

August, and their deaths were undoubtedly indirectly due to this disease.

	No. of Patients Who Have Re- mained in Hos- pital Two or More Months.	Those Who Voluntarily Took the Mercury Treatment.	Those Who Preferred the Routine Treat- ment Solely.
Cured .....	8	7	1
Marked improvement..	43	43	0
Improved .....	16	14	2
Slight improvement...	17	10	7
Stationary .....	19	0	19
Failed .....	42	4	38
Died .....	16	5	11
Total number ....	161	83	78

Of those cured, 87.5 per cent. took mercury treatment; 12.5 per cent. took routine treatment.

Of those showing marked improvement, 100 per cent. took mercury treatment; none took routine treatment.

Of those improved, 87.5 per cent. took mercury treatment; 12.5 per cent. took routine treatment.

Of those slightly improved, 58.82 per cent. took mercury treatment; 41.18 per cent. took routine treatment.

Of those remaining stationary, none took mercury treatment; 100 took routine treatment.

Of those who failed, 9.52 per cent. took mercury treatment; 90.48 per cent. took routine treatment.

Of those who died, 31.2 per cent. took mercury treatment; 68.8 per cent. took routine treatment.

Combining the items cured, marked improvement, improved and slightly improved, under the heading improved; stationary as such, and combining the items failed and died under the heading failed, the following percentages pertain:

Of the 83 patients on mercury, 89.16 per cent. improved; none stationary; 10.84 per cent. failed.

Of the 78 patients on routine treatment, 12.82 per cent. improved; 24.36 per cent. remained stationary; 62.82 failed.

The above patients are classed as follows:

Incipients (first stage) .....	1
Moderately advanced (second stage) .....	59
Advanced (third stage) .....	101

Total number ..... 161

In the above cases the following secondary tuberculous involvements have been diagnosed clinically:

Brain, 1; larynx, 16 (13 ulcerative and 3 infiltrated); larynx and pharynx (ulcerative), 3; intestines, 9; stomach, 1; genitourinary tract, 3; general glandular infection, 4; ischio-rectal fistula, 6; bone infection, 3.

At postmortem in 19 cases tuberculosis of various organs and tissues have been found as follows:

Intestines, 13; left kidney, 9; right kidney, 6; spleen, 7; liver, 4; pancreas, 0; mesenteric glands, 14; heart, 1; left lung, 19; right lung, 19; larynx, 7.

Of the complications existing in these 161 cases, the following were found:

Cardiac hypertrophy, 1; mitral regurgitation, 3; tricuspid stenosis, 3; pulmonary stenosis, 2; arteriosclerosis, 5; chronic passive congestion of liver and spleen, 16—of the liver 19 and of the spleen 15; hypertrophic pharyngitis, 1; glaucoma, 1; exophthalmic goiter, 1; malaria, 3; appendicitis, 1; syphilis, 8; displaced kidney, 1; typhoid in 25 cases.

Since November, 1908, in this hospital we have been administering mercury in gradually increasing doses until the therapeutic limit is reached, after having established the maximum dose, it is then divided by two and the injections continued on this dose. During the intervals between injections the use of potassium iodid has been discontinued.

This procedure has increased the efficiency of the treatment in a decided manner.

In addition to the cures reported up to Dec. 31, 1908, there are now three officers and two enlisted men ready for duty, and about six additional men who will probably be ready for duty in from four to six weeks.

U. S. Naval Hospital.

## MEDICAL EDUCATION

### A PLEA FOR THE DEVELOPMENT OF LEADERS

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It is related that an American officer, who was visiting St. Petersburg, asked the Russian officer by whom he was being conducted through the grounds of the palace why a certain sentinel, who was pacing up and down in the middle of the courtyard, should have been stationed in so unusual a place. The Russian was unable to answer, but promised to investigate. This led to the discovery that sixty years before, one of the little princesses had been walking in the courtyard with her father in the spring of the year and had found a snow-drop growing in the middle of the yard. She expressed a desire that no one pick it, and her father therefore ordered a sentinel to be placed on duty to protect the snowdrop. The order had never been rescinded, and for sixty years a guard had been pacing up and down in this position.

So it is in our hospitals; we find the Old Guard pacing up and down in defense of traditional snowdrops whose value neither they nor any one else are able adequately to explain.

Take, for example, the rotation in service. What would have been thought if Dr. Curtis, Dr. Austin Flint, Sr., and I had regularly exchanged laboratories after a service of four months each? You would have said that the scientific men had gone crazy, and you would have been right. There must be pride in one's own scientific habitat if there is to be success. Take another abuse, that of holding a hospital position and never visiting the hospital, but appointing some dependent to do it for one during the period of his good behavior. It is as though I still maintained the power of appointment to the chair of physiology at the Yale Medical School, where I was once professor. If I had such power, and with increasing age became more and more sensitive regarding any proposition to curtail it, and if by degrees I developed an egotism bordering on paranoia, you would then have in me as true an obstacle to proper progress as now abides in the Old Guard still marching up and down in the middle of the hospital grounds protecting the abuses of the past.

A well-known architect tells me that people from other parts of the country who come to New York return to their homes convinced that the architecture of residential Fifth Avenue represents the greatest existing achievements. We all know that it only requires visits to Oxford and Cambridge in England, to the Louvre and Notre Dame in Paris, to the palaces of the Italian nobility in Genoa, Venice, Florence and Rome to realize that Fifth Avenue represents architectural insanity.

If one is to understand one's own failings it will not do to limit one's horizon. It is necessary to travel. If one visits England one finds there is little improvement on our own medical methods. The same thing is true of France. If one passes to Germany, however, one finds there a set of medical men who have no counterpart in this country. Take Friedrich Müller, pro-

fessor of medicine at the University of Munich as an example. Müller was trained in problems of metabolism in Voit's physiologic laboratory. He then went to Berlin as assistant of the celebrated Gerhardt. He there accomplished work with Zuntz concerning the metabolism of professional fasters. He came into intimate contact with Emil Fischer, the world's greatest chemist. Passing to Marburg as professor of medicine, he became associated with Kossel, the physiologic chemist, and Hans Meyer, the pharmacologist. He was then called to Basel, where the breadth of his knowledge and the glow of his enthusiasm roused and dominated the group of able young men who there surrounded him. He was offered the chair of medicine in Munich, till then held by the great von Ziemssen. Later came an offer to take von Leyden's place in Berlin, but this was declined. Here one sees the lesson of how a struggling young privat-docent on small salary rises through the laboratories and his personal ability to a position of dominating power.

Von Noorden has attained his position through laboratory work of the most valuable kind, and he ranks as a master in his knowledge of the world's literature.

Minkowski, once a pupil of Schmiedeberg, and now professor of medicine at Greifswald, has by laboratory methods brought to light many secrets of gout and diabetes.

Professor Krehl of Heidelberg is another high product of German culture. He, too, refused an offer to take von Leyden's place in Berlin, and in recognition of this the Grand Duke of Baden-Baden, from his privy purse, gave him 250,000 marks (\$60,000) to spend as he saw fit.

We can only mention the names of Kraus, His, Magnus-Levy, and Moritz to further emphasize the members of this class of magnificent men whose counterparts do not exist in this country.

When I have spoken with distinguished and powerful clinicians about imitating the German methods, I have always been told that that kind of thing was impossible here. The attitude has always been one of *non possemus*.

But why can it not be done? The impossibility can be due only to one of three possible reasons: One is that we are all dollar-chasers; the second, that we are intellectually deficient; the third, that our system is rotten.

One finds that there are dollar-chasers in Germany also. As regards comparative intellectuality, Professor Voit once said to me, "*Ein Amerikaner kann ja alles machen*," and I believe it. The truth of the whole matter is that the system is rotten and reeking and cries out for drastic reformation.

The development of American surgery has been dependent on the efficiency of the anatomic laboratories.

The development of American medicine can come only through men who have a knowledge of modern chemistry, physiology, pharmacology and pathology; and medicine should be taught by men who have keen personal interest and personal first-hand information concerning these fundamentals on which medical science is based.

Where are such men? Aye, there is the trouble. You have not a great medical clinic because you have not properly educated men, and you have not properly educated men because you have not a great clinic. But there are young men here to-night who could develop the work, if they had the chance. Without referring to

any one in this audience, I may mention the names of Christian A. Herter and David L. Edsall as being men who have had the training suited to the development of a great clinic, if the system of the hospitals was modeled on a rational basis.

A scheme for the redemption of New York from reproach is this: Raise a fund of \$500,000. Pay the professor of medicine half the income, or \$10,000 a year, in return for which he shall spend half his day from 9 in the morning to 1 o'clock instructing students, making rounds in the hospital and supervising research work. He should have under him two assistants at \$2,500 per annum, who should be permanent resident internes of the hospital and men who can grow to be professors of medicine. The \$5,000 income remaining should be used for the expenses of research at the discretion of the professor.

But, you say, \$10,000 is a large salary. Yes, but you are paying for a big man. The first year I taught at the Yale Medical School, eighteen years ago, the total budget for the year was \$10,000. But here we are parochial again. If we pass to Germany once more, we find that the great clinical positions carry \$10,000 as a yearly income for similar work, and Osler received \$10,000 in Baltimore. It costs \$10,000 annually to heat and light the Anatomic Institute in Munich, a building larger than all the buildings of the Johns Hopkins Medical School combined.

We must get away from this idea of thinking that a scientific man should be able to get along on the salary of a chauffeur.

I am not at all sure that I have carried conviction into the minds of many who are present here to-night. But that I can not expect. Changes are rarely brought about through great popular uprisings. Take, for example, the introduction of pharmacology into the medical schools of New York. There was no demand for it on the part of the physicians, or on the part of any faculty, but Dr. Wallace was brought to New York by a fund which was raised by Dr. Herter, Dr. Dunham and one other. And Wallace trained Richards, who carried on the work at Columbia, and shortly Hatcher was appointed at Cornell.

Transformations are not brought about by the power of the mob, but by the power of the individual.

I have tried to raise this \$500,000. I have approached Mr. Carnegie and Mrs. Sage, and both refused to see me. But some time, some day, some man who has the power to raise the money and the intelligence to use it rightly will be able to confer the untold blessings on this community which would follow the establishment of a chair of medicine for the training of physicians in an atmosphere of developing research.

And, finally, when we consider medical education we should put the thought of our personal benefit in the background. We are dealing not with ourselves. We are dealing with the students who represent what is beyond. We must remember that for a little while into our hands has been entrusted the welfare of the future.

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**Throat Examination in Infants.**—K. H. Goldstone emphasizes the importance of taking a culture from the throat of any infant with a dry metallic cough and a slight rise in temperature. Laryngeal diphtheria, he asserts, is much more common than is generally supposed.—*Jour. Med. Soc. of New Jersey*, February.