Medical College it has always been found that with every increased requirement the number of students has increased. It is not expected, therefore, that the number of students will be diminished by the application of the new requirements for admission. It is confidently believed that college men from all parts of the country will be glad to enter an institution to which only college men are admitted.

The history of Rush Medical College during fifty years is one of the most interesting and splendid of any that has been enacted in the educational work of the West and Northwest. Its name today in medical circles is held in high honor. The degrees will be those of Rush Medical College, not those of the university.

The proposed affiliation, however, will at present give to the university a general supervision of the educational policy of the institution. The trustees of Rush Medical College will continue to be an entirely separate corporation. The trustees of the University of Chicago can assume no financial responsibility in connection with Rush Medical College.

This affiliation is a part of the general policy of the university in accordance with which already many institutions stand in close relations with the university. Whether Rush Medical College will ever become the medical college of the university time will show.

It is important, however, to note that even with this affiliation of Rush Medical College the university remains without a medical school of its own. The field is therefore open for some friend of humanity to devote one or two millions of dollars for the endowment of a great medical school, the income of which shall be devoted to special research, with which under any circumstances Rush Medical College would work in the closest co-operation. With the moral assistance thus gained the medical college will place itself in a position which, under ordinary circumstances, it could not otherwise have occupied. In thus lending its aid to the medical college the university performs in part the function for which it was established. In entering into this new relationship with a faculty composed of eighty members, the faculties of the university will join heartily in the wish that even more may be accomplished than it expected.

PATRIOTIC PHILADELPHIA.

Philadelphia, which has long held the pennant as the most faithful and loyal friend of the AMERICAN MEDICAL ASSOCIATION (if any superlative may properly be applied to the many faithful and loyal friends of the ASSOCIATION), has given a new proof of her affection and respect, as appears from the following letter from Dr. HOBART A. HARE, lately Chairman of the Committee of Arrangements:

To the Editor:—At the meeting of the Board of Trustees of the ASSOCIATION held on the last day of the Semi-Centennial Meeting at Philadelphia in June, 1897, it was voted at my request, as Chairman of the Committee of Arrangements, that the sum of \$1,000 be appropriated for the purpose of aiding the Committee in meeting its expenses. The Committee has now settled all its accounts and is glad to report that it is able to return to the Treasurer of the ASSOCIATION the amount appropriated. Acting under instruction from it I have this day sent a check for \$1,000 to Dr. H. P. Newman. The meeting was held therefore without cost to the ASSOCIATION.

Yours truly,

H. A. HARE.

WRITE TO US for a copy of Department of Public Health Bill.

CORRESPONDENCE.

Appendicitis.

RICHMOND, IND., Dec. 20, 1897.

To the Editor:—I desire to endorse the subject matter on "Appendicitis" coming from Dr. Sterman of Evansville, Ind., in reference to "alarming mortality" following operative measures for this accident. I call it accident because it is only recently that the furor of operating in this class of cases has culminated. So that operation is advised too often, which produces the alarming mortality to which the Doctor refers. He refers to some cases, and cases of so-called "appendicitis" occur in many localities. In illustration of cases which may or may not be operated on, are those operated on too soon and those too late, with an intermediate class of cases not operated on at all, viz., those which recover; also those which die because operation was postponed till too late.

I visited five cases during the past summer, two for the purpose of operation. The first was dying when I arrived and there was no operation. The duration after a relapse was eleven days. Postmortem was made the day after death and showed a case of appendicitis, perforation of tube, infiltration into peritoneal cavity, general peritonitis, effusion of serum and pus with an effort at organized lymph, and an effort at arrest or cure at that point. Evidences of general peritoneal inflammation and consequent results were present. There was a time, had it been determined, when an operation might have been successful.

Another case was that of a woman 65 years old, and was well marked as to signs, symptoms, etc. McBurney's point was clearly defined but under careful and skilful management by her physician she recovered without operation, which was my advice, as I went with a view to operate.

The third case recovered without operation, under my own management. The symptoms were: Agonizing pain; McBurney's point distinct. Absolute quiet and anodynes arrested the disease in five days.

In another case a physician of this city was called in consultation. The diagnosis was appendicitis. Symptoms: Localized pain; McBurney's point made out; pain and localized soreness; vomiting; bowels obstructed. Under hot fomentations and opiates the patient recovered in a week with no operation.

The fifth case, Mrs. B., was a well marked case. She was a large, fleshy woman, a hearty eater in health with irregular habits of eating. She was attacked with severe pain in the right iliac fossa, low down. McBurney's point of pain and soreness was well marked. Abdominal pain was diffused. Tympanites was marked in general. The limb of the right side was drawn up to relieve the pain and soreness. Under a careful, yet somewhat protracted treatment, with the most absolute quiet, she slowly recovered without operation, and yet in the consultation I had advised an operation the next morning if no improvement occurred. She has had no relapse.

It so happens that I had been making a careful study of cases reported and what authorities have said (I mean operators) for several years back, and I have had occasion to post-mortem such cases as have died and have found "appendicular trouble" which requires a careful diagnosis to distinguish from other troubles which occur in this region of the body. The differential diagnosis must or ought to be "absolute," using the writer's word, before an operation is undertaken, and then, too, at a period when complications are not sufficient to contraindicate it. Hence, I accept the three first conclusions as laid down by the writer, and also agree to the two last propositions, as these cases will in some degree prove, viz.: 1. That too many surgeons (those who are teachers, i. e., surgical operators) operate too much, that is, they popularize an operation,