master, with all the precision and enthusiasm of which such an one is capable, will instruct a class of students more than an hour's gazing upon a typhoid patient called into the arena from the wards of the hospital. As it is given to but few men to hold an audience by the power of speech alone, the clinic will always enjoy the greatest popularity with lecturers. The novelty, expectation and curiosity aroused by a clinic enable a dull talker to hold the attention of the largest kind of a class of students. Nay, more, such a lecturer may hold his class, if in his didactic discourse he makes abundant use of pictures, models and other useful paraphernalia. But rare, indeed, is it for a lecturer to be able to keep his students from becoming restless without the abundant use of pictures and models, unless he be a master of his subject, a master of the art of speaking and endowed with an unusual degree of personal magnetism. Given such a lecturer as the latter, however, in some parts of medical teaching, the didactic discourse rises in importance far above the clinical. To follow the full and lucid teachings of Charcot, one did not have to look upon a batch of patients. The clearness, the wealth of illustration and the gradual evolution of the picture being described by the master made the presence of the patient appear almost as an insignificant accessory. When I listened to the glowing and accurate descriptions of Savour, I almost forgot that a patient about to be operated on was actually in the room. As I followed the words of Germain Sée, who sat behind a table while lecturing to his class, and used not a single illustration, his clear, enthusiastic and logic exposition of the uses of drugs in disease did not cause me to regret for a moment the absence of the patient. Undoubtedly, some medical facts can only be learned accurately in the clinic and in the presence of the patient, just as some other facts can only be fully grasped when observed in the experimental laboratory. But there are still other facts or pictures of disease that only a lucid, forceful exposition on the part of a clear headed, clear-tongued and enthusiastic lecturer can carry and fix in the minds of the students. It is in connection with the latter that the didactic lecture will always hold its own.

While recognizing the infinite value of clinical and laboratory teaching, it seems nevertheless true to me that the didactic lecture should not be abolished. Not only do certain subjects require the didactic method for their fullest exposition, but the personality of the teacher, his special knowledge, his individual opinions, his whole being as the guide of his class, have a better play in the didactic lecture than in the clinic, and especially more so than in the method of recitations and quizzes, with the aid of a text-book. I maintain that the art of teaching means something more than a mere rehearsal of certain facts between student and instructor. The art of teaching, in its highest expression, involves the personality of the teacher. This is so obvious that I hesitated to refer to it, but it is a fact that seems to have been utterly forgotten by the advocates of the extreme laboratory-clinical methods. The personality of the lecturer can only have its fullest expressions in the continuous, logic, united discourse of the didactic lecture. If the lecturer can not make his personality felt under such circumstances he can rest assured that just by so much is he deficient as a teacher.

Clinical and didactic lectures, then, are not to be weighed so much in the balance, one against the other, as are the relative merits of the teachers themselves, and the relative value of illustrated and unillustrated lectures. All lectures should be illustrated as profusely as possible. Living subjects, as well as models, charts, etc., should all be elaborately employed. If the living subject is not as good as the model or chart, and sometimes it is not, the clinic should take rank behind the didactic lecture. If the laboratory teacher is less lucid, less enthusiastic, less of a master in the exposition of his theme in the laboratory than the lecturer is behind his desk, then the

laboratory should rank second to the lecture as a mode of instruction. Every influence should be brought to bear for the good of the student, and as I have endeavored to show, this influence under some circumstances and in connection with certain subjects, can be made more manifest behind the reading desk than behind the sick bed. The teaching of medicine is a matter too large to be decided upon the mere ground of bedside or non-bedside instruction. Until a teacher's individuality ceases to be a factor in the art of teaching, until text-books are more perfect than they now are, until methods of illustration shall have been all brought down to one uniform level, and until students are endowed with all the knowledge requisite to appreciate what they are to observe in the clinic, the illustrated didactic lecture will continue to form a part of the best medical teaching. L. HARRISON METTLER, M.D.

Antivaccination Agitation in Pennsylvania.

PHILADELPHIA, March 21, 1899.

To the Editor:—The organized effort of the antivaccination people culminated recently in the introduction of a bill by the Hon. J. A. Allen, to the Legislature of Pennsylvania (vide JOURNAL, March 25, p. 681) to abolish the compulsory vaccination of children entering the public schools. The measure was hurried through as fast as possible, but by strenuous efforts a final hearing was postponed until March 14, at which time these committees were appointed, and every member of each of these committees promptly appeared and met the opposition on the floor of the House. The advocates of the bill were represented by counsel, a certain O. Beasley of Philadelphia, a layman, N. R. Taylor, and two physicians, one a graduate of the defunct eclectic medical college of Philadelphia, known as Buchanan's College, and one a graduate of the Homeopathic College of Baltimore, both Englishmen, not especially prominent either medically or in other respects. The committees who met them consisted of Drs. John K. Mitchell, chairman; Wm. M. Welsh and Richard A. Clennan, of the College of Physicians of Philadelphia; next, Drs. James C. Wilson, chairman, John A. Musser and A. H. Hulshizer, of the Philadelphia County Medical Society; lastly, a committee from the Philadelphia Pediatric Society: Drs. S. M. Hamill, chairman, J. Madison Taylor and D. L. Edsall. Every man was at his post, and after a preliminary conference it was agreed to allow the advocates of the bill to present their case as they chose, taking an hour and a half to do so; then the medical committees were to reply as they chose, for the same length of time. Finally, the advocates were to have fifteen minutes to sum up the case.

The character of the presentation by one of the speakers was a pompous arraignment of medical men and their practices generally. They were stigmatized as swayed by the most sordid and mischievous motives, and the chief contention stated that not only did vaccination not protect, but it was essentially syphilis and "produced that loathsome disease." If loudness of voice and heat of body could sway multitudes, the committee should have been promptly convinced of the evils outlined, but inasmuch as they appeared to be a very intelligent and judicious body of men, it often transpired that they appeared much amused by his fervid eloquence and looseness of statement. The testimony of another was chiefly a rambling array of personal experiences, which would appear to be enormous, and much vague conjecture. The "experts" then began to demonstrate the horrors of vaccination, all which will no doubt appear upon the records and can be secured by those who desire to peruse it at length. This was illustrated by livid pictures of impetigo contagiosa and septic conditions following vaccination and what purported to be copies of plates representing syphilis, from Ricord, etc.; also a series of tables were given from old English records, but no mention was made of Continental statistics.

The medical committee began their reply by a most comprehensive yet succinct presentation by Dr. John K. Mitchell, followed by Dr. Wm. M. Welsh, who gave, in addition to statistics drawn from German, Austrian and other sources, his own enormous personal experience of between five and six thousand cases of smallpox, which were published in 1894, and drew careful deductions from his studies of the protecting power of vaccination. Dr. James C. Wilson made a brief but pungent reply to the points claimed by the introducers of the bill, in a most scholarly and eloquent fashion. Dr. Hamill and myself were called upon for remarks, but we felt that the matter had been amply elaborated.

The members of the committee assured us we need have no fear of further difficulties at this time, as the introducers of the bill made so feeble a showing that they offered no testimony of a convincing character whatsoever. Indeed, it seemed to be a needlessly powerful array of scientific opinion and medical experience against a pitifully feeble effort of a few misguided men who obviously had not studied the matter fully. However, two years before, at the same place, a similar bill was almost made law, at which time the medical societies had no knowledge of the measure to be introduced, and it was only due to the good sense of the committee that the measure was then defeated.

It is most important when such movements are initiated that the medical men meet them fairly and promptly, otherwise much trouble may result, and the community be deprived of one of the most important safeguards against disease, death, and commercial paralysis.

Finally, it is a curious commentary on medical apathy that the only city in the State to send any organized opposition to this insidious measure was Philadelphia. The towns and other large cities of the State failed to raise their hands and, except for the earnest efforts of these busy men the measure might have been passed, not on its merits but because there was no one to reply.

J. MADISON TAYLOR, M.D.

Congenital Deformities of Hand.

PHILADELPHIA, PA., March 21, 1899.

To the Editor:—Referring to Dr. F. R. Sherwood's very meritorious article in the JOURNAL of March 11, on the above subject, I am constrained to contribute this brief record of an observation, made *en passant* as it were, which may possess some interest for the doctor, and for some other readers.

It was several months ago that, while riding in a trolley-car, I saw sitting upon its mother's lap near by, a child apparently about three years of age, having five distinct fingers on each hand—no thumbs. In place of the latter there were two prehensile fingers having each three phalanges, and quite closely resembling the apposed forefingers respectively, in size, shape, length, and mobility. The *finger-thumbs* seemed to serve the hands with as much freedom of motion, prehension and adaptability as ordinary thumbs, as I could unmistakably detect while in a sufficiently favorable position to notice the child's movements without seeming to be too obtrusive.

Very respectfully,

HOWARD S. ANDERS, M.D.

Largin in Gonorrhea.—L. Fürst of Berlin warmly endorses largin and protargol in the treatment of gonorrhea muliebris, considering the former more strongly bactericidal while still possessing all the other advantages of protargol (protargol 8.3 per cent. silver, largin 11.01 silver). He keeps the patient very quiet in bed for three weeks, as he finds success impossible with ambulatory treatment, and starts above the seat of the infection to prevent ascending infection, commencing by irrigating the uterine cavity when the lesion is at the cervix.—*Derm. Ztft.*, February.

Current Medical Literature.

Medical Record (N. Y.), March 25.

- 1.—Neurasthenia, Etiology and Treatment of. Joseph Collins and Carlin Phillips.
- 2.—Eruptions of Face Due to Nasal Pressure. G. D. Murray.
- 3.—Cocain. Notes on. Walter P. Jenney.
- 4.—Bottini Operation, Inflating the Bladder with Air Preliminary to. Bransford Lewis.

Medical News (N. Y.), March 25.

- 5.—Abscess of Lung, with Clinical Data. Henry L. Elsner.
- 6.—Occipito-Posterior Positions in Labor Cases, the Diagnosis and Management of. Charles H. Glidden.
- 7.—Nasal Catarrh in Children. Clarence C. Rice.

New York Medical Journal, March 25.

- 8.—U. S. Army Ration and its Adaptability for Use in Tropic Climates. Louis L. Seaman.
- 9.—On a Polymorphous Cerebral Tumor Containing Tubercles and Tubercle Bacilli. Claribel Cone.
- 10.—Antiphthitic Serum, a Further Report on. A. Mansfield Holmes.
- 11.—Bathing a Regiment. H. M. Cohen.
- 12.—Chronic Ulcers of the Leg, Treatment of. John B. Corsiglia.
- 13.—Gonorrheal Vaginitis and its Treatment. Harry Greenberg.

Boston Medical and Surgical Journal, March 23.

- 14.—Phlegmasia Dolens, or Milk-Leg in Typhoid Fever. J. M. DaCosta.
- 15.—Infant Feeding. Charles W. Townsend.
- 16.—Probing of Nasal Duct from Nose. Arthur J. Shaw.

Philadelphia Medical Journal, March 25.

- 17.—Dysphagia and Cough, Treatment of, Especially in Tuberculosis. W. Frudenthal.
- 18.—Neurotrophic Function, bearing of, on Cutaneous Conditions. Samuel Wolfe.
- 19.—Hepatic Sclerosis, Some Signs of. A. L. Benedict.
- 20.—Poisoning by Roaches, Report of a Case. J. Murray Johnson.
- 21.—Triple Infection, two Cases of. Augustus A. Eshner.

Medical Review (St. Louis), March 25.

- 22.—Trifacial Neuralgia (Surgical) Treatment of, with Report of Case of Removal of Gasserian Ganglion. N. B. Carson.

Cincinnati Lancet Clinic, March 25.

- 23.—Puerperal Eclampsia. Robert W. Stewart.

Journal of Medicine and Science, March.

- 24.—Bovine Tuberculin Tests. George H. Bailey.
- 25.—Journal of Nervous and Mental Diseases, March.
- 26.—Deep Reflexes of Lower Extremities, Points of Special Interest in the Study of. Charles K. Mills.

American Gynecological and Obstetrical Journal, March.

- 27.—Myomectomy by a New Method. Alex. J. C. Skene.
- 28.—Malposition of Uterus, Electricity in Mechanic Treatment of. Franklin H. Martin.
- 29.—Malposition of Uterus, Use of Massage in. William H. Rumpf.
- 30.—Displacement of Uterus, Tampons and Pessaries in Treatment of. T. J. Watkins.
- 31.—Recent Pelvic Surgery, Relations of Pelvic Cellulitis to. Ely Van de Warker.
- 32.—Lower Uterine Segment, Dangerous Thinning and Elongation of. Robert L. Dickinson.
- 33.—An Elective Cesarean Section. G. M. Boyd.
- 34.—Ethyl Bromid, Value of, in Gynecology and Obstetrics. Frank C. Hammond.

Medicine, March.

- 35.—Skin, Transplantation of, and Origin of Pigment. Leo Loeb.
- 36.—Foreign Bodies in Maxilla, Implantation of. Carl Theodor Gramm.
- 37.—Rheumatism, Differentiation of Chronic Forms of. Louis Faugères Bishop.
- 38.—Neurasthenia, Remarks on Treatment of. Hugh T. Patrick.
- 39.—Gelatin in Aneurysm, Subcutaneous Injections of. Harold N. Moyer.

Maryland Medical Journal, March 25.

- 40.—Croupous Pneumonia, Treatment with Hot Water Bags. Louis Kolipinski.
- 41.—Vaccin Virus, Purified. W. F. Elgin.

International Medical Magazine, March.

- 42.—Phthisis, Notes on Cases of, with Peculiar Cardiac Physical Signs. Wm. Ewart.
- 43.—Typhilitis, a Medical Study. A. L. Benedict.
- 44.—Chronic Plumbism from Drinking Water. L. Smirnow.

American Journal of the Medical Sciences, March.

- 45.—Sporadic Trichinosis, Clinical Features of. Wm. Osler.
- 46.—Syringomyelia with Unusual Symptoms, a Case of. Wm. Norton Bulard and John Jenks Thomas.
- 47.—Typhoid Fever Complicated by Cholecystitis, Tapping of Gall-Bladder; Cholecystotomy; Death. C. N. B. Camac.
- 48.—Dupuytren's Contraction of Palmar and Digital Fascia, a Clinical Study of. J. B. Nichols.
- 49.—Empyema of Frontal Sinuses and Intracranial Infection. C. L. Gibson.
- 50.—Röntgen Rays, Relation of Trachea and Bronchi to Thoracic Walls Determined by. Joseph A. Blake.
- 51.—Hemiatrophy of Brain without Disturbances of Intelligence or Personality. Pearce Bailey.

Medical Register (Richmond, Va.), March.

- 52.—Meningitis, Cerebrospinal Followed by Gangrene of Feet. W. P. Matthews.

Columbus Medical Journal, March.

- 53.—Extra Uterine Pregnancy, Clinical Phases of. O. M. Cardier.
- 54.—Epithelioma of Penis, a Case of. N. E. Aronstam.

Southern Medical Record (Atlanta, Ga.), March.

- 55.—Tubercular Peritonitis, Diagnosis and Treatment of. William L. Robison.
- 56.—Phthisis Pulmonalis, Creosote in. L. H. Warner.

Pediatrics, March 17.

- 57.—Multiple Sarcomata in a Child. Frederick A. Packard.