

The Philadelphia Idea as to Medical Teaching

To the Editor:—In THE JOURNAL, February 25, p. 608, under the above heading, there is the following extraordinary statement, by Prof. H. A. Hare, of Philadelphia: "As a matter of historical fact, Jefferson Medical College was the first medical institution in America to establish clinical teaching."

Now, "clinical teaching" is as old in this country as medical colleges; for, at the very beginning of the Philadelphia Medical College (University of Pennsylvania), we find that such instruction was given the students in the Pennsylvania Hospital. The first medical diploma, that of John Archer, of Maryland, (1768), is signed by "Thomas Bond, Collegii & Academiæ Curator et Prælec. Clinicus" (clinical lecturer), with the following endorsement: "Fidem facio Virum ornatum Joannem Archer Prælectionibus Clinici et Praxi in Nosocomio Philadelphienſe interfuisse et Fructus Diligentia suae uberime consecutum fuisse."

The younger Wiesenſthal, of Baltimore, describes these clinics in letters to his father, while a medical student in Philadelphia, and the elder Wiesenſthal (a most competent judge) speaks highly of Bond's qualifications for the task. The medical histories, as Mumford and Packard, show that these Philadelphia clinics were "rich and abundant."

Nor were the Boston, New York and Baltimore schools without their clinics. The New York Hospital was available from 1807 on, and the Massachusetts General Hospital was opened in 1821. In Baltimore, during the period from 1807 to 1823, clinical lectures were given by Davidge, Potter, William Gibson, Pattison, George Frick, the oculist (and author of the first American work on the eye) and others, at the Maryland Hospital, on Broadway, at the City Almshouse Hospital, on Harvard Street, and at Dr. Gibson's private hospital.

"As a matter of historical fact," however, the first medical school in the country to have its own hospital was the Department of Medicine of the University of Maryland. This was opened Sept. 20, 1823, in a building, especially erected for the purpose, just across the street from the medical college. It had at first four wards, one being for the eye.

Jefferson Medical College was founded in 1824, but the course of lectures did not begin until 1825. I have seen somewhere a statement by the late Prof. Samuel D. Gross, similar to that of Professor Hare, that Jefferson Medical College was the first in this country to establish a college hospital, which it did in 1825.

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Incomes of Physicians

To the Editor:—I enclose a newspaper article purporting to be an abstract of the address of Dr. H. W. Wiley of the Department of Agriculture. I have marked a paragraph in which he is quoted as saying: "There are 120,000 physicians in this country—120,000 men living on princely salaries because we ignore the possibility of our losing our health."

This article has been published broadcast and will give the public another wrong impression of our profession. People already think that physicians charge too much and this only adds to the false ideas as to the income of a medical man. Dr. Wiley knows that the average income of physicians in the United States is less than \$1,000 a year. A princely salary, indeed! The physicians of this country are having a hard enough time to get along without such statements being made—false statements at that. The American Medical Association should take some action to contradict such statements.

F. E. WALLACE, M.D., Pueblo, Colo.

[This letter was referred to Dr. Wiley, who replies as follows:]

To the Editor:—The remarks attributed to me in the address before the Republican Club were evidently made by one of the other speakers. I have forgotten which speaker it was who gave statistical data as to the number of sick people and the cost of their medical attendance, but it was not I. I said nothing at all about the matter. I did, however, say in an

address before Columbia University on the evening of the same day that young men might just as well give up the idea that there was any learned profession which gave promise of princely salaries and I stated that in my opinion the average salary of the physicians of the United States was less than \$1,000 a year, which is about the same as the estimate given by Dr. Wallace. I suppose that there are twenty-five or perhaps a hundred in this country who do earn "princely" salaries, but it never entered my mind that such earnings were common to the profession.

H. W. WILEY, Washington, D. C.

Plague in China

To the Editor:—I expected to take my furlough in the early spring . . . My plans have recently been changed owing to the arrival of the plague in this vicinity, making it necessary for me to remain at my post. . . .

I have been in the vicinity of plague before, but it was not like that which is surrounding us at the present time, viz., pneumonic and septicemic. The pneumonic is by far the most common. It seems to me to be reasonable to ascribe the presence of these two varieties to the intense cold and to the conditions under which the people live. The temperature is often 30 below zero and the Chinese huddle together on large brick beds, as they go up to Manchuria from the northern provinces of China to do coolie work. Under these conditions, if bubonic plague got under way it would not be strange if its virulence should increase and take on the more severe forms. The septicemic type seems to be less contagious, or the contagion does not emanate from the patient in a continuous stream as it does from the pneumonic variety. The matter vomited in the latter type contains the bacilli.

J. H. INGRAM, Tungehou, Peking, China.

[COMMENT:—The above is taken from a letter of a subscriber who is writing on other matters. What is said regarding the plague is incidental. This is an example of one man sticking to his post in time of danger.—EDITOR.]

Queries and Minor Notes

ANONYMOUS COMMUNICATIONS will not be noticed. Every letter must contain the writer's name and address, but these will be omitted, on request.

EFFECTS OF THIOSINAMIN

To the Editor:—I would like information from the profession at large in regard to the effects of thiosinamin. In a case of polymyositis I have been giving hypodermic injections of this drug. The patient has been affected with this trouble for more than a year and the muscles are in a stage of fibrous degeneration. The drug has been administered with the view of obtaining its reputed effect of causing an absorption of cicatricial tissues.

The patient has received two injections weekly for the past seven weeks with but little beneficial effect. After the last five injections, however, there has been a uniform marked reaction, as follows: About two hours after the injection of 3 grains of the drug a severe chill occurs, followed by a rise of temperature to about 102 F. This temperature persists for from twenty-four to thirty-six hours. After the first two days it is accompanied by profuse perspiration and marked heart weakness. During the second day improvement begins. By the third day the patient is in her usual condition.

I would like to know if any other physician has ever used this drug with benefit, and if they have seen any such reaction.

I am unable to find any literature relating to this effect.

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ANSWER.—There are numerous reports in the literature in which beneficial results from the use of thiosinamin and the solution of thiosinamin and sodium salicylate are said to have been obtained. There is considerable doubt as to its permanent value in removing or softening scar tissue.

Thiosinamin poisoning has been reported in the last few years by a number of authors. Fever produced by this agent was noted by Hebra, who introduced the drug into medicine. His patient was tuberculous but free from fever. After the injections fever occurred, but it was uncertain whether it was due to the thiosinamin or to the tuberculosis.

Kunkel (Manual of Toxicology, 1901) reports headache, nausea, vomiting and lassitude after large doses (1 gm.) in man.