

ADDRESS TO THE GRADUATING CLASSES OF THE COLLEGE OF
PHYSICIANS AND SURGEONS, SAN FRANCISCO, JUNE 4, 1914.*

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It has been twenty-one years since I took my degree in medicine and twenty-five since I first began its study. During this time more radical changes have taken place than in any equal period of recorded history. I began my work in a rural community, in competition with men far older than I, who were typical old-school practitioners. Bridging then, as I do the past, pre-aseptic days with the present aseptic school, it seems natural for me on such an occasion as this to grow reminiscent. Allow me therefore to picture to you the physician of the past, then point out a few of the peculiarities of the present and, with the aid of both the past and the present, forecast the type of man who will be successful in the future.

The doctor of the old school is almost an extinct species. A few yet remain on the outskirts of civilization. They have been shot at so often that they have become very retiring and shy. Like the buffalo and the grizzly bear, the encroachments of modern life have pushed them to the background where a few forgotten specimens eke out a precarious existence, although their race is run.

He was as a rule an ambitious farmer boy with a mastery of Ray's Fourth Part Arithmetic, McGuffey's Sixth Reader and Webster's blue-backed speller. He entered into an understanding with the nearest doctor and became his friend, pupil, attendant, hostler, and general factotum for a term of apprenticeship. He boiled down the home-made drafts, mixed the salves, assisted at bone-settings, read the four volume library consisting of Gray's *Anatomy*, Megg's *Obstetrics*, Flint's *Practice*, Gross's *Surgery*, and possibly Dalton's *Physiology*, and had his powers of observation stimulated and quickened under the tuition of his chief. After a few years he went to the nearest city for two winter-courses of six months' each, in some medical college, where he saw operations, did some dissecting and followed the bed-side teaching of a few prominent men. This was in those days thought to be a very thorough course. He then returned home, by agreement took over a lot of the practice of his preceptor, often married the latter's daughter, and the two men remained in close intimacy for years.

His practice was rural and scattered over many miles of country. Calls were made by horse and cart, or on horseback, according as the state of the roads permitted and all his drugs were carried in saddle-bags. Few, very few, ever remained in the cities or wished to do so. The growth of urban population is recent in our history. In my boyhood I saw the trains of prairie schooners that settled Kansas and from my father's place the unconfined range stretched westward to the Rocky Mountains.

*From the Pacific Medical Journal.

For at least twenty miles in all directions, often for a hundred, he alone was the dependence of the community in accident and sickness. He had to be familiar with every road, by-path, gate and ford in all that region, not only by day but in the darkest night, in rain, sleet, hail, snow, slush and mud. Swollen streams had to be forded, avoided, or swam. He had to know the possibilities of getting through and take the shortest practicable route to and from the home of sickness. No white-handed, soft-nurtured man could endure these hardships. His clothing was not of broadcloth and he never owned a silk hat or became addicted to cigarettes. He dressed in rough clothing and wore boots.

As he sprang from the people, so he went back to the people—to his own family, friends and neighbors and he had their welfare close to heart. His was a genuine love for them as well as for his life-work. The community instinctively recognized this and turned to him naturally for sympathy and help in sickness and distress, nor turned in vain. It was some such man, known and appreciated, that gave McLaren his inspiration for the character of William McClure.

Entering therefore into the closest relationships of life with his families, the physician of the past could, and usually did, wield a tremendous influence for weal or woe. The preacher, the doctor and the schoolmaster were the educated men of the hamlet. Magazines were nearly unknown and always very expensive, the literature obtainable was mainly limited to the omnipresent *Bible* and *Pilgrim's Progress*. This was not perhaps a loss, when we consider the mass of worse than trash now flooding the country. Newspapers were not in general circulation. Politics was taught from the stump, and by debates; seldom if ever were speeches deliberately read.

The doctor then was a power. His name was used to frighten bad children by threats of his mammoth doses of nauseous drugs, and his example was held up to all as a model of grace to emulate.

Such an education and life led to an exceptional cultivation of the observant faculties. His hospital-training was nothing to speak of and he had for years to keep learning until the early habit thus formed became a rule of his life. Right here is the secret of true progress—constant application and addition to the sum of knowledge by observation.

For nursing the sick he had to depend upon the neighbors when the family became tired out. It was thought to be a duty to sit up with the sick. I have known men and women to work hard all day and stay up all night with a neighbor, neglecting their own work and families, even when the afflicted was an enemy. They would have been much surprised had such acts been favorably commented upon. They did it—nay, thank God, they do it still—in numberless places. I have seen a life-long enemy who had quarreled and lawed many years, lay all this aside when his opponent's crushed body had to be taken over country-roads to the railroad, and beyond, for more skilful treatment. I have seen him stop his pressing work, go with all his hired men to shovel dirt over the jutting rocks and smooth the wheel tracks for the passage of a man to whom he would not have spoken a week before. Beneath the petty jealousies of life, beneath the anger and misunderstandings there are depths of feeling in our people that link them to the angels.

What these volunteer nurses lacked in training they made up in willingness, in cheerful service of any kind, in a life-long knowledge of the patient's whims and fancies. Often the women would slip over at such times and do all the housework for a day, get out a washing or do the ironing, send in the cooked food for weeks—all that the mother might have the time to hang over the bedside of a dying child. The beauty of this is that it is not uncommon or any credit taken for it—it was done regularly, quietly and for the transient stranger in his canvas-covered wagon as well.

The therapeutic agents used by the old doctor were never compounded with much regard to taste. There was a popular idea that to be effective the medication must be black and bitter. I have had to add a little quinine to many a prescription before the patient felt that he was getting what his illness needed. No small dose was ever thought to be as powerful as a draught. Tincture *Asafoetida* in teacupful doses was what was expected in hysteria and is not bad treatment to-day if coupled with a casual remark that the dose will be repeated in ten minutes if the patient does not feel better. One favorite in the spring was something like this: ten cents worth each of orris, powdered rhubarb, and dandelion roots, quinine, senna leaves, the bile from a fresh ox-gall in a quart of the very best whiskey—to be well shaken each time and the dose a wineglassful before meals. In most cases it worked beautifully, by lessening the appetite considerably.

A mild laxative which the children were expected to take was a tablespoonful of sorghum molasses stirred stiff with sulphur. To thin their blood in the spring, considered very indispensable, a teaspoonful of cream tartar was given. *Sassafras* tea was used exclusively for about forty penitential days every spring, and goose-grease, skunk-oil and turpentine held honored places in every cupboard. Straight galenicals alone were used and given absolutely empirically in the cases that experience had taught that they produced results.

The doctor was also the dentist. He never wasted valuable time in filling teeth but pulled every one that ached. Nor did he have an elaborate array of universal forceps. The old men had a hook and tackle that went over a tooth and flipped it out when operated by a ratchet. The men just preceding my time, had one or two pair of forceps and a shoemaker's awl for stumps, and generally got it out. Even bullet-moulds or pliers were impressed at times.

This old-school physician was not a specialist, far from it. Nor do I know exactly what a specialist is myself. Sometimes it seems as if he were a man who, while not knowing any more than any one else of some subject, knows nothing of any other. They were familiar with, and treated everything from abscess to zoster—they certainly had a broad vision. Statistics are not available, but I doubt whether the death-rate was very much higher then than now. The better treatment of to-day is offset by the poorer food, more unhygienic surroundings and the greater stress of life.

The principal evil he had to combat was the utter ignorance of the people on all sanitary and health measures. Superstition still lingers in many forms, but is not comparable with what was acted upon in those days. Potatoes had to be planted and butcherings done, by the moon, veterinary-surgery by the sign, and every

house had one or more almanacs behind the kitchen stove, each with its St. Sebastian-like figure on the front page.

Medicines were thought to be antidotal. The right dose "knocked out" the disease which was an entity. Cancer, for example, was a foreign body with long decapodia-like tentacles that dug into the victim and sapped his vitality. Patent medicines and Thompsonian remedies were implicitly believed in and taken by everybody in dozen-bottle lots. There was always a mad-stone, just in the next county, that sucked the poison from the mad dog's bite. When it had got it all, it would then drop off, and could be purified and made ready for the next case by boiling it in fresh milk; the milk turning green and often reported as killing a hog which carelessly had drunk it up. Boils were thought to be good for a man, as removing bad humors from the blood. These were the days of blisters, bleeding, cupping and purging.

The doctor gathered many of his own medicines and boiled them down, on his office-stove, into drafts or poultices. He prepared his own surgical-dressings and held the sutures *in his mouth* until ready to put them in.

When I began my practice it was alongside of just such men as I have described. One of these used to wear home-made clothes of jeans, and his wife put in a row of four or five watch pockets, in which he carried calomel, gamboge, jalap and leptandrin. No matter what the complaint, the first demand was to see the tongue. Then he would take a pinch from each pocket, place in the palm of the left hand, and, with the aid of saliva, roll up a pill to be taken at once. I know the trials, the joys and the exposure of a country practitioner. That experience I would not exchange for any equal years since, so valuable were the lessons it taught me. It was hard to endure them, but now I know the meaning of that couplet, "*Forsan et haec olim meminise juvabit.*" (Perchance even these things it will be delightful to remember.) But for you, Oh! past generation, with all your faults, I have nothing but profound respect. Those men, certainly, had the golden triad of self-reliance, observation and sympathy for the suffering all around them.

The physician of to-day is a far better educated man. As a rule, he has one or more years of college-training added to a four years' course in a high-school and then four annual courses of professional training of nine months each. Often to this is added a year of internship or study abroad. Nor is he any too well *crammed* then, when he gets out. Instead of four years of medical study on a broad basis, we teachers waste at least one year in scientific studies that must be known, but which could better be taught before the real study of medicine is begun. By the time the young man is through with our modern six or seven years' work he is heartily sick of it all. Nor is the student crowded from the start as he should be. Any teacher knows that the whole four years could well be done in three, if continual and industrious study were enforced from the beginning. This long course means a decision too early in life, by a boy, immature, and unable accurately to decide what his bent really is. Too often the determination is made by parents, and results in another physician the more, who is temperamentally and mentally in friction with his calling.

The old-school doctor started his study because of a genuine love for the work

and at a mature age. He therefore learned faster, applied himself better, and his two short years were no doubt the equal of any two of to-day. Could I have the determining voice I would require better preparation, not longer in years of study, but in the subjects taken. Physics, chemistry, biology, etc., should all be mastered before the real work begins. It matters not where these are gained whether in a high school or a full college course, although a full college course is to be desired. He ought to be able to read one foreign language certainly. The trouble with our preliminary work is the inherited mediæval, scholastic ideal that sees no value in anything useful. Were the proper arrangement made the boy could get all this in a high-school. The requirement for entering a medical-school ought to be based on the subjects not on an arbitrary number of hours spent in what is often worthless as a preparation. I would not have him go directly to the medical college, but engage for a year or two in some employment, until his real desire to devote himself to medicine became a result of deliberate choice. We teachers can tell, every time when we get a student who has buffeted the world for a few years before starting medicine. He knows what he is there for, he is there to fit himself for a real life of which he knows something, and he is wasting no time in getting it. He is the man who keeps steadily at work, to whom graduation is not some far off point, with an unknown vista beyond. To such a man three years of medical study is sufficient, if to it a required year of internship is superimposed. If such a man begins his work at twenty-six or twenty-seven, it is soon enough, for medicine requires a maturity of mind seldom acquired earlier.

Our present schools are tending to paid instructors. Now a paid instructor never will or can be an enthusiast in any but one narrow field. He cannot know the medical requirements if he excels and limits himself to one line. He must spend his time in the repeated and wearying grind of hammering in basic principles, or else he must devote himself exclusively, as the majority do, in so-called research-work after the plan of our German *confreres* to the glory of his college but of little help to the students in it. In either event he is a failure. Such a man generally overshoots his audience or trains them into emulating him and his methods, until the student graduates a fine laboratory-man, but unfitted to do the world's work or see anything beyond the patient's excreta. The student in laboratory-work is constantly stimulating his dexterity, and exalting routine above mentality. Too much of it is narcotic in action. The right dose should be a stimulant to observation and thought. Just now it seems as if the pendulum had swung ridiculously far to the laboratory. Just now, also, there is a spasm of reform in medical teaching because of a growing feeling that we are not turning out men able to cope with the fads of half educated ignorance, the faith-curists, the unchristian and unscientific heresies so popular. If we fail in contact with these, the solution does not lie in increasing our already too great tendency to the recluse, or monastic type of education but in broadening out and getting into closer contact with the world and its needs, its heart-throbs, its sins, its joys and its alleviable misery.

This old world is a queer mixture of good and bad,—in body, mind and spirit,—throbbing for surcease. Only those in sympathy with it can treat it rightly,

"only those who sail the sea understand its mystery," and yet it is a good world, full of kindness, love and heavenly gleams of charity and it is constantly growing better—not worse.

The modern physician is an urban dweller. Few graduates plan to go back and live in a small community all their lives. The least they will do is to locate in a county seat. City life and larger population have led to specialization. This is good, when it comes to a man of mature years, after considerable practice, naturally, and because of peculiar fitness for the work. But to see a callow youth, just out of school, drop from sight for a few months, return and at once announce himself as a surgeon or other specialist, is a sight for tears and pity. It is deplorable because it brings the genuine specialist, nay all medicine, into disrepute and belittles our high calling. Operate on me if you must, pass speculi and probangs, snare, cauterize or cut, but let it at least be done by a man who is able, by years of experience, to take in the whole situation at once and not one who can see nothing but some single orifice, and when he is done passes me on, for further examination.

There is a fault resulting from hospital work, that we see the disease and not the patient. Dealing with strangers all the time, creates a lessening sympathy with the individual. He becomes but another "case," valued only, and in proportion to, the rarity of his ailment and then treated in a routine and entirely impersonal manner. The public knows this instinctively. The many faddist schools of medicine, the foolish negation of any and all treatment, the hostility to physicians, the contemptuous criticism of them by the press, the jokes, sneers and the unwillingness to listen to or heed their efforts to help humanity, springs, I think, from a resentment of this impersonal attitude on our part. It is not formulated, but is none the less present. The modern physician has lost his love for his people and they cannot be expected to retain their love and respect for him.

With this lost respect, has departed the doctor's influence in the community. True, he is no longer one of the two or three educated men in the locality, and it is well that this is so. Still the varying schools of medicine, the changing treatment, the rapid advances and the public and free discussion of these, in the popular periodicals, leads to two results. Either seeing the differences among physicians, and having the audacity of ignorance that thinks itself wise, the laity doubt there being any permanent basis for the healing art and show a disposition to weigh for themselves every statement made to them by their doctor, or else they actually come to the conclusion that they are as well able to understand and prescribe as the man who has undergone years of special training for the business. These smattering journal-articles are a positive danger, while their number but emphasizes the public interest in the subject and the wide-spread need and dependence of the world upon the profession. They admit the need of physicians, but are unwilling to trust any one. As a result of this they wander from one to another aimlessly, swayed by every wind of doctrine, loudly condemning the men they left too soon for results to show, and at last, if kindly Nature, unassisted, works a cure, may later be loudly proclaiming in some experience-meeting how they were given up by all doctors as incurable and were cured by prayer, or some exorcizing formula beginning "God is good; good is God." Good God, etc.

Very remarkable has been the growth of the hospital idea in this country. Equally significant is the growing class distinction of them. Here in San Francisco the average hospital is beyond the income of the average man. If he strains a point and avails himself of it there is nothing left with which to pay his doctor. More and more are the poorer classes falling back on the City and County Hospital, thereby becoming stamped as indigents. There is a crying need for a hospital so managed in this city as to furnish decent attention at about half the present scale of prices. It would have the patronage of ninety percent of the population.

Again, no longer can the physician succeed who continuously gives large and bitter doses. The public palate has become very æsthetic and hence has sprung the great growth of pharmacy as a profession. This is natural and right; but let the physician limit himself to prescribing and the pharmacist confine himself to their proper preparation. There should be a most cordial relationship between the two. To the disgrace of both there are cases of rebating all the time. The sad feature of this is that it is not limited to the outcast physician but has in the ranks of these two-bit thieves many men who are members of the county medical society and who make themselves constantly conspicuous by howling for purer ethics and higher standards.

It is a hard life that you young men are entering upon. You will get precious little help from the older practitioners, some will even be actively hostile. The world at large thinks it knows a great deal and will be slow to receive you. A wave of disbelief is characteristic of the times. There is unrest and dissatisfaction politically, socially, religiously and medically. Few persons are uninfluenced by this and it shades from interference to hostility. New parties are formed, new religions started all as a protest against the old. At present the fad numerically largest are the followers of a neurotic old lady of more than doubtful moral character and reputation. Now anything that attracts so many, at least, semi-intelligent people, must have, in some form somewhere, a modicum of truth. It little behooves us to entirely condemn it until we have analyzed it. I believe it contains a world-old truth in a new form. It is religiously disguised because the churches have not taught the peace of mind that comes from a trust in God's providence as of old and many of these backsliders never were the "children of light." It is scientifically disguised as a reaction and rebuke to us, for our sins of omission. The world has asked us for bread and been given a stone. They came to us for comfort and advice, mental as well as physical, and we treated them as "cases" only, forgetting the mental suffering and the natural craving for personal sympathy. We have become materialists whereas we should be spiritists.

Years are bringing to me the belief that the unseen, the immaterial, the spiritual, if you will, the things that cannot be subjected to the proof of the senses are after all the only realities and the only things eternal. Treasure in heaven only is safe. Remember this fact, you who have listened so attentively to me these pleasant years. Be true to your higher duty and spare not yourself to help the world to better living and better ideals. Then you will at least be trusted and your councils followed.

A reliance on others, is another failure of the modern man. I welcome every

advance of knowledge but when a diagnostic method is discovered that requires special and expensive machinery, or is beyond the skill of the average man, it never appeals to me. One little hint, that we can all use, in backwoods' cabins and in the world's by-paths, is worth more than the surest test that depends upon the laboratory. Remember this, you who advocate the ultra-scientific school of medicine, that the time of your experts would be better spent in simplifying, making practicable and popularizing much of what we already know. Medicine cannot be advanced by a few brilliant minds, but by the surge forward of the profession as a whole. The history of medicine is full of revolutionizing discoveries, of brilliant generalizations published too soon and then forgotten for a generation or two, because the rank and file were not equal to their appreciation. Be not dependent upon the laboratory. We do not need any more or better-equipped school of original research work, two or three would supply the whole United States, but we do need schools that will train men for a life time of good work. We must not lose sight of the fact that the ninety-nine percent who graduate, must go into the small places and will not even remain in the cities, and it is our business to fit such men for their life work, not to train them for original work.

And so in contrast with the past it seems to me that the modern physician is characterized by a loss of self-dependence and resourcefulness, by a dependence upon the findings of others to line him in aright, by diagnostic methods too complicated for him to do, even had he the skill to read them, and more seriously by a lack of sympathy for, and understanding of anything, but the actual derangement that he diagnoses. I say this with modesty for I may be wrong: I am not so sure of many things as I was twenty years ago.

And lastly, what is to be the physician of the future, and what do I hope to see you become.

I would like to see the young man started under the supervision of a physician, and, because of his fitness for the life, and remain under the advice of the preceptor for years. His pre-medical course should be ample in sciences and such as to cultivate his powers of observation, whether it embrace a college course or high-school-fitness in subjects only being considered. In all spare time let him be with the older man. Let him take three strenuous years in a medical college whose teachers are men actually engaged in practice and finish with a year of internship, not merely as a superior head nurse, but with actual responsibilities. Then let the young man return to his own home and, if possible, close association with the preceptor, learning from his experience and imparting in turn the newer methods he has learned, and thus will both be improved.

Let the young man begin amid his own boyhood associates and in the country, where *only* he can get the broadest vision of his profession. He will start with the good will and love of many. We Americans move about too much. We miss the start and weight that comes from being a member of a family in good repute for generations. We need also to scatter out our bright young men, not to teach them to starve in a city, there to lose their enthusiasm and degenerate into shady practices because of the need of bread and butter, which is the lot of the majority who crowd the cities. To struggle into practice in San Francisco is a sordid lot. When I hear of some gifted young man ruined, because he

listened to temptation and is arrested for criminal practices, I remember my early struggles and the times when a dollar meant so much, as I worked away, without books, equipment, or even without knowing where the next suit of clothes or month's rent was to come from, and I have a sense of personal grief and pity for I know what he went through before his better nature yielded.

Enter into the vital life of your home. Be a *friend* and *neighbor* to your people and plan to live contentedly and die there. Gain the personal touch, and you will have the influence, and let this influence be always for the best.

The true physician must be a gentleman, to which are added all the Christian graces and the poise of culture. Only by real manhood and merit can you take your proper place in the world. Believe in the ultimate triumph of truth and in the coming of that time when the "righteousness of God shall cover the earth as the waters cover the sea." The world needs men of such ideals and will always reward them.

The teaching of our schools must become more personal and clinical. The patient behind the disease, must be pointed out by the instructor. Would that we teachers could have, just once, a student so well posted that we could ignore the symptoms and go deeper into the man behind.

Small, well-equipped and cheap hospitals should be available everywhere. From the richest to the poorest, the comfort should be the same. This may be done perhaps by combining the charitable and the paid institutions. Therapy will be a logical and definite aim. The details will be left more and more to the trained pharmacist and we will mutually help each other.

Specialists in the future will be men who have had a general practice but who, because of peculiar fitness are finding special work drifting to them and who have added to this, courses of special study for—not months—but years. For such men some competent source should give a special degree. The right to handle any case should always remain in the state license, but the public will appreciate an added degree, if honestly given.

Ignorance, poverty and crime will always exist, yet the future will bring a better appreciation of us as medical men but only when, and exactly to the extent, that we are true to our ideals. Let us waste no time in fighting false beliefs but in self-improvement. The clamor against lodge practice is a good deal of a joke and an evil only because men can be had who will take a whole family at a dollar a month. Often the very men who are crying most lustily for reform and who are "thanking God" like the Pharisee that "they are not like other men," are surgeons for some railroad or large corporation or hospital association—only larger lodges under other names. If one of these prominent men is going to do this work for one-tenth of what he would ordinarily collect, let him not blame a recent graduate if he takes a lodge for a mere pittance. If it be true as the author of David Harum makes that character say "a certain number of fleas is good for a dog because it keeps him from worrying because he is a dog"—then it will at least keep the young man from worrying because he has nothing to do. He will be busy scratching most of the time.

No other calling gives away so much or so cheerfully. No other calling by its effort is destroying its own source of livelihood. God grant that it may always

be so. If ever we put the love of the dollar above the call of distress let us cry with the daughter of Eli, "Ichabod, our glory is departed." Beyond its business side medicine has something immensurably greater.

Some day the world will wake up and, with the extra bounty born of regret at the delay, shower appreciation upon the martyrs we have ever been able to furnish in the hours of need. Men who allow themselves to be inoculated with deadly germs, who died to prove or disprove a theory whereby other lives by thousands can be saved to usefulness and happiness, deserve memorials of stone even more than the heroic souls who flushed with excitement and by the inspiration of numbers gave up their lives on fields like Gettysburg. I am proud of my profession. When fire and earthquake destroyed this city the State Medical Society was in session. Did those men go home to allay the natural fears of their families—mind you no word could be sent out and the apprehension was exaggerated. Not a man of them but stayed. They manned our hospitals, assisted our local surgeons, did yeoman work for days on our distributing bureaus, and visited the homeless in our parks until they saw we were able to handle affairs alone.

We have our faults, but the spirit of the profession needs but some emergency to see its members rise grandly to the occasion. More than any other profession or class they had the ability to handle that emergency. Trained to coolness in danger, calm of judgment amid excitement, familiar with distress, to discerning of motives, and knowing human nature, in no other walk of life could their equals be found and while others were criticized for poor judgment and extravagance, even speculation, tell me if you can a physician of repute who obtained a tainted dollar or did not give better than the average service. We were represented on every board and every committee and did a disproportional part of all the work.

The physician of the future will know that he knows. He will be self-reliant because he will be properly trained. He will be competent to diagnose with the best, he will do his own laboratory work and know how to read its findings aright in the light of the clinical picture.

Lastly, he will be a man of sympathy and appreciation of others. To each he will give his very best. Behind the symptoms he will see the terror-stricken soul. By council and example he will put him in a mental state for the healing forces of Nature to work unhindered. He will be a trusted friend in whose fidelity the sick one can with the utmost confidence rely. And when he cannot hold out the hope of cure he can relieve the pain, impart a confidence in the providence of God and a philosophy of life that will teach the dying man "to wrap the drapery of his couch about him and lie down to pleasant dreams."

And now, my new brethren in this profession, let me congratulate you on having reached so noble a position. This is, however, but the beginning of the real study of medicine. We have only taught you to a point where we feel that you can pursue your journey alone.

It is a life of hardship and poorly paid service. It has many inevitable disappointments but it also has many precious rewards. The love and affection of the family, the confidence in you that will lead the wife to confide to you secrets hidden from her husband, the faces of the sick brightening at your call—all this

you will know and in this you will find your chiefest reward. Like the great Physician you will be a man of sorrow and acquainted with grief. The depressing sights and sounds of suffering are not to be met by a case-hardening, but by a philosophy of life that is supreme optimism and which sees the beauty and the good in unexpected places. I would have you confident, self-reliant, and above all, sympathetic. With Polonius I say to you, "This above all—to thine ownself be true; and it must follow, as the night the day, thou can'st not then be false to any man." Much is expected of you—meet it, by being it, in reality.

Material wealth can hardly be expected to come to any of you, but riches of character will, if you have followed what I have ever taught. You may none of you reach fame or distinction, that is oftener a matter of chance than of forethought, it will make you no happier and may lessen your usefulness. Cultivate character, give freely, hold fast to your ideals, extend your help to the poor and after many years may you hear the words "well done, thou good and faithful servant."

These have been pleasant years that we have spent together. It is a rare and sacred privilege to mould the thoughts of any one. All my teaching has been done under the sense of this responsibility. Some day I shall pass on before you, for I am older than you. Then when you occasionally meet together speak kindly of me, and give others in turn a chance to do the same of you and so let a widening stream of kindnesses go down the years until we meet in that city of God whose strongest appeal to me is that "there shall be no death, neither sorrow nor crying, neither shall there be any more pain, for the former things"—and with this the need of our life work,—"have passed away."

PENNSYLVANIA IN THE AMERICAN PHARMACEUTICAL ASSOCIATION.*

FRANKLIN M. APPLE, PHAR. D.

Pennsylvania Pharmacists and their families should be interested in the American Pharmaceutical Association for a great variety of reasons—sentimental as well as practical.

I will first direct your attention to the sentimental side of the query.

Are you aware of the fact that Pennsylvania played a most important role in the organization of the American Pharmaceutical Association?

Pennsylvania was the state in which it was organized in 1852, hence we can, with pardonable pride, point to it as, largely, a product of our beloved "Keystone State."

Of the list of sixty-one Presidents, Pennsylvania has supplied eleven of those chosen to the leadership: Prof. Daniel B. Smith in 1852, Chas. Ellis in 1857, Prof. Wm. Proctor, Jr., in 1862, Prof. Edw. Parrish in 1868, Chas. Bullock in 1876, Jas. T. Shinn in 1880, Chas. A. Heinitsh in 1882, A. B. Taylor in 1890,

*Read at the annual meeting of the Pennsylvania Pharmaceutical Association, held at Buena Vista Hotel, Buena Vista, Pa., June 23-25, 1914.