professor of medicine in 1858, and accompanied the prince on his visit to America in 1860.

MR. FREDERICK TREVES, of London, one of the consulting surgeons in the South African war, has written an account of his experiences there, which will shortly appear under the title of "The Tale of a Field Hospital."

DR. SAMSON GEMMEL has been appointed professor of clinical medicine in the University of Glasgow, in place of Professor McCall Anderson. The latter takes the chair of practice of medicine.

THE PROJECT of holding an International Congress of Gynecology and Obstetrics in London in 1902 has been abandoned. A large amount of preliminary work had been done, but certain misunderstandings developed, and as a result it was thought best to drop the matter for the present.

RUSSIA is supplementing her stupendous anti-alcohol campaign mentioned in THE JOURNAL of September 1, p. 563, by enacting stringent laws against drunkenness. Every person found intoxicated on the streets or in public places is to be placed in jail for three days to two weeks, and on repetition imprisoned for three months. The correspondent of the *Lancet* comments that if this law is enforced, one-tenth of the inhabitants will be housed in jails.

THE *Ilustracion* of Madrid states that the officials have declared that the vaccin they have been using for the last two or three thousand vaccinations is defective. It did not take in any case. Persons believing themselves safe have mingled more or less with smallpox patients, and there is much consternation over the carelessness in standardizing the vaccin, which the editor denounces as criminal.

THE FRENCH courts have always upheld the principle of professional secrecy to the extreme letter of the law and consequently much surprise is expressed at a recent decision of the Toulouse court in a case involving the disposition of property. The medical attendant of the deceased was summoned as a witness and the court accepted his testimony for two reasons, first, because he had derived the information as the intimate friend of the family, and not necessarily as the physician of the deceased, and secondly, because the matter in question was widely known throughout the community.

FROM THE recently published official report of the epidemic of the plague last year in Japan, it appears that the sanitary regulations are more advanced and stringent than in the most progressive of the western nations. The notification of cholera, dysentery, typhoid and typhus fever, variola, scarlet fever, diphtheria and plague is obligatory on the physician and also on the head of each private household and public establishment, factory, theater, school, hotel, temple, etc. The owner of the house is responsible for the execution of the measures of disinfection and cleaning ordered by the physician or the sanitary officials. Patients and even well persons can be placed in isolation hospitals at the discretion of the sanitary officials. The corpse of a person dying from one of these diseases must be cremated. As Vallin recently observed, at the Académie de Médecine: "They have jumped with both feet into the midst of European civilization and adopted the latest perfected ideals of hygiene and sanitation, untrammelled by the traditions of personal liberty, etc., with which other countries have to contend." There were 69 cases of the plague in all, with 63 deaths, including 6 among physicians or members of physicians' families. A bounty of two cents was paid for rats, and in three months 35,000 had been destroyed in Kobe and Osaka, the infected cities. Plague bacilli were found on a number of rats taken in portions of the town remote from the foci of infection.

THE AUTHORITIES in Germany are partial to the sick-benefit societies and are practically ignoring the rights of the medical profession in the matter. The physicians of Ludwigshafen have founded a "Society for the Protection of Physicians' Interests," based on the principle of self-help by close organization. The weekly dues of sixteen cents are accumulating a fund to reimburse physicians who incur pecuniary loss in the struggle. Dr. Hartmann, of Leipsic, has also organized a similar association for protection of the economic interests of

physicians and has issued an urgent appeal to arm for the fray. "The strike of the medical men at Remscheid and Elberfeld was merely a skirmish at the outposts; the battle is liable to be raging all along the line before long." Another important weapon for the struggle is the sympathetic co-operation of the professional and lay press, which must be secured, with an energetic stand on all questions involving the social and material interests of physicians. The *Berliner Zeitung* recently published an article entitled "The Medical Proletariat." It stated that certain sick-benefit societies paid the physicians from 25 to 60 pfennings per visit, but the Bon system only pays 60 pfennings in all, although the policy-holder is insured for seven days and the physician may have to call seven times. The three months Bon system insures for three months and pays only 1.5 to 2 marks, although the physician may have to make ninety calls.

Correspondence.

Alleged Insanity in the Army.

WASHINGTON, D. C., Oct. 22, 1900.

To the Editor:—Sensational paragraphs have appeared in the daily papers concerning the prevalence of insanity among our troops in the Philippines and these paragraphs have found their way into our medical journals and have been commented on by editorial and other writers. To clear up this matter I am authorized to state to you what Surgeon-General Sternberg has said officially on this subject. A summary of his report has been given to the press, but the summary touches lightly on the question, giving merely the absolute number of cases reported. In his full report he shows that the admission rate for the army in 1898 was 1.8 per 1000 men and in 1899, 1.78. The latter rate is higher than the mean annual rate of the decade 1888-97, which was 1.7, but it was exceeded by the rate of one of the years of the decade, the year 1892, when the rate was 1.79. He continues:

The increase in the rate of admission in 1899 over the mean rate of the decade was due to a general rise in the rates, largest in Porto Rico, 3.76 per 1000, smallest in the United States, 1.37 per 1000.

This increase was to have been expected on account of the rapidity with which recruiting was effected during 1898 and 1899. It is well understood by army medical officers that among recruits there are always more mentally unsound men than among a similar number of civilians of the same age and physical development. The most careful physical examination often fails to detect a man whose brain works irregularly, but who is sane enough to go to the recruiting office. Under the stimulus and excitement of the organization of troops many such men drift to the rendezvous and must be eliminated after muster into service. Men excitable but not actually unbalanced lose their equilibrium under conditions of stress in the field and the first two years of military life are apt to develop many such cases. Hence it was to be expected that the active recruiting of the past two years would bring into the ranks men who would increase the insanity admission rate of the army. That this increase would be found chiefly among those sent to foreign service was also to be expected. No doubt many young men separated from home and friends became the subjects of intense mental depression and their cases were properly recorded on the monthly reports of sick and wounded as cases of insanity; and as the only method affording a prospect of recovery was a return to their homes they were judiciously shipped by transport to the United States. Many such cases recovered during the trans-Pacific voyage or during their detention for observation at the General Hospital, Presidio of San Francisco, Cal., and never reached the Government Hospital for the Insane at Washington, D. C. That this is no mere supposition may be inferred from the following statement concerning the insanity cases of the army as a whole and of the Philippine army:

In the army, regulars and volunteers, during the calendar years 1898 and 1899, there were reported on the monthly reports of sick and wounded 347 cases of insanity, and 202 of these cases or 58.2 per cent., were committed to the Government Hospital for the Insane. One hundred and thirty-five cases, or 66.7 per cent. of the commitments, recovered in an average period of 3.9 months. 13 were improved, 6 died and 48 remained unimproved. Ninety-six of the 347 cases were

reported on the monthly reports of troops serving in the Pacific islands, and 32 of these, or 33.3 per cent., were sent to the Government Hospital for the Insane. Seventeen cases, or 53.1 per cent., of those committed recovered in an average period of 3.6 months, 2 were improved, 2 died and 11 remained not improved.

It is not deemed necessary to do more than present these official figures to silence the sensational newspaper paragraphs which have been published during the past year relative to the unusual number of cases of insanity which have been returned to the United States from our troops operating in the Philippine Islands. Respectfully,
CHARLES SMART,
Lieut.Col., Deputy Surg.Gen., U. S. Army.

Traumatic Neuroses.

WAVERLY, N. Y., Oct. 13, 1900.

To the Editor:—I note with surprise the discussion on Professor Bevan's paper in issue of September 22. Is it possible the majority of those taking part in the discussion represent the highest attainment of the neurologists of the present era? If so, there is small wonder that corporations do not generally employ them. I have too much respect for the eminent men, universally known and esteemed throughout the world, who have espoused that field to believe any such thing. Professor Bevan's experience is that of most experienced surgeons, be they railway surgeons or others. While I can not concur in all he says, in the main my experience for thirty years corroborates his views. But I wish briefly to refer to such authorities as Broudel, Paget, Charcot and many others of equally world-wide fame, who state the proportion of simulated cases of traumatic neuroses as high as 80 per cent. One such authority claims that they often nurse themselves into a condition of pathologic entity resulting in serious lesions, sometimes resulting even in death. While I do not believe so large a percentage are consciously fraudulent, I do believe a very large percentage, a large majority even, are unconsciously so. Through psychic influences such conditions are engendered and engrafted on the nervous system, and much tact on the part of the surgeon or neurologist is necessary to overcome them. We should consider a very large percentage pure simulation, but not declare them as such to the patient. We should be careful not to overlook the genuine cases and to call to our aid the experienced neurologist if necessary.

R. SAYRE HARDEN.

Medical Practice in Australia.

SYDNEY, NEW SOUTH WALES, Sept. 14, 1900.

To the Editor:—You have asked me to give you an occasional short letter. In the Australian colonies lodge practice has become a subject of much interest to the medical profession. Nearly one-fourth of the total population participates in cheap medical attendance through the means of these medical "friendly societies." There are 2650 medical men in the colonies, and of these 170 hold government positions, which prevents them from having private practice. One-third of the remainder have lodges, nearly 1200 souls to every lodge physician.

The medical profession is attempting to change existing conditions, but finds some difficulty in doing so. The lodge practice offers a ready means to the young practitioner to start in life; £150 to £200 per annum gives him some assistance while gaining a private practice. A change in the present system would be an advantage to the profession and public. In 1901 all the colonies come under a federation, and very probably after such a change more harmonious regulations will be established in regard to medical practice.

Years ago men holding American diplomas established some rather poor records in Australia. The medical men here are rather conservative, so that all Americans must suffer. A medical man here is somewhat at a disadvantage unless he has an English degree.

P. M. K.

Average Doses in the Next Pharmacopeia.—A Protest.

SAGUACHE, COLO., Oct. 20, 1900.

To the Editor:—At the last convention for the revision of the U. S. pharmacopeia an instruction was given to the revision committee to insert the average dose of each article. This was stated by one of the leaders to be merely a concession to the demand by physicians that the forthcoming revision should result in a more practical manual for their use. In this spirit it was adopted without debate or alteration.

Conversation since that time with many of the delegates to that convention, as well as with professional gentlemen from all sections of the country, convinces us that average doses are not wanted in this work by either physicians or pharmacists, as in many instances they must be a wholly indeterminate quantity, owing to the wide range of conditions that are to be met, and under no circumstances could they be more than a treacherous guide to inexperience.

What is wanted both by physicians and pharmacists and what they have for more than twenty years been demanding is the insertion in this work of maximum safe doses, the intentional exceeding of which by the prescriber shall be indicated by an exclamation mark or otherwise.

This step would bring the work into accord with other standards, assure the prescriber of the usual limit of safe dosage in producing the specific effect of the drug and guide the pharmacist in discriminating between an error and an intentionally large dose. Few situations are more responsible and perplexing to a prescription clerk than to receive a prescription containing unusual doses, yet having no authoritative standard which will justify him in declining to prepare it until he can consult the prescriber. This vital point will be in no way improved by the proposed insertion of the average dose.

The "average" dose of any drug is almost wholly a matter of individual experience and method of treatment. Scarcely two of our American authorities will agree within wide limits on the best dose of a given remedy, even for the same complaint. How absurd, then, to specify an average dose for all complaints and all conditions of environment. The average dose of quinin in the Mississippi Valley would mean certain delirium in our mountain climates. Therefore the one demand for the protection of physician, pharmacist and patient is that this authoritative standard shall simply indicate the maximum safe dose of its preparations which may be exceeded by the prescriber, if necessary, by his indicating that he recognizes its unusual size, and from which he may descend toward infinity just as far as his judgment may guide, that is immaterial; the "maximum" dose is the important and serious one which every one who in any way handles drugs must know. The "average" dose is of service to few. Can not this error, as we consider it, be rectified before the labor of revision goes too far? There will probably be two years yet before its publication.

J. TRACY MELVIN, PH.G., M.D.,

Member Convention for Revising U. S. Pharmacopeia, 1900.

Deaths and Obituaries.

ROSS RICHARDSON BUNTING, M.D., Jefferson Medical College, Philadelphia, 1856, died at his home in Roxborough, Philadelphia, Oct. 9, aged 66. He was the only child of Dr. Thomas Chalkley Bunting. After receiving his degree he studied five years in France and was one of the first Americans to receive the diploma of the Ecole de Médecine of the University of Paris. On his return to America he took charge of the practice of his uncle, Dr. Ross Richardson. He was a member of the principal medical societies and a frequent contributor to medical literature.

HOLT FAIRFIELD BUTT, M.D., University of Pennsylvania, Philadelphia, 1856, died at his home, Portsmouth, Va., Oct. 9, aged 66. Dr. Butt was one of the oldest practicing physicians in Tidewater, Va., served as a surgeon in the Confederate Army, was health officer and quarantine officer of Portsmouth, where he had practiced for more than forty years. The