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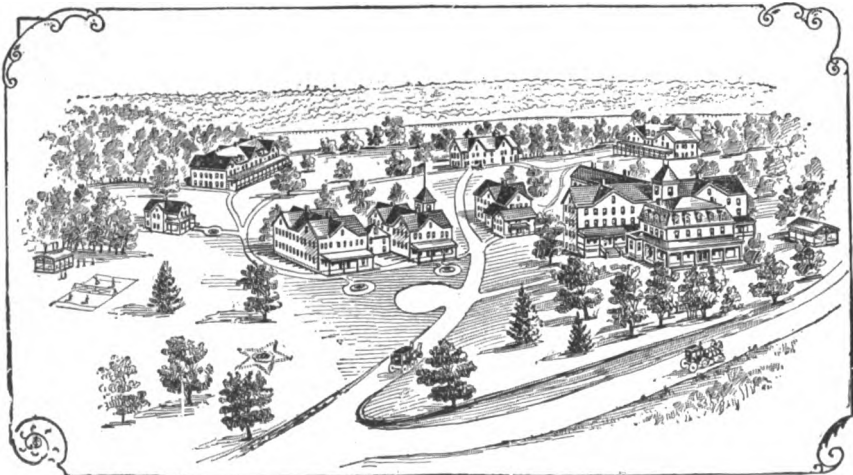
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THE CLINIQUE.

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NO. 8

Original Articles.

THE PHYSICIAN AND THE PUBLIC.*

H. V. HALBERT, M. D., CHICAGO.

Just what the scope of my subject is I am unable to answer, and I must confess, after twenty years of experience in the amphitheatre, I was never more at loss as to what I should say. That there is, or at least should be, an intimate relation between the physician and the public is admitted at first thought; yet as that relation has always assumed the aspect of give and take, it does not infer that our contact is always agreeable; and as we have always been the "givers" and you have been the "takers" it cannot be said that a satisfactory taste has always been the reminiscence.

Two classes of more diametrical tendency probably never aimed at composite relation than is recognized in the life and thought of the physician and the laity. True it is that the former is often sought in haste by the latter, but he is discharged with equal precision when convalescence occurs; your memory of us is always associated with dire dilemma and suffering; you most naturally think of us in relation with unpleasant and unendurable things; you probably always recall how we have cut and carved you and you think of us no doubt with a variegated appreciation if you have been fortunate enough to survive our prescriptions. We live so much in the stormy experiences of our patients' lives that we may be lost sight of when the sun shines bright and all is serene. Still we always admit that there is another side to the picture; that the true physician comes nearest to the hearts of his grateful patients, and this relation is one which neither time nor misfortune can efface. It is indeed the solace which makes life worth living on the part of him whose time is never his own and whose life's experience is not always of a pleasant nature.

*A Public Address delivered at Joliet, Ill., and Fond du Lac, Wis., in connection with medical societies.

In consideration of my subject it seems most natural to speak first of the physician and his vocation. I have intimated and you already know something of the hardships, the privations and the meager returns which are his; and yet I venture to say that not one out of a thousand knows the truth in this regard. Many of you, no doubt, realize perhaps the features of hard work which are his lot, but you probably assuage your compassion with the feeling that his financial reward is at least a sufficiency. If that be true, allow me to disturb that iridescent dream of yours sufficiently to inform you that the physician who is able to save enough for the rainy day to keep body and soul together, is indeed a rare exception. True it is he comes to you in a good equipage, he is of necessity attired in perfect raiment, he is obliged to live in good style, but these demands usually exhaust his income completely. It is not my desire to make any invidious comparisons, but I wish to state emphatically that this unfortunate condition is due to the fact that with rare exceptions the physician is not paid in proportion to the demands made upon him and according to the service he renders. In saying this I am not thinking of those people of medium wealth who usually do their best, but I have reference to the well-to-do who can do more. The rich man will nine times out of ten pay more for a good automobile and a chauffeur to run it for his pleasure, than he will contribute, with good grace, to a physician who saves his life. The average man will pay ten fold more to a lawyer to save his property than he will give to a physician to save his life. Of course I am willing to make exceptions in the case of a very few high priced specialists. I am referring only to the family physician and the general practitioner who render more constant and more exacting service and who always receive less than is awarded any other professional man.

Have you ever noticed how many physicians are driven from home surroundings to the—land knows where—when their physical usefulness is at an end? Or, on the other hand, have you ever recalled how many aged and infirm practitioners are to-day in the harness, of necessity, when in fact they need or deserve the restful environment which belongs to every man when his day's work is done? In all his active days no one lends more charitable help than the physician to those who need; he responds to their calls day and night, often with slight reward, and sometimes without the courtesy of gratitude; he exposes himself to all forms of contagion with little or no thought for himself; he listens to the tales of woe and want and lends the helping hand when the world never knows it; he is with the family at births and he

is with them when the hand of death is upon them; he imparts the comfort which none other can give for his presence is an assurance of hope even though it may not be there. The doctor works hard to establish the public hospital and he contributes his service and his money to care for those who have no hospital home. And yet there is no hospital or home endowed for indigent physicians. And do you realize that there is no pension fund for him who has virtually given his life for others?

But let us turn away from the personality in our work and attempt the discussion of principles which to us are more than our reward. It is the physician's vocation which appeals to him; the love of science, of daring effort and perfect results which actuate his efforts. From time immemorial the great object has been to save mankind from suffering and from early death. How well our profession has succeeded, you already know. Look into the past and compare it with the present and you cannot for a moment doubt the remarkable attainment. Disease, once occult, is now for the most part known in all of its idiosyncrasies; and I have faith to believe that the remnant unknown will yet be solved. For a long time the cause of disease was a most exacting puzzle, but think for a moment what our present knowledge of infectious conditions has done for us! Not alone has this truth been discovered, but the cure, in a majority of instances, has been established. And this has been brought about by most exacting and persevering study, by determined investigation and self-sacrificing experiment; and all for the sake of humanity. By this knowledge we are not alone able to cure disease, but, better than all, to prevent it. Medical and surgical science have achieved a perfection little dreamed of years ago, but more than this, we have learned the lesson of prevention which has added to the longevity and comfort of men; and this gives a hope of life which heretofore never existed. These specific illustrations are not the only valuable results, for every sequence of disease which threatens, and every peculiarity which complicates have have been likewise considered and measured; all of which aid us in thoroughly combating the intrigues as well as the ravages of disease. To properly appreciate this it is only necessary to look back to the crude efforts and the more unsatisfactory results in the practice of medicine even less than a century ago. This indeed is what the physician is proud of and it should elicit the commendation rather than the condemnation of the laity. We so frequently hear derogatory remarks pertaining to our uncertain work in the past that we feel assured in our right to make the present comparison in order to accentuate this improvement and to encourage the support without which our work would be unavailing.

Ordinarily the public does not understand the physician's work. It has an indefinable idea that with some phenomenal agency he combats disease and drives it out of the body by *vis a tergo* of supernatural effect. For this reason the average sufferer is inclined to take anything which promises impossible results, provided it has a bad taste and upsets the normal physiological conditions. Hence, it has been natural for people to seek the doctor who gives extravagant promise, and this is the only reason why the charlatan prospers. Had it been left to the discretion of our profession the faker long ago would have been driven from the confines of the godly. If people will pay extortionate prices to nomadic quacks, what encouragement is there for the honest and capable family doctor, who, with the aid of modern education, seeks the best for those who entrust their lives to him?

There is hardly an advertisement of a patent medicine to which some prominent and otherwise intelligent citizen does not lend his or her name to the advancement of this nostrum. Too frequently this recommendation is supplemented by a photograph of the advocate taken in evening dress and with a convincing smile, which plainly says "I told you so." Some man who, perchance, has made money by accident, and has been elected to congress for one term only, lends to this public approval of a patent decoction his scientific deduction that this particular medicine is a specific for pain in the back, housemaid's knee and the final stages of tuberculosis.

With such inconsistent support of an unknown quantity, I ask you in all candor how the standard of practical medicine is to be enhanced and encouraged? If you put your shoulders to the wheel of inconsistency and push it along, how are you to expect the healing art, in its scientific phases, to be substantiated and made useful for mankind? By such support you disparage the truth of practical procedure in the practice of medicine and make yourselves and your families subservient to an inefficient art. You may think this comparison is harsh and perhaps unjust, but I question if in your serious moments you do not recognize the logic of the acquisition. I say to you in all earnestness if the patronage of the thoughtless public and the promulgation of the secular press were taken away from this dangerous practice, the sad sequence of physical life would be greatly minimized. If people would prove all things and hold only to that which is good, it would be better for mankind and would further the efficiency of the practical age. If people would refrain from giving advice in matters of medical procedure unless they are well posted in this line, it would safeguard the health of the community.

The code of ethics which is a guiding axiom with physicians has been subject to unjust criticism. You often think we are narrow because we hold to it, but were it not for this our calling would be subjected to cut-throat principles. It is for your sake alone that we hold to this conventional theory, and because it keeps the quack from our circle. Were it not for this you would be exposed to all kinds of imposition and your lives would be sacrificed for the sake of dollars. It is therefore incumbent upon the laity to make no complaints regarding our professional ethics but to become our ardent supporters in this our decalogue of principles.

Sometimes I wonder if people of intelligence and character have lost their power of perception. We see men of marked mentality advocating all kinds of imperfect propositions, and these people, unfortunately, have their following. It is a sad fact that many are prone to follow a leader and fail to use their individual power of discrimination. For instance a man with legal acumen and education all of a sudden promulgates what he thinks is a law of life. He may claim that if this is followed according to his directions it will contribute health, happiness and the life continual. And *some* of the people say *amen*, and blindly follow this advocate into pastures which before long become barren. When this man's star descends they find to their sorrow that he is a wooden idol. Perchance the leader may be one who has ministered to their spiritual wants. In their adulation of his oratorical powers they may possibly follow him into his special Zion. He promises them food, raiment, and perpetual health; he even guarantees to heal all diseases, but sometimes they wake from their dream to find their property gone, their faith discounted and their hopes lost on the desert air. With a dull thud they come back to earth and learn that the law of gravitation still exists, no matter how convincing the blandishment of their deceiver may have been. There are all kinds of cults, with all kinds of roseate views, but you may follow them to the end of the interminable rainbow, and the bag of yellow gold will never be found. By their works only shall they be known, and the possible is the only result to look for whether it pleases or displeases. It is an established truth that something cannot be gained for nothing, and faith, though it is said to remove mountains, must have some association with works to be really effectual.

We live in a wonderful age; men are amassing fortunes almost in a minute; business accomplishment is simply something stupendous. Science, literature and all the arts have made wonderful advances and *man*, standing in the arena of such almost supernatural attainment,

naturally craves relief from his physical thralldom. He wants to live longer, to have physical freedom, to absolve suffering and with all to go the limit without paying the price. It is the psychological moment and, lo and behold, the prophetess appears. Rising, Phœnix-like, from the unprofitable stage of clairvoyancy, passing through Gethsemanean stages of malicious magnetism, she at last conducts us to the heights of Heaven and presents us with the only science of health. And this is offered as a panacea by one who seems to have no respect for physical laws which we have always heretofore regarded as divine. This so-called "science" is given a Christian name, and under this appellation all kinds of promises may be made and all kinds of responsibilities may be assumed. We are told to believe, to pay up and to follow. The fools are not all dead yet and restless humanity is only too eager to grasp something for nothing if it only permits a freedom from the restricting requirement of physical laws.

And why should they not be happy and joyous in such surcease so long as they are not really sick? Why should not a host of ignorant healers arise and prosper so long as they never meet real disease or can excuse it as a mortal error? Then, too, when the Christian feature is added, it stimulates an abiding hope. But I hear you say there is virtue in it and I agree with you most decidedly. There may be virtue in all things and so far as that quality pertains we should respect it wherever we find it. More than that, any principle which emulates the work of the Master Physician must always be accepted, yet human agency cannot be ignored any more than we can disregard the laws of nature, which are alike the laws of God. But disease *does* exist and we physicians *know* it; and we know full well that you cannot cure it by decrying it. But you give us instances of so-called cases under this new dispensation. Has any one ever verified these? Honor bright, now, I am asking a fair question. True it is that this sect has taken many patients from us who, by the way, never ought to have been with us,—and not only done them good but made them profitable disciples and proselytes. Admitting this, we claim that the same may be said of any other cult or in fact of any patent medicine. On the other hand, have you ever asked the physician, called in at the last moment, for his list of those who have died under the administration of this so-called science? Do you know how many strong men have been sacrificed under the hypnotic influence of this belief? Do you know how many innocent children, through this influence, have been sent to early graves because they were denied the help of known medical agencies? It is not for our profession to make any revelations,—yet

the facts are known. Can you tell me why it is that the physician is obliged to undergo four years of college study and hospital experience, then to be examined by the State, licensed by the State and kept under surveillance by the State in all his work, and yet all of these fanatical healers are allowed to assume such grave responsibilities without these requirements? Surely something is wrong in Jericho. If we are at fault, if all our efforts for scientific attainment are erroneous, let us put this mortal error of scientific knowledge under proper supervision.

Emulating this sect with a better and safer discrimination, we have now another department in the healing practice—the so-called Emmanuel movement. The established church, recognizing the fact that something must be done to stem the tide of unrest, has hit upon the co-partnership between the church and the medical profession. The minister is to help the physician,—the soul is to be considered as well as the body, faith must lend a helping hand and as men, by spiritual aid, are lifted into a higher sphere of life, they are less liable to disease and respond more promptly to scientific help in thwarting it. Nothing could be more logical in appearance or promising in hope, and possibly better results may be assured in some instances by such means as adjuvant aids. This is referred to as a psychopathic agency,—whatever that ill-defined and unmeaning term may be. Such a theoretical therapeutic effort is certainly enticing in a restless age like this. The method is pleasing,—it is comforting and surely it has some virtue. Its danger, however, lies in the fact that with emotional hope it puts responsibility into incompetent hands. Real disease, however, is always disease and never a mental hallucination. If it exists from a want of religion, this alone will cure it, but we are just worldly enough to know that true disease is not from this cause alone. It has a pathology and thrives because physical laws have been broken and because infectious factors have been given entrance into the body. These must be dethroned by physiologic and chemic effort and not by faith alone.

It takes a scientific comprehension of disease to make a diagnosis, and it requires a scientific armamentarium to manage it. The error in this line of work exists because the physician's work is understood only by the physician. The minister sees trouble and he does not properly distinguish between this and disease. The physician sees disease and he combats it as disease. If spiritual help is necessary, let us make a safe line of demarcation and proceed accordingly.

When I stop to think of what my profession has accomplished, I am filled with pride. Notwithstanding the fact that our history goes back to the most barbarous and unwarranted procedure in the name of medi-

cine and surgery, I am constrained to excuse this as being synchronous with the crudity of the times. When, however, we look into the face of our attainments up to the present date I wonder why the public is not amazed at our accomplishment. Think for a moment what the settlement of the germ theory means for humanity in preventive and in practical treatment; consider what scientific surgery and expert physical diagnosis have already done and then try to appreciate what therapeutic possibilities exist in this age. The average of life has been prolonged, the most serious diseases have been cured, and by our educational methods we have given immunity from a large class of supposedly incurable maladies. In another century—mark my word—in another century, or less, through the therapeutic and educational efforts of our profession, the great white plague, with all its terror, may be dethroned. I do not mean that we shall eradicate the disease by curing it, but we may overcome it by preventing it.

The profession today has not its mind set so much on the use of medicine when disease has come, as it has determined to surmount the possibility of disease. And if this is not God's work, what is it? The public should therefore support our profession, as the most natural human agency which can safeguard the health of mankind and that of the coming generations as well.

I dislike to magnify the presence of any sect by the slightest reference, for the doctor is always governed by the ethical spirit. For me, however, there is no fear of any misinterpreted science of religion and health. I believe that the so-called Christian Science was conceived in selfishness and clothed in Christian nomenclature for the sake of its profitable promulgation. It will either fail in time or it must modify its principles. Whatever truth it contains will live and we must wish it well. It may be a scientific christianity but it is not a science which has mastered disease, nor should it be permitted to manage disease or fool with it. If it is possible to cure the sick by faith alone, the physician will gladly resign in favor of this method. But I do not believe that it will be necessary or best, for I hold firmly to the idea that human agency will always be essential. A man who expects to be fed by manna from heaven alone, will sometime die of starvation. And faith without works is bound eventually to bring serious disappointment. One who constantly says "Lord help me" and does nothing to help himself will always remain a chronic invalid; so my first objection to a dogma which offers so much on faith alone is that it belittles the essentials of human effort. One who is influenced by religious fervor alone is liable to become utterly dependent or at least defiant of controlling influences. Such a man would transgress the laws of nature

which are likewise the laws of God. Ignorant of the fundamental functions of his physical being, indifferent to the known relief for functional perversions, and repellant even to the theory of preventive treatment, he is not alone a misguided individual, but his example is a menace to the health and happiness of any community. I have not the language sufficient to depict my abhorrence of a class of people who, with a sudden assumption of false faith, presumes to defy the natural laws of life. If this is religion, I fail to understand it. But, worst of all, such a sect becomes a danger to others. When they send their children suffering with diseases, which they are satisfied to deny, into the presence of other innocent children who have no protection, they commit a heinous crime against the rights of society. That person who fails to isolate himself when he is unclean or infectious should receive the severest punishment of law.

The trouble with the so-called Christian Science, and to a certain extent with our over-lauded mental therapeutics, is that under the presumption of religion it takes on a reckless assumption of science. If through the emotions or any line of reasoning we may lift ourselves to that altitude of conceit which permits us to imagine that we have attained a superhuman knowledge without the slightest study, then let us close our universities and abandon ourselves only to the pursuit of faith without works. If our children ask for bread let us give them a stone, and by a certain circumlocution of words let us convince them that it is bread. If the mind or the soul are the seat of disease, let us give entire attention to mental therapeutics and soul cultivation and forget the functions of the body, though they are essential to the support of this thing we know so little about—the mind.

Another objection to this faith cure is that it permits a license which often is construed as an unguarded liberty; liberty to do or not to do, either of which is liable to end in calamity. So long as people may receive absolution at any time, they are liable to sin as long as they wish. Yet physiological laws permit no trifling, and pathological sequences, once established, cannot be removed by incantations. It is well not to be deceived in this regard for it will be too late to change faith when disease once gets in control. Hobby riding has always been a misfortune; it seems as if a new sect was born every day, and a code of reasoning is made to fit any idiosyncrasy. While these may perhaps set us to thinking and inoculate a critical view of established customs, they create an unfortunate tendency because they belittle many physical entities. "Thou shalt not steal" is no more emphatically a principle of moral law than that we shall not commit suicide by neglecting the health which God has given us.

Let me disabuse your mind also of many of the incongruous ideas which prevail pertaining to the practice of medicine. We do not believe in the supremacy of drugs, nor in their miraculous chemical affinity for disease. We simply hold to the self-evident and scientifically demonstrated axiom that there is a physiologic relation to the pathology of disease, in the action of well proven remedies; these do not act by their chemic force to remove disease as if by a magic wand, but rather to restore a perverted function by the stimulation of lost nerve energy.

As stated before the real aim in our work is preventive medicine; and this object has the consideration of physical resistance. To accomplish this requires not alone a high appreciation of hygienic living, but a correct moral life as well. If then the religious equation is the high ideal which leads more surely to that perfection, we must all have regard for the true christian science in our practice. As physicians I admit we should accept the help which the minister offers; but the danger as we see it will exist when the minister, gaining confidence in his healing power, will assume responsibility in the treatment of diseases which he does not understand. The greatest misfortune of this age is the license which is taken by the laity to dabble with medicine, or to assume a responsibility in the management of disease.

I see still another danger in this ecclesiastical interference. While it is clearly the intention of the minister to confine the mental and the spiritual work to functional disease, yet how long that will last no one can tell. How long will it be before some clerical "healer," in the enthusiasm of his apparent success, will mistake an organic disease for a functional one? And think for a moment what that means to the patient. I am sorry to say this has occurred and will occur many times in the future, unless there is a better understanding and a better restriction on both sides of this momentous question.

And then there is another fellow with a healing idea—the new thoughtist,—just as if there was no originality to thought until he appeared! Again the psychological moment is at hand! Here is another opportunity to make an impression and secure a following, and the woods are full of these opportunists who offer you a sure relief without any effort on your part, though it costs the regular fee just the same. Bring all your complaints to this fountain of new knowledge and everything—from baldheadness to consumption—will promptly evanesce while you wait. And the best of all—there is no death here—life is a thought and as words are the only things that live forever, eternity is constantly at hand. You know Barnum said, "The people love to be fooled."

The unfortunate thing in this whole business is the fact that we are a funny people; we chase anything until we are tired of it. The laity has surely a wrong idea about doctoring. To them it is much like getting on to a street car; they pay their fare and get off where they please. They go to the doctor with the name of the disease in their hand, they present it to him and ask for the remedy. Our mistake has been to take their diagnosis and particularly their advice.

Then, too, there is osteopathy — a systematic laying on of hands which has a definite and valuable efficiency if restricted. It is a perfected massage and perhaps more. It may truly be called a good adjunct of medical practice, but it does not answer in all things, and it is a dangerous procedure in the hands of the conceited manipulator, who has no education relative to disease. It is impossible to rub disease out of the body when it has a deeper significance than is represented by the localized pain. And more than all we must refute the fake claim that a dislocated vertebra accounts for the symptomatology in every malady. Not long ago I saw a man die as the result of pneumonia when one of this cult had attempted to rub the pain out of a consolidated lung when the cause was a well defined infection. The doctor was called too late. I know of a patient who lost the use of a limb which was manipulated for days, when the trouble was due to an inflammation of the joint which needed rest and not manipulation. I saw a man, not long ago, who was hopelessly paralyzed as the result of unwarranted manipulation of the spine by one who claimed that by osteopathic movement he could cure a disease which in fact was imaginary. And all of this is tolerated and indulged because we are seeking an unnatural and impossible cure while we overlook the scientific and more practical methods which careful investigation have recognized. And the fault herein lies with the laity and not with the profession. It is due to the everlasting effort to gain something without giving an equivalent. It is the fault of willful ignorance and an unwarranted interference with natural laws. It is the dabbling with human life by the charlatan while the public looks on with toleration.

The unfortunate mistake of the people is the fact that they consult the physician only when they are sick. The real aim of our profession is to teach people to doctor before disease is imminent. There should be some method in treating a malady and the best results are obtained only when we seek to thwart it in its incipiency. When we give disease a chance to become established our best efforts will pertain only to palliation. The true physician aims to repair physiologic imperfections

and to overcome a condition of physical degeneracy before it becomes antagonistic to the normal status. He is by no means a worker of miracles. Let the laity once recognize this and they will become partisan abettors of a correct practice, and will ignore the inefficient and the impossible. The danger of the day is the number of false prophets with their blind adherents. We must pull the weeds which choke the lives of our fairest flowers and we must cultivate the soil which yields the perfect fruit. Perfect health is our birthright and when this is impaired it is often our own fault. Nature in her great wisdom always tends to repair her faults; and it is our privilege and our duty to help her.

I have said much of infectious disease and indeed it is the bane of our existence; but we forget that it usually follows some transgression on our part. Germs do not grow in a healthy soil; in fact they soon become innocuous in healthy tissue. Our lives are therefore safeguarded by cultivating a healthy physical resistance. When we offend nature in this respect we make ourselves candidates for disease; and when we depreciate the good health which is naturally ours, we sever the thread of life and grasp the hand of death.

Right living is therefore our only hope; a life which comprehends a sound body, a sound mind and a sound character. And the first thing which conduces to this mastery is cleanliness. A clean body encourages healthful assimilation and perfect elimination of waste. Clean surroundings tend to dethrone and ward off outward disease. Are we doing our part in this respect? Are we clean within and without? Is there a cesspool in our backyard, and are we helping civic cleanliness by upholding and supporting our local and State Boards of Health in their efforts to overcome infections. I wonder how many housewives know whether or not the cooking department of their household is conducted in a cleanly manner. Did you ever investigate the kitchens of some of our best restaurants? If not, have you any idea how many syphilitics, consumptives or other unclean servants minister to our gastronomic wants? Have you read the sign in our street cars which says "Do not spit upon the floor?" If so, have you ever broken that ordinance?

Pure air is one of the great essentials to our resistance of disease. Do you have it in your own house, and do you encourage it in public places? We have architects to erect fine buildings—we even have men who fly in the air—but has anyone ever invented a safe and constant means of giving pure air to us in our houses or public places? In fact has anyone ever *aimed* to do this? Rest and recreation are also essen-

tials to a proper physical existence. Do you or I ever think of this in our mad rush for worldly success?

The great White Plague is upon us. There is no denying it because you or I may *now* be safe. Like Damocles' sword it hangs over our heads by a slender cord and this may be cut at any time. We must curb that disease *now* or we are lost. The medical profession is sounding the alarm—will you enlist and will you serve valiantly? Open then your windows and let in the pure air! Not spasmodically but constantly. Bask in the warm sunshine and never let darkness supplant it. See to it that your poorer neighbor has his share also, for this is your civic duty. Live in the open as much as you can and don't deny others the same privilege, for it is their inherent right. If your smoking chimney, in factory or home, defiles the air, correct your furnace or tear it out. If, with your swollen fortune, you may escape the crowded quarter where congestion breeds disease, disgorge a little more for the sake of mankind, for the menace is upon us all. We have our pest house to isolate smallpox, we tell the leper to stand aside, we even plant the danger signal upon our doors in the mild children's infections, but we permit the tubercular pestilence to live in our midst. I tell you the moment is a grave one. Am I my brother's keeper? Yes, my friends, you are, every one of you. We cannot hide our responsibility; we cannot point to the other man. There is a universal obligation upon us at this very moment. Every home must be disinfected! Every neighborhood must be clean! Every case of tuberculosis must be reported. The state will build sanatoria, but the community must do likewise or we are doomed. Every man has a duty to perform.

SEGREGATION IN THE HIGH SCHOOL—A STUDY IN ADOLESCENCE.

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I feel greatly complimented to be asked to discuss briefly the subject of this paper before an association of physicians. You, of all the professions, know most keenly the facts on which the differentiation in education of boys and girls in their early teens is founded. If I did not know from experience, however, that my own profession—engaged constantly in training children—has been exceedingly slow to notice certain characteristic differences in the mental track of our boys and girls, and to seek to do something to remedy the defects of our almost uni-

versal co-educational system, I should not dare address you on this subject.

The teaching profession consists of a very conservative body of people. They are prone to teach by rule. They have great respect for authority and precedent. Any radical departure from the methods in vogue is a heresy. Doubtless this tendency to hold fast by the old and reject the new serves as useful a purpose with my profession as with yours. All I wish to urge upon my fellow teachers is that the facts be carefully studied and that a remedy be sought for without prejudice.

I am not at all anxious to be considered a faddist nor a radical, nor an opponent of the rights of woman, although I have no doubt been so considered by those who opposed the differentiation of the education of boys and girls. Here is the problem that confronts me. After 25 years of experience as a teacher in high schools, I have to deplore the fact that the scholarship of boys is vastly inferior to that of girls. Out of about 2,000 graduates of my school in the last 25 years, only 2% of the boys reached the same degree of excellence as 20% of the girls. The "stock" explanation for this was that athletic sports and natural indolence of the boy prevented his devotion to lessons. I observe also that a very large proportion of these boys, although inferior scholars while in high school, became strong characters, eminently successful business men, took high rank among professional men, and some even became great scholars, while very few of the scholarly girls rose to prominence. Even those who were able to maintain a high degree of scholarship in the universities and professional schools seldom show flights of genius, strong leadership, or special creative ability. I am aware of the fact that some notable exceptions are found, but, taken through and through, no one can deny the truth of these statements.

The common law has long recognized the fact that girls are as mature at 18 as boys at 21, by fixing these as the termination of legal infancy. When a boy of 14 I was often painfully aware of the fact that girls of my own age had matured faster than I had. I felt that nature had in some way cheated me out of my birthright without even the exchange of the "mess of pottage." Girls that had been my playmates now found more congenial companions among boys two or three years my senior. It has taken us many years to realize what an injustice we are doing our boys of 14 to 16 in expecting them to keep pace with girls of the same age, and then, just before this period, how many heart pangs our girls have suffered as they felt the burden of keeping pace with boys of 12 to 14, whom nature seemed to have given an undue

amount of physical strength and buoyant or boyish spirits, while they were apparently left weak, tired, and unable to concentrate their attention upon anything.

To President G. Stanley Hall, the great scholar and student of childhood, more than to all others combined, is due the credit of collecting, tabulating and explaining the data pertaining to this critical period of human life called adolescence. His classic book on this subject marks a new era in education. He has startled the theorists and called forth their keenest support or opposition. Educators all over the world are seeing things in a new light.

In December of 1905 I read a paper before the State Teachers' Association of Illinois upon some of the "High School Problems" in which I advocated separate classes for boys and girls in the early part of high school work. This sentiment received such warm approval that I asked and obtained permission from the school board to segregate the sexes in the small class of about 100 pupils that entered my school in February, 1906. Although bitterly opposed by some of the members a majority favored the experiment and the classes were made up on that plan. To avoid certain criticisms which I felt sure would be made, I assigned to the same teacher in every case possible both a boys' class and a girls' class in the same subject. While this plan served its purpose I soon learned that it was a mistake so far as the good of the experiment was concerned, for not all teachers can teach both sexes equally well. Nor does it follow that all men teachers are best adapted to teaching boys, and all women teachers, girls. At the end of the first half year the opponents of the plan on the board of education secured the passage of an order to suppress it in the face of the fact that a referendum had been taken of the parents of the children concerned, showing 90% in its favor. The parents of the children came to the rescue and the board reconsidered its action and allowed the experiment to continue. About five hundred girls and boys were then put into segregated classes. At the end of that year the battle was fought again, and again the parents voted by a secret ballot to continue the work—by a vote of 85%, and 15% of these even voted that the segregation should be extended throughout the four years. The board then voted to allow me to continue the work indefinitely. Before this decision was reached, the opponents of the measure had each teacher give his or her views in writing, as to the benefits and disadvantages of this experiment. These opinions as well as the votes of the parents were addressed to the Supt. of Schools, and did not pass through my hands so as not to be biased by my opinion. It was known through the press

discussions that the committee of the board was opposed to my views, so that if there was any bias at all, it was toward the opposition. In spite of this, the opinion of teachers, like that of the parents, was strongly toward segregation. It is also a fact worthy of note that 90 % of the men teachers favored segregation and 50 % of the women opposed it.

Some of the letters are given here by consent of the writers without giving their names:

NUMBER ONE.

At your request I will try to state briefly why I am thoroughly convinced that segregation is a good thing.

Instruction of course should be adapted as closely as possible to the capacity of the pupil, this much is axiomatic. For this reason we have our system of grading. Unless the members of a class are reasonably near each other in age and in development, good work cannot be done.

Boys and girls are not alike. They do not of their own accord congregate. In our lunch room, long before segregation was mentioned to them, they had voluntarily separated themselves. I noted the same phenomenon yesterday in the McKinley lunch room. Indeed, except at certain times of life, it is the rule of the sexes to flock by themselves. You will note this in old men and old women as well as in boys and in girls. Only in certain artificial social functions are the sexes brought much together, and at these the hostess is often obliged to exert a good deal of tact, not to say will, to induce them to mingle. Even the school principals, with the common ground of a single profession to draw them together, have the George Howland and Ella F. Young clubs.

The causes of this phenomenon are, I think, the different experiences and hopes of the two sexes. Both their bodies and their souls are different.

When a boy enters high school he has already acquired by contact with his companions and the world around him a kind of crude general culture. In order to be able to earn his living he must, however, learn all about some one subject. The school, in other words, ought to convert him into a kind of specialist.

The girl, on the other hand, when she comes to high school is already a kind of specialist. She is a little housewife, but her knowledge of things in general is narrow. She knows more of books and less of life than her brother. The problem of the school, in her case, is to convert a specialist into a person of broad general culture, such as she

will need in order to educate her children and retain their respect when they are educated.

When we undertake to educate boys and girls in the same classes, we are therefore doing a thing which is enormously difficult and wasteful. We are trying, at one and the same time, to carry on two practically diametrically opposed operations. It is as if a railroad manager should attempt, on the same time and on the same train, to carry a load of girls from Chicago to New York, and a load of boys from New York to Chicago.

This, I believe, is no fanciful analogy, but a serious truth. The criticisms passed upon our educational system by intelligent critics who, like Hugo Munsterburg, maintain that it has been unduly feminized, at all events have weight. The inability of our graduates to meet reasonable requirements in the normal entrance examinations, in the university and in the business world, points to some serious radical defect from which English and German schools are free.

You will remember that in September, 1906, our experiments in segregation were suspended for a month. Before and after that time I had a class composed exclusively of boys. I took advantage of the opportunity thus afforded to make careful comparisons of their conduct and efficiency when both systems were employed, and I found that they averaged about ten per cent. better when segregated.

NUMBER TWO.

I have had six segregated classes, four of girls, three in Latin and one in English; two of boys, one in English and one in Latin.

I have found the two boys' classes much harder in discipline, because their attention was so easily distracted. They seem to have what Pres. King calls "a hair-trigger disposition." They manifest much physical activity, and if you attempt to curb it, they get cross and think you fussy. They are very susceptible to flattery. Lessons have to be shorter and more definite to get them to do any studying at home, and in the baseball season almost all studying is abandoned. More variety in the presentation of the work is necessary to hold them. They like to apply principles, not caring much whether they know the rules or not. Boys are more confidential when alone and talk more freely, though that may have been due partly to the small size of my boys' classes.

The interest manifested in the English class was much greater than in the Latin class. I found they responded enthusiastically to the reading about pirates and Indians and fighting ("Lady of the Lake,"

“Treasure Island,” Cooper’s novels and “Ivanhoe”). I covered more ground than with an ordinary mixed class, though the work was not quite so carefully done. I was sorry the class was disbanded the first of February. Many of the same boys came into my Latin class formed then, which was made up mainly of failures. Their attitude toward the Latin was different, and while two-thirds have turned out strong pupils, it was much harder to hold their attention and keep them going than in English.

The girls classes in Latin have been easy to manage showing a readiness to do what is required without much prodding. They have covered a little more ground than the boys. In English the girls’ class was made up largely of pupils of foreign parentage (Swedish) who found the English idioms difficult and could not follow a story or get the point in reading. It was very hard to find literature suited to their tastes and level. I would not regard them as an average class.

Theoretically, I believe pupils should be taught in a mixed class, since they value so highly the opinions of their comrades. They should be given the opportunity to know the point of view of their fellows not only of the same sex but also of the opposite sex. I am glad to have had boys’ classes, for I think I understand the boy nature better for it. I think the experience has been so brief and limited, and so many other elements besides segregation affect the conduct of a class, that opinions based on so few classes are not worth very much yet. It is only fair that the experiment be given a longer trial.

NUMBER THREE.

In accordance with your request I submit the following statement of my views on the subject of “segregation” as I have observed its results: I desire to state first that I am heartily in favor of the plan, for the following reasons:

- (1) My observation, confined to classes in algebra, leads me to believe that girls are quicker to perceive a particular thing than boys of the same age; but (2) slower to reason a problem out for themselves.
- (3) That their experience in practical affairs is much more limited than that of boys,—even city boys.
- (4) Therefore, problems full of meaning for boys are meaningless to girls; and the (5) power of apperception is therefore less developed in girls than in boys, so far as problems in algebra are concerned.
- (6) In general, I believe that many of the boys in the first year high school are not cleanly enough to be grouped in classes in close school room with girls, even from the same social circles, without creating conditions of discomfort for the average girl.
- (7)

In one or two particular instances I have known of girls whose influence upon boys in the same class, or whose attraction toward boys, it works both ways—was a serious obstacle to progress in school work on both sides. The same persons, in segregated classes, attended to their own business fairly well,—the cause of disturbance being removed for the time allotted to recitation.

From the things I have observed I have tentatively concluded that in segregated classes the teacher is or should be able to adapt his method to the needs of the class to a greater degree than in mixed classes. In the case of algebra, I believe that the quicker perceptions of demonstrations, which I have noted in my girls' class, make it advisable to use blackboard demonstrations by the teacher much more than in a boys' class. Their difficulty in interpreting problems, also, makes it necessary carefully to explain and diagram the conditions of problems for girls, where boys do not need half so much explanation of terms and conditions.

It has also seemed necessary to me to go over any new principle in advance very carefully with a class of girls. They are quick to see and understand it, but slow to reason its use and apply it. The reverse seems to me to be true of boys.

NUMBER FOUR.

I had two classes of boys and one class of girls in first year Latin.

Any device which separates pupils into classes so that those of similar training, mental development, and temperament may work together seems to me worth while. This, segregation seems to me to accomplish. Other methods may accomplish the same thing, but none suggests itself to me which is as easily carried out.

In my own subject segregation works well. Boys do not take kindly to the drudgery in first year Latin, and mixed classes made up of three-fourths of girls, they often do not keep up with the class, and have a tendency to drop out. This has seemed less true in the two classes of boys I have had, than in my mixed classes. Fewer have quit, and a considerable number will pass into Cæsar who, I am convinced, would not have carried the work in a mixed class.

Once in Cæsar, the boys held their own very well, being, in my experience, somewhat stronger pupils than girls.

I believe there are somewhat easily recognized differences in the mental traits of boys and girls. If I taught them in different classes, my desire would be to make these differences less rather than to emphasize them; to cultivate in the girls some of the so-called masculine virtues,

and to encourage in the boys some of the excellent habits more commonly found in girls.

I have not observed any attitude of condescension on the part of the boys toward women-teachers. (This is in answer to a question asked me by a member of the Board.)

The discipline may be a shade more difficult in segregated classes. This difference doesn't seem to be sufficient to deserve consideration.

The experiment has interested me. I am convinced no one has suffered from it. I believe both girls and boys have profited somewhat. I should like a further test.

NUMBER FIVE.

In reply to your request I have briefly stated below some reasons which in my estimation justify the separation of boys and girls in classes in physical geography and physiology. During my experience with boys and girls in the first year science work, which covers a period of nine years, these points which I enumerate have always appealed to me and have necessitated changes in the method of instructing boys and girls. It has been easier to do this since the separation.

1. Boys do not like to study the text book. Continual pressure must be employed to have them do so. They prefer the laboratory work—to perform the experiments but not to write in a note-book the account of the work done and results obtained. Girls will get their lessons from the text book without much pressure. They, too, like the laboratory work but will write much concerning the experiments.

2. The observational powers of the boys and girls are different inasmuch as they have come up through different channels. The boys are strong with facts on the mechanical side—engines, pavements, building construction, etc. The girls are strong on the artistic side.

3. The length, route and emphasis placed on certain phases of field work surely must be different for girls and boys because of the difference in physique, observational powers and the life which they will subsequently lead.

4. The boys do not like to write accounts of their field work. They make excellent drawings of the maps, routes, etc. On the other hand the girls will write long accounts of their field work in good neat form. However, their drawings are not nearly so accurate and I do not find that they like to make them.

5. In all the laboratory work — written work — the boys are more accurate than the girls, but less tidy.

6. The contents of the subject of physiography, in my opinion, must

be different in many parts of the subject for girls and boys. In such places it should fit into the experiences of the girls and boys and prepare them for the different fields into which by nature they are destined to go.

7. The above will surely be conceded by all in regard to instruction in physiology.

NUMBER SIX.

My experience in teaching plane geometry and physics to boys and girls in segregated classes leads me to strongly favor this plan in these subjects.

In geometry, a spirit of team work can be developed and they can be given the original exercises along with the propositions much more effectively than in mixed classes.

On the other hand, the girls can be given the subject at a speed better adapted to their abilities, and from a point of view that will develop the subject more effectively with them, than can be done in mixed classes.

In physics, the experience and interests of boys and girls differ widely. In segregated classes the point of view adopted in presenting the subject, as well as subject matter used, can be varied from that employed in mixed classes much to the advantage of both boys and girls.

I do not quote letters of those who opposed the experiment simply because they were not willing to be quoted. So far as I have been able to learn the chief objection to segregation, not only from these minority teachers but from opponents in the community and on the school board, are that woman has won a great victory in securing recognition from man that she is not inferior in intellect, and that she has the same right as man to the best opportunities that civilization has to offer. These people fear that this movement is a step backward, and that if we separate the sexes it means that we intend to give the cream to the boys, and the skimmed milk to the girls. As to these two propositions, I would be the last person to put a straw in the way to bar the progress of woman. The victory she has gained in demonstrating her equality with man is a great achievement, but my contention is for the further development of woman and not to oppose it. Equality of rights, however, does not require identical rights. Each sex is entitled to an equal opportunity to develop his or her powers to their greatest efficiency. If, however, the endowments, the natural instincts, the aims, the ultimate purposes in life, are different, upon what ground can anyone claim that the training should be identical? Doubtless my opponents claim that these premises are wrong, and that:

1. Endowments are equal.
2. Instincts are identical; and
3. Aims and purposes should be the same.

In other words, that there is no such thing as sex in mind, and that all the differences we observe in mental traits are produced by environment. To cite the number of men who have left world records in invention, discovery, art, music, oratory, poetry, literature, history, or business ability, seems to them to be offset by citing the record of one shining female example in each field; and then if the point is proven beyond controversy, we are told that it is a cruel thrust to remind woman, just emerging from the slavery of man, that she is an inferior being. This inference I wish indignantly to deny. Principal Halleck of Louisville Boys' High School once said "we admit that our fathers were different from our mothers, but we are ready to strike the man in the face who dares say our mothers were inferior to our fathers, and the more our mothers differed from our fathers the harder will be that blow." The fact is that for ages man tried woman by his own standard and so pronounced her an inferior being; but all that time woman could have tried man by her standard, and found him just as deficient. Only in a state of barbarism do we find men and women most nearly alike in mind. Differentiation in intellect has been just as necessary to the advancement of the race as differentiation of the sexual functions lower down in the scale of life. Neither is inferior to the other, but the qualities of mind are not identical. They are complements of each other. Neither is complete without the other. It might be a more apt figure of speech to say that one is the supplement of the other; that is, that it takes both to make two right angles. I fear, however, that some may infer again that I imply that man is the larger of the two supplementary angles, so I shall adhere to the word complement—that is, that it requires both to make one right angle.

I need say nothing to an association of physicians about the difference in natural instincts of the sexes, and as to ultimate purposes I shall have something to say later. One of the most common objections I have to meet is that if we find such differences in mental traits, would it not be helpful to both to recite in the same classes so as to give each the different view front of the other. My experience is that it is like putting a sixth grade and a seventh in the same class. Either one can give some assistance to the other, but it costs too much time and energy to teach that way. The teacher can develop the subject so as to make a much better impression if her pupils are most nearly alike in attainments. We find that a boy in the mixed class politely leaves most

questions of rules and quotations to the girls and the girls feel that the division of labor is not complete unless they leave most matters of observation and mechanical devices to the boys. Few teachers observe that girls answer a certain line of questions and boys another in the mixed class.

It is only when we have the sexes in segregated classes that we notice the extreme differences in mental traits. The result of this work so far, has strongly impressed upon us the following points: Boys of 14 to 16 need a great deal of sleep and exercise and are unable to concentrate their minds but a short time. They are independent and disliking to do things by rule. They like to work in teams or organizations. They are keen observers and master readily the things that appeal to their sense of utility. They take poorly to disciplinary studies. They are impatient over delays and so dislike to linger for slower people to catch up. They have little patience with pure memory work. They excel in experimental work or in invention. They put off the disagreeable work, such as written work, and prefer to tell what they know rather than write it. Their logical powers are keen but intuitions are almost lacking. In school work he excels the girl in science and mathematics, although in algebra, where there is but a minimum of invention and logic, and a maximum of rule and process, the girl usually is his superior.

The girl, with her greater maturity, takes readily to disciplinary studies. She is more faithful and regular in preparing her daily work, likes neatness and order; delights in art, music, literature, language and history, and so finds the major portion of the high school course adapted to her taste. She would rather write than talk, and so excels in the written test. Her intuitions are strong, so that she can avoid moral dangers into which the boy rushes headlong. As girls are the majority in nearly all classes, the class work is made to fit her needs and the text-book is written for her more than for the boys, who make up the minority of the class.

Now, with segregated classes, we have simply carried the grading system a step further than before, and find it a great help to each: The work is differentiated to meet the needs of each as far as the teacher is able to do it. The segregated class calls for a more careful study of the nature of the child and a closer adaptation to the needs of the individual. In the mixed class, it was but a compromise, an average of extremes. A poor teacher may succeed with a mixed class. In the segregated class every tendency is intensified.

The first result noticed was the fact that our school had one-fourth

more boys returned to the second year than had done so before in the history of the school. The most common testimony of pupils of either sex is that they get nearer to the teacher and are better understood than in a mixed class. Each is less reserved. This feeling is worth everything. Discipline in the boys' class is a little harder with many teachers, but this is usually the result of ignorance of the boy character. There are some teachers who insist that boys ought to be made into girls or turned out of school. We have found, however, that the scholarship of boys has greatly improved, and with that his deportment. Boy types are impressing us with their peculiar powers. They are responding to the new treatment and girls are receiving a new impulse toward a broader womanhood. We are learning how to help young people, hitherto sexless and most nearly alike, how to differentiate at the place where nature is trying to push them apart, instead of hindering them by identical treatment. If anyone thinks we segregated the boys and girls to prevent social relations they are mistaken. We believe in the proper social relations of young people and recognize the healthful influence one sex has over the other. We would not put the boys in one building and the girls in another, remote from each other, if we could. They sit in the same lunch rooms. They have their literary and dramatic clubs together as before. In fact we provide certain social functions, guided by a committee of teachers, so as to preserve these social relations, but in the class room they are completely segregated in the first and second years. In the third year the differences have been largely equalized and so in most subjects they come together, but more on the plane of mature people where their paths are not identical but parallel.

One point, which must appeal to this association, is the fact that matters relating to sex are now easily approached. In the mixed class it is exceedingly difficult to speak of such matters without arousing a feeling of indignation. If we are ever to make any progress in eradicating the terrible evils of social vices, we need to give better instruction to our youth upon matters usually barred from the class room. It is impossible to speak of sex in the mixed class without shocking the feelings of the modest or inviting the jest of the bold. Society has created barriers here that even the physician finds difficult to pass. Are we not in danger, too, of so weakening the physical life of woman by demanding so great a strain upon her vitality at this critical period of her life by requiring girls in their early teens to work side by side with boys, that in the long run the race will suffer? The boy seldom suf-

fers by overwork. The pressure that will keep a boy doing average work will drive many a girl to nervous prostration. Cannot the teaching profession secure the help of the physicians in creating public sentiment such that our boys and girls may each receive the separate treatment needed?

VACCINES IN TYPHOID.*

W. H. WATTERS, PH. D., M. D., BOSTON, MASS.

During the past decade there have been many advances in practically all branches of medicine. Perhaps in no one has this advance been more pronounced than in that having to do with the infectious diseases. Here we have learned the exact exciting cause for a large number of this class and of practically all our knowledge is becoming ever wider. As this knowledge has increased we have become better able to guard against the spread of the infections and by so doing to very greatly decrease the mortality. Prophylaxis has become the watchword of the entire medical profession and in no disease has this been more valuable or its results more evident than in connection with typhoid fever. After a person has contracted the disease, prophylaxis, however valuable at other times, has no further advantage for that patient. Here our friends of the other school in medicine, after years of experimentation with intestinal antiseptics, stimulants, tonics, etc., now openly confess their helplessness and advocate the adoption of the "expectant treatment," a method that leaves the patient largely to his own devices, assisted by good nursing, careful diet and proper hygienic surroundings. This has at least the advantages, as they themselves admit, of freeing him from the dangers incident to the older, heroic measures formerly in vogue.

It is with a view of briefly describing a specific form of prophylaxis and giving the results of what is to the best of my knowledge the first routine application of a somewhat new form of treatment for the disease itself that this paper is written. That this form of treatment is based on distinctly homeopathic lines and that its first routine application was made in an homeopathic institution is an additional reason for its being reported at this meeting.

First, let us consider the prophylactic side of the question. Sir A. E. Wright, of opsonic index fame, made what was, as far as I know,

* Presented with stereopticon illustrations at the American Institute of Homeopathy, Detroit, June, 1909.

the first large test of this part of the question at the time of the Boer war in South Africa. It is readily understood that during active operations in the field the completion of accurate medical statistics is very difficult. So gratifying, however, were the results indicated that a more wide and prolonged test was justified by a board of medical officers appointed to investigate the matter. The method is now used in the British and in the German armies and has just been introduced into our own by order of the surgeon-general and on the advice of a consulting board of eminent physicians. The present technique is as follows: A stock strain of the typhoid bacillus is made in broth and incubated for 24-48 hours. It is then sterilized by heating for one hour at 53° C.; 25% lysol is then added to preserve sterility and the resultant emulsion is standardized in the usual way. The first dose, given subcutaneously, consists of 500 M. bacteria; the second, after an interval of ten days, of 1000 M. Reaction both local and general may occur, manifested locally by redness, some swelling and tenderness, constitutionally by headache, anorexia, nausea and vomiting. These symptoms disappear in about twelve hours and it is accordingly best to give the treatment about 4 p. m. If no reaction occurs from either injection, a third should be given after another ten-day interval. Of the duration of the resultant immunity we cannot speak at the present time. Some clinical results may be of interest, however.

In the German expedition to Africa 1904-7 the number of cases among the untreated was 98 per thousand, while among those treated it was but 50. Of the untreated the mortality was 13%, against 6.5% for the treated. Again in the Royal Fusiliers in India with an average strength of about 1,000, nearly 5% of those untreated contracted the disease, with a mortality of 12%, while among those treated about the same percentage were attacked, but with no mortality at all. For the 17th Lancers, also an Indian regiment, we have the following report for 1905-7:

Percentage of untreated cases contracting the disease	7.7
“ “ treated “ “ “ “	5
“ “ mortality, untreated	15
“ “ “ treated	0

Once more, let us combine figures from a number of similar regiments. We find that among the untreated the incidence of the disease was 21 per 1,000; among the treated, but 9.8. Mortality, untreated 25%; mortality, treated 20%.

Wright sums up the results as follows: 19,000 cases treated; inci-

dence of typhoid, 1-84, mortality 17.1; 150,000 cases not treated; incidence of typhoid 1-40, mortality 25%.

From these figures, and others that could be given, it seems possible to assert that by these means we can hope for decided benefit from the prophylactic standpoint.

From the side of distinct therapeutics we are, however, told that there is nothing to hope for, that after infection has once occurred it is not only useless but dangerous to inoculate, as the disease will in all probability be aggravated. This will probably be true but for one oversight, the dose question. The homeopath knows that a material that will aggravate in one strength will often ameliorate when used in smaller amount. This fact has therefore been worked out in this connection, as will be seen. The dose of typhoid bacilli used in prophylaxis is, as will have been noted, 1000 M., an amount corresponding in a general way to our 4x or 3x. Now as this will produce exacerbations or aggravations in this strength it was decided to use it in smaller amounts for therapeutic purposes. Accordingly, about two years ago, we began at the Massachusetts Homeopathic Hospital what was to the best of my knowledge the first routine application of this method of treatment ever introduced. Since that time the results have been so satisfactory that many of the clinicians under whose observation the work has been performed have become ardent converts to its utility.

It may be here allowed to state that my personal opinion favors the use of the vaccine in association with the indicated remedy. There have been now treated about fifty patients and I believe we can at least say that, irrespective of how many we have helped, we have injured no one person at any time by the inoculations.

During the year 1908 in the routine work and without any selection of cases our mortality was 3.3% against 12% mortality among those not treated. A number of the cases will be now given in some detail in order to allow you to judge for yourselves of the results.*

*Here thirty temperature charts were thrown upon the screen, each case being briefly described.

Washing the area around a mastoid wound with alcohol, alcohol and ether or alcohol containing 1% nitric acid, will often ward off a dangerous erysipelatous infection.—*American Journal of Surgery*.

Depilatories are useful in the preparation of the scalp for the treatment of abscesses or infected wounds, when the nature of the infection or the matted condition of the hair makes shaving difficult.—*American Journal of Surgery*.

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Editorial.

The Passing of the Pancreas.—Not since the halcyon days of Alexander Haig and his famous ratio of 33 to 1 has any theory captivated a susceptible profession more quickly than the pathological hypothesis that the Islands of Langerhans, were so to speak, the diabetic "nigger in the fence." The causative relation of the mysterious but potent internal secretion of the pancreas to diabetes mellitus was long ago hinted at, later whispered about, and finally shouted through the megaphone of commercialism. Just how much money this theory has cost the patient diabetic may never be known, but as pancreatic products come high the figure must consist of several ciphers. However the clinical results have been eminently satisfactory judging from the bushels of testimonials which we see scattered about, hence if we believe in the good old maxim *finis coronat opus* there should be no kick coming from anybody.

But what we wonder at so often is why after we have cured our diabetic population with the latest preparation of the laboratory that somebody else keeps insisting that we should try *his* new preparation for diabetes.

No sooner do we hear of the new agent than we begin to doubt the efficacy of our former agents, talk mumblingly and low, and wonder after all if our cures were only a coincidence.

The Decline and Fall Off of the Rooshun Empire, so graphically de-

scribed by our learned historian Mr. Silas Wegg, is nothing at all in comparison with the regular annual decadence of the pathological theory of the year before. No sooner does the Ancient Mariner of the detail force supply us with his latest laboratory product (price very high per kilo, f. o. b. steamer *Deutschland*,) when somebody else acting in the interest of some-other-body gets up in some medical society and proves to everybody's satisfaction that he has found something better and immediately all former theories are called in.

"Further study" is a term which is warranted to knock out any therapeutic theory in three years. This has recently been shown in a striking manner by the Decline and Fall Off of the Islands of Langerhans after repeated assaults by an army of histological Huns.

Carnot, whom we presume to be an eminent French authority, sums up the pancreatic doubt as follows: "The conditions under which we meet with pancreatic diabetes as well as its clinical aspect are still open for discussion and too much so for it to be safe to formulate definite conclusions."

So, off with the old pancreas and on with the new something else!

It looks just now as if that new something else would be spelled "atrophine" by medical students this autumn. C. M.

Scarlatinal Nephritis.—Since we know so little about the organism causing scarlet fever speculation concerning scarlet fever nephritis may be indulged in with a freedom not allowable in the case of infections whose causative agents are identified with tolerable certainty. Among late theorists in regard to scarlet fever nephritis is Charles Fiessinger whose observations have appeared in the French *Mementos Therapeutiques des Practiciens*. "Scarlatinal nephritis," says Fiessinger, "supervenes in different ways according to the particular epidemic. Scarlatinal nephritis may even be transmitted from one patient to another without any antecedent scarlatina. It would seem, therefore, that scarlatinal nephritis and scarlatina are two distinct affections since their associationship is so variable and contagion of one may take place to the exclusion of the other."

This is important if true, and would suggest care in watching the urine of children who show no evidences of scarlet fever at all provided they are in a neighborhood where there is scarlet fever nephritis or have been exposed to the same. It would be worth knowing how long after the attack of nephritis the patient should be isolated for fear of giving the nephritis to others, etc., etc. In opposition to the views

of Fiessinger may be urged the ordinarily accepted view of scarlet fever nephritis, namely, that it is due to inflammation of the kidneys by the passage through them of a soluble specific virus, i. e. to the toxins of scarlet fever. Now then if there is no scarlet fever how do the toxins cause the nephritis?

May it not be possible that the cases referred to by Fiessinger have been really cases primarily of scarlet fever, but so mild as to escape notice so far as the rash is concerned? But why is it then that such mild cases can produce such severe kidney lesions?

Clinically we are obliged to admit that extremely mild cases of scarlet fever may be followed by fatal cases of scarlet fever nephritis. Not only this but severe cases of nephritis may follow an insignificant infection like a mild sore throat, or gastro-intestinal attack. Are we to assume that in certain persons the kidneys are so sensitive that an extremely slight infection may produce renal lesions which in others would not be produced by the same amount of toxic irritation?

Whatever we may think, it is certainly a clinical fact which demands explanation that the gravity of the renal disease is sometimes out of all proportion to that of the original infection supposedly causing it. Again the relationship which sometimes appears to exist between the dreaded subacute (chronic parenchymatous) nephritis and a mild infection is uncomfortably close. In subacute cases lasting for months or years there may be but little evidence of an original acute nephritis. The amount of human misery caused by subacute nephritis does not seem to be realized even by the medical profession, the number of cases coming under the observation of any one practitioner being few. But in the writer's experience this is one of the most cruel diseases known since after an apparent recovery the condition may revert in the form of secondary contracting kidney with its cardiovascular changes and acute uremic accidents and pull the victim down when the latter supposes himself to be out of all danger.

Whatever may be our theories and our speculations the one thing of paramount importance is to protect the young from scarlatina and scarlatinal nephritis. Statistics show that if care be taken less than ten per cent. of children with scarlet fever may be attacked by nephritis. But the prevention of scarlet fever itself in the first place is a problem well worth our study since of all forms of acute nephritis that following scarlet fever is the most serious.

C. M.

The Rapid Determination of Ammonia in Urine.—Since ammonia is one of the most important products of protein metabolism the determination of it in the urine is of considerable clinical interest. Normally the amount of ammonia per 24 hours ranges from 0.3 to 1.2 grammes. It is rapidly changed to urea especially by the liver, hence in hepatic cirrhosis and cancer the determination is of importance for the ammonia will rise as the urea falls.

In diabetes the amount of ammonia aids us in determining the degree of acidosis, in that it represents the effort the body is making to protect itself from acid poisoning. Quantities of ammonia reaching five grammes in 24 hours indicate an extremely severe form of diabetes which usually proves fatal in one year or less.

The ammonia determination is of value in differentiating the pernicious vomiting of pregnancy from other forms and is used by some obstetricians as a guide for induction of labor.

The methods for the determination of ammonia have until recently been too technical for clinical purposes, but the recently described method of Malfatti has been tested by the writer and found to be entirely suitable for the clinician and a distinct gain in urinalogy. The only apparatus required is an ordinary burette and a flask or beaker. The reagents employed consist solely of the decinormal solution of sodium hydroxide and the usual alcoholic solution of phenolphthalein. The acidity of the urine is first determined in the ordinary clinical way and then five c. c. of formalin diluted with an equal volume of water is titrated as above with the decinormal soda and when a pink appears is mixed with the urine. The pink disappears and the whole is now titrated with the decinormal soda as above, and the figure obtained used for calculating the ammonia since one c. c. of soda equals 0.0017 gramme of ammonia. The principle of the process is the formation of urotropin when an ammonium salt is treated with formaldehyde. The whole process takes but five or ten minutes and the figures obtained by the writer in examining a number of specimens of urine have shown the normal range in normal urines and an increased amount in diabetic urines containing diacetic acid. It would appear therefore that we have at last a method for the rapid determination of ammonia which will prove to be of great service to the clinician.

C. M.

A 10% ointment of fuchsin in vaselin or zinc oxid frequently yields gratifying results in stimulating the epidermization of indolent ulcers and granulating wounds.—*American Journal of Surgery.*

The following from the Chicago Health Bulletin is worthy of consideration on the part of every city or town health authority. If physicians in the country had support of this kind the death list during the summer would not be so large:

“The general plan of campaign of the Infant’s Welfare Committee of the city of Chicago has been determined upon and will conform as nearly as possible to the following lines:

“First. The United Charities Association will maintain at the various active centers a force of from eight to ten nurses, who will make a personal investigation of the conditions obtaining in the neighborhood where the death rate from diarrheal diseases among infants was high during the months of July, August and September of last year. They will report daily through their respective centers to the main office of the association.

“Second. The nurses from the Tuberculosis Institute during their daily work will take cognizance of any cases of the same kind and will report these to the United Charities Association.

“Third. The Department of Health contributes to this work by the appointment of ten physicians who will be assigned for three hours each day to the various stations of the Milk Commission of Chicago, the purpose being to examine children coming to those places for milk. They will advise as to proper feeding, dressing, treatment and general care of the children. In cases that are plainly indigent they will prescribe and render the necessary medical attention. Prescriptions are to be filled at the various near-by dispensaries and physicians will confine their attention to the location to which they are assigned.

“Sixteen trained nurses, to be appointed and paid by the Department of Health, whose duty it shall be to canvass the entire district to which they are assigned and to advise, where necessary, as to the proper care and feeding of the infants with whom they may come in contact. These nurses and doctors are to report daily to the Department of Health and to keep a follow-up card record of each case they are called upon to attend.

“Fourth. At two meetings held during the past week at the rooms of the United Charities Association, at which most of the officers of the branch divisions of the Chicago Medical Society were present or were represented, it was decided unanimously that the Chicago Medical Society through its branches should cooperate with the Infants’ Welfare Committee in furnishing to the indigent and deserving poor the necessary medical care and treatment, physicians to be furnished and appointed by the different branches for this purpose. These physicians are to be so assigned by the officers of their various branches as to be upon call from the various headquarters of the districts in which they live at all times during the day. This service is to be entirely free and voluntary and is to be extended only upon the assurance of the United Charities Association that the patients are deserving.

“The officers of the Chicago Homeopathic Medical Society, the

Chicago Eclectic Society and the Physio-Medical Society are to be asked to co-operate in a like manner.

"Fifth. A staff of physicians has also volunteered to appear at various places at such times as may be necessary to instruct parents and nurses in the proper care and feeding of infants.

"Sixth. All dispensaries, hospitals, nurseries, creches and children's open-air sanitariums in the city of Chicago have been asked to join in this movement and practically all of them have agreed to do so.

"The Department of Health is to be used as a clearing-house for the different organizations participating in this work. In the general supervision of the work plans will be adopted to prevent unnecessary duplication of work in the field, reports will be tabulated, studied, and suggestions offered.

"The Department will also give special attention to reported sanitary defects and its ambulance service will always be available to transport, when necessary, sick children who are reported by the proper agencies as needing hospital care to such hospitals as have signified their willingness to accept and care for such cases without pay.

"With these united agencies working under an organized plan there is little doubt that the usual mortality among children from gastrointestinal diseases will be materially reduced. Not only will a number of lives be saved, but it is hoped the effects may be further seen in the improvement, physically and mentally, of our rapidly increasing body of young citizens."

Societies.

THE ENGLEWOOD HOMEOPATHIC MEDICAL SOCIETY.

A meeting of the Englewood Society was held July 13th at the home of Dr. Belle Gurney, 6854 Wentworth Avenue. The attendance was large, filling several rooms. Dr. Tenney, as chairman of the bureau of materia medica, brought out some papers of more than ordinary interest, all dealing with mercury as a subject. Dr. Clifford Mitchell's paper dealt with the action of mercury on the kidneys, and the extreme susceptibility of these organs to its action was insisted upon. Dr. MacMullen gave a synopsis of the symptomatology in a practical and condensed form suitable for clinical purposes.

Dr. A. Fuller Harris read a short but highly practical paper on the therapeutic applications of the drug. The discussion was led by Dr. Frank Wieland and soon became general and informal. Dr. Hingston summed up the various views brought out in the discussion in an able

manner, dealing with the differentiation between the different forms of the drug. Among others taking part in the discussion were Drs. Tenney, Ingersoll, Wilcox, Patterson, Herbert, Grace L. Whitford, and Gurney.

The next meeting will be held at the home of Dr. Hingston, when the bureau of obstetrics will report.

AMERICAN INSTITUTE OF HOMEOPATHY—LETTER FROM THE PRESIDENT.

San Francisco, July 15, 1909.

HOMER V. HALBERT, M. D., 31 Washington St., Chicago, Ill.

My Dear Doctor: I am sending you the appointments for the Los Angeles meeting of the American Institute of Homeopathy, 1910. The policy of the president will be that of distributing to all of the Homeopathic Journals alike such news as will be of general interest. I desire to obtain the co-operation of all, dispensing no special privileges.

The Pacific Coast wishes a large attendance at the 1910 meeting. To that end a liberality of spirit and action will prevail at all times. As few appointments as possible will be made from the west; only such as will be of material help to the Institute. The chairmen of the various bureaux will be all east of the Rockies in order to encourage eastern members to come to the western meeting, and bring their co-workers as well. Pacific Coast members will magnify their privilege as that of host, and aim to make all happy who come within their gates.

I may ask the privilege at various times to use for the common good, your columns for the furtherance of this end. My circular letter to the profession asking for designation of choice of work, I trust will bring a fund of available information to the secretary's desk, which may be used by the chairmen of the various bureaux this year and in other years. In this way less difficulty will be experienced in obtaining bureau members and a wider distribution of bureau membership attained.

Feeling assured of your interest in our common cause, I am, very sincerely yours,

JAMES W. WARD.

CHAIRMEN OF BUREAUX.

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b. Clinical Medicine and Pathology. Chairman — Joseph P. Cobb, M. D., Chicago, Ill.

c. Homeopathy. Chairman—John P. Rand, M. D., Worcester, Mass.

d. Paedology. Chairman—C. S. Raue, M. D., Philadelphia, Pa.

e. Sanitary Science and Public Health. Chairman—Eugene H. Porter, M. D., New York City, N. Y.

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 Wm. O. Forbes, M. D., Hot Springs, Ark.
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 H. L. Obetz, M. D., Detroit, Mich.

Council of Medical Education.

John P. Sutherland, M. D., Boston, Mass.

Los Angeles Local Committee of Arrangements.

Honorary Chairman—W. J. Hawkes, M. D., Los Angeles, California.

Chairman—F. S. Barnard, M. D. Los Angeles, California.

San Francisco Entertainment.

Chairman—Wm. Boericke, M. D., San Francisco, California.

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Chairman—J. B. Gregg Custis, M. D. Washington, D. C.
 Benj. F. Bailey, M. D., Lincoln, Neb.
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 George Royal, M. D., Des Moines, Ia.
 J. P. Sutherland, M. D., Boston, Mass.
 J. H. McClelland, M. D., Boston, Mass.
 Edwin H. Wolcott, M. D., Rochester, Md.

 Miscellany.

THE CLEANLY CONSUMPTIVE.—It sometimes seems that there is a little too much emphasis on hygiene in the modern method of dealing with consumption and analogous, non-surgical forms of tuberculosis. So far as prophylaxis is concerned, most of the men who are considered authority on the subject, preach to us of the "cleanly consumptive" and scout the necessity of anything approaching quarantine. They argue that tuberculosis is not a contagious disease but merely one that is communicable.

Such a distinction of terms is not of much importance. A contagious disease as the term is usually employed is one which does not even require contact for the transplantation of germs. The bacillus tuberculosis requires no extra-corporeal or intermediate corporeal stage in a

lower animal to fit it for establishing a new human infection; it requires no special carrier or mode of implantation as does the malarial or yellow fever parasite. The great majority of cases—and, according to Robert Koch, whose opinion deserves respect if not agreement—all cases depend upon previous human infections. The danger of infection from a consumptive applies not so much to the persons who meet him as an individual but to those who follow in his footsteps. We might make a homely comparison to a man walking about a park with an uncontrollable diarrhoea. It is not his companions so much as those who subsequently go over the same places and who are unaware of his existence, who are liable to be contaminated.

All that has been argued about the safety of the "cleanly consumptive," the lack of necessity of segregation, etc., is based implicitly on the claim that spitting is the sole manner of disseminating tubercle bacilli from the air passages and lungs. The fairly frequent occurrence of renal tuberculosis indicates that the urine must be a slight danger, at least. It has also been established that the fæces are almost as regularly infected as the sputum. But, limiting ourselves to the facial openings, the most conscientious use of the sputum cup leaves the lips contaminated and, by the use of the fingers, it is scarcely possible that the consumptive can fail, in the course of a few days, to convey bacilli to the thirty to fifty dishes, eating utensils, napkins, etc., that he touches at each meal or to the various toilet articles, furniture, etc., in his room or to his personal and bed clothing. However cleanly and careful, one can scarcely avoid sneezing, coughing, blowing the nose, drooling at night. Then, too, we must reckon on the periods and final stage of utter prostration, perhaps delirium or hebetude. How about conscientiousness in such periods? Even quiet breathing has been shown to convey bacilli to Petri dishes in about 3 per cent. of brief experiments.—*Medical times*, Mar. 1909.

SARCOMA OF THE TONSIL TREATED WITH RADIUM.—Freudenthal (*International Journal of Surgery*, January, '08) reports a case of sarcoma of the right tonsil which, nine months after the patient first noticed its appearance, showed as an irregular mass springing from the tonsil, extending from between the faucial pillars to the base of the tongue, and of the size of a pigeon's egg. The first microscopic examination reported "a round-celled sarcoma." Later another report was made by Dr. Jonathan Wright as follows:

"This is a granulomatous growth covered by hyperplastic squamous epithelium. In places there is considerable effusion of blood, and

around these areas the round cell tissue is somewhat granular, but elsewhere there is not the fragmentation of the nuclei that one usually gets with syphilis. While the blood vessels are somewhat thickened in their fibrous coats, the round cell tissue is arranged around them in such a way as to suspect sarcoma. These round cells are for the most part of the polymorphonuclear type, in many places in rapid division. When the tissue is edematous some hyaline degeneration is seen. There are a few large lymphocytes. There are considerable intercellular connective tissue fibers, traceable to neighboring strands, with spindle-shaped nuclei.

“Diagnosis: I think we must conclude that this is probably a sarcoma of the rapidly growing round-celled type we infrequently see in the larynx. Without a history, and supposing it came from the larynx where sarcoma is rare, I leaned to the idea of syphilis, but a more careful examination leads me to believe it sarcomatous.”

Antisyphilitic treatment having had no effect, radium was used twice weekly, 10 milligrams of 1,000,000 strength, at first for ten minutes, and later for thirty minutes. After six applications the neoplasm had sloughed away until only a slight fragment remained, which ultimately disappeared and after six months the patient remains perfectly well.

Systemic anæsthesia for surgical purposes so profoundly affects the intellectual, as well as the motor and sensory, functions that, as is well known, mental perversions, varying in character, are among the psychic phenomena to be expected wherever anæsthetics are administered. With females these perversions sometimes take the form of erotic delusions so vivid in character that in numerous instances they have led to accusations ruinous to the good fame of the anæsthetist. For this reason, if for no other, the presence of a reputable and trustworthy witness is a precautionary measure never to be omitted when an anæsthetic is administered. Many cases are on record illustrating the vivid character of these erotic hallucinations, and showing how necessary for the good fame of those implicated the presence of a witness may become.—*Dental Brief*.

INITIAL TUBERCULOSIS.—Long before the bacilli can be found there is a history of increasing sense of weakness with loss of appetite, shortness of breath on slight exertion, a dry hacking cough, with perhaps a pleurisy pain. Such symptoms point almost unerringly to beginning tuberculosis of one or the other apices, even if no physical signs are present. A patient with such a history should be told his danger immediately so that proper remedial measures may be taken without loss

of precious time. The chances are 99 to 1 that it is tuberculosis, and if it should prove otherwise the error has been on the side of safety. In other words, if the physician suspects tuberculosis it should be regarded as such without waiting, for the microscopic findings for a negative examination by no means excludes tuberculosis.—*McConkey, Pac. Coast Jour. of Hom.*

DRUG PROVING. — *Lobelia Inflata*. — The original study made by "The Eclectic League for Drug Research" on the drug lobelia, confirms and suggests the following specific indications for its use:

- (1) A sense of dyspnoea over the chest and heart.
- (2) A fullness and atonicity of tissue, — doughiness.
- (3) Spasmodic and congestive conditions, local and general.
- (4) Cough, with or without glandular secretion, with above indications.
- (5) Shock to the vital forces; collapse (hypodermic use).
- (6) Toxemias; diphtheria, membranous croup, tetanus (hypodermic use).
- (7) Nerve excitation; morphinism (hypodermic use).

Administered hypodermically, not one report mentions nausea or emesis as a result—only a salutary stimulation of forces and strengthening of the pulse.—*Leming. Chicago Med. Times, March, 1909.*

THE SCHOOL NURSE. — The school nurse is the teacher of the parents, the pupils, the teachers, and the family in applied practical hygiene. Her work prevents loss of time on the part of pupils and vastly reduces the number of exclusions for contagious diseases. She cures minor ailments in the school and furnishes efficient aid in emergencies. She gives practical demonstrations in the home of required treatments, often discovering there the source of the trouble, which, if undiscovered, would render useless the work of the medical inspector in the school. The school nurse is the most efficient possible link between the school and the home. Her work is immensely important in its direct results and very far reaching in its indirect influences. Among foreign populations she is a very potent force for Americanization.—*Ayers School Hygiene.*

INTERNAL VACCINATION.—It is reported that Professor Henry Albert, Bacteriologist of the Iowa State Board of Health, in a recent lecture, stated that there are two methods of vaccination, the internal and the older one of scarification. He is quoted as saying: "I believe that it will be but a question of time until there will be but one method, and that the internal one."—*New England Medical Gazette.*

ABORTION.—The police department of Boston not only advises but orders us to report immediately all cases of suspected criminal abortion coming to us for treatment. They then assume all responsibility for obtaining a confession from the patient and for the arrest and conviction of the offender. This would be an easy and comfortable way out of our dilemma were we to consider the abortionists alone. But, unfortunately, we must consider the welfare of our patients, and the fact of their having had an abortion induced does not alter our position towards them. The Hippocratic oath of secrecy is not a thing of the past and immediately we violate it we are on a path whose end no man can see. We might obtain convictions of a certain number of abortionists, but must inevitably sacrifice the public's confidence in our inviolate secrecy, and many patients suffering from secret diseases would hesitate to come for help lest their condition be published broadcast.

It must also work needless hardship on many erring girls and women and expose them to a publicity which ruins their entire future happiness. The necessity of telling on the witness stand the history of her abortion would seal the doom of any young woman as inevitably as if convicted of felony; and she would not suffer, alone her family must also bear the stigma and unhappiness consequent upon such publicity. Since, then, this course entails much needless suffering and involves the sacrifice of our Hippocratic oath, what shall we do as individuals and as a society? I can think of but one course which entails no wrong to our patient and no sacrifice of our professional principles. Briefly it is this: When called to attend a case of criminal abortion, call in council a fellow physician in good standing and obtain from the patient if possible a clear and definite statement as to the abortionist and confirmatory details. Such evidence should then be laid before the executive committees of the societies of which the abortionist was a member. If to such committee guilt seems established a recommendation should be made to the society for his expulsion, the name of the patient not going beyond the executive committee.

I am well aware that in this plan I am offering but a partial solution of the difficulty and that it would reach only those abortionists who were in good standing in our medical societies. The large number of advertising abortionists would go untouched. But the medical profession is not a detective bureau, and all we ought to do is to endeavor to keep our ranks free from rascals and criminals, and immediately we have expelled such men from our societies we have done our duty. To our patients our position is that of a medical priest. We have their confessions and keep them secret, even though they be confessions of sin. Such has

been our position for ages and such, I believe, it should remain.—*Chas. T. Howard, M. D., in New England Medical Gazette.*

CARBON DIOXIDE AS AN ANÆSTHETIC CAUTERANT.—Gottheil (*International Journal of Surgery*) gives as advantages of the use of solid CO₂ in cauterization the following:

1. Obtainability. Carbon dioxide is a commercial product extensively used for soda-water fountains in drug and candy stores. A number of firms supply it in steel pressure cylinders, and it is readily gotten anywhere. It is not even necessary to keep it on hand; it can be drawn at the drug store as required in a towel or chamois skin; it can be kept for hours and carried to where it is needed. In fact the druggist could draw it on prescription and send it to the office or the patient's home.

2. Cheapness. A 20-gallon tank costs, delivered, between \$2 and \$3, and with careful use will last a long time. The number of "drawings" possibly depends partly, of course, on the waste each time, and partly on the varying amount of gas in individual cylinder. But it is at least 30, and it may be over 100. The cost of individual treatments is insignificant, and the only apparatus required is a towel and a couple of roller bandages.

3. Applicability. The gas can be drawn as a solid, varying in density from a loose snow to a more or less brittle chalk-like mass. The snow can be moulded into shape with the protected hand, or, by means of glass or metal tubes with pistons, into cylinders or any desired shape. But I invariably have it drawn hard, and whittle it down. At one time a broad, flat freezing surface, perhaps curved to fit depressions and covering a square inch, is required; at another, a fine, long point to attack a minute lesion is needed. Either one is readily gotten with an ordinary penknife.—*Medical Review of Reviews*, May, 1909.

CONSERVATISM IN TONSILLOTOMY.—There seems to be at the present time an indication of reaction from the extreme surgical measures of some years ago. One of the latest indications of such is seen in the statement of Bloodgood, of Johns Hopkins, who questions the "good science" of the almost universal practice of excision of all enlarged tonsils. This statement he makes on account of the fact that there is now a distinct question whether the enlargement is not as frequently due to the exit as to the entrance of poisons.—*New England Medical Gazette.*

Increasing deafness and blindness should suggest an intracranial tumor, especially if facial palsy be present. The commonest situation is in the cerebello-pontine angle.—*American Journal of Surgery.*

News Notes.

Dr. R. L. Baird expects to locate in Dixon, Ill., shortly.

Dr. Burton Haseltine is spending most of the summer cruising on the lakes in his yacht.

Dr. Nellie Flint, Geneseo, Ill., visited Chicago recently, bringing in a patient to the hospital.

We are informed that Dr. Harry Beeson expects to change his location to Oconomowoc, Wis., shortly.

Dr. J. G. Story, '08, is at present in New York. The doctor wanted to see what was going on in the east before locating.

Dr. A. T. Livingstone, C. H. M. C. '99, Sioux City, Ia., visited Chicago recently on account of illness in his sister's family.

Dr. C. A. Laffoon, Hahn. '07, has taken up the position as resident physician in the Buffalo Rock Tent Colony at Ottawa, Ill.

Dr. F. D. Harter, Grand Rapids, Mich., spent a day in Chicago recently and called on some of his old friends. The doctor is looking well.

Dr. L. M. Griffin, Hahn. '07, Toledo, Ohio, visited Chicago in July. The doctor attended the A. I. H. in Detroit and looks prosperous and happy.

The many friends of Dr. O. B. Blackman, Dixon, Ill., will be glad to learn that he has so far recovered his health that he has returned to practice.

Dr. M. A. Barndt, Milwaukee, Wis., was recently reappointed by Gov. Davidson as a member of the Wisconsin State Board of Medical Examiners.

Dr. A. L. Blackwood has been elected vice president of the Chicago school board. The doctor is a well known and popular member of Hahnemann College faculty.

The prospects are good this year at Hahnemann College for a larger freshman class than usual. There has been an unusual list of inquiries, and over forty have already promised to matriculate.

Dr. A. H. Waterman and his bride, Cecilia Loftus, will spend four months in this country, coming sometime in September. The doctor expects to locate permanently in London following this visit.

Dr. Pliny R. Watts, a graduate of the New York Homeopathic Medical College and President of the California Homeopathic Medical Society for 1908, died recently at his home in Sacramento, Cal.

Dr. C. V. Martin, formerly of Chicago, and now in Marysville, Wis., was a patient in Hahnemann Hospital in July due to an attack of appendicitis. The doctor spends one week in every six in Chicago.

Dr. Chas. E. Kahlke has returned from his vacation, and is hard at work again. The doctor returned a little earlier than he expected, due to an accident in one of Chicago's prominent families, and in which he was called in council.

Dr. W. B. Welch, Hahn. '06, had his appendix removed in Hahnemann Hospital during July. The doctor's good wife, well known to many of the doctors, was with him and enjoyed being back in the college once more. The doctor made a nice recovery.

Dr. H. R. Stout, Jacksonville, Fla., spent some time in Chicago following the Institute meeting. The doctor is one of the most loyal homeopaths in the profession, and will be glad to advise with any homeopathic physician wanting to locate in the south.

Dr. H. T. Haverstock, Hahn. '07, has completed his term as interne in the Metropolitan Hospital, New York, and was in Chicago during July, taking the Illinois State Board examination. The doctor has not selected a location as yet, but favors some town in his native state, Iowa.

Dr. Frank H. Blackmarr will devote his entire attention hereafter to the practice of Electro Therapeutics, X-Ray and Radio Therapy in all its branches. The doctor has spent much time with Dr. Bailey in research work in radio active substances and they have accomplished wonderful results.

Dr. Clint Allen Laffoon was married on July 27th to Elizabeth Nita Womacks. We congratulate the doctor. Miss Womacks was until recently Supt. of Nurses in Hahnemann hospital and had the love and respect of the nurses and staff. May their union be blessed with all the happiness the world has to offer.

Dr. Harry B. Clark, C. H. M. C. '03, died on May 16th at his former home, Mancelona, Mich., aged 29 years. Dr. Clark was the victim of tuberculosis, and during the late winter went to Arizona with the hope that the life out doors there would restore him to health, but he had worked too long before taking this step.

The Chicago *Tribune* of July 17 publishes a letter from Dr. Clifford Mitchell disputing the claim of Mr. K. W. Walton to the record for climbing Pike's Peak. Mr. Walton made the ascent recently in five hours and the round trip up and down in eight hours. Dr. Mitchell made the ascent in three hours and forty-five minutes to beat a previous record of four hours made by an English trooper and an Italian flute player. The Englishman made the round trip in seven hours, hence Dr. Mitchell argues that Mr. Walton "isn't in it."

There is no reason why we cannot get our united profession going west in our own special train, as is always being done by the members of the other school. It is proposed that those taking advantage of this train can come back over any route they may wish by buying a return ticket. We have already entered into negotiations with the railroads looking forward to a special fare for this trip. It will yet be some time before we can determine what we can accomplish, but be assured that we will get the best rate possible. The secretary of the transportation committee will be glad to hear any suggestions that will add to the pleasure or comfort of our trip. Make your plans now to be one of the party going to California.

T. E. COSTAIN, Sec'y Transportation Committee.

The transportation committee through its chairman, Dr. C. E. Fisher, has outlined a comprehensive plan for the trip to California which we hope will appeal not only to the physicians themselves but to their families. It is proposed to get a splendidly equipped special train from Chicago west, stopping only at a few central points where plans are already under way to be entertained by the profession in the cities where a stop is contemplated. At the shorter stops along the route flowers and fruit for the ladies of the party will be provided. It is part of the program to have with us on the train a quartet of singing and playing musicians to entertain us during the evening hours, and every effort will be put forth to make the trip an enjoyable one with few dull moments. All this presupposes that we can for once get our profession to agree to take this train and not scatter over different roads at different times.

Persistent hemorrhage after the extraction of a tooth is often relieved by the application of trichloroacetic acid. If the hemorrhage does not cease after its application, tamponade of the cavity is the next best available means of stopping the flow of blood.—*American Journal of Surgery*.

SPECIAL AUTUMN COURSE OF MEDICAL CLINICS AND LECTURES

To be given at Hahnemann Medical College, Chicago, beginning Sept. 7th and ending Sept. 21st, 1909.

SEPTEMBER 7	SEPTEMBER 8	SEPTEMBER 9	SEPTEMBER 10	SEPTEMBER 11	SEPTEMBER 13	SEPTEMBER 14
9-10 a. m. Prof. Kent Bryonia alba.	9-10 a. m. Prof. Kent. Rhus toxicod'ndr'n	9-10 a. m. Prof. Kent. Phosphorus.	9-10 a. m. Prof. Kent. Phosphorus acid.	9-10 a. m. Prof. Kent. Sulphur.	9-10 a. m. Prof. Kent. Psorinum.	9-10 a. m. Prof. Kent. Belladonna.
10-11 a. m. Prof. Aurand. Anacardium.	10-11 a. m. Prof. Aurand. Antimonium Cru- dum.	10-11 a. m. Prof. Aurand. Antimonium Cru- dum.	10-11 a. m. Prof. Hanks. Therapeutics of Gynecology.	10-11 a. m. Prof. Aurand. Baptisia.	10-11 a. m. Prof. Hanks. Therapeutics of Gynecology.	10-11 a. m. Prof. Aurand. Cimicifuga.
11-12 a. m. Prof. Blackwood. Snake Poisons.	11-12 a. m. Prof. Blouke. Homeopathic Treat- ment in diseases of women.	11-12 a. m. Prof. Blouke. Homeopathic Treat- ment in diseases of women.	11-12 a. m. Prof. Gordon. Therapeutics of Pleuritis.	11-12 a. m. Prof. Blackwood. Snake Poisons.	11-12 a. m. Prof. Wieland. Therapeutics of Genito-urinary diseases.	11-12 a. m. Prof. Blackwood. Tuberculin.
2:30-3:30 p. m. Prof. Dienst. Comparative Ma- teria Medica.	2:30-3:30 p. m. Prof. Blackwood. Tubercular Clinic.	2:30-3:30 p. m. Prof. Blackwood. Tubercular Clinic.	2:30-3:30 p. m. Prof. Cobb. Children's Clinic.	2:30-3:30 p. m. Prof. Dienst. Comparative Ma- teria Medica.	2:30-3:30 p. m. Prof. Halbert. Tubercular Clinic	2:30-3:30 p. m. Prof. Dienst. Comparative Ma- teria Medica.
3:30-4:30 p. m. Prof. Halbert. Digitalis and other remedies.	3:30-4:30 p. m. Prof. Blackwood. General Clinic.	3:30-4:30 p. m. Prof. Blackwood. General Clinic.	3:30-4:30 p. m. Prof. Cowper- thwaite. Homeopathic Therapeutics.	3:30-4:30 p. m. Prof. Cowper- thwaite. Homeopathic Therapeutics.	3:30-4:30 p. m. Prof. Halbert. General Medical Clinic.	3:30-4:30 p. m. Prof. Cowper- thwaite. Homeopathic Therapeutics.
4:30-5:30 p. m. Prof. Fellows. Homeopathic remedies in ex- ternal diseases of the eye.	4:30-5:30 p. m. Prof. Mitchell. Therapeutics of Renal Diseases.	4:30-5:30 p. m. Prof. Blackwood.	4:30-5:30 p. m. Prof. Bruce. Adjuvants to Med- ical Treatment.	4:30-5:30 p. m. Prof. George. Remedies in Dis- eases of the Ear.	4:30-5:30 p. m. Prof. Halbert. General Medical Clinic.	4:30-5:30 p. m. Prof. Mitchell. Therapeutics of Renal Diseases.
8 p. m. Prof. Bailey. Therapeutics of Light.	8 p. m. Prof. Grubbe. Electro-Therapeu- tics and X-Ray.					8 p. m. Prof. Bailey. Therapeutics of Light.

SEPTEMBER 16	SEPTEMBER 17	SEPTEMBER 18	SEPTEMBER 19	SEPTEMBER 20	SEPTEMBER 21
9-10 a. m. Prof. Kent. Calcareæ Carbonica.	9-10 a. m. Prof. Kent. Calcareæ Arsenicosa.	9-10 a. m. Prof. Kent. Kali Phosphoricum.	9-10 a. m. Prof. Kent. Kali Iodatum.	9-10 a. m. Prof. Kent. Kali Iodatum.	9-10 a. m. Prof. Kent. Sulphuricum.
10-11 a. m. Prof. Hanks. Therapeutics of Gynecology.	10-11 a. m. Prof. Olark. Therapeutics of Endometritis.	10-11 a. m. Prof. Aurand. Phytolacca.	10-11 a. m. Prof. Olark. Therapeutics of Endometritis.	10-11 a. m. Prof. Olark. Therapeutics of Endometritis.	10-11 a. m. Prof. Aurand. Veratrum Album.
11-12 a. m. Prof. McDonald. Therapeutics of Typhoid fever.	11-12 a. m. Prof. Blouke. Homeopathic treatment in diseases of woman.	11-12 a. m. Prof. Blackwood. Tuberculin.	11-12 a. m. Prof. Blackwood. Toxins.	11-12 a. m. Prof. Wieland. Therapeutics of Genito-urinary diseases.	11-12 a. m. Prof. Blackwood. Toxins.
2:30-3:30 p. m. Prof. Cobb. Therapeutics of Cholera and EPILEPSY.	2:30-3:30 p. m. Prof. Blackwood. Tubercular Clinic.	2:30-3:30 p. m. Prof. Cobb. Children's Clinic.	2:30-3:30 p. m. Prof. Dienst. Comparative Materia Medica.	2:30-3:30 p. m. Prof. Halbert. Tubercular Clinic.	2:30-3:30 p. m. Prof. Dienst. Comparative Materia Medica.
3:30-4:30 p. m. Prof. Halbert. Strophanthus and other remedies.	3:30-4:30 p. m. Prof. Blackwood. General Medical Clinic.	3:30-4:30 p. m. Prof. Halbert.	3:30-4:30 p. m. Prof. Cowperthwaite. Homeopathic Therapeutics.	3:30-4:30 p. m. Medical Clinic.	3:30-4:30 p. m. Prof. Cowperthwaite. Homeopathic Therapeutics.
4:30-5:30 p. m. Prof. Fellows. Homeopathic remedies in internal functional and functional disease of the eye.	4:30-5:30 p. m. Medical Clinic.	4:30-5:30 p. m. Prof. Collins. Therapeutics.	4:30-5:30 p. m. Prof. George. Remedies in Diseases of the Ear.	4:30-5:30 p. m. Prof. Halbert. General Medical Clinic.	4:30-5:30 p. m. Prof. Bruce. Adjuncts to Medical Treatment.
8 p. m. Prof. Grubbe. Electro-therapeutics and X-Ray.	8 p. m. Prof. Wilson. The present status of scientific medicine and its relation to Homeopathy.				

DIRECTORY OF THE HOMEOPATHIC MEDICAL SOCIETIES OF ILLINOIS.*

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* Continued on page 504.

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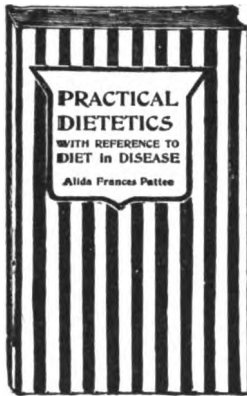
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