

trance and continuance in the school had been raised.

The proportional losses do not vary widely in the two years under review, and the figures I have given do not justify the supposition that a disproportionate number of girls are obliged to leave the Boston public schools because of impaired health. Excepting the normal school, which should be regarded as a technical or professional school, the largest annual losses, in any class of schools, are found in the high and Latin schools. There the losses are considerably larger than in the lower schools. If overpressure exists, they are the schools in which we should expect to find evidences of it.

If any class of public schools need to be investigated with a view to determining the effects of school life upon the health of girls or boys, that class is the class of high schools.

I venture to say that the medical profession is fully as responsible as the educational authorities for the present neglect of school hygiene and the undeveloped state of vital statistics relating to the school population. At the same time, the physicians are somewhat more fully alive than the teachers to the needs of the situation.

THE EFFECT OF PUBLIC SCHOOL EDUCATION UPON THE HEALTH OF THE COLLEGE GIRL.¹

BY JANE KELLY SABINE, M.D., BOSTON.

THOSE who have preceded me in this discussion have pointed out the dangers to the health of growing girls in our public school education.

We are now to consider the effect upon the college girl. She enters with the same neurotic tendencies that she acquired in school life. These may progress to such an extent that they culminate in a breakdown. On careful questioning by the physician it will be found that the foundation of ill health was laid, in the majority of cases, during the age of puberty. Another may, by rigidly conforming to the rules of health, maintain such an equilibrium of her forces, that she leaves the institution in much the same physical condition as when she entered. Still a third, who starts with delicate health, will gain during the added years of study, and go out into the world a stronger, more robust woman.

A medical adviser today who makes a physical examination of girls, when they come to college, broadly divides them into two groups — athletic and non-athletic.

It is ten years since Dr. Sargent had modeled a statue representing the typical American student — the 50% class. Were he to have one made of the same percental grade now, the proportions would have to be changed. The type would be better because of the influence of gymnastics and athletics in the lower schools. Bicycling, golf, and increased interest in all out-of-door sports

have also done much to raise the standard. Nevertheless, the faults of the American type would still be marked, namely, flat chest, hollow back and prominent abdomen.

Observation of 2,000 students in finishing schools and college, gave the following tabulated results: Thirty per cent. were either wearing glasses or ordered to have their eyes examined by a specialist; 6% showed defective hearing; 4% had flat-foot; 5% had weak lungs; 4% had heart trouble; 2% had kidney lesions. Menstrual difficulties were the most marked: 75% were found with irregularities dating from puberty; 60% had to give up from one-half to two days, and 90% had leucorrhea. Of those whose records were kept of four yearly examinations (up to the beginning of the senior year), 30% showed marked improvement, 30% were not influenced either way, while 40% were not improved.

Since these defects date to the time when menstruation first takes place, when habit neuroses are most easily formed, when morbid sensitiveness keeps the girl at work in school, the reconstruction in her education must be made in the preparatory schools. For whatever position in life she is to occupy she needs good sound health. Education at the expense of health is worthless. A sound mind in a sound body is a priceless possession. The college girl should represent that type.

Clinical Department.

MASSACHUSETTS GENERAL HOSPITAL. CLINICAL MEETING OF THE MEDICAL BOARD.

REGULAR meeting, Dec. 20, 1901, Dr. C. B. PORTER in the chair.

Dr. H. F. VICKERY reported the following case:

ATELECTASIS OF THE RIGHT LUNG, DUE TO A FOREIGN BODY IN THE RIGHT PRIMARY BRONCHUS.

A boy, age six, had a bean in his mouth when he was knocked down by a companion, and the bean was drawn into the trachea. He was admitted on the surgical side, under Dr. Harrington's care, and Dr. Harrington very kindly invited me to examine the boy. I saw him on July 5, the day after the accident. At that time the right chest was decidedly smaller than the left, and the heart drawn over toward the right side; relative dulness existed in the right lung, and respiration was nearly absent. What respiratory sound there was was of a harsh bronchovesicular character. If we had not been sure from the report of Dr. Lord, my chief house officer, that the day before the conditions had been different on that side, it would have seemed possible that the lung was in a chronic state of collapse. I agreed with Dr. Harrington as to the advisability of trying to get the bean from the right primary

¹ Read before the Boston Society for Medical Improvement, Dec. 10, 1901.