; C. O. Miller, Saxton, Pa.; W. H. Grant, Ellicott City, Md.; W. H. Smithson, New Park, Pa.; C. O. Burruss, Sharon, S. C.; Louis H. Seth, Wittman, Md.; W. F. Elgin, Glenolden, Pa.; J. S. B. Woolford, Chattanooga, Tenn.; E. Hawken, New York; Harry S. Thomson, New York.

George H. Carr, Portsmouth, Va.; C. B. Earle, Greensville, S. C.; William Emrich, Bolivia, S. A.; J. C. C. Beale, Philadelphia; Richard L. Simpson, Richmond, Va.; Edgar T. Duke, Cumberland, Md.; F. D. Carlton, Statesville, N. C.; J. F. Keroodle, Greensboro, N. C.; Herbert C. Smathern, Clyde, N. C.; R. H. Mills, Monticello, Fla.; Clinton Lee, North Carolina; E. S. Boyle, Port Deposit, Md.; W. C. Gordon, Caledonia, N. Y.

Adolph Degenring, Elizabeth, N. J.; George H. Hague, Elizabeth, N. J.; J. Everett Toombs, Worcester, Mass.; W. Steele Maxwell, Still Pond, Md.; J. Lane Finley, Betterton, Md.; Julian Gartsell, Washington, D. C.; C. Anthony Beck, Wilmington, Del.; A. U. Valentine, Washington, D. C.; M. G. Salley, Orangeburg, S. C.; R. B. Hayes, Hillsboro, N. C.; R. C. Hume, Petersburg, Va.; David E. Hoag, New York; B. L. Jefferson, Colorado; F. H. D. Biser, Parkersburg, W. Va.

S. A. MacFarlane, Sanderson, Oxford Station, Ontario, Canada; M. L. Jessop, Chestertown, Md.; Isabella Griffith, Laytonsville, Md.; Rosamond Minnis, Connellsville, Pa.; Marshall J. Brown, Sylmar, Md.; Sylvan McElroy, Orlando, Fla.; W. M. Degnan, Southington, Ct.; Luther P. Balser, Kingstown, N. C.; Norman T. Kirk, Rising Sun, Md.

MANY OLD STUDENTS ATTENDED.

There were present at the reunion several alumni who recall the fiftieth anniversary of the university. The oldest graduate class represented was that of 1853, of which Dr. M. J. McKennan of York, Pa., was present. Dr. McKennan said that he thought that he had seen members of older classes on hand, but they had not registered. Dr. J. S. Kemp, of Littleton, Pa., was the only member of the class of 1858 present. Dr. E. Miller Reid, who in appearance does not seem to be in the class with the others who were graduated during the Civil War time, was of the class of 1864. Among the others who graduted in the sixties and attended the celebration were Dr. H. Louis Naylor, of Pikesville, of the class of 1860; Dr. W. B. Everett, of Silver Springs, Md., of the class of 1862; Dr. R. W. Trapnell, of Point of Rocks, Md., 1866; Dr. John T. King, of Baltimore, 1866, and Dr. V. H. Lilly, of 1869.

HAD A SCHOOL OF LETTERS.

UNIVERSITY OF MARYLAND'S OLD DEPARTMENT RECALLED.

Once before in its early history the University of Maryland, which celebrated its centennial, had an "Academic Department" (School of Letters) under the Faculty of Arts and Sciences located in an old building on Mulberry street, at the head of Cathedral street. In an interesting paper read recently by Mr. William Reynolds of the Baltimore bar and a student in the "Academic Department," he says:

"With the exception of Dr. Dalrymple, not a single one of the members of the faculty ever delivered a lecture or imparted instruction to any of the classes during the four years that I attended. All our instruction was given by professors, who were described in the catalogues as "officers." These were at the time I entered: Rev. E. A. Dalrymple, president and professor of ancient languages; Richard Cotter, A. M., professor of mathematics; A. J. Dalrymple, M. D., professor of English branches; Charles H. Dupuy, A. M., professor of French and German; Augustus John, professor of drawing, and Rev. Robert Piggot, D. D., professor of penmanship.

Dr. Dalrymple was a clergyman of the Protestant Episcopal Church who had been for some years previously principal of the Episcopal High School at Alexandria, Va., which he had taken charge of when it was not prosperous, and had raised to a high degree of efficiency.

I can even now recall the scene, so familiar during the year I was downstairs in the preparatory department, as the doctor, in his long-tailed, clerically-cut black alpaca coat, with his little skull cap cocked fiercely over his left eyebrow, a Latin reader in one hand and a rattan in the other, paraded in front of the class seated on the recitation benches, which occupied the whole width of the platform at his end of the large schoolroom."

Items

Dr. W. C. Gordon, class of 1907, has been appointed an interne in the Rhode Island State Sanatorium, located at Wallum Lake, Rhode Island.

Dr. Fitz Randolph Winslow, class of 1906, has received an appointment as interne to the City and County Hospital, 22d and Bryant streets, San Francisco, California.

Dr. Robert P. Bay, class of 1905, late assistant superintendent and assistant resident physician at the University Hospital, has been appointed superintendent of Bay View Hospital, Baltimore.

Dr. Benjamin R. Benson, Jr., class of 1907, has returned to Columbus Hospital, New York, where he is a resident physician.

Since his inauguration as City Health Officer at Texarkana, Ark., Dr. Leonce J. Kosminsky, class of 1906, has been waging a vigorous and persistent fight for the appointment of a competent milk inspector. We wish the doctor success in this important hygienic innovation.

At a meeting of the Faculty of Physic of the University of Maryland, held on August 5, 1907, on the occasion of the death of Professor William T. Howard, the following minute was adopted:

"The Faculty of Physic of the University of Maryland place upon their records their sense of the loss which this University has sustained in the death of Professor William Travis Howard, M. D., LL. D.

"Although by reason of his age he had for a number of years ceased to be actively engaged as a teacher in the School, yet his name and his well-known character, which were held in the highest honor throughout the medical profession and the communities in which he had lived, continued to contribute largely to the reputation of this University, and to maintain and enhance its fame and honor.

"His extensive and accurate professional learning, his rare skill and acumen as a diagnostician, the abundance of his therapeutic resources and his admirable faculty of imparting knowledge combined to place him in the highest rank of practitioners and teachers of medicine.

"In addition to his intellectual qualifications and equipment, the warmth of his heart, his devotion to good works and his earnest Christian character were such as to endear him to his colleagues and to all whose privilege it was to know him."

It was directed that this minute be entered on the records of the Faculty and that a copy of it be sent to Professor Howard's family.

R. Dorsey Coale, *Dean.*

According to his will, the late Professor Howard bequeaths all the works in his library relating to the art and science of medicine, with the exception of Foster's Encyclopedic Medical Dictionary, to the Regents of the University of Maryland for the use of the Faculty of Physic. They are to be deposited in the library along with other works previously given the library by him. He also gives to the Regents of the University of Maryland all of his instruments for gynecological purposes for the use of the gynecological chair.

Dr. Howard's estate was appraised at $241,332.30.

Dr. Joshua W. Hering, class of 1855, of Westminster, who has just received the Democratic nomination for Comptroller of the State of Maryland, was born in Frederick county, Maryland, March 8, 1833, and has had a varied career, being at times physician, financier and Comptroller of the State Treasury. He received his early education in the public schools. At an early age he entered the mercantile business, but not finding it to his taste he took up the study of medicine under the private tutorship of Dr. William A. Mathias, class of 1843, then a prominent practitioner of Westminster. He was graduated from the medical school of the University of Maryland with the class of 1855. He returned to Westminster, where he began practice. In 1895 he was elected to the State Senate upon the Democratic ticket. In 1899 he was nominated and elected State Comptroller by the Democrats. In 1901 he was re-elected to the latter office, but in 1904 declined the nomination, retiring to private life in order to devote his time to his manifold private enterprises. Dr. Hering is president of the Board of Trustees of Western Maryland College, LL. D. of St. John's College, Department of Arts and Sciences University of Maryland, Annapolis, Maryland.

Dr. William Kirkwood Robinson, class of 1893, formerly a resident physician in the University Hospital, but now of Goldfield, Nevada, and a successful mining prospector, recently visited Baltimore. After leaving Baltimore in 1896, Dr. Robinson, a native of Sharon Hill, Harford county, Maryland, settled in Denver, where he practiced his profession and did some prospecting for gold with indifferent success until February 22, 1907, when he struck a rich lode at Goldfield, Nevada. In 1902 Dr. Robinson married Miss Florence Vickers, of Chestertown, Maryland, who accompanies her husband upon his present trip.

The One Hundred and First Annual Announcement of the School of Medicine has been issued. It includes not only a prospectus of the Medical Department, but also calls attention to the fact that by our affiliation with St. John's College, Annapolis, we are a University in fact as well as name. The University as now constituted is represented by five departments, each having a distinct Faculty of Instruction.

1. The College of Liberal Arts at Annapolis, founded in 1696.

2. The School of Medicine in Baltimore, founded in 1807.

3. The School of Law in Baltimore, founded in 1812, reorganized in 1869.

4. The Department of Dentistry in Baltimore, founded in 1882.

5. The Department of Pharmacy, established in 1840 as the Maryland College of Pharmacy and affiliated with the School of Medicine in 1904.

The Board of Regents of the University of Maryland consist of:

Bernard Carter, LL. D., Provost.
Samuel C. Chew, M. D., LL. D.
Hon. John P. Poe, LL. D.
F. J. S. Gorgas, M. D., D. D. S.
James H. Harris, M. D., D. D. S.
R. Dorsey Coale, Ph. D.
Richard M. Venable, LL. D.
Randolph Winslow, A. M., M. D.
Thomas A. Ashby, M. D.
Edgar H. Gans, LL. D.
W. T. Brantly, A. M., LL. B.
Hon. Henry D. Harlan, LL. D.
L. E. Neale, M. D., LL. D.
Charles W. Mitchell, A. M., M. D.
J. Holmes Smith, M. D.
D. M. R. Culbreth, Ph. G., M. D.
John C. Hemmeter, M. D., Ph. D., LL. D.
Charles Caspari, Jr., Phar. D.
Daniel Base, Ph. D.
Henry P. Hynson, Phar. D.
Hon. Henry Stockbridge, LL. B.

THE UNIVERSITY COUNCIL.

The duty of this council is to formulate the scheme of studies to be pursued by students desiring both an academic and a professional, or scientific degree, and to act upon such other matters as may be brought before them.

The Chancellor,
Hon. Edwin Warfield, LL. D.,
Governor of Maryland.
The Pro-Chancellor,
Hon. Bernard Carter, LL. D.
The Vice-Chancellor,
Thomas Fell, Ph. D., LL. D., D. C. L.,
President of St. John's College.
Professors B. V. Cecil, A. M., and C. W. Stryker, B. A.,
For St. John's College.
Professors R. Dorsey Coale and Randolph Winslow,
For School of Medicine.
Professors J. P. Poe and W. T. Brantly,
For School of Law.
Professor F. J. S. Gorgas,
For School of Dentistry.
Professor Charles Caspari, Jr.,
For School of Pharmacy.

Dr. W. O. Roop, class of 1907, has successfully passed the Ohio State Medical Board.

Dr. Arnold D. Tulle, class of 1906, has resigned the position as Resident Physician to St. Luke's Hospital, Jacksonville, Fla., to accept an appointment as Contract Surgeon United States Army. He will be stationed at Fort Des Moines, Iowa, with the Second United States Cavalry.

Dr. George Dickson Hoge, class of 1868, of Unison, Loudon county, Virginia, Friday, July 26, 1907, while passing along B street, between Sixth and Seventh streets, Washington, District of Columbia, was shot through the leg by a negro, but not seriously injured. At the time of his injury he was on his way to the depot to take a train to his home. The assault appears to have been due to pure viciousness, as the negro who had been apprehended by the police told them that the pistol "just happened" to go off as the victim was passing. We are glad to report that Dr. Hoge was able to leave for home the night of the accident.

Some of our living alumni who received their diplomas a half century or more ago are: Dr. Matthew James McKinnon, class of 1853, of York, Pennsylvania, one of the oldest practicing physicians in Southern Pennsylvania; Dr. James Stevens Chaplain, class of 1854, of Trappe, Maryland; Dr. Jackson Piper, class of 1854, of Towson, Baltimore county, Maryland; Dr. David James Odell Truitt, class of 1857, of Pocomoke, Maryland; during the Civil War he served as contract surgeon in the Union Army; Dr. Henry Merriman Wilson, class of 1851, a general practitioner of the City of Baltimore, Maryland; Dr. John Cronmiller, class of 1857, of Laurel, Maryland; Dr. James Whann McSherry, class of 1855, of Martinsburg, West Virginia, a Confederate veteran; Dr. J. Ford Thompson, class of 1857, one of the most prominent surgeons of Washington, D. C.; Dr. William Crapster O'Neill, class of 1844, of Gettysburg, Pennsylvania, after three score years is yet actively engaged in the practice of his profession; Dr. Henry Laird Todd, class of 1851, of Salisbury, Maryland; Drs. J. Ridgeway Andre, class of 1850, Baltimore, Maryland; John J. Krozer, class of 1848, Baltimore, Maryland; Thomas B. Owings, class of 1852, Ellicott City, Maryland; Oliver T. Everhart, class of 1856, Hanover, Pennsylvania; Benjamin F. Price, class of 1856, Mount Carmel, Maryland; William E. Magruder, class of 1852, Olney, Maryland; James H. Jarrett, class of 1852, Towson, Maryland; Joshua W. Hering, class of 1855, Westminster, Maryland; Joseph R. Owens, class of 1856, Hyattsville, Maryland; Robert Atkinson, class of 1854, Baltimore, Maryland; James H. Butler, class of 1857, Baltimore, Maryland; Philip H. Field, class of 1852, Baltimore, Maryland; Felix Jenkins, class of 1849, Baltimore, Maryland; John S. Lynch, class of 1853, Baltimore, Maryland; John F. Powell, class of 1853, Baltimore, Maryland; Edmund G. Waters, class of 1853, Baltimore, Maryland; Samuel G. Fisher, class of 1854, Chestertown, Maryland; George Hammond, class of 1854, Crownsville, Maryland; Charles H. T. Lowndes, class of 1855, Easton, Maryland; Samuel L. Moores, class of 1852, Finksburg, Maryland; Asa S. Linthicum, class of 1852, Jessups, Maryland; Samuel H. Robertson, class of 1853, Manokin, Maryland; Hansom M. Drach, class of 1852, Patapsco, Maryland; Edgar D. Hurtt, class of 1854, Piscataway, Maryland; William C. Carson, class of 1856, Port Deposit, Maryland; Lewis W. Morris, class of 1847, Salisbury, Maryland; Elijah T. Bishop, class of 1855, Smithsburg, Maryland; James B. Purnell, class of 1850, Snow Hill, Maryland; James C. Kinkle, class of 1847, St. Paul, Minnesota; Virgil Marcy, class of 1847, Cape May, New Jersey; Charles Brewer, class of 1855, Trenton, New Jersey; James M. Slaughter, class of 1855, Wildwood, New Jersey; H. M. Brooks, class of 1849, Olive Branch, North Carolina; John A. Hawkins, class of 1853, Fawn Grove, Pennsylvania; William J. Best, class of 1856, Brucetown, Virginia; Stephen D. Kennedy, class of 1855, Warrenton, Virginia; James P. Carter, class of 1852, Gerrardstown, West Virginia; Samuel Phillips, class of 1853, Leavenworth, Kansas; Arthur White, class of 1854, Rockport, Indiana.

The living members of the class of 1858 are: William W. Hopkins, Havre de Grace, Maryland; Benjamin L. Smith, Madison, Maryland; J. Lee McComas, Oakland, Maryland; Samuel C. Chew, Baltimore, Maryland; Nathaniel G. Keirle, Baltimore, Maryland; Edward F. Milholland, Baltimore, Maryland; John R. T. Reeves, Chaptico, Maryland; Joshua Kemp, Littlestown, Pennsylvania; Philip Adolphus, Chicago, Illinois; Somerset R. Waters, Watersville, Maryland.

The living members of the class of 1859 are: James G. Linthicum, Baltimore, Maryland; Ephraim R. Hopkins, Darlington, Maryland; Samuel L. Quinn, Pocomoke, Maryland; Robert A. Dodson, St. Michael's, Maryland; James R. Waters, Thurmont, Maryland; Thomas P. Robosson, Flintstone, Maryland; Theodore Cooke, Baltimore, Maryland.

Marriages

Dr. W. Waters Stonestreet, class of 1906, of Rockville, Montgomery county, Maryland, was married Wednesday, August 15, 1907, to Miss Ola Summit Trauty, daughter of Mr. and Mrs. Henry Trauty, 710 North Carrollton avenue, Baltimore, Maryland, at the home of the bride's parents, Rev. Frank H. Lewis, formerly pastor of Mount Royal Avenue Methodist Protestant Church, but now of Pittsburg, officiating. After a honeymoon spent in the South, Dr. and Mrs. Stonestreet will live in Ohiopyle, Pennsylvania, where the groom is a practicing physician.

Daniel Base, Ph. D., Professor of Analytical Chemistry, was married Saturday, August 17, 1907, at Mountain Lake Park to Miss Jeannette Round. Dr. and Mrs. Base will spend the rest of the summer at Mountain Lake Park.

Dr. Charles Leitner Jennings, class of 1906, of Columbia, South Carolina, a former resident physician at St. Joseph's Hospital, Baltimore, Maryland, and an ex-house man, was married Sunday, the 21st of July, 1907, at Washington, District of Columbia, to Miss Mary Helen Relehan, daughter of Mr. and Mrs. John Relehan, of Lock Haven, Pennsylvania.

Deaths

Dr. Thomas E. Hardy, class of 1849, of Burkittsville, Maryland, one of the best-known practitioners of Frederick county, died April 11, 1907, at his home, of pneumonia, aged 76 years. He was born near Hillsboro, Ohio, October 28, 1829. He was graduated from the medical department of the University of Maryland with the class of 1849. His parents were Dr. George J. and Elizabeth Hardy, natives of St. Mary's county, Maryland. For more than 50 years Dr. Hardy was in active practice in Frederick county. He is survived by three daughters and three sons.

Dr. Dixon Gough, class of 1844, a retired physician, died at his home, 1015 West Mulberry street, Baltimore, Maryland, April 10, 1907, after an illness of a month, of heart trouble. Dr. Gough is survived by a widow, Mrs. Emma J. Gough, and two daughters.

Dr. William J. Wroth, class of 1852, formerly a practicing physician of Baltimore, Maryland, died during the early part of April, at his home, 18 Pennhurst avenue, West Arlington. He had been a sufferer from rheumatism all winter, and was prevented by the disease from attending to his practice. Dr. Wroth was 77 years old and was born in Chestertown, Maryland. He is survived by a widow, who was a Miss Nickols, and a daughter.

Dr. Lewis L. Pollock, class of 1856, a surgeon in the Confederate service during the Civil War, thereafter a practitioner in Boston, and for 18 years a resident of East Weymouth, Massachusetts, died in Bellevue Hospital, New York City, March 25, 1907, from gastritis, after an illness of one week, aged 70.

Dr. Ezra Weis, class of 1851, formerly of Hagerstown, Maryland, died at his home, in Peoria, Illinois, April 12, 1907, aged 88. He was at one time editor of the *Hagerstown Torchlight*. He then took up the study of medicine and graduated from the University of Maryland with the class of 1851. He practiced his profession in Hagerstown for many years. Shortly before the Civil War he moved to Kentucky, returning to Hagerstown some years later. In 1879 he migrated to Illinois. He married Miss Catherine McCardell, of Hagerstown, who, with a daughter, survive the deceased.

Dr. Charles Griffith Worthington Macgill, class of 1856, of Catonsville, Maryland, a gallant Confederate soldier, one of the most prominent physicians of Baltimore county and a public-spirited citizen, died at his home, Eureka, on Frederick avenue, early Sunday morning, April 28, 1907, of heart disease, aged 73. Dr. Macgill was born in Hagerstown on May 10, 1833, and would have celebrated his 74th birthday if he had lived to that date. His father was the late Dr. Charles Macgill, also an alumnus of the University of Maryland, graduating with the class of 1828, and his mother, Miss Mary Ragan. Both of his parents were residents of Hagerstown. When about 18 years of age he began reading medicine under the direction of his father, and later entered the University of Maryland, whence he graduated with the class of 1856. After graduating he settled in Hagerstown, but at the outbreak of the Civil War accepted an appointment in the Confederate Army as surgeon of the Second Virginia Infantry, Stonewall Jackson's Brigade, which position he filled until the close of the war. He was with General Jackson in his Valley campaign and participated in the battle of Gettysburg. At the close of the war Dr. Macgill located at Catonsville, where he has ever since been engaged in the practice of his profes-

sion. Dr. Macgill was a member of the Medica and Chirurgical Faculty, and for about 25 years had been one of the Board of Managers of the Maryland Hospital for the Insane. Several years ago he was a member of the Board of School Commissioners of Baltimore county. Dr. Macgill was married September 27, 1859, to Miss Louisa Thompson McEndree, daughter of John H. and Eugenia Morgan McEndree, of Shepherdstown, Virginia. Seven children were the result of this union, five of whom survive. His son, Dr. John Charles Macgill, class of 1891, of Catonsville, is also a graduate of the medical department of the University of Maryland. As a citizen he was interested in public-spirited projects. His success was due to close application to all the details of his profession and his unfailing courtesy. He was a model citizen and is a great loss to his clientele and the residents of Catonsville in general.

Dr. Robert O. Crist, class of 1903, of Boswell, Pennsylvania, died during the early part of May at his home, at Boswell. Dr. Crist was graduated with the class of 1903. He was a house student and very popular with his fellow-students. He leaves a widow, who was Miss Bessie Sinclair, of Ridgely, Maryland.

Recently at Denver, Colorado, Dr. William Elmo Kurtz, class of 1903, died of phthisis. Those of us who knew Dr. Kurtz will be sorry to hear of his early and lamented death. After graduating he served a year as interne at St. Joseph's Hospital, Baltimore, where he gave excellent service. After the expiration of this service, he then entered the United States Public Health and Marine Hospital Service as acting assistant surgeon, and had only recently gone to Colorado to endeavor to regain his health.

Dr. William C. Kloman, class of 1855, of Baltimore, died at his home, 2224 Linden avenue, Baltimore, June 2, 1907, from congestion of the lungs, after a week's illness, aged 72 years. Dr. Kloman , a well-known physician of Baltimore, was born in Germany and came to this country when a small boy. He was graduated from the local schools, and then entered the medical department of the University of Maryland, from which he obtained a diploma before he was 21 years of age, since which time he has practiced his profession in the city of Baltimore. He is survived by a widow, Mrs. Miriam Kloman. About a year age, owing to ill health, Dr. Kloman was forced to retire from the active practice of medicine.

Dr. William Davison, of the class of 1876, died at his residence, in Middletown, Va., on September 1st, after an illness of long standing. Dr. Davison was born in Warren county, Va., in 1848. After graduation in medicine he located in Middletown, within four miles of the place of his birth. He was a successful and popular physician and greatly beloved by the people among whom he lived. He leaves a widow, two daughters and one son.

Dr. Silas Scarboro, class of 1857, formerly of Scarboro, Harford county, Maryland, but recently of Towson, Baltimore county, Maryland, died at the home of his son, Mr. Harold Scarboro, at Towson, Wednesday, August 7, 1907, after a brief illness, aged 80. He was born at Scarboro, and had resided at that place most of his life. He was graduated from the medical school of the University of Maryland with the class of 1857, and at once began to practice at his home. In 1863 he was appointed assistant surgeon of the Second Maryland Infantry, United States Volunteers, and joined the regiment at Camp Nelson, Kentucky. After being invalided home in 1864, he resumed practice at his former location. He served for a number of years as a member of the Harford County School Board, and in 1878 and 1882 was a member of the Maryland House of Delegates. He practiced medicine until January 1, 1887, when he was incapacitated by being thrown out of a sleigh while on his way to visit a patient. He is

survived by one son, Mr. Harold Scarboro, of Towson, and two daughters, Mrs. J. Sprigg Poole and Miss Bertha Scarboro, both of Port Deposit, Maryland. Interment was at Broad Creek, Friends' Meeting House.

Dr. James Marcellus Hopkins Bateman, class of 1867, of Easton, Maryland, died at his home, in Easton, Friday, August 2, 1907, of a complication of diseases, aged 62. Dr. Bateman was a prominent and successful practitioner. He has been president of the State Board of Health and a member of the State Board of Medical Examiners. Dr. Bateman was born in Easton, November 9, 1844, and obtained his preliminary education in Easton and Washington, D. C. In March, 1867, he was graduated from the medical department of the University of Maryland, and came to Easton, where he began practice. Three years ago he retired from active practice and went to his farm, Waverly, on the Tred Avon River, about two miles from Easton, only occupying his town residence in the winter. On November 7, 1871, Dr. Bateman married Miss Elizabeth T. Goldsborough, daughter of the late James N. Goldsborough, of Easton. Of eight children by this union only three are living—James G. and Henry E. Bateman, of New York city, and Miss Elizabeth T. Bateman, of Easton. Besides the above Dr. Bateman is survived by Mrs. Bateman and a brother, Henry E. Bateman.

Recently at Columbia, South Carolina, Dr. Joshua F. Ensor, class of 1862, died, aged 71. Dr. Ensor was the son of the late George Ensor, of Butler, and the husband of Mrs. Henrietta Kemp Ensor and father of Mrs. Grace Brown and Miss Annie Ensor, of Columbia. He left Baltimore county for the South at the beginning of the Civil War and was a surgeon in the Union Army. He has been for the last 10 years postmaster of Columbia, and was formerly Collector of Customs.

Dr. John S. Lynch, class of 1853, a Confederate veteran and a member of the famous Baltimore Light Artillery, died Sunday, August 10, 1907, at the Confederate Soldiers' Home, Pikesville, Maryland, of which he was an inmate, aged 77.

Dr. Patrick L. Barry, class of 1893, a member of the Arkansas Medical Society and Garland County Medical Society, for five years chief surgeon of the Mexican International Railroad, died at his home, in Hot Springs, Arkansas, July 20, 1907, aged 35.

Dr. William D. Groton, class of 1879, died at his home, in Rivera, California, July 2, 1907, after an illness of several weeks, aged 52.

UNIVERSITY OF MD. HOSPITAL

DISPENSARY REPORT.

April 1st, '06, to April 1, '07.

Department.	New Cases.	Old Cases.	Total.
Surgical	1058	5681	6739
Medical	1364	4283	5648
Genito Urin	1055	2481	3536
Nervous	588	1969	2557
Throat and Nose	884	1240	2124
Women	862	1062	1924
Skin	626	1095	1721
Eye and Ear	759	891	1650
Children	707	918	1625
Stomach	558	1040	1598
	8462	20660	29122

Number treated '06-'07 29122
Number treated '05-'06 28028

Increase 1094

JOHN HOUFF, M. D.,
Dispensary Physician.

DISPENSARY PHYSICIANS 1906-07.

April 1st, '06, to April 1st, '07.

Department.

Stomach—R. A. Warner, F. J. Wilkins, J. H. Iglehart.

Skin—J. R. Abercrombie, Chief of Clinic.

Throat and Nose—R. H. Johnson H. C. Davis, L. J. Goldbach.

Children—W. H. Mayhew, A. B. Lennan.

Eye and Ear—E. E. Gibbons, Wm. Tarum.

***Women*—W. K. White, H. W. Brent.**

Genito Urinary—W. D. Scott.

Medical—G. Wilson, H. D. McCarty, H. G. Maldies, G. S. Kieffer, N. H. Smith, G. C. Lockard, N. F. Sowers, R. C. Metzel.

Surgical—J. G. Jay, M. J. Cromwell, J. A. Tompkins, J. F. Adams, Nathan Winslow, O. P. Penning.

Nervous—I. J. Spear, J. F. Hawkins, J. T. O'Mara.

JOHN HOUFF, M. D.,
Dispensary Physician.

THE HOSPITAL BULLETIN

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VOL. III BALTIMORE, MD., OCTOBER 15, 1907 No. 8

THE MEDICAL CLASS OF 1873.

By RANDOLPH WINSLOW, A. M., M. D.,
Professor of Surgery, University of Maryland.

The Class of 1873 was one of the smallest in numbers that has been graduated from the University of Maryland since its earliest days, and yet in some respects it has had a remarkable and exceptional history. Three of its members have filled professorial chairs in their alma mater, one has been a distinguished member of the faculty of the College of Physicians and Surgeons of Baltimore, one has occupied a chair in the Georgetown University, and another in a medical school in Missouri. One entered the medical service of the Navy, and another that of the Army, whilst most of those who have devoted themselves to private practice have achieved prominence and have been useful and honorable members of their respective communities. Over thirty-four years have elapsed since we received our diplomas at the hands of the Hon. S. Teackle Wallis, LL. D., Provost, at Ford's Opera House. Pallid death has been active in our midst, and of the forty-six young men who constituted the graduating class of 1873, only twenty-three are believed to be alive at this time. Fifty per cent. are dead or unaccounted for. At this centennial time, when we are rejoicing over the successful achievements of our alma mater, let us pause a moment and place a memorial wreath upon the bier of those who have crossed the great divide and passed beyond our vision. To those of us who still live and strive, whether present on this joyful occasion or perforce absent, I extend a most affectionate greeting.

George Arthur, of Baltimore, was the first of us to receive his diploma. He was the son of Dr. Robert Arthur, a prominent dentist of this city, and for one or two years he practiced dentistry with his father. Subsequently he entered the United States Navy as an assistant surgeon, and remained in the service until his death, about 15 years later. He will be remembered as a tall, somewhat awkward and very near-sighted man of excellent ability. As he was journeying on the railroad to Kentucky, where he was to have been married, in some manner he fell from the train and was killed.

Thomas A. Ashby, of Virginia, a former pupil of Washington College, Va., during the presidency of Gen. Robert E. Lee, settled in Baltimore, and has been a prominent member of the local medical profession for many years. He was resident physician at the University Hospital for several years, founded the Maryland Medical Journal in 1877, and was its editor until 1888; was one of the founders of the Woman's Medical College of Baltimore in 1882, and was professor of obstetrics in the same until 1897. He was president of the Medical and Chirurgical Faculty of Maryland 1889-90. He was called to the chair of diseases of women in the Baltimore Medical College in 1889, which he resigned in 1897 to accept the similar chair in the University of Maryland. He is the author of a text-book on diseases of women, and has been a voluminous contributor to the literature of his special branch. He has enjoyed a large surgical practice, which he has cared for with marked ability and success. He was married in 1877, and has five daughters.

Stephen Beard, of Maryland, I have no information concerning. He is probably dead, as his name does not appear in any of the more recent medical directories.

Benjamin R. Benson, of Maryland, the youngest member of the class, settled at Cockeysville, Baltimore county, and by his ability and attention to his professional duties soon built up a large practice. He has become a prominent and prosperous member of the profession, and thoroughly deserves the success he has met with. He is married and has a large family. His son, Benjamin R. Benson, Jr., graduated with this centennial class.

James Harris Blake, of Texas, was one of the older members of the class, and had already graduated in another college before entering the

University. He is said to have been very successful and to have acquired ample means I met him some years ago, and he bore the imprint of prosperity. He lives at Houston, Texas, and has been married twice. A letter addressed to him was not answered, and I have since heard that he is dead.

Robert M. Bolenius, of Pennsylvania, settled in Lancaster, Pa., and expected to have been present on this occasion, but was prevented by the necessity of attending court. I judge he has been successful in his work. He appears to be a prominent citizen. He is married and has children.

David W. Bulluck, of North Carolina, located in Wilmington, N. C., and has acquired a large practice. He is a surgeon of repute, and is a respected and honorable member of his profession. He has a family of sons and daughters, and is giving them exceptional advantages in an educational way.

Wm. K. Carroll, of Maryland, was a man of means, and did not have to practice his profession. He died quite recently.

Andrew P. Clarke, of Maryland, located in Baltimore, and was at one time visiting physician to Bay View Asylum. He died many years ago.

Ransom R. Crothers, of Maryland, settled in Cecil county, Md. He was a brother of Judge Austin L. Crothers, who is the present Democratic candidate for governor of the state. He died about ten years ago.

Truman E. Fairall, of Maryland, appears to be living at Tecumseh, Nebraska, but no answer was made to a letter addressed to him at that place, nor was the letter returned.

Millard F. Flowers, of Pennsylvania, appears to be dead. His name does not appear in any of the medical directories, and I do not know anything concerning him.

Virginius W. Gayle, of Virginia, is living in Kansas City, Mo. He is a prominent physician. Has been, or perhaps is still, a professor in a medical college. He writes that he regrets he is unable to be present on this occasion, and wishes us joy.

Richard Gerstell, of West Virginia, lives at Keyser, W. Va. I understand he has retired from practice and is engaged in other pursuits.

Robert Gerstell, like his brother, lives at Keyser, W. Va., and is engaged in practice. I have seen him a number of times. His son was a student at the University, but graduated elsewhere.

John E. Harrington, of Maryland, has been dead many years. I think he practiced in Baltimore until his health failed.

Wm. A. Hinchman, of Pennsylvania, lives at McKeesport, Pa. He appears to be a prosperous and prominent citizen. He has been a member of the legislature of his state.

A. G. Hoen, of Maryland, practiced for many years in Baltimore, but now resides in Richmond, Va. He is a director of the Pasteur Institute of that city. He is an authority on microphotography, and has done beautiful work in that line.

James Walker Humrichouse, of Maryland, lives at Hagerstown, Md. After graduating he spent more than a year in study abroad, and is an accomplished physician—in fact, he is the general specialist of Hagerstown, but confines his attention chiefly to diseases of the eye, ear, nose and throat. I met him last year in Munich, Bavaria, in the famous art galleries of that city. He expected to have been present at this banquet, but was detained at home. He is married and has one daughter.

Clarence S. Johnson, of Maryland, practiced while in this city, then moved to Anne Arundel county, and subsequently returned to the city. He died some years ago.

George M. Jones, of Georgia, I know but little of. He practiced in his native state, and died some years ago.

W. A. Jones, of Maryland, was familiarly known as "Bull Head Jones." He did not succeed very well, and has been dead many years.

Wm. S. Maxwell, of Maryland, lives and practices at Still Pond, Kent county, Md. Although of frail physique, he has for many years been the most prominent physician in the upper part of Kent county, and his patients are devoted to him. In addition to his professional work, he is an extensive raiser of fruit. He is married, but has no children.

Jacob Edwin Michael, of Maryland, the largest, handsomest and most popular member of the class, received the degree of A. B. at Princeton in 1871. On graduating in medicine he went abroad for a year, and on his return was made demonstrator of anatomy. In 1880 he became professor of anatomy and clinical surgery, and in 1890 professor of obstetrics. He became a very prominent member of the profession, and held many positions of honor and trust. He was dean of the Faculty of Physic for several years, president of the Medical and Chirurgical Fac-

ulty of Maryland in 1895, and of the various local societies at different times. He was an accomplished, gifted and versatile man, a fine linguist, an instructive teacher and an orator of no mean ability. He died of Bright's disease on December 7th, 1895, deeply lamented by those who were associated with him.

James B. Miller, of Missouri, moved to Texas. I heard from him a few times, but have had no news of him for very many years, and suppose he is dead.

T. Morris Murray, of Maryland, practiced a number of years in Baltimore, then moved to Washington, D. C., and became a specialist in diseases of the throat and nose. He held the position of clinical professor of laryngology in Georgetown University for some years. He married a lady of ample means, and has several children.

Henry U. Onderdonk, of Maryland, never practiced regularly, as far as I know. He was a teacher at the College of St. James, near Hagerstown, and more recently has been in the West. He appears to be living at Buffalo, Wyoming, but I am unable to obtain any definite information concerning him.

Louis B. Paccttl, of Florida, returned to his home, but subsequently settled in Baltimore. He did not succeed in his practice, and opened a drug store. He died about 12 years ago.

Frank W. Pearson, of Maryland, lives in Baltimore. He studied abroad, and for awhile was a specialist in diseases of the throat and nose, but, being possessed of ample means, he retired from professional work some years ago.

Wm. C. Pipino, of Illinois, returned home and became a prominent man. He was killed a few years ago by the kick of a horse.

John H. Rehberger, of Maryland, lives in Baltimore and has practiced his profession continuously. He enjoys the confidence of his community, and has been able to put aside a snug sum for a rainy day.

Wm. H. Rogers, of Virginia, is probably dead. I cannot obtain any information concerning him.

George H. Rohe, of Maryland, located in Baltimore and became a very distinguished man. He associated himself with the College of Physicians and Surgeons, and was professor of dermatology, and subsequently of materia medica and therapeutics, was the author of text books on dermatology and hygiene and joint author of a work on "Electricity in Practical Medicine and Surgery." He was health commissioner of Baltimore in 1890-91, president of the Medical and Chirurgical Faculty of Maryland in 1893-94, superintendent of the Maryland Hospital for the Insane, Cantonsville, 1891-96, superintendent of the Second Hospital for the Insane 1895-99. He occupied many positions of honor and trust at various times. He died suddenly whilst on a visit to New Orleans, on February 6th, 1899. A widow and daughter survive him.

Charles E. Sadtler, of Maryland, after a year spent in Europe, settled in Baltimore, and has led the honorable and useful life of a family practitioner. He has been successful in his profession, and enjoys to a large degree the confidence of the community. He is married and has one daughter.

J. W. Sanders, of Georgia, returned to his home, and I do not know anything farther concerning him, but I believe he is dead.

O. M. Schindell, of Maryland, who will be remembered as a tall, pale and delicate young man, located in Cumberland, Md., but his health became progressively more impaired, and he did not live many years.

Charles E. Scholl, of Maryland, was the president of the class. He settled in Indiana or one of the contiguous states. I saw him about ten years after his graduation, and he appeared to be prosperous. He died not very long afterwards, but I am ignorant of the cause or date of his death.

James A. Sexton, of North Carolina, had been a Confederate soldier, and was one of the older members of the class. He has lived in different localities—Raleigh, N.C., Birmingham, Ala.—and appears to be settled at Fuqua Springs, N. C., at this time.

James A. Shackelford, of Mississippi, was also a Confederate soldier, and was seriously wounded at Gettysburg. He now lives at Greenville, Miss., and has retired from practice. His health is poor and he suffers from his old wound. He is very highly esteemed.

Thomas H. Skinner, of Tennessee, located in New York city. I saw him in 1880, and he was in good spirits and seemed to be doing excellently. He married, but I do not know if he had any children. He died shortly after I last saw him.

Oscar Stansbury, of Mississippi, settled in Chico, California, and has become a prominent physician in that state. He is a member of the State

Board of Health and is a successful and prosperous physician. I lost sight of him for many years, but was fortunate enough to meet him in Portland, Ore., two years ago, and was delighted to find him hale and hearty.

Frank A. Warner, of Maryland, has practiced in Baltimore ever since his graduation. He is a modest and unassuming gentleman, who has attended to his professional duties in an unostentatious manner. I have every reason to believe he has been successful in his work, and I know that he is a skilful practitioner.

Arthur S. Winchester, of Maryland, was a very promising member of the class, but death overtook him at an early age, when he had scarcely entered upon his career.

Robert Toombs, of Georgia, a nephew of the distinguished Gen. Robert Toombs, returned home, and I have never heard from him since. I suppose he is dead long since.

Randolph Winslow, born in North Carolina, removed to Baltimore in 1865; A. B., Haverford College, Pa., 1871; A. M., 1874; settled in Baltimore and has practiced here ever since; assistant demonstrator of anatomy, University of Maryland, 1874-80; demonstrator of anatomy, 1880-86; lecturer on clinical surgery, 1886-91; professor of anatomy and clinical surgery, 1891-1902; professor of surgery, 1902 to the present; chief surgeon University Hospital; one of the surgeons to the Hebrew Hospital; professor of surgery in the Woman's Medical College of Baltimore, 1882-1893. Is married and has 12 children, nine boys and three girls.

John C. Worthington, of Maryland, went into theUnited States Army, became surgeon captain and died many years ago.

MARKED CASE OF PSYCHOPATHIA SEXUALIS.

By J. Holmes Smith, Jr., M. D.,

Professor of Anatomy, University of Maryland.

This term implies a diseased condition of the mind, accompanied by a perversion of the sexual instincts.

There are many forms of sexual perversion, but they may be classed under the following heads:

Sexual Hyperæsthesia.—A—1, onanism; 2, satyriasis, nymphomania.

B—Sexual anæsthesia; impotence.

C—Sexual paræsthesia; 1, hetero, sexual perversion (perverse activity of the sexual impulse), algolagnia, sadism, masochism; 2, homosexuality.

The present case is one which, to all appearances, belongs in the third group, under the head of masochism, in which condition a man or woman during the sexual act does not derive pleasurable sensations unless pain is inflicted upon the other party, or, in the absence of a second person, upon themselves.

Case—Seen at hospital April 28, 1907. C. S., male, 34 years of age; single; laborer. He is a white man of about medium height, fairly well developed, but having an expression of imbecility.

On April 27th a member of his family accidentally discovered a lump on the patient's abdomen, and took him to the family physician, who thought it an umbilical hernia, and sent him to the hospital.

Examination showed many large scars over the lower half of the abdomen, running in all directions and considerably distorting the appearance of the skin. The position of the umbilicus was occupied by a large scar.

Many small keloidal scars were seen over the abdomen, probably the result of scratching. Extending from just above the umbilicus, over the ensiform cartilege, is a long, sharply defined cut.

Protruding from the median line of the abdomen, below the level of the umbilicus, was a lump about the size of a hen's egg. It was of a bluish-black mottled color, and had started to undergo degenerative changes, the result of a ligature applied by the patient and removed by the family physician. No pain was complained of upon handling the lump.

Further examination showed that it did not spring from the abdominal wall, but was protruding through a definite cut in the median line of the abdomen.

A ligature was placed around its base and the lump removed. It was then found to be a protrusion of omentum, which was adherent to the edges of the wound. A moderately hot thermocautery was applied to the cut end to stop a slight oozing of blood. When this was done he commenced to smile and seemed to enjoy it. This was also the case when the cautery was touched to other parts of the abdomen, his smile being broader the oftener the cautery was applied.

The skin over the abdomen and thighs was practically insensible to the prick of a pin or

other instruments. It is said that he has had a similar tumor before, and the numerous scars would seem to imply as much.

It is highly probable that during the periods of sexual excitement he is in the habit of mutilating himself to produce pleasurable sensations, and at times uses sharp instruments.

EPITHELIOMA OF THE LARYNX; LARYNGEOTOMY, DEATH.

By Richard H. Johnston, M. D.,

Lecturer on Diseases of the Nose and Throat in the University of Maryland; Surgeon and Pathologist to the Presbyterian Eye, Ear and Throat Hospital, Baltimore.

In June, 1906, J. R., male, 58 years old, came to the Presbyterian Hospital complaining of aphonia of some months' duration. The aphonia had been preceded by hoarseness, which had gradually grown worse until the voice was lost entirely. There was no cough, no expectoration, no night sweats and no symptom which would lead to a suspicion of tuberculosis. The patient was a large man, weighing, perhaps, 225 pounds, with a florid complexion and seemingly in the best of health. The appetite was good, but there was an ominous dyspnœa, which denoted obstruction in the larynx or trachea. There was only slight pain on swallowing. The family history was good; no history of cancer or tuberculosis could be obtained. The patient contracted syphilis 30 years ago, but prompt and protracted treatment had apparently eradicated the disease. He had formerly consulted Dr. Sylvan Rosenheim, who made a diagnosis of cancer of the vocal chord and urgently advised laryngo-fissure. At this time the growth was confined to one vocal cord, and in all probability the comparatively slight procedure suggested by Dr. Rosenheim would have effected a permanent cure. The patient, however, refused his advise, and drifted around from one specialist to another, until he finally came to the Presbyterian Hospital. At the first examination of the larynx I saw a large, irregular mass, involving both vocal cords in apparently their entire length and continuous with the false cords. There was a space behind about the size of a goose quill through which some air was being obtained. The attachment of the epiglottis could not be seen. The growth was of a grayish pink color, and had the appearance of a cauliflower. There was no ulceration. The cause of the dyspnœa and the asphonia were explained, the former by the almost complete closure of the glottis, the latter by the inability of the vocal cords to approximate. A small piece of the tumor, excised for microscopic examination, showed a typical epithelioma. The patient was advised of the nature of the growth and was told that his only hope of recovery lay in the complete removal of the larynx. At this time enlarged glands could be felt in the neck. The operation, which would have destroyed his power of speech, was refused. I saw the patient from time to time until my departure from the city, July 1. Shortly afterwards his dyspnœa became so urgent and his general condition so bad that Dr. Thiede, my first assistant at the Presbyterian Hospital, referred the patient to Dr. Frank Martin, who immediately performer a tracheotomy, and thereby gave him great relief. In September Dr. Martin referred the case to me for examination of the larynx. I found the patient's physical condition much improved, but the growth in the larynx was further advanced, the glottis being practically closed by the disease. Again the advice to have the larynx removed was not taken. The man was fairly comfortable, thanks to the tube; his appetite was good and he was not disposed to have an operation of any kind. I did not see the patient again until February of the present year. He returned to Dr. Martin asking for help, and a few days later the larynx was removed. The operation was a most difficult one on account of the short, thick neck of the subject. Dr. Martin did a skilful operation; the trachea was stitched to the skin like a buttonhole. There was free hemorrhage from the cut end of the trachea which was difficult to control. This was due, as was afterwards discovered, to the extension of the growth downwards into the trachea; the cancerous tissue was cut through in the operation. The patient rallied well, and for three days seemed on the road to recovery. He died on the fifth day from some form of sepsis. The removed larynx revealed what is so often seen in such cases, that the growth was much more extensive than appeared with the mirror. The glottis was closed entirely except a small space in front, both arytenoid cartilages were involved and the vocal cords were diseased throughout their length. On opening the organ posteriorly it could be seen that the growth extended down as a flat tumor along the

walls of the larynx into the trachea. The tumor had been cut across in the operation. Just how far down the extension continued it is impossible to say. Small pieces were cut out for microscopic examination. They were hardened in alcohol, embedded in celloidin and sections cut. Staining was with hæmotoxylon and eosin. Under the microscope the epithelium could be seen shooting in from the surface. At some points the epithelial masses were entirely cut off from the surface epithelium. A few pearls were found.

The diagnosis of cancer of the larynx in the early stage—and this is the time when cure is possible by thyrotomy, a comparatively simple operation—is in many cases very difficult, if not impossible. Usually the disease begins with some disturbance of speech as hoarseness. Hoarseness is practically always present in the earliest stage, and hence must be considered an important symptom. If the growth begins on a vocal cord, the hoarseness is intensified. This same symptom, however, appears in simple inflammation, in tuberculosis, in syphilis, and sometimes in benign tumors of the cords. Should the growth begin on the epiglottis, there will, of course, be no hoarseness. In the ulcerative stage the voice is much worse, and when both sides of the larynx are involved aphonia results. Pain is an uncertain symptom; it may or may not be present in the early stages. If the tumor causes irritation of the fibers of the superior laryngeal nerve, pain is present, and may be an early symptom. In the ulcerative stage pain may be severe; it may radiate to the face, temple, neck or ears.

Dysphagia is seen when the growth begins on the epiglottis or the posterior wall of the larynx; this symptom is more pronounced in the ulcerative stage. When the cancerous mass is undergoing destruction there is an almost characteristic odor, but, as this is not present in the early stage, it is of no assistance in an early diagnosis. Cough usually makes it appearance in the later stages; in the early stage it is insignificant or fails entirely.

Secretion is slight in the beginning, and gradually increases until it is very profuse and purulent in the ulcerative stage.

Hemorrhage may occur as an early symptom, and is caused by hyperæmia of the mucous membrane; in most cases it appears only in the ulcerative stage. It is generally inconsiderable, but may be so profuse as to cause death.

Dyspnœa is a common symptom, especially in the later stages. If the tumor is located on the posterior wall it may cause disturbed function of the crico-arytenoid cartilage or it may mechanically obstruct the glottis by its large size. In many cases this symptom is of such urgency that tracheotomy has to be done to save life.

Enlarged glands are usually found, if they exist at all, in a late stage of disease. Schlier, in statistics from 125 cases, noted them only 20 times, while Juracz found them 9 times in 21 cases. The swelling of the glands is usually along the anterior border of the sterno-kleido-mastoid muscle on the affected side. Mayer asserts that a thickened and a 2 to 2.5 inches long glandular mass under the anterior edge of the middle third of the muscle is characteristic of cancer. In a few cases glands have been found as the first symptom of the disease. Cachexia is observed at a much later stage than in cancer of other organs.

From the above symptoms it may readily be seen that it is well-nigh impossible in many cases to make a positive diagnosis without careful and prolonged observation of the patient. A tumor of the larynx after the age of 50 years should always be looked upon with suspicion. Many growths in old people, apparently benign, have at a late period shown themselves cancerous. Especially is this true of papillomata; the seeming benign tumor is removed through the mouth but promptly recurs. This experience is repeated several times, until finally a piece is removed that shows the true character of the tumor. In the case of Emperor Frederick some of the best laryngologists in Europe insisted that the growth was benign, while others, equally as prominent, were sure that it was malignant. The death of the Emperor from cancer of the larynx proved that the latter were correct. A laryngeal tumor after 50 years of age is probably malignant. Cancer of the larynx occurs more frequently in men than in women. With the laryngoscope there may be seen in the earliest stage a slight hyperæmia or inconsiderable swelling of the mucous membrane. A little later the tumor, circumscribed or diffuse, usually with a smooth surface, can be seen. In some cases the surface is uneven, the so-called carcinoma cauliflorum. The appearance of the growth is peculiar in that it seems to infiltrate the surrounding tissue, while in a benign growth this is not the case. This is especially true of the vocal cords. One of the

most important signs as seen with the mirror is a certain sluggishness in the movement of the affected vocal cord, or even a paralysis, the cord refusing to make the slightest movement when the patient phonates. Most authorities agree that this sign is particularly valuable in diagnosing malignant from benign growths. It cannot be depended upon with certainty as a differential sign from tuberculosis, since an abductor paralysis may be the first sign of the latter disease. The best method of making a positive diagnosis is by means of the microscope. A prominent laryngologist of this city has condemned the removal of pieces of tissue from the larynx for microscopic examination. He claims that such a procedure only causes more rapid growth of the diseased tissue, and that, furthermore, the diagnosis can be made with the naked eye. I cannot agree with him in his conclusions. The tissue can be examined in a few days, and sometimes will give a positive result. If it does not, it is a simple matter to remove another deeper specimen, which may give the desired information. If there is a suspicion of syphilis, it is best to give iodine of potash and mercury for a time. If the process is specific, the mixed treatment will soon tell the tale.

Only a few years ago cancer of the larynx was considered a hopeless disease, and treatment was directed toward making the patient more comfortable. It is safe to say that in no department of surgery have greater strides been made than in the surgery of the larynx. In the early stages of cancer we do not hesitate to open the larynx and to remove the diseased tissue or to resect half the organ if necessary. This operation has saved many lives, and with the gradual education of the laity that hoarseness in elderly people should always be carefully examined into, I believe the time will come when the removal of the entire larynx will be extremely rare, the safer operation of thyrotomy taking its place. When both sides of the organ are involved the entire larynx must be removed. The operators who have been most successful with this operation are Professor Gluck, of Berlin, and Chevalier Jackson, of Pittsburg. The former, in his first nine cases, had only two recoveries from the operation. With increased experience and improved technique he has had 22 recoveries in the last 23 cases. Jackson has the wonderful record of eight laryngeotomies without a death. It may be interesting to review briefly his methods which have contributed to such a record. In a paper read before the British Medical Association last year he described his methods as follows: "Anæsthesia, preferably by chloroform, must be partial. The tracheal cough reflex must never for a moment be abolished. It is the greatest safeguard against inspiration pneumonia. The laryngeal cough reflex is abolished by the local application of a 20% cocaine solution, which has been sterilized, not by boiling, but by the addition of 1% of carbolic acid. This cocaine also blocks reflex cardiac inhibition and renders partial anæsthesia safe. After the start anæsthesia is a secondary matter, and the patient is often completely out. This makes the surgeons' work harder and his mortality records less. In my later cases I have added adrenalin to the cocaine solution, not to forestall hemorrhage, but to render the outline of the growth more distinct, as suggested by Mr. Butlin. The chloroform is administered first with an Esmarch inhaler; later, after the air passages are opened, it is continued with a gauze sponge held in a hæmostat over the wound, or over the tracheal cannula, as the case may be. In previously tracheotomized cases the sponge is used from the start. The Trendelenberg inhaling tube is a needless complication. I place not only the anæsthetist, but everybody, including myself, under the orders of one physician, whose sole duty it is to watch the condition of the patient. Every pulse beat and every breath is watched, and either anæsthetic or operative manipulation is stopped promptly at command before the danger signal in any of its many forms is reached. It is impossible for the operator or his assistant to do this. Still more dangerous is it to place upon the anæsthetist this duty. Herein lies one of the many differences between these operations and, for instance, abdominal work. In the latter the anæsthetist has full charge of the patient's head and neck, with its arteries, its colour and its reflex indices. How different in laryngeotomy! The anæsthetic is inhaled intermittently through the neck wound; the balance of the neck and the entire face and chest are covered with wet towels. The number of persons around the patient's head prevents the anæsthetist doing more than intermittently pushing an arm through the crowd with his chloroform-wet gauze sponge held in a hæmostat.

Posture—I have tried the Trendelenberg tampon cannula and abandoned it. Hahn's and Ger-

ster's cannulæ I have never used. Instead the patient is put in the combined Trendelenberg and Rose position, which not only prevents the blood and secretions flowing into the lungs, but forestalls shock by increasing the blood supply. The posture differs slightly from the Trendelenberg in that the shoulders are not supported. The patient is hung by his knees, the legs flexed at the knee, are strapped to the dropped footboard, which is all that keeps the patient from sliding clear off the incline. The head is dropped over the break when the headboard is dropped at the moment of incision. If the table be of proper length, as the one I designed, no sandbag is needed. The table of the abdominal surgeon is too long in its main top portion, requiring more or less of a sand bag to throw the neck up prominently. The larger the sandbag the less steep the incline of the trachea, which incline I rely upon, with the aid of an active cough reflex, to keep blood, secretions or pus out of the lungs in all tracheal and throat surgery. As to a possible argument against this position that in these old people the viscera dangerously crowd the lungs and heart, I would answer that in a patient so feeble no operation at all is justifiable. Illumination by an electric headlight is essential for rapid, careful, thorough work.

Operation.—In laryngeotomy three different plans have been followed: the method of Gluck, working from above downward, sewing the trachea last; the method proposed by Keen without even preliminary tracheotomy, the trachea being severed and stitched to the skin, as the first step after baring the trachea and larynx, and the method with preliminary tracheotomy done a week, or preferably more, before the principal operation. For reasons already given, the larynx is quickly cut clear of the oesophagus with a sharp knife without tugging. I have never found a transverse incision necessary, if no more than the larynx was to be extirpated. I always remove the epiglottis whether involved or not. In all cases the trachea is stitched to the skin as advocated by Cohen—preferably to a buttonhole if possible. The anterior wall of the oesophagus is stitched to the tissues about the hyoid bone, the epiglottis being removed. These stitches are of fine "ten-day" chromicised cat gut and closely placed with the greatest care to guard against leakage into the wound which is closed by buried and superficial stitches to obtain primary union to as great an extent as possible, and properly to support the oesophagus in place. Where, as in one case, the anterior wall of the oesophagus has to be extensively resected, the walls are stitched laterally to the skin, to be later closed by a plastic operation if desired. For reasons which time forbids entering upon here, I prefer a preliminary tracheotomy. One condition often makes it imperative. If there is the slightest stenosis the patient will take a general anaesthetic badly. Respiratory arrest will be synchronous with unconsciousness. Preliminary tracheotomy can be done painlessly with Schleich's infiltration anaesthesia. When a tracheotomy for stenosis has been required, I have always made them high, not low as the text-books advise. They should, I think, be as high as possible and yet avoid entering the infiltrated area. I have done this high operation with a three-fold object: first, it allows me to take an adequate specimen, if I so desire; secondly, it enables inspection of the growth from below, which often yields valuable information; thirdly, and perhaps most important, it leaves the greatest extent of trachea available for mobilization, which is invaluable in the event of a later laryngeotomy, when it will be desirable to stitch the trachea to a buttonhole in the skin.

Post-operative Care.—Most imperative are the orders against the administration of morphine or any other sedative that lessens the activity of the cough reflex, which is the watch dog of the lungs. For the same reason the patient must be completely out of the anaesthetic before the end of the operation, so there will be no post-anaesthetic sleep. Two special nurses long trained in tracheal work alternate duty, so that the patient never draws an unwatched breath. Either my assistant or myself are always within a few minutes' call. The foot of the bed is elevated on chairs for the first twelve hours, and after that a less elevation maintained only during sleep suffices for three days. After the first twelve hours the bed is lowered, in a few hours a pillow is given, then more pillows, then a back rest, so that the patient is sitting up at the end of 24 hours. On the second day he is sitting on a reclining chair, and the third day may move about a little. Here again is seen the absolute necessity of a strong general condition. Syncope would be frequent and possibly fatal were a feeble man subjected to this while being starved.

Dressings.—In this matter I differ most radically from other workers. In laryngeotomies, thyrotomies and tracheotomies the dressings are

changed every three hours. They are invariably sterile gauze wrung out of mercuric chloride 1 to 10000. After thyrotomies no tracheal cannula is inserted, but it is in readiness, sterilized for immediate insertion if need arise. The thyroid cartilage is not stitched, nor the outer wound, except one or two stitches at the upper part if it gape too much. The wound is kept open until it heals from the bottom. This invariable rule (to secure union of the divided cartilages first) prevents exuberant granulations forming on the internal aspect of the wound within the laryngeal or tracheal lumen. Dressings wrung out of bichloride solution replaced every three hours absorb secretions and filter the air which leaks through. Should a tracheal canula have to be inserted, it is managed as after laryngotomy. After laryngotomy the wound above the tracheal canula is drained by a small wick of gauze inserted above the cannula and renewed every three hours. The gauze around the cannula is renewed as often as soiled, as is also the filter piece of gauze over the orifice. All of these are sterile gauze wrung out of weak mercuric chloride solution. The inner cannula is dispensed with and the outer cannula replaced by a fresh one every three hours. All these manipulations are carried out with the same strict technique as obtains in a perfect operating room. If anyone doubts the necessity of frequent dressings or cannula changes, let him smell a dressing or a cannula that has been in site for a day. I never pack a laryngotomy wound, as it prevents primary union which is obtainable in more or less of the wound. The mouth and teeth are carefully swabbed every half hour with a very cold solution of boric acid in mentholated water. This is agreeable and allays thirst. The patient is turned upon his face frequently (without pillow) to allow pus and secretions from the pharyngeal wound to escape, as secretion is impossible after laryngotomy. Food as well as water must be sterilized by the nurse, whose technique equals that of the operating-room nurse. Milk, eggs, everything, must not only be sterilized, but must be sterile when given to the patient with sterile utensils. After thyrotomy almost all my patients have been able within a day or two to swallow normally. A few have been obliged for a few days to swallow "up hill," as after an intubation—that is, supine, without a pillow, and with the foot of the bed elevated on chairs and the food being taken through a bent glass tube. After laryngotomy no food or water is given by the mouth for five days. Unquestionably thirst can be allayed by enemata. As to the value of nutriment enemata, however, I have always been an absolute skeptic until my last case of laryngotomy, in which Dr. Jacob Wolf, by a system of rectal feeding, succeeded in preventing any loss of weight during the five days that no food was permitted to pass the mouth. After five days the patient is allowed to swallow sterile water and sterile fluid food. If it leaks through into the wound, the stomach tube is used. After the eighth day if leakage persists, the stomach tube is abandoned, and the leak is "corked" below with a small tight tampon of gauze placed before and removed after eating. Semi-solids are permitted after two weeks and general diet after three weeks. During the first few days after laryngotomy vomiting must be avoided at all hazards, lest stitch be dragged upon and primary union prevented. Hence the first feedings must be in very small quantities both as to total amount at one feeding and as to quantity at each swallow. For the same reason all feeding tubes are to be avoided."

THE UNIVERSITY OF MARYLAND CENTENARY.

The celebration of the centenary of the University of Maryland is an event of marked historical importance, appropriately recognized by the presence of delegates from the leading universities of Great Britain and this country. The celebration comes at a time when the Jamestown Exposition has caused a general revival of interest in historic institutions. One hundred years of existence is not a great period as compared with the antiquity of some of the educational foundations of Europe, but it is a venerable age for an American university. Since St. John's College at Annapolis has been affiliated with the University there is a lineage which goes back much further than a century, as St. John's College was founded in 1739, and it was an outgrowth from King William's School founded in 1696; so that through its connections the University reaches back to almost the earliest period of American history.

The University has never grown to the stature designed for it and contemplated by its title, but

it has reached high and generally recognized excellence in two great departments of learning—medicine and jurisprudence. Its school of medicine has had a long and distinguished history, and both from it and from the school of law have come many eminent professional men whose influence is traceable to the work of the old University. The connection with St. John's College revives a department the development of which will be watched with interest. The exercises now going on have honorable achievements to commemorate, and it is hoped that the interest inspired may secure to the University the means to move onward to greater achievements in the future."—*Evening News.*

THE UNIVERSITY OF MARYLAND CELEBRATION.

Tomorrow begins the series of exercises by which the University of Maryland will celebrate the completion of a century of existence. The occasion will be improved in a manner befitting its character, and will revive memories that are cherished by many of the leaders in the professional life of the State, and especially of this city. The address tomorrow is to be made by Dr. Samuel C. Chew, whose literary talent as well as his honored place in the medical profession mark him out for that function. On Friday, Dr. Patton, President of the Princeton Theological Seminary, and formerly President of Princeton University, will make the principal address of the celebration. The gathering of alumni from all parts of the country will be a most notable feature of the occasion, which, taken all together, bids fair to be an impressive and successful celebration of the close of a hundred years of useful work.—*Evening News.*

DR. H. D. FRY (CLASS 1876), OF WASHINGTON, D. C., IN AN ARTICLE ON PUBIOTOMY IN AMERICA *(SURGERY, GYNECOLOGY AND OBSTETRICS,* ENGLISH 1907) OFFERS THE FOLLOWING CONCLUSIONS.

Pubiotomy is a satisfactory operation, so far as the operation itself goes, for enlarging the pelvic girdle in moderate degrees of pelvic contraction. It is easy to perform and can be employed in simple flat pelves with a conjugate vera of 7 or 7½ cm. Separation of the severed bone for 4 or 5 cm. is usually sufficient to enable easy extraction with forceps.

The principal objection to the operation is the difficulties encountered in the after-treatment. They are little, if any, less than those which brought symphysiotomy into disrepute. The pelvis must be immobilized and the patient kept in the dorsal position several weeks. Maternity institutions can overcome the objection to a large degree by the use of a special bed, as the hammock suspension bed described by Ayres. Williams used the Bradford frame after two of his operations. Jewett employed an ordinary hospital stretcher, "the poles of which were lashed to the top rails of an iron bedstead. A trap-door was provided for the dejecta." Montgomery recommends a pelvic sling suspended from the ceiling and attached to a compound pulley. Ordinarily, after pubiotomy and symphysiotomy, the evacuations of the bladder and bowels are attended with discomfort, and it is a hard task for the nurse to keep the parts clean, which is the more important after secondary operations where the patient is already septic and the soft parts contused and lacerated.

In consequence, therefore, of the unsatisfactory convalescence after pubiotomy, the operation will obtain in this country a limited field of usefulness as an elective operation. Cæsarian section offers a substitute free from this objection and its indications will be extended to embrace these cases of minor degrees of pelvic contraction. With a head movable above the inlet, and one which will not descend by suprapubic pressure, that operation should be performed primarily. When the head is moulded and engaged, forceps may be tried tentatively before resorting to sections.

The indications for pubiotomy may be stated then, a living child and some contraindication to Cæsarian section. The usual conditions presented are: A moderate degree of pelvic contraction, which has been unrecognized generally, ineffectual efforts employed to deliver with high-forceps, the woman exhausted and infection probably started.

If the child be dead, craniotomy; if alive, pubiotomy—pubiotomy, in spite of the objections against it. It is better to have a live woman at the end of a tedious convalescence than a dead one after a "successful" operation.

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BALTIMORE, MD., OCTOBER 15, 1907

EDITORIAL

OPENING OF THE SESSION 1907-08.—The 101st annual course of lectures began in the Medical Department of the University of Maryland on October 1st under auspicious circumstances. At this time of writing the number of students in attendance was larger than on the corresponding day of last year. The indications all point to larger classes and to a prosperous year. After a suspension of work on the University grounds for the past four months, the atmosphere around the old building has been made quite breezy and boisterous by the incoming of the student body and the ceremonials incidental to the initiation of the Freshman class into the mysteries of the University life.

THE BULLETIN is glad to note that the best of feeling exists between the Freshmen and their older classes and no harsher treatment has been administered than the annual parade in partial dishabille through the streets of the city, with attractive decorations in paint and powder and the restraint of the chain gang. Those of us who have put away childish things may look with some disfavor upon the hazing spirit, but a glance backward will remind us of the time when our own youthful energies found great satisfaction in these exercises so universal under one form or another among student bodies. So long as a custom works no moral or physical harm to the young aspirant for college or university life the practice of mild suggestion and of a not over-vigorous repression of pride of spirit or of haughty will may not be without a moral value. The introduction of the Freshman to his more highly favored fellow-students at the University is neither punitive nor highly embarrassing. The tameness of spirit and lamb-like acquiescence in the discipline administered is so ludicrous that it can call for no outward protest. When these frivolous exercises are over both teacher and student fall into earnest work and the session is made to run its natural course.

THE NEW LAW BUILDING.—The Faculty of Law of the University of Maryland has during the past summer erected on the site of the old building on the University grounds a large two-story addition adjoining the auditorium in the rear of the old building. The new building is not only a handsome structure from the standpoint of architecture, but it is commodious, well arranged, with modern fixtures and admirably adapted to the educational work of the Law Department. The rapid growth and splendid showing of the Law School is a source of great pleasure to the friends of the University of Maryland.

No department of the University has shown greater zeal and interest in the development of a University spirit and in broadening the educational work of the University than has the Department of Law. The large and distinguished class of alumni in this State representing the Legal fraternity has shown the warmest interest in the other Departments of the University, and especially towards the Medical Department. The friends of the University, without regard to Departments, should feel proud of the advances which the University is making in every branch of educational work. The day can not be far distant when all of the schools represented in the University will be arranged under one board of management and governed by a President with executive powers sufficiently large to enable him to build up a great and prosperous State University.

IMPROVEMENTS MADE IN CALVARY CHURCH.—The Calvary Church property, located on the southeast corner of Lombard and Greene streets, which was purchased by the Faculty of Physic of the University of Maryland some two years, owing to litigation over the title, did not come into the possession of the Faculty until a few months ago. The lease to a Hebrew congregation has recently expired and the church has been repaired, repainted and thoroughly renovated so as to adapt it to the purposes of the Faculty. The main auditorium will be used as a lecture and examination hall and the basement will be used

for the library, which is growing rapidly in number of books and in usefulness to the student body. The church has been named Davidge Hall in honor of Dr. John Beall Davidge, the founder of the University, and for many years one of its most distinguished teachers. Under fresh coats of paint the old building presents an attractive appearance.

AMALGAMATION OF THE SEVERAL ALUMNI ASSOCIATIONS OF THE UNIVERSITY OF MARYLAND.

In the year 1903 Dr. Eugene F. Cordell, having concluded that there was too great a dissociation of effort between the various departments of the University to accomplish the most good for the least expenditure of energy, inaugurated a movement for the founding of a General Alumni Association, to which graduates of any of the departments of the University of Maryland were eligible. He even went further than this and founded branch bodies in several of the States, to wit: North Carolina and Pennsylvania. Success having crowned this movement, the officers and executive committee of the General Alumni Association wished to increase its sphere of activity, so have recently endeavored to further weld together the forces of the University into a single fighting body politic, and still further conserve the energy of the various influences of the University by bringing about an amalgamation of the numerous alumni associations of this University. Efforts here have again proven successful; the Alumni Association of the Pharmaceutical Department, formerly the Maryland College of Pharmacy, in order to demonstrate its perfect unselfishness in the welfare of its adopted mother, has been the first to heartily aid these efforts by joining the General Association under the following conditions:

The members of the Maryland College of Pharmacy Alumni Association have agreed to amalgamate with the General Alumni Association of the University of Maryland under the following conditions:

"1. We will furnish the proper officers of the General Alumni Association with lists of our members, both active and passive.

"2. We join the General Association entirely free from debt, and will turn over all money in the hands of our treasurer to the proper officer of the said Association.

"3. The General Alumni Association is to appropriate the sum of $10.00 annually, to be expended for a Gold Medal, which is to be awarded to that member of the graduating class of the Department of Pharmacy who shall have attained the highest proficiency in Vegetable Histology. The medal is to be known as heretofore as the 'Alumni Medal,' and understood as being the gift of the alumni of the Department of Pharmacy.

"4. The anuual dues are to be $1.00.

"5. The members of the Maryland College of Pharmacy Alumni Association reserve the right at any time, if deemed necessary, to withdraw from the General Alumni Association.

"6. Any graduate of the Maryland College of Pharmacy (1841-1904), or of the Department of Pharmacy of the University of Maryland, shall be eligible to membership in the General Alumni Association.

"7. The amalgamation of the two associations is to date from July 1, 1907."

It is the idea of the General Alumni Association not to absorb the other alumni associations, but for all to meet each other half way, as the Pharmaceutical Alumni Association has done, for all to lose their identity and form the University of Maryland Alumni Association. Why all these separate bodies? What is wanted is one strong united body, working for the University of Maryland as a whole, and not its separate departments. In order to accomplish this all alumni must be organized into a strong single unit. The "University Idea" has come to stay, nothing can turn it back, but its ultimate accomplishment depends upon the support and encouragement of the alumni. Every alumnus should help in the welding and fusing of the alumni associations, and if not a member of the General Alumni Association, should join it. It has done good work for the University, and is destined to do greater.

CORRESPONDENCE

September 3, 1906.

To the Hospital Bulletin:—On September 3d, 1906, we took train at the Caledonia Station, Glasgow, en route to Liverpool. Dr. Hundley had a very unhappy half hour trying to find his lug-

gage in the parcel-room, but finally emerged with his usual genial smile and his traps. He was not favorably impressed with the system prevailing here, and doubtless thought more than he said. The country between Glasgow and Liverpool is thickly settled, and we passed through many towns with historic names, as Carlisle and Preston. The Scotch aspect of rugged country, with houses and fences of grey stone, soon disappeared, and we journeyed through the open flat or rolling English landscape, with neat brick houses, hedgerows and well-kept lanes. Liverpool was reached about 8 P. M. It is a large commercial city situated on the Mersey River, without many special attractions, the houses being mostly built of grey bricks, like those of other English cities, which gives them a sombre appearance. When I was in Liverpool, 23 years ago, ships anchored in the stream, some distance from the shore, and passengers were conveyed to them in launches and tenders. Now there are magnificent stone docks, at which the largest vessels can lie and take on passengers and baggage easily and comfortably. After making sure of our staterooms and baggage, we had a day to spare, so we crossed the river to Birkenhead, to which place ferryboats ply every few minutes, and there took train to the ancient city of Chester, about sixteen miles distant. This is one of the quaintest and most interesting places in England, situated on the pretty River Dee, as the old portion of the city is still surrounded by a substantial stone wall, from 12 to 40 feet in height, originally built by the Romans or Britons about A. D. 61, but renovated from time to time, and still in a good state of preservation. This wall is about two miles in circumference, and has a number of towers, here and there, for observation and defense. From the Phœnix tower Charles the First saw his army defeated by Oliver Cromwell in 1625, and himself lose his crown, and subsequently his head. Many of the houses are very quaint with gables and fancy work, and remain in much the same condition and appearance as when they were erected, several centuries ago. The streets are mostly very narrow, and but for the shriek and rush of the railroad trains and the buzz of the factories one might almost imagine himself transported backwards into the middle ages.

From the wall North Wales is in sight, and Hawarden, the house of Wm. E. Gladstone, is only seven miles distant. The Chester Cathedral dates back several centuries, and its walls are covered with memorial tablets and some fine mosaic illustrations from the lives of Abraham, Moses, Samuel, Elijah and David. Chester is well worth a visit, and the sojourner at Liverpool ought not to miss the opportunity of seeing this rare relic of "ye olden time." On September 5th we embarked on the steamship Friesland for Philadelphia. This boat belongs to the American Line, though it sails under the Belgian flag. It is a good and fairly comfortable ship, though rather old, and Dr. Hundley expressed the opinion that the bolts were rusty and we would be very fortunate if we got back home alive. Whilst such a lugubrious prognostication was not particularly comforting, the bolts did not shake out, the waves did not engulf us, and in due time we reached the shores of our native land. "A life on the ocean wave and a home on the rolling deep" sounds very pleasant, but in my opinion the best thing about an ocean voyage is its termination, and the most beautiful sight the shores of America; consequently I was greatly pleased to see the lightship with its eye of fire off the Jersey coast, and soon afterwards to glide into the smooth waters of the Delaware Bay.

One is often asked if it is not possible to get as good or better medical instruction in the large American clinics as in those of Europe, and in most respects this question must be answered affirmatively, but one acquires not only a medical uplift, but a general education of a very diversified character, by visiting and residing in foreign parts. The language, customs and mode of life is different, and the American pilgrim learns many things, one of the most important being that the United States of America is a mighty fine country, but that it is not the whole earth. Wherever we went we were treated with courtesy and usually with marked distinction, both by the medical profession and the general public. Twenty years ago there was great ignorance of, and still greater indifference to American affairs in continental Europe, now there is a lively interest in America and its doings, and many of the promient medical men have paid visits to this country and are well informed in regards to medical and other conditions in our land. The tide of travel is surely turning and it will not be long before a foreign medical man will think it necessary to visit the schools and hospitals of the United States in order to round out his professional training. RANDOLPH WINSLOW.

ITEMS

At the meeting of the University of Maryland Medical Association held in the amphitheatre of the University Hospital, Tuesday, October 8, 1907, the following were elected officers for the ensuing year: President, Dr. Gordon Wilson; Vice-President, Dr. Walter H. Mayhew; Secretary, Dr. John T. O'Mara; Executive Committee, Dr. Charles Bagley, Dr. I. J. Spear, Dr. A. D. Atkinson. The remainder of the program consisted in the exhibition of cases by Dr. Randolph Winslow and Dr. A. D. Atkinson, and of pathological specimens by Dr. J. L. Hirsh.

The first case was that of a stenosis of the pylorus in a boy 20 years of age, upon which Dr. Winslow had performed a posterior gastro-jejunostomy with marked improvement in the condition of the patient. Dr. Winslow also spoke of a case upon which he had done an entero-colostomy on account of obstruction from adhesions following general peritonitis. In this case a good part of the anterior abdominal parietes has sloughed, but the patient seems to be on the road to recovery.

Dr. Atkinson exhibited a case of what he believed to be beginning general pulmeno-osteo-arthropathy. In this line he also spoke of a case of abdomino-thoracic aneurism, perforating into the lung, of giving rise to abdominal symptoms. He said that he believed many thoracic disorders were diagnosed abdominal.

Dr. Hirsh showed the specimen of this last case, obtained at autopsy. He also exhibited a liver riddled with amebic abscesses. The intestine of this case was studded with numerous ulcerations.

The editors and business manager of the 1907 "Terra Mariae are glad to be able to announce to the friends of the University that all expenses connected with the book have been paid in full, total cost exceeded $2,500, and there are about 300 copies on hand, which can be had for the minimum price of $2.00 per copy. In order to protect the 1908 annual this price will not be reduced. The amount of receipts and expenditures will be published later. We take great pleasure in expressing our most hearty thanks to those who contributed to the book in literature, because we realize that it was due to their promptness in contributions that the book attained such a high degree of excellence. We feel greatly indebted to the faculties of the several departments for their contributions and trust we have repaid them, in part at least, by doing our best with the publication.

We thank the purchasers of the book for their mite and hope each feels that the commodity is worth the price paid."

Dr. Cyrus Bryant Phillips, of the class of 1882, who was reported by the historian of the class as among those whose whereabouts were unknown, is very much in evidence. Dr. Phillips is a successful practitioner and resides in Pitman, Gloucester county, New Jersey. He is a subscriber to the BULLETIN, and it is hoped he will write to the BULLETIN and give some account of himself.

Dr. W. C. Lyon, Newburgh, N. Y., class 1907. is in the city preparatory to locating in the suburban part. Dr. Lyon has just returned from abroad, where he spent most of his time in Germany.

Dr. Charles W. Bailey, of the class of 1889, has been appointed lieutenant and surgeon of the Battalion of Naval Militia of the National Guard of South Carolina.

Dr. Benjamin H. Dorsey, class of 1901, Passed Assistant Surgeon United States Navy, has been ordered to the Cruiser Washington, and will make the trip around the Horn with the Atlantic Fleet.

Dr. Joseph Gamewell Evans, class of 1903, who is in the Panama service, has been home on a furlough. He expects to return to the isthmus in a week.

Dr. J. Frank Crouch, after spending several months abroad visiting the hospitals and clinics of Europe, has returned to Baltimore.

Dr. Joseph T. Smith has returned to Baltimore after a vacation spent in visiting some of the principal hospitals of Europe.

Dr. W. A. B. Sellman, of Baltimore, has been elected second vice-president of the American Association of Obstetricians and Gynecologists.

Bishop Luther B. Wilson, an alumnus of our Medical Department, has been elected president of the Anti-Saloon League of America.

Dr. John Comegys is in the city.

MARRIAGES

Dr. John Sterling Geatty, class of 1906, of New Windsor, Maryland, and Miss Anna Mary Repp, daughter of Mr. and Mrs. Charles T. Repp, of New Windsor, were married Wednesday, October 2, 1907, at the home of the bride's parents. The marriage ceremony was performed by Rev. George W. Baughman, of the Uniontown Lutheran Church. The honeymoon was spent in the Middle West.

DEATHS

Major James Carroll, M. D., U. S. A., a distinguished alumnus of the University of Maryland, died in Washington, D. C., September 16th, after an illness of over six months, the remote result of his celebrated investigation of the mosquito origin of yellow fever.

Dr. Carroll graduated in the class of 1891, and after graduation entered the United States Army as Assistant Surgeon. He gave much attention to the study of pathology and bacteriology and became an authority in these departments of science. He was associated with the late Dr. Walter Reed in the study of the yellow fever baccillus, both in this country and in Cuba. He voluntarily submitted to the bite of a mosquito that had previously bitten well-marked cases of yellow fever. He contracted yellow fever in this manner and came very near losing his life at the time, and it is said that he never fully recovered his health and died as a martyr to science. Dr. Carroll was born in England June 5th, 1854. By a special act of Congress in recognition of his distinguished services to science and humanity he was raised from the grade of Assistant Surgeon to that of Major.

At the Centennial of the University of Maryland the honorary degree of LL. D. was conferred upon him. Dr. Carroll leaves a widow and seven children.

Collier's Magazine for October 12th thus speaks of Dr. Carroll's death:

"Less than a year ago this paper was asked to lend its support to a bill then pending in Congress to advance an army surgeon named Carroll from the grade of First Lieutenant to Major. The bill became a law before *Collier's* had an opportunity to say anything about it, and now comes the news that Major Carroll is dead. What we should have said with the purpose of securing a small addition in pay for a soldier crippled in living up to a high conception of duty can be said now with somewhat more tenderness in memory of a martyr. In 1899, when our troops were garrisoning Cuba and our men were dying of yellow fever, a board of medical officers was appointed to investigate the disease. The active members of this board were Major Walter Reed, Surgeon United States Army, and Acting Assistant Surgeons Lazear and Carroll. By a series of experiments matchless in their thoroughness and accuracy, and in their fearless disregard of consequences to themselves, they demonstrated absolutely that yellow fever is communicated from one person to another by a certain mosquito and in that way only. Our recollection of the details of the incident is that these surgeons procured mosquitoes, placed them where they could make certain the mosquitoes would be infected by the yellow-fever germ, then put the infected insects in a glass jar, into which each surgeon plunged his hand and held it there until it was several times bitten. The quality of their act should not be confused with the more or less common case of a physician who experiments on himself in order to prove a cure in which he has faith. Such a man expects to cure himself; these three army surgeons made their experiments without any such sustaining faith, and were conscious of deliberately undergoing a very much greater risk."

Dr. Melchijah Spragins, class of 1899, of 1802 St. Paul street, Baltimore, Maryland, died Saturday, October 5, 1907, at Saint Agnes' Hospital, Baltimore. Dr. Spragins was born in Baltimore, and received his early education at Marston's School, Baltimore, after which he entered the Medical Department of the University of Maryland, and was graduated with the degree of doctor of medicine in the year 1899.

For the past two years Dr. Spragins has been connected with the City Health Department. He is survived by a mother, a sister, Mrs. Warfield, of Philadelphia, and a brother, Professor Samuel H. Spragins, of Helena, Arkansas.

Dr. Edward Fowler, class of 1858, for two terms a member of the State Board of Health, and a founder and director of the Peninsular General Hospital, Salisbury, Maryland, died at his home in Laurel, Delaware, September 19, 1907, after an illness of several months, aged 89.

FOR ENDOWMENT OF UNIVERSITY OF MARYLAND.

Dr. Eugene F. Cordell, secretary of the committee of 100 appointed by the Board of Regents of the University of Maryland to collect funds for the endowment of the University, writes the people of Baltimore and the State at large to respond to an appeal for such a patriotic cause. In speaking of the project he says:

"In the first place, here is an old and eminent seat of learning which ranks among the first eight chartered universities in America, and which up to 1876 was the only institution of university rank in Maryland. This is its first appeal for such aid. It is the alma mater of many thousands, not only Marylanders, but people from all parts of the country. Is it not a remarkable fact that such a seat of learning on the eve of its centennial celebration should be still without an endowment?

"Modesty alone cannot excuse the alumni and authorities of the University, nor can anything excuse the citizens of Maryland for this strange neglect. Is it not a blot upon this community that such a thing should take place in one of the original 13 colonies, with the refinement and culture and the proverbial generosity of Maryland people, in one of the great commercial cities in America?"

Cards for subscriptions have been circulated by the members of the committee asking for contributions to be divided into five annual payments, beginning on July 1, 1907, and ending on July 1, 1912.

Mr. J. Harry Tregoe is the treasurer of the fund, in whose name all checks should be made out, and the captains of teams who are out hustling for subscriptions are:

Messrs.—	Messrs.—
Henry Shirk,	S. John Lion,
E. F. Kelly,	I. J. Spear,
L. G. Painter,	S. Leroy Robinson,
John Watson, Jr.,	Isaac T. Parks, Jr.,
Clifton D. Benson,	Oregon M. Dennis.
W. P. Constable,	

Other members of the Committee of 100 are:

Doctors—	Doctors—
Randolph Winslow,	I. H. Davis,
Daniel Base,	Clyde V. Matthews,
L. E. Neale,	J. Clement Clark,
T. A. Ashby,	B. Merrill Hopkinson,
J. C. Hemmeter,	E. Miller Reid,
Henry P. Hynson,	C. S. Grindall,
Jose L. Hirsh,	Gordon Wilson,
J. Mason Hundley,	H. H. Biedler,
Joseph T. Smith,	Josiah S. Bowen,
Joseph E. Gichner,	Howard Kahn,
Nathan Winslow,	V. L. Norwood.
Messrs.—	Messrs.—
J. Kemp Bartlett,	James Bailey,
Eugene O'Dunne,	O. F. Hershey,
J. E. Hengst,	Samuel J. Harman,
Garnet Y. Clark,	Jacob Wall New,
James E. Carr, Jr.,	Charles J. Bouchet,
R. F. Leach, Jr.,	J. Fred. Conrad, Jr.,
Edgar Allan Poe,	George W. Gail,
C. W. Perkins,	Henry Lauts,
L. E. Greenbaum,	Robert Rother,
E. D. Stinchcomb,	F. Bauernschmidt,
J. L. V. Murphy,	A. S. Gill.

The members of the Board of Trustees of the endowment fund are:

President—	Doctors—
Judge Stockbridge.	Samuel C. Chew,
Secretary—	Harry Adler,
J. Harry Tregoe.	Joshua Hering,
Treasurer—	Thomas A. Ashby,
Clayton C. Hall.	Eugene F. Cordell.
	Mr. Allan McSherry.

DIRECTORY OF LIVING ALUMNI OF MEDICAL DEPARTMENT OF THE UNIVERSITY OF MARYLAND—Continued.

MARYLAND.

Collinson, J., Mayo, class 1872.
Ziegler, J. S., Melrose, class 1878.
White, John K., Midland, class 1884.
Gantt, H. Baldwin, Millersville, class 1880.
Arthur, Wm. E., Mill Green, class 1892.
Comegys, Nathaniel, Millington, class 1866.
Peach, John, Mitchellville, class 1858.
Emory, Thos. H., Monkton, class 1896.
Mitchell, A. R., Monkton, class 1877.
Bromwell, John E., Mount Airy, class 1867.
Devilbiss, D. M., Mount Airy, class 1872.
Gaver, Wm. E., Mount Airy, class 1888.
Todd, Benj. H., Mount Airy, class 1874.
Price, Benj. F., Mount Carmel, class 1857.
Stone, D. Edwin, Mount Pleasant, class 1864.
Murray, F. Alan, Mount Savage, class 1897.
Quarles, Edward, Mount Savage, class 1899.
Bossyns, Albert J., Mount Washington, class 1898.
Downey, Jesse W., New Market, class 1869.
Hopkins, Howard H., New Market, class 1869.
Hopkins, Howard H., Jr., New Market, class 1895.
Brown, Geo. H., New Windsor, class 1864.
Winterson, Geo. C., New Windsor, class 1902.
Akehurst, James S., Norrisville, class 1900.
Ward, Wm. W., North Branch, class 1894.
Hinebaugh, Mahlon C., Oakland, class 1892.
Legge, John E., Oakland, class 1899.
McComas, Henry W., Oakland, class 1888.
McComas, J. Lee, Oakland, class 1858.
Dent, Walter B., Oakley, class 1889.
White, John K., Ocean, class 1884.
Harbaugh, Chas. V. L., Old Town, class 1889.
Campbell, Wm. H., Owings Mills, class 1869.
Mansfield, Arthur D., Owings Mills, class 1890.
Palmer, Robt. V., Palmers, class 1895.

Heyde, Eugene W., Parkton, class 1892.
Norris, Robt. R., Parkton, class 1878.
Drach, Hanson M., Patapsco, class 1852.
Chapman, Pearson, Perryman, class 1865.
Stier, Jay H., Perryman, class 1886.
Claggett, Samuel, Petersville, class 1898.
Payne, Josiah S., Phoenix, class 1862.
Naylor, H. Louis, Pikesville, class 1860.
Wysc, Wm. P. E., Pikesville, class 1886.
Gillespie, Geo. W., Pilot, class 1880.
Hurtt, Edgar D., Piscataway, class 1854.
Nalley, Harry, Piscataway, class 1900.
Freeny, Greensbury, Pittsville, class 1862
Freeny, Lawrence C., Pittsville, class 1900.
Davis, Geo. W., Pleasantville, class 1869.
Hall, R. Lee, Pocomoke City, class 1901.
Quinn, F. W., Pocomoke City, class 1905.
Quinn, Samuel S., Pocomoke City, class 1859.
Truitt, David J. O., Pocomoke City, class 1857.
Willis, H. N., Pocomoke City, class 1888.
Trapnell, Richard W., Point of Rocks, class 1866.
Gott, Richard T., Poolesville, class 1868.
Wooten, Edward, Poolesville, class 1861.
Bromwell, Robt. E., Port Deposit, class 1850.
Carson, Wm. C., Port Deposit, class 1856.
Clemson, Harry E., Port Deposit, class 1894.
Fisher, S. Groome, Port Deposit, class 1890.
Downes, John R., Preston, class 1904.
Noble, Jacob L., Preston, class 1876.
Phillips, James R., Preston, class 1869.
Fisher, Charles T., Princess Anne, class 1901.
Dashiell, Wm. H. H., Quantico, class 1865.
Gore, James, Reisterstown, class 1867.
Slade, H. Montrose, Reisterstown, class 1884.
Stevenson, H. Burton, Rider, class 1892.
Stone, Stephen S., Ridgely, class 1894.
Bromwell, John E., Ridgeville, class 1867.
Todd, Benj. H., Ridgeville, class 1874.
Jenness, John H., Rising Sun, class 1887.
Oglesby, Samuel C., Rock Hall, class 1892.
Anderson, Edward, Rockville, class 1875.
Linthicum, Otis M., Rockville, class 1890.
Baker, Charles D., Rohrersville, class 1881.
Cassidy, Henry F., Roland Park, class 1890.
Mace, Carville Veirs, Rossville, class 1897.
Trippe, Samuel C., Royal Oak, class 1875.
Fenby, Walter H., Ruthsburg, class 1894.
Miles, James H., St. Inigoes, class 1845.
Ridout, Zachariah D., St. Margarite, class 1869.
Dodson, Robt. A., St. Michaels, class 1859.
Glascock, A. B., St. Michaels, class 1888.
Seth, Joseph B., St. Michaels, class 1899.
Zepp, H. E., St. Michaels, class 1904.
Collier, Levin D., Salisbury, class 1904.
Dick, J. McFadden, Salisbury, class 1895.
Humphreys, Eugene W., Salisbury, class 1872.
Morris, Lewis W., Salisbury, class 1847.
Siemons, Francis M., Salisbury, class 1860.
Todd, George W., Salisbury, class 1885.
Todd, Henry L., Salisbury, class 1851.
Truitt, Chas. R., Salisbury, class 1891.
Brooke, Rodger, Sandy Spring, class 1887.
Jeter, Ned N., Sassafras, class 1887.
Linthicum, Thos. W., Savage, class 1879.
Gassaway, Wm., Sharptown, class 1904.
Wright, Josephus A., Sharptown, class 1881.
Carlin, James S., Slidell, class 1862.
Bishop, Elijah T., Smithburg, class 1855.
Purnell, James B., Snow Hill, class 1850.
Riley, John L., Snow Hill, class 1905.
Marsh, Wm. H., Solomons, class 1876.
Collinson, John, South River, class 1872.
Eldred, Frank C., Sparrows Point, class 1891.
McCormick, G. Carville, Sparrows Point, class 1890.
Batson, John R., Spencerville, class 1880.
Benton, John R., Stevensville, class 1883.
Maxwell, Wm. S., Still Pond, class 1873.
Arthur, Wm. E., Street, class 1892.
Famous, Charles W., Street, class 1901.
Payne, Josiah T., Sunnybrook, class 1862.
Clark, Joseph C., Sykesville, class 1880.
Fisher, Wm. Henry, Sykesville, class 1905.
Heffinger, C. Warwick, Sykesville, class 1881.
Lucas, W. Frank, Sykesville, class 1893.
Morris, John N., Sykesville, class 1893.
Roop, Charles E., Taneytown, class 1892.
Baer, Henry F., Tannery, class 1894.
Cronk, A. T., Taylorsville, class 1890.
Bussey, B. F., Texas, class 1885.
Birely, Morris A., Thurmont, class 1894.
Kefauver, Elmer C., Thurmont, class 1891.
Waters, James K., Thurmont, class 1859.
Wilson, S. Kennedy, Tilghman, class 1879.
Green, Joshua R., Towson, class 1899.
Hawkins, John W., Towson, class 1865.
Jarrett, James H., Towson, class 1852.
Massenburg, Richard C., Towson, class 1884.
Piper, Jackson, Towson, class 1853.
Price, Abraham H., Towson, class 1861.
Price, Marshall L., Towson, class 1902.
Rich, Frank R., Towson, class 1889.
Chaplain, James S., Trappe, class 1854.
McCormick, James L., Trappe, class 1884.
Ross, Joseph A., Trappe, class 1896.
Seymour, Wm. S., Trappe, class 1895.
Lowndes, Charles H. T., Tunis Mills, class 1888.
Brown, Wm. D., Union Bridge, class 1894.
Norris, Milton McK., Union Bridge, class 1880.
Watt, James, Union Bridge, class 1863.
Kemp, Luther, Uniontown, class 1887.
Sappington, Thomas P., Unionville, class 1869.
Whitehill, Maximus, Unionville, class 1876.
Spurrier, H. G., Unity, class 1889.
Miles, E. S., Upper Fairmount, class 1874.
Sasscer, Reverdy, Upper Marlboro, class 1897.
Mullinix, Elisha E., Urbana, class 1874.
Mitchell, Frederick G., Verona, class 1880.
Price, Robert J., Vienna, class 1866.
Waters, Charles H., Washington Grove, class 1871.
Gantt, H. Baldwn, Waterbury, class 1880.
Waters, Somerset R., Watersville, class 1858.
Hebb, John W., West Friendship, class 1860.
Hebb, John W., Jr., West Friendship, class 1901.
Shipley, Luke M., West Friendship, class 1869.
Billingslea, James H., Westminster, class 1864.
Coonan, Thos. J., Westminster, class 1891.
Foutz, Charles R., Westminster, class 1897.
Franklin, Benj. G., Westminster, class 1866.
Hering, Joseph T., Westminster, class 1885.
Kneisley, Herbert L., Westminster, class 1905.
Mathias, John S., Westminster, class 1879.
Shaw, Frank T., Westminster, class 1864.
Wells, Wm. D., Westminster, class 1896.
Cawood, J. Maclane, West River, class 1902.
Tyndall, Ira C., Whaleysville, class 1896.
Yost, W. McLean, Whitehall, class 1891.
White, Wm. H., Whiton, class 1887.
Talbott, Wm. H., Willows, class 1904.
Cronk, Edwin D., Winfield, class 1884.
Dawson, Robert M., Wittman, class 1869.
Smith, Alvey J., Wolfsville, class 1898.
Smink, A. Clarence, Woodlawn, class 1896.
Donsife, Henry L., Woodsboro, class 1864.
Hammond, Robert L., Woodsboro, class 1882.
Devilbliss, David M., Woodville, class 1872.
Anderson, Samuel H., Woodwardville, class 1870.
Stack, James W., Wye Mills, class 1893.

MASSACHUSETTS.

Councilman, Wm. T., Boston, class 1878.
Whelpley, G. Frederick, Boston, class 1903.
Wood, Henry W., Fairhaven, class 1902.
Cotton, Henry A., Hathorne, class 1899.
Riordan, Walter D., Lawrence, class 1903.
Schwartz, Myer, Lawrence, class 1902.
Gillard, Arthur E., Lowell, class 1887.
Medina, Frederick E., Lowell, class 1901.
Hitchcock, John S., North Adams, class 1893.
McDonald, James, Worcester, class 1902.

MICHIGAN.

Vandeventer, Vivian, Ihspeming, class 1869.
Bernstein, Edward J., Kalamazoo, class 1887.

MINNESOTA.

Berthold, Jacob L., Perham, class 1886.
Cummings, J. Calvin, St. Hilare, class 1884.
Kinkle, James C., St. Paul, class 1847.
Humphrey, W. R., Winton, class 1902.
Schultz, Frederick W., Waltham, class 1902.
Armstrong, L. W., Breckenridge, class 1900.

MISSISSIPPI.

Denson, Eugene G., Meridan, class 1898.

MISSOURI.

Windsor, Wm. S., Bosworth, class 1890.
Webb, Christopher C., Joplin, class 1881.
Gayle, Virginius W., Kansas City, class 1873.
Irwin, Charles B., Kansas City, class 1904.
Jones, Oliver F., Kansas City, class 1880.
Myers, Edward W., Kansas City, class 1862.
Schaefer, Edward H., Kansas City, class 1892.
Streett, St. Clair, Kansas City, class 1880.
Smith, Edward S., Macon, class 1900.
Harris, Joseph E., Marshall, class 1883.
Pitts Barton, St. Joseph, class 1881.
Bond, Young H., St. Louis, class 1867.
Borck, Edward, St. Louis, class 1863.
Julian, Horace M., St. Louis, class 1885.
Nixon, Joel W., St. Louis, class 1878.
Schwalbe, Samuel, St. Louis, class 1885.
Smith, J. Campbell, St. Louis, class 1885.
Wiest, Charles A., Stover, class 1897.

MONTANA.

Evans, Richard D., Butte, class 1886.

NEBRASKA.

Myers, E. M., Bennet, class 1901.
Torbitt, Wm. F., Bennet, class 1903.
Glatfelter, Harvey E., Central City, class 1891.
Bear, Alexander, Norfolk, class 1860.
Rork, L. Wallace, Oxford, class 1896.

NEVADA.

Robinson, Wm. K., Goldfield, class 1893.

NEW HAMPSHIRE.

Jones, Seth W., Franklin Falls, class 1894.

NEW JERSEY.

Ewens, Arthur E., Atlantic City, class 1904.
Marcy, Virgil, Cape May, class 1847.
Phillips, Cyrus B., Hurffville, class 1882.
Boyd, Wm. S., Jersey City, class 1886.
Harden, Albert S., Newark, class 1901.
Bowden, David T., Paterson, class 1889.
Kurtz, Cyrus, Paterson, class 1902.
Phillips, Cyrus B., Pitman Grove, class 1882.
Ard, Frank C., Plainfield, class 1887.
Boone, Wm. C., Plainfield, class 1872.
Day, S. Thomas, Port Norris, class 1889.
De Yoe, Charles P., Ramsey, class 1883.
Allen, Charles L., Trenton, class 1887.
Brewer, Charles, Trenton, class 1855.
Beach, Edward M., West Long Branch, class 1884.
Slaughter, James M., Wildwood, class 1855.
Ransom, B. B., Jr., Maplewood, class 1902.

NEW MEXICO.

Roseberry, Benjamin S., Gardiner, class 1874.
Duncan, Charles G., Socorro, class 1881.

NEW YORK.

Rubenstein, Jacob L., Bedford Station, class 1904.
Latham, Ora N., Bolivar, class 1882.
Davis, Wm. H., Brooklyn, class ——.
Fausett, Harvey A., class 1891.
Gieschen, Albert H., Brooklyn, class 1901.
Hoag, David E., Brooklyn, class 1896.
Klein, Herman, Brooklyn, class 1901.
Dorr, L. Bradley, Buffalo, class 1890.
Frost, Henry P., Buffalo, class 1889.
McKenzie, David C., Granville, class 1891.
Kemble, Urban T., Kingston, class 1902.
Santry, Augustus B., Little Falls, class 1896.
Ard, Wm. E., New York city, class 1891.
Binion, Samuel A., New York city, class 1886.
Bissell, Dougal, New York city, class 1888.
Brooks, A. G., New York city, class ——.
Chapman, Robert F., New York city, class 1865.
Clark, Byron, New York city, class 1881.
Dawson, Wm. T., New York city, class 1880.
Lake, L. F., New York city, class——.
Develin, J. A., New York city, class ——.
Richardson, Braxton B., New York city, class 1887.
Rosenthal, Morris, New York city, class 1902.
Taylor, George A., New York city, class 1890.
Tull, Edward E., New York city, class 1887.
Dodge, Amos P., Oneida, class 1874.
Norton, Oakley W., Rochester, class 1900.
Telfair, Wm. G., Rochester, class 1882.
Weigel, Louis A., Rochester, class 1875.
Sutton, Henry C., Rochester, class 1880.
Braymer, F. H., Salamanca, class 1886.
Clark, George E., Skaneateles, class 1889.
McKeeby, W. Coe, Syracuse, class 1887.
Miller, Aaron B., Syracuse, class 1882.
Hoch, C. August, White Plains, class 1890.

NORTH CAROLINA.

Anderson, Jasper N., Albemarle, class 1895.
Hill, Wm. T. Albemarle, class 1897.
Whitley, Virgil A., Albemarle, class 1884.
Utley, H. G., Apex, class 1894.
Olive, W. W., Apex, class ——.
Upchurch, C. G., Apex, class ——.
Garner, Hampton H., Asheville, class 1902.
Laird, Edward C., Asheville, class 1877.
Orr, Charles C., Asheville, class 1904.
Brown, John P., Ashpole, class 1883.
Skinner, Louis C., Ayden, class 1901.
Duncan, Charles L., Beaufort, class 1902.
Barden, W. B., Beaufort, class ——.
Thigpen, G. F., Bethel, class 1903.
Hartsell, F. E., Big Lick, class 1895.
Bryson, Daniel R., Bryson City, class 1900.
Crowell, W. H., Burgaw, class 1895.
Davis, J. Judson, Buxton, class 1891.
McLeod, Gilbert, Carthage, class 1882.
Matthews, Thomas A., Castalia, class 1890.
Bobbitt, Emmett H., Cedar Rock, class 1877.
Alexander, James R., Charlotte, class 1894.
Crowell, Andrew J., Charlotte, class 1893.
Crowell, Samuel McKee, Charlotte, class 1895.
Keerans, L. C., Charlotte, class 1902.
Irwin, John R., Charlotte, class 1877.
McLaughlin, C. S., Charlotte, class 1896.
Mills, Charles H. C., Charlotte, class 1899.
Russell, E. Reid, Charlotte, class 1895.
Strong, Charles M., Charlotte, class 1888.
Walker, Charles E., Charlotte, class 1891.
Chenault, W. F., Cleveland, class 1888.
Holmes, Frank H., Clinton, class 1895.
Lee, Richard E., Clinton, class 1896.
Nowell, Luther A., Colerain, class 1894.
Spruill, Joseph L., Columbia, class 1895.
Griffin, T. A., Clayton, class 1901.
McEachern, E. C., Cordova, class ——.
Burleyson, Louis N., Concord, class 1891.
Caldwell, D. G., Concord, class 1885.
Lafferty, James S., Concord, class 1881.
Pemberton, W. D., Concord, class 1887.
Rogers, Francis O., Concord, class 1901.
Savage, R. L., Conetoe, class 1897.
Lowery, J. R., Cool Spring, class ——.
Henderson, S. M., Croft, class 1894.
Wyche, Charles D., Dabney, class 1888.
Davidson, W. S., Derita, class 1887.
Sexton, C. H., Dunn, class 1890.
Mann, T. A., Durham, class 1903.
Moore, Robert A., Durham, class 1891.
Patterson, E. C., Durham, class ——.
Teague, Rufus J., Durham, class 1890.
Cason, H. M. S., Edenton, class 1899.
McMullan, John H., Edenton, class 1876.
Griggs, John B., Elizabeth City, class 1891.
Lumsden, Wm. J., Elizabeth City, class 1869.
Sawyer, Charles W., Elizabeth City, class 1886.
Barron, C. H., Elm City, class 1868.
Moore, Edwin G., Elm City, class 1883.
Goodman, Erastus, El Paso, class 1891.
Harrison, A. S., Enfield, class 1888.
Whitaker, Luther T., Enfield, class 1882.
Withers, Banks, Enochville, class 1896.
Alston, Bennett P., Epsom, class 1868.
Williams, Joe V., Evalin, class 1889.
Floyd, Alva G., Fair Bluff, class 1885.
Gibbs, Norfleet M., Fairfield, class 1896.
Morrill, Jenness, Falkland, class 1888.
McGougan, J. Vance, Fayetteville, class 1893.
Henderson, R. B., Franklinton, class 1884.
Sexton, James A., Fuquay, class 1873.
Glenn, L. N., Gastonia, class 1897.
Wilson, Frank G., Gastonia, class 1896.
Jerome, J. R., Georgeville, class 1890.
Gibson, John S., Gibson, class 1905.
Gibson, Milton R., Gibson, class 1905.
Banner, Charles W., Greensboro, class 1899.
Hilton, Julius J., Greensboro, class 1886.
Ledbetter, Arthur E., Greensboro, class 1888.
Scott, Charles L., Greensboro, class 1897.
Turner, J. Pinkney, Greensboro, class 1896.
Williams, Buxton B., Greensboro, class 1883.
Jones, Claude M., Grimesland, class 1892.
Sikes, G. T., Grissom, class 1883.
Long, Benj. L., Hamilton, class 1881.
Ward, Jesse E., Harrellsville, class 1904.
Eggerton, Jas. L., Hendersonville, class 1877.
Few, Columbus, Hendersonville, class 1875.
Cox, T. A., Hertford, class 1902.
Smith, Robert W., Hertford, class 1892.
Baker, Richard B., Hickory, class 1846.
Whiteside, B. Frank, Hickory, class 1877.
Jones, Wm. M., Highpoint, class 1903.
Whitaker, Henry H., Hilliardston, class 1883.
Craven, Wm. W., Huntersville, class 1903.
Davidson, J. E. S., Huntersville, class 1894.
Cox, E. L., Jacksonville, class 1889.
Foscue, James E., Jamestown, class 1901.
Kerr, Charles E., Kerr, class 1869.
Falls, Oliver G., King's Mountain, class 1881.
Hargrove, W. F., Kinston, class 1901.
Temple, Rufus H., Kinston, class 1884.
Smithwick, J. W. P., Kinston, class 1895.
Windley, Richard E., Lake Landing, class 1903.
Blue, Kenneth A., Laurinburg, class 1889.
McLean, P., Laurinburg, class ——.
John, Peter, Laurinburg, class 1897.
Ivey, Wm. P., Lenoir, class 1883.
Mitchell, Wayland, Lewiston, class 1895.
Buchanan, E. J., Lexington, class 1892.
Kerr, Edwin J., Lilesville, class 1897.
Costner, G. H., Lincolnton, class 1901.
Petrie, Robert W., Lincolnton, class 1903.
Alston, Willis, Littleton, class 1869.
Alston, Willis, Jr., Littleton, class 1903.
Browning, R. B., Littleton, class 1891.
Rozier, Richard G., Lumberton, class 1899.
Whiteside, J. C., Maiden, class 1877.
Fearing, Woodson, Manteo, class 1881.
Bobbitt, Emmett H., Mapleville, class 1877.
White, George I., Marion, class 1890.
Croom, Arthur B., Maxton, class 1905.
McNatt, Henry W., Maxton, class 1881.
Disoway, A., Maysville, class 1905.
Whitley, Daniel P., Millingport, class 1889.
De Armon, John McC., Mint Hill, class 1886.
Stevens, Samuel A., Monroe, class 1900.
Bell, Andrew E., Mooresville, class 1897.

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ON THE USE OF LARGE DRAINAGE TUBES—A WARNING IN REGARD TO THE USE OF LARGE DRAINAGE TUBES WITHIN THE ABDOMINAL CAVITY.

By RANDOLPH WINSLOW, A. M., M. D.,

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Amongst the most marvelous, as well as most gratifying, advances in the practice of surgery, is the treatment of peritonitis by the postural method, with drainage. By the postural method is meant the elevation of the body of the patient so that the peritoneal exudate, of whatever character it may be, may by gravity run down hill and accumulate in the pelvic cavity, which is much more tolerant of purulent and septic collections than any other portion of the peritoneal area. The name of the late Dr. George R. Fowler is indelibly associated with this posture, as he originated the method. The patient may be sat up almost upright, but it is more comfortable and probably more efficient to raise the head of the bed, whilst the patient remains recumbent.

After removal or repair of the immediate focus of infection, drainage is effected by passing a tube or tubes into the pelvis, either through the original incision or by means of a separate stab immediately over the pubes. In some cases, where the condition of the patient is very critical, the consideration of the source of the peritonitis may be entirely eliminated and the elevated position with quick incision over the pubes and the introduction of a tube or tubes into the pelvis, made use of. Subsequently, perhaps, the original lesion may receive appropriate treatment. Very large glass tubes have been employed by the Mayos, "lamp chimney tubes," and have proved very efficient in their hands, as well as in those of others who have used them. The tubes have no fenestræ and are filled with gauze, and are placed in the pelvic excavation. They are rather heavy, and may perhaps injure the intestines by pressure, but I wish particularly to call attention to a danger incident to their use, which has befallen me, and one of my colleagues. The intestines possess the power of insinuating themselves into very small orifices as well as into larger ones, and in one case I found the small intestine firmly impacted into the lumen of the Mayo tube and forming a genuine strangulated hernia therein. Fortunately I was able to withdraw the gut from the tube without injury and the patient made a good recovery. Not so fortunate was a colleague who had the same accident occur, and his patient died. My friend, Dr. A. C. Harrison, has invented rubber tubes of the same size as the large glass tubes, which possess the advantage of being light, and flexible, and in my opinion are superior to the glass tubes of the same calibre, but in one instance at least the tube that he was kind enough to send me, had lateral fenestræ, and, although filled with gauze, a hernia of small intestine occurred through each fenestra. My assistant removed the gauze from the tube about the third day, and doubtless the gauze was adherent to the intestine, and pulled the gut through the fenestræ, where it became strangulated. The condition was not recognized until the next day, when the bowel was released by splitting the tube, but a paralysis of the gut was produced, causing an intestinal obstruction, from which he died, in spite of an enterostomy, and all other methods of treatment known to me.

I am of the opinion that two or more moderate-sized tubes, either rubber or glass, are preferable to the very large tubes, and that no fenestræ should be placed in the tubes. At any rate, one should bear in mind the possibility of a hernia occurring into the tubes and be vigilant to detect and relieve the condition at a very early period.

REVIEW OF THE PATHOLOGY OF ANEMIA.

WALTER V. S. LEVY, P. D., M. D. *(Class of '04).*

(Read Before the Bay View Hospital Medical Society.)

ANEMIA.

Definition:—The term anemia denotes a deterioration in the quality of the blood, which may affect the red cells, the haemaglobin or both.

Freshly drawn blood from all varieties of anemias show certain changes, such as low specific gravity, pale in color and a diminution in roleau formation, which enable experienced observers to draw certain conclusions, but they can never replace the study of fresh and stained preparations microscopically.

Wood classifies the anemias under three divisions:

1:—*Chlorosis.*

2:—*Secondary Anemias.*

3:—*Pernicious Anemia.*

It must be remembered that each of these varieties cannot be classified by a simple examination of smears, on the contrary, each of these types is artificial and arbitrary, and the distinctions made in the various types are made upon an average morphology and each group may have a large number of cells which differ only slightly from each other and gradually bridge over sharp distinctions between the groups. Between the two ends of the groups of anemias the difference in the blood morphology is so striking that one could hardly confuse them; but to distinguish forms intermediary between these two ends is often very difficult, if not impossible, by examination of the blood alone.

We will first take up Chlorosis.

The blood changes in Chlorosis upon which emphasis is laid are first and most important a relatively high red count with a low haemaglobin per cent. The red cells may remain normal or may fall as low as 1500000, but in any case the haemaglobin of the red cells is greatly reduced, often as low as 20 or 30%. The color index usually averages about 0.5. This relatively low index is most marked in first attacks in young women, in reoccurrences and chlorosis of older persons it is not so evident. The average diameter of the red cells in chlorosis is not changed, but individual corpuscles may vary a good deal. Occasionally one sees megalocytes measuring 12 to 15 micra, but small cells are much more abundant. The red cells when stained with eosin show an increase in the size of the pale central depression; even the poikilocytes may show this.

Normoblasts may be found after careful search in all well marked cases. Megaloblasts have been seen, but with extreme rarity and only in very advanced cases. Polychromatophilia and granular degeneration may be present in small amount. The leucocytes remain normal in number, but there is usually a slight relative lymphocytosis and a reduction in the eosinophiles; a typical differential countis.

Small Mononuclears, 18 per cent.; large Mononuclears, 17 per cent.; Polynuclears, 64 per cent.; Eosinophiles, 1 per cent.

Myelocytes have been seen with rarity. The specific gravity is lowered according to the haemaglobin reduction. The serum remains constant. It must be remembered that the diagnosis of chlorosis cannot be made from a microscopical examination, nor from a blood count and haemaglobn estimate alone; the *whole clinical picture* must be taken into consideration, however the microscopical picture one would expect to see in a well-marked case of chlorosis would be, the pale central depression of the red cells increased in size, numerous poikilocytes, an occasional normoblast, polychromatophilia and granular degeneration of certain red cells; as a rule the cells are not altered in size to any extent, but may be somewhat smaller than normal and very occasionally large corpuscles may be seen.

Secondary Anemia:—May be due to any number of causes; the type most frequently met with in hospitals and dispensaries is from bad hygenic conditions, not so much from bad air and light as is usually assumed, but from the character of food these classes consume. The food they live on is usually deficient in iron; meat being expensive, as are also the vegetables that contain iron; the poorer classes live principally on farinaceous foods, which contain very little iron. The effects of this limitation in the essential element of haemaglobin are often considerable; at times the most extreme anemia is seen, for which the only apparent cause is malnutrition. The specific gravity is low according to the reduction in haemaglobin. Leucocytosis is not present, nor is the differential count altered to any extent.

Secondary Anemia Due to General Diseases.—Prolonged Suppuration:—Is capable of producing a marked reduction in the number of red cells and the haemaglobin of the blood by a combination of conditions, the most important of which

are the direct action of the toxins of the bacteria on the blood and blood-making organs, particularly the bone marrow, by the destruction of the first and blood-producing power of the second. A good example of this type of anemia is that following puerpural infection where the red cells may fall to 20 per cent. in a few days.

Acute Infectious Processes:—Fever, or rather the conditions which incite fever, is capable of causing very considerable anemia, especially if long continued, as in Typhoid Fever.

Diseases of the Castro-intestinal System:—Atrophy or injury of the mucous membrane, or from absorption of toxins from intestinal contents, often produce more or less severe anemia. This may follow after prolonged enteritis or colitis, especially where there has been hemorrhage from the mucosa.

Syphilis:—May incite a moderate anemia in the first stage, but is more marked in the second stage, and occasionally very severe anemia is seen in the third stage which often resembles true pernicious anemia in the morphology of the blood. The leucocytes in syphilitic anemia are not increased.

Malarial Fevers:—Are capable of producing severe anemias, the red corpuscles often going as low as 500,000.

Poisoning:—Lead often produces rather severe anemia; the condition is probably due to several factors; the direct action of lead compounds on the red cells and the blood-forming organs and the alteration in the mucous membrane of the gastro-intestinal tract being the most important. The most marked changes found in the red cells are polychromatophilia and granular degeneration; normoblasts may be found and occasionally megaloblasts. The leucocytes are not increased or altered in their proportion. Arsenic occasionally produces anemia. Copper, Cobalt, Potassium Chlorate and substances of the Analine group may cause anemia, and Justis says the initial dose of Mercury in the treatment of Syphilis will cause a drop in the haemaglobin per cent. of from 20 to 40. Acetanilid occasionally produces anemia.

Tumors:—Benign tumors do not cause any alteration in the blood unless some complication arises, such as pressure on some important organ or ulceration or breaking down of the tumor itself.

Malignant tumors, on the other hand, no matter what their situation, cause a marked reduction in the haemaglobin, and often in the number of red cells. Especially is this true of tumors involving the bone marrow. *The type of tumor* also seems to exert some influence on the blood changes, especially if metastases are formed early. An example of such influence is seen in the slight anemia of a slow-growing Scirrhus Carcinoma, as compared with the anemia associated osteo-sarcoma or round-cell sarcoma.

The exact cause of anemia in malignant growths is not known, but is probably due to the toxic action on the blood and blood-making organs of the products of abnormal metabolism which goes on in the tissues of malignant growths. Cancers of the stomach produce anemia both by their toxic action and the interference to digestion.

Intestinal Parasites:—Uncinaria Duodenale and Bothricephalus Latus and other parasites often give rise to rather severe anemia. The microscopical picture of the blood in these cases show an increase in the eosinophiles.

The general miscroscopical picture of Secondary Anemia, from any cause, is much the same as in chlorosis, but the number of erythrocytes showing granular degeneration and polychromatophilia are more abundant, as are also the number of normoblasts.

To make a diagnosis between Chlorosis and Secondary Anemia is difficult, if not impossible, without the clinical history.

Pernicious Anemia:—The causes of this disease are not known. A number of conditions have been frequently observed to precede the characteristic changes in the blood, among which may be mentioned Syphilis, Chronic Infectious Diseases, Malaria, Severe Hemorrhages and Animal Parasites. The changes in the blood are often very characteristic.

The blood may be of normal color or pale, at times it is very dark; it is very thin and fluid, smears being often hard to make, as the blood dries slowly and cremation and other changes may take place.

The specific gravity is greatly reduced in advanced cases and coagulation is retarded. The red cells are usually greatly reduced in number; the minimum record being 143,000; numbers between 500,000 and 800,000 are not uncommon, but the general average is about 1,000,000. The examination of fresh blood shows almost complete absence of rolean formation and the pres-

ence of many poikilocytes; stained preparations show much better.

The first point to be noted is that many of the red cells have a very slight central depression, or often no depression at all, and stain very deep red with eosin, though occasionally the central depression is very marked, especially in the poikilocytes. The size of the cells is next to be noted. It will be found that the *average* size of the red cell is increased, as contrasted with the cells in Chlorosis and Secondary Anemias, where the *average* diameter is decreased.

Macrocytes or Megalocytes are abundant even in early cases, and vary a good deal in their morphology; they may be simply cells of normal form, measuring over 11 micra in diameter. Microcytes vary a good deal; they are usually present in moderate amount. Poikilocytes are very abundant and involve all types of cells, even the nucleated ones.

The nucleated cells are of three types, of which the megaloblasts are the most abundant, the normoblasts less so, and microblasts rather infrequent. Careful counting of the nucleated cells will show a preponderance of megaloblasts over normoblasts, the exact reverse of secondary anemias. Polychromatophilia and granular degeneration are very common, and some of the normoblasts in which polychromatophilia is well advanced are very hard to differentiate from small lymphocytes.

In rare cases mitotic figures may be seen in the megaloblasts and occasionally in the normoblasts.

The white cells in pernicious anemia are usually diminished, the average being about 4000, but in a case reported by Lazarus they were as low as 330 per cubic millimeter. The differential count shows alteration, usually about Polymorphonuclears, 65 per cent.; large Mononuclears, 11 per cent.; small Mononuclears, 22 per cent.; Eosinophiles, 1 to 2 per cent.

Myelocytes are often seen in small numbers. Occasionally the number of leucocytes is increased.

The haemaglobin is greatly reduced, but not in proportion to the reduction in the number of red cells, *the colôr index being above one,* the cause of this being the large number of macrocytes and megaloblasts present contain more haemaglobin than a cell of normal or diminished size.

The chief points in the morphology of the blood upon which a diagnosis may be made are the general prevalence of deeply staining macrocytes and megaloblasts, even though the number of the latter be few. A case is occasionally met with in which no magaloblasts can be found, even after prolonged search.

The differential points between pernicious anemia and secondary anemia are the leucocytosis often present in the latter and the low haemaglobin index and the size of the red cells.

I am very much indebted to Wood's Chemical and Microscopical Diagnosis and other books, which I consulted very freely in preparing this paper.

DISCUSSION ON ANEMIA.

HERBERT SCHOENRICH, Phar. D., M. D.

(Class of 1907).

(Read Before the Bay View Hospital Medical Society.)

The case which I desire to report is one of the so-called Secondary Anemias, the symptoms of which simulated the Progressive Pernicious form so closely that the diagnosis was at first extremely difficult; the blood examination, however, pointing strongly towards the Secondary type. The history of the case is, briefly:

Family History:—Father died of Intestinal Obstruction. There is no history of Tuberculosis, Cancer, Cardiac, Renal or Specific trouble.

Past History:—Has had diseases incident to childhood. Asserts to have always been well during child and boyhood. Has had an attack of Typhoid Fever; denies absolutely of ever having had any other diseases whatever. Has been a heavy drinker, smokes and chews. Denies venereal history.

Present History:—Has been employed as laborer on a railroad in Virginia, during a hot spell drank copiously of ice water, this was followed by cramps, profuse diarrhoea, chills and fever. This condition went on for two months before he sought treatment, during which time he was frequently obliged to eat green apples as nourishment. His present complaint is: Weakness, starvation, profuse diarrhoea and anemia.

Phys. Ex:—Fairly developed white man. Slight signs of emaciation. Skin lemon tint. Muscles soft and flabby, anxious expression. Eyes prominent, conjuntiva very pale and white, lips pale, tongue pale and coated. Cervical glands slightly swollen. Chest well developed, rather flat anterially, expansion good, equal on both sides. Marked pulsation in left third and fourth interspace. Apex beat in fifth interspace one inch left

of nipple line. Impulse felt over large area, systolic shock felt on palpitation.

Cardiac dulness slightly increased. Aus. Sounds distinct. Pulse rapid. First sound—rough systolic murmur, heard at base and transmitted to neck. Lungs on percussion, pal and aus. normal. Abdomen—slightly rounded, small amount of subcutaneous fat. Palpitation—nothing abnormal. Liver dulness begins at sixth rib. Liver and spleen not palpable. Inguinal glands slightly enlarged; under surface of glands penis a small, atropic scar. Legs, number of scars, small ulcer on left leg.

Two weeks after admission to hospital patient had a delirious attack, speaking incoherently and was extremely nervous and restless.

Blood Examination:—

8-20-07. W. B. C.—9200.

8-24-07. W. B. C.—8800. R. B. C. 2200000. Hb. 30 per cent.

9- 3-07. W. B. C.—9400. R. B. C. 2100000. Hb. 30 per cent.

Poikilocytosis. Coagulation normal, red cells pale.

9- 8-07 R. B. C.—3980000. Hb. 60 per cent.

9-27-07. R. B. C.—4496800.

There was a relative increase in size of all the red cells, a number of Normoblasts and a marked poikilocytosis. (Min. Hb. 20 per cent. Max. Hb. 80 per cent.

Anemia:—What is Anemia and its classifications? Osler gives the following definition: A reduction in amount of blood as a whole or its corpuscles or a certain of its more important constituents as albumen or haemoglobin. The exact classification is difficult on account of the great frequency and polyform character of Anemias. We can scarcely find two text-books which agree in their definition of individual forms. For practical purposes and the one most frequently encountered is:

Primary or Idiopathic, embracing Chlorosis, and Progressive Pernicious. Secondary, embracing all other forms of anemias not described under the preceding head.

The pathological etiology of Anemia, according to Immermann, may be in three ways, namely: 1. Whenever the hematopoietic system is diseased, which is the normal physiological blood formation as seen in the red bone marrow, this is the "Hypoplastic form." 2. When the formation is normal, but the destruction increased, for instance, in hemorrhage, this is the "Consumptive form." 3. Combined disturbance of the two, spoken of as the "Complex form."

The etiology of Secondary Anemia, also spoken of as Simple Anemia, may be hemorrhage, and when resulting from profuse hemorrhage alone is called "Acute Post-Hemorrhagic Anemia," as seen in cases of trauma of an artery, hemoptosis, etc. Those Anemias which are only accompanying symptoms of some pathological condition are more properly spoken of as "Simple Chronic Anemias," and may result from frequent small hemorrhages, tumors, inanition and unhealthy hygenic surroundings. Senator and Muller have experimented on both man and animal the part inanition plays in anemia, and call it the Hypoplastic form of Immermann. Other causes are suppuration, fevers, toxic substances, Pb. $KClO_3$, snake bite, malaria, the latter and inanition being apparently the cause of the Anemia in the case mentioned. His case was so protracted that when he entered the hospital his symptoms masked those of Pernicious Anemia. It is not infrequent, according to various authorities, to have a severe Secondary Anemia resemble a Pernicious type, and, in fact, cases are on record where the diagnosis of the two were only possible by the blood examination.

The symptoms are the characteristic color of the skin which tends to assume a lemon tint, there is muscular weakness, fatigue of the nervous system, tendency to oedema, anorexia usually absent, but when present is due principally to the accompanying or pre-existing disease; occasional retinal hemorrhage, indigestion, and usually constipation. Cerebral symptoms which may develop, and which were present in my case, are delirium, hallucination, aphasia and others. Other symptoms are nausea, cold sweat, polyuria, thirst, low temperature and violent palpitation of the heart.

Pernicious Anemia:—Before going into the symptoms of this condition, it is well to discuss briefly its apparent etiology and definition. Biermer describes it as a grave form of anemia, usually fatal, giving rise to characteristic manifestations which may follow hemorrhages, may follow the presence of parasites, pregnancy and other conditions. The Pernicious Anemia described by Addison, although running precisely the same course as the former, is not preceded by any pathological alteration in the organism. It is thus difficult to classify the latter as a separate affection.

The only known etiology is the Bothriocephalus Latus, an intestinal parasite, which when expelled from the body usually effects a cure to the disease. To Hoffman, Botkin and Reyher are we indebted, who drew attention to the frequent occurrence of Bothriocephalus in Progressive Pernicious Anemia. It has been known to follow the presence of Ankylostoma, pregnancy, after continued hemorrhage, and, in fact, may develop as a result of any influence capable of producing Simple Anemia.

The symptoms are the characteristic yellow skin, the extreme muscular and general weakness; however, no atrophy of the subcutaneous fat as in Tuberculosis and Cancer, a symptom never wanting is oedema of the feet, hands and face, being especially conspicuous in the eye lids; complete anorexia, frequent vomiting; may have constipation or diarrhoea. Murmurs of the heart are present and usually systolic, the explanation of which is unsatisfactory, again there are cases in which murmurs were perceptible and yet on post-mortem no evidence of either myocarditis or valvular defects; these murmurs have been attributed to the alteration in the blood itself. The nervous manifestations are manifold—in fact, too numerous to detail here. Briefly, stupor, indifference, delusions, maniacal attacks, though transitory. The motor and sensory disturbances may simulate Tabies Dorsalis. There is, however, no regular correspondence between the clinical spinal symptoms and the anatomical spinal lesions. It is also likely that the extreme muscular weakness is not alone due to atrophy and degeneration of the muscles, but is said to be also due to disturbance in their innervation. Flashes of light in the eyes, disturbance in vision. Another sign which is rarely lacking is retinal apoplexies, besides small petechiae all over body.

Prognosis:—Most invariably grave. It is strange how the disease tends to recur. Patients have been pronounced cured, left the hospital only to return within a year suffering with the same condition. They may become ill, going from bad to worse for several months, after which, without any reasonable cause, suddenly turn for the better, and are able to leave their beds in the course of a few weeks. The prognosis is best ascertained by the blood examination, megaloblasts and macrocytes indicating grave consequences.

Diagnosis:—Is made by both the symptoms and more reliable blood examination.

Treatment:—Secondary Anemia. Firstly, treat the cause; if this is accomplished, the anemia generally takes care of itself. If, however, the cause (for instance, the previous disease) is cured and the anemia persists, it is then existing as a separate affection.

Rest, nourishing food, fruits, fresh air, hydrotheraphy, iron the most efficacious drug. In very severe cases iron has proved of but little value; arsenic is then to be substituted.

Treatment of Pernicious Anemia:—If due to intestinal parasites, Felix Mass should be employed. In case the patient is too weak, it is advisable to wait until their condition has improved before administering the powerful remedy. When not due to worms:—Plenty of rest, regulate their temperature, since they are very sensitive to heat and cold. Nourishing food. In severe cases, accompanied by vomiting, liquid nourishment is indicated. Arsenic in the form of Fowler's Solution is practically the only drug of value; doses from 3 m. to 20 m. according to the patient's condition. Lately much has been said about transfusion. I will, however, not say more than mention the word, since favorable reports seem to be but few. Iron is not indicated in this condition—in fact, has been known to do harm. I am tempted to mention in the reported case of secondary anemia, which was of a severe type, the employment of whiskey seemed to have brought about admirable results. It was given both in eggnog and as a p. r. n. order. It was interesting to observe the favorable consequences.

Before concluding I shall say a word of another form of anemia, to which I have as yet not alluded. It is the so-called Chlorosis, a primary anemia, a distinct disease, characterized by a relative diminution of haemaglobin and occurring almost exclusively among females. Von Noorden, to whom is credited most of the work on chlorosis, has not observed one case in males. The disease is becoming extremely rare, even more so than pernicious anemia. The anemia of chlorosis by prolonged observation and investigation is said to be dependent upon insufficiency of blood production and not to increased destruction. It is most prevalent between the ages of 14 and 20. Girls in the same families often become affected. The etiology is unknown, there are predisposing conditions as unfavorable nutrition, unhygenic surroundings of the home, dress, etc. Nothnagel

mentions a number of theories as described by various authors.

The symptoms and the diagnosis which is based on the former are, insidious onset of weakness in the mornings, passing off towards evening; pallor, lassitude, dyspnea, menstrual disturbances, headaches, flickering before the eyes, blackness of vision, ringing in the ears, fainting attacks, which are often brought on by excitement or exertion, the extreme rarity of edema, the loss of appetite, indigestion, abnormal cravings. Patient is whimsical, often irritable and obstinate. They complain of cold feet and chilliness throughout body. It is well to note that no two cases exhibit the same symptoms, a case usually showing one set of symptoms only. Palpitation on exertion, cardiac dullness invariably increased, systolic murmurs, are perceptible at most orifices.

Treatment: — Prophylaxis, nutrition, proper hygiene.

Medical Treatment:—Iron, which acts as a specific in this disease, just as does Quinine in Malaria; it stimulates the hematopoietic system and in this way tends to bring about a recovery. The rapid response to iron is also valuable as an aid of diagnosis, besides the fact that the disease is peculiar to females.

The ferrous salts are preferred, since they are less irritating to the gastric mucous membrane.

The blood picture of the various types of anemia which I have purposely omitted are discussed elsewhere in this copy.

IMPRESSIONS OF ICELAND.

By Albert H. Carroll, M. D.,
Class 1907.

Preconceived impressions are often erroneous and are nearly always altered on closer contact. Iceland is a good example. The general idea, perhaps, is that it is a land of Esquimaux and reindeer, lacking a history, civilization and culture; all of this is wrong.

It is not a large place—900 miles in circumference, unless you count the numerous indentations, when 2,000 is nearer the mark. Its northern coast is within the Arctic Circle and only 280 miles of sea separate it from Greenland. The summer climate is not rigorous and vegetation—such as exists—is owing more to the long days of the summer months than to any real heat derived from the sun. In winter, however, the sun is above the horizon for only a few hours each day; the coast is ice-bound and existence is dreary in the extreme.

When far away at sea in the early morning hours of that latitude, the sight of Iceland is one never to be forgotten. Great mountains loom above the horizon and pierce the clouds with their everlasting snow-clad peaks. It is hard to tell where clouds end and mountain peaks begin The air is cold and clear and sharp; the water a deep blue. In places the rocks come down a good thousand feet into the sea and the great clefts between them look like the mouths of mighty rivers.

Far off on the horizon to the northwest were great fields of floating ice, clearly visible at 10 P. M. For a whole day the ship passed close to the south shore of the island—so close at times that she was not her own length away, and the blast from the steam whistle sent thousands of seagulls scurrying from their inaccessible nests on the cliffs.

At 3 A. M. it was already light; we cast anchor off Reyjkavik, the capital of Iceland, and also its largest city. Almost any town is a city in Iceland, if one judges from a map alone. A few small huts constitute a town, and this town, Reyjkavik, boasts but a population of 4,000; the next largest has about 1,000. And here is where impressions were altered. Reyjkavik is over one thousand years old and looks for all the world like a Western mining town with its countless corrugated iron houses and two modern stone buildings—one the Administration Building, the other the Bank. But it is typical of all other Iceland villages.

Only a few years ago there was not a native stone mason or engineer in Iceland, and yet rock is plentiful. It is hard to understand why this is so, for the race has produced poets, historians and musicians who have found recognition the world over. There is practically no manufacturing done in Iceland, except just what each family requires for itself.

Fish, boiling odorous whale oil, sturdy Iceland ponies—that's about all there is to see in town, except the new arc lights, and the natives point to these with pride. Now they can go out doors in winter, where formerly the long nights were spent inside. The natives are not as yet tourist-ridden; they have nothing to sell you except postcards and whalebone souvenirs.

They are a most hospitable and intelligent lot. The wealthier classes send their sons abroad to see the world, just as their ancestors did hundreds of years ago—only then "seeing the world" was to embark them on some sturdy ship and start them off to plunder their southern neighbors, with a warning not to return without a sufficient quantity of loot to replenish the family treasury. The heads of many families acquired great wealth in this way, and with this wealth came a thirst for literature, historical lore and tradition, to which characteristics Great Britain, Germany and Scandinavia owe most of their present knowledge of their early laws, customs and religion.

But although it has been said—and probably truly—that every child in Iceland knows how to read, yet there are many poor whose mode of living can only be understood when one knows the lack of natural resources. Of its 40,300 square miles, by far the greater part is uninhabitable, due to vast areas of perpetual snow and to thousands of acres of lava beds. Fifteen of its 25 volcanoes are active. Hot springs are numerous. Fuel is scarce; only a stunted birch can stand the long and rigorous winters, for ice often floats over from Greenland to the north coast and turns the summer into winter. Inland, the poorer people live in green turf, one-room huts; several families may build side by side, and then one room is appropriated by all for eating and sleeping. It is called the *"Badstafe"* (bathroom); the ventilation to this is through a "T" slip cut in the upper part of the one door. The badstafe may have six or eight fixed beds, like large wooden boxes, each intended for three or four people, who sleep "head to feet" and "feet to head." There is a smell of mouldy hay, fish, damp sheepskin covers, dogs and cats, and last, a bucket of the urine of all is in one corner; this is highly valued for washing wool.

Eating while in bed during these almost endless winter days is a common custom. The food is as remarkable as the mode of living. Cold fish, rancid butter a year or more old; sour milk equally aged. Bread is almost unknown. Sugar is a rarity. Fresh mutton is had two months. Is it any wonder that tuberculosis finds many victims? or that a fight against leprosy begun over a hundred years ago, with a royal decree to build four leper hospitals, has been productive of but little good? Fortunately the government has recently awakened to the situation and a strong effort is now being made to improve the conditions. The population being so widely scattered, the difficulty of traveling from one part of the island to another, coupled with the dread of their affliction being known—since leprosy is considered by them to be contagious—have proven great drawbacks to any attempts at segregation. One naturally finds only the most advanced cases reported. A few years ago the government reports showed less than 180 cases, and yet two English investigators discovered for themselves during a short stay in the island over 200 well-defined cases. Icelanders tell you that a fish diet is responsible for leprosy.

It is not surprising to read of the frequent disastrous epidemics of the past century, with the channels of entrance as the homes (?) described above. Smallpox at one time visited the island with disastrous results. At another, a fearful epidemic of measles, and one city disseminated so many cases of syphilis that the town afterwards received the local name for that disease. Observers state, however, that the morals of the people are far above the average.

While at Reyjkavik I visited the "Bath House of Iceland," as it is called; about two miles out of town is a hot spring, and here all day long the housewives of the capital are gathered to do the family washing. Hot water is at a premium. The road to the place extends about 40 miles; it is the longest road in Iceland. The next longest is 20. One can readily imagine the difficulty of seeing the interior of the country. You must go on pony-back—sturdy little beasts they are, but fearfully stupid; they travel along in single file, the bridle of one tied to the tail of the other. There are 40,000 ponies and only 70,000 people in Iceland. Three miles out on this longest road is a geyser—not a big one. In the Yellowstone it would attract no attention; all the larger ones are inland. The mountains in winter out West in our own country are just as grand, but the Yellowstone furnishes geysers more interesting and much more accessible.

A visit to Iceland may broaden one's knowledge of the world a bit, but I should scarcely recommend it as a pleasure resort.

DIABETES IN CHILDREN.

By C. W. McElfresh,

Clinical Professor of Medicine in the University of Maryland.

As cases of diabetes mellitus in childhood are not of such common occurrence, we think the presentation of six cases under ten years of age may prove of interest.

Klein states that true diabetes is so rare in early childhood that many an experienced children's physician, and many a specialist in diabetes, has never seen a case under ten years of age.

Romberg observed among 5,900 children but a single case of diabetes.

Seegan states that only one-half of 1 per cent. occur under ten years of age. Three per cent. occur between the tenth and twentieth year.

Stengel, in reviewing the literature, reports 400 cases that he was able to collect in children under ten. Of the six cases coming under my observation, four have died, and two are at present under my care. The youngest being 6 years of age, the oldest 9½ years. Two are boys, four girls.

I will but briefly refer to the histories of the four who have since died. None of the cases had any hereditary history of diabetes, injury or fright. First case—John C., age 7½ years. Father gives specific history. Mother healthy. Patient had snuffles at birth, otherwise no specific lesions.

Urinary Examinations.—Amount, 2½ gallons in twenty-four hours. Sugar, 12 per cent. Three months after coming under my care he died in coma.

Second Case—Minnie S., age 6 years. Parents healthy; four other children, all healthy. This patient showed the clinical symptoms of diabetes Mellitus-Polyuria; amount, 1½ gallons in 24 hours. Sugar, 9 per cent. Patient died four months after coming under my care in coma.

Third Case—Elsie W., age 8 years. No hereditary diseases. She likewise presented the clinical picture of diabetes. Urinalysis, amounted 1¾ gallons. Sugar, 7 per cent. She lived four and one-half months, dying in coma.

Fourth Case—Molly G., age 6½ years. Parents healthy, but very neurotic. Patient had been treated for tuberculosis on account of her marked emaciation. Urinary examination—Amount, over 1 gallon each, 24 hours. Sugar, 6 per cent. Died 2½ months after coming under my care. All of these patients came under my care late in the disease, so it is impossible to state the length of time the disease lasted, but I am inclined to think the duration was less than one year.

Cases 5th and 6th I desire to report in more detail, as both are at present under my observation, and I have had the opportunity of studying them more carefully.

Case 5th—Frank C., age 7 years, came under my care August, 1905. Father gives a specific history. Mother healthy. No other children. One paternal aunt died with tuberculosis, otherwise family history negative. Patient's birth normal. Fed artificially. Excepting snuffles, no other symptoms of congenital syphilis. At age of one year had scarlet fever. Mother says child was well from then till the age of 5 years, when he had whooping cough and broncho-pneumonia, from which he recovered entirely. In March, 1905, he began to complain of weakness, lassitude, great thirst, constant desire to pass urine. The attending physician at this time diagnosed the case "Diabetes Mellitus." The child was unable to attend school on account of inconvenience resulting from frequent micturition, mother stating that if any urine was spilt on the floor, it was like syrup. Physical examination shows as follows: A rather frail-looking boy, poorly nourished, mucous membranes pale, skin dry and scaly; more noticeable about the body than face. Some excoriation about the knees. Marked emaciation. Lungs and heart negative, pulse quite rapid. Abdomen distended and rather tympanite. Liver and spleen not palpable. No ocular changes noticeable. Pupils reacting to light and accommodation. No glandular enlargements. Sensations normal. Knee jerk absent. Mental condition unimpaired; rather bright for his age.

I am under obligations to Dr. Harry Adler, of the Clinical Laboratory of the University, for quanitative and qualitative analysis of the urine, resulting as follows: Amount in twenty-four hours, 9½ pints; specific gravity, 10.39; color, light; reaction acid; albumen negative; sugar present, 9¾ per cent. Amount of sugar was determined by the Polariscope, as well as by the Saecharometer. Also by Fehling test diacetic acid and acetone was present. On this, as on

subsequent examination. Blood examination—Red blood cells, 3,500,000; whites, 9,400; hemoglobin, 70 per cent.

Case 6th—Annie V., age 9½ years. Race, Hebrew; three of the six being of this race. Both parents healthy, but extremely nervous. Child's birth normal; breast fed at age of two years; had measles and at six whooping cough, otherwise healthy. I first saw this patient in November, 1905; had then been complaining of thirst, weakness, polyuria, and had lost over 15 pounds in weight. Case had been diagnosed "Diabetes Mellitus" in July, 1905.

Physical examination showed fairly well-developed girl; mucous membranes and skin rather pale, skin dry and scaly, with considerable itching, especially about the urilva. No glandular enlargement; heart, lungs and abdominal organs normal; eyes reacting to light andaccommodation, but shows slight exopthalmos being more marked at present. No enlargement of the thyroid, but slight sensory disturbances; extremely nervous; knee jerk present. Urinary examination—Quanatative and qualative amount, 8 pints in twenty-four hours; specific gravity, 10.32; reaction, acid; albumen negative; sugar present, 7½ per cent.; diacetic acid and acitone present; red blood cells, 3,700,000; whites, 8,200; hemoglobin, 75 per cent.

After the first few days of observation both children were allowed a liberal diet, having heretofore been restricted from all carbo hydrates, the liberal dieting consisting of oat meal, potatoes, meat, toast bread and vegetables. This diet being regulated by the amount of urine passed and condition of patient rather than amount of sugar found.

At the present time, both children having been under observation for more than one year, the urine now being reduced in quantity to a little over two pints each. Sugar estimates last week being 5 and 4 per cent., respectively.

Diacetic acid present in both cases. The little girl has increased 10 pounds, little boy 12 pounds during the past year.

Skin is no longer harsh and dry. Thirst about normal for a child. The chief point I wish to bring out is the liberal diet and moderate exercise, rather than a restricted one and no exercise in the treatment of Diabetes Mellitus.

My four fatal cases were kept on a very strict diet without exercise. Two of these cases when first seen were apparently in as good condition as the two I now have under my care when first seen.

Drugs used were bromide, codeine, belladonna and alkalies.

Dr. Walter Bosley Rowe, class of 1862, was born in Baltimore county, September 9, 1836. His earlier education was obtained at Hereford Academy in Hereford, Lamb's School in Baltimore, and St. James' College at Hagerstown. He matriculated at the University of Maryland in 1859, whence he graduated with the class of 1862. After graduating he located for a few years at Whitehall, Baltimore county, whence he migrated to Aberdeen, where the best and most successful years of his professional life have been spent. In 1872 Dr. Rowe married Miss Carrie Buress, by whom he has ten children, all living: Maude L., Walter Hampton, Henry Irving, Dorsey Frederick Mitchell, Perry Belmont, Robert Garrett, Grace Carrie, Ruth Cleveland, Herbert Holland and Louise Emegine Rowe.

Dr. Fitz Randolph Winslow writes from San Francisco, California:: "At last I have succeeded in getting a good plague culture and thought that you (Nathan Winslow) might like it. This culture was made from a septicemic case, and as I have made a smear, know that the bacteria are there. I weighed myself recently and only tipped the scales at 134 pounds, so have lost a lot of flesh. In the near future I am going over to Berkeley to live. It rained here for a while today. This makes the third time I have seen rain since leaving home. We are going to have the rainy season before long, but this is the most beautiful time of the year out here. The winter months are the warmest. In San Francisco now an overcoat is quite comfortable at night, but it does not get cold. The city is building up rapidly, but the ruins are still something appalling."

Dr. Ezra Broadway Sharp, of Camden, New Jersey, was born in Hollyville, New Jersey, October 15, 1861. His earlier education was obtained in public schools. He was graduated from the medical department of the University of Maryland in 1888. On June 6, 1894, Dr. Sharp married Miss Ruth E. Reece, from which union four children, Mary Virginia, Reuben Love, Phebe Love and John Reece Sharp, resulted.

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EDITORIAL

PROFESSOR THOMAS A. ASHBY, who has borne the brunt of the editorial and executive work of the BULLETIN, has gone on a trip to the far West. His visit is one of both business and pleasure. No one connected with the Medical School of the University during the past ten years has done more to advance its interests. Not only has he been active and alert in his attention to the duties of his chair, but his executive abilities have been of vast value in the maintenance of the Hospital, as well as in many other directions. Summer and winter Doctor Ashby's genial countenance may be seen, whilst he busies himself with his many duties, professional and otherwise, with but little intermission for pleasure. We are glad, therefore, that the opportunity to take this delightful journey has befallen him, and we wish him the full enjoyment of this holiday. We also hope that he may favor us with some account of his travels in the near future.

THE BULLETIN.—With each issue the BULLETIN becomes more firmly than ever entrenched in the good graces of our alumni. It has become an effectual agent in welding the bonds of union between the graduates whose interests have been long severed from their alma mater and the present regime. The editors feel assured that the non-subscribers would not be without its visits, and that they would be in a better position to appreciate what is being accomplished by the present faculty, if they once received it regularly. It has attained a high standard of merit, but under the present conditions is unable to make as rapid headway as desirable, owing to the woeful lack of support of a large proportion of our alumni. If so much can be accomplished with so little encouragement and support, what might be done if the hearty co-operation of every alumnus was extended to its editors? Any original article, report of cases or news item would be appreciated, and would enlighten the burdens of the editors, as well as be a label of appreciation of our endeavors. Bear in mind that this is a publication of the alumni, for the alumni, and not an exploitation of any particular coterie of individuals. Its particular object is to keep the alumni in touch with each other and with the happenings of the institution, and to afford a medium to our alumni of bringing original articles and other items before the attention of their brother alumni. Its scope is that of a family letter. Some have taken advantage of the opportunity offered, but not as many as the editors desire, for we would like to hear from every living alumnus many, many times during the course of the year. Let us assure you that any article, no matter how brief, is earnestly solicited. With the BULLETIN in existence there is no reasonable excuse for your not keeping in touch with your alma mater and your classmates.

STATE BRANCHES OF THE GENERAL ALUMNI ASSOCIATION.—Dr. Eugene F. Cordell is in communication with alumni in New York, New England, South Carolina, Florida and elsewhere, in reference to the formation of branches of the General Alumni Association in those States. Such branches are already in successful operation in North Carolina, Pennsylvania and the District of Columbia. A very superficial glance at the tabulated list of living alumni now appearing in the BULLETIN would indicate that there are a number of States in which there are a sufficient number of our graduates to form branch societies. As a further inducement to their formation Doctor Cordell offers the members *Old Maryland* upon the same condition as it is furnished the members of the General Alumni Association.

THE fifteenth stated meeting of the General Alumni Association of the University of Maryland was held in the Lecture Hall of the Department of Dentistry on Friday, October 25, 1907, at 8.30 P. M. The program consisted of addresses by the following alumni:

1. European Travel.....H. O. Reik, M. D.
2. The Decline of Civic Virtue. It Marks the Turning Point in States from Grandeur to Decadence.....Edward Otto, LL. B.

3. Reading of Some of His Poems.....
Harry M. Robinson, Med. '09
4. Committee's Report on Union with Association of Department of Pharmacy.....
Nathan Winslow, Chairman

Those absent missed an extraordinarily beneficial as well as entertaining feast.

During the business portion of the meeting resolutions of regret on the deaths of Doctors James Carroll, class of 1891, Major in the United States Army, member of the immortal yellow fever commission, and martyr to the cause of science, and William Travis Howard, one of the leading gynecologists and a professor in the University of Maryland for forty years, and Chief Justice James McSherry, an eminent jurist of the State of Maryland, were passed and ordered to be inscribed upon the minutes of the society. All three of these gentlemen were recently honored by the University of Maryland by having the degree of LL. D. conferred upon them. It was also decided to have a banquet at the annual meeting durng the month of January, 1908, as our last and first one was so successful. The following committee was appointed to arrange the details of the same:

Nathan Winslow, M D.; Henry Hynson, Phar. D.;
Oregon Milton Dennis, LL. B.; Eugene F. Cordell, M. D.; Leroy Robinson, Ph. G.
H. H. Biedler, M. D.;

After the report of the chairman of the committee on amalgamation of our society with that of the Alumni Association of the Department of Pharmacy, together with the conditions under which the latter society was willing to unite with ours had been made, the terms of amalgamation were unanimously ratified. Thus there are now three instead of four separate alumni bodies in the institution. The committee hope in the near future to be able to bring about further consolidation and then have no General Alumni Association, no Medical Alumni Association, no Pharmaceutical Alumni Association, no Dental Alumni Association, but as there should be an Alumni Association of the University of Maryland. Wouldn't it be grand to have all the alumni forces, as never before, working for the advancement of the University as a whole and not a separate department? May this event soon come to pass. Remember that you are not alumni of the medical department, of the law department, of the pharmaceutical department, of the dental department, but of the venerable institution, University of Maryland. When the interests of the University are at stake there should be no departments, and it is this very self-same idea that the General Alumni Association is endeavoring to instill into the minds of our graduates, with how much success you are all well aware.

Common Sense in Medicine.—The element common sense plays an important role in medicine. The common-sense practitioner is more liable to be rewarded with success in the diagnosticating and treatment of obscure maladies than the "simon pure" theorist, who as a rule is thoroughly incompetent and impractical. It is the aim and endeavor of the University of Maryland to instill into its matriculates from their entrance to their graduation the idea of the necessity of not jumping at conclusions, but by a system of elimination and deduction to arrive at logical conclusions; in other words, to use their common sense, for common sense will stand them in good stead where uncommon sense fails. The first two years of the student's residence in the University is devoted to a thorough grounding in the fundaments of medicine, the keystone to the whole science, to wit, anatomy, physiology, histology, chemistry, materia medica, and sundry other branches; the last two to the application of the knowledge thus gleamed to the treatment of disease processes. Without a thorough knowledge of these so-called primary, but in too stern reality major branches, the student is not in a position to reason calmly as to the cause or causes producing such and such obscure anatomical and physiological derangements. The University endeavors to so thoroughly ground its graduates in the fundamental branches that when they meet diseased conditions they can arrive at logical deductions as to the cause back of the trouble, by picturing in their minds the normal aspects and relations of the affected parts or organs. Its ample clinical material, unsurpassed by any medical school in the South, and laboratories afford a thinking student sufficient material to well ground himself in both the practical and theoretical aspects of medicine and surgery. You often hear the remark, "He is a good, practical, common-sense doctor," or every bit as frequently, "He is full of theory, but absolutely unpractical." It is the first class of physicians who succeed as practitioners of medicine, who heal the sick, and who use their heads? The latter may succeed as teachers, but they utterly fail as practitioners of medicine. The University of Maryland is and

has been turning out the former class of doctors, men who are up and doing, men who are leaving the impress of their personality upon the world, men who are loved by their fellow-men, men who have sacrificed their lives for the sake of humanity. This, then, is the function of the University of Maryland, to give to the world men capable of treating disease; in other words, the common-sense, self-reliant, resourceful doctor.

Honorary Degrees. — Although possessed with the authority to grant honorary degrees since 1812, the University of Maryland has exercised this function very sparingly. The honorary degree of Doctor of Medicine has been conferred a number of times, the first in 1818 and the last at the recent commencement. In 1825 the degree of M. D. "Honoris causa" was conferred on Ephraim McDowell, the father of ovariotomy, and incidentally of abdominal surgery, whose name and fame thus to a certain extent became linked with that of the University.

The degree of LL. D. was first bestowed upon the illustrious Marquis de LaFayette in 1824, upon the occasion of his visit to this city at that time, and only four times subsequently until 1907, the recipients having been Hons. John P. Kennedy, Reverdy Johnson, George W. Dobbin and William Pinkney Whyte, now United States Senator from Maryland, men of great distinction and profound learning. At the Centennial Commencement a number of eminent men were honored with this degree, amongst whom were the venerable Professor William Travis Howard, the scientist Dr. James Carroll, Major, U. S. A., and the learned Chief Judge James McSherry, of the Maryland Court of Appeals. Death loves a shining mark, and all these fellow-alumni have, within a short time, been called to rest from their labors.

Dr. Howard was an aged man, full of years and honors, and we could not hope that he would long be spared to us.

Major Carroll practically gave his life that he might save others, and his death is the direct result of his voluntary inoculation with yellow fever, by means of which he proved that this dread disease is propagated by the bites of infected mosquitoes, and by this means only, and rendered possible the eradication or control of this dreadful scourge, and the saving of untold thousands of lives and countless millions of money. Truly he was an epoch maker in the history of medicine.

Chief Judge McSherry was one of the most erudite of those who have sat upon the bench of the Court of Appeals of Maryland, and whose place it will be difficult to fill.

A Closer Unison in Medicine, Surgery and Pathology.—Medicine seems to be more and more dividing itself into three great subdivisions, Pathology, Surgery and Internal Medicine. Of these three, pathology was until quite recently largely taught in the laboratory and the dead house. In these days we are learning much better how to study pathology. The operating room is replacing the dead house and we are studying diseases on the living subject rather than in the post-mortem room. In this respect it seems to me the Americans are ahead of the Germans. They have large, well-equipped autopsy rooms, and great interest is shown in the dead patient. Here our operating rooms are the chief places of interest. If not a better way, it is at least a much more cheerful one. Of course, dead house pathology has been, and will continue to be, one of the greatest factors in the advancement of the science of medicine, but there is a very hopeful drift toward the study of disease on the living patient. So often the pathologist works without a very intimate knowledge of the clinical history of the patient, and has to depend very largely on the appearance of tissues in arriving at a diagnosis, while the surgeon not only sees the fresh tissues, but is also thoroughly familiar with the clinical history as well, and so has two aids toward a correct conclusion rather than one.

At the present time the surgeon blames the internal medicine man for too great delay in turning over for operative treatment cases of serious illness requiring prompt surgical interference, and this complaint is often well founded. On the other hand, the medical specialist says, and with truth, that the surgeon operates without due attention being paid to a general examination, and that patients are subjected to the risk of operation for a minor condition, when a much more serious major condition is overlooked.

Much of this could be obviated if more unity existed in the work of operator and medical diagnostician. Each could be a very great help to each other if only they would work together. Until quite recently the surgeon has looked upon

the abdomen as his own particular field, but the sooner he learns to recognize that the medical expert is invading his special territory the better. On the other hand, if the internal diagnostician expects his opinion to have weight in fields hitherto regarded as sacred to the surgeon, he must so equip himself with a working knowledge of the matter in hand as to make his opinion of some value.

Many of the younger men who are going into surgery at the present time are making a very serious mistake in confining themselves entirely to surgery during their training. A surgeon should be not only an operator, but a good clinician and a good gross pathologist as well. It is just as important to be able to recognize pneumonia as it is to be able to diagnose appendicitis —as a matter of fact, it is not such a rare thing to see one mistaken for the other.

It would seem that the future holds much more of promise if a more closely united triumvirate could be brought about between Internal Medicine, Surgery and Pathology.

NOTICE.

The subscribers of the BULLETIN will confer a great favor upon the publishers by sending in their new address when making a change of residence. This will not only insure them in getting the BULLETIN regularly, but as a mention will be given in the "CHANGE OF ADDRESS" column of the BULLETIN as well, it will enable their friends to keep in closer touch with them. The publishers of the BULLETIN are having considerable trouble at present in having quite a number of their subscribers change their old address without apprising them of the new address. As a consequence they do not get the BULLETIN, as it is frequently returned with the words written on the covering, "Not at," by the postoffice officials.

It is earnestly requested that all subscribers of the BULLETIN who have recently changed their place of residence and who are not receiving the BULLETIN regularly, will send in their new address at once to the Hospital Bulletin Company.

ITEMS

ODE TO OLD LIBERTY TREE.

COLONEL TILGHMAN READ VERSES BY MR. J. WIRT RANDALL.

At the unveiling of the tablet to mark the old Liberty tree on the campus of St. John's College, Annapolis, Saturday, Col. Oswald Tilghman, Secretary of State, read an ode by Mr. J. Wirt Randall. The ode is as follows:

Far up among your massive, rugged limbs,
  Quivering upon your myriad, shining leaves,
The moonlight falls, the night wind sings its hymns,
  And there in visions fancy soars and weaves.
That music tuned the poet soul of Key;
  That light touched Pinkney's tongue with deathless fire;
And here Peale felt the artist's ecstacy.
But there are other voices in that choir
Of whispering bows and leaves that lure us from today
Back through the bygone centuries, far, far away.

They seem to sing: 'Neath us the wild deer fed;
  The wood grouse drummed his call at early dawn;
The black bear roamed; the red man made his bed
  Ages before Columbus hailed the morn
  Which gave assurance that a world was born.
This lofty head, o'erlooking land and bay,
  Saw the frail boat from Jamestown's camp forlorn
That first explored these shores, and knew the day
  When Claiborne came and named and claimed yon Isle of Kent,
  Years, years before St. Marie's colonists were sent.

You were a witness, venerable tree!
  Could you recall and speak you could relate
A tale of rich, romantic history,
  Linked with this city's and this nation's fate.
  The little band of Puritans, whom hate
And slavery of conscience forced to flee,
  Who hither came the year that freemen date
In motherland the death of tyranny.
Here in this safe, secluded spot you heard them raise
To their Preserver solemn hymns of grateful praise.

You saw the naval fight with Claiborne's men
  Across this bay; the battle fought nearby
'Twixt Puritans and Cavaliers; and then
  The long, long struggle for the mastery.
  Here came the seat of state and luxury,
Colonial wit and beauty, and the grand
  Old sages, warriors, men of history,
Instinct with liberty, a chosen band,
Who took this people firmly by their willing hand
And led them through the deserts to the promised land.

All these you knew full well, majestic friend!
  They saw you, knew you and imbibed your power;
Their children's children bless and watchful tend
  Your lusty age, and shield in danger's hour
  The tree that shelter gave, in sun and shower,
To heroes in four wars camped on your green—
  To Washington and heart-linked chiefs, who tower,
Serenely great, removed from all things mean;
Like your stupendous trunk, triumphant o'er the scene
Of vanished comrades, ages, races which have been.

The engagement of Miss Katherine Wister Stockton, of Princeton, New Jersey, to Dr. L.

Wardlaw Miles, class of 1897, son of our beloved late professor, Francis T. Miles, has been announced. Preferring a literary career to that of medicine, Dr. Miles never practiced medicine after graduating, but entered the post-graduate department of the Johns Hopkins University, where in time he was honored with the degree of doctor of philosophy. He then received an appointment from Princeton University, where he is at present located. Immediately after graduating Dr. Miles was an interne in the University Hospital for a few months.

Dr. David Martin Devilbiss, class of 1872, one of the most prominent practitioners of Frederick county, Maryland, is a resident of Woodville. Although actively engaged in the practice of medicine and surgery for thirty-five years, he has found time to devote some of his time to public affairs, as he has been a member of the State Senate of Maryland. Dr. Devilbiss was born near Liberty, Maryland, April 3, 1845, and was the son of Adam Washington and Rosanna Devilbiss, both natives of Maryland. The earlier literary education of Dr. Devilbiss was obtained at Little Hill Academy, and his higher education at Dickinson College. He entered the medical department of the University of Maryland in 1870, graduating with the degree of M. D. in 1872. In 1881 he located at Woodville, where he has resided ever since.

For twenty-five years Dr. Devilbiss has been a well-known figure in Woodville and its vicinity. At one time he was health officer of the county, and in 1903 he was elected from that district to the State Senate. Dr. Devilbiss married Miss Lizzie M. Clary, and has three children—two girls and a boy.

Dr. Nathan Ryno Smith, class of 1886, of Baltimore, was born in the metropolis of Maryland, August 6, 1863. He is a son of the late Dr. Alan Penniman Smith, a graduate of the University of Maryland, class of 1861, and adjunct professor of surgery from 1867 to 1868, and from 1873 to 1874 professor of operative surgery, and grandson of Dr. Nathan Ryno Smith, a graduate of Yale University, and for a number of years professor of surgery in the University of Maryland. The younger Dr. Nathan Ryno Smith received his earlier education in the Baltimore City College, and his higher education at the Johns Hopkins University and the University of Maryland Medical School, from which he graduated with the class of 1886. Since that time he has practiced in Baltimore. He resides at No. 24 West Franklin street.

Dr. Edward Lee Meierhof, class of 1881, of New York, was born in Philadelphia, Pa., November 24, 1860. He was educated in the public schools of Baltimore, and was graduated with the degree of Doctor of Medicine from the University of Maryland in 1881. For a time he practiced in Baltimore, but the attractions of New York proved too alluring, and in 1886 he removed to that city, where he has since resided, limiting his practice to opthalmology and octology. He is oculist and aurist to several New York institutions. Dr. Meierhof married Miss Lena Hirsch, of New York city, in 1888, one son being the result of the union, Harold L. Meierhof.

Dr. John Andrew Doerner, class of 1877, is a native of the city of Cumberland, Md., where he was born September 24, 1856. His early education was obtained in private institutions, his collegiate at Mount St. Mary's College, Emmitsburg, Md., and Duff's Commercial College, at Pittsburg, Pa.; his medical at the University of Maryland, whence he was graduated with the class of 1877. After graduating he served for a year as an interne in the University Hospital, after which service he practiced a year in Baltimore, then removed to Cumberland, where he located permanently. He married Miss Fannie A. McDonald, of Ebensburg, Pa., June 13, 1883.

Dr. Frederick Shubert Thomas, class of 1878, was born in Kanawha county, W. Va., August 18, 1850. His literary education was obtained in Marshall College, at Huntington, W. Va., and his medical at the University of Maryland, whence he was graduated with the class of 1878. Nine years years later he received an additional M. D. from Bellevieu Hospital Medical College, in New York city. Dr. Thomas resides at Charleston, where he has lived since 1884. Dr. Thomas married Miss Ruth Lee Putney, in 1879, from which union two children have resulted, James P. and Ruth M. Thomas.

Dr. Charles Urban Smith, class of 1889, Professor of Theory and Practice of Medicine and Diseases of the stomach in the Maryland Medi-

cal College, was born in the city of Baltimore, May 14, 1868. Dr. Smith was educated in the public schools of Baltimore, including the Baltimore City College, the Maryland College of Pharmacy, now the Department of Pharmacy, University of Maryland, class of 1887, and the University of Maryland School of Medicine, whence he graduated in 1889. Since then he has practiced general medicine in Baltimore. He formerly held the chair of Materia Medica and Therapeutics and Diseases of the Stomach in the Baltimore University Medical College. Since 1898 he has been Professor of Theory and Practice of Medicine in the Maryland Medical College, and as such physician to the Franklin Square Hospital. On December 12, 1895, Dr. Smith married Miss Willie Hinds, of Baltimore.

Dr. Zachariah C. Myers, class of 1880, physician and surgeon, of York, Pennsylvania, has practiced medicine in that locality for more than twenty-five years. He was born April 27, 1859, and was a son of David Myers and Lydia Scheuberger, his wife. His earlier education was acquired in public and private schools. His medical education was obtained at the University of Maryland, from which institution he was graduated in 1880. Since that time he has practiced at York, and since 1902 he has held the office of register of wills of York county.

Dr. Edwin Zimmerman, class of 1879, of New York, was born in Manchester, Carroll county, Md., February 12, 1858. His collegiate education was obtained at Western Maryland College. He was graduated in medicine from the University of Maryland in 1879. After graduating he was resident physician at Bay View Hospital for a year. In 1880 he established himself in the practice of medicine in New York city, where he has since resided. In 1894 Dr. Zimmerman married Janet Auchterlonie.

Dr. Eugene Lee Crutchfield, class of 1887, now a resident of the city of Baltimore, was born in Petersburg, Va. He acquired his preliminary education in the Baltimore City College and the Johns Hopkins University, and his professional at the University of Maryland, from which institution he was graduated with the class of 1887. After receiving his degree he located in the city of Baltimore, where he at present resides. He is connected with the staff of St. Joseph's Hospital and some other institutions.

Rev. and Mrs. Francis A. Henry, of Morristown, N. J., have recently announced the engagement of their daughter, Miss Elise Garr Henry, to Dr. Henry Lee Smith, Class of 1894, Professor of Diseases of Children and Lecturer on Bacteriology, Woman's Medical College, Baltimore, Md. The wedding will take place at noon on November 14th, 1907. Among the ushers will be Dr. M. J. Cromwell, Class of 1894, of Baltimore.

Dr. Harry Lyman Whittle, class of 1903, of 906 Gorsuch avenue, Waverly, has been appointed instructor and demonstrator of physiological chemistry. Dr. Whittle has been doing post-graduate work at the Johns Hopkins University for the last two years in physiological chemistry, toxicology, pharmacology, bacteriology and hygiene. He is assistant physician at the Thomas Wilson Sanitarium and an assistant in the Phipps Dispensary, Johns Hopkins Hospital.

Dr. Henry U. Onderdonk, of the class of 1873, a classmate of Professors Ashby and Winslow, paid a brief visit to the University and Hospital a few days ago. Dr. Onderdonk now lives at Buffalo, Wyoming, and is an ordained Episcopal clergyman, as well as a physician. He was an excellent student whilst in the University, and is an accomplished gentleman. He was prevented from being present at the Centennial Celebration and class reunion by sickness.

Dr. Henry Ottridge Reik, class of 1891, of Baltimore, specialist in the diseases of the eye and ear, associate in opthalmology and otology in the Johns Hopkins University, assistant in opthalmology and otology in the Johns Hopkins Hospital, surgeon to the Baltimore, Eye, Ear and Throat Hospital, was born in Baltimore, May 23, 1868. Dr. Reik married Miss Mary Laing Watson, of Baltimore, June 17, 1896. He resides at Roland Park.

Dr. Edward Alexander Wareham, class of 1883, of Hagerstown, was born in Ritchie county, West Virginia, September 28, 1858. He was educated in the public schools of his native State. He entered the University of Maryland in 1882

and was graduated in 1883. Dr. Wareham married Miss Elizabeth Semler, by whom he has three children: Mary Mildred, Consuelo Geneese and Edward Alexander Wareham, Jr.

Dr. Leonard James Turlington, class of 1892, was born in Fair Oaks, Accomac county, Va., August 23, 1855. He was educated at the public schools of his native state and Locustville Academy and the Medical Department of the University of Maryland, where he was graduated in 1892. Dr. Turlington is married and resides in Baltimore, where he is engaged in the practice of his profession.

Dr. Charles F. Nolen, class of 1890, of Baltimore, specialist in the diseases of the eye, ear and throat, was born April 5, 1868, in the city of Baltimore. He was educated in the public and private schools of Baltimore and the Medical School of the University of Maryland, where he matriculated in October, 1887, and was graduated in 1890. In 1890-1891 he was resident physician at Bay View Hospital.

Morrow Bros. have been awarded the contract for the erection of the Nurses' Home, on King street, near Greene, for the trustees of the Maryland University Hospital. Plans for the structure, which will cost about $30,000, were prepared by Architects Sunderland Bros., of Washington, D. C., several months ago. The building will be four stories high, of brick, and will be fitted with every modern convenience.

Dr. Francis Edward Brown was born in Baltimore, March 26, 1867. After attending private schools of his native city, Loyola College and Georgetown College, Washington, District of Columbia, from which institution he received the bachelor of arts degree in 1887, he entered the University of Maryland, and was graduated in medicine in 1893. He is located at 926 East Eager street, Baltimore, Md.

Dr. Francis J. Kirby, class of 1892, was born in Springfield, Ill., August 12, 1869. He is a Bachelor of Arts of Loyola College, class of 1886, and a graduate of pharmacy of the Maryland College of Pharmacy, class of 1888, and a Doctor of Medicine, University of Maryland, class of 1892. Dr. Kirby is one of the visiting surgeons to St. Joseph's Hospital, Baltimore.

Word has been received of the appointment of Dr. Harry A. Cotton, class of 1899, of the Hospital of the Insane, at Danvers, Massachusetts, as medical director of the New Jersey State Hospital for the Insane, at Trenton. Dr. Cotton was assistant physician at Bay View Hospital for a year.

Mr. and Mrs. John Gassman, of Hagerstown, Maryland, have issued invitations to the wedding of their daughter, Miss Flora S. Gassman, to Dr. Daniel A. Watkins, class of 1903, of Hagerstown. The ceremony will be performed at the home of the bride on Wednesday, October 23, 1907.

If you have changed your address or place of residence, or contemplate doing so in the early future, please notify the BULLETIN and a notice of it will be given under the heading of "Change of Address" column. Whether you are a subscriber or not, just so you are an Alumnus of the University of Maryland, the publishers of the BULLETIN will be only too glad to make this mention. If you are a subscriber to the BULLETIN, you can readily appreciate the importance in notifying the BULLETIN to insure your receiving it regularly, as well as having your friends keep in closer touch with your movements.

MARRIAGES

Dr. Daniel A. Watkins, class of 1903, of Hagerstown, Maryland, a former house student in the University Hospital, and one of the most popular members of his class, was married October 23, 1907, to Miss Flora Savilla Gassman, daughter of Mr. John Gassman, a retired merchant of Hagerstown, at the home of her father, Potomac avenue extended, Hagerstown, by Rev. Dr. Conrad Clever, of the Reformed Church, assisted by Rev. J. S. Simmon, of the Lutheran Church. Miss Ella Gassman, sister of the bride, was maid of honor. Dr. Josiah Bowen, a classmate of the groom, was the best man. The honeymoon was spent in the North. After their return Dr. and Mrs. Watkins will reside at 111 North Potomac street, Hagerstown.

DEATHS

Dr. Horace A. Brooks, class of 1861, a newspaper man of the old school and for many years a member of the staff of the Baltimore *Sun*, died on Saturday night, October 12, 1907, at his home, Alandale, near Kinsale, in Westmoreland county,

Virginia, of heart and kidney trouble, brought on from rheumatic gout, from which he had been a great sufferer for a number of years, aged 66.

Dr. Brooks was a native of Baltimore, and was a son of the late Prof. Nathan C. Brooks, president of the Baltimore Female College, an institution that flourished prior to the Civil War.

Dr. Brooks entered the Confederate service at the outbreak of the struggle and served with gallantry till the close of the war. At the close of the war he married Miss Hallie C. Brown, of Pecatone, Virginia. Before beginning his journalistic work in the seventies, Dr. Brooks practiced medicine in Westmoreland county. Dr. Brooks' wife died a year after their marriage. He is survived by a son, Mr. George F. Brooks, of Baltimore.

Dr. William Houston Noble, class of 1883, of Cumberland, died October 15, 1907, at Philadelphia. He was a son of the late Dr. William D. Noble, class of 1851, of Dorchester county, Maryland.

Mrs. Annie Georgianna Truitt, class of 1906, of the Training School for Nurses, died Saturday, October 26, 1907, at the Peninsular General Hospital, Salisbury, Maryland, of typhoid fever, contracted in the line of duty, after an illness of four weeks.

Dr. Jackson Piper, class of 1853, the oldest and most prominent physician of Baltimore county, died Friday, October 11, at his home in Towson, Maryland, after a lingering illness, aged 79.

Dr. Piper was born in Baltimore on November 9, 1828. His grandfather, James Piper, was a native of England, but came to America in 1730, and located at Chestertown, Maryland. Dr. Piper was a son of Col. James Piper, one of the defenders of Baltimore during the attack of the British in the War of 1812. Dr. Piper was graduated from the College of New Jersey, at Princeton, in 1851, and in 1854 the degree of M. A. was conferred upon him. Immediately after his graduation he began the study of medicine at the University of Maryland, and was graduated with the class of 1853. In 1855 he was elected resident physician of the Baltimore City and Almshouse Hospital, which position he held for eighteen months. After practicing for several years in Carroll county and Baltimore city, he removed in 1863 to Towson, since which time he has made Towson his home. In 1872 Dr. Piper married Miss Imogene Shoemaker, who, with two children—Mr. James Piper, of the Baltimore Bar, and Miss Adelaide Piper—survive him. Interment was at Loudon Park Cemetery.

To the Editor of The News:

After a long life of usefulness, Dr. Jackson Piper has been gathered unto his fathers. For many years his name has been a household word in this community, as his presence was a benefaction, a comfort and an inspiration in the sickroom of his patients. A skilled physician, eminent in his profession—gentle, kindly, considerate and faithful to a marked degree—he commanded and deservedly possessed the most absolute and unbounded confidence of his clientage. He was ever ready to hear and respond to the call of sickness and distress. No night too dark, no weather too cold or inclement, no distance too great to traverse; none too poor and lowly to receive his services; his kindly heart beat responsive with sympathy at the touch of suffering—and he was there, faithful in his ministrations of skill and of mercy! He was a gentle, kindly, gracious, loving and lovable man, possessing a keen sense of the ridiculous, of infinite jest; just and upright in all the relations of life. As a kind friend, faithful and loyal and beneficent, he was pre-eminent.

His twelve, long, sunny hours,
Bright to the edge of darkness, then the calm
Repose of twilight, and a crown of stars.

WILLIAM GRASON.

Towson, Oct. 13.

—*Baltimore Evening News, October* 15, 1907.

The death of Dr. Jackson Piper removes another representative of the sturdy old-time stock of Maryland. The *News* has had all-too-frequent occasion in the past few years to deplors the passing of men of advanced years—in nearly every case natives of this State—whose interest in public affairs was youthful in its keenness. We are indebted in no small measure to such men as Dr. Piper for the existence and sustained activity of the civic spirit which has redeemed our political life from stagnation. We shall be fortunate, indeed, if the love of truth and love of right which has characterized so many of the elder breed of Maryland men shall be preserved in the younger generation.—*The Baltimore News.*

CHANGE OF ADDRESS OF ALUMNI

Dr. S. H. Lynch has changed his residence from Laurel, Del., to Quantico, Md.

Dr. S. R. Donohoe has moved from Lamberts Point, Va., to 179 Granby street, Norfolk, Va.

Dr. C. W. Stansfield, formerly of Emaus, Pa., can be found at 1274 Main street, Fall River, Mass.

Dr. Eugene Kerr, formerly of The Rochambeau, Baltimore, to 408 Woodlawn road, Roland Park, Baltimore.

Dr. B. O. Thomas has moved from Adamstown, Md., to Frederick, Md.

Dr. W. L. Hart, of Lockhart, S. C., is at The Army Medical School, Washington, D. C.

Dr. T. B. Johnson has moved from Waveland, Ind., to Jamestown, Ind.

Dr. William D. Scott, formerly of Curtis Bay, Md., has moved to 1613 Light street, Baltimore, Md.

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REST, RECREATION AND PLEASURE. A TRIP TO CALIFORNIA.

By T. A. Ashby, M. D.

Observation and experience have taught me that the busy practitioner of medicine is usually a slave to his professional duties. The character of his work requires a sacrifice of personal comfort and a close attention to all of its details. With few exceptions the physician with a large practice seldom leaves home for rest or recreation. Opportunities for extended travel must either come early in one's professional life or at a late period, when success has earned some degree of relaxation from years of labor.

During thirty years of professional work but few opportunities came to me to lay aside the cares of my profession for the rest and enjoyment of extended travel. It has so happened within the past two years that I have been able to see something of the Great West from the windows of a Pullman car. The facilities for travel at the present time enable one to cover long distances and to observe many points of interest in a comparatively brief space of time. The Great West offers a vast territory for sight-seeing. Large cities, rivers and agricultural lands are objects which attract the constant attention of the tourist, whilst vast mountain ranges and barren plains present novel and absorbing objects to please the view and to inspire admiration or wonder in the mind of one who has never visited the West as far as the Great Divide.

I have found the Fall season the most pleasant time for railroad travel. Climatic conditions are then most favorable for comfort, whilst the autumnal changes in vegetation are most restful to view and picturesque in their ever-changing impressions. An opportunity came to me through the courtesy of a friend to be one of a company of eighteen gentlemen who were invited as special guests to visit the new mining regions of Southeastern California, now being opened up to commercial development. Our party left Camden Station on Saturday, October 26th, at 12.45 P. M., on board the special Pullman car "Idlewild." This car is a combination observation, dining and sleeping palace on wheels, and, with rare exceptions during the entire trip of 6,500 miles, was attached to the rear end of the train. It was provided with every comfort and luxury for our party. Soon after boarding the car each guest was assigned to his birth, which became his place for sleep during the 14 nights we were traveling in the car. Meals were furnished by the caterer, whilst fruits, drinks and cigars were on hand at all times day and night when called for. The comfort of the journey was so hospitably arranged by our host that days and nights passed by with as much rapidity as the train which bore us covered vast distances as we journey with the sun. The members of our party were from Canada, Pennsylvania, Maryland and Virginia. A more agreeable and cosmopolitan crowd of gentlemen it has never been my good fortune to be thrown with before for the same length of time. Everyone was bent on pleasure and exerted himself to be agreeable and entertaining. The end of the first 24 hours landed us in Chicago on Sunday morning. Leaving the car, each man had leave of absence until 8 P. M., when we were instructed to meet at the C. & W. R. R. Depot. I spent the greater portion of the day visiting relatives whom I had not seen since 1893. My time was most enjoyably employed. Chicago is a great city, with diversified interests. It lacks many of the charms of our Eastern cities in physical beauty and attractiveness. Rows of enormous warehouses in the business section indicate the commercial importance of the city, whilst miles of palatial homes bordering on the lake front furnish sufficient evidence of the wealth and prosperity of the upper classes. To one living in an Eastern city it is surpris-

ing to find in all of the Western cities such large numbers of frame buildings and dingy, contracted wooden tenement houses. Whilst the laboring classes in the West seem to be well paid, they live in less comfort and under harder conditions than in the East. Nothing was more disappointing to me than to observe the small and ugly farm houses and outbuildings on the rich farm lands of the West. The culture, refinement and aristocratic bearing of the Eastern farmer are almost unknown on the rich farm lands west of the Mississippi. Immense tracts of land are stocked with cattle, sheep and hogs, or cultivated with machinery, whilst the only buildings on the land are not much above the dignity of a dugout or negro cabin. This condition is more apparent the farther west one goes.

Leaving Chicago Sunday evening at 8.30 o'clock over the Chicago and Northwestern, our first regular stop was at Omaha, Neb., the following day. Our stay in Omaha was only long enough to transfer our car to the Union Pacific Railroad. The trip through Eastern Nebraska gave a fair impression of the rapid growth of that State. Monday night was spent in passing through Southern Nebraska. Tuesday and Wednesday our car carried us over the almost arid and desolate plains of Wyoming. It was not unusual to pass over as many as one hundred miles of territory without seeing a village with a population of one hundred people. Miles of desert land covered with sage brush and scrubby plants showed no signs of animal life, except an occasional coyote or numerous villages of prairie dogs. In this vast region there is scarcely any rainfall, and even small streams of water are seldom met. The land is rich when irrigated and in small valleys where irrigation has been introduced fertile pastures and rich vegetation gave proof of the natural resources of the soil when water is supplied. Our journey over miles of waste and desolate land was only relieved by the view of the horizon until we reached the foot hills of the Rocky Mountains, where the railroad began to follow the valleys of immense canyons with walls of variegated colors and towering mountain peaks in the distance covered with snow. The grandeur of this scenery compensated one for the weary miles of desert land we had traveled over during the previous two days and nights.

At Sherman we crossed the Great Divide at an altitude of 8,200 feet. The view from the car at this point is beyond description. Mountain ranges near and in the distance with barren sides and snow-covered tops towered thousands of feet above us and presented a panorama never to be forgotten. The absence of vegetation on these mountain ranges is a striking feature to one familiar with the mountains in the East. With the exception of a scrubby pine or an occasional bushy plant, all the mountains we met on our journey west of the Mississippi are as barren as the palm of the hand. As we descended the west side of the Divide it was 18 hours before we reached the fertile plains of Utah at Ogden, located at the head of the Great Salt Lake. This is an attractive city of some 20,000 population, surrounded by rich pastures and agricultural lands redeemed from barren waste by irrigation.

After leaving Ogden our train crossed the northern end of Salt Lake on a pile bridge some thirty miles in length. The journey over this beautiful inland sea was of absorbing interest. The train halted at a small station on the bridge midway of the Lake for the passage of an east-bound train. Our party took advantage of this halt to send souvenir cards home and to take snap shots of the Alpine scenery on every side of the Lake. Salt Lake averages 30 miles in width and 70 miles in length. Its waters are so salted that five gallons are said to yield one gallon of salt. To the eye the beauties of the lake are indescribable; to the taste its water is nauseating.

Leaving Utah behind us, our next stop was at Sparks, a station three miles east of Reno, in Nevada, where our car was detached from the Union Pacific and attached to the Tonopah and Goldfield Railroad, which took us 70 miles due south to Tonopah, of recent mining fame. Reaching Tonopah at 8 o'clock P. M., our car was sidetracked for the night. Automobiles were in waiting at the station to take our party through the city and mining camps by night. We were whirled about over mountains, gullies and crooked streets in the most terrifying manner and in true Western style. But for an accident policy on my life I would have despaired of ever reaching home in safety. After this experience in the Western

automobile we were invited to see the inner life of this mining camp.

It was so new to any previous experience that its novelty removed its most repulsive features. It makes one think of the depths of depravity in one breath and the compensating features of such depravity in another. How much worse such things would be if a high standard of ethics was not observed between all such classes? Honor among gamblers, virtue amidst vice, human kindness and charity were all apparent in mining camps wherever found. To be a cut-throat and yet a gentleman is a higher claim to distinction than to be a harmless man and ordinary fellow. The one smacks of the heroic; the other is a mean, vulgar character. In the year 1900 Tonopah was not on the map. Today it has a resident population of over 6,000 people, and has the ways of a cosmopolitan city. I shall speak of its mining interests later on.

Our car left Tonopah the following morning at 8 o'clock over the T. & G. R. R. We were carried through Goldfield 30 miles south, and from there to a small station named Thorpe, 30 miles further south, where our car was sidetracked. Automobiles had been run down from Tonopah that morning, a distance of 60 miles, to cary our party of 19 across the country to the new mining camp of Ubehebe City, 54 miles distant, beyond the line of Nevada into California, the objective point of our journey. For six days and nights our party had been confined to the close quarters of a Pullman car. We had traveled over 3,200 miles across the continent and had taken but little exercise during the trip. We were now called upon to lead a most strenuous life for the next three days. Nineteen of us were packed into four large 60-horsepower automobiles and began our journey from Thorpe Station across Death Valley to Ubehebe City. The first 20 miles was across a smooth, barren plain, bordered by large mountain ranges. We traveled at an average gait of over 15 miles over this plain until we reached the narrow confines of a deep canyon, through which the road followed sharp curves and corners, crossed repeatedly the bed of a dry water course and descended in five miles over 2,000 feet to Death Valley, which lies 250 below the sea level. In our rapid descent through this canyon we halted about midway at a small oasis, known as Steineker's Ranch, to cool the machinery of our automobiles and to stretch our limbs. This ranch is surrounded by some three acres of ground, which has been made fertile by a small spring which breaks out in the canyon and by irrigation canals waters the land. Two small tents in which a man with wife and child resided, a few willow trees, grape vines and alfalfa patches were the chief attractions of this lonely settlement in a vast wilderness. The climate of this region makes a tent life possible at all seasons of the year. This squatter on the roadside had his small farm well stocked with burros, horses and chickens. I might envy him his freedom from care and his liberty, but I do not like the water he drinks. Like most of the water of this region, it is warm and alkaline to taste and has about the flavor of stale Apollinaris after long standing in a glass. Some of our party seemed to relish it. They were, perhaps, more thirsty than I, or were thinking of some of the drinks left behind in our car. To me it was nauseating. Whilst walking around the ranch a young burro made friends with some of our party, and one young man mounted him. He was so diminutive that I took him up on my shoulders and held him whilst a snap shot was taken with a kodack. These small animals have wonderful strength and endurance. I shall speak of their good and bad qualities later on.

Whilst we were waiting at Steineker's who should ride up but the world-renowned Walter Scott, more familiarly known as "Scotti," the owner of vast and unknown (save to himself) gold deposits in Death Valley. In the West Scotti is the hero of dime novels and remarkable sporting qualities. In the East he is known as the man who paid thousands of dollars for the shortest time ever made in crossing the continent, and who kept all of New York excited over his lavish expenditure of money. He is the most remarkable character I have ever met from the standpoint of originality of phrase making, shrewd thinking and breezy, restless nerve and energy. In the East he dresses as a cowboy. In Death Valley he wears a full-dress suit, omitting usually coat and vest, a white silk shirt, high-top boots and a wide-brim hat of best material. His mounts are the best to be had and his style of living in a tent on a small oasis in Death Valley is as

princely in its hospitality as his surroundings will permit. We found Scotti a most entertaining man and a big-hearted fellow. He gave us a cordial invitation to visit his ranch on our return trip, and I shall speak of this visit later.

After a rest of one hour at Steineker's, we mounted our machines and resumed our journey. We crossed the northern end of Death Valley, which is eight miles in width at the point of crossing. The name is most appropriate. Desolation and desertion are better descriptions of Nature's dealing with this arid plain. I saw no living thing except a few wild scrubby brushes and an occasional cactus plant. Animal or insect life would soon perish if confined strictly to the Valley.

In our ride from Death Valley to Ubehebe our machines had to climb a grade of over 2,000 feet in some 10 or 12 miles. Frequent stops were made to cool the machinery and to take snap shots of the grand scenery through which we passed. Ubehebe City was reached about 7 P. M., and our party took refuge in the only hotel in the camp, which was a large tent with a canvas floor, on which were spread the mattresses upon which we were to sleep. Our wash-up was from tin basins on a bench in the rear of our tent. Supper was provided in an adjacent tent and our bill of fare, prepared by male cooks, consisted of fried bacon, canned beans, corn and tomatoes and the best of roast potatoes. Coffee and tea, served in tin cups, were refreshing to a keen thirst and tired bodies. Whilst our living was primitive, it was the more enjoyed as a change from the luxury of a private car, where we had been surfited with rich food and for want of exercise. Ubehebe City is a new mining camp, only opened up in February of the present year. Its present resident population of less than fifty men lives in some eight tents, located on a level plain one mile distant from Ubehebe Mountain. The plain is as level as a plank floor and barren of all vegetation save a small, brushy plant about three feet high, a dry sage grass and an occasional "Joshua," a palm-like tree from eight to ten feet high. This plain, surrounded by high mountains, is on the average three miles wide by eight or ten miles long. At the lower end is an inland lake into which all the waters drain when snow melts from the surrounding mountains. This lake gives an abundance of water for the animals and for washing purposes. Drinking water of excellent quality is now brought to the camp from springs in barrels. Later on, as the city grows, this water will be brought in pipes by gravity. A city has been laid off in lots with wide streets in advance of population, which is destined to come into this new camp as it has come into Tonopah and Goldfield, which eight years ago were as barren of population as Ubehebe City is today. These lots have been put on the market at $200 and $300 a piece. If history repeats itself, these lots will be worth in from two to three years from ten to twenty times their present value. For example, Goldfield was opened as a mining camp in 1903. Lots that sold for a few hundred dollars are now selling at prices ranging from $3,000 to $20,000. Goldfield has a resident population of 20,000. Its hotels and public buildings will compare favorably with many of our largest Eastern cities. Its streets are being paved with brick and asphalt, whilst the concrete pavement is in evidence on the principal streets.

Our first night at Ubehebe was novel and crude, but our party enjoyed the rest, as was evidenced by the deep sleep and sonorous sounds which could be heard from every part of the tent. When morning came the experiences of the night were related, and every man voted the other fellow the loudest, the most musical or the most diabolic snorer. Every man could lay claim to one or the other of these attributes. There were no noiseless sleepers in that tent.

After breakfast on Saturday, one week from our departure from home, the strenuous part of our trip was to be undertaken. Our hosts, Mr. John Salsberry, of Tonopah, and Col. H. G. Merry, of Baltimore, had determined that each member of our party should personally inspect every foot of the Ubehebe Copper Mines and Smelter Company's property. As this property embraced over one thousand acres of mountain land, extending from the plain to the top of the mountain, over two thousand feet high, there were only two options—either to walk over this property or mount a burro and ride over the narrow trail leading up the steep mountain sides, down deep canyons and over almost impassable barriers. We were to cross over the mountain

from the east to the west, then go down to the foot hills on the west, and then by a new trail ascend some 2,000 feet to descend by a steeper and rougher trail than in our ascent. The difficulties of the feat looked appalling, but having when a young man ridden over rough mountains, I felt equal to the task, if a strong mount was given me. As the heaviest man in our party, I was given the strongest mule and largest saddle in the camp. The majority of our party were mounted on burros, while the rest undertook to make the journey on foot, with the occasional help of a burro. This gentle animal, the camel of the West, lives on sage grass and shrubs that grow in that region. How it subsists on such indifferent food is a mystery. The only explanation is that he has no nerves, no imagination, few wants and never does more than he is made to do. He is apparently asleep all the time, never goes out of a slow walk unless made to, yet his strength and agility are remarkable. A burro weighing not over 350 to 400 pounds and not four feet high will carry a load of 200 pounds over these mountain trails with apparent ease.

As the mule I rode was carrying a weight of 250 pounds, I remarked to the guide that he could not carry me up the steep places. He answered me that his usual burden over the trail was 400 pounds, advised me to give him the rein and trust to his intelligence. This I did, but he tried my nerves by going as near to the lower side of the trail as he could get without going over, and would deliberately lower his head and bite a bunch of sage grass from the edge where a single false step would have thrown both of us down precipices several hundred feet. He would stop when he wanted and went as he pleased. Following the advice of the guide, I let him have his own way, but I soon caught on to his tricks and learned that he was as careful to save his own neck as I was to save mine. I soon got better service out of him and was more courageous. The experience of our party over this trail was remarkable; not an accident occurred and every man returned to camp in good condition, omitting the bruises of the saddle and the stiffness from strenuous exercise. The inspection of the property was thorough and satisfactory. The company has opened up tunnels and shafts at every level and over the entire area. Copper ore, bearing silver and gold in sufficient quantities to pay for the smelting and extraction, was found in such enormous quantities that it would be impossible to even approximate an estimate. There is a mountain of rich ore lifted above the plain 2,000 feet high, extending from east to west 8,000 feet and from north to south over 3,000 feet. The ore is so abundant and so accessible that the mining proposition is of the most simple character. The company is now financing a railroad from Thorpe Station to Ubehebe, a distance of fifty-four miles, which, when completed, will bring this vast ore body into market. The conditions are so favorable for commercial development and mining at Ubehebe that I predict that in less than five years this will be one of the largest and richest mining centres in the West. I hope the reader will take a note of this statement and see whether I am a true prophet. This ore body was not discovered until last year, as this section of California had seldom been visited by the white man. It was made known by a few Indians who picked up the ore on the surface, where it crops out in many places. There are a number of mines, silver, gold and copper, now being opened up within a radius of five miles of Ubehebe. A railroad will receive not only the tunnage from the Ubehebe Company, but from the other properties.

The growth of the mining interests in this section is so phenomenal that we who live in the East are not prepared to accept such conditions of rapid growth as solid. One only has to visit this country to realize the possibilities which are being opened up to investors who are not led astray by the many fake propositions put on the market.

In the year 1900 Tonopah was 70 miles from a railroad and had not a single house. Today two railroads run through Tonopah and extend through to Los Angeles, Cal., over 300 miles southwest. Tonopah has now over 6,000 people, three or four large banks, two daily papers, numerous mines and stamp mills, which put into circulation over $1,200,000 of gold and silver monthly. The local wealth of the place is enormous, considering its youth. Goldfield, 30 miles south, was opened up in 1903, four years ago. Its present population is over 20,000. Over $2,000,000 in gold and silver are turned into the wealth of the country monthly. At Man-

hattan, Bullfrog and Greenwater neighboring camps are developing with the same rapid speed. How long these conditions are to last no man can see, as the ore bodies in these places are under ground. At Ubehebe the ore bodies are above ground, and 1,000 years from now these bodies will yield ore. They are simply inexhausible. Even should the price of copper fall to the price of iron, it is claimed that it can be mined profitably at Ubehebe at the present capitalization of the company.

The following morning we boarded our automobiles for the return trip home. By previous arrangement we were booked for a visit to "Scotti's" ranch in Death Valley. We reached his place at 10 o'clock in the morning and found him at home ready to receive us. His camp consists of one medium-sized tent, pitched in a small clump of low trees on an oasis of some three acres of fertile land, made productive by a stream of alkaline water which breaks out from the mountain near Scotti's tent. On this small tract of land there was rich pasture for several horses and burros and room for a small garden. Irrigation had redeemed this land from the desolation of the rest of Death Valley. Here Scotti lives with Bill Keyes, a handsome half-breed, when he is not on the trail or on one of his famous dashes into civilized life. The road to his camp lay on our route across Death Valley by a side road of one mile from the main route.

We were treated most hospitably by Scotti. The best that he could offer us in the way of entertainment was a bottle of grape brandy and a rehearsal of his remarkable experiences. For two hours we enjoyed the novelty of his surroundings and the relation of the singular and amusing episodes which have characterized his life. Born in Kentucky 29 years ago, he drifted to this country as a cowboy some six or eight years back. Why he sought the desolation of Death Valley we were unable to learn, but through some accident of fortune he found a deposit of gold of unusual richness, which has most probably held him captive in that arid region. The exact location and extent of Scotti's gold mine no one knows but himself, for he has managed so far to conceal the place from which he obtains his rich ore, and he has refused large offers from capitalists to develop his property. The whole purpose of Scotti's life seems to be to mystify the public and to keep everybody, as he expresses it, "guessing." He has done this most successfully up to this time, and everyone who takes any interest in the man marvels why he has not shown his hand as most prospectors do and developed his possessions along commercial lines. He places no value upon money, and when he has it throws it away for notoriety and public amusement. He takes pride in the fact that he does not get his money by stock jobbing schemes and that he owes no man for his possessions. His claims, he insists, are properly covered and are on his own property. There is a rigid honesty and liberality about Scotti's character which command respect. With all the roughness of his exterior and contempt for the conventional rules which influence most men with large wealth, he seems to have a loyal and kind heart which, if brought under proper influences, would prompt many charitable deeds and a large benevolence.

The public will probably hear much more about this singular and unusual type of man as time goes on. To our party he was most courteous and we formed a most favorable opinion of him. Leaving Scotti's camp, we made rapid speed in our automobiles back to our car, sidetracked at Thorpe Station. The greater number of our party boarded the car, but as I was anxious to see the country between Thorpe and Goldfield, I rode as far as Goldfield, the distance of 30 miles, and there boarded the car, which was one hour later in reaching that place.

This ride overland gave me an opportunity to see something of the country, and also a hasty view of Goldfield after night. With several of our party I took supper in a handsome hotel, which in size and attractiveness, as well as in service, will compare favorably with the Hotel Caswell in this city.

Leaving Goldfield about 9 P. M., our car was carried north to Tonopah, where it was sidetracked for the night. The following day was given to sight-seeing in Tonopah. I took occasion to learn all I could about the place, not only commercially, but from a medical point of view. I found upon inquiry that it was a very healthy place, and that the physicians who locate there soon find it more profitable to drift into other lines of work after a few years' residence.

It so happened that the chauffeur who drove the automobile in which I rode from Thorpe Station to Ubehebe City and back again to Goldfield was a very intelligent and courteous gentleman. After riding by his side, I soon discovered that he was a native of Pennsylvania, a graduate

of Jefferson Medical College, class of 1882, and for twelve years a surgeon in the United States Army. Tiring of army life, he located in Tonopah some five or six years ago to practice, but soon finding the road to fortune much easier in other fields, he abandoned medicine and opened a large garage, which paid him handsomely. Having made a competency, he sold all of his machines but the one he drove himself. His net daily income from this one machine averages from $25 to $50, which was ample for his wants, whilst the rough outdoor life had been very beneficial to his health. He was combining business with pleasure and growing independent at the same time. From what I learned from the Doctor, the mining camps of this section of the West offer few attractions to the physician who gives his entire time to medical work and who is anxious to excel in his profession. There are but few opportunities for intercourse with other physicians and for the gratification of professional ambition.

Leaving Tonopah Monday night, we arrived at Reno, 70 miles north on the Union Pacific Railroad, the following morning. Our car was sidetracked at Reno the entire day and we were able to see something of this attractive and rapidly growing Western city. It is located on a beautiful plain, surrounded by farm lands, made rich by irrigation canals, which drain off water from the Truckee River. The country is surrounded by lofty mountain ranges whose tops were covered with snow. The Truckee River is fed by the melting snow, which maintains an almost uniform stream the year around. It is one of the most beautiful streams I ever saw, and as it runs through Reno its banks are lined with handsome residences and public buildings. The new University of Nevada is located at Reno, and from the size of its grounds and buildings it is destined to become a very large and influential educational institution.

Leaving Reno at 8 P. M., we were over 24 hours in reaching Ogden on our return trip. At this latter place our car was taken during the night to Salt Lake City. A day was spent in seeing this remarkably beautiful and wealthy city. As the center of Mormonism we are apt to regard the place as a stronghold of polygamy and religious fanaticism. Whilst the Mormons have their rich and elaborate religious temples in the very heart of the city and in their religious life dominate the moral and educational thought of the State, I found much to respect in their enterprise and progressive citizenship. The city is rich, beautiful and moral. I saw fewer evidences of dissipation, of immorality and of idleness than in any place I visited in the West. I was told by an intelligent and highly respected Mormon gentleman that polygamy had not been practiced since 1890, and that less than two per cent. of the Mormons at the present day have pleural wives. These marriages had been over 17 years ago. In religious faith the Mormon Church holds to the orthodox teachings of the Old and New Testament and is rigid in the enforcement of the principles embodied in these revelations. So far they have a simple and earnest faith, but they go further and believe in a third revelation, which was, they claim, made to Joseph Smith, the founder of their sect, which introduces opinions and practices repudiated by the rest of the Christian world. It is on this peculiar belief that Mormonism fails in the respect of those who believe in the revelations of the Old and New Testament. The earnestness of this sect, their intense missionary spirit and the appeal which their asceticism makes to the meak and lowly of spirit have brought them many converts who repudiate polygamy, but who accept the revelations and religious faith taught by the church.

Salt Lake City is no longer a Mormon, but a cosmopolitan city. There are many handsome churches there belonging to other religious denominations, and the life of the place is assuming a much broader spirit. Commercially and as a mining center, it is rapidly developing into the front rank of Western cities. By all odds, it is the most beautifully laid-out city in this country. Its business houses and private residences will bear favorable comparison with those found in St. Louis, Baltimore, Cincinnati and other cities claiming three or four times its population. The mountains and lake and the surrounding country are indescribably grand and picturesque. With perpetual snow on the highest mountain peaks, the climate in the valley is so mild that strawberries grow in the gardens the year round. We ate these berries on our car on November 5th fresh from the gardens of Salt Lake Valley.

Returning by way of Ogden over the Union Pacific, our journey home was only interrupted by a stop of eight hours in Omaha and some 10 hours in Chicago. As we journeyed homeward we were more than ever impressed with the rich-

ness and fertility of the East in contrast with the barren and arid plains of the West. I personally felt thankful that my lot had been cast in the East, where education, refinement and social life had reached their highest forms of development, and where one could enjoy the advantages of civilized life under conditions of health and of environment not possible in the West.

We had traveled 6,428 miles in a Pullman car and 108 miles in automobiles, sleeping and eating fourteen nights and days in a Pullman and two nights in tents at Ubehebe. During the entire trip not one of our party received an accident or suffered from illness. To me the trip was enjoyable and exhilarating beyond money and beyond price.

THE MEDICAL TREATMENT OF GALL STONES.

By J. Herbert Bates, M. D. (1907).

Read before the Bay View Hospital Medical Society.

The medical treatment of gall stones will depend on the presence or absence of complications: *i. e.,* whether the object is to simply remove the stones that may be present and thus do away with the symptoms, or whether we have to deal with some complication, as cholecystitis or cholangitis; and also whether it is desired to cure, or merely to relieve the condition. In only rare cases will it be necessary to consider the advisability of surgical measures from the beginning.

Many observers believe, first of all, in dietetic measures, eliminating all fats from the diet, because, they claim, that fatty foods cause an increase in the amount of cholesterin. However, in cases of gall stones, it seems well to avoid the ingestion of too much fat, because such a diet seems to cause gastric disturbance, and may, in this way, lead on to the formation of intestinal catarrh, which in turn may extend to the bile passages. For the same reason the patient should avoid excesses of all kinds, including excessive eating and drinking, abuse of alcohol and spices; therefore, it is best in all cases to advise a light, easily digestible diet, the most suitable being a mixed diet containing proteid matter so as to produce a sufficient quantity of bile acids, and also to stimulate and maintain the flow of bile. It is a better plan to have the patient take small meals at intervals of three hours than for the patient to take large meals at longer intervals. Abundance of fluids should be taken. The clothing of the patient should be worn loose, so as to allow the unobstructed flow of bile, and for this reason women should wear loose clothing, supported from the shoulders by straps, and corsets and belts should not be tight about the waist. After eating, the patient should loosen her clothing and rest quietly for about one hour. Regular physical exercise is an excellent way to stimulate the flow of bile, and long walks should be advised, as walking is an excellent form of exercise. Horseback riding, rowing, swimming and gymnastic exercise are also advised. Exercise is not to be advised in cases where ulcerative processes or other complications are suspected, as rupture of the bile-duct may occur. Massage acts in the same way as does active exercise. Direct massage of the gall bladder rarely, if ever, leads to an evacuation of gall stones. Electricity has been advised by some authors in the treatment of gall stones, but it is of little value. All attempts to promote the absorption of stones after once formed have been unsuccessful. Various alkalies were recommended for the treatment of gall stones as early as the 18th century, because it was found that the stones were soluble in alkalies. The alkalies are still used in the form of various mineral waters, as Carlsbad, Vichy, Ems, etc. Warm saline waters have also been recommended, as the waters of Nauheim. Some benefit is derived from the use of these waters, but very probably the improvement is not due so much to any particular kind of mineral water as it is to the quantity of water taken, because water stimulates the flow of bile. Then, again, patients must lead a regular life and take a certain amount of outdoor exercise. The administration of olive oil for the dissolution of gall stones has not proven satisfactory, neither has the ether and turpentine mixture. Olive oil often forms concretions which are passed in the feces, and which are often mistaken for gall stones. For the acute attack, morphia in quarter-grain doses, hypodermically, is our best remedy, for it relieves the pain and relaxes the spasm of the muscles of the bile-ducts and allows the stone to pass. Belladona has also been recommended for its antispasmodic action, and it does good in some cases. A few whiffs of chloroform should be given in cases of exceptional excitement with a great amount of pain until the morphia has had time to act. Warm applications applied over the region

of the gall bladder give much relief, unless there are inflammatory processes present, and then more relief is gotten by the application of an ice-bag. Spasm of the duct may sometimes be relieved by keeping the patient in a warm bath. During an attack of gall stone colic it is best to give a purgative, as castor oil, to cause free evacuation of the bowels. It is necessary in some cases to use enemata. If the patient is very weak during or following an attack, champagne or whisky may be given. According to Osler, the indications for surgical interference are three:— 1. Repeated attacks of gall stone colic. 2. The presence of a distended gall bladder, associated with attacks of pain or with fever. 3. When a gall stone is permanently lodged in the common duct.

DISCUSSION OF DISEASES OF THE GALL BLADDER.

By Robert P. Bay, M. D.

Read before the Bay View Medical Society at its semi-monthly meeting.

As this paper is confined especially to the surgical aspect of gall bladder diseases, I will take up the conditions which the surgeon most frequently encounters, and here I wish to state a large majority of these have been temporized with and had all the drugs ever known to the medical profession before they would consult a surgeon.

Cholelithiasis or Gall Stones:—As Osler has said, "No chapter in medicine is more interesting than the one which deals with the question of gall stones."

Few diseases present so many points for study, as the chemical, bacteriological, pathological, clinical and surgical branches are all brought into play. The existence of gall stones has been known from time remote. The pioneer surgeon, Marion Sims, was the first to suggest surgical treatment; since that time Lawson Tait, Mayo Robson and Kehr abroad, and Keen, Fenger, Murphy, Halstead and the Mayos have done much in this country towards perfecting the surgical technique.

Let us briefly look in the anatomy and physiology of the gall bladder before taking up its pathology.

The gall bladder is a reservoir for the bile. It is a conical or pear shaped musculo-membranous sac, situated under the right lobe of the liver and extending from near the right extremity of the transverse fissure to the anterior border of the organ; it is about four inches in length and one inch in breadth in its widest part and holds about ten drams; the fundus or broad extremity is directed downward, forward and to the right, projecting slightly beyond the anterior border of the liver (not palpable normally). The body and neck are directed upward and backward, the upper surface is attached to the liver, while the under surface is covered with peritoneum, reflected from the liver surface. It is in close relation with the commencement of the transverse colon on its under surface, and farther back it is encroached upon by the descending portion of the duodenum and the pyloric end of the stomach. The fundus is in relation in front with the abdominal parieties, just behind the ninth costal cartilage.

Ducts of the Gall Bladder:—First, Hepatic, formed by two main trunks, one from the right and one from the left lobe of the liver, runs from the transverse fissure for about one and one-half inches downward and to the right, where it joins at an acute angle the cystic duct; it is accompanied along its course by the hepatic artery and portal vein.

Cystic Duct:—Passes obliquely downward and to the left from the neck of the gall bladder for a distance of one and one-half inches, where it joins the hepatic duct to form the common bile duct.

Ductus Communicus Choledochus or Common Bile Duct:—Is the common excretory duct of the liver and gall bladder; it is about three inches in length and the diameter of a goose quill; it decends along the right border of the lesser omentum and behind the first portion of the duodenum in front of the vena portæ and to the right of the hepatic artery; it passes between the pancreas and descending portion of the duodenum and running for a short distance along the right side of the pancreatic duct, passes with it obliquely between the mucous and muscular coats and opens by a common orifice upon the surface of a papilla, situated at the inner side of the descending portion of the duodenum, about three or four inches below the pylorus.

One must be familiar with these anatomical relations in order to interpret the location of disease in this region, as well as for operative interference; one must also remember the close relationship of the several organs, as the space the

size of a silver dollar will hit no less than six different viscera.

Origin of Gall Stones:—Two important points with reference to the formation of calculi are brought out by Naunym; first, the origin of the cholesterin of the bile as well as of the lime salts from the mucous membrane of the biliary passages, particularly when inflamed. Second, the remarkable association of micro-organisms with gall stones. According to the views of Naunym, the lithogenous catarrh so modifies the chemical constitution of the bile and favors the deposition about epithelial debris and bacteria of insoluble salts of lime in combination with bilirubin. Welch and others have demonstrated bacteria as a nucleus of gall stones, and practically all the common micro-organisms have been found present in the gall bladder. Experiments have shown gall stones following injections of micro-organisms into the gall bladder. Now, while the lithogenous catarrh induced by micro-organisms is the most important cause, and other accessory causes may be noted, as age, 50 per cent. of all cases occur in persons above 40 years of age; sex, three-fourths of the cases occur in women, and Naunym states 90 per cent. of women suffering with gall stones have borne children.

In the last two hundred autopsies performed at Bay View Asylum, Cholelithiasis was present in 12½ per cent. of the cases; 80 per cent. of these above the age of 60 years; 75 per cent. occurred in males and 25 per cent. in females.

Physical Character of Gall Stones:—They may occur singly, in which case the stone is usually ovoid and may attain a very large size. (One case five inches in length.) They may be extremely numerous, ranging from a score to several hundred, or even thousands. When moderately numerous they show signs of mutual pressure and have a polygonal form with smooth facets; they may take most any form and color varies from light gray to black, depending largely on the amount of bile they contain. On section, they contain a nucleus, and the remainder usually cholesterin arranged in concentric laminæ, showing radiating lines. Most all stones are formed in the gall bladder proper.

Symptoms:—Owing to the fact that the majority of cases of gall stones give no symptoms and in former years that the typical biliary colic and jaundice were necessary to make a diagnosis, has caused many a sufferer from this condition to go all his life untreated.

Dr. Mayo, when asked why they had so many more cases in the West than occur in the East, said: "Because the medical men fail to recognize the condition as gall stones."

Location of the Stones:—(A) In the body or fundus of the gall bladder the stones, if small, so as not to cause pressure, give little or no symptoms, but if followed closely the patient will have intermittent attacks of indigestion, poor appetite, coated tongue and bad breath, so often called "Dyspepsia," especially when accompanied with eructations of gas, as discomfort immediately after taking food or even water, this condition may exist for years without further trouble, and proper diet and a little rest, with free purgation, will usually relieve patient for some time, provided the gall bladder is aseptic.

(B) When the stones become engaged in the cystic duct we have quite a different train of symptoms, and should the stone be small enough to pass through the duct, we have the well-known biliary colic, characterized by sudden onset with agonizing pain in the right hypochondriac region, which radiates to the right shoulder, or may be very intense in the epigastric region, very often associated with chill and rise in temperature to 102 to 103, vomiting, profuse sweating and great depression of the circulation. At this stage there will usually be tenderness and rigidity in the gall bladder region and the gall bladder may become palpable. These symptoms point chiefly to stone in the cystic duct, and if jaundice is present it is very slight. Should the stone be too large to pass and give complete obstruction of the duct, we have a much more serious condition to deal with, having first dilation of the gall bladder; its contents, if obstruction be acute, will consist of bile, mucus and a muco-purulent material. It is usually palpable as a pear-shaped mass just under the costal margin, and if the stones are numerous, we may be able to feel crepitus on palpation.

(C) *Obstruction to the Common Bile Duct:*—First, a condition where a single stone tightly corkes the common duct, causing permanent occlusion; the jaundice in this case is deep and enduring. I have seen one case of this character, the patient bleeding to death from his mucous membranes.

Secondly, where obstruction is incomplete with infective cholangitis, here there may be a series of stones in the common duct or a single stone freely movable or a stone (Ball valve stone) in the diverticulum of Vater; here we have a variety

of symptoms, as presence of bile in the feces, jaundice of varying intensity, absence of distended gall bladder (a diagnostic point from malignant disease of the gall bladder, "Courvoisiur'r Rule"), ague like paraxysms of chills, fever and sweating (Charcot's Feber). These conditions may continue on and off for three or four years without a fatal termination, but let us remember that at any time they are liable to a septic cholangitis, which is very much more serious, usually terminating in a biliary fistula or rupture into the peritoneal cavity, causing a general peritonitis.

Treatment of Cholelithiasis (Surgical): — I shall only mention two medical remedies which are almost always called for: First, Morphia should always be given after the diagnosis has been made, as it not only relieves the pain, but causes a general relaxation, so lessening the cause of the pain.

Secondly:—The ice bag, applied directly to the abdomen over the gall bladder region, probably gives the patient more relief than any other measure. After a diagnosis has been made these two remedies will serve to tide over the time until a surgeon can be called.

The results in gall bladder surgery depend largely on the stage of the disease, and, needless to say, the earlier the better; but owing to the fact that many recover without operation, cause both patient and physician to delay.

Operation on the gall bladder taken early is attended with no more danger than a clean appendectomy, but should the operation be delayed with a septic cholecystitis and cholangitis or deep jaundice, with its accompanying toxemia, one can readily see how the mortality chart will change. For example, as mentioned before in this paper, I have seen one patient die without operation from general hemorrhage from all his mucous membranes. Another case died from suppression of urine, following a profound toxemia.

Operations on the Gall Bladder:—There are no special preparations necessary. Some advise gastric lavage and morphia before anesthesia. The patient should be placed on back with sand bag or air cushion under the back corresponding to the liver region. This pillow should be from four to seven inches high, its object being to throw the liver forward. The head of the table should also be slightly elevated, so allowing the intestines to gravitate into the pelvis.

A vertical incision should be made through the right rectus muscle near its outer border. The upper end starts at the costal margin and extends vertically downward. If more room is needed, as in very obese patients, you may carry the upper end obliquely upward and inwards, dividing the fibres of the rectus about one-half inch from its costal margin. (I have seen this incision made use of on several occasions by Prof. R. Winslow with very good results.) The peritoneal cavity is opened through this incision and the liver and gall bladder brought into view, and can, with its ducts, be palpated and conditions recognized. With gall bladder in view and gall stones found, it next comes up what procedure will give the patient best results. Of these, two are to be considered—Cholecytotlomy and Cholecystectomy.

Cholecystotomy:—After freeing gall bladder from adhesions the operative area is packed off with gauze to prevent soiling the peritoneal cavity. If the gall bladder is distended, it should be aspirated. (This fluid should be considered septic.) And this opening is enlarged with a pair of scissors to about one-half inch in size. The edges are now grasped with two pairs of clamps to act as retractors. Through this opening a large gall stone scoop or finger is introduced and stones removed. After emptying the gall bladder the ducts should again be explored, and if stone found, an attempt should be made to milk it back into the gall bladder. A tube about one-third inch in diameter is now introduced into the gall bladder up to the pelvis and fixed here by a single cat gut suture, going through the coats of the gall bladder and then through the tube. The edge of the gall bladder is now turned in by a purse string suture, making it as tight as possible, to prevent leakage. The gall bladder is now drawn up to the peritoneum and made fast by a cat gut or silk sutures, one above and one below. After packing is removed the abdominal wall is entirely closed, except where the tube running from the gall bladder emerges. This tube should be from six to ten inches long for attachment to a small vessel, which catches the bile drainage, and so prevents soiling the dressings.

Cholecystectomy:—The operation of choice of some surgeons is attended by considerable more danger than the former, requiring more time and skill of the operator and endurance of the patient. It is indicated in gangrene of the gall bladder, phlegmonous cholecystitis, chronic cholecystitis with thick bladder walls and in marked distention of the gall bladder. The abdomen is

opened in a similar manner as the former, the liver is pulled down and rotated as much as possible, the cystic duct and its termination in the common duct is located. A circular peritoneal incision is made around the cystic duct about one-half inch from its termination and a cuff stripped up, exposing the cystic duct. Two mysterectomy clamps are now placed on the duct and is divided between them, the stump is ligated with cat gut and the clamp removed. The cystic artery and vein are now divided and tied, the gall bladder is now stripped away from the liver with the index finger, covered with gauze, leaving it only attached by its peritoneal covering, which is now divided and the gall bladder taken away. After stopping oozing the peritoneum is sutured over this surface, and if the operation has been clean the wound may be closed entirely without drainage.

Stone in the Common Duct:—If not impacted may be milked back or pushed forward into the duodenum. If the stone is impacted an opening is made in the duct over the stone through which it is delivered. This operation always requires drainage and one of two methods may be adopted.

First—A small rubber tube may be inserted through the opening into the duct and sutured there by cat gut suture.

Second—The incision in the duct may be closed by cat gut suture and drainage instituted through the gall bladder as in cholecystotomy.

ITEMS.

Dr. Charles L. Mattfeldt, class of 1886, has been elected county commissioner of Baltimore county.

Dr. J. T. O'Mara, class of 1903, of Baltimore, is being congratulated upon the birth of a bouncing girl.

Drs. Joseph E. Gichner, class of 1890, and Harry Adler, class of 1895, have been elected directors of the Jewish Home for Consumptives.

Dr. Mark Stanley Wilson, class of 1903, is located at Piedmont, W. Va., where he has succeeded in building up quite a lucrative practice.

Dr. Thomas H. Buckler, Jr., class of 1888, of Baltimore, has been re-elected president of the Paint and Powder Club, a dramatic organization.

Dr. Joshua W. Hering, class of 1855, of Westminster, has been elected upon the Democratic ticket Comptroller of the State of Maryland.

Dr. Henry Lee Smith, class of 1894, and Mrs. Smith have returned from their honeymoon. They will reside at 2537 St. Paul street, Baltimore.

Dr. Howard E. Ames, class of 1874, medical director, United States Navy, has been placed in charge of the Naval Hospital at Chelsea, Mass.

Dr. Stephen O. Richey, a student during the session of 1874 and 1875, now practicing in Washington, District of Columbia, called to pay his respects recently.

Drs. Howard Thomas Robinson, class of 1904; Beverly Waugh Briscoe, class of 1903, and Ralph Childs Bowen, class of 1907, are located at Grantsville, Md.

Dr. J. Frank Crouch, class of 1890, has been transferred from the chair of therapeutics to that of materia medica and diseases of the eye and ear, Baltimore Medical College.

Dr. John Cox Keaton, class of 1907, has successfully passed the Georgia State Medical Board. The doctor was recently in Baltimore and stopped at the Hospital to pay his compliments.

Dr. Charles O'Donovan, class of 1881, of the same college, who has been clinical professor of diseases of children, has been elevated to a full professorship of diseases of children and therapeutics.

Dr. Nagib Kenawy, class of 1906, has removed from Cairo to Alexandria, Egypt. He wishes all his friends to know that in September he was married to Miss Fashima Rashed, of Alexandria.

Dr. Charles C. O'Donnell, of San Francisco, a student at this University in 1849, paid his respects to this old school during the "Homecoming" week. He claims to be the oldest practitioner in California.

Dr. Samuel T. Earle, class of 1870, professor of physiology at the Baltimore Medical College, has resigned in order to devote his time to private practice and medical writing. Dr. Earle will shortly issue a text-book on rectal surgery.

Bishop Luther B. Wilson has left the city for Seattle, Wash., to attend the semi-annual meeting of the bishops of the Methodist Episcopal Church. Later he will attend the meetings of the committees that manage the large enterprises of the church.

Dr. and Mrs. Robert Lee Payne have issued invitations to the marriage of their daughter, Melissa, to Dr. Marion Norwood King, class of 1898, of Texarkana, Arkansas, November 12, at 6 P. M., in the First Presbyterian Church, Norfolk, Virginia.

Mr. and Mrs. Edwin M. Garey, of Denton, Md., have issued invitations for the marriage of their daughter, Miss Ann Eliza Garey, to Dr. Frederick Norman Nichols. The wedding will take place November 27, 1907, in the Methodist Episcopal Church, Denton.

Dr. Arthur M. Shipley, class of 1902, superintendent of the University Hospital, has been appointed by the Board of Supervisors of City Charities, Baltimore, a member of a committee to report and to suggest detailed plans for the future betterment of Bay View Asylum.

Miss Ruth Kuhn, class of 1906, of the Training School for Nurses of the University Hospital, who has been quite ill at the University Hospital, we are glad to report is making favorable progress towards recovery. She underwent an operation for appendical abscess.

Dr. William Royal Stokes, class of 1891, formerly professor of pathology in the University of Maryland, and now holding the same position in the College of Physicians and Surgeons, has been reappointed city bacteriologist by the Health Commissioner of Baltimore, Md.

In a quiet way much post-graduate work is being done at the University of Maryland. Dr. Gichner gives a German clinic every Friday from 2 to 3, to which all are cordially invited. This clinic is held entirely in German, and is for the purpose of enabling physicians to acquire a working knowledge of that language.

Dr. William Otterbein Roop, class of 1907, is taking a post-graduate course in dermatology at the Johns Hopkins University. In February he leaves for Europe, where he will attend the principal clinics of the Continent and England. Dr. Roop intends to specialize in diseases of the skin, and will ultimately locate either at Dayton or Cleveland, O.

Dr. R. Tunstall Taylor, clinical professor of orthopedic surgery, and director of the Hospital for Crippled Children, the orthopedic department of the University of Maryland, was operated on for appendicitis at his home, 2000 Maryland avenue, Baltimore, November 5, 1907. The patient is doing nicely and his physicians hope that he will soon be out of danger.

At a recent meeting of the Washington County Medical Society, held in Hagerstown, Md., the following of our alumni were elected to office for the ensuing year: Legislative committee, Dr. A. D. Baker, Rohrersville, Md.; health officer, William Baker Morrison, Hagerstown. Dr. Edwin M. Schindel, class of 1895, the retiring president, made an address.

Your attention is directed to a graduate conference in medicine held under the directorship of Prof. C. W. McElfresh at Bay View Hospital every Tuesday at 2:30 P. M. Those having the time to spare will find the course very beneficial, as Bay View is a storehouse of both acute and chronic diseases. All graduates are welcome. There is no fee attached to the course.

The following notice will be of interest to those desirous of acquiring a working knowledge of the German language: Dr. Gichner, clinical professor of medicine in the University of Maryland, is giving a medical clinic every Friday in the amphitheatre of the Uni-

versity Hospital from 2 until 3 in the afternoon. The clinic is entirely in German, and students and graduates are welcome.

A clinical and conference bed-side course for graduates only has been organized at the University Hospital under the direction of Dr. Charles W. McElfresh, clinical professor of medicine in the University of Maryland. Any graduate in medicine is welcome. There is no fee. The class meets every Saturday at 1 o'clock. The subject for discussion is posted weekly on the hospital bulletin board.

Dr. Levin Gillis Owings, class of 1900, is sojourning in the Adirondacks on account of poor health. We hope to report soon that he is entirely recovered. As a student Dr. Owings was widely known and a general favorite. As a resident in the University Hospital his popularity did not wane. His friends will be sorry to hear that he has been forced to go away for his health.

We are glad to announce that Dr. J. Mason Hundley class of 1882, of Baltimore, clinical professor of gynecology in the University of Maryland, and one of the gynecologists to the University Hospital, has received notification of his appointment by the Board of Directors as one of the surgeons to the Woman's Hospital, Baltimore. The other two surgeons are Dr. Charles H. Riley, class of 1880, and Dr. Robert Wilson, class of 1881.

Dr. Elijah W. White, class of 1906, a former resident of the University Hospital, now of Poolesville, Md., who was shot while gunning November 12, 1907, and who is at present in the University Hospital undergoing treatment, we are glad to report is out of danger For a time it was feared that he would lose the sight of an eye as the result of the accident, but at present the prospects of his sight being only slightly, if not at all impaired, are good.

Dr. F. Alan G. Murray, class of 1907; Dr. George Cragg Winterson, class of 1902, and Dr. James Green Matthews, class of 1905, are located at Mount Savage, Md. Dr. Matthews intends to leave for Spokane, Wash., in February, to associate himself with his brother, Dr. A. Aldridge Matthews, formerly superintendent of the University Hospital, and now a prominent and prosperous practitioner of medicine and surgery in that far-away Western city.

The following of our alumni attended the meeting of the Dorchester County Medical Society, held in Cambridge, Md., November 21, 1907: Dr. Isaac Stone, class of 1872, of Washington, D. C.; Dr. John Mace, class of 1887, Cambridge; Dr. Guy Steele, Cambridge; Dr. Eldridge E. Wolff, class of 1899, Cambridge; Dr. Frederick Norman Nickols, Dorchester county; Dr. Herbert Myers, class of 1903, Dorchester county; Dr. Wm. H. Houston, class of 1899, Dorchester county.

The Health Commissioner of Baltimore has appointed the following of our alumni health wardens: Dr. J. W. France, class of 1890; Dr. C. T. Buckner, class of 1899; Dr. N. F. B. Iglehart, class of 1889; Dr. Vernon F. Kelly, class of 1904; Dr. George W. Hemmeter, class of 1901; Dr. R. A. Warner, class of 1895; Dr. Milton G. Smith, class of 1887; Dr. Henry J. Hahn, class of 1899; Dr. L. J. Turlington, class of 1892. Dr. W. P. Stubbs, class of 1902, has been appointed throat inspector; Dr. J. Howard Iglehart, class of 1903, medical examiner of schools, and Dr. Thaddeus W. Clark, class of 1880, assistant quarantine physician.

Dr. Peter W. Hawkins, class of 1852, of Laurel Hill, Md., near La Plata, and Mrs. Hawkins celebrated their fiftieth wedding anniversary Tuesday, November 12, 1907. The celebration took place in the same house in which they came to live shortly after they were married. Dr. Hawkins is the oldest practicing physician in Charles county, and Laurel Hill, where the golden anniversary was celebrated, has been the home of his family for one hundred years. Mrs. Hawkins before her marriage was Miss Rebecca W. Morton, of Aquasco, Prince George's county, Md. Dr. and Mrs. Hawkins were the recipients of many beautiful presents.

Dr. William W. Hala, class of 1905, has received a belated notice that through some oversight his name was omitted from the list of candidates who successfully passed the spring examination of the Maryland State Board of Medical Examiners. We take especial delight in notifying his classmates and friends, who thought that there must be some error in the returns, that their surmises were correct. Dr. Hala was an excellent student while at the University. He never failed an examination and stood well up in his class. The BULLETIN extends to the Doctor its best wishes for a successful medical career. Dr. Hala has located in Baltimore.

Dr. C. W. McElfresh holds a graduate conference every Saturday from 1 to 2 P. M. At this conference an interesting case is brought before the class and thoroughly discussed. He is now upon the abdomen, and takes up the organs serially, having just completed the diseases of the liver. His next subject will be the anatomy, physiology, pathology and medical and surgical treatment of the stomach. This course is open to graduates only and is entirely free. All are welcome. Dr. McElfresh holds a similar conference every Tuesday at 3 P. M. at Bay View Hospital. All are welcome; there is no fee attached to this course. These courses were organized to stimulate medical diagnosis, a much-neglected subject in most medical schools.

The resident staff of Bay View Hospital, composed almost entirely of University of Maryland graduates, have organized a Medical Society, of which the following are the officers: President, Dr. Robert P. Bay, class of 1905; vice-president, Dr. James Herbert Bates, class of 1907; secretary-treasurer, Dr. Ernest Harrison Roe, class of 1906; chairman executive committee, John Joseph Egan, class of 1907. The initial meeting was held about the 1st of October, and regular meetings have been held fort-weekly since. Some of the articles read before the society have been printed in the BULLETIN. From the excellency of the papers it is only fair to surmise that the meetings are very interesting, and of necessity must be of great benefit to those taking part in the proceedings. The residents of the University Hospital endeavored to pattern a society after the fashion of that at Bay View, which, we are sorry to report, was an utter failure. It is a pity, as they would have derived great benefit as well as pleasure in reporting their experiences. The Bay View internes are: Superintendent, Dr. R. P. Bay; resident physicians, Drs. W. V. S. Levy, J. Herbert Bates, Herbert Schoenrich, Harry Ruttledge, E. H. Roe; superintendent of the insane department, Dr. Newdigate Moreland Owensby; resident physicians, Drs. Thomas H. Phillips, John Joseph Eagan, Wm. F. Schwartz. These men are energetic and have the right spirit. They are endeavoring to get all they can out of the wealth of clinical material which exists at Bay View. It is only a pity that there are not more like them.

THE BULLETIN is in receipt of the following communication from Dr. T. F. Warren, of the Columbus Hospital, New York city:

"Allow me to send you a little news about the former graduates of the University of Maryland now in New York.

"Dr. Hansen, class of 1904, a former interne at the University Hospital, is a successful practitioner here.

"Dr. A. M. Graham, class of 1905, is at present house surgeon of the Columbus Hospital.

"Dr. DeVanny, class of 1905, former house-gynecologist of St. Vincent's Hospital and former house-surgeon of the Staten Island Hospital, has been appointed visiting physician to the Drumgale Home for Destitute Children. He has also been appointed chief of the Gynecological Clinic (Out-door Department) of St. Vincent's Hospital.

"Dr. Casey, class of 1906, former house-surgeon of Columbus Hospital, is now practicing in Norwich, Conn.

"Dr. Brooks, class of 1906, who has just finished his service at Columbus Hospital, has accepted a position as ship surgeon with the Booth Steamship Company, and is at present on a three months' trip to South America.

"Dr. Benson, class of 1907, has finished his duties as ambulance-surgeon and has been promoted to second junior at Columbus Hospital.

"Dr. J. D. Devlin, class of 1906, the former house-physician at St. Francis' Hospital, New York, is now practicing in Washington, D. C.

"I hope that these items will be of interest to the present members of the University graduating class by showing them the unlimited opportunities afforded of taking hospital appointments in New York city, very respectfully, T. F. WARREN, M. D., Senior."

At the last regular meeting of the University of Maryland Medical Association, held in the Amphitheatre of the University Hospital, Tuesday, November 19, 1907, there was the following program: 1. Report of a Few Interesting Surgical Cases with Unusual Findings, Dr. C. W. Roberts; 2. Modern Methods in the Diagnosis of Incipient Tuberculosis of the Lungs, Dr. Gordon Wilson; 3. Exhibition of Cases, Dr. Randolph Winslow. The University of Maryland Medical Association was founded primarily for the purpose of bringing the student-body and their teachers into closer relationship than that afforded by the classroom, of supplementing diadactic lectures and bedside clinics with papers, discussions and exhibition of interesting cases. In other words, the essential object of this society is to broaden the views of the student. It is a very valuable species of instruction of which each and every student should be glad to avail himself. These meetings are of as high a class as any medical meetings in the city, and are mines of clinical instruction. We hope students in the future will not fail to avail themselves of the opportunity of attending these gatherings. We only meet once a month, the third Tuesday, at 8:30 P. M., so do not make an engagement for that night, but encourage us by your presence. Get in the habit of coming. After being with us for two or three nights it will be impossible to keep you away. Bear in mind that you are welcome; that you are privileged to ask questions and to enter into discussions; that you are on an equal footing with the other members. We make no distinction between the graduate and the undergraduate. We would also like to see a larger number of practicing physicians than have hitherto honored us with their presence. Everybody is welcome. The meetings are open to all. There are no dues. The following committee was appointed to stimulate interest in the association: Dr. A. M. Shipley, Dr. C. W. McElfresh, Dr. W. H. Smith.

As far as could be ascertained, the members of the class of 1901 are located as follows: C. R. Ahroon, Baltimore, Md.; H. Ainsworth, Thomasville, Ga.; Edgar G. Ballenger, Atlanta, Ga.; John I. Barron, Yorkville, S. C.; F. C. Bayne, Roland Park, Md.; J. A. Bond, Baltimore, Md.; Paul R. Brown, Guthrie, Okla.; A. S. Byers, Lacey Springs, Va.; T. H. Cannon, Baltimore, Md.; R. P. Carmen, Baltimore, Md.; Charles C. Cook, Washington, D. C.; Geo. H. Costner, Lincolnton, N. C.; W. H. Coulbourn, Crisfield, Md.; Benjamin H. Dorsey, U. S. A., Washington; N. S. Dudley, Church Hill, Md.; C. W. Famous, Street, Md.; F. C. Ferguson, Baltimore, Md.; C. T. Fisher, Princess Anne, Md.; J. E. Foscue, Jamestown, N. C.; R. C. Fouts, Kemptown, Md.; C. W. Gardner, Pittsfield, Mass.; J. A. Gibson, Leesburg, Va.; A. H. Gieschen, New York city; R. McC. Glass, Winchester, Va.; W. W. Goldsborough, Greensboro, Md.; R. L. Hall, Pocomoke, Md.; J. S. Hanna, Tanta, Egypt; A. S. Harden, Newark, N. J.; W. F. Hargrove, Kinston, N. C.; E. R. Hart, Suffolk, Va.; M. Y. Hassun, Damascus, Syria; J. M. Hayes, Baltimore, Md.; J. W. Hebb, West Friendship, Md.; G. W. Hemmeter, Baltimore, Md.; J. Horace Jenkins, Elkton, Md.; E. L. Jones, East New Market, Md.; J. P. LaBarrer, Baltimore, Md.; G. W. Latimer, Hyattsville, Md.; P. E. Lilly, Baltimore, Md.; W. L. Maulfin, Greenville, S. C.; W. H. Mayhew, Baltimore, Md.; W. T. Messmore, Smithfield, Pa.; J. V. Milton, Hamilton, Va.; R. H. Minor, Roxbury, Vt.; E. M. Myers, Bennett, Neb.; E. C. McEachern, Cardova, N. C.; W. S. Rankin, Wake Forest, N. C.; J. D. Reeder, Baltimore, Md.; T. E. Reeks, New Britain, Conn.; F. O. Rogers, Concord, N. C.; W. S. Rogers, Bristol, Virginia-Tennessee; W. F. Sappington, Webster's Mills, Pa.; L. C. Skinner, Ayden, N. C.; R. H. Speight, Morganton, N. C.; J. H. Stemple, Conshohocken, Pa.; Dunlap Thompson, Marion, N. C.; T. S. Tompkins, Chilton, W. Va.; S. P. Watson, Little Rock, S. C.; E. D. Weems, Soloman's Island, Md.; J. M. West, Catonsville, Md.; A. F. Williams, Kenansville, N. C.; N. Winslow, Baltimore, Md.

The following could not be located: E. deV. Castel, Homer E. Clark, R. M. Little, W. M. Riley, F. C. Heath and A. Grunberg.

The following are dead: E. Kornegay, F. E. Medina and H. B. Smith. Thus, of the seventy-one members, all but six can be accounted for, or 92 per cent.

MARRIAGES.

Dr. Henry Lee Smith, class of 1894, of Baltimore, was married Thursday, November 14, 1907, at noon, in St. Peter's Protestant Episcopal Church, Morristown, N. J., by the rector, Rev. Philemon F. Sturgis, assisted by Rev. Dr. Wm. H. Hughes, of the Church of the Redeemer, of Morristown, to Miss Elise Garr Henry, daughter of Rev. and Mrs. Francis A. Henry.

Dr. J. Frank Crouch, class of 1890, of Baltimore, and Mrs. Catherine Rennert Dieter were married at the Cathedral by Rev. William A. Fletcher, pastor of the Cathedral. Cardinal Gibbons gave the benediction. After the ceremony Dr. and Mrs. Crouch left for Atlantic City. Upon their return they will reside at the Washington Apartments. Mrs. Crouch is the daughter of the late Robert Rennert and the widow of Louis A. Dieter. Dr. Crouch is a member of the class of 1890, and a member of the Faculty of the Baltimore Medical College. He is also connected with the Presbyterian Eye, Ear and Throat Hospital.

DEATHS.

Dr. Lucius A. Warren, class of 1868, died suddenly at his home, in Lancaster, Pa., of heart disease, October 23, 1907, aged 62.

Dr. Patrick L. Murphy, class of 1871, died at Morgantown, N. C., September 11, 1907, aged 58. He was a prominent alienist, and since 1882 has been superintendent of the State Hospital for the Insane. At the time of his death he was president of the North Carolina State Medical Society.

Dr. Frederick E. Medina, class of 1901, died October 9, 1907, at Lowell, Mass., aged 33. He is the third member of the class of 1901 who has passed to the Great Divide, the other two being Drs. Emmett Kornegay and Blackburne Smith, the former of North Carolina and the latter of the Bermuda Islands.

Dr. Eugene W. Humphreys, class of 1872, of Salisbury, Md., died at his home, in that place, Sunday, November 24, 1907, after a short illness, from a complication of diseases. He was a son of the late Gen. Humphrey Humphreys, and was born in Salisbury, June 6, 1848. He was graduated from Princeton University in 1869, and from the Medical Department of the University of Maryland in 1872. After graduating he began the practice of medicine in his native town. In 1869 Dr. Humphreys married Miss Mary Josephine Tarr, eldest daughter of the late John M. Tarr. Dr. Humphreys is survived by a widow and five children—Misses Lucy Eugene, Mary Elizabeth and Nellie Rock Humphreys, and Messrs. Theodore Fulton and Eugene Dudley Humphreys.

After a long and lingering illness of eight months, Mrs. J. Dawson Reeder, wife of Dr. J. Dawson Reeder, class of 1901, of 639 North Fulton avenue, Baltimore, and lecturer on osteology at the University of Maryland, and

daughter of Rachel Cooke and the late Adolphus Cooke, of the Green Spring Valley, Md., died at the University Hospital Friday, November 15, 1907, aged 32. Mrs. Reeder, as Miss Albina Cooke, graduated from the Training School for Nurses of the University Hospital with the class of 1903, and is the first member of that class to cease their earthly labors. The funeral took place from her late residence, Sunday, November 17, 1907. Rev. Robert S. Coupland, rector of the Protestant Episcopal Church of the Ascension, conducted the services. The pallbearers were: Drs. Jos. W. Holland, Compton Riely, St. Clair Spruill, Norman Dudley, Oliver Parker Penning, Page Edmunds, John R. Abercrombie, Carroll G. Lockard. The BULLETIN extends to Dr. Reeder its heartfelt sympathy in the hour of his affliction.

Dr. Samuel F. Thomas, class of 1867, of Frederick, Md., one of the best-known druggists of that city, died suddenly November 22, 1907, of heart disease, aged 66. Shortly before he died he complained to his wife of feeling unwell, and a few minutes later, while seated in a chair, he expired.

Dr. Thomas was a son of the late Col. John B. Thomas, and was born near Adamstown, Frederick county. During the Civil War he was a member of the famous White's Battalion, Confederate Cavalry. At the close of the war he studied medicine, and was graduated from the Medical Department of the University of Maryland with the class of 1867. After practicing for a year, he opened the first regular drug store at Rockville, and later engaged in business in Poolesville and Sharpsburg. He removed to Frederick about 38 years ago, and has since resided there. He had been health officer for Frederick for six years, retiring last June. Dr. Thomas is survived by a widow and three daughters—Mrs. William L. Taylor, Chicago; Mrs. Frank F. Patterson, Baltimore; Mrs. Charles W. H. Keeser, Washington. The funeral services were conducted at his late home by the Rev. E. R. Eschback, pastor of the Evangelical Reformed Church. Burial was in Mount Olivet Cemetery.

CHANGE OF ADDRESS OF ALUMNI.

Dr. C. W. Stansfield, class of 1906, has moved from Emaus, Pa., to Fall River, Mass.

Dr. James Herbert Bates, class of 1907, has removed to Forest Park, Baltimore, Md.

Dr. W. Cuthbert Lyton, class of 1907, has located at 923 Columbia avenue, Baltimore, Md.

Dr. J. G. F. Smith, class of 1906, has removed from Towson to Gittings avenue, Govanstown, Md.

Dr. Nagib Kenawy, class of 1906, has removed from Cairo to 19 Attarin street, Alexandria, Egypt.

Dr. S. R. Donohoe, class of 1902, has moved from Lambert's Point, Va., to 179 Granby street, Norfolk.

Dr. Louis M. Pastor, class of 1906, after a year's service as interne in Moosehead Lake Sanatorium, has settled for practice at Greenville, Maine.

Dr. Joseph T. Hering, class of 1885, has moved from Westminster, Md., to Baltimore, and has taken a flat at the St. Paul Apartment House.

Dr. Walter Franklin Sowers, class of 1906, has removed from the northwest corner of Baltimore street and Fulton avenue to 2311 Edmondson avenue.

Dr. Hamner C. Irwin, Jr., class of 1905, has resigned the superintendency of Franklin Square Hospital, Baltimore, and located at Roanoke Rapids, N. C.

Dr. G. Herman Hammerbacher, class of 1894, of Baltimore, has moved from Light street and Warren avenue to Walbrook avenue and 12th street, Walbrook, Baltimore.

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BIER'S TREATMENT, WITH RESULTS ATTAINED AT THE UNIVERSITY HOSPITAL.

T. MARSHALL WEST.

It is not the purpose of this paper to enter into any critical review of Bier's theory of passive hyperaemia, not only because of lack of time, but also because of the impropriety of such a course on the part of an undergraduate and a tenderfoot in the realm of clinical study such as the writer is. He has been induced to choose this subject by reason of the very gratifying results achieved in certain cases recently treated in the University Hospital, and because of the hope that this report may in a measure awaken in those present a more active interest in a therapeutic method simple in its application, but surprisingly beneficial in its results.

Before proceeding to the report it may be well briefly to review the circumstances which led Bier to follow a course so much at variance with the generally accepted views regarding the treatment of inflammations. His work dates back over fifteen years ago and followed his studies of the observations of the renowned pathologist Rokitanski, whose extensive post-mortem investigations showed that those patients who had suffered from pulmonary congestion incident to heart lesions or spinal curvature showed no active tuberculous processes in the lungs. This and his careful observations of inflammatory processes led him to the conclusion that the phenomena of inflammation with its accompanying blood stasis is, after all, an effort in Nature's part to restore the normal condition; that this stasis should not be combated, but on the contrary encouraged by artificial means. There could be no ranker heresy than this, and his ideas, though backed by carefully prepared clinical proofs, were received, to quote his own words, "with many wary shakings of the head."

Read Before the Clinical Society of the University of Maryland, December 17, 1907.

Failures mingled with brilliant successes were his portion, but the failures he ascribes to faulty technique and not to any weakness of the theory. His call to the chair of surgery at Bonn gave him the opportunity he needed, and now his views have met the approval of the majority of his former critics. His method did not receive very general attention in this country until about a year and a half ago. However, Dr. Willy Myer, of New York, has done much to bring it to the attention of the profession in America, having begun his observations soon after the publication of Bier's book in 1892.

The apparatus usually employed is the Esmarch bandage applied proximal to the affected area with pressure sufficient to cause an intense congestion of the part without cutting off the arterial supply. Another method is that of glass suction cups and cylinders of various shapes and sizes made to fit different parts of the body. This requires considerable judgment, and Bier advises against its use by the general practitioner until experience has been gained with the bandage.

He lays down some general rules of technique which he regards as absolutely essential to success.

1. After the bandage has been applied the part should become hot, swollen and of a purplish red color. If, on the other hand, it is cold, blanched and more painful, the pressure should be relieved at once.

2. Avoid chronic edema which may arise from too long continued and too frequent application; bandaging the limb with a cotton bandage distal to the lesion has often proven effective. Where edema does occur, employ elevation and massage and lengthen the interval between treatments. As with any therapeutic agent, the dosage suitable for the individual case must be determined.

3. When the technique is not at fault and the condition of the patient has plainly not improved within a reasonable time, it is best to stop the treatment.

4. Where older methods are plainly indicated, as, for instance, evacuation of pus, removal of sequestra from sinuses, aspiration and injections of iodoform emulsion, stasis hyperæmia should be employed as an accessory measure.

5. Tuberculous lesions, as a rule, do better with the bandage applied for one-hour periods twice a day; on the other hand, acute infections, such as gonorrheal arthritis, often require prolonged stasis (6-22 hr.) before pain can be permanently relieved. It is often better to cut down the treatment as the pain disappears and mobility improves.

6. Active and passive movements are employed as early as is compatible with a reasonable degree of comfort to the patient. In this way abnormal positions are avoided.

7. Chronic stiff joints are best treated by a combination of hot air, the suction apparatus and the bandage.

So much for a very brief review of the history and the principles of Bier's hyperaemia. The treatment was first introduced in the University dispensary about sixteen months ago. Since that time the results have fully justified the experiment, and with a broader experience more pronounced success may reasonably be looked for. We have chosen for full report four cases as best illustrating the work already done in the University Hospital.

Case I.—E. H., male, negro, age 21, entered the Hospital October 14, 1907, suffering from tubercular cervical adenitis and a tubercular involvement of the right knee. The limb had been giving trouble for over a year, while the acute symptoms began one month previous to entrance. Examination showed a joint fixed in extension with a large fusiform swelling extending from the junction of the middle and lower third of the leg to a corresponding level on the thigh. The knee measured 15½ inches in circumference; the joint was inflamed, fluctuating, tender on pressure and very painful, so much so that the patient could not sleep.

Passive hyperaemia was employed for twelve hours (7 P. M. to 7 A. M.) each day. In four days swelling and pain were much relieved, so that patient got some rest at night; in two weeks the pain had disappeared, so long as the limb was kept at rest, while the swelling was confined to the joint itself, which measured 15 inches; a slight degree of movement was possible, but accompanied with some pain. Improvement has been slow since then. Examination December 16th showed no further reduction in the size of the joint, but flexion is now obtained through an arc of 45°; there is still considerable local temperature; there is no tenderness except in the region of the internal tuberosity of the tibia posteriorally, where there is considerable swelling as well. However, the condition is improved sufficiently to allow the patient to sit in a chair with the knee supported. Treatment is being continued. While a cure has as yet not been effected, the man is in much better condition than when he entered two montns ago.

Case II.—L. D., male, white, age 38. Patient contracted gonorrhoea during the latter part of May, for which he was treated, but with but indifferent success. Entered the Hospital July 29th, 1907, with a severe sinovitis of the left knee. This condition had been growing steadily worse for two weeks. Walking caused excruciating pain. The joint was stiff, painful and tender on pressure; local temperature much increased circumference of right knee over upper border of the patella 13½ inches; one inch above patella, 13¼ inches.

Left Knee—Upper border patella, 14¼ inches. One inch above patella, 14¾ inches. The Esmarch bandage was applied for 20 minutes three times a day, while the urethritis was treated with irrigations. Examination August 11th showed little improvement in the symptoms. Eight days later there was a reduction of three-quarters of an inch in the circumference of the knee. By September 12th the joint symptoms had considerably improved; the knee was not so stiff, there was no pain and no tenderness. There was no further reduction in the size of the joint. The man was discharged September 21st with a knee which was but very slightly stiff, causing little discomfort in walking, with no pain or tenderness. Circumference of the joint over the upper patellar border and one inch above, 14 inches.

Case III.—L. G., male, negro, aged 20 years, applied for treatment June 15th, suffering from acute gonorrhoeal arthritis of left elbow. General temperature, 101 4-5; joint exhibited an extensive fusiform swelling, high local temperature, greatly restricted movement and much pain and tenderness. Stasis hyperaemia was employed

for one hour each morning and evening. No measurements were taken on entrance. Within twenty-four hours motion was less restricted and pain and swelling very much reduced. Four days later there was no local temperature, still greater mobility, no pain and little tenderness. Circumference of the right elbow, 10½ inches; of the left, 12¾ inches. June 21st—Almost entire freedom of movement, no pain, little or no tenderness, no temperature; circumference of left elbow, 11¼ inches—a reduction of 1¼ inches in six days.

Patient was discharged June 24th, ten days from entrance, having recovered absolutely from his former trouble with no impairment of function.

If anyone is looking for simple remedies and quick results, he certainly has it exemplified in this case.

Case IV.—E. H., negro girl, aged 11 years. Patient came for treatment July 29th, 1907, suffering from swollen and very painful knees, giving a history of trauma two weeks before. Examination showed joints extensively involved, swollen, fluctuating and tender on pressure; any attempt at flexion caused great distress. General temperature, 100 2-5; pulse, 108; respiration, 28. Hot dressings were applied in the usual manner. On August 13th, two weeks later, little improvement noted; fluid would disappear only to return. The child was rapidly becoming more toxic, the temperature rising at this time to 102 2-5. Examination of fluid from the knees showed numerous staphylococci and streptococci. It was accordingly decided to open and drain. This decision, however, was reconsidered, and instead iodoform emulsion was injected into the right knee, while the left was undisturbed. Both knees were then treated with stasis hyperaemia each day for eight hours. August 20th, a week later, the temperature reached 104 2-5, but notwithstanding this, the improvement was real, though slow; the temperature had gradually dropped to normal by September 14th, and by November 11th the patient was walking about the ward. At this time the left knee showed no symptoms of the former trouble; the right, very much improved, gave the patient but little discomfort. A relative was carefully instructed in the use of the bandage, and the patient discharged with every prospect of a perfect result.

Among other cases being treated with varying degrees of success are the following: A case of osteo-myelitis involving the entire radius. Results so far attained, after several weeks, are, limitation of further progress of the disease, much less pain and some improvement in motion; two cases of acute articular rheumatism, a traumatic periostitis of the lower jaw and a badly infected scalp. In the last two instances the bandage was applied around the patients' neck.

Summary.

1. Bier's treatment in properly selected cases offers many advantages over former methods.

2. It frequently renders mutilating operations unnecessary or restricts surgical procedures to the simplest forms.

3. While it is not a panacea for all ills, a great variety of acute and chronic inflammations can be successfully treated by its employment.

4. It relieves pain and restores function.

5. It is inexpensive, simple in application and can be taught to patients in their homes.

WHAT TO DO WITH TUBERCULAR CASES.

By Wm. M. Jones, M. D., Class 1903,
High Point, N. C.

Since the time of Hipprocrates, of Pliny, Celsus and Galen, who were the first to expound a rational treatment for tuberculosis, our profession has diligently sought for that which was the most reasonable, and at the same time conducive of the best results.

No field of Medicine has been preyed upon by Quack and Charlatan with more deleterious results than has this.

It would be useless for me to endeavor to enumerate the many and varied treatments and methods resorted to by Charlatans to incidentally gain the confidence not only of the laiety, but of the medical profession, and primarily their finances. I doubt not but that every drug catalogued in the United States Dispensatory and Pharmacopoeia has been used, not to mention the combinations of both inert and deleterious preparations that are put forth as cures.

By a careful resumé of the treatments of Quack and Charlatan, one cannot but feel depressed at the almost inconceivable ignorance of

humanity, for there is not the least basis, emperically or rationally, for the treatments that they extoll, and not one semblance of truth for their so-called results. But, thanks to the better men in the medical world, the laiety are becoming more enlightened, and are beginning to differentiate the true from the false.

Herman Brehmer was the first to find a practical solution, and to extract order out of chaos, to obtain results not in a blind haphazard way, but by what has since proven as rational and scientific principles.

He was the first to advocate and support the Sanitorium Idea, and, though criticised severely, he nevertheless persisted and obtained results that were far in excess of anything that had heretofore been thought possible: it was then and then only that he obtained his well-deserved reward. His efforts were necessarily very crude; but, though crude, remarkable results were obtained.

From observation he had deducted some very important facts, and the most important was: "That those who were constantly in the open air both day and night were very seldom affected by Tuberculosis, and that what would prevent it in one person, if properly employed, should cure it in another." From this he began to teach the doctrine of special Homes or Sanitoria, where the greatest amount of fresh air could be obtained, and where the probability of reinfection was reduced to the minimum. Since his time there have been changes, but most of them have been of only minor importance; in fact, only a perfection and modernization of his plans.

The profession was for a long time under the erroneous impression that all cases with tuberculosis should go to a high altitude, or one where the air was very dry. Neither of which are necessary or even advisable. For, in fact, high altitudes may be the cause of incalculable harm, in that they may produce hemorrhages and the destruction of new-formed areas of cicatrization. Who has not had his patients returned from these high altitudes, with the advice that they be sent to some place where the air is not so rarified, etc.? And when we examine them, we find that they are much weaker and that their lungs show a decided increase in the number of râles, and that the area of infiltration has been very perceptibly increased. The idea was for a long time prevalent that at certain altitudes the air possessed an amount of ozone, and that this ozone had a specific action on the T. B.; but this has since been proven to be erroneous, and that the ozone is only an index to the purity of the atmosphere.

The patients were then advised to go to the alkali plains of the West, where they could get an excess of sunlight and where the annual amount of rain and moisture was almost nihil. We were seeking something that was out of the ordinary—something complicated. I dare say that there are many physicians who have advised their patients to go to the West, when they themselves have never been there. I must admit that I myself have been guilty of the same offense, and I have had patients to write me that they would rather come back East and die than to stay out there. When one has been there, he is able to sympathize with the poor patients, for he is able to appreciate the feeling of extreme depression that comes over one's physical and mental systems, due probably to the excessive amount of sunlight.

But were fine weather and freedom from exposure all important factors, the remarkable success of the sanitaria in the Black Forest, and especially of the Nordach Colonie, the favorable results recorded by De Jong in regards the low-lying districts of Holland would never have been chronicled.

So, to strike a medium, we should say that the best results for the greatest number of patients would be an elevation of not more than 2,000 feet nor less than 600 feet above sea level. But even at an elevation of only 2,000 feet we will find some cases that cannot stand the rarified atmosphere.

In order to obtain the very best results for the patient he should be sent to some reputable and ethical sanitarium, the advantages of which are numerous. For statistics show that patients who go to a locality where an institution is located and consult a physician only at such times as they think that they are in need of his services, do not show anything like the amount of improvement that the patients in the institution do. The reason for this great disparity is due to the fact that the patients who are in the institution are there for the one and only purpose of getting well, and that being their one object, they devote their entire amount of energy upon this one thing. Then the patients that are in the institution are under the constant care of a

physician. Right here let me say that the physician should devote his entire time to his patients, let them occupy his every thought. He must be an autocrat, and his every word must be law. He will gain the confidence of his cases and thereby their full co-operation.

He will become acquainted with the individual characteristics and idiosyncrasies, and will thereby be the better enabled to direct their treatment, etc. Then in an institution the patients are benefited by seeing others, who came to the institution in a more advanced stage than that which they themselves are in, and who are now stronger and more robust; then there is a further advantage in that there is a little personal rivalry between patients, and each will obey the instructions of the physician to the letter in their effort to improve faster than some other one. Any little irregularities are immediately noticed and means taken to prevent the same.

So it is that one case may be able to exercise—within certain limits—with impunity, whereas another's temperature will begin to rise upon the least amount of exertion. Everything counts for or against the patient, and no matter how small or insignificant it may appear, should be accepted or rejected as the case may be.

It is estimated that there is 330,000 cubic feet of air passing over a patient every hour when in the open air; so it is obvious that no matter how elaborate a building may be, or how perfect the system of ventilation, it can in no wise rival the air of the outside. So from this fact has originated the tent or cottage sanitaria, where the patient has nothing more than the roof to obstruct the free circulation of the air. And since the adoption of this plan, results have proven its superior advantages. For it has been clearly demonstrated that no amount of exposure, no matter how inclement the weather, or how emaciated the patient, has ever caused the least harm, provided that the exposure is constant. The liability of reinfection in a sanitoria is nihil, for every precaution is taken to prevent any dust or dissemination of the dry sputa, all of which is immediately destroyed, either by fire or chemicals.

Regularity in regards everything, exercise, time and amount, regularity as to meals, the kind and amount best suited to the needs of each patient, are looked to. These and numberless other considerations are looked after in minuted detail, the same being impossible in the home.

Can there be any doubt, then, as to why the results of such institutions are so far in excess of anything that we are able to obtain in private practice?

HOW MUCH SHOULD THE PHYSICIAN KNOW OF OPHTHALMOLOGY?

By F. M. Chisolm, M. D.,

Associate Professor of Ophthalmology, University of Maryland, Baltimore.

The physicians of the past 30 years or so paid, as a rule, but little attention to ophthalmology, but the progress made in medical science of recent years has reawakened in him a realization of the importance of a working knowledge at least of the commoner forms of special affections. In other words, advances in medical teaching and practice have made and are making better physicians, and the average man of today is far better qualified by his college training to deal with the ordinary ailments formerly classified in the specialties. My object in bringing up this subject is to show that there is still a great deal to be learned and become fixed in the mind of the practitioner about ophthalmology, without either usurping or encroaching upon the sphere of the specialist. The latter has made equal, if not greater, strides in his specialty, and has advanced to a still broader sphere. That the practitioner should know the common forms of external eye disease is only right and proper, whether he undertakes to treat them or not, and if he does undertake treatment, it is often essential to know what not to do as well as what to do. In medical ophthalmoscopy there is a large field opened up that has as yet been barely entered. Why should he not know how to use an ophthalmoscope? Why is it not as much an instrument of physical diagnosis as a stethoscope, and if not used with equal facility, at least with sufficient familiarity to enable him to note the grosser changes in an eye ground and media, that will throw light, together with other symptoms, on the disease with which his patient is suffering? Medical schools of today pay too little attention to the opthalmoscope in its connection with physical diagnosis. Its study is not solely a part of a special branch to be learned by the student for examination and then to be discarded. Nor

should it be taught as a means of determining local conditions with which only a specialist should deal.

The practitioner's knowledge should embrace the usual external eye diseases found in every-day practice. He should be able to distinguish the ordinary forms of conjunctivitis, whether or not infectious or dangerous to sight. He should know the usual varieties of corneal ulceration and whether one that will increase and destroy sight, or one that is self-limiting and tends to clear up under ordinary simple local measures and proper health conditions. He should be able to tell a case of iritis from conjunctivitis. He should also surely tell this disease from acute glaucoma and thus save his patient from irrevocable blindness by a delayed diagnosis. These are things he should know before he leaves college, and have them indelibly fixed in his memory. Of equal importance is a recognition of chronic glaucoma and an ability to detect it and not tell his patient, as so often occurs, that he has cataract and must wait until he is almost blind before an operation can be done. A very little practice with the ophthalmoscopic mirror will show simple lens changes.

The finer points of diagnosis or of differentiation between certain forms of disease he is not expected to be conversant with, but he should know enough not to undertake a case that ought to be at once sent to a specialist.

The question of refraction does not enter into the work of the practitioner except in a general way. He ought to know that a disturbance of accommodation bears a relation to kidney (?) trouble, to intestinal disorders, to chronic glaucoma, etc., as well as to hyperopia or simply old age. That some forms of conjunctivitis, inflammation of the lids, styes, muscular palsies, etc., may be influenced or caused by faulty refraction alone or in connection with systemic disorders, just as he has come to associate different kinds of headaches with eye strain, or internal squint with hyperopia and astigmatism. A very important knowledge for the practitioner is that the correction of refraction is not a purely mechanical adjustment that can be performed by a mechanic. In all refraction work the individuality of the patient is ever present and must always be considered. The intricate mechanism of the eye and its intimate association with the other organs and portions of the body make the correction of refraction far from a mere mathematical or optical matter. Physicians should not belittle to their patients the need for careful intelligent refraction, be it for apparently advancing age or otherwise. The first symptoms of grave affections overlooked by so doing and the opportunity thus lost may be for successfully warding off disease.

Drugs in ophthalmology are few, though prescribed in various forms. Treatment comprises many methods of therapy, combined with the experience resulting from a close study of human nature. Know the patient and treat him—as well as the disease. Correct diagnosis is necessary, and what the practitioner should strive for is to determine whether it is a condition he can treat or one that should be referred to some one more familiar with such subjects. Co-operation is always desirable, and should exist between physician and specialist whenever and wherever possible. The one should work with the other, and it is only by so doing that the best results can be obtained.

The points I wish to bring out are these—that, although the average physician has improved in his knowledge of special diseases, there are still a good many things he should know and yet not be a specialist; that the ophthalmoscope is an instrument of physical diagnosis and should be classed as such in the minds of physicians and medical teachers, and that familiarity with it and its uses will help out in many a case in finding just that link in the chain of evidence leading to a positive diagnosis or prognosis; that correction of faulty refraction is not a simple mathematical or mechanical problem, but one that requires a knowledge of the abnormalities of body and mind, only to be had through a course of medical training supplemented by practical experience; that to obtain the best results in many cases there should be a thorough co-operation between the physician and the specialist. The experience of each is helpful to the other in determining the nature and cause of the malady and mapping out a course to combat it

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Dr. Arthur M. Shipley, superintendent of the University Hospital, who was called to California owing to sickness in his family, has returned and resumed charge of the Hospital. During his absence Dr. R. W. Crawford was acting superintendent.

REPORT OF A FEW INTERESTING SURGICAL CASES WITH UNUSUAL FINDINGS.

By C. W. Roberts, M. D., *Class of* 1906.

Assistant Resident Surgeon in the University Hospital.

1. Ruptured Intestine, Strangulated Hernia, Peritonitis.
2. Strangulated Inguinal Hernia, Left Side.
3. Appendix in Fork of Abdominal Aorta.
4. Wallace Sommers, Angulina-Back.

The following cases observed in the service and reported by kind permission of Dr. Spruill, are brought to your attention, being deemed worthy of especial consideration for two reasons; first. the confusing symptoms presented, making satisfactory differential diagnosis previous to operation impossible; second, the unusual and interesting findings when subjected to operative measures.

Case I.—Patient, white male, age 58, admitted to Hospital October 23, 1907, complaining of having been kicked in the left lower quadrant of the abdomen by a horse, some 48 hours previous to admittance. Previous to injury patient had no symptoms whatever, and, as far as he knew, was well and strong, barring general debility incident to beginning old age. Following injury patient walked some distance to his residence, little disturbed, and later summoned his physician. A cursory examination failed to show any gross lesions, consequently patient was put to bed to await result. The following day it was noted that the abdomen was tense, tender to palpating hand, vomiting had ensued, pulse was accelerated and considerable pain experienced, with rise in temperature. More careful examination revealed a small lump, size of hen's egg, below Poupart's ligament in right groin. No previous history of abnormalities in this region could be determined; had never been noted previously. These findings brought patient to Hospital to seek relief. When first seen at Hospital patient presented very typical symptom of peritoneal inflammation with ordinary systemic reaction. Eyes were sunken, face expressive of grave lesions. In the right groin, a tender, somewhat movable, irreducible, non-fluctuating lump, size of hen's egg, was noted. This, with abdominal distress and distention, coupled with former negative history, suggested immediate operation. Accordingly patient was anesthetized, an incision made over hump in groin, tissues dissected off until the peritoneal pouch was reached. This was now opened, found to contain a mass of omentum only, but a large quantity of flocculent fluid escaped from the peritoneal cavity, with occasional masses of fresh exudate. Now the abdomen was opened over seat of injury in left lower quadrant. The tissues of abdominal wall were found severely bruised, very much thickened and stuck to underlying viscera. These having been released, intestines exposed, a hole size of dime came into view. Large quantities of fecal stained fluid and pus was evacuated. The hole in bowel was closed, drainage tube inserted and abdomen closed around it. A gauze wick was also left down on opening in peritoneum, in the groin. Patient is at present making very satisfactory and unsuspected recovery. Hole in bowel has not been reestablished. The interpretation set on this case is that his femoral hernia descended as result of increase of intra-abdominal pressure incident to kick, which also ruptured the gut, causing general peritonitis.

Since this report case has died of gangrene of lung.

Case II.—A colored man, age 46, brought to Hospital November 2, 1907, suffering from strangulated hernia of left side of fourteen hours' duration. On evening previous to admittance, while going up stairs to retire, patient felt hernia descend. Oftentimes before reduction had been accomplished by himself without difficulty. Having failed in this instance, a physician was called, who manipulated the protruding mass for several hours, failing finally to replace it. Immediately patient was sent to Hospital. Examination on admittance showed large mass, size of the doubled fist, protruding from the left external ring into scrotum. History of rupture with usual signs easily made the diagnosis. Taxis was instituted, but proved of no avail. Gurgling could be heard in the protruding viscera. Immediate operation was performed as follows: A large incision corresponding in direction and immediately above the left inguinal canal was made, exposing the external ring. The peritoneal pouch was now isolated. It was found to contain the cecum and appendix, with a few

Paper read before the University of Maryland Medical Association.

coils of ileum. The appendix was acutely inflamed and studded with little wart-like lumps, giving appearance of tubercular involvement, this bearing out the statement that appendicitis is sometimes due to a constriction, as the base of this appendix was constricted by the external abdominal ring. The appendix was removed and the bowel returned into abdomen. Investigation before releasing the cecum showed that the bowel came from its normal position, to which it easily returned when replaced. The hernia was closed; patient made an uneventful recovery.

CASE III.—A white woman, age 26, entered Hospital November 2, 1907, complaining of abdominal pain. The following history was given: During the past thirty months eleven attacks of acute pain in right side have been experienced. Attacks were accompanied by nausea, but at only two of them had she vomited. Bowels have grown progressively constipated since first attack. With first attack no unusual symptoms were noted, but in last three patient had been forced to pass water many times during and for few days following attacks. Pulse and temperature have been noted in last two attacks. No blood has been passed in urine, stools have been normal. Patient gives positive history of tuberculosis in family, no history of malignancy. Some twelve or eighteen pounds have been lost in the past twelve months. Weakness with tingling sensation of right leg is complained of. Intense soreness follows attacks, the patient finding it necessary to stay in bed for a few days following attacks. For past twelve months symptoms have been present more or less all the time, more exaggerated at times—*i. e.*, following exertion, etc. The character of pain is described as sharp, cutting, lancinating. Attacks have all, with possible exception of one or two, come on suddenly. Examination on admittance shows following: Healthy-looking woman, well nourished, florid skin. Right leg is drawn up continuously. Entire right abdomen tender, very rigid. Pulse and temperature normal. Leucocyte count—various counts—30,000 polymorpho-nuclear cells. Right kidney is freely movable, slightly enlarged, but not very tender. No increase of stiffness or pain felt on palpation over appendix. Pelvic organs were negative, repeated urine examinations negative. The reflexes of the lower extremities were slightly exaggerated. No abnormality noted in lumbar or dorsal spine. Examination from day to day showed symptoms and signs the same, with possibly a little localization of stiffness of abdominal wall, to a point in mid line, immediately below umbilicus. There was no history of injury. Patient was subjected to laparotomy on the persistence of a high leucocyte count. Patient at no time appeared sick.

The right rectus incision was chosen. The abdomen opened, a large mass apparently post-peritoneal, was discovered lying on and at the bifurcation of abdominal aorta. The cecum was now searched for, and found drawn well over in mid-line, covered and tied up in mass referred to. Adhesions were carefully dissected away, the large bowel (descending colon and cecum) lifted up, when the appendix was found, post-cecal, lying in an abscess cavity, surrounding the great vessels. The appendix was tied off, cavity drained, abdomen closed, save tract for purpose of drainage. Patient is making very satisfactory recovery. A review of the history, signs and symptoms of this case will immediately suggest to our minds any one of a number of surgical affections of the right side; although proving finally to be the most common, that of appendical inflammation, the symptoms were so atypical as to make differential diagnosis impossible. Of especial interest was the existence of a persistent high leucocytosis without temperature or pulse reaction, to be explained probably by the proximity of the abscess cavity to the large vessels and lymph channels, and also the unusual location of cecum and appendix, a case in which McBurney's point was displaced many inches to the left.

CASE IV.—That of a young man, age 28, admitted October 28, 1907, with following history: Health previous to the past two years was good, there being no disturbance worthy of mention. Trouble began by attacks of vomiting, which came on usually in the morning, but occasionally in afternoon. Pain was not felt at beginning. Having been a rather excessive drinker, his physician explained vomiting on this basis. Alcoholics were, therefore, given up with ease, but symptoms continued. Weight was gradually and slowly lost. Patient was easily fatigued. Was very nervous, restless, and appetite failed. Attacks of vomiting later became associated with epigastric and general abdominal pain of severe and agonizing character. No blood, however, was ever noticed in the vomitus. Periods be-

tween attacks were remarkably free from symptoms, no pain, no tenderness, good digestion, never any jaundice. Constipation was mentioned as a rather persistent symptom. Condition thus went on, patient enjoying what he described as good health, except during attacks. These grew more and more severe, came on without warning, suddenly and as follows: Vomiting would ensue, then pain located in mid-line just above umbilicus, vomiting would continue without easing for from three to five days—first contents of stomach, then a straw-colored fluid, later bile stained. No food could be taken. There was no temperature or pulse reaction. A little tenderness, not marked over gall-bladder. Presently symptoms would subside, and then patient would immediately feel well. These attacks brought him to Hospital for relief. On admittance patient is observed to be poorly nourished, rather anemic, overworn individual, who gets about with rather guarded step. General examination shows very little; abdomen, gall-bladder, stomach, urine, blood, temperature and pulse all about normal. An angulation in spine at junction of dorsal and lumber vertebrae is noted. The reflexes of the lower extremities are markedly exaggerated. Being retained a few days for observation, an attack as described above was experienced. There was nothing significant in stools following the attack, no blood in vomitus, no systemic reaction. Stomach analysis showed hyperacidity. Based upon the periodicity of symptoms, the absence of hematemesis and the presence of severe pain, a diagnosis of gall-bladder inflammation was made, being confirmed by that of every physician who had been in attendance when attack was experienced. Pursuantly the abdomen was opened above umbilicus with following findings:

Stomach—Pylorus was normal. There was no apparent abnormality in the appearance or feel of the duodenum. No stones could be detected in the gall-bladder or ducts. A few adhesions were noted passing from common duct on to duodenum and partially constricting it. These were relieved, with the hope of giving relief, it being thought that a vicious circle was thus created. Abdomen was now closed. Every thing went well for five days, when suddenly a most typical attack was again experienced. Attention was now directed to back, markedly exaggerated reflexes being still present with visible angulation in dorsal spine. A plaster jacket was applied, hyperextending spine and supporting shoulders. Reflexes immediately cleared up, bowels became regular, appetite improved and patient was discharged. Now, 18 days from date of discharge, patient is clear of symptoms.

This case, apparently relieved, with another of similar symptoms, operated upon at York Hospital, Pennsylvania, without improvement and later admitted here, a diagnosis of Pott's Disease made, treatment instituted, discharged free from symptoms, and still another operated upon five times, three times in this Hospital and twice elsewhere, for symptoms pointing to kidney, stone or appendical inflammation without relief, later discovered to be tuberculosis of spine, proper fixation apparatus applied and patient discharged, symptoms relieved, is sufficient to make it of pressing importance to exclude this affection, when dealing with all forms of abdominal pain.

The man just reported now, after thirty days, has returned to work, looks like a new man, and is happy, contented and rejuvenated.

DYSMENORRHOEA ASSOCIATED WITH APPENDICITIS.

By J. Mason Hundley, M. D.,
Clinical Professor Diseases of Women in the University of Maryland.

Nine years ago I was called in consultation by a physician of this city to see a patient suffering with dysmenorrhoea. She was unmarried, twenty-one years old, well nourished and highly nervous. At the time of my visit she was suffering acutely and required an occasional hypodermic of morphia to relieve the pain. She had always suffered more or less pain at each menstrual period since she began to menstruate, but was free from pain and felt well between the periods until about eighteen months prior to my visit. In that period of time at each menstrual period she suffered acutely, and frequently required morphia to relieve the pain. The flow was now variable in amount, at one period scant, and another profuse. It recurred irregularly and persisted longer than formerly. She had some fever and her abdomen was sensitive and rigid. The pain experienced at this menstrual period was more severe than at any time previously. In the eighteen months each successive period seemed to be worse than the previous one, and what was sig-

nificant and aroused my suspicion that the case was not an uncomplicated dysmenorrhoea was that she did not fully recover her former good health between the ending of one period and the beginning of the next. Eighteen months prior to my visit she felt well between periods. After getting the history and making a careful examination I decided that she had an appendicitis, and that the appendix was the offending organ, and not the uterus. The appendix was successfully removed two weeks later. She has since married and is well. After the removal of her appendix she suffered less pain at her menstrual periods, and after the cessation of the flow was comfortable and well. That case was very instructive to me and full of interest. Today I am interested to know if an appendicitis is a factor in increasing the pain at the menstrual period, and if it is a factor in increasing the pain, in what way it is done. Is it through the circulation, at the lymphatics, or is it through continuity of tissue and an associated mild peritonitis? There is no direct connection between the blood supply and the lymphatics of the appendix and that of the uterus and its adnexa. There is a direct connection between the mesentery of the appendix and the broad ligament.

I have had a number of patients referred to me suffering with dysmenorrhoea since that time, nine years ago, complicated with appendicitis. In every patient I have endeavored to ascertain if the appendicitis added to the suffering these patients experienced at the menstrual period, or was it simply a coincidence. In many of these patients there is an irregularity of the menstrual function beside the increased pain. Both of these symptoms disappear or are greatly improved after removal of the appendix, of that I am certain. This improvement may be due, in part, to the improved general health of the patient. While I am unable to give a satisfactory reason for the belief that a chronic appendicitis does influence the menstrual function, and especially the incidence of pain, I feel that there is some connection between the two. It has appeared to me that in many of these patients the appendicitis flares up at and about the occurrence of the menstrual period to become more or less quiescent in the interval between the periods.

About two months ago a school girl was referred to me with the statement from her physician that she needed a dilatation and curettage for the relief of painful menstruation. She was eighteen years old and had suffered pain at each period since she first menstruated, but for the past six months the pain had been very severe. She was sent to a boarding school in a neighboring State the first of September. During that month she had a very severe attack of pain when she menstruated, which confined her to bed for four days. I saw her about a week after that illness. Upon close inquiry I found that she had had indefinite abdominal pains and indigestion for six or eight months prior to her leaving home in September. That while the dysmenorrhoea was pronounced and overshadowed everything else, it was clear that she had some abdominal pain between the menstrual periods. She was slightly tender over the region of the appendix, and there was some muscle rigidity. By rectal examination the pelvic organs were found to be normal. I prefer the rectal route in examining young girls. It is less embarrassing and humiliating to them, and less painful than an examination by the vagina. I had an opinion that she had an appendicitis and that she should be operated on. My advice was accepted, and I removed the appendix the following day. The appendix was chronically inflamed. She has since been well.

The case now to be related differs from the two preceding cases. Miss O. B., aged 21, single, occupation housework, menses are regular and painful. Is confined to bed two days each month on account of pain at that time. She is then able to be up and about her work, but suffers with bearing-down pain at all times. When on her feet has backache and headache. Some leucorrhoea and is constipated. Has shooting pain through the lower abdomen, but at no fixed point. Examination—Abdomen is flat, not painful to pressure except in right inguinal region. Cecum is at brim of pelvis. Kidneys are palpable, heart and lungs are negative. Pelvic Examination—Uterus is retroflexed and movable, ovaries are normal. Cecum can be palpated by the vaginal finger. Bimanual palpation of the cecum is painful.

Diagnosis—Retroflexed movable uterus, possibly an appendicitis.

Operation—Curettage. After the curettage a laparotomy was done. A modified Gilliam operation was done for the retroflexion and the appendix was removed. The appendix was swollen, stiff and red.

Pathologist's Report—Chronic appendicitis.

I am satisfied the appendicitis was the chief cause of this woman's suffering and ill health. In concluding, I wish to emphasize two points. The first is that of diagnosis. It makes all the difference to the patient whether the symptoms presented are correctly interpreted or not. A correct diagnosis can only be gotten in many of these cases by faithful attention to each and every symptom. To do this we must be full of interest and enthusiasm and give sufficient time to the investigation. We have no right to treat lightly and with indifference what the patient may have to say, and it is best to allow her to tell it in her own way. The second point I wish to emphasize is well illustrated in the last case. This patient had a retroflexed uterus, but it was the least serious of the two conditions from which she was suffering. The diseased appendix, in my judgment, was the chief source of her suffering. It would have been reprehensible to have corrected the malposition and overlooked the appendix. Our failure to relieve many of our patients in the past has been due to lack of thoroughness in just this type of case. We must get away from the custom that has become almost a part of us that pain referable to the lower abdomen and pelvis in woman comes from the pelvic organs only.

MY EXPERIENCE WITH ALYPIN—A NEW LOCAL ANESTHETIC.

By John R. Winslow, M. D.,

Clinical Professor Nose and Throat Diseases, University of Maryland.

Alypin is said to be mono-hydrochloride of benyoyl, 1.3 tetramethyl-diamino, 2 ethyl isopropylic alcohol. It is soluble easily in water, and the watery solutions are neutral in reaction. The principal points of advantage claimed for it are: its non-toxicity, its freedom from constitutional action, its lack of mydriatic action and its marked anesthetic power; no ischemia is produced, but, on the contrary, hyperemia. The drug is supplied in the form of 11-8 grain tablets, one of which added to a dram of water makes a 2 per cent. solution; solutions should be freshly prepared, as they are apt to deteriorate after 24 hours and become irritating. They can be sterilized by boiling for a short time, and if desirable one of the suprarenal preparations may be added.

The following cases are copied from my private records:

Mrs. J. B. W., a rather delicate neurotic woman, aged 30 years, a sufferer from vasomotor rhinitis and asthma; has had a posterior hypertrophy removed by another specialist with much suffering, and is hence apprehensive.

I trimmed off the inner surface of the right inferior turbinate with Struycken's turbinal scissors, and snared off a posterior hypertrophy from the same side, with very little pain, under a 4 per cent. alypin injection into the turbinal; one dram of solution was used in all; there was no faintness nor depression during nor succeeding the operation.

Mrs. C. B. U., a very nervous lady, 35 years of age, in delicate health and of tubercular appearance, just arrived from a long railroad journey. Multiple polypi snared and anterior middle turbinotomy performed under 8 per cent. alypin-adrenalin mop; no pain and, contrary to expectation, no depression.

J. R. A., boy 12 years of age, suffering from nasal obstruction of the left side. A vertical septal ridge was removed sub-mucously under alypin 4 per cent., adrenalin 1-5000 injection; no pain, considerable sweating, undoubtedly due in large part to the temperature of the day.

W. M. A., gentleman, aged 45 years, with right nasal obstruction due to a dislocated edge of the septal cartilage, and consecutive postnasal catarrh. Resection of the projecting edge of the cartilege and suturing of the wound; alypin-adrenalin injection; no pain nor after effects.

Miss A. D., a young lady, 22 years old, subject to recurrent tonsilitis with systemic depression; not nervous; double tonsillectomy; right tonsil by dissection with Seiler's knife and tenaculum forceps; left tonsil by improved Farlow's snare. Alypin-adrenalin injection into the palatine arches and tonsils; one dram used on the two sides. Use of snare caused slight pain. Operation succeeded by pallor, faintness, weak pulse, no sweating and prompt recovery upon assuming the recumbent position.

Miss L. K., a young woman, aged 35, subject to recurrent tonsilitis and presenting chronic deafness. Double tonsillectomy; right, by enucleation with Seiler's knife; left, by tonsil punch. Alypin 2 per cent., adrenalin injection, one-half dram on each side. Practically painless; no de-

pression, faintness nor after consequences. Owing to the fact that alypin is practically non-toxic, it should be available in the treatment of hay fever and allied conditions.

I have used a spray of alypin, 2 per cent. adrenalin 1-5000, in a number of cases of vaso-motor rhinitis, as a palliative, and obtained as good results as from similar cocain solutions. I have observed no tendency toward habit formation. I have also used a 2 per cent. solution of alypin in such minor procedures as passing the eustachian catheter, anesthetizing the fauces and larynx for examination or applications; for this purpose, alypin solution has some advantages over cocain other than its non-toxicity; its taste is not so bitter and it does not cause that sensation of choking or "lump in the throat," so alarming to nervous patients.

As yet I have had no opportunity of employing alypin for the removal of intralaryngeal neoplasms, but should think it eminently adapted to this purpose.

Conclusions:—My experience leads me to consider alypin a valuable anesthetic, slightly less powerful than cocain, but superior to eucain, nirvanin, or any other cocain substitute with which I am familiar. It usually gives satisfaction in 10 per cent. solutions applied as a mop to the mucous membranes, and in from 2 to 4 per cent. by injection. It is especially indicated in cases where the depressant action of cocain is to be feared, or where shrinkage of tissues is disadvantageous; for instance, removal of posterior turbinal hypertrophies, lingual tonsils or medium-sized adenoids.

In the main, I have found the claims made for this agent to be substantiated, and I shall employ it whenever indicated. The formula I shall have to accept on faith.

Alypin is also recommended for infiltration and for spinal anesthesia.

At the regular meeting of the University of Maryland Medical Association, held in the amphitheatre of the University Hospital, Tuesday, December 17, 1907, at 8.30 P. M., the program was as follows:

1. Report of the Results of the Agglutinometer Test for Typhoid, Edson W. Glidden, Jr., class of 1907.

2. Bier's Treatment and Results Obtained at the University Hospital, T. M. West, class of 1908.

3. Exhibition of Surgical Cases, Dr. J. Holmes Smith, Jr.

4. Exhibition of Medical Cases, Dr. Joseph Gichner.

Dr. Glidden called attention to the fact that the agglutinometer test for typhoid is every whit as reliable as the Widal. In a series of 24 cases he was able frequently to obtain this reaction before the pathologists could return a positive Widal. Owing to its simplicity he believes that it will ultimately become a valuable adjunct to the armanentarium of the country practitioner. In this test an emulsion of dead bacilli is used, thus obviating the constant danger of self-inoculation, as well as the bothersome transplanting of the bacteria in live cultures.

Dr. West called attention to the excellent results that had been obtained in gonorrhoeal arthritis, and other joint affections, both acute and chronic, in the University Hospital by Bier's Treatment. By Bier's Treatment is meant the creation of a passive hyperemia of the affected part. This is accomplished by the application of a bandage, preferably the Esmarch, upon the proximal side of the diseased member. As in all other diseases the dosage must be suited to the case. This is only gained by actual experience. The constriction may be maintained for as short a period as twenty minutes and as long as three hours twice daily.

Dr. Smith exhibited a case upon which he had operated for multiple perforation of the intestines by gun-shot bullets. The boy was obtained as early as nine hours after the accident, and the signs indicating a peritonitis, the abdomen was opened, with the result that 11 perforations of the intestines were discovered. At the present day the case is practically well and will leave the Hospital shortly for home.

Dr. Gichner exhibited a case upon which he had had Dr. St. Clair Spruill make an entero-gastrostomy for the cure of ulcer of the stomach. This patient is apparently entirely cured. She has left the Hospital and is enjoying excellent health.

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EDITORIAL.

BALTIMORE AS AN EDUCATIONAL CENTER.—The people of Baltimore have just cause for pride in her educational institutions. In addition to one of the most progressive and efficient public school systems of any city in America, all Baltimoreans are proud of the Johns Hopkins University, of Loyola College and of the Woman's College, institutions which draw large classes of students from a distance, and which have done so much to establish the reputation of the city as an educational center far and wide. In lines of general and classical education, both for young men and young women, no city is more highly favored or can present more attractive features than this city of homes, of monuments and of refined social life. The genial and hospitable character of our people, the moderate expense of living and the religious and moral atmosphere of the city make the conditions surrounding student bodies both ideal and practical. With such conditions presented to the young people of our country it is no matter of surprise that Baltimore is growing rapidly each year as a home for educational work. If we consider also the growth of institutions engaged in technical education, the progress of this city as an educational center is more remarkable. We have in Baltimore six medical schools, with combined classes of over 1,600 medical students; three dental schools, with combined classes of over 400 students; two law schools, with over 300 students, and a school of pharmacy, with some 90 students, or a total of nearly 2,400 students, of which number, it is safe to say, over 80 per cent. are non-residents of the city.

This large body of students, coming here from all sections of this country and not a few from foreign countries, is a valuable addition to the educational and social life of the city, as well as a large contributor to the material prosperity of both city and State. These are practical forces to be reckoned with in the general welfare of a community. The wide influences which flow from such large student bodies are worthy of most careful thought. To estimate the value of this educational growth to Baltimore the men in authority, both municipal and State, should bear in mind the fact that these results have been reached largely through the aid which the city and State have given to the institutions engaged in this work. Ample returns have been made to the people of Maryland and Baltimore for the annual sums which have been given to the hospitals and medical schools of the city. These institutions have made good the claim which they make upon the aid of both city and State. They have done a splendid work for our people and they have just right to demand a liberal assistance in the further development of their work.

A broad and liberal policy toward these institutions is demanded as a matter of wisdom, as well as of public advantage.

ITEMS.

Dr. Fitz Randolph Winslow writes from Mina, Nevada, that he is enjoying excellent health, the climate agreeing with him finely. He says in part: "To attend to my work requires a great deal of running about in the open, and the air is bracing in an extraordinary degree. To keep warm it is generally necessary to keep moving like a good fellow, and the exercise is just what I required. I have fattened up a little again, and the most marvelous part is that I have done so on grub prepared by myself. The last couple of weeks have placed me in a position to be an ardent sympathizer with those who cook and housekeep day in and day out. However, it is a fine experience and a great thing for me to know that in a pinch I can be my own chef and housekeeper without having nervous prostration. Besides, things are so expensive out here that people are forced to get along in this fashion unless they have well-lined pocketbooks. It is quite interesting to see the prospectors camping about this town. They certainly learn how to make the best use of their materials to promote comfort. This place is right in the heart of the mining country and everybody here is mining crazy. The things I hear are enough to make me mighty leary of anything connected with mines. Rascality is rampant. These fellows rob one another with as little compunction as they do a stranger. Do the other fellow before he does you, is the spirit prevalent about here. Everybody is hoping and expecting to make a lucky strike, and tales of those who have done so and recklessly spent the money in a few months of debauch are the principal topics of conversation. I meet men who are said to have made fortunes, and they are going about looking like hoboes, dead broke in no time. The worst of it is that you cannot believe a word you hear, as they all lie like troopers in order to get some poor sucker to invest in some wildcat scheme. A man showed me a telegram last night saying that he had an offer of $50,000 for a piece of property and advising his partner to accept. A little later a friend of mine came in and told me that the whole thing was a swindle in order to get some Los Angeles people to think the property was valuable, and that nobody had offered a penny for the mine. So, you see, how people are drawn into the vortex by these dupers. It is a grand object lesson to hear them tell how they trick the unwary man who wants to get rich quick and instead of keeping it quiet, it is told with gusto and provokes the heartiest merriment. In Reno it would make you open your eyes to see bearded, unkempt men squandering $20 gold pieces at roulette, faro, poker and other gambling devices with as much apparent unconcern as would the most immaculate New York millionaire. Today I went around the Indian encampment with my staunchest friend here, the sheriff trying to buy some mementoes, but he was doing the pow-wowing and would not buy as he said they were too expensive, although I thought they were reasonable enough. We expect to go to another place down the valley tomorrow, as he says he can do better down there. I was amused at the way he carried on the conversation. Judging from his method swearing is a necessary evil, just as they say you have to be a good cusser to be a first-class mule driver. I did not like to see him brow beat the poor devils, but he cursed them by everything holy and unholy and wished they would go on the warpath to give him a chance to polish a few of them off. He has been a little of everything—sailor, soldier, policeman, cowboy, etc.—and his sentiments regarding the red man would not look well in print, as it is a lurid combination of the jargon of each of these noble professions. Although his speech is a trifle strong, he has proved a good friend to me, and I always know where to go for good counsel and a helping hand. The majesty of the law is a funny old creature in this wild country, though, as can be seen by the fact that the sheriff loaned his shot gun to a citizen to blow the pate off a bad "hombre" who was known far and wide as a gun-man, and afterwards prepared to take part in an encounter that

seemed imminent between the friends of the two duelists; so you have to mind your own business strictly, as it is a rare occurrence for a penalty to be inflicted on a man for simply shooting another, so that men do not bother about being hanged. Another evil is that most of these men are drinkers, and I take the sheriff's advice and give a wide berth to them when they go parading about town, as the whiskey is made in the saloons and is responsible for most of the frictions that occur hereabouts."

Dr. Robert Williams Crawford, class of 1906, assistant superintendent and assistant resident gynecologist in the University Hospital, has resigned in order to take up the superintendency of the Rocky Mount Hospital of the Atlantic Coast Line Railroad Company's Hospital, Rocky Mount, N. C., vice Dr. Emile Boniwell Quillen, class of 1904, having been promoted. Dr. Crawford was one of the most popular residents in the University Hospital and universal regret was expressed at his leaving, although his friends well know that he was being promoted. In order to show their appreciation of Dr. Crawford as a friend, the residents tendered him a dinner before leaving and presented him a doctor's grip. All associated with the University of Maryland wish Dr. Crawford their best wishes for success in his new position.

At the annual meeting of the Talbot County Medical Society, held in the office of Dr. James A. Stevens, of Easton, Md., December 17, 1907, our Alumni were appointed to the following offices for the ensuing year:

Vice-Presidents, Dr. William H. Seymour, class of 1895, Trappe; Dr. Charles F. Davidson, class of 1888, Easton. Delegates to the State Convention of the Medical and Chirurgical Faculty, Dr. Philip L. Travers, class of 1902, Easton; Alternate, Dr. S. Denny Willson, class of 1900, Easton. Board of Censors, Dr. Samuel C. Trippe, class of 1875, Royal Oak; Dr. Joseph A. Ross, class of 1896, Trappe.

At the annual meeting of the University of Maryland Nurses' Alumnae Association, held in the Nurses' Parlor, University Hospital, December 2, 1907, the following officers were elected for the ensuing year:

President, Miss M. E. Rolph; First Vice-President, Miss Elizabeth Reed; Second Vice-President, Miss Eugenia Henderson; Secretary, Miss Sophie Featherstone; Treasurer, Mrs. Nathan Winslow; Executive Committee, the above officers, and Miss Frances Roby and Miss Alice Bell.

At the annual meeting of the Prince George's County Medical Society, held December 14, at the residence of Dr. Guy W. Latimer, class of 1901, Hyattsville, our Alumni were elected to the following offices for the ensuing year:

President, Dr. John Cronmiller, class of 1861, Laurel; Vice-President, Dr. Harry Nalley, class of 1900, Brentwood; Censor, Dr. Guy W. Latimer, class of 1901, Hyattsville.

Dr. John H. Chew, class of 1863, formerly of Calvert county, Md., has been made president of a new million-dollar hospital in Chicago. The hospital is said to be one of the most elaborate in the city and contains many unique features. Among these is a perfect hotel in miniature, inside the main building, where accommodations will be provided for relations or friends of patients who wish to remain near them at all times.

Mrs. John Summerfield Bull, 1321 North Charles street, Baltimore, Md., has announced the engagement of her daughter, Miss Evelyn Jayne Bull, to Dr. Walter Van S. Levy, class of 1904, ex-resident pathologist in the University Hospital, and at present an assistant resident physician in Bay View Hospital.

Dr. John R. Winslow, class of 1888, Clinical Professor of Diseases of the Nose and Throat, read a paper before the Southern section of the American Laryngological, Rhinological and Otological Society at its annual meeting held in Baltimore, December 27 and 28, inclusive.

Dr. F. Watkins Weed, class of 1903, ex-resident pathologist in the University Hospital, and now first lieutenant and assistant surgeon in the United States Army, has returned from a two years' tour of duty in the Philippines. He recently paid his respects to the University by calling at the Hospital.

Dr. Felix Jenkins, of 400 Cathedral street, Baltimore, class of 1849, was painfully injured Monday, December 30, 1907, by accidentally stepping on a banana peel on the sidewalk in front of his home. He fell to the pavement, fracturing his hight hip.

Dr. Randolph Winslow, Professor of Surgery in the University of Maryland, attended the annual meeting of the Southern Surgical and Gynecological Society, of which he is a member, in New Orleans, La., during the latter part of December.

Dr. James Harris Blake, class of 1873, of Houston, Texas, for thirty-seven years a practitioner of Houston, died in that city December 16, 1907, from cerebral hemorrhage, after an illness of nine months, aged sixty.

Dr. James G. Matthews has left for Spokane, Washington, where he will associate himself in the practice of medicine with his brother, Dr. A. Aldridge Matthews, class of 1900, and ex-superintendent of the University Hospital.

Eta Chapter, Phi Sigma Kappa Fraternity, of the University of Maryland, entertained at tea Friday afternoon, December 13, 1907, at its chapter house, 1004 McCulloh street.

At the annual meeting of the Seaboard Medical Association, held in Norfolk, Va., December 21, 1907, Dr. John R. Bagby, class of 1893, was elected Secretary.

Dr. L. M. Allen, Associate Professor of Obstetrics in the University of Maryland, who was recently operated on at the University Hospital for appendicitis, is making a good recovery.

Dr. Elijah White, class of 1906, of Poolesville, Md., who was a patient at the University Hospital, has recovered sufficiently to return to his home.

Dr. Frank Watkins Weed, class of 1903, assistant surgeon and first lieutenant in the United States Army, has been ordered to the Plattsburg barracks, New York, for duty.

Dr. Gordon Wilson, Associate Professor of Medicine, has been appointed visiting physician to the Tuberculous Hospital at Bay View by the Supervisors of City Charities.

E. V. Nolt, class of 1908, who had a herniotomy performed on him at the University Hospital during the Christmas holidays, is making a good recovery.

Dr. Nathan Winslow, who has been in the University Hospital suffering with an infection of his left hand, has so far recovered as to leave for his home.

Miss Ruth Kuhn, a graduate of the Training School for Nurses, who was operated upon at the University Hospital for appendicitis, is making a good and uninterrupted recovery.

We are glad to report the recovery of Dr. A. C. Crothers, class of 1888, of Aberdeen, Md., from an operation for appendicitis.

Dr. Sidney Adler, class of 1907, has resigned his position as interne in the Middletown Hospital, Pennsylvania.

Dr. Carmine, class of 1907, of Irwin, Tenn., is in town for a few days.

MARRIAGES.

Dr. Henry McKee Tucker, class of 1899, of Raleigh, N. C., was married on December 21, 1907, to Miss Lena Hicks, daughter of Dr. and Mrs. Oliver Hicks, of Rutherfordton, N. C. Dr. Tucker was formerly resident surgeon at the University Hospital. He is now successfully engaged in the practice of medicine in Raleigh, N. C.

Dr. Samuel Thompson Redgrave Revell, class of 1905, of Louisville, Ga., was married Tuesday, December 17, 1907, at Christ Protestant Episcopal Church, Roanoke, Va., to Miss Lettie Terry Jones, class of 1905, University Hospital Training School for Nurses, daughter of Mr. Walter Smith Jones, of Roanoke, Va. Both Miss Jones and Dr. Revell are well known to all those connected with the University Hospital. This marriage is the last of a series of marriages between the nurses and residents or housemen, a fad for these men marrying nurses seemingly having arisen. So far the unions have proved very happy. The Bulletin extends to the young couple, who will make their future home at Louisville, Ga., its very best wishes.

Dr. J. Albert Nice, class of 1905, of Lisbon, Md., was married Wednesday, November 6, 1907, to Miss Katherine Gould, daughter of the late Mr. and Mrs. Harry Gould, of Mount Airy, Md. The Bulletin wishes them great happiness.

Dr. Frederick Norman Nichols, class of 1902, of Denton, Md., was married November 27, 1907, to Miss Anna Elizabeth Garey, daughter of Mr. and Mrs. Edwin Garey, of Tuckahoe Neck. Dr. and Mrs. Nichols, after their wedding trip, will reside at Denton.

Miss Marie Watkins Pue, class of 1907, of the University Hospital Training School for Nurses, was married November 28, 1907, in Baltimore, to Mr. Charles B. W. Chapman, of Perryman, Harford county, Md. Mr. and Mrs. Pue will live at the Waitman, 1823 Guilford avenue, Baltimore.

Dr. James Clarence Harper, class of 1902, of Greenwood, S. C., was married Wednesday, January 1, 1907, to Miss Nannie Andrew, sister of Mr. James N. McCaughrin, of Newberry, S. C.

Dr. Walter Mills Carmine, class of 1907, of Erwin, Tenn., was married Thursday, December 26, 1907, in the Methodist Episcopal Church, Ridgely, Md., by Rev. J. W. Jones, to Miss Alice Anitta Smith, daughter of Mr. and Mrs. Thomas Alexander Smith, of Ridgely, Md. Dr. and Mrs. Carmine will reside at Erwin, Tenn., where the Doctor is located as surgeon for the South and Western Railroad.

DEATHS.

Dr. John Baxton Carr, class of 1885, died at his home in Old Sparta, North Carolina, November 20, 1907.

Dr. J. Ridgway Andre, class of 1850, one of the oldest and best known physicians in Baltimore, died Friday, December 13, 1907, at his home, 2021 St. Paul street, of senility, aged 84. Dr. Andre was born in Sussex county, Delaware, on September 8, 1823. When he was ten years old his parents moved to Dorchester county, Md., and after receiving an elementary education he began study at the Fredericksburg Academy. Later he came to Baltimore and entered the University of Maryland Medical School. He was one of the oldest graduates of the University, having received his degree in 1850. Shortly after graduating he opened an office in East Baltimore, where he lived and practiced until a few years ago, when he moved with his family to St. Paul street, although he continued to practice in East Baltimore. In 1857 Dr. Andre married Miss Margaret McCrone, of Delaware, who survives him, together with two children—one daughter, Mrs. Henry F. Reese, and a son, Mr. Delaware C. Andre, who is practicing law in this city. He was a member of the Medical and Chirurgical Faculty of Maryland. The funeral took place from his late home Sunday, the 16th. Services were conducted by Rev. Peregrine Wroth, rector of the Church of the Messiah. Interment was in Greenmount Cemetery.

Mrs. Virginia Pennington, the wife of Dr. John I. Pennington, class of 1869, of Baltimore, died November 30, 1907, at her home in the Marlborough.

Dr. Samuel M. Deal, class of 1900, of Columbia, South Carolina, a member of the South Carolina Medical Association and Richmond County Medical Society, died at his old home in Blacksburg, South Carolina, December 10, 1907, from tuberculosis, after an illness of two years, aged 33.

Dr. Archibald James H. Sankford, class of 1860, died at his home in Tyaskin, Maryland, December 6, 1907.

Dr. Caleb Roser Massey, class of 1892, died at his home near Spottsylvania Court House, Va., November 28, 1907, after an illness of several months, aged 40.

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A BRIEF VISIT TO THE FAR SOUTH AND NEW ORLEANS.

By RANDOLPH WINSLOW, M. D.,

Professor of Surgery in the University of Maryland.

On Saturday, December 14th, 1907, Baltimore was in the grasp of a severe storm of rain, and sleet, and snow, and one naturally longed for the kindlier skies and balmier clime of the Southland. Leaving Baltimore at 9.25 P. M. on the splendid through train of Pullmans from New York to New Orleans, via the Southern Railroad, one crosses Virginia in the night and awakes in North Carolina, if the train is not too much behind time. All day we travel through the red-soiled Piedmont region, passing through the prosperous and rapidly growing cities of Greensboro, High Point and Charlotte, on down across the South Carolina line, through Spartanburg and Greenville, and everywhere there is evidence of prosperity and thrift. We are in the New South, and ever and anon we see huge cotton factories and mills of various kinds, surrounded by neat cottages for the employes. Night overtakes us before we reach the bustling city of Atlanta, and when we awake on the second morning we are nearing Mobile, situated almost on the Gulf of Mexico, and of historic interest on account of the great naval battle fought nearby during the Civil War. From Mobile to New Orleans is about 135 miles, and the train runs for the greater part of that distance almost on the shores of the Mississippi Sound. The land is low and in many places covered with water, and the scenery is very different from that seen farther north. Pine and palm trees, live oaks and magnolias are seen in abundance, whilst in the swampy places cypresses with their bare knees disport themselves in the water, and weird-looking and ghost-like are the trees with their festoons of grey moss, often almost obscuring the natural outlines of their limbs. Saw mills are numerous and the bayous and rivers are full of crafts hauling logs and lumber. Snow and sleet have been left far behind and one stands on the observation platform, bare-headed and without an overcoat, enjoying the bright sunshine and pleasant breeze. Crossing numerous streams on long trestles and bridges, from which we have a view of the fleets of boats engaged in harvesting the oyster crop, we approach the ancient and interesting city of New Orleans. Soon we are entering the city and get our first view of the great Mississippi, which drains almost the whole of our country from the Great Lakes to the Gulf, and from the Alleganies to the Rocky Mountains. The river is disappointing in appearance, and it is only three-quarters of a mile in width, is yellow in color and not at all attractive in appearance. Its waters are kept within bounds by levees, which are about thirty-six feet high opposite the city. Steamers of the largest draught can tie up at the wharfs, as the water is from 160 to 190 feet deep. New Orleans has a population of about 300,000, and it remains today unique amongst the cities of this country. Originally settled by the French, subsequently ceded to Spain, and in 1803 to the United States, its population consists of a mixed character. The descendents of the original families are called Creoles, and may be of either French or Spanish extraction. They are not, as is sometimes supposed, mixed with negro blood. Canal street is the main thoroughfare of the city, and is the dividing line between the old or French quarter and the new American city. The old portion consists mostly of low houses, with balconies and windows ornamented with iron scroll-work, fronting on narrow streets, whilst the new portion is built up with handsome residences surrounded by spacious grounds. Most of the residences are constructed of wood, and are very attractive looking. The march of progress, however, is fast changing the appearance of the city, and huge twelve-story buildings are being erected, and handsome modern structures, so that in a few years New Orleans will

have lost much of its distinctive charm. The occasion of my visit to the city was the Twentieth Annual Meeting of the Southern Surgical and Gynecological Association, which convened at the Hotel St. Charles on December 17th, 18th, 19th ultimo. The membership of the association, whilst largely consisting of those living in the Southern States, is by no means confined to them, and many of the most valuable members are from the North and Northwest, thus giving a national rather than a sectional character to its deliberations. This session of the association was full of interest, but not much of startling novelty was presented. Dr. Robert T. Morris, of New York, who is always an entertaining and instructive speaker, notwithstanding his somewhat iconoclastic proclivities, mentioned his "Morris point" of tenderness on pressure, as a diagnostic sign of chronic appendicitis. This point is situated one and one-half inches to the right of the umbilicus, on a line from the anterior superior spine of the ilium to the naval. Tenderness at this point, he says, means chronic disease of the appendix, whilst tenderness on both sides at the same point means pelvic irritation. This, if true, is a valuable differential sign. Dr. Morris also says a new era of surgery is now confronting us, which he designates the physiological era, in which we are to leave diseased processes more to the vis medicatrix naturae; for instance, he maintains that much infectious matter may be safely left in the peritoneal cavity, to be disposed of by the system, instead of making use of foreign bodies for drainage, and that a small wick drain is better than large tubes or much gauze.

Dr. George S. Brown, of Birmingham, presented a series of skiagraphs of fractures of the femur, treated with the Hodgen wire splint. The results as shown were very satisfactory, but I hardly think his arraignment of the treatment by extension justified. The Hodgen splint is a modification of Smith's anterior splint, which was invented by our former Professor, Nathan R. Smith, and perfected in our hospital. It has its excellencies, and I think we have gone too far in consigning it to oblivion. In the South the Hodgen splint is being used very satisfactorily in the treatment of fractures of the lower extremity. Dr. Rudolph Matas, of New Orleans, is one of the greatest surgeons in this country, and is becoming known the world over, on account of his method of treating aneurism by suturing the orifice into the sac, thus causing an obliteration of the aneurism, without interrupting the circulation through the artery. I am not convinced yet that this method will supercede that of the ligature. Dr. Matas exhibited a patient at the Charity Hospital, showing recovery after radical operation for arterio-venous aneurism of the femoral vessels in Hunter's canal, caused by gun-shot injury; both the artery and vein were sutured separately, lateral arteriorrhaphy and phleborrhaphy, and the man appeared to be in an excellent condition. He also exhibited a colored man with an innominate aneurism, upon whose carotid artery he had placed a Halsted band, and whose subclavian was to be treated in the same manner. It will be remembered that the first successful ligation of the innominate artery was done by Dr. Smyth, of New Orleans, in 1864, in the Charity Hospital. The Charity Hospital is a huge municipal hospital of about nine hundred beds. It is an imposing structure, notwithstanding its age, and some portions are entirely new. An enormous clinic is held here, and the physicians connected with the institution have always been of marked ability and prominence.

The medical department of Tulane University is in close proximity to this hospital, and is an up-to-date institution in all its appointments. It occupies an imposing building, with a classic facade, and has enormous lecture rooms and laboratories. I saw here some magnificent anatomical dissections, preserved in such a manner as to show the natural appearance and color of the tissues, and Professor Souchon had also a complete series of colored lantern slides, by means of which any part of the body could be projected on the screen and vividly demonstrated to the class. We not only received intellectual refreshment at this college, but one of the best lunches I have ever sat down to. The Trouro Infirmary is a private institution, owned and supported by Jewish citizens, but non-sectarian in character. It is mostly for private patients and has accommodations for about three hundred persons. It is a beautiful hospital, and splendidly equipped in every way. Private rooms cost from four to five dollars a day and ward patients pay two dollars a day. One suite of rooms, consisting of bedroom, parlor and bathroom, rents for fifteen dollars a day. We were also handsomely entertained at this institution.

The citizens of New Orleans are a pleasure-loving people, and enjoy club life and amusements, and we find many beautiful clubhouses and places of entertainment in the city. Restaurants are numerous and are generally crowded with patrons, and some of them have attained a high celebrity. I had the opportunity of taking an automobile trip down the Chalmette, the site of Andrew Jackson's famous victory over the English veterans; an uncompleted monument and a cemetery are the only mementoes of the battle, and buildings are rapidly encroaching on the battlefield. Lake Ponchartrain is a large body of water a few miles from the city, which furnishes ample opportunities for fishing, boating and sailing, and upon the shores of which are many places of suburban resort. At the time of my visit the city was having an exciting political campaign, and torch-light processions and blazing rockets added color to the scene. The citizens of New Orleans do not differ in any material degree in appearance and characteristics from those in other parts of the country, and are equally as loyal and patriotic as their brethren in the other cities and states.

REMARKS ON EXTRA UTERINE PREGNANCY.

By S. E. Neale, M. D.,

Professor of Obstetrics, University of Maryland.

These remarks are based upon sixteen cases of extra uterine pregnancy occurring in my experience during the past three years.

Every case was examined in St. Joseph's Hospital, either with or without the aid of general anaesthesia; in every case the clinical history was taken by an internist of certainly average ability, and in not more than one-third of the cases was even the probable diagnosis made before operation.

This is a bad showing, in view of the assurance on the one hand that the disease can and should be diagnosed early—*i. e.,* before grave symptoms develop in most cases, and on the other that in no gynaecological disease, save perhaps uterine cancer, is an early diagnosis of more vital importance. And yet I question if this is not about the average showing in the diagnosis of this disease.

Read before the University of Maryland Medical Association, January 21, 1908.

Basing his opinion upon the observation of more than 130 patients, a recent writer claims that "twenty-nine out of every thirty cases of ectopic gestation present symptoms by which a presumptive, if not a reasonably certain diagnosis may be made prior to the patient's arrival at a condition which is alarming."

The frequent consideration of this matter certainly tends to keep us on the lookout, and that alone means a great deal. Every one knows that the history and the physical examination are the means of making the diagnosis, and that the chief points in the history are the menorrhagia and pain; therefore the internist should be trained to carefully investigate these points in taking every gynaecological history.

Quoting from P. H. Harris ("The Journal," September 28th, 1907): "When any woman after puberty and before the menopause, who has menstruated regularly and painlessly, goes several (4-18) days over the time at which menstruation is due, sees blood from the vagina differing in quality, color, quantity or continuance from her usual menstrual flow, and has pains, generally severe in one side of the pelvis or the other, or possibly in the hypogastric region, ectopic gestation may be presumed." My own cases would certainly warrant such a presumption, and when we have reason to presume a disease to exist, we will weigh the evidence more carefully for affirmation or denial of the presumption.

I apprehend that we often fail to make even a presumptive diagnosis in these cases, because we take the history too carelessly, and in consequence thereof make the physical examination without any definite object in view. Harris calls attention to the following points in connection with the menorrhagic discharge: "It is generally out of rythm with the normal menstrual cycle of the individual, either less or more than the usual flow, either darker or lighter or more brownish and very often of a peculiar slippery character."

Notwithstanding the importance of careful history taking, it must be admitted that at least two unavoidable conditions may invalidate its reliability, viz., the ignorance of the patient and the fact that every point in the classical history of the disease may be absent!

I have had cases that illustrate the truth of Noble's observation that "an extra uterine preg-

nancy can develop for six weeks or two months, a tubal abortion take place, or actual rupture of the tube occur and the history not suggest the real nature of the case." Under such conditions we are, of course, more or less handicapped in our physical examination, the only other means of making a diagnosis.

The physical findings in ectopic gestation may be so varied and are so well described in most modern text-books as to justify no reference to them in this brief report. I would only mention that in my own cases, basing my opinion upon physical examination, almost always conducted under general anaesthesia, I more often mistook the disease for a pelvic abscess or phyosalpynx than any other pathologic condition, an error of little practical consequence, as very similar surgical treatment was indicated in all alike.

The statement made long ago by Lawson Tait that the diagnosis of tubal pregnancy could not be made until rupture of the tube occurred, has long since been disproved, together with some other of his views concerning this disease, and it is now known that most cases, probably three out of four, terminate not by rupture, but by abortion, the tube remaining intact, while both in tubal abortion and tubal rupture the blood, foetal tissues, &c., soon become encapsulated, such cases presenting the so-called "pseudo-intraligamentary" variety (Kelly), much more common than the sub-peritoneo-pelvic or intra-ligamentary form of rupture described by Tait, which latter Williams saw only once in fifty cases.

But I take it that such differential diagnoses as between tubal rupture or tubal abortion, intra-ligamentary or pseudo-intra-ligamentary forms, or indeed as to whether ectopic pregnancy is either tubal or ovarian or any one of the respective sub-varieties, or whether it is primary or secondary, are of no great practical moment in determining what we should do for our patient, for as far as my experience goes in the treatment of these cases, I believe that in one and all alike the best surgical treatment is laparotomy. Even in those cases seen for the first time days or weeks after the acute symptoms of abortion or rupture have subsided and presenting themselves as cases of pelvic haematocele, I have been repeatedly forced to appreciate by a most trying experience that laparotomy is a more reliable procedure than vaginal puncture, concerning which I have grown somewhat skeptical, so skeptical indeed that I believe it a wise practice among hospital patients to prepare for a laparotomy in advance whenever a vaginal puncture is to be performed. In five of these sixteen cases did I resort to laparotomy after having previously punctured the vagina, and in one at least of these five was I confident that death from hemorrhage out of the punctured sac was averted by immediate resort to the abdominal operation. In several cases have I also found it to be practically impossible for me to satisfactorily empty the ectopic sac, or to keep it well drained or clean by the vaginal route.

Recently Hunter Robb, Stillwagen and others have written against immediate laparotomy and in favor of an expectant treatment in these cases, both after as well as before the occurrence of symptoms of abortion or rupture; Robb trying to prove by some very interesting experiments on dogs that shock and not hemorrhage is the danger from rupture; he and Stillwagen maintaining that the agglutinative properties of the peritoneum prove to be a sufficient haemostat, the blood coming not directly from torn ovarian vessels, but from the general capillary vascularity of the pregnant tube, and both writers supporting their views by considerable statistical evidence. As Ladinski pertinently remarks, however, no statistics concerning extra uterine pregnancy are reliable where the diagnosis has not been proven either by laparotomy or autopsy, and I apprehend that the dangers of an expectant plan of treatment in these cases are too well known to ever warrant its general adoption where good surgery is available.

In this series of 16 cases laparotomy was performed in 10, vaginal puncture in 1; both in 5 and as before stated in hospital cases I believe it to be a wise precaution to prepare for both before making either, in order that we may immediately resort to one or the other as circumstances that cannot be always foreseen may demand. I refer particularly to hemorrhage, and believe that my failure to take the above precaution was at least a contributary cause of death in one of the three fatal cases of this series.

Fatal Case 1.—Negress, 1 para. Normal menstrual history (?). Symptoms of ruptured tubal pregnancy a few hours before admission to hospital. Collapse, subnormal temperature, hag-

gard expression. Fluctuating tumor in Douglas' pouch, rising out of pelvic cavity on left side to 8 c. m. above brim.

Refused operation until lapse of two days, when I performed vaginal puncture on a patient exhibiting the typical symptoms of the "tragic" stage of ruptured tubal pregnancy according to Harris. Hemorrhage from the ectopic sac was so profuse as to require gauze packing, and had we been prepared for immediate laparotomy I would have performed it at once under the one anaesthesia. After the patient revived, however, she withheld her consent until the following day, when more hemorrhage, infection, peritonitis, temperature of 105, pulse 120, all indicated a most desperate condition. The section revealed a ruptured left tube, adhesions almost everywhere and a macerated six weeks' foetus lying free in the abdominal cavity.

The entire sac, both appendages and the uterus were removed and Douglas' pouch drained per vaginam. Death in one hour. No autopsy.

In this case laparotomy was primarily proposed, but declined through fright and ignorance, and as the mass seemed to be encapsulated, vaginal puncture was offered and accepted as the next best thing to do. Had I have prepared for a laparotomy, however, when I did the puncture, I believe I would have been morally justified in performing it at the time under the one anaesthesia, thereby possibly affording the already desperate case a better chance for life. Kelly says the risks of colpotomy alone are "hemorrhage, infection and puncturing the rectum; the last, however, being removed by introducing the middle finger in the bowel as the guiding index finger enters the vagina."

Fatal Case 2.—White, 1 para. Normal menstrual history. Did not enter the hospital until 12 days after the occurrence of symptoms indicative of tubal rupture or abortion. Thoroughly septic and collapsed on admission. Pelvic haematocele. Vaginal puncture; much blood and placental debris escaped. Never rallied; died in two hours after operation; no autopsy.

Fatal Case No. 3.—White 1v para. Last pregnancy terminated in miscarriage three years ago. Previous menstrual history normal. Present menstrual history: Missed one period in January and three weeks later had symptoms of tubal rupture, followed by metrorrhagia for three days. Entered hospital about a month after symptoms of rupture, septic. Patient in desperate condition from sepsis and hemorrhage. Fluctuating mass in Douglas' sac extending 5 c. m. above pelvic brim. Ruptured tubal pregnancy diagnosed and laparotomy performed. Much free blood and adhesions everywhere. Patient collapsed on table; hemorrhage checked by gauze packing in pelvic cavity; abdominal wound rapidly closed; death in half an hour.

By autopsy a four months' macerated foetus was found encapsulated and attached to abdominal end of right tube by placenta. There was no rupture, the case being one of tubal abortion.

In my opinion every one of these three fatal cases might have been saved by laparotomy performed in a hospital immediately after the occurrence of symptoms of tubal rupture or abortion and before sepsis or continued hemorrhage had brought about what Harris calls the tragic stage of this disease. The moral of this is so self-evident as to require no comment. Now in these 16 cases, 3 presented tragic symptoms when admitted and all died, while 13 presented non-tragic symptoms and all recovered.

The terms "non-tragic" and "tragic" are taken from Harris' recent article in *The Journal*, September 28th, 1907, the former referring to the symptoms of a typical menstruation or menorrhagia and pains, while the latter "is exemplified by severe colics, pallor of the skin, weak and rapid pulse, a fall of temperature one, two or three degrees below normal, rapid breathing, fainting, generally vomiting and restlessness, and sometimes a lethargic condition, from which the patient may be aroused."

In this series of cases the clinical history was suggestive of tubal pregnancy in 10 and not suggestive in 6 patients, a fact which may be explained by the very imperfect or absolutely unreliable history given by all the colored women and several of the more ignorant whites.

Of my 16 cases, 12 occurred in white and 4 in colored women. Now it is a well-known fact that gonorrhoea is the most frequent cause of ectopic pregnancy, but I do not know that this disease is any more common in white women than in colored, and I am therefore of the opinion that this occurrence of ectopic pregnancy in the proportion of 4 whites to 1 black may be due to the fact that comparatively few negroes are admitted into St. Joseph's Hospital.

Five of the above cases terminated in tubal abortion and 11 in tubal rupture, a reversal of the usual rule.

The foetus was found in 7 cases, but not found in 9; all specimens were examined by the Hospital Pathologist, and in these latter the diagnosis was made by finding foetal tissues in the specimens removed.

In one case a living 5 mos. foetus was removed from the abdominal cavity, but died within a few minutes after removal.

One of my cases seemed to show evidence of external migration of the ovum, as the left ovary was so completely destroyed by cystic degeneration as to be probably functionless while the right ovary was normal and the left tube pregnant. By some this condition is thought to be "tolerably frequent, owing to the displaced or distorted positions of the tubes and ovaries in these cases.

A FEW INTERESTING CASES OF APPENDICITIS OCCURRING IN THE SERVICE OF DR. FRANK MARTIN.

By Frank S. Lynn, M. D.,

Assistant Resident Surgeon University Hospital.

While the subject of appendicitis is of great interest to us all—medical, surgical and pathological—I have been lead to present these cases not because of the severity of the appendicitis found in each case, but because of an associated condition seen in all the cases, differing but little in extent. In all these cases the pre-operative diagnosis was appendicitis with abscess. Operation, however, not only revealed the above condition, but a widespread inflammatory infiltration of part of the ileum, the entire caecum and part of the ascending colon, causing a marked thickening of the walls of the viscera named and a matting together of these structures, forming a hard indurated, unyielding mass, which gave suspicions of malignancy, but which, if I may anticipate, proved to be inflammatory masses.

Case I.—Patient a young white man, age 17, came to the hospital May 14, 1907, suffering with abdominal trouble of nine days' duration, previous to which time he had been enjoying good health. Nine days previous to admission he was taken with pain in abdomen, being most severe in right iliac region. He also experienced a general feeling of depression with loss of appetite. The following day pain persisted, being mostly in right iliac region, together with nausea and vomiting. His physician was called and purgatives administered. The next day he felt better. On the following Wednesday morning, or three days after the beginning of attack, patient went to work and continued until the end of the week, during all this time the pain continuing with more or less severity. The following Monday patient felt much worse, all the above symptoms being greatly exaggerated. His physician was again seen, a diagnosis of appendicitis made and operation advised. On admission temperature was 101° F., pulse 90°. No leucocyte count made.

Examination of abdomen revealed a large palpable mass in right iliac region, tenderness very marked in the location. Bowels and bladder active. General condition fair. Immediate operation advised and consented to. The McBurney incision was made, the abdominal cavity opened, the appendix sought for. In this region a large mass was found, which was at first thought to be simply on abscess, from which adherent omenum and coils of intestines were carefully dissected away. This mass, however, proved to be more than an ordinary abscess. The appendix was found covered by a thick exudate and surrounded by a small quantity of pus; the appendix, however, showing no evidence of perforation after the exudate had been stripped off. The walls of ilium caecum and ascending colon were greatly thickened, so much so that the ileo-caecal valve was partially occluded and as the mass gave some evidence of malignancy, resection seemed the only thing to do. The mass was well tucked off from the general peritoneal cavity and the ileum divided three or four inches from the ileo caecal valve, the ascending colon the same distance from the above named point, the arteries having been clamped and tied. The resected mass was removed, the patent ends of bowel closed and a lateral anastomosis done. Drainage in the form of a large rubber tube and cigarette drains was then instituted and the wound partially closed.

Patient was but little shocked at the close of operation. The day following he had some little reaction, but this soon subsided and patient had an uneventful recovery, being discharged in six weeks, cured.

The pathological examination of sections of the mass showed it to be inflammatory in character.

*Read before the University of Maryland Medical Association, January 21, 1908.

Case II.—D. R., white male, age 23, entered hospital November 2, 1907, complaining of pain in abdomen. Duration, three months. He referred this pain to the right iliac region, only slightly tender on pressure, occasional nausea, no vomiting.

Examination showed muscular rigidity, palpation revealing a lump in the affected iliac region. The pain above referred to has been dull in character and localized, never diffuse.

Three days before admission the pain became more acute, causing the patient to take to his bed. Patient is well developed and well nourished, appetite fair, bowels and bladder normal. No loss of weight. On admission temperature 100° F, pulse 88, eucocyte count 11,200.

Diagnosis: Appendicitis. Operation advised. As in the first case, the McBurney incision was made, the abdominal cavity entered and the appendix sought for. In this case, as in the preceding, a large mass, but containing much more pus, was found in the right iliac region, the viscera in the immediate neighborhood being greatly infiltrated. After careful and tedious dissection the appendix was separated from the mass and dense adhesions broken up. The appendix was then removed and the stump, owing to the stiff condition of the caecal wall due to marked infiltration, was with difficulty invaginated. As there was no occlusion of the bowel and as this mass closely resembled that seen in the first case, which proved to be inflammatory, a resection was not deemed necessary. Drainage was then placed in the wound, which was partially closed. No untoward conditions arose after operation, patient being discharged in five weeks, cured.

Case III.—December 1, 1907, Dr. Martin was called to operate on a case diagnosed as appendicitis, giving the following history: White, male, age 52 years, who had been steadily losing weight for the past six months, during which time there had been constipation, occasional pain in right iliac region.

Hereditary history of malignancy: Acute attack came on two weeks previous to the above date, with more or less intense pain in appendicular region, with nausea, but no vomiting. Examination showed patient to be in fair condition, facial expression one of depression and great anxiety, some little cachexia. Abdominal examination revealed a large lump in the right iliac region, tender on pressure, abdominal distension and muscular rigidity marked. Immediate operation was at once decided upon; the patient refusing to come to hospital, it was therefore done at home.

Here again the Gridiron incision was chosen, a large mass coming into view as soon as the abdominal cavity was opened. This mass was situated in lower right quadrant of abdomen. Its extreme hardness and induration, together with a widespread involvement of the mesenteric and omental glands, linked with the foregoing history, gave reasons for suspecting malignancy. Owing to its wide extent a resection was not thought advisable, so the appendix was sought for, in the course of which procedure small pockets of pus were now and then opened into. The appendix was with difficulty found, it being of the post caecal type and in a condition of gangrenous inflammation. It was amputated, but owing to the thickened wall of the gut it was impossible to invaginate the stump, which was impossible to invaginate the stump. Very free drainage was instituted and the wound partially closed. Recovery was without moment; patient is now going about, has gained in weight; general condition much improved.

In this instance, as in the first, and very fortunately for the patients, section of the mass showed it to be an inflammatory product.

In the brief review of these cases you will note that temporization was practiced to a greater or less degree, operative treatment being sought as a last resort, and only then when it was seen that palliative means had utterly failed. Had surgical aid been sought in their incipiency the great dangers incident to extensive operations of this character would have been eliminated, the complications and sequelae often following such procedures would have been no causes of anxiety and the post-operative period of treatment would have been greatly shortened.

Fortunately recovery was complete in every case, all the patients now enjoying excellent health.

PRESENTATION OF THE MEMORIAL VOLUME OF DR. THOMAS SARGENT LATIMER BY THE LATIMER RESEARCH CLUB OF THE COLLEGE OF PHYSICIANS AND SURGEONS TO THE LIBRARY OF THE UNIVERSITY OF MARYLAND.

By Wm. Royal Stokes, M. D., *Class* 1896.

Professor Pathology, College of Physicians and Surgeons, Baltimore.

In presenting this volume of reprints of the Latimer Research Club of the College of Physicians and Surgeons to the library of the University of Maryland, I am glad to state that Dr. Latimer (during his lifetime) was associated with both of these schools.

He graduated from the University of Maryland in 1861, and soon thereafter entered the Confederate service as a private soldier. After participating in the battle of Manassas, he was appointed assistant surgeon of his regiment, and later became chief surgeon of his command. He was then made assistant medical purveyor of the army, and occupied this position until the close of the war.

In 1866 he became resident physician of the University Hospital, and in 1868 he began general practice in Baltimore. He was appointed to the Professorship of Surgery in the College of Physicians and Surgeons in 1873, and in 1877 he became Professor of Physiology. Eleven years later he was made Professor of the Principles and Practice of Medicine, and he continued to teach this branch until his death. This occurred on May 16th, 1906, after having served many of our citizens in the practice of medicine for 38 years.

It is not my intention, however, to give an extended account of his life, for this has already been admirably done by his friends, Dr. Charles F. Bevan and Dr. Samuel Theobald.* But in presenting this memorial volume to his Alma Mater I feel impelled to say a few words in praise of his strong yet gentle character, and I can perhaps do partial justice to this congenial yet difficult task by referring to a few events in the life of Socrates.

It may at first sight seem indelicate to compare a heathen philosopher of the 5th century B. C. to a Christian gentleman of today, but in mentioning some of the methods and characteristics of this Grecian sage I hope to be able to bring the many lovable qualities of Dr. Latimer into a clearer light.

One of his most strongly developed characteristics was his skill and ability in teaching young men, and as long as he continued to lecture on medicine he would devote an hour or more to the careful preparation of each lecture. He always wished to give his students the very latest results of medical research, and I have spent more than one delightful hour in discussing with him questions bearing upon infection and immunity, often very greatly to my own advantage.

I never enjoyed the privilege of listening to his lectures, since I am a graduate of the University of Maryland, but during my conversations with him bearing upon many subjects varying between the discharge of a disabled janitor to the immortality of the soul, I became greatly impressed with his just opinions and quiet, honest methods of instruction.

He was very fond of the classics, both in prose and poetry, and his public addresses usually contained some quotation from Shakespeare or other of his favorite authors which were always apropos.

He published a number of clinical studies from time to time, and his articles, such as "Studies of Over 2,000 Cases of Alcoholism" and "Actinomycosis of the Liver and Intestines" in the "Proceedings of the Association of American Physicians," are of prominent interest to medical literature, while his "Diseases of Children" in one of the earlier systems of medicine is well known to specialists in this line of work. His memory was wonderfully tenacious and his lectures were patterns of rhetoric, and were both logical and instructive.

As an example of his style the following tribute to his life-long friend, Dr. Opie, speaks for itself:

I write but lamely of my old friend, not because the theme is unfruitful, but because my own hand is growing palsied with the years, but I will say with Heine, "Console thyself; we shall meet again in a better world, where I mean to write thee better books. I take for granted that my health will there be improved, and that Swedenborg has not deceived me. He relates, namely, with great confidence that we shall

*Journal of the Alumni Association of College of Physicians nd Surgeons, July, 1906, and April, 1907.

peaceably carry on our own occupations in the other world, just as we have done in this; and that we shall preserve our individuality unaltered, and that death will produce no change in our organic development. Swedenborg is a thoroughly honorable fellow, and quite worthy of credit in what he tells us about the other world, where he saw with his own eyes persons who had played a great part on our earth. Most of them, he says, remained unchanged and busied themselves with the same things as formerly; they remained stationary, were old-fashioned, roccoco, and now and then produced a ludicrous effect."

Why should we demand of Dr. Opie that he should be a hero, a patriot, a solemn prophet, any more than we should demand of a gazelle that it should draw well in harness? Nature has not made him of her sterner stuff, not of iron and adamant, but of the pollen of flowers, the juice of the grape, and Puck's mischievous brain, plenteously mingling also the dews of kindly affection and the gold-dust of noble thought. May he live long to rejoice our hearts with his social gifts and to make glad our souls with his cheerful presence: and when at the end we come to "make an end of all his work," we will say with noble York:

> "Tarry, dear Cousin Suffolk!
> My soul shall keep thine company to heaven;
> Tarry, sweet soul, for mine, then fly abreast
> As in this glorious and well-foughten field
> We kept together in our chivalry."

His methods of instruction can be divided into two categories, namely, the negative and the positive method.

In order to explain these statements it is necessary to refer briefly to the methods of instruction employed by Socrates.

This great philosopher and moralist was born at Athens 469 B. C. and began to teach the Athenian youths about 423 B. C. Just prior to this time the Athenian mind had been greatly influenced by the teachings of the Sophists, and Socrates brought all the power of his negative method to bear in refuting the ostentations, exaggerated statements of these jugglers of words.

These men taught that the individual, or ego, was above the laws of the state, and even moral customs.

They stated that the individual will can alone determine what is true and right, irrespective of whom or what he finds around him in the external world. These theories led them to the conclusion that laws, morality and religious faith were simply convenient and expedient arrangements made by the majority, and that no one was bound to observe them if this interfered with his own personal convenience. They depended upon a certain dexterity of words and striking phrases and metaphors to prove even scientific facts, and they often undertook to prove anything suggested to them simply by talking, without the slightest scientific investigation.

These doctrines had a very corrupting influence upon the times, and it remained for Socrates to oppose these ideas by his life and teachings.

The negative method of instruction employed by Socrates consisted in leading his pupils or followers away from erroneous opinions by a series of questions. By means of these skilfully arranged queries he often had his answerer to the position of admitting that he was entirely ignorant concerning the object under discussion. At this point his positive method was used. This has often been called the art of intellectual midwifery, and consisted in directing the learner to turn about and search for truth in the proper direction. Socrates, therefore, as the midwife, helped to bring forth thoughts by his questioning, and thus lead his hearers towards the truth.

Dr. Latimer often made use of both of these methods, and many of the reprints in this volume would have strayed along different routes if he had not directed them into safer channels by question and suggestion.

His advice, as president of the College Faculty, was also frequently administered in this way, and I have often seen an opposition majority concerning questions of policy turned into a unanimous vote of confidence by the practice of his intellectual midwifery.

If Dr. Latimer believed that a certain course was the just and honest course to pursue, no amount of sophistry and demands of expediency could drive him from his position, and this trait is well shown in his action after the surrender at Appomattox. He was offered his transportation home, but he could not persuade himself that it was right to accept money from the people against whom he had lately borne arms. He therefore, walked many weary miles, and I have often heard him tell of the hardships he suffered during this homeward tramp.

His devotion to duty kept him in harness until about the last year of his life, but during the

academic term before he died his younger associates gave his lectures and clinics for him. At the beginning of the next year he felt impelled to resign from the Faculty, as he was not willing to remain while unable to fully carry out all of his duties. I am glad to say that the Faculty absolutely refused to accept his resignation, and he remained the President of the Faculty and Professor of Medicine until the day of his death.

In his unswerving devotion to duty one is reminded of the refusal of Socrates to accept chances to escape after he had been condemned by the tribunal. As you will remember, Plato represents him as being visited by his friend Crito, who, upon being admitted to the prison, finds Socrates asleep. He expresses wonder that the philosopher can sleep so soundly when in such trouble, but Socrates answers that it is foolish for a man of his age to worry about approaching death.

Crito urges him to escape and tells him that all is arranged, but Socrates refuses upon the ground that his duty as a citizen requires him to act justly, and obey the decree of the State, even though he suffer death.

Crito presents as arguments his duty towards his friends and family, the injustice of the decree, and the chance to teach his doctrines in other places, but Socrates refuses to pay evil for evil, or betray the principles of obedience to the laws which he had always preached, and Plato ends the "Crito" with these words:

"Desist, then, Crito, and let us pursue this course, since this way the deity leads us."

I do not wish to pronounce the apotheosis of Dr. Latimer by suggesting him as a voluntary martyr, since he was intensely human. I believe if the doctor had been incarcerated during the Civil War, he would have gladly accepted any honorable means of escape in spite of the decree of imprisonment from the State that had nurtured him.

And yet I believe under certain conditions he would have faced martyrdom rather than do wrong. Some of us were discussing with him one day the unpleasant choice of recanting one's religious faith or being burned at the stake. Some of the party acknowledged that they would probably change their religion rather than face the inquisition; but Dr. Latimer very quietly remarked: "I believe that I could have faced it," and he could.

He knew that he was dying several years before the end, and I have never forgotten his remark to me just before he gave up lecturing. "Stokes," said he, "this dying is slow work."

He faced it as bravely as Socrates did the hemlock.

Plato tells us in his dialogue of "Phaedo" that Socrates spent his last hours in proving the immortality of the soul to his pupils. When they brought him the poison, he drank it quietly, and then admonished his friends for weeping. As his legs grew heavy he laid down on the couch, and, thoughtful of his duty to the last, he uttered his farewell words.

These fit in so aptly with the just, honest, gentle character of Thomas S. Latimer that I shall repeat them tonight.

"Crito, we owe a cock to Aesculapius: pay it, therefore, and do not neglect it."

In writing home from Mina, Nev., Dr. Fitz Randolph Winslow, class of 1906, says in part: "In this country one gets accustomed to the cold, so that you can see men going about in their shirt-sleeves when a newcomer would freeze. Some weeks back I slept out on a railroad platform—that is, I slept a little and the rest of the time I kept moving about to keep from freezing. I had walked eight miles over the sage flats, starting about 11 P. M. on a dark night, with the wind blowing so hard it was almost impossible to stand against it. Frequently I was in doubt whether I was going in the right direction, as I was trying to follow a winding road and felt pretty much like bunking out on the flat, as I was tired and perspiring freely in spite of the cold, but was trying to get to the railroad to catch a freight. The old thing came puffing along at a great rate, but as it was dark as Hades, I thought I would take a chance at freezing rather than have a leg sheared off."

Mr. Delaware C. Andre, LL. B., class of 1894, has presented to the Medical Library of the University the library of his father, the late Dr. James R. Andre, class of 1850, of Baltimore. In this connection I desire to call the attention of our alumni to the fact that our library is one of the most important in the United States, and is constantly enhancing in value as the result of the gradual acquisition of old and rare volumes, the gifts of our alumni.

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EDITORIAL.

TO THE FRIENDS OF THE BULLETIN.—With the present number the BULLETIN completes its third year of publication. Whatever doubts may have existed in the beginning as to the continuation of its monthly visits to the alumni and friends of the University, such doubts have been expelled and the future of the BULLETIN seems secure. To bring out a publication of its class, which is addressed to an audience composed almost entirely of the alumni of the Medical Department of the University, has required no little effort, and has been attended with many difficulties of a financial character. As the BULLETIN has never attempted to make money as a business venture, it has not been a business success. It has relied almost entirely on its friends for its financial support, and as this support has only been sought in emergencies, it has been impossible to enlarge and improve the publication to the extent its purpose demands. That it *could* be much improved by a larger expenditure of money cannot be denied. That it has done the best that was possible under existing circumstances we believe will be generally admitted by all who are acquainted with its business trials.

The purpose of the BULLETIN is to encourage literary work by the teaching body and alumni connected with the University, to put on record the clinical work done in the University Hospital and to bring the alumni of the Medical Department into closer relations with each other. Whilst the original material may not be of the highest scientific value, it has a clinical value and interest which should be of use to the general practitioner. This value should have a higher appreciation at the hands of its readers, since it represents the work of former students of the University, many of whom are known to the alumni as old classmates or graduates of the Medical Department. Every alumnus of the University must feel an interest in his old classmates and a deeper interest in the work of his old Alma Mater. The many items of news, notices of marriages and deaths and references to the work of the University have been presented in every issue of the BULLETIN which has appeared. These subjects would have a much larger presentation if the material was forwarded to the BULLETIN by the alumni who receive its visits. The invitation has time and again been extended to every alumnus to contribute to the reading matter of the BULLETIN. If each reader would respond to this invitation the interest of the BULLETIN would be immensely increased to all of its readers. Furthermore, we assert that the value of the BULLETIN would greatly improve to those who subscribe to it if all of its readers would become paying subscribers, and in this material way aid in the improvement of its work and mission. Its monthly visits should be made to every alumnus of the University, and not, as is now necessarily the case, only to those who subscribe to it. The editors of the BULLETIN ask its readers to assist them both by contribution in matter and in payment of subscription in the work they are trying to do for the best interests of the University and her alumni.

THE DEBT THE STATE OF MARYLAND OWES TO THE UNIVERSITY OF MARYLAND.—During the one hundred years of work which the University of Maryland has done in this State, the State has done comparatively little to further the interests of the University. For some sixty or more years the University of Maryland was practically the only educational institution in the State which was teaching large classes of students drawn from other States. During this time she was sending her graduates all over this country and carrying the fame of Baltimore as an educational center far and wide. This work the University was carrying on unaided by the city and State.

During the past forty years other institutions, encouraged by the example of the University, or endowed by private munificence, have entered the educational field and have greatly increased the work of education inaugurated by the University. The University, stimulated by the presence of her younger sister schools, has gone on leading in the number of her departments and in

number of students until to-day she can count on her rolls over one thousand students, which is by far the largest body of students enrolled in any educational institution south of the Mason and Dixon line. This is a record which the University presents as an evidence of her growth and influence in the educational world. Of the five departments of the University every one is moving ahead conservatively and surely in its respective field of work.

The Medical Department, the oldest in point of service as a department of the University, stands to-day among the leading clinical schools of this country, both in her hospital equipment and in the attention which she gives to the training of her students for practical work in medicine and surgery. Her clinical laboratories, dispensary and hospital are abundantly supplied with material and are as much up to date as the resources of the Department will admit of. That these facilities for clinical work could be enlarged and improved with a larger expenditure of money goes without saying. The modern teaching of medicine involves an ever-increasing demand for the expenditure of money. Hospitals, dispensaries and clinical laboratories have ever-increasing needs as the demands upon their resources are a constant quantity. The University Hospital, constructed only ten years ago, is already over-crowded. Its needs are constantly apparent to those who direct its management. There is too little room for the patients who seek admission, too few nurses and attendants for those who require skilled attention. With the constant growth of Hospital work provision must be made to meet the increasing needs of the people who seek hospital attention.

The Faculty of Physic of the University of Maryland in asking the State of Maryland to aid in its work of enlarging the University Hospital bases its claim upon the State upon just and business-like grounds. It is not asking the State to contribute money to the property of the Faculty, but to the property of the State. The University Hospital does not belong to the Faculty of Physic. It belongs to the people of Maryland, and whenever it ceases to be used for hospital or educational purposes, it reverts to the State. The Faculty of Physic has paid out of tuition fees, which belong properly to the Faculty, for the building up of the valuable plant now used for educational work and for the care of the sick under its Trustee ownership, all of which is lost to the Faculty, since it is converted into property owned in point of fact by the State. During the past ten years over $80,000 have been contributed by the Faculty of Physic towards the payment of interest charges and sinking fund on money borrowed and spent in the improvement of the property connected with the Medical Department of the University.

As a business proposition the State is indirectly benefitted by every dollar it appropriates to the Faculty of Physic for the development of its Hospital work. In a direct way the growth of the University of Maryland in educational work and in the humane work of caring for the sick in the University Hospital adds largely to the industrial progress of both city and State. No institution in the State has a larger claim upon the State than has its State University, and more especially its Medical Department. These facts have been related to show the debt the State of Maryland owes to the University of Maryland. We challenge any one to disprove the correctness of this statement. We ask the members of the General Assembly at Annapolis and the Governor of the State to investigate these facts and then to deal justly and liberally with the University.

Baltimore an Educational Center.—The Baltimore *Sun*, at all times loyal to the best interests of the people of Maryland, and especially to the educational work in progress in the State, in a recent editorial comments as follows on an article which was published in the last number of the Bulletin (January 15th, 1908). In directing attention again to the growth of Baltimore as an educational center the Bulletin is simply placing before its readers facts which are not as well known as their importance justify. Few people in this city and fewer in the country at large realize the great growth of educational work in Baltimore in the last twenty-five years and the great advantages which the city offers to students in search of higher education. Apart from the advantages which the schools of general and technical education present, the civic and social life of this city presents such opportunities to student bodies as can rarely be found in large commercial communities. The people of Baltimore are eminently a hospitable, home-loving and cultivated class. The students who come here are well received, well treated, and

welcomed into the social life of our people. Comfortable homes, good food and congenial surroundings are within the reach of all who seek them at rates of living not found in other large cities. These are the conditions which are making Baltimore a great educational center.

"The Hospital Bulletin of the Maryland University calls attention to the growing eminence of Baltimore as an educational center. In addition to its efficient public schools, which rank with the best in the United States, and a large number of excellent private schools that attract pupils from surrounding States, the city counts among its well-known educational institutions the Johns Hopkins University, Loyola College, the Woman's College and six medical schools, some of which have a world-wide reputation. The six medical schools, according to the Bulletin, have classes aggregating 1,600 students. The three dental schools have together 400 students, the two law schools 300 students and the school of pharmacy 90 students. Of the 2,400 students in these schools more than 80 per cent., it is stated, are non-residents who are drawn hither by the reputation of our schools. In addition to the institutions embraced in the scope of the Bulletin's review, the Peabody Musical School, the Maryland Institute of Art and Design and various business colleges must be mentioned. The hospitals of the city are widely known, thanks largely to the State's fostering care.

The improvement in educational conditions is continuous and progressive. Culture, in the best sense of that much-abused word, has made large advances in recent years. Intellectual activity is stimulated by an abundance of good libraries, such as those of the Peabody Institute, the Johns Hopkins University and the Enoch Pratt institution, not to mention professional or special libraries, such as that of the Maryland Historical Society, the Law Library, the Physicians and Surgeons' Library and the large resources of the Congressional Library, which is within easy reach of Baltimore. The Walters art collection and the many societies concerned with one or another branch of art must be cited among the city's means of culture.

As regards education as seen from the industrial point of view, the important engineering works in progress in and about the city, with its various manufacturing plants, increase its interest to the student. Few cities anywhere, in fact, are at present more interesting. Baltimore 'has a move on' it. It is an entertaining and instructive place in many different ways. At the same time it is conservative and prosperous, having had no serious setback since the Civil War, the fire of 1904 having only put spurs to its progress."

ITEMS.

At the regular meeting of the University of Maryland Medical Association, held in the amphitheatre of the University Hospital, Tuesday, January 21, 1908, at 8:30 P. M., the program was as follows: 1. Report of a Few Interesting Surgical Cases, Dr. Frank Lynn; 2. Report of Cases of Ectopic Pregnancy, Dr. L. E. Neale; 3. Presentation of a Memorial Volume Dedicated to Dr. Thomas S. Latimer, Dr. W. Royal Stokes. Dr. Lynn spoke of a peculiar condition Dr. Frank Martin had found in some of his recent appendicular cases. The findings were almost identical in each instance, and the same operative procedure would have been followed, were it not for the fact that the pathologist had returned the report that the tissue removed was inflammatory. After making a laparotomy for appendicular abscess, Dr. Martin was surprised to find but little pus, and this in distinct and separate pockets, and still more surprised to find that the cecum was very hard and indurated so much so that he considered himself to be dealing with a malignant growth. The ileocecal valve was so constricted that only one finger could be invaginated through the opening. The picture being so decidedly malignant, a resection was done, the opening in the ascending colon closed and the ileum implanted laterally into the colon. As above mentioned, the pathologist's report showed that the tumor mass was inflammatory in character; consequently, in the other cases presenting the same clinical picture as this case only the removal of the appendix with drainage was resorted to. All of these cases made a good recovery. Dr. Neale called attention to the fact that in his series of 16 cases of ectopic pregnancy only in one-third of them was the actual condition suspected before operation. He placed a good deal of the blame for this upon the internes, whom he said had not obtained proper histories of the cases, especially their menstrual. He thought that

with a closer questioning of the patient as regards any irregularity in their menstrual flow that a presumptive diagnosis would have been made more frequently. In his hands the abdominal route gave the best results, and the earlier the patient was operated upon after the discovery of her condition the better the results. He preferred examining these patients under anesthesia, so that if necessary the operation can be accomplished under the same anesthetic. Therefore, he has been in the habit of having these patients, before being rendered unconscious, thoroughly prepared either for abdominal or vaginal operation. In his series he had three deaths. All of these patients refused early operation, and all were opened originally per vaginam. The especial dangers of the vaginal route were septicemia, hemorrhage and puncture of the rectum. He also brought up the question as to whether the surgeon was justified in permitting an extra uterine pregnancy to go on in the hope that the child would reach a viable period. In his judgment he said this was too risky a procedure, as the mother's life was put in too great jeopardy for the slight chance of saving the child.

Dr. Stokes, with a few appropriate remarks, presented a photograph of and a memorial volume dedicated to Dr. Thomas S. Latimer a prominent member of the Baltimore medical profession, an alumnus of the University of Maryland, an ex-superintendent of the University Hospital, and for many years a member of the Faculty of the College of Physicians and Surgeons, Baltimore, to the University of Maryland Library.

As the first annual banquet of the General Alumni Association, held at the Eutaw House, Baltimore, last year, was so successful, the Society has decided to reduplicate the affair. As was the case last year, the toasts will be replied to by prominent men and after-dinner speakers. The second annual banquet is to be held at the Eutaw House, Thursday, February 27, 1908, at 7 P. M. The arrangements for the feast, both literary and gastronomically, are in the hands of the following committee: Henry P. Hynson, Phar. D.; Nathan Winslow, M. D.; E. F. Cordell, M. D.; H. H. Biedler, M. D.; O. M. Dennis, LL. B., chairman; Leroy Robinson, Ph. G.; C. V. Matthews, D. D. S.; T. E. Latimer, M. D.; L. H. Seth, A. B.; James E. Carr, LL. B.; John Leiper Winslow, LL. B.; J. A. Grindall, DD. S.; Thomas, Phar. D.

Dr. T. Heyward Hayes, class of 1886, formerly of Baltimore, but now of Bangkok, Siam, and physician to the King of Siam, has written a Textbook on Pharmacy in the Siamese. Twenty-five years ago Dr. Hayes entered the Siamese Navy as a surgeon. Later he was advanced to medical adviser to the King, and now, in addition to his attendance upon the sovereign, is a lecturer in the Royal Medical College of Siam, and head of the British Dispensary, the great hospital at Bangkok. He lives in a magnificent palace and enjoys the pleasures and privileges attached to a member of the royal retinue.

At the annual meeting of the Anne Arundel County Medical Society the following of our alumni were elected to office for the ensuing year: President, Dr. Harry B. Gannt, class of 1880, of Millersville; Vice President, Dr. W. Clement Claude, class of 1875, of Annapolis; Secretary, Dr. Louis B. Henkel, class of 1903, of Annapolis; Treasurer, Dr. Frank H. Thompson, class of 1879, of Annapolis; Censors, Dr. J. S. Billingslea, class of 1905, of Armiger, and Dr. Joseph M. Worthington, class of 1872, of Annapolis; Delegate to State Society, Dr. Walton H. Hopkins, class of 1904, of Annapolis.

At the annual meeting of the Athletic Association of the University of Maryland, held January 16, 1908, the following officers were elected for the ensuing year: President, H. M. Robinson, 1909, Medical; vice-president, T. A. Patrick, 1909, Medical; treasurer, Nathan Winslow, M. D.; secretary, W. Van Dolsen, 1909, Medical; baseball manager, C. A. Thomas, 1909, Medical; football manager, F. H. Vinup, class of 1909, Medical.

The following graduates of the class of 1907 passed the Maryland State Board of Medical Examiners at the examination held last December: Sidney H. Adler, Albert H. Carroll,

Huylett A. Delcher, Edgar S. Perkins, Thos. H. Phillips, J. L. Valentini. Dr. Wm. B. Borden, class of 1906, also stood and passed the examination.

Dr. C. L. Jennings, formerly resident physician at St. Joseph's Hospital, this city, has located at Jacksonville, Fla., where he recently passed the State Board. Out of a class of 32, Dr. Jennings had the honor of tieing for second place. The BULLETIN congratulates Dr. Jennings upon his good record and wishes much success for him in his new field of work.

Dr. John W. MacConnell, '07, who is now resident physician at the Presbyterian Eye and Ear Hospital, has been elected professor of biology in Davidson College, North Carolina. Dr. MacConnell is an M. A. graduate of Davidson, and will locate in the college town, doing special work in eye, ear and throat in addition to his college work.

Dr. Alan G. Brooks, class of 1906, of Philopolis, Md., has arrived at New York from South America. After graduating Dr. Brooks entered Columbus Hospital, New York City, as an interne, where he remained until last November, when his time expired. He then accepted the post of ship's surgeon on the steamer Bolivar, bound for South American ports.

Dr. Josephus A. Wright, class of 1881, writes that he has removed from Sharptown, Md., to Gamber, Carroll county, and has taken the practice of Dr. S. N. Gorsuch, who recently died. He says he is well pleased with the change and is doing nicely.

The building committee of the Medical and Chirurgical Faculty contains the names of the following of our alumni: Drs. Hiram Woods, class of 1882; John S. Fulton, class of 1881; Charles O'Donovan, class of 1881; Samuel T. Earle, class of 1870.

Dr. O. Edward Janney, class of 1881, of Baltimore, organizer of the National Vigilance Committee for the Suppression of the White Slave Traffic, addressed a meeting in Chicago February 10, 1908, at which preliminary steps were taken to organize a branch of the Society in that city.

Dr. Wirt A. Duvall, class of 1888, of Baltimore, has been elected one of the vice presidents of the Baltimore Branch of the St. John's College, Department of Arts and Sciences, University of Maryland, Alumni Association.

Dr. J. P. Matheson, '05, who has been doing post-graduate work in eye, ear and throat at the N. Y. Polytechnic and at the Presbyterian Hospital of Baltimore, has opened his office in Charlotte, N. C. His partner is Dr. E. R. Russell.

Dr. F. W. Glidden, class of 1907, assistant resident physician, University Hospital, has returned to the Hospital much improved in health by a vacation spent at his home, Savannah, Ga.

Dr. and Mrs. John C. Hemmeter recently celebrated the fifteenth anniversary of their marriage. A number of the Faculty of Physic and Regents of the University of Maryland were present.

Dr. Marshall L. Price, class of 1902, secretary of the State Board of Health, delivered an interesting lecture in the Court House at Rockville, Md., February 7, 1908, on "General Sanitation and Hygiene."

Dr. R. C. Franklin, class of 1907, assistant resident gynecologist, University Hospital, who has been ill with the influenza, has entirely recovered and resumed his duties.

Dr. N. M. Owensby, class of 1904, has resigned the superintendency of the insane department of Bay View Hospital to take up the practice of medicine in Baltimore.

Dr. Hiram Woods, Professor of the Diseases of the Eye and Ear, delivered a public lecture

February 8, 1908, on "Eyesight and School Life" at McCoy Hall.

Dr. E. Miller Reid, class of 1864, of Baltimore, has been selected by the faculty of the Maryland Medical College to deliver a course of lectures on "Forensic Medicine."

Dr. Joshua W. Hering, class of 1855, of Westminster, Md., the new State Comptroller, has taken the oath of office and qualified before Governor Crothers.

Harry B. Messmore, class of 1908, who has been ill in the University Hospital, is reported to be doing nicely.

Joseph F. Barry, class of 1908, is recovering in the University Hospital from an appendectomy.

Dr. H. J. Bostetter, class of 1907, has located at Mount Savage, Md.

James K. Insley, class of 1908, is recovering from an attack of measles.

Franklin Davis Wilson, class of 1908, has been laid up with an attack of grip.

John E. B. Ziegler, class of 1908, is ill with an attack of grip.

MARRIAGES.

Dr. Walter Van Swearingen Levy, class of 1904, a native of Frederick, Md., now a resident of Baltimore, formerly resident pathologist in the University Hospital, and at present an assistant resident physician at Bay View Hospital, was married Thursday, January 16, 1908, at St. John's Protestant Episcopal Church, Washington, by Rev. E. S. Dunlap, to Miss Evelyn Jane Bull, of Baltimore, daughter of Mrs. John Summerfield Bull. After an extended wedding trip, spent in the North, the young couple will reside at 1321 North Charles street, Baltimore, Md.

Dr. F. D. Carpenter, class of 1907, of Greensboro, Md., was married on Christmas Day by Rev. Walter Mitchell, at Christ Church, Macon, Ga., to Miss Annie Schley Haines, of Macon, the youngest daughter of Mr. and Mrs. J. S. Haines, of Toccoa, Ga. Dr. and Mrs. Carpenter will make their future home at Greensboro, Md.

Dr. Louis Wardlow Miles, class of 1897, son of our late Prof. Francis T. Miles, was married January 25, 1908, by Rev. Wistar Hodge, to Miss Katherine Wistar Stockton, daughter of the late Samuel Wistar Stockton, of Princeton, N. J. Dr. Miles has retired from medicine and entered the literary field. He holds a chair at Princeton University. Dr. and Mrs. Miles will reside at Princeton.

DEATHS.

Dr. Washington Green Tuck, class of 1856, of Annapolis, Md., died at his home, in Annapolis, February 5, 1908, after a protracted illness. Death was due to complications following an attack of grip. Dr. Tuck was 77 years old, and is survived by two children—Mrs. George W. Wilcox and Mr. Harry Tuck.

Dr. Tuck was born and raised in Annapolis, and has resided there all his life. He was graduated from St. John's College, Annapolis, Department of Arts and Sciences, University of Maryland, with the class of 1853. After graduating at St. John's College, he entered the Medical Department of the University of Maryland, whence he graduated in 1856. After graduating he practiced for many years in Annapolis, but retired years ago to devote his attention to politics. Although he was a born politician and one of the most interesting figures in the ranks of the Maryland Republicans, he had held no office save that of postmaster of Annapolis, which position he has held continuously since his first appointment by President Harrison, with the exception of the only intervening Democratic administration.

For years he had been the leader of the Republican forces in Anne Arundel. He was chairman of the Anne Arundel County Central Committee for term after term. In the politics of the State Dr. Tuck was a figure readily distinguished and always recognized, both mentally and physically. Under a large black felt hat, which he always wore, was a strong but kindly face, smooth shaven. Considerably above the average height, he was a prominent and pictureque figure in any gathering he attended. Withal he was of a quiet, unassuming disposition and was very charitable. Dr. Tuck was in many respects a remarkable man. He was a lovable character in his personal relations with his family and among his friends. In the qualities that enter into public life, he was a born and trained fighter, unyielding and unrelenting in any movement in behalf of his friends or as against those whom he considered in a political sense his enemies. He was one of the best and bravest of the veterans of the leaders of the Republican party of the State.

Dr. Tuck's parents were William Green Tuck, a native of Anne Arundel, and Rachel Anne Whittington, of Calvert county. When quite young he married Miss Lucy Jones, of Prince George's county.

The funeral services were held Friday, February 7, 1908, in the First Methodist Episcopal Church, the pastor, Rev. George Miller, officiating. Interment was in the family lot in the City Cemetery.

Dr. Charles W. Goldsborough, class of 1863, one of the best known physicians in Frederick county, died February 6, 1908, at his home, in Walkersville, Md., of paralysis. He was sixty-seven years old. Although his health had gradually declined for the last year, his fatal illness began about a week ago, when he was stricken with paralysis while walking across his library.

Dr. Goldsborough was born on his father's estate, Sunnyside, a short distance from his present home, in 1841. He obtained a public school education in his home locality and later attended Prentiss School in Baltimore county, Md. He afterwards studied medicine at the University of Maryland, whence he graduated in 1863. A few months later his father, who had a large practice, died, and his son, then a young man, succeeded him.

In 1867 he married Miss Henrietta Beddinger Lee, daughter of the late Edmund Jennings Lee, of Shepherdstown, W. Va., a first cousin of Gen. Robert E. Lee.

He was a son of Dr. Charles H. Goldsborough, and his mother before her marriage was Miss Amelia Poe, daughter of Jacob Poe, of Baltimore. He was a member of the Frederick County Medical Society and at one time the president of the society. He was frank in manner, very hospitable, and fond of entertaining. Besides his widow, he is survived by four sons and two daughters — Charles Henry Goldsborough, of Culpeper, Va.; E. L. Goldsborough, of Washington; E. G. Goldsborough, of Kansas City; and H. B. Goldsborough, of Jacksonville, and Mrs. Llewellen McVeigh, of Richmond, and Miss Catherine Goldsborough. Interment was in Mount Olivet Cemetery, Frederick, Md.

Dr. Charles C. Richardson, class of 1855, of Baltimore, Md., for more than fifty years a practicing physician of this city, died Thursday, February 6, 1908, at his home, 1616 Edmondson avenue, of old age and general debility. At one time he was connected with the city Health Department. Dr. Richardson had been in feeble health, but had been going about the same as usual for the past week. He was born in Howard county, and was the son of the late Dr. Charles Richardson, class of 1816, and Julian Ann Richardson. He is survived by a widow and one daughter, Nellie Richardson. In 1861 he was appointed assistant health commissioner by Mayor George William Brown. Interment was in Loudon Park Cemetery, Baltimore.

Dr. Louis Griffith Sparrow, class of 1853, of 1033 Fulton avenue, Baltimore, Md., died at his residence during the latter part of January. Dr. Sparrow was born in Calvert county, Md., and was 79 years of age. Over 35 years ago he was a delegate to the legislature from Calvert county. When 45 years of age Dr. Sparrow came to Baltimore. He is survived by a son—Mr. Louis G. Sparrow—and two daughters—Mrs. Harry V. Cole, of Baltimore, and Mrs. C. C. Stevens, of Harrisburg, Pa.

Dr. Newton Diehl Baker, 1868, of Martinsburg, W. Va., died February 4, 1908, aged 65 years. He was born in Bakersville, Md., but was raised in West Virginia. When the war broke out he enlisted in Company F, First Virginia Cavalry, and served throughout the conflict, being paroled at Winchester in 1865. He served for fifteen years as secretary of the State Board of Health. He leaves a widow, who was Miss Dukehart, of Baltimore, and four sons—Newton D., Jr., Franklin H., Julian C. and Harry D.

Dr. Hamilton D. Brown, of Baltimore, died during the latter part of January at his home, 663 Gorsuch avenue, Baltimore. Dr. Brown left the University before he received its diploma, but attended for several years with the class of 1899 before leaving.

Dr. H. C. Morrison, class of 1866, thirty-five years ago a resident of Baltimore, died Friday, February 7, 1908, in Kansas City, Mo. Dr. Morrison was a native of Carroll county, Maryland, and was 64 years old.

Mrs. Gertrude Hammerbacher, wife of Dr. G. Herman Hammerbacher, class of 1894, died at her residence, 3403 Walbrook avenue, on January 15, 1908.

CHANGE OF ADDRESS.

Dr. E. B. Quillen has moved his residence from Rocky Mount, N. C., to Wilmington, N. C., care A. C. L. R. R. Co.

Dr. O. P. Argabrite has changed his residence from Blaher Mills, W. Va., to Alderson, W. Va.

Dr. C. L. Jennings, formerly resident physician at St. Joseph's Hospital, this city, is located at 305 Cedar street, Jacksonville, Fla.

Dr. J. W. Williams has moved from Washington, N. C., to Scranton, N. C.

Dr. J. A. Wright has moved from Sharptown, Md., to Gamber, Carroll county, Md.

Dr. H. J. Bosteter is located at Mount Savage, Md.

Dr. J. W. McConnell is at the Presbyterian Eye, Ear and Throat Charity Hospital, Baltimore, Md.

Dr. C. Brenner has located at Bolton, Kansas.

Dr. N. W. Henshaw has moved to Stewardstown, Pa.