heard for three seconds, whispered voice at three feet.

A. S. Membrana tympani much retracted, malleus angular and sharply prominent. Calcic deposit anterior and near umbo. Tuning fork 128 just heard and whispered voice at two feet.

Nose—Enlarged turbinates, and spur in left nostril. I cauterized turbinates with dichloroacetic acid. Naso-pharynx—Tufts of adenoid tissue in fossae of Rosenmuller. Tonsils—Small and nodular.

Treatment—Applied suction and inflation at equal intervals, every week for three weeks. Mother says much improved for a few days after each treatment, and then as deaf again. Instructed mother and patient in use of massotherapy, and loaned it for daily home treatment; also gave a nasal ointment.

July 27, patient reports. Tuning fork 128 heard for five seconds in both ears; whispered voice at eight feet. Advised home use of massotherapy twice a week.

September 8, patient hears readily; retraction of m.t. much less; whispered voice at ten feet.

November 9, mother says hearing is all right, patient is speaking better, and has no colds, and has improved in school work. Retraction absent in the right ear and much less marked in A.S. Messotherapy now once a week at home.

January 29, 1921, patient reports "hearing everything." No retraction and general appearance of ear drum very satisfactory. Voice and tuning forks seem normal.

This may help to illustrate what home use may do under the guidance of the physician.

Dr. E. A. Crockett and Dr. George A. Leland of Boston have sent for this meeting very favorable opinions of the massotherapy, which they have had for a number of weeks. (letters read.)

As this paper has been written largely for the benefit of the general practitioner, who usually first sees acute cases, no attempt has been made to take up the various types of chronic deafness, mastoid and other purulent conditions of ear and nose, which field belongs largely to the specialist.

Clinical Department.

LEAD PENCIL LESIONS.

BY FREDERIC J. COTTON, M.D., BOSTON.

It is the odd similarity of these cases that impels me to put them on record. That the useful pencil, like the frivolous hatpin, may become a dangerous weapon, we have long known.

It is only because the nature of the wound

FIG. 1.—X-ray of Case I, three weeks after injury, taken by Dr. A. W. George, showing the lead marker and the unmistakable lead-pencil triple outline.

FIG. 2—Lead pencil fragment removed from thigh in Case I.

FIG. 3.—Case II (x-ray, P. F. Butler). This is only the corrugated metal cap of the pencil and the rubber end, heavy with sulphur which "takes" in the picture. Some wood of the pencil stem was present, but does not show.

and its cause were so long unrecognized in both these cases that they gain a certain interest.

J. B. C., then a small girl of nine years of age, running, late to dancing school, felt a sharp pain near the left knee. There was a wound, and she went to a doctor near by, who put on a dressing. For three weeks she went about work and play, active, but unhappy, and showing, throughout, an amount of lameness and of nervous upset out of proportion to the wound, which wound everyone supposed had been made by a foolish little dance-program pencil that was dangling from her belt. After three weeks an x-ray was taken. Figure 1 tells the whole story! The pencil fragment shown in Figure 2 was removed; the wound healed promptly, and that is all, save for the scar.

B. C., aged 34, got into an "argument" and got punched a "couple of times." Some weeks later he was sent to me by Dr. N. N. Levins, with an incomprehensible tumor of the face. There had been a trifling wound near the chin, long since healed. Naturally, I assumed an infective origin of the tumor, sent him into the hospital, opened up inside the mouth, and found no adequate cause for the massive infiltration, nor was there any delay in the closure of the wound. I had ordered an x-ray at the hospital but, as sometimes chances, no plate was forthcoming. He reported to me at the office five days later, and it was evident that we had not reached the cause of the trouble. Figure 3 shows why. A second operation resulted in removal of the pencil fragment from deep in at the back of the cheek, and, not without a difficult search,—in removal of the rubber eraser end, imbedded more deeply, and that was all of that.

Mr. C. assured me he had no pencil in his mouth or in his hand at the time of the disagreement, nor did his adversary show a pencil,—or any academic tendencies that might imply pencil carrying.

These cases are curious, surely, and give what may become a classic x-ray picture of a dangerous, penetrating weapon, previously unrecorded and unrecognized, so far as I have noticed.

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MEDICAL EDUCATION AND THE MEDICAL SUPPLY.

By JOHN M. GILE, M.D., HANOVER, N. H.

EVERY occupation is interested in the means by which its members are recruited. In other

words, in the method of education by which it is perpetuated. In the case of the medical profession the public is likewise, directly, though perhaps unconsciously interested. Their interest is in having an ample supply of well trained men, if it is an oversupply so much the better. The members of the profession may desire to consider the means of keeping the supply at a fair average, and so may be interested in its limitation as well as its production.

It may be of value to review for a moment something of the history of medical education in America and to consider briefly what the supply is at the present time and what its prospect is for the future.

Someone has said that the chief recreational exercise of an old man is found in changing his last will and testament. There seems to have been a period in medical education in America when the chief recreation of physicians must have consisted in founding medical schools; and the process was a very simple one, the only requirement was to secure a charter and hire a hall and forthwith a new medical school was in existence. The states appeared to take pride in this multiplication of institutions of higher learning within their boundaries, so charters were secured without difficulty, halls seemed to be abundant and the process went merrily on.

In the northeasterly group of states, the period was, roughly speaking, from 1830 to 1880. In the South and West, it began between 1860 and 1870, and continued until about 1900. The New England states, however, were the least serious offenders in this direction. Massachusetts appears to have had, at different times, eleven medical schools chartered, five of which are still in existence; though, I suppose most Massachusetts physicians are not enthusiastic about the so-called College of Physicians and Surgeons and the Middlesex Medical Institute. Vermont has had six schools organized of which five are extinct. Maine has had three, all now gone out of existence,—the very excellent and substantial school at Bowdoin having announced discontinuance with the close of the last college year. In Connecticut, there has been but one such foundation, the present Yale medical school. Rhode Island, also organized but one, which was for a time connected with Brown University. New Hampshire had three, two of which were apparently stillborn and had no graduates; while the Medical Department of Dartmouth now gives but the first two years of the medical course. New York, on the other hand, has a record of thirty-five medical colleges, twenty-seven of which are extinct. The banner state of the country appears to be Missouri where forty-four medical schools have been organized, six being still in existence. Illinois, Georgia,

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