vellously high standard" before he is entrusted with the responsibility of the treatment of disease, or the custody of health. For example, the degree of Doctor in Medicine in Germany represents fourteen years continuous application, under teachers who are specially trained for their work. With us, it represents nothing but that the holder has parted with two or three hundred dollars to some one of our numerous medical schools, and the result is what any one might expect. At home they enjoy the universal respect and confidence of their constituents, and are everywhere known to lead the world; while we are working hard to keep even with quacks and patent medicines in the confidence of our people, and abroad, our degrees, with but few exceptions, are not even recognized.

For years the cry has come up from our Medical Associations, deprecating the low standard of medical education. You can scarcely look through a medical journal, but you find the subject dwelt upon, either in editorial or correspondence. It is to medical journalists and Medical Associations, a subject which can be discussed and resolved upon, when nothing else can be thought of, and yet, with the exception of the reformation lately taken place in the Medical Department of Harvard University, not one thing has been done, either by medical association or medical school, to bring about the desired reform.

Our National and State Medical Associations meet, resolve and re-resolve from year to year; but the cancer still eats away the respectability, integrity and honor of the profession. It is most humiliating, to think that our profession is so markedly behind our country and the age.

Recognizing the importance of reforming this evil, to what body shall we look for assistance? In the County Medical Societies is the power to work this reformation. This organization is the only one created by law for the purpose of "promoting true science, and a knowledge of the healing art." The County Medical Society is the only guardian of the profession from ignorance and cupidity. The laws of our country regulating the practice of physic and surgery, although very lax when compared with those of England and the countries of Continental Europe, define with exactness the requirements for a legally practising physician. It is the duty of the County Medical Societies to see that these laws are enforced, and it is in the power of the same Societies to secure the enactment of other laws, when experience has proven that those we

now have are insufficient. What account these Societies can give of their stewardship, is too well known. They have slept while standing guard.

The law recognizes three epochs in the preparatory life of the physician; two of these, the first and the last, are under the control of County Medical Societies. First, they must pass judgment upon the literary attainments and moral character of the young man who desires to become a student of medicine before he can enter upon such study. What would have been the effect upon the profession if proper advantage had been taken of this opportunity for raising the standard of medical education, can hardly be overestimated. Again, the County Society is called upon to decide whether the person holding a degree of Dr. in Medicine, and who wishes to connect himself with such Society, and thus become a legally practising physician, is "of temperate habits, good moral character, and legally authorized to practise." What a spectacle we present when we entirely ignore these opportunities for raising both the standard of professional attainment, and professional honor, and then cross the continent to attend a National Medical Association, and there resolve that "we deplore the low standard of medical education."

Reason points, and experience proves, that assistance in this work can neither come from medical schools or medical associations, controlled by the faculties of such schools. Evolution has not yet carried human nature to that point of perfection justifying the expectation of man's doing without pressure, that which he sees is against his interests.

Unfortunate it has been for the medical profession, and unfortunate it will be for our national system of medical education, that the good of the one is not the good of the other.—*Buffalo Med. and Surg. Jour.*

PARASITIC GROWTHS IN THE EXTERNAL MEATUS.

By CLARENCE J. BLAKE, M.D., Boston.

THE subject of parasitic diseases of the human ear has been so thoroughly investigated by recent observers that very little apparently remains to be said concerning either their origin or symptoms. Of five cases which have come under my observation, the two following only are reported as presenting some variations from the conditions which Wreden and others, both in Europe and in this country, have taught us

to consider as characteristic of this affection. On p. 37 of his paper, entitled "*Die Myringomykosis Aspergillina*," the author says, that although the frequency of the simultaneous appearance of the *Penicillium glaucum* and *Aspergillus glaucus* are well known, he has not been able, notwithstanding the most careful examination, to detect in any one of his fourteen cases either a pure bastard example of *Penicillium*, or one resulting from copulation with *Aspergillus*.

It is with reference to this statement of Wreden's that the following case possesses its particular interest.

A. B., aged 24, a medical student, consulted me in the latter part of February, 1870, in regard to a simple catarrhal inflammation of the middle ear. The patient was of a full habit, in good health, and had had no previous aural trouble. Aside from the usual appearances, the integument of the meatus on both sides was dry, and slightly reddened throughout its whole extent. Finding relief from the trouble in the middle ear, the patient passed from observation; but returned in April, complaining of sensation of fulness in the ears, tinnitus aurium, diminution of hearing, and an intense itching and prickling at the inner end of the meatus. An examination with the speculum revealed unmistakably a mass of *Aspergillus nigricans* covering the membrana tympani, and filling the inner end of the meatus, the left ear being much more seriously affected than the right. Syringing brought away from each ear a compact mass of mycelium and fully developed sporangia, leaving the membrana tympani and inner end of the meatus reddened, moist and swollen. The usual treatment by means of syringing and the instillation of parasitocides was continued daily for about a month, at the end of which time the growth seemed to have been exterminated, and the patient left the city for a week. During his absence the syringing was omitted, but he was in the habit of moistening the entrance to the meatus for the purpose of relieving an unpleasant sensation of dryness.

At the end of a week he returned, complaining of a renewal of the symptoms in the left ear, characteristic of the presence of *Aspergillus*. Examination showed the inner end of the meatus filled with this growth, which also extended outward along the walls of the meatus to within half an inch of the entrance, at which point it was continuous with a yellowish-white lardaceous layer covering the remainder of the wall of the passage. The whole deposit was removed by careful syringing. That

portion taken from the membrana tympani and inner end of the meatus, and examined under the microscope, was unmistakably a pure *Aspergillus nigricans*, while the yellowish-white layer from the outer part of the meatus, and especially that portion of it near the point of termination of the true *Aspergillus* growth, presented appearances which certainly differed from those by which we distinguish *Aspergillus*, and which would hardly permit it to be classed with any of the varied forms of *Penicillium*. It resembled more nearly some of the specimens of bastard *Penicillium* figured by Hallier.

The specimen represented in the accompanying wood-cut exhibited a mycelium and fully developed sporangia (a). The spores, of which a collection is represented at b, were of a brown color and oval outline, of about the same size as the spores of *Aspergillus nigricans*. Under a magnifying power of 300, some of these spores showed a double outline. Mingled with this growth there was a close network of very fine mycelium.

A portion of this same specimen planted upon lemon-peel, and placed in a closed glass vessel at a constant temperature of 80° F., gave at the end of three days a well-developed growth of the *Leptothrix* form of *Penicillium*. A number of the spores placed in glycerine, and maintained at the above temperature, at the end of a week showed many of the spores swollen and elongated, and exhibiting much the appearance figured by Hallier in his work on parasitic plants. Pl. IV. figs. 5 and 7 (*Aspergillus glaucus*).

On p. 78 of the above work, Hallier mentions that *Aspergillus* requires a drier soil for its growth than does the *Penicillium*.

In the present case, the first growth was purely that of *Aspergillus nigricans*, confined to the inner portion of the meatus, while the new growth sprang from a surface which was repeatedly moistened, and which was, moreover, freely exposed to the air. Although we are not able to determine the precise condition of the meatus which is fitted to the nourishment of the parasitic plant, the circumstances in this case would certainly seem to have been fa-

avorable to the development of *Penicillium*, and subsequently in connection with the earlier crop of *Aspergillus*, of a bastard growth.

The second case is a comparatively simple one.

C. D., aged 68, a carpenter by trade, presented himself at the aural clinic of the Mass. Char. Eye and Ear Infirmary in May last. He complained of a feeling of fullness, tinnitus aurium, and loss of hearing in the left ear, together with an occasional slight prickling sensation at the inner end of the meatus. These symptoms, with exception of the prickling, which had been noticed only within a few days, dated back about three weeks.

The watch was heard distinctly when placed upon the temple and behind the ear, but very slightly at a distance of one-eighth of an inch from the ear. Examination showed the inner end of the meatus impacted with dry cerumen largely mixed with epidermis, and covered with a light brownish powder, which the microscope showed to be fully developed *Aspergillus flavescens*. With the removal of the ceruminous mass and the accompanying growth, the disagreeable symptoms were relieved, and the hearing increased to nearly the normal standard.

As a matter of precaution, the patient was directed to return on the second day. He did so, and reported no return of the former symptoms. The examination, moreover, gave no indication of a renewal of the growth, and the patient did not again present himself.* The plug of cerumen being placed in a glass stoppered bottle, soon became covered with a luxuriant growth of *Aspergillus flavescens*; but subsequently, the specimen having been exposed to the air, this was replaced by a still larger growth of *Penicillium*.—*Transactions of the American Otological Society*.

Medical and Surgical Journal.

BOSTON: THURSDAY, DECEMBER 28, 1871.

CHICAGO.

WE are confident no one of our readers will grudge the space which we occupy in pleading the cause of our brethren in Chi-

* Shortly after the meeting of the American Otological Society I saw the patient. There had been no return of the trouble.

cago. Advices from physicians in that city give us information of extreme destitution in the homes of men of our own class, who were once wealthy or in comfortable circumstances. Their story is fully told in the letter of Dr. Hay, and we are sure that his statement is not overdrawn. We copy his letter to Dr. Hamilton, of New York, from the *Medical Record* of December 15th.

Such a letter as this, we are confident, cannot fail of arousing the sympathy of every medical man in the land, and, at this season of the year, when kindly feelings are in every heart, and friendly greetings are on our lips, let us not forget to bless our own firesides and those who cluster around them by stretching out the hand of fellowship to those who are in need—and *let there be something in the hand* which will serve to kindle a glow on our brother's hearthstone, put food in his mouth and clothes on his back. It is no fancy picture which is put before us; there is a crying need of assistance; food and clothing *must* come, or, during these short, cold days of winter, and the longer, colder nights, our friends in Chicago must suffer severely. *We must aid them to the extent of our ability.* One friend, who has sent us his check for the Chicago fund, says, "I have previously contributed to the general fund, but should like to add a little more for the profession." We strongly urge our brethren to send us such amounts as they can afford, and assure them that their donations shall be faithfully applied to the good object.

NO. 381 MICHIGAN AVE., CHICAGO,
Nov. 8th, 1871.

MY DEAR DOCTOR—Your generous letter of the 4th instant reached me late last night. I have not yet had the opportunity to lay it before our Committee, but will take the liberty on my own behalf, for them, to accept your noble offer of continued aid to our suffering brethren. In the name of our common humanity I dare not throw any obstacle between your charity and their necessity.

You ask of me, in turn, a service which I am most happy to render, if thereby I could coin my words into gold to feed the hungry mouths and shelter the chilled limbs from our fearful winter's cold.

Let me give you a little sketch of our operations thus far.

In the first place, I must premise by say-