pital under careful observation, and it hardly seemed probable to us that the improvement was spontaneous, following the discontinuance of the x -ray and removal of a possible intoxicating influence. We are unwilling, however, to ascribe it definitely to the high-frequency current, yet the intense influence on metabolism observed in treating anemias by the high-frequency current leads us to the belief that it was not entirely without value. On April 21, 1908, Roentgen treatment was again instituted by the Pancoast method, according to the technic described by him.

Blood Examination.—The blood findings are here tabulated and charted. All blood examinations were made by one of us, so the personal factor is uniform throughout. Wright's stain was used. In all differential counts, only normal cells were considered. All degeneration forms were excluded. In December, 1907, before the institution of the x -ray treatments, the percentage of degenerated leucocytes was 29.6 per cent., while in July, 1908, the percentage was 58.6 per cent. The transitional forms of Ehrlich were counted as large mononuclears. The beginning of x -ray treatment was followed by the usual drop in the white-cell count, and at no time did they return to the original high number. The lowest point, 12,000, was reached in June, but ordinarily the white count varied from 20,000 to 40,000. The red cells increased in number and in hemoglobin from the beginning of the high-frequency treatments following the critical condition of the patient described above. Attention was especially directed toward the behavior of the lymphocytes in the differential counts. The original percentage was about 90. During the larger part of the bone treatment it was, generally speaking, below this, reaching its lowest point (57 per cent.) in June. It again reached 94 per cent. in October, however. Thus, the leukemic picture has not been lost.

Urine.—This constantly showed nucleo-albumin during the first months of treatment, but not previously. In December, 1907, when the patient first came under observation, the uric acid amounted to 2.37 gm. for the total twenty-four hours urine. On Jan. 15, 1908, following the decided drop in leucocyte count, the amount was 4.09 gm. for the twenty-four hour amount. In October, 1908, the amount was 2.16 gm.

Course of Disease.—The general condition improved remarkably after the beginning of the Pancoast method. The splenic tumor practically disappeared, likewise the glandular enlargement; strength returned, and the patient felt quite well. That is, he was symptomatically cured, but with a persisting lymphocytosis. Therefore, he was not cured, and, unfortunately, the patient's removal to another state has prevented our further observation. We believe that the treatment of the bones by this newer method has undoubtedly been of great value, and, with its originators, recommend its further trial in place of the older exposures to spleen and lymph glands.

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A NEW PHYSICAL SIGN FOUND IN THE PRESENCE OF INFLAMMATORY CONDITIONS OF THE LUNGS AND PLEURA

A PRELIMINARY NOTE

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This sign, which so far as I am able to learn, has not been described hitherto, except in case of the pleura, consists of a rigidity of the muscles of the chest wall, particularly of the intercostals. By making gentle pressure with the tips of the fingers over the intercostal spaces the experienced touch will detect a resistance on the part of the muscles that overlie the inflamed parts which is like that noted in the muscles of the right lower quadrant of the abdomen in appendicitis, in the right hypochondrium in the hepatic colic or the general rigidity of the abdominal muscles when general peritonitis is present.

Special Article

IMPRESSIONS OF PARIS

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1. TEACHERS AND STUDENTS

(Continued from page 703)

THE STUDENTS

As elsewhere the Paris medical students are in three groups—good, indifferent and bad. A casual visitor to the laboratory and the hospital gets only a general impression, and that given to me was of a very industrious hard-working set of men. From the start the student knows that success depends on his brains, or on a facility to use them in a certain way. One word is stamped on his consciousness—*concours*, the public examination for positions of all sorts so characteristic, as I have said, of the French system. He is early made to realize that every single step in his career until he reaches an *agrégé* professorship depends on how he conducts himself at the *concours*. This must have a very steadying effect on a young fellow.

One advantage the French medical student has over all others. To the hospitals of Great Britain and Germany the medical student is admitted as a right; in the United States he is too often only tolerated and not always admitted to the wards! In Paris the hospital is his home. The first thing the young P. C. N. does after passing the examinations which entitle him to study medicine is to visit a hospital. Attendance during the first year is not compulsory, but the practice is universal. The hospital is everything; the medical school is—well, quite a secondary consideration. No matter what may be the leanings of the young man, whether toward science or toward practice from the start, he has his eye on one thing—the internship—through which portal for more than one hundred years all the famous men of the profession of France have passed. The great prize of the student's life, the *internat*, is the pride of the student body, and, indeed, past and present, it is the pride of the profession of the country, since it embraces its select and elect.

To us, with our new graded courses and rigid system, to demand hospital work of first and second-year students seems topsy-turvy and antiquated. There is a movement against the practice, I hear, in France, but not a strong one, and in the new proposals of an additional year to the curriculum I see that hospital attendance is to go through the entire five-years' course. It is interesting to hear what may be said in its favor. Bouchard, President of the Institute of France, controlling member of the Superior Council of Education, Professor of General Pathology in the Faculty and its dominant member, wrote last year a brochure, *Questions relatives à la réforme des études médicales*. Listen to this, you hide-bound advocates of graded courses: "That which the student should learn in his first hour is medicine. . . . From the moment of his matriculation the student should seek to comprehend the thoughts, the occupations, the duties and the responsibilities of a physician. He should accustom himself without delay to think and to feel medically. When he enters the medical school his place is at the hospital as much as at the amphitheater or in the laboratory. It is at the hospital particularly where he will get his moral and intellectual education, and where his senses will be sharpened by observation. His destiny is to consecrate himself to the sick man, and to this sick man he should become attached at the very outset of his student life. Nor need it hinder him in the pursuit of other studies. But, whatever you do, keep him not away for two years from the hospital, and do not let him pass too abruptly from the rabbit and the guinea-pig to man."

How much truth there is in this! And how words of this sort will go to the heart of my friend John Chiene of Edinburgh, and to many, indeed, who feel strongly with Professor