

was remarkable, and to my mind strengthened the diagnosis. Dr. G. V. I. Brown was called in consultation, and a careful examination was made. Percussion elicited the fact that an inflammatory process was going on in the pulp of this apparently sound tooth. Dr. Brown removed the cause, and an immediate recovery followed.

The conclusions that I wish to draw from this case are:

1. Patients should not be sent from doctor to dentist and back again when a consultation is possible.

2. We should not take such a radical view of surgical procedure as the only method of curing inflammatory processes as to prevent our using all possible means for the relief of the patients during the time when a diagnosis is being made and the surgical treatment instituted.

3. We should not resort to the promiscuous use of opiates or any other analgesic as a temporary measure when the pathologic conditions may be treated rationally.

4. Having made our patients comfortable we should take plenty of time to make an absolute and accurate diagnosis, thereby saving the patient the annoyance of undergoing unnecessary and painful operations and possibly preserving for him his teeth or other necessary organs.

MEDICAL JOURNALISM.*

ITS END AND AIMS.

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Let me preface my paper with an expression of my deep appreciation of the honor which your President has conferred upon me by asking me to address you. But the personal element in his invitation, however flattering, was entirely overshadowed by the fact that the invitation itself was an evidence that the principles whose adoption by the profession I was perhaps the first to urge, in an insistent and chronic fashion, were to receive the recognition of a public hearing before the representative body of American medical journalists. For your President suggested that I write upon part of the general subject to which my editorials have been devoted.

My paper is not a long one because, not devoted to a scientific subject, it gives no scope for the usual padding of domestic and foreign quotations and references; it is, moreover, upon a theme of such paramount and urgent importance that any save the directest treatment would be inappropriate and nugatory. I have chosen for this dissertation "The End and Aims of Medical Journalism," and I shall endeavor to show that this journalism, if true to itself, can adopt but one End though its Aims may be many.

In the economy of human nature there is a principle to which all of us are at all times subject. It is a necessity of intelligent existence and is called "the law of accomplishment." In every act or series of acts of every man, whether it be to pass an idle hour or the performance of some serious work, there must always be, latent or expressed, one dominant idea—a purpose, an ultimate

object, *an end*. So complex are we, for the accomplishment of every ultimate object or end one or more subsidiary acts are necessary and the particular purposes or objects of these secondary acts are properly defined, in their relation to the main object, as *aims*.

It is in this sense and thus defined that I would consider the end and aims of medical journalism. It is beside the question to discuss the end and aims of individual journals or the special ideas of individual editors; it is the idea of *united accomplishment*, conveyed by the term "journalism," and its special application not only to medical subjects but to the medical profession, as expressed by its adjective, which shall occupy our attention.

It is not enough to minister to the wants of the profession merely as individual men, for it means little save irony to the average practitioner that he may read of the latest advances in his science if his family be constantly at the starvation point because his profession is powerless to protect him against the rivalry of pseudo-charitable hospitals and dispensaries, legalized quacks and other malignant enemies. To enlarge upon this idea I would say that everything which makes not only for the advancement of scientific knowledge but for the better application of this knowledge in the prevention and cure of disease comes within the scope of medical journalism. But the higher the profession stands as a corporate body in the estimation of the community, the greater must be its influence for good upon the public health. The piping voices of individual physicians can not command more than the passing, casual attention of the body politic or social but the united voice of the medical profession would come as an authoritative, irresistible force. It would be the decision of the supreme court of science, against which there is no appeal.

The *end* of medical journalism, therefore, must be to strive for the corporate interests of the profession, to struggle to obtain its recognition as a corporate force in fact as well as in name, that thus the public well-being in all that pertains to health, of which the profession avowedly stand as the mentors and arbiters, may be best protected and advanced. Nothing less, evidently, than this idea in its broadest scope can fill the end of medical journalism.

With this end in view, what are the means to be employed in its accomplishment, what are its "indications?" Some of these are self-evident, others are not. If medical journalism is to become the constructor of an united, corporate profession, if thereafter it is to be the defender and the mouth-piece of this great body, it must first construct *itself*; it must subordinate its special, individual interests, when necessary, to the common good and must unite in earnest for the same end and with the same aims. Petty jealousies, born of the fear of competition, and distrust must be put aside. The great journals, of far-reaching influence owing to a larger capital, must not contemn and elbow out their smaller brethren who are conscientiously working, to the extent of their ability, for the same great end. On the contrary, a policy of encouragement and helpfulness is absolutely called for here. And indeed it is needed. No society was ever reformed by those, no matter how well inclined, whose existence was a daily struggle for bare maintenance; it is there we must look rather for a natural resentment against the irony of an undeserved fate. And it is well if, beset as they are by spacious temptations, they maintain the ethical code of their more fortunate fellows. What a parody upon honesty and truth, what hypocrisy, if the great and well-to-do medical journals, preaching altru-

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istic principles and high ideals for the regeneration of the profession, turn in the same breath to their smaller struggling brethren and say: "You are too poor and insignificant to be of any assistance to us" (not to the cause, mark you!); "on the contrary you impede our influence by taking from us a certain number of subscribers who, if you did not stand in our way, would come to us!" Think you that medical journalism will become powerful and united by means of such a policy? And may we expect the editors and proprietors of the smaller journals, who for years have manfully and unselfishly struggled to maintain an ethical standard and to work for the interests of the profession, to be favorably impressed by any plan for its regeneration which involves their own extinction? No, let those of us whose influence is greater win the confidence of those who have less that, recognizing the justice and earnestness of our intentions by the consistency of our actions, they may come in with us and form a strong and united journalism. Then indeed can we successfully crush the mass of unethical, money-grubbing, journalistic small fry, who have so long been a reproach, a hindrance and a pollution to the profession.

I have heard it said that there were too many small journals in this country, that many of them were too poor and insignificant to assist the cause of medical science by the presentation of useful matter; hence, by catering to a cheap and unscientific taste, they degrade the standard of journalism and retard the development of the profession. There is much truth in this complaint, but I do not believe the remedy lies in a policy, on the part of the higher class of journals, of extermination. If these small journals maintain the code of medical ethics they accomplish within their own sphere, even though their taste from a scientific and literary point of view be execrable, what the great journals edited in our great cities can not do—they appeal to and satisfy the taste of a class of honest and hard-worked practitioners to whom a finer and more expensive mental diet, under present conditions, would mean starvation.

This class of men will not subscribe, under present conditions, for the great scientific journals. They are comforted and not abashed to read of the perplexity and ignorance of physicians of their own class and opportunities; their wives enjoy the announcement that "Dr. Smith, in the adjoining county, became the proud possessor, as the journal went to press, of a fine and healthy pair of twins and that the mother is doing well." This supplements the weekly newspaper and the interspersed jokes are not too deep or original to puzzle the tired brain of the physician when he returns to a late supper from professional calls in a thirty-mile circuit. Yes, they supply a demand. Not in contemptuous aloofness or organized attack lies the remedy against this class of journals. On the contrary, it lies in the opposite policy. By encouraging the editors of these journals, whose subscriptions are more frequently paid in chickens and potatoes than in cash, to keep in touch through their exchange lists with the journals of happier fortunes, we will make them realize that they are joined in close brotherhood with those who are ready to share their greater opportunities for the advancement of a united and powerful press. Not long could such influence be resisted; insensibly would the subscriber feel the inspiration and remember the days of the medical college, when he came face to face with the great men of his profession and dreamed that Life held something more for him than hard knocks in her closed fist.

Thus would the regenerative principle leaven the pro-

fession and the idea of union and co-operation become fixed and practical. Medical journals *then* which, through a natural inaptitude or the perverseness of their editors, refused to respond to the new awakening and, not fit to lead still dragged in the wake of their subscribers, would quickly die of inanition.

We who call ourselves the representatives of medical journalism in this country must recognize the fact that we are first called to this responsibility and we can neither ignore nor shirk it. We can not work for ourselves alone nor withhold recognition and assistance in lifting others because we fear to let them stand by our side. There is room for all who in themselves are worthy.

If all medical journals would adopt the motto "When we help each other we help ourselves," would believe it and practice it, there would soon cease to be so great a disparity in the prosperity of equally ethical journals; nor would anyone be less prosperous because another became so. For example, if the medical press would unitedly demand prompt payment from its subscribers, each journal urging this justice not for itself alone but insisting upon the broader principle that *all* medical journals are equally entitled to the support of their subscribers, the great journals, who can afford to be pioneers of reform, would not only benefit themselves but give heart of grace to their less prosperous brethren who do not dare, without such initiative, to demand that which is not only their due but for the want of which their influence for good to the profession is retarded and minimized. Then would enter into the field of journalism the only form of competition which should exist there—the personal equation of editorial ability and conscientious work.

As a beginning or working basis for the union or co-operation of the medical press I believe the following to be essential factors:

1. The formal adoption by an organized and representative body of medical editors of the End or ultimate purpose which I have outlined in this paper; by unremitting dissemination through editorials to inoculate the profession with the idea of union and co-operation; an insistence upon the necessity of this action and an explanation of its urgency and of the immense power and influence which would accrue therefrom; and the financial betterment as well which must be felt throughout its ranks, especially by those who are now struggling with the grim problem of bare existence owing to the unholy competition which is engendered and necessitated by the powerlessness of our disintegrated profession to protect its members from outside attacks.

2. The prompt and generous response of all journals to the call, by any one journal, for editorial support on any subject which clearly tends to the unity of the profession or its betterment as a whole.

3. The encouragement of medical proprietorship of medical journals and the discouragement of all journals whose policy is not entirely under medical control. Especially does this cause apply to those journals which do not contain editorial comment. They are "dead-wood," so far as the true end of medical journalism is concerned, and must always remain a hindrance and a clog by their immobility.

4. The adoption by all of the principle that medical journals, like other journals, must be paid for *in advance*; the abolition of the credit system and the ruthless cutting off the subscription list of all subscribers who are too dishonest to pay for what they have bought and consumed. The adoption of this principle is absolutely necessary to the existence of independent journal-

ism and the absence of it has been the sole cause of the weakness and insignificant influence of the medical press hitherto and consequently of the segregation of the profession. In order to make this rule effective, so that all may benefit, and none may suffer, it will be necessary that all should enter into a specified agreement. Moreover it will be necessary to force by all legitimate means—and they are many and practicable—those journals whose financial resources are independent of their subscription-lists and who have pursued the policy of long credits for the sake of competition to change their policy and follow our lead.

These cardinal points I believe to be the stepping-stones to an united and powerful press, whose advance in material prosperity and the dissemination of knowledge, in honor and influence, no man can guage.

When this first aim has been accomplished, when medical editors show an united front and concerted action, we may undertake the next with full surety of accomplishment. This is to awake the profession to a realization of its corporate needs, to point out to it not only the benefits which must accrue to it, individually and collectively, by union and co-operation, but to convince it that only through these means can the elements of disintegration within itself be counteracted and even the existence of its influence for good be maintained.

We can further show how necessary it is to increase and to exert this good influence, until it shall become a controlling one, upon everything which ministers and is necessary to the dissemination of medical science and its application to health and disease.

There are several trades which are entirely dependent upon the profession for their existence. They live by us and yet here, in reversal of all laws of trade, it is the supply and not the demand which governs the equation. Large profits have been made in each of these trades at the expense of the profession; yet all the benefits have gone to enrich the producers except in so far as competition, regulated not by our demands but by themselves, have worked in our favor.

First in order of these is the medical book trade. Absolutely necessary as medical literature is to the medical man, its quality and quantity are entirely outside his control. Representing as a medical book does to its author the arduous and difficult work of years and of incalculable benefit as it frequently is to the whole world, he rarely receives from his publisher more than a pittance in comparison with the compensation of the lay author. The profits from its large sale enrich the publisher, while the medical author is expected to be content with the personal advertisement and increase in practice.

Let us take next the manufacturers of medical instruments. Here the case is far worse. No matter how much time, labor and experience an instrument has cost its inventor; no matter how valuable and even necessary its use may be in a large field of work; no matter how great and profitable its sale, its author receives his compensation again in notoriety and honor, while to the manufacturer go the financial benefits. When once the model has been given to the maker of instruments, its control passes out of the surgeon's hands. It is generally materially altered, after a varying period, to suit the exigencies of trade and a so-called improvement made by an irresponsible and usually ignorant person is expected to give another boom to its sale. In this way the most valuable instruments have passed out of their author's recognition and their usefulness has been entirely destroyed. There is no protection and no redress.

In the drug trade we find a similar state of things. The interests of the physician are ignored on all sides. Many of the most valuable preparations are proprietary while, owing to the evil of "substitution," he can not even be certain that his patients will obtain the medicine which he prescribes. Patients can procure drugs of all kinds without prescription and the retail druggist does not even hesitate to usurp the physician's rights and prescribe. The daily press teems with advertisements of drugs and remedies for every form of disease, the inducement to buy which is that thereby a physician's diagnosis and prescription are rendered unnecessary. Thus the profession can protect neither itself nor others.

In the necessary process of regeneration the profession will realize the importance and the justice of taking under its own control and regulation the output of all trades which are dependent upon it. It will thereby secure a more equitable division of the emoluments, great abuses will be remedied and the benefit conferred upon itself and on the general public will be incalculable.

Until very recent years, the end of medical journalism in this country was that of all commercial enterprises—money-making. It was entirely in the hands of the publishers of medical books. The means they employed for the accomplishment of their end were undoubtedly of benefit, if only a partial one, to the profession, in that they supplied medical literature which the profession could not or would not supply for itself, but the *greater interests* of the profession, its dignity, its immense potential influence, its opportunities for greater prosperity and power were never touched upon—as how could they be?—and the profession has slumbered on or quarreled and fought, taking its pap contentedly from whatever careless hand would give it.

But to-day, when medical journalism is coming rapidly into the hands of medical men, its end and aims have changed. We will no longer feed the profession upon pap with a modicum of soothing syrup; we will say: *Stand up and feel your limbs; they are massive and strong. Here is a man's food; feed yourself.*

For we are not hirelings; and the interests of the profession are our own interests.

RECENT BACTERIOLOGIC RESEARCH.*

ITS EFFECTS ON MODERN SURGERY.

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The prevention of infection and the securing of ideal aseptic healing of wounds inflicted by the surgeon's knife being almost entirely a question of mechanics, many physical difficulties have become familiar to us. We have learned to mistrust the efficiency of antiseptics and have become aware of their toxic and devitalizing effects upon wound surfaces. Fortunately, bacteriologic experimentation has been revolutionized, and led to more reliable results, owing to the recognition of the very different behavior of bacteria in test-tubes and in wounds. With the inauguration of aseptic principles by Neuber, Bergmann, Schimmelbush¹ and a host of others over ten years ago, the perfection of simplicity seemed within reach. And yet, while in our days, phlegmonous inflammation, erysipelas, tetanus and malignant edema following operations are almost unheard of, we not infrequently see a

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