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1884-5.

ANNUAL ANNOUNCEMENT

**=CATALOGUE

OF THE

College of Physicians and Surgeons,

BALTIMORE, MD.



WITH THE

INTRODUCTORY LECTURE TO SESSION 1883-4.

BALTIMORE: ISAAC FRIEDENWALD, PRINTER, 103 W. Fayette Street.

COLLEGE OF PHYSICIANS AND SURGEONS.

FACULTY OF PHYSIC.

THOMAS OPIE, M.D.
Professor of Obstetrics, and Dean of the Faculty.

JOHN S. LYNCH, M. D.
Professor of Principles and Practice of Medicine,
and Clinical Professor of Chest and Throat.

THOMAS S. LATIMER, M. D. Professor of Physiology and Diseases of Children.

AUGUSTUS F. ERICH, M.D. Professor of Diseases of Women.

AARON FRIEDENWALD, M. D. Professor of Diseases of the Eye and Ear.

CHARLES F. BEVAN, M. D.
Professor of Anatomy, Genito-Urinary and Orthopedic Surgery.

OSCAR J. COSKERY, M. D. Professor of Surgery.

ABRAM B. ARNOLD, M.D.
Professor of Clinical Medicine and Diseases of the
Nervous System.

RICHARD GUNDRY, M. D.

Professor of Materia Medica, Therapeutics and

Mental Diseases.

WM. SIMON, M.D., Ph.D.

Professor of Chemistry

AUXILIARY PROFESSORS AND SPECIAL LECTURERS.

GEORGE H. ROHÉ, M.D.

Professor Hygiene and Clinical Dermatology.

J. W. CHAMBERS, M. D.

Lecturer on Applied Anatomy of Nervous System.

N. G. KEIRLE, M. D.

Lecturer on Pathological Histology.

WM. D. BOOKER, Lecturer on Physiology.

J. H. BRANHAM, M. D. Lecturer on Regional Anatomy.

R. P. WINDER, M. D., D. D. S.

Prof. of Principles and Practice of Dental Surgery
as applied to Medicine.

WILLOUGHBY N. SMITH, Esq., ATTORNEY AT LAW, Lecturer on Medical Jurisprudence from a legal standfoint.

JNO. F. HANCOCK, Phar. D. Lecturer on Pharmacy.

J. W. CHAMBERS, M. D. Demonstrator of Anatomy.

J. H. BRANHAM, M. D.
Assistant Demonstrator of Anatomy.

WM. D. BOOKER, M.D. Demonstrator of Physiology.

N. G. KEIRLE, M. D. Demonstrator of Pathology.

F. RUDOLPH NORDMANN, M. D. Demonstrator of Chemistry.

WM. T. COUNCILMAN, M. D. Pathologist at Bayview.

Annual Announcement.

1884.

The College of Physicians and Surgeons was organized in 1872. It has year by year added to the size of its classes and extended its facilities, so that now it is the largest medical school that has ever been in the State.

The General Assembly of Maryland, by an act passed in 1877, consolidated the Washington University School of Medicine and the College of Physicians and Surgeons, under the latter name, giving this school all the rights, powers and property of both institutions.

It is a standing rule of the Faculty to lay aside every session a part of the net earnings of the school, to increase its material advantages. Out of this fund, capacious and well-equipped Lecture Halls have been erected, the Maternité Hospital enlarged, the Woman's Hospital purchased, and the Physiological and Chemical Laboratories established.

The possession by the College of a General Hospital in operation, constantly filled with patients, affords students ample opportunity for bedside instruction and experience.

The Maryland Lying-in Asylum furnishes abundance of material for clinical teaching in Obstetrics.

The Woman's Hospital gives rare opportunities for the clinical study of Gynæcology.

The City Hospital Dispensary is in most successful operation, furnishing over twenty thousand patients in one year.

The Physiological, Pathological and Chemical Laboratories have been fully equipped and put in practical operation.

All of the above-named institutions are owned by and are under the exclusive charge of the College of Physicians and Surgeons.

In addition to the above means of clinical instruction, the Faculty have the pleasure of announcing that the City Almshouse at Bay View has recently been opened to the students of this school. This hospital, which has one thousand beds, affords the means of illustrating

every form of disease, thus placing this school, as far as clinical facilities are concerned, on an equality with the best equipped colleges.

The control of the above-named hospitals and dispensary enables us to confer upon the graduates of this school a number of positions as Resident Physicians, in addition to the incalculable advantages offered to resident students.

The Faculty also realizing the great importance of a practical knowledge of Pharmacy to those contemplating the practice of medicine in the country, are happy to announce that they have secured the service of John F. Hancock, Phar. D., who will give a course of practical lectures and demonstrations on Pharmacy.

The deep and continued interest of former patrons, the almost invariable return of students who have taken one course, the activity and excellent standing of her graduates, further attest the merits of the school.

These evidences of appreciation are highly gratifying, and are incentives to the Faculty to renew their exertions and still further add to the facilities of the College.

It is the aim of the Faculty to give this school a high rank for sound medical acquirements in all departments. To attain this end, the student will be thoroughly grounded in the principles of medicine, and shown how to apply them in the treatment of disease. The plan of dividing the course among a large number of competent teachers has been adopted as the best to assist the student in traversing the vast area of recent medicine, and to give him a complete medical education.

COURSE OF INSTRUCTION.

Two courses of Lectures are given during the year, a Winter and a Spring course. The Winter course will begin October 1st and end March 15th, and will consist of five or six Lectures daily, didactic and clinical. They will be so arranged and blended as to be eminently practical as well as scientific. At least two clinical lectures will be delivered every day, at which ample opportunity will be afforded for witnessing surgical operations, the treatment of disease, and modes of investigating pathological phenomena. Special pains will be taken to instruct students in the art of bandaging, applying splints, dressing wounds, conducting post-mortems, and compounding medicines—lessons of incalculable value, especially to those who propose to practice medicine in the country.

The absolute control enjoyed by this school over the City Hospital, the Maryland Lying-in Asylum and the Maryland Woman's Hospital, and the facilities for clinical instruction afforded at Bay View, give the best opportunity for teaching practical medicine in all its branches.

COLLEGE BUILDINGS.

The College Buildings are situated at the N. W. Corner of Calvert and Saratoga Streets, No. 51 Saratoga, and No. 161 W. Lombard Streets. As the New Lecture Halls have been erected adjoining the wards of the City Hospital, which is under the same roof and connected with the Woman's Hospital by a covered way, admirable facilities are afforded for clinical lectures.

PRACTICAL ANATOMY.

The Dissecting Rooms are spacious, well lighted and ventilated, and furnished with all conveniences for dissections. They are open daily, summer and winter, and under the control of the Professor of Anatomy, assisted by two Demonstrators. Parties desiring to operate or dissect privately can readily do so.

THE CITY HOSPITAL.

This Hospital, N. W. Corner Calvert and Saratoga Streets, is under the exclusive charge of the College of Physicians and Surgeons. It is efficiently and carefully managed by the Sisters of Mercy. Being centrally situated, most cases of accident in the city are sent to it. To favor this, an ambulance is provided for the removal of injured persons from all parts of the city to the Hospital, on notification. Its connection with the various police-stations by telegraph and telephone enables the officials to promptly summon the ambulance and attendants at all times. The advantages and conveniences of a well-filled General Hospital, the wards of which communicate directly with the lecture halls, are very great.

OBSTETRIC CLINIC.

The Maryland Lying-in Asylum, situated at 161 West Lombard Street, offers the medical student special clinical advantages in the study of Midwifery. The clinics are held in the Lying-in chamber. The establishment of an obstetrical clinic in connection with the College has introduced a much needed reform in the system of medical education in this country.

The young graduate in medicine, if forced to rely upon theoretical knowledge solely, must necessarily assume the responsibility of this department with especial embarrassment, for it is a well-established fact that in no branch of medicine do bad results affect the practitioner so injuriously as those occurring in Midwifery.

This institution enables the Professor of Obstetrics to teach Midwifery after the practical method adopted by European schools. Students are divided into classes of six each, accordingly as their names appear upon the matriculation-book. The names and residences of the students composing the several classes are placed in a box at the office of the American District Telegraph Company. There is telegraphic communication between the Hospital and the office, so that as soon as a case of labor occurs, the House Physician can notify the office at any hour of the day or night, and without loss of time the Professor of Obstetrics and each member of the class are summoned. Students are thoroughly instructed how to diagnose presentations, to judge as to the stage of labor, and enabled to watch step by step its mechanism. They have frequent opportunities to witness the application of forceps, turning, and all other measures which science has devised for the relief of difficult and unnatural labors.

Not only are students made familiar with all those physiological and healthy changes which the maternal system undergoes during the puerperal period, but they are taught the hygiene of the lying-in chamber, and the management of the infant, as well as the rationale and treatment of all diseases which materially influence the results of child-birth.

GYNÆCOLOGICAL CLINIC.

The Maryland Woman's Hospital is situated in the same block, immediately adjoining the City Hospital, and, like the latter, is under the exclusive control of the College of Physicians and Surgeons. Its wards communicate by a covered way with the Lecture Halls, so that even the most serious cases may be brought upon their beds before the class. These halls being provided, in addition to an excellent sky-light, gas and water, with a condensing illuminator, operations upon the interior of the vagina and uterus may be performed with equal facility in cloudy as in bright weather, and witnessed by the students with great distinctness. Frequent opportunities for witnessing every recognized surgical operation upon the female are here furnished, and the student will be taught to diagnose and treat all the disorders of the female generative organs.

BAY VIEW.

The City Almshouse is situated on the eastern suburbs of Baltimore, and contains 1,000 beds. One day in each week will be devoted to clinical instruction in this Hospital.

The Board of Trustees have fitted up suitable lecture rooms in the buildings, and arrangements will be made for transporting students to and from the Hospital.

CITY HOSPITAL DISPENSARY.

This institution is under the immediate control of the Professors of the College of Physicians and Surgeons. One or more of the Professors are present between the hours of 12 M. and 2 P.M., to prescribe, free of charge, for such of the poor as may present themselves for treatment and advice. Competent druggists are constantly on hand to fill prescriptions. From this source abundant material is derived for clinical instruction in Practical Medicine and Surgery.

GENERAL CLINICS.

During the sessions clinical lectures are delivered daily. The material is utilized systematically by the Professors, in illustration or their respective branches. After the close of the session, the clinics are attentively kept up, and such students as remain in the city are granted the benefit of them. The following order is observed, viz.:

Monday—Clinical instruction is given in diseases of the eye and ear. The various surgical operations are performed on these organs, and students made familiar with the use of the ophthalmoscope and otoscope by Professor Friedenwald.

Tuesday—Practical instruction in the diagnosis and treatment of general diseases and diseases of the nervous system, including the use of electricity in practical medicine, is given by Professor Arnold. Professor Lynch gives special instructions in the diagnosis and treatment of diseases of the heart, throat, and lungs. The rules for percussion and auscultation are clearly pointed out, and the use of the laryngoscope illustrated.

Wednesday—The special arrangements provided to prevent identification of female patients attract abundant material for illustrating the various operations of Gynæcology, thus affording the student the opportunity to witness such procedures. The uses of the uterine speculum, probes, tents and pessaries, are illustrated by Professor Erich.

Thursday—Instruction is given in the diagnosis and treatment of diseases of children, by Professor Latimer.

There will also be a clinical and didactic lecture on Genito-Urinary and Orthopedic Surgery, by Professor Bevan.

Friday—The student is afforded an opportunity to listen to the sounds of the fœtal heart, to practice ballottement, to realize the

active movements of the fœtus, and the other signs of pregnancy, in the wards of the Lying-in Hospital. He is made familiar with the sequelæ of labor, and is instructed in the laws to be observed in the lying-in chamber, by Professor Opie.

Professor Gundry delivers clinical lectures on Insanity.

Practical instruction in the diagnosis and treatment of diseases of the skin is given by Professor Rohé.

Saturday-Surgical clinic, by Professor Coskery.

DEPARTMENT OF DENTISTRY.

The College of Physicians and Surgeons has entered into arrangements with the Baltimore College of Dental Surgery (the oldest Dental School in the world), by which the students of each school can avail themselves of such facilities for instruction as are possessed by either.

Graduates in dentistry, of this school, who have also passed successful examinations in Materia Medica, Anatomy, and Oral Surgery, will be entitled to graduate in Medicine after attending one additional course of lectures, on passing a successful examination.

THE PHYSIOLOGICAL AND PATHOLOGICAL LABORATORY,

recently established by the school, affords excellent opportunities for the study of Physiology and Practical Microscopy. Attendance upon this course is obligatory.

It will be under the supervision of Professor Latimer, assisted by Wm. D. Booker, M. D., Demonstrator of Physiology, and N. G. Keirle, M. D., Demonstrator of Pathology.

THE CHEMICAL LABORATORY

is under the charge of Professor Simon, assisted by F. Rudolph Nordman, M. D., Demonstrator of Chemistry. Attendance upon this course is also obligatory.

THE SPRING COURSE

begins on the 15th of March and ends on the 15th of June.

It is not counted as one of the regular courses which entitles the student to apply for graduation,

It is intended rather to afford young men better opportunities to prepare themselves for the regular sessions, and to enable advanced students and graduates to obtain further facilities for clinical instruction, and the practical application at the bedside of what they have acquired from didactic lectures.

This course consists of clinical lectures by members of the Faculty and able assistants, which are given each day between the hours of 12 M, and 2 P. M.

Students and graduates are admitted to this course on payment of the matriculation and demonstrator's fees (\$15.00), which amount is credited on the fees of the next winter session.

Further advantages of the Spring course are, that students have then an opportunity for pursuing their laboratory and dissecting work, by which they curtail to this extent the labor of the winter session.

GRADUATION.

The candidate for the degree of Doctor of Medicine must have studied medicine three years and attended two full courses of lectures, the last in this College. He must be 21 years of age, of good moral character, have received a good English education and have passed a satisfactory examination before the Faculty.

Graduates of this School will have no difficulty in registering their diplomas in those States where it is required by law.

GRADED COURSES.

While the above are the only obligatory conditions for graduation in this school, the Faculty, realizing how difficult it is for the student thoroughly to prepare himself for practice by attendance upon two courses of lectures, offer students beginning the study of medicine the option of extending the entire course into three sessions.

During the first year, Anatomy, Physiology, Materia Medica and Chemistry will be the special, and, in the option of the student, the sole subjects of study.

In the second, Gynæcology, Diseases of Eye and Ear, Diseases of the Nervous System, Diseases of the Skin, Medical Jurisprudence and Hygiene.

In the third, Principles and Practice of Medicine, Principles and Practice of Surgery, Obstetrics, Clinical Medicine and Diseases of Children.

In all cases the candidates for graduation will be required to submit to the examinations prescribed for the third year.

At the end of each year the student will be examined in the branches studied, and if he passes, that examination will be final; but if he fails, the branch or branches upon which he fails will be added to the curriculum of the succeeding year, and on them he will have to stand a second examination.

The graded student can attend all the lectures if he thinks proper to do so, but, as he will only be required to prepare himself for examination on the subjects which constitute that year's curriculum, it is believed that at the end of the course he will be better prepared than if he had attempted to read and prepare for examination on all the branches during two sessions. While the Faculty, therefore, do not require students offering themselves to this College to adopt this graded course, they strongly advise them to do so, as they believe that by doing so the young graduate will be better prepared in every way to enter upon the duties and responsibilities of medical practice.

ADVANTAGES OF LOCATION.

Baltimore having a population of nearly 400,000, affords its Medical Schools the greatest abundance and every variety of clinical material. Its exemption from epidemics, the salubrity of its climate, the easy preservation of subjects for dissection, the cheapness of living, its accessibility, the genial hospitality of its citizens, all combine to make it the great medical centre of the country. Students who may desire to pursue their studies here will find themselves surrounded by all that is calculated to please, improve and interest them.

MEDALS AND CERTIFICATES OF HONOR.

The Cathell Gold Medal is awarded by Dr. D. W. Cathell, formerly Professor of Pathology in this College, to the graduate who stands highest in the final examination.

The Brown Memorial Prize—a gold medal—is conferred by the Faculty on the candidate who stands second at the final examination.

The Howard Memorial Prize—a gold medal—is also conferred by the Faculty on the candidate who stands third.

Six Certificates of Honor are awarded to the six graduates standing next in order of merit.

The Bobbitt Prize—a gold medal—is awarded to the graduate standing highest in Gynæcology.

HOSPITAL APPOINTMENTS.

In addition to the above medals and distinctions, the Faculty have it in their power to bestow upon meritorious graduates, valuable appointments as resident hospital physicians, viz. at the City Hospital, the Maternité, and the Maryland Woman's Hospital. These positions are for one year, and each incumbent receives board and lodging free of expense, besides unrivaled opportunity for practical study and clinical practice.

The Faculty also have the right to elect annually one resident physician to Bayview, with a salary of five hundred dollars and board

and lodging.

Provision has been made for the accommodation of a number of Resident Students in the City Hospital.

FEES.

The Professors' tickets for the course of lectures in the Winter Session will be \$120.

Tickets for one or more of the branches may be taken out separately.

SPECIAL FEE.

In order to place the facilities of this school within the reach of the qualified, yet poor young men of our country, and in conformity with the usage of the times, we receive a number of *Privileged Students*, at half the regular fees.

They are known as such only to the Dean, and are granted all the

advantages the College affords.

Preceptors recommending students for special privilege will fill the blanks of the accompanying postal card, on receipt of which by the Dean, if satisfactory, a ticket of admission will be returned.

All students of this College are required to dissect each year. No

charge is made for dissecting material.

All fees, save for graduation, must be paid at the beginning of the session.

SUMMARY OF NECESSARY EXPENSES.

FULL FEES:

College Fee, Board, Room,	Fuel,	Light,	&c.,	 for 20	week	s, at #	\$120 4 80	00
Total,							\$200	00
	SPEC	IAL P	RIVILI	EGE]	FEES:			
College Fee, Board, &c.,							\$60 80	00
Total,							\$140	00

Graduation Fee in all cases. \$30.00.

Good board can be had at \$3.00 per week. We believe that in no other large city in the United States can the same educational facilities be furnished at so low a cost.

Students are requested to report at the Dean's office at the City Hospital, N. W. corner Calvert and Saratoga Sts., as soon as they arrive in the city, for the purpose of registering their names. Here the Janitor may also be found, who will take charge of baggage, direct them to boarding houses, and furnish all requisite information.

Country Patients, either male or female, coming to the city for treatment, will be furnished with excellent hospital accommodations, in public wards or private rooms, as they may prefer, at from \$4 to \$10 per week, according to conveniences required.

For further information, address,

THOMAS OPIE, M. D., DEAN,

College of Physicians and Surgeons,

BALTIMORE, MD.

CLASS 1883-84.

ALABAMA.

Bailey, T. W	Dr. B. F. Kievulff.
Balkum, J. A	Dr. F. J. Moore.
Brothers, W. P	Dr. P. H. Brothers.
Crook, Jno. M	Faculty.
Hollis, D. D	.Dr. R. J. Belldor.
Justice, O. S	Dr. J. A. Goggan.
Lawrence, G. B	Dr. J. P. Farrell.
Lindsey, E	Dr. J. A. Goggan.
Shelton, J. C	Dr. S. F. Shelton.
Wimberly, W. C	Dr. F. I. Moody.

ARKANSAS.

Fletcher, T. M Dr.	J. P. Fletcher.
Oates, T. F	Faculty.
Pickel, J. W Dr.	W. B. Stripes.

CANADA.

Duncan, R. W. H..... Dr. J. H. Morrison. Little, W. E. E..... Drs. Crispell & Smith.

CONNECTICUT.

Campbell, A. J	Dr. H. G. Varno.
Chappell, W. J., B.A	
Fitzgerald, E. M	Dr. J. G. Wiltshire.
Stanton, D. W	THE RESIDENCE OF THE PARTY OF T

DISTRICT OF COLUMBIA

Murray, I	I. T., M.D., D.D.S.
Strait, N.	A Faculty.
	H. L Dr. J. B. Hodgkin.

GEORGIA.

The state of the s
Anderson, J. F Dr. S. M. Anderson.
Anderson, J. W Dr. T. Hackett.
Carswell, N. T Drs. Taylor & Brown.
Clifton, B. L Dr. E. W. Lane.
Derrick, W. B Dr. C. J. Burroughs.
Hall, J. H Dr. P. M. Carrington.
Hood, E. Van. Drs. Chambers & Mitchell.
Lane, B. S Dr. E. W. Lane.
Lane, R. F Dr. E. W. Lane.
Lanier, J. D Dr. A. B. Lanier.
Palmer, J. G Dr. J. W. Chambers.
Perry, T. B., B.C.S., Dr. P. M. Carrington.
Rosser, R. F Dr. D. B. Nesbitt.
White, J. A Dr. J. C. White.

ILLINOIS.

Slyfield, G. H Dr. R. B. Winder.

INDIANA.

KENTUCKY.

Chapman, W. C Dr. J.	H. Branham.
Dabruly, A. S	B. C. D. S.
Glass, A. M Dr.	W. H. Glass.
Glass, J. H Dr.	W. H. Glass.

LOUISIANA.

Carruth,	F.	H		.Dr.]	. W	. Dupree.
Jameson,	C.	H]	Dr. J.	H.	Branham.

MAINE.

Twitchell, F. A Dr. D. F. Drake.

MARYLAND.

Barber, R. T. J Dr. Z. R. Morgan.
Brayshaw, R. T., Drs. Owings & Howard.
Brown, G. R Dr. W. B. Finney.
Carroll, E. S Dr. C. C. Carroll.
Enlow, E. E Dr. A. S. Fickland.
Evans, B. D Drs. Evans & Chambers.
Finney, A. GDr. W. B. Finney.
Gage, A. L Dr. J. A. Taylor.
Guyton, D. W Dr. J. G. Wiltshire.
Hall, R. E. L Prof. J. S. Lynch.
Jarrett, H. S Dr. J. H. Jarrett.
Jones, D. H Dr. J. J. Jones.
Kelly, W. T., Jr Faculty.
Krystall, B Dr. W. P. McIntosh.
Lang, J. F Dr. J. H. Branham.
Line, L. M Dr. T. H. Line.
Manger, J. FDr. J. H. Branham.
Martin, I. J., Jr Dr. T. B. Owings.
Montell, Wm. A B. C. D. S.
Nordmann, F. R., Jr Prof. Wm. Simon.
Pickel, J. U Dr. G. F. Taylor.
Pruner, W. H Dr. M. Rowe.
Riddlemoser, W. TDr. W. R. Clark.
Robinson, T. E Dr. J. H. King.
Saunders, J. B Prof. Thos. Latimer.
Slicer, J. B Dr. T. A. Worrall.
Spaulding, J. W Dr. Wells.
Stonestreet, J. H Dr. J. T. Digges.
Sullivan, J. G Dr. D. A. Sherman.
Todd, G. S B. C. D. S.
Twigg, Ashford Dr. J. J. Wilson.
Vees, C. H Faculty.
Wachter, C. H Dr. L. Wachter.
Walworth, De Zosier Faculty.
Wedgeworth, W Prof. A. F. Erich.
Welch, W. S Dr. E. G. Welch.
Williams, A. J Dr. G. H. Jones.
Wolf, W Dr. J. H. Branham.

MASSACHUSETTS.

Coughlin, J. W	Dr. C. C. Terry.
Dowsley, J. F	Dr. G. F. Pierce.
Dunne, A. J	
O'Keife, J. A	

Phillips, H	В.	C.	D.	S.
Sherman, T. S	В.	C.	D.	S.
Wilson, J. J		. F	acu	lty

MICHIGAN.

MISSISSIPPI.

Powell, W. A...... Dr. T. M. Jones. Walker, J. T..... Dr. G. W. Vassar. Wedgeworth, W. M. Dr. S. B. Wedgeworth.

MISSOURI.

NEW BRUNSWICK (N. B.)

Walsh, F. W Prof. O. J. Coskery.

NEW JERSEY.

Stiger, J. D Dr. A. Shannon. NEW HAMPSHIRE.

Greeley, H. W...... Dr. J. B. Greeley.

NEW YORK.

Andrew, F. D Dr. C. E. Darro	w.
Bower, J. NDr. J. N. Huntingto	n.
Busch, J. A Dr. S. M. War	
Bush, J. C. F Dr. R. D. Bus	
Cooper, EDr. E. McKenzi	
Derby, G. ADr. J. B. Churc	
Flannigan, J. RDr. J. W. Cob	
French, M. D	
Freston, J Dr. C. T. Kees	
Fuller, W. P Dr. O. M. Allabe	
Green, A. W Dr. W. H. Loom	
Hamlet, F. P Dr. E. P. Brow	

Harrer, W. J Drs. Churchill and Russell.
Le Fevre, A. J Dr. C. M. Colegrove.
McMannus, J Dr. D. W. Humphrey.
Peabody, G. MDr. J. M. Phillips.
Robinson, J. S Dr. T. Wight.
Skinner, G. M Dr. L. Bigelow.
Snell, F. H Dr. J. N. Huntington.
Snow, L. H Dr. E. E. Boyd.
Stuart, W. L Dr. E. P. Stuart.
Witter, G. H

NORTH CAROLINA.

NORTH CAROLINA.
Ashby, T. B Dr. J. Hollingsworth.
Ashe, E. L Dr. E. F. Ashe.
Battle, J.T. J., A.M., Drs. Battle & Chambers
Bayette, F Dr. A. Lee.
Best, B. W Dr. W. S. Best.
Black, J. C Dr. J. S. Safferty.
Blount, E. Y Dr. E. W. Shornaday.
Brooks, G. C Faculty.
Carroll, J. R Dr. S. Welch.
Chapin, H. T Dr. A. B. Chapin.
Clayton, C. EDr. A. Bulla.
Coleman, J. I Dr. C. H. Bradshaw.
Cooper, A. T Dr. G. W. Moseley.
Cooper, F. JDr. G. W. Moseley.
Daniel, J. S University of Va.
Daniels, A. O B. C. D. S.
Daughton, Geo Dr. J. O. Wilcox.
De Armon, J. Mc Dr. J. R. Erwin.
Dupree, R. W Faculty.
Edwards, WDr. J. W. Jackson.
Erwin, T. G
Fagg, R. T Dr. L. R. Smith.
Ferebee, E. B Dr. H. M. Shaw.
Flippin, J. MDr. J. Hollingsworth.
Fowlkes, W. MDr. J. D. Croom.
Fox, L. M Dr. M. L. Fox,
Futrell, M. H Dr. J. H. Picot.
Graham, J. RDr. J. O. Wilcox.
Green, J. EFaculty.
Gurkin, C. R Dr. W. P. McIntosh.
Hardee, P. R Dr. W. E. Turlington.
Harrell, W. J Dr. W. R. Clark.
Hassell, J. LDr. A. Alexander.
Hicks, M. LDr. M. C. Chambler.
Hoggard, J. W Dr. W. G. Freeman.
Hollingsworth, E. M. Dr. J. Hollingsworth.
Hollingsworth, J., M.D.
Hollingsworth, J. M., Dr. J. Hollingsworth.

Honling, T. R Dr. T. G. Hunt.
Horton, E. H Dr. J. H. Picot.
Houck, A. F Dr. J. B. Gaither.
Jones, G. FDr. F. York.
Klutts, P. J Dr. R. A. Shimpoth.
Knight, J. B. H Dr. W. C. Langford.
Lassiter, D. BDr. W. B. Turlington.
Lippard, G. HDrs. Rose and Cope.
Lyday, W. MDr. H. A. Lyday.
Martin, R. S., M.D. (Post Graduate).
Maynard, A. A Dr. G. B. Robertson.
Moore, J. L Dr. J. E. Green.
Muns, L. A Dr. H. C. Williams.
Murray, H. PDr. A. J. Powers.
Pate, W. TDr. W. H. Bobbitt.
Perkins, L. W
Perry, M. PDr. L. J. Picot.
Person, A. G Dr. J. E. Person.
Powell, J. HDr. W. E. Powell.
Pritchard, W. BDr. J. B. Powers.
Richardson, H. M Dr. G. M. Bell.
Ritter, F. W Dr. W. D. Kellam.
Smith, S Dr. W. R. Smith.
Southerland, G. W Dr. J. W. Blount.
Sweaney, J Dr. J. A. Wise.
Thompson, W. A Dr. T. B. Twitty.
Vestal, W. L Drs. Holcomb and Wolff.
White, J. WDr. E. W. Allred.
Whitsell, G. W Dr. M. A. Bland.
Whittaker, R. ADr. F. A. Whittaker.
AND THE PERSON OF PERSONS AND PERSONS ASSESSED.

NOVA SCOTIA.

Payzant, J. A........... Dr. E. N. Payzant. Weeks, C. T............ Dr. C. A. Black.

OHIO.

McCollum, R. W	Faculty.
McNaul, W	
Mykrautz, H. B	
Taylor, W. R	
Webb, M. W Dr	

PENNSYLVANIA.

Anderson, J. W	Dr. T. Hackett.
Ankrim, L. F	Dr. J. M. Deever.
Armstrong, R. A	Dr. F. W. Simpson.
Bachman, I. A.	. Dr. G. S. Weseman.
Baker G W	Dr. E. B. Smith.
Bateson I C	Dr. W. Leiser.
Rell I F	Dr. T. W. Meckly.
Bernhardt Dallas	Dr. J. C. Peterson.
Bortz Daniel	Dr. A. N. Miller.
Brace F A	Dr. G. W. Hazlett.
Braceler F C	Dr. C. W. Spayd.
Prewer I A	Dr. D. C. Kellam.
Brockbank I I	Dr. J. M. Lydie.
Prockbank T W	Dr. J. M. Lydie.
Duclant I A	Dr. S. B. Fogel.
Developer I F P	.Dr. R. H. Patterson.
Drubaker, J. F. K	Dr. G. A. Blair.
Chalatanan C. D.	Faculty
Caland I D	Dr. E. S. Mattison.
Colcord, J. B	Dr. J. C. Wilson.
Cornell, M. C	Dr. T. Lawis
Coyle, F	Dr. T. Lewis.
Craig, W. H	Dr. S. A. Craig.
Devoe, J. H	Dr. E. J. Zook.
Douman, F	Dr. W. C. Britton.
Duncan, J. C	Dr. F. W. Simpson.
Faust, J. R	Dr. M. Luther.
Fleming, J. F	Dr. J. W. Chambers.
Follmer, J. B	Dr. W. T. Vance.
Fretz, J. H	Dr. A. Cooper.
Garvey, J. B	Faculty.
Gearhart, E. A	Dr. W. E. Gregory.
Gentry, J. M	Dr. C. W. Webb.
Heilman, A. E	Dr. J. T. Deemer.
Hogue, J. H	Dr. D. A. Hogue.
Hopkins, C. F	Dr. W. C. Hull.
Howard, C. I	Dr. J. I. Miller.
Hurd, J. T	Dr. F. D. Ritter.
Kealer, R. S	Dr. H. L. Smith.
Kelly, C. M	.Dr. J. W. Chambers.
Keylor, J. B	Dr. G. T. Dare.
Kibbe, A	Dr. M. R. Pritchard.
Krebs. I. S	Dr. J. W. Sheets.
Krum, T. E	Dr. G. W. Hazlett.

Laing, H. M	
Libby, DFacu	ilty.
Maben, W. S Facu	ilty.
Mancher, J. V Dr. J. E. Mancher & S	Son.
Manly, J. A Dr. H. Hollis	
Marshall, C. R., A.BFacu	
McCleary, W. WDr. W. K. Vank	
McGovern, M. HDr. W. D. Humph	
McGrew, F. B Dr. L. D. McGr	
McQuiston, J. C Dr. G. Cheesen	
Miller, J. S Facu	
Mohn, C. D Dr. G. C. Mo	ohn.
Oudl, J. A. VanDr. J. G. Temple	
Patton, J. M Dr. J. T. Deer	
Purnicker, GFacu	
Quinn, W. CFacu	ulty.
Riegel, W. A. LDr. J. W. She	
Rothrock, D. RDr. R. Rothr	
Sampsell, D. M Dr. J. F. Kanav	
Schlicher, E. JDr. E. L. Yea	ger.
Showalter, J. B	Bell.
Shugert, N. W Prof. C. F. Be	van.
Slaughenhaupt, W. A Dr. J. T. Rin	mer.
Smith, A. J Dr. W. M. B. Gib	son.
Smith, J. K	wls.
Smith, J. P Dr. J. G. Wiltsl	nire.
Sproesser, A Dr. J. H. Brank	
Sutliff, JusticeDr. E. L. Diefende	
Thompson, F. A Dr. J. W. Lyr	
Ulman, E. S Dr. W. P. McInt	osh.
Valzah, R. G. Van. Dr. S. L. Van Val	zah.
Walter, A. P Dr. S. S. Bachr	nan.
Watson, W Dr. J. B. McGov	
Weaver, J. D Dr. J. P. F	
Wilkinson, E. L Dr. H. G. Col	
Windsor, S. J Dr. T. R. Bo	
Zeigler, A. B Dr. J. W. Re	
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RHODE ISLAND.

Erskine, J. B...........Dr. W. W. Hubbard.
Philbrick, W. V...........Dr. Sarolet.
Smith, T. J..........Dr. L. F. C. Gorwin.

RUSSIA.

Tren, Aron...... Dr. W. Ricktoll.

SOUTH CAROLINA.

Breland, J. EB.	C. D. S.
Briggs, D. K Dr. W. C	
Brown, W. E Dr. J. G. W	
Caldwell, J. BDr. J. M.	
Covington, R. B Dr. P. L.	

Henderson, P. C Dr. J. M. H. Ru	ff.
Hiers, C. M Dr. J. P. Carte	er.
Hutts, A. L Dr. W. C. Smit	h.
Jennings, W. S Dr. M. G. Soll	y.
Robinson, J. P Dr. J. D. Mes	al.
Ross, W. H B. C. D.	S.
Saye, J. H Dr. J. A. Watso	n.
Watson, S. PDr. W. A. Ollive	er.

TENNESSEE.

Barton, R. W., Drs. W. B. & W. E. Rogers.
Gambrill, A. JDr. E. S. Rogers.
Harrison, S. RDr. N. G. Dail
Longmire, A. H Dr. N. G. Dail.
Moore, S. L. Dr. J. A. Moore.

TEXAS.

Cheaney, PB. C. D. S.
Keidel, H. W Dr. R. B. Winder.
Matthews, C. O Dr. J. W. Chambers.
Williams, T. BDr. D. C. Williams.
Yeager, C. FDr. J. W. Leehorn.

VIRGINIA

VIRGINIA.
Allen, J. RDr. J. W. Fugria.
Ashton, S. TDr. H. D. Ashton.
Banner, L. LDr. S. C. Stoddard.
Baum, O Dr. J. W. Gurly.
Birdsall, C. N Faculty.
Booton, T. L Dr. L. H. Keller.
Bosiner, G. S Dr. H. S. Pole.
Brewer, S. W. D Faculty.
Buck, W. W
Burner, D. FDr. J. G. Wiltshire.
Clark, J. W. RDr. F. Clark.
Coche, G. W Dr. R. T. Ramsey.
Coffman, W. HDrs. J. H. & A. L. Wolfe.
Comer, C. CDr. P. S. Cardin
Diedel, C. F Dr. C. S. Grindall.
Eubank, C. DFaculty.
Gatewood, C. HDr. R. B. Winder.
Horne, A. FDr. C. Alderson.
Hurst, J. C Dr. F. Clark.
Irwin, H. H Drs. Irwin and Triplett.
Kellam, B. C Dr. W. P. McIntosh.
Kendall, W. J Dr. T. L. Sweet.
Meredith, J. C Dr. A. Mantelli.
Millan, L. J Dr. N. B. Nevitt.
Morehead, P. W Dr. J. W. Lache.
Neblitt, N. H. Dr. G. F. Robinson.
Nichols, F. MFaculty.
Ninde, F. FDrs. Ninde and Carruthers.

OHI D	n . n
O'Hara, R	Dr. J. F. Spinner.
Paxton, R. H	Faculty.
Pierce, W. J	Dr. C. C. Campbell.
Rogers, H. M	Dr. J. T. Clark.
Simpson, S. S	Dr. R. T. Simpson-
Smart, S. G	Dr. T. S. Beckwith.
Stallard, M. L	Dr. S. C. Stallard.
Stallard, N. W	Dr. L. L. Banner.
Strader, H. W	Dr. C. E. Stafford.
Swarm, C. P	Dr. C. Alderson.
Tulloss, W. R	Dr. H. Smith.
Walker, J. T	Dr. J. Scoll.
Wandless, H. W	Dr. S. M. Heileman.
Wolf, T. J	Dr. J. B. Wolf.

WEST VIRGINIA.

WEST VIRGINIA.
Atkinson, C. L. CDr. D. Rosser.
Berry, J. W Dr. J. S. Lewis.
Campbell, W. R Dr. W. Shields.
Chesney, J. W Dr. M. R. Maloy.
Clark, A. KDr. J. R. Roach.
Dailey, G. TDr. R. W. Dailey.
Daniels, J. B Dr. J. G. Wiltshire.
Deuley, A. BFaculty.
Edmiston, M., Jr Dr. T. G. Edmiston.
Fisher, D. S Drs. Thomas and Carpenter.
Flowers, A. ODr. C. B. Flowers.
Forman, L. H Dr. J. R. Arnett.
Grimm, A. S Dr. D. C. Smith.
Hersman, C. C Dr. T. G. Edmiston.
Holroyd, W. HDr. J. Bee.
Jamison, J. ADr. W. C. Jamison.
Johnston, J. WDr. J. W. Kay Kendall.
Kidd, J. WDr. J. Smith.
Lemley, E. J Dr. W. H. Lemley.
Love, W. PDr. A. R. Barbee.
Michael, J. FDr. H. W. Harr.
Nash, C. P Dr. G. F. Robinson.
Noel, E. EDr. N. W. Noel.
Ogden, W. C Dr. P. B. Ogden.
Pfost, J. MDr. W. W. Kidd.
Rodreick, S. SDr. T. F. Lanham.
Ross, A. K Dr. H. M. Lash.
Smith, G. S Dr. G. W. Vassar.
Underwood, D. JDr. W. E. Stathers.
Warren, O. YFaculty.
Wyatt, Z. WDr. B. B. Ogden.

WISCONSIN.

Simon, Frank.......Dr. W. P. McIntosh.

TOTAL, 414.

GRADUATING CLASS 1883-84.

Allen, J. R	
Anderson, J. E	
Atkeson, Clarence L. C	
Banner, L. L	
Barton, Robt. White	Tenn
Bates, Woodville	Mo
Battle, J. T. J	
Berry, J. W	W. Va
Best, B. W	
Briggs, David K	S. C
Brooks, G. C	N. C
Brown, William E	S. C
Burner, D. F	
Bush, J. C. F	
Byers, G. W	
Carpenter, E. G	
Chambers, John Jay	
Chapman, W. C	
Chesney, J. W	
Clayton, Charles E	N. C.
Coffman, W. H	Va.
Cooper, A. T	N. C.
Cooper, F	N. C.
Cornell, M. C	Pa.
Cox, J. W	
Daily, Griffin T	W. Va.
Daniels, J. B	W. Va.
Derby, G. A	N. Y.
Doughton, George	N. C.
Dunne, A. J	Mass.
Edmiston, M., Jr	W. Va.
Edwards, William	N. C.
Erwin, T. G	N. C.
Eubank, C. D	V.1.
Fisher, D. S	W. Va.
Fitzgerald, E. M	Ct.
Fleming, J. Frank	Pa.
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Flippin, J. M	
Follmer, J. Brooks	Pa.
Fowlkes, W. M	N. C.
Futrell, M. H	N. C.
Garvey, J. B	
Gearhart, E. A	Pa.
Gentry, J. M	
Glass, J. H	Ky.
Graham, W. R	N. C.
Green, Albert W	
Green, J. E	Ga.
Hall, C. C	Pa.
Hall, Robert E. L	Mo.
Harrell, W. J	N. C.
Heilman, A. E	Pa.
Hersman, C. C	W. Va.
Hiers, C. M	
Holroyd, Wm. H	
Hopkins, C. F	
Horne, A. F	
Horton, E. H	N. C.
Houck, A. F	N. C.
Howard, C. I	
Jameson, C. H	
Jamison, J. A	
Jarrett, H. S	Md.
Johnson, S. H	N. J.
ones, D. H	Md.
Kellam, B. C	Va.
Kelly, Carl M	
Kidd, J. W	
Krebs, J. S	
Laing, H. M	
Lane, R. Y	
Line, L. M	
Little, W. E. E	
Loughridge, John T	Ohio.

Love, William Preston	W. Va
Manley, J. A	Pa
March, E. J	Ohio
Martin, Isaac J. Jr., G. C	
Mathews, C. O	
McCleary, W. W	
McGovern, M	Pa
Morehead, P. W	Va
Murray, Hosea Powers	
Nash, Charles P	W. Va
Neblett, Norman H., G. C	Va
Ninde, F. F	
Noel, E. E	W. Va
Nordman, F. Rudolph	Md
Oates, T. F	
Palmer, J. G	
Payzant, J. A	Nova Scotia
Perry, Mark P	
Pickel, J. W	Ark
Pritchard, W. B	
Pruner, W. H	
Quinn, Wallace C	
Riddlemoser, W. T	
Riegel, W. A. L	Pa
Robinson, Jabez P	S. C
Robinson, J. S	
Robinson, T. E	Md.

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THE QUALIFICATIONS NECESSARY

FOR THE

SUCCESSFUL STUDY OF MEDICINE.

The Introductory Address before the Class at the College of Physicians and Surgeons, Baltimore.

BY PROF. JOHN S. LYNCH, M. D.

GENTLEMEN OF THE CLASS:

In entering, as many of you are now, upon the study of the noble science of Medicine, there are three questions which should receive your most careful preliminary consideration; otherwise you may discover, after spending much time, labor and money, that you have wasted your youth in the acquisition of knowledge that is useless, and wedded yourselves to an occupation for which you have neither taste nor fitness.

These questions are:

1st. What is the nature of this science whose details you are about to attempt to master?

2d. What are your own personal qualifications and fitness to acquire and practise this science? and

3d. What are the best means which will enable you to acquire and practise it?

It is to a brief discussion of these questions that I propose to devote this hour.

The science of Medicine, like every other science, consists of an accurate knowledge of facts duly systematized. But the facts in medicine differ somewhat from those of other sciences, in that they are purely empirical. While many other branches of knowledge have been enlarged by purely inductive reasoning and scientific theorizing, no single fact in medicine can be said to have been thus discovered or established, but has only been discovered and established by long-continued and oft-repeated observation. It may then be said to be "the accumulated experience of successive generations of persons who have practised the art of medicine."

But I think I hear some of you exclaiming: What! does theory then hold no place in the true science of medicine? And are all the beautiful theories which we heard from the professor of pathology last winter mere brutum fulmen, or, as the lawyers put it, ultra vires, and signify nothing? I answer, no. Theory or speculation is always admissible to explain facts whose causes we do not understand; or, as Humboldt expresses it, "Speculation is always admissible in the absence of accurate knowledge." And so in addition to our knowledge of empirical facts, we have many theories which have been mostly invented to explain those facts. But while our facts are solid and unchangeable, our theories are ever changing from generation to generation, as some newly discovered fact proves a former theory to be untenable. Scarcely a generation ago the medical world was about equally divided into two schools of pathology—"humoralists" and "solidists"—and the battle between these parties was hot and fierce until about twenty-five years ago, when Rudolf Virchow smashed both theories by the enunciation of his cellular pathology.

Theories in medicine, then, are not and should not be taught or accepted as absolutely true, but only conditionally so, as affording the best explanation within our reach of observed facts, and they should always be announced and accepted with this reservation. Many of the theories which are to-day accepted as true will doubtless be exploded in a subsequent age, as we have exploded

many of those of our predecessors.

But you may ask, is there then no true theory of medicine? I answer, Yes, there is, there must be. But as medical science deals especially with that unknown and possibly unknowable quantity, life, we are necessarily in many cases still groping in the dark, and anxiously looking for the dawn of that purer and better light which will ultimately guide us through the intricate mazes of obscurity and doubt which still beset us. I have full faith in the ultimate mission of our noble profession, and an abiding confidence in the final success which must meet the strong minds and brave hearts that are now everywhere wrestling with the problems of life both in health and disease.

But when I tell you that many of our theories in medicine are possibly false, I must also tell you that they are sometimes so because many of the so-called medical facts upon which they are constructed are also false. Medical facts—or at least those which we are in the habit of receiving and accepting as such—differ, as I have already said, from the facts of other sciences, because they are not always susceptible of physical or mathematical demonstration. We cannot reduce them to a formula and say, as in geometry, because A is

equal to B and B equals C, A and C are also equal.

To illustrate my meaning more clearly, and to show you at the same time the difficulty of establishing absolutely a medical fact, let us suppose a man comes to you suffering from a fever or a diarrhœa, or any other one of the thousands of bodily ills from which we suffer. You introduce into his stomach a certain quantity of some substance we are in the habit of using as medicine, whereupon the man recovers. Now, you cannot positively assert that the medicine cured him, because you can never prove that he would have died had he not taken it, or that he would not have gotten well if he had not taken it. But if you repeat this experiment many hundreds of times with the same unvarying result, then only you are at liberty to accept as absolutely true what was in the first instance only possibly, or at most probably so. Now the oldest and wisest of practitioners of medicine will tell you that there is scarcely a single article of our materia medica that thus acts uniformly and unfailingly in all cases; that even quinine sometimes fails to cure ague,

and occasionally syphilis is not cured or even improved by mercury. It is an unfortunate tendency of the human mind to form conclusions and even to attempt to formulate laws from imperfect and insufficient observation, and it is this that has led to so many errors and vagaries in medicine. It is this habit or tendency which gives to every old woman, and old man too, a sovereign remedy for every disease under the sun, and it was upon such observations imperfectly made and comprehended that the accomplished but shallow Hahnemann built up his preposterous system of medicine.

You will do well therefore to remember that the amount of credence to be yielded to an asserted fact in medicine depends upon the ability and credit of the observer, since it is *only* by observation, and not by demonstration, that medical facts are to be established.

With so many sources of error it is not surprising that medical science is still imperfect and that its *solid* growth has been slow.

A brief reference to its history will show you how slow this growth has been in the past; under what difficulties and disasters it has laboriously worked its way upward from the realm of barbarous superstition into the bright light of science; and it will also show you what have been its solid and useful achievements, and under what obligations it has placed and is still placing humanity in the past and in the present.

The earliest records of the human race prove that men, even in the first dawn of civilization, sought to find out means of relieving and curing the diseases to which they were liable. This fact is established not only in the history but even in the mythology of the Greeks, Phænicians, Egyptians, and other ancient races. Indeed, if Darwin's theory of the descent of man be true, there probably lived at one time a race of doctors with hairy skins, pendulous tails, and long and pointed ears; and I may remark in parenthesis that the fact that an occasional specimen possessing the last of these characteristics is found even in our own day, lends great probability to the correctness of Darwin's theory.

But it is only since about 400 years before the Christian era that medicine could make any claim to be considered a rational science, at which time Hippocrates-to this day styled the father of medicine-gathered the scattered fragments of knowledge then extant, enriched them by his own acute observation, and transmitted them to prosterity in his writings. Patronized and encouraged subsequently by the Ptolemies, to one of whom is due the credit of legalizing human dissections, hitherto forbidden, the science attained a dignity and importance before unknown, and reached its highest cultivation and perfection in the celebrated school of Alexandria, which up to the time of its alleged destruction by the Mahommedans continued to be the centre of medical know-To their great credit be it said, the succeeding caliphs atoned in some measure for the barbarism of their predecessor; for it should not be forgotten that, encouraged by a succession of enlightened caliphs, the Nestorians and Jews not only preserved, by translating them into Arabic, the works of Hippocrates, Areteus, Galen and Dioscorides, but also fostered medical literature by founding the College of Djondassabour and the University of Bagdad, in which were raised up such men as Rhazes, Avicenna, Albucasis, Avenzoar and Averroes, each of whom added important original contributions to medicine. And this too at a time when Christian Europe was shrouded in the gloom of popular ignorance and priestly superstition; when ecclesiasticism in medicine

ruled supreme, and diseases were cured (?) by the laying on of hands by stupid monks while mumbling prayers in barbarous Latin, by the invocation of saints or the application of their relics; and epileptics and insane persons were supposed to be possessed by devils, which were only to be exorcised by the invocation of the names of St. Peter and St. Paul, with such extraneous aid as might be derived from bell, book and candle.

The Mahommedan power broken, their great scholars no more, the patronage of the illustrious caliphs no longer enjoyed, dreary centuries of ignorance, superstition and priestcraft succeed. To the shrines of saints, crowds repaired as they had at one time to the temple of Aesculapius—the worshippers remaining, the divinity only changed.

Here was a paradise for quacks; for fetishes, said to be the relics of saints, were believed to cure every disease, and were worth a hundred times their weight in gold. As an evidence of the medical progress of these dreary centuries, it is said that for nearly fourteen hundred years Galen and Dioscorides were the only medical authorities of Europe. In the meantime, plague and pestilence, revelling in death, stalked unrebuked among the nations, and untold millions descended into premature graves.

Light at last beams upon this Cimmerian darkness, and glorious old Padua begins to shine out, a single star "glittering upon the brow of night," and soon, under the patronage of Frederick Barbarossa, becomes the acknowledged source of medical knowledge throughout the world. Succeeding German emperors continued his enlightened policy; archiators or chief physicians were appointed in every town of a certain size throughout the empire, whose duty it was to examine and license practitioners of medicine; and in a number of the principal cities medical schools were established, whose professors and lecturers were paid a regular salary by the state. And now for the first time other names besides those of Greeks and Arabians find a place in medical history. Vesalius, Fallopius, Spigelius and Sanctorius perfected at Padua those anatomical discoveries which have forever connected their names with the nomenclature of our art. Ambrose Paré laid the foundation of surgery; Servetus discovered the pulmonary circulation, which Harvey soon after supplemented with the systemic; Asellius discovered the lacteals; Malpighi demonstrated with the microscope the capillary circulation, and showed the minute anatomy of the glandular structures; Willis traced the course of the nerves and localized the functions of the brain; Von Graaf investigated the generative organs; and Ruysch, perfecting the art of injecting, pushed his investigations into minute anatomy. In a word, medical inquiry and physiological investigations were excited and sustained by able and enthusiastic minds, and medicine in Europe, redeemed from ignorant empiricism, was elevated into the dignity of a rational science and placed upon a sure philosophic foundation.

This is a brief history of the past. What are the glories of the present day, the triumphs of the 19th century? These far transcend in importance all previous advances. The last sixty years have shown more advance toward a perfect science and bestowed more boons upon suffering humanity than all the previous years of medical history and discovery.

Medical chemistry, by isolating the active principles of medicines and discovering new combinations of inorganic substances, has furnished us with nicer and more pointed weapons with which to wage warfare against disease. The discovery of quinine alone has, on the Western continent, rendered habitable

the fertile valleys and broad savannahs which, now teeming with the wealth of luxuriant harvest, would otherwise have remained the home of savage beasts alone, or have proved the charnel-house of the brave adventurers who sought to reduce it to subjection.

Anesthetics have lifted the primeval curse from woman, and deprived the surgeon's knife of all its dreaded horrors.

The operation of ovariotomy, invented by our countryman McDowell, has redeemed thousands of women from certain death; while the invention of the metallic ligature by Le Vert has enabled Sims and his followers to rescue and to restore to society and usefulness other thousands from abject wretchedness and loathsomeness by the cure of vesico and rectovaginal fistules.

Auscultation and percussion have, by opening up to us a new method of investigating diseased organs, added to man another sense; and by the application of their principles, the merest tyro of to-day can pronounce with certainty upon diseased actions that would have baffled Sydenham or Cullen in the full meridian of their powers.

The thermometer has again been called into aid in the correction of diagnosis, and by its help we can often now pronounce at once upon the nature of diseases when formerly we were compelled to wait many days for the slow, perhaps fatal development of symptoms.

The ophthalmoscope and laryngoscope have opened to our inspection, living organs never before revealed to human vision; and the treatment of those organs, thanks to the aid thus furnished, has become as exact and scientific as it was before uncertain and empirical.

The hypodermic injection of medicines has enabled us to bid defiance to a rebellious stomach, and relieved us of all doubt as to the action of our remedies.

The microscope has revealed to us the secret of many physiological processes, and brought to light the heretofore unknown causes of many pathological actions. But above all it has made possible the cellular pathology of Virchow, which has taught us how we live and grow, and how and why we are sick, and brought us very near to the real secret of diseased action. All these, with the sphygmograph, the atomization of medicines, and the improved methods of treatment with the products of chemical research, are some of the achievements of the present century, and speak in trumpet-tones the rapid strides of progressive medicine. This list of the solid advances of our science and of the obligations under which it is placing the human family, might be almost indefinitely lengthened, for every day is adding some new claim founded upon some new gift of science, some new boon conferred; but I have already said enough to redeem the boast I have made that this century has transcended all previous time in medical discoveries and advancement.

When I recall the noble aims and purposes of our glorious science; when I see its faithful votaries searching nature's arcana for truths and treasures to add to its store; when I remember the long line of brilliant names emblazoned on the pages of its history, from the sage of Cos down to its trusty sons of the present, whose names lend dignity to the science, and give assurance to the world that the accumulated wisdom of ages will receive fresh accessions from their labors; when I see its monuments in all the civilized world, its temples adding beauty and grandeur to every landscape, I feel that I can smile at all the malevolence of its enemies and—harder still to bear—all the misconstruction of its friends.

What though quackery and empiricism flourish for the hour! Why heed the puny efforts of homocopathy and its kindred delusions to direct the stream of science from its accustomed channels, or to stem the mighty current of its perennial spring and accumulated waters? True science rears its column high above the creeping things that crawl about its base. The names carved upon its monumental granite stand out as sharply as ever across the centuries, defying all the puny efforts of sciolists, isms, pathies and self-styled reformers to deface them. Their mad flight against the imposing column of true medicine but insures their destruction, as like,

"The feeble sea birds, blinded in the storms,
On some tall lighthouse dash their little forms,
And the rude granite scatters for their pains
Those small deposits that were meant for brains.
Yet the proud fabric in the morning sun
Shines all unconscious of the mischief done;
Still the red beacon pours its evening rays
For the lost pilot, with as full a blaze;
Nay, shines all radiant o'er the scattered fleet
Of gulls and boobies brainless at its feet."

And now let us briefly inquire what are the personal qualifications requisite to enable you to study and practice the science whose history I have briefly outlined. This is a subject of the utmost importance to you, since it will depend upon your possession of the necessary personal qualifications whether your life in the future will be a success or failure in this, your chosen profession. A quaint, but observant philosopher has said that too often in the union of men with occupations in life he was reminded of a board containing a number of holes, some of which were round and some square; and into these holes were inserted pegs-round ones into the square, and square ones into the round holes, resulting of course in a general misfit. Such an error as this inevitably results in great individual discomfort, and-what is of greater importance-a very great diminution of individual achievement in all that goes to make up the aggregate progress in the arts of civilization as well as intellectual advancement. In this way it often happens too, that one-half of many of our lives are wasted in endeavors to correct the mistake of the other half; while the great majority have neither the discernment nor ability to discover and repair sufficiently early in life the blunder into which thoughtlessness or enforcing circumstances may have driven them.

Unfortunately, the choice of a profession is far oftener determined by whim and caprice, or by the influence of parents, guardians or friends, or fortuitous circumstances, than by any clear and philosophical analysis of character or qualification. The medical profession, I am afraid, is no exception to this observation, for we certainly find many in it who have no special, or indeed ordinary adaptation to it. A cynical friend of mine once remarked to me that when a man has a son who is too stupid to be a lawyer, too lazy to become a mechanic or a farmer, and too vicious to be a priest, he made him a doctor. I sincerely hope, gentlemen, that none of you come within either of these categories.

But let us suppose that each one of you has made, or is about to make, that careful self-examination requisite to test your fitness for the noble profession upon which you are about to enter; let us inquire what are the qualities you have or should discover which fit you specially for it.

A sound mind in a sound body is of course requisite to achieve greatness in any avocation of life. It is true that some men have attained high fame in many purely intellectual pursuits with feeble bodies and imperfect physical senses. In our profession, however, this can never be accomplished, because the practice of medicine requires a large amount of physical labor as well as intelligent thought. And even apart from this; besides the robust physique which is essential to enable you to labor and bear up against fatigue, the intelligent and successful practice of physic is based entirely upon your power of observing and appreciating external facts and phenomena, and deducing from them those conclusions which experience and established laws have shown logically to flow from them. A physician must, therefore, not only have all his natural senses in perfection, but he must also have brains enough to reason correctly upon the facts which these senses may bring to his consciousness. A deficiency, or even any notable impairment, then, of any of these senses, will disable you pro tanto for the efficient discharge of your duties as physicians; and in the sharp competition with which you will meet hereafter you will assuredly be driven to the wall by the operation of Darwin's inexorable law of the survival of the fittest.

But you must not only have all your physical senses in perfection—a perfection that can only exist in connection with a sound nervous organization—you must also live so as to keep them so. You must indulge in no habits that will impair your nervous system, blunt your senses, or diminish that intellectual force that should lie behind and above these senses. An immoderate indulgence, therefore, in narcotics and stimulants is included among the circumstances which should and do disqualify for the study or practice of medicine, and should therefore be sedulously avoided.

But, gentlemen, there is, in addition to these, still something else that demands our consideration before we can conclude that you are properly prepared to enter upon the study of medicine. You may have a sound physical organization; possess all the senses in the highest perfection; have a good brain capable of high intellectual achievement; an emotional system not liable to sudden or causeless excitation or depression, and perfectly under the control of your will; you may be devoid of habits which are calculated to impair or in any way injure your nervous system; yet there may be wanting an important factor in preparing you for this study. This is a certain amount of acquired knowledge and intellectual culture. An honored member of our profession who has reaped abundant laurels in the fields of literature-I allude to Dr. Oliver Wendell Holmes-has asserted that the medical profession in this country is the least cultivated and most ignorant of all the learned professions; and although there are found in history the names of many individual members of our profession who have attained immortality in the highest intellectual achievements, candor compels me to admit the justice of that assertion.

A physician, gentlemen, whose duty it is to minister to the physical sufferings of mankind, has often another and—I had almost said a higher—duty to perform. He often has also to deal with the mental emotions, and to mitigate and console the moral pangs of his patients—to cheer the despondent, to encourage the weak and downhearted; to instruct the ignorant; to warn and improve the vicious, and finally to point out to the dying such hopes and consolation as he may be able to deduce from reason or extract from revelation. To do all this well requires a large insight into man's nature, both intellectual,

moral and emotional. He cannot do this if his own mind is steeped in boorish ignorance, or if he is deficient in a knowledge of the laws of reasoning, and, above all, that vast sum of accumulated knowledge which constitutes our professional and worldly wisdom.

But while intellectual culture is so essential to the *practice* of medicine, it is not less so to an easy and complete mastery of the science itself. To a medical student who is not already prepared by long training in the various mental processes, and, above all, if he does not have some knowledge of those languages which constituted for so many centuries the repository of all scientific knowledge, and to which scientists still repair to obtain an elegant nomenclature—the mastery of technicalities alone presents an amount of labor appalling.

Do not understand me, gentlemen, to assert that a knowledge of Latin and Greek is absolutely necessary to the study of medicine; for some of the brightest luminaries of medical science were at the beginning of their careers deficient in this and many other useful accomplishments. But there are very few, I apprehend, to whom are given the large brains and strong wills that will enable them to surmount the enormous difficulties attending such an achievement.

The technology and terminology of medical science have always been and still are derived mostly from the Greek and Latin languages; and to any one entirely ignorant of these, an ordinary medical treatise of to-day is almost as unintelligible as if written in Chinese.

Studying the theory of medicine therefore, to such an one, is like trying at one and the same time to master a science and the larguage in which it is written. An entire lack of this knowledge, therefore, must enormously increase the difficulties which will beset you, as well as prevent you from possessing and exhibiting that air of polish and finished culture which every physician ought to possess, and which a classical education usually bestows upon its possessor.

These then, gentlemen, briefly, are some of the qualifications for the study upon which you are about to enter; and the responsibility of deciding the question of your fitness for this study rests alone with you and your advisers—your parents, friends and medical preceptors. For I wish to say here, once for all, that I regard the clamor against medical colleges for turning out graduates, sometimes of small intellect and less culture, exceedingly unjust. It is the medical profession at large who ought, and who have the power to deal with this question, since all colleges require as a prerequisite to graduation, in addition to two full courses of lectures, a year of preliminary study. If preceptors therefore would frankly place before young men of inferior parts and acquirements the difficulties in the way of their becoming competent physicians, dissuade them from the undertaking, and failing in this, refuse to take them into their offices or aid them any way in prosecuting the undertaking, the problem would be solved at once.

There is a great deal said and written in our country at this time about the necessity for a higher education in medicine, the excessive, and as is alleged, unnecessary number of medical graduates in the United States. The number of annual graduates in some of the older and more densely populated countries of Europe is quoted in what I may call an "odious comparison." But it should be remembered that the conditions are very different in all the countries of the old world, except possibly some parts of Russia, from those

existing here. The total area of Europe is 3,627,000 square miles, with a population of 350,000,000, or about 96.5 to the square mile; while the total area of the United States exclusive of Alaska, is 3,026,494.89 miles, with a population of only 50,000,000, or 16.5 to the square mile. In a densely populated country, one physician can minister to the wants of thousands; while in a sparsely inhabited country like the United States, he can minister only to a very few hundreds, because they are so widely scattered. Judged by this criterion, I do not believe the colleges of the United States are turning out too many doctors, and I think I can safely promise every one of you—although you will probably constitute not more than one-thirtieth of the total number who will graduate in the next two years—that you will find a place in which to do your chosen work and by which you will win your bread.

In regard to the question of "higher education" too, I am afraid that our medical journals contain a good deal of twaddle and nonsense. While I advise you and all others always to aim high and to strive for the best medical education attainable, I cannot ignore the fact that there is not only room, but an absolute necessity for doctors in some parts of our vast country who have not received such a costly education—costly both in time, in labor, and in money. Let us suppose that a young man has fulfilled all the requirements of the higher education advocates; that after going through a preparatory school, he has gone to a college, and after four years of study has taken his degree of A. B. or A. M.; that he has then attended a medical school for four years more (for that is the demand), and taken the degree of M. D., and then spent two years more in attendance upon some one or more of the great hospitals of Europe or of the United States. He has now spent about sixteen years in study, at an expenditure of something like \$5000 in money, and ought certainly to be thoroughly equipped for his work. But what kind of work? Is it, or can it be expected that this young man will now go and locate himself at-we will say-Brown's Cross Roads, away out in the wilds of Colorado or New Mexico, and spend his days in galloping weary miles over a rugged country, and curing cowboys and backwoodsmen of the ague and fever, or sewing up the wounds inflicted upon each other in drunken brawls? The idea is preposterous! And yet the poor people around Brown's Cross Roads need a doctor, and if they can't obtain the services of such an elaborately educated one as I have described, they will be glad to get one, and will gladly pay one who has not been so expensively educated, and who, after all, will, in a very few years of experience, learn to treat them perhaps as successfully as the other man. There is, then, a demand in many parts of the United States for physicians of moderate ability and inferior education, and wherever there is a demand for anything there will always be a supply. The law is as fixed as truth itself.

But I would not have you believe from this that I am in favor of an inferior and slipshod education of any kind, and least of all of a medical education; and if any of you have come here with the belief that you can get a diploma cheaply, cheap either in the pecuniary or intellectual sense, I must disabuse your minds of that error, and tell you that you have come to the wrong place.

Unquestionably, a great deal has been done and is still doing to render education more thorough in our medical schools than it was a few years ago. The number of professors has been enlarged in all schools; and far more attention is now paid to practical clinical instruction, by which alone the student can acquire the art as distinguished from the theory of medicine; and I am

decidedly of the opinion that the average medical graduate of to-day is more thoroughly grounded in the theory of medicine, has better opportunities for becoming acquainted with the practice, and is generally better armed for the conflict with disease and death, than was the graduate of fifteen or twenty years ago.

And now, gentlemen, a few words as to the means by which you can best attain a knowledge of this science, such a knowledge as will qualify you to take your place in the noble army of toilers, whose mission is one of strength and mercy, and whose sole aim is to relieve mankind of pain and suffering, and to prolong, as far as possible, the short space of life allotted to us upon this sphere.

You will have inferred, if you do not already know, that medicine is viewed under two aspects, that is, theoretical and practical; or, more exactly, the scientific knowledge of medicine, which includes all that has been learned by ages of experience; and the practical application of this knowledge to the curing of disease.

The first of these is to be acquired from books and oral teaching or lecturing; the other can only be learned by observation at the bedside, or, as it is commonly called, clinical or experimental teaching. By the one you may learn all that has been definitely settled or established by the labors and experience of your predecessors; by the other only can you acquire the art or knack-like that of the handicraftsman-of recognizing or diagnosing disease and applying the appropriate remedy. Without the latter you may know all that has been learned of the history of disease-of anatomy, physiology, pathology, and therapeutics-and yet be almost entirely inefficient as a practitioner; because you will be unable to recognize a disease when you see it. But with this knowledge alone you may at last attain a tolerable degree of success though totally unacquainted with text-books, and even though you have never heard of Niemeyer, Flint or Watson; just as an ignorant carpenter may learn to construct a very good house though he may never have heard of Sir Christopher Wren and knows nothing whatever of the science of architecture.

But if this be so, you may ask, What is the utility of poring over textbooks and listening to lectures? Why not begin at once as a practitioner and acquire at once that practical skill which is at last the only thing that can insure your success?

The answer is plain enough. The student who begins at once as a practitioner begins just where the earliest member of the art began, and each one will have to learn over and over again for himself the same lessons of experience and at the same cost of failure and disaster, and the science of medicine would stand still. But by first learning, either by reading or lectures, the accumulated experience of the past, each succeeding generation begins where the former ended, and thus there is a continual advancement. A celebrated oculist once declared that he had ruined "a hatfull of eyes." before he perfected the operation for extraction of cataract, an operation which now—thanks to his experience—almost any surgeon can perform as well as he.

And so you too, gentlemen, may at last attain a fair degree of skill as practitioners by the experimental method alone, but you will do so at a fearful cost of human life and suffering.

Sir Thomas Watson, whose admirable system of lectures constitutes the finest contribution to medical literature in any language, treats this question in the following felicitous manner. "One man," says he, "shall travel into a foreign land, knowing nothing beforehand of its scenery or its climate, of its natural productions, its manufactures or its works of art, and ignorant alike of the manners, customs, history, laws and language of its inhabitants; another shall visit it after having furnished his mind with information upon these subjects, by reading and by conversing with men who have already passed over the same ground. Supposing the visit to be limited in each to a certain, but not long period of time, and I need not ask your opinion as to which of these travellers will reap the greatest harvest of enjoyment and profitable knowledge from his journey."

The main object and utility, then, of text-books and systematic lectures explanatory of the principles and descriptive of the practice of medicine, is to prepare the reader or hearer for observing to the best advantage the actual phenomena of disease and the power of remedies over it. They are intended to fit him for seeing with intelligence, to enable him to read, understand and interpret the book of nature when it is laid open before him—in short, to qualify him for clinical study; for it is only by clinical study in the hospital, or the sick chamber, and among the dying, where you can either thoroughly or safely learn the practice of medicine.

It is in medical colleges alone that both these methods of teaching are to be found blended, and where both the science and the art of medicine are to be acquired; and while I neither underrate the importance of a careful study of well-selected text-books, nor depreciate the value of practice, even without the experience of instructed minds to guide you, I can assure you that it is only by a judicious combination of didactic lectures and clinical instruction that both the art and the science can be mastered quickly, pleasantly and safely.

Read your text-books then by all means, diligently and faithfully; listen to both didactic and clinical lectures, patiently, absorbently, and understandingly; but observe the phenomena of disease in the hospital, the clinical lecture room, or the domestic sick chamber, carefully, observantly and profitably. Do all these diligently and constantly, for the amount of success that will crown your efforts depends absolutely upon the amount of labor you perform.

And now, in conclusion, permit me to congratulate you upon your choice of a school in which you are to prosecute the studies which are to prepare you to discharge the high and honorable and holy duties of a physician. For without undue assumption, I can say that I think you will find no institution in our land which blends more judiciously the two modes of instruction I have pointed out, or that has equipped itself with more or better facilities for enabling you to learn those practical clinical lessons which I have told you are absolutely essential to enable you to understand and practise the art of medicine.

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McNaul, W., 2d year, G. C., Schemistry, Materia Medica, Nervous Diseases, Anatomy,
Diseases of Eye and Ear, and Physiology.
Philbrick, W.V., 2d year, G. C., Materia Medica, Anatomy, Diseases of Eye and Ear, Physiology.
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