a considerable quantity, usually three or four quarts, of water as hot as comfortable to bear. Upon the eighth or tenth day, as thought wise, each pin is gently pushed upwards and the vaginal end exposed. Each side is then cut off near its juncture and withdrawn. I have used this support thus applied to the repaired perinæum only during the last eight months, and in six or seven instances. I grant these cases are far too limited to prove very much in the demonstration of the success of this new method, but they have given excellent results, and show the easy application by simple means of a method which certainly seems full of promise.

DISCUSSION.

Dr. W. H. Wathen, of Louisville, said he had listened with much pleasure to Dr. Marcy's paper describing his ingenious method of uniting perineal lacerations by lateral pressure, exerted by means of the pins he has devised. These pins can be easily and quickly introduced and adjusted, and if they accomplish all the distinguished author claims for them, they are superior to the silver wire or silk suture. He could see no reason why this means of operating should not prove successful in incomplete lacerations, but where the rent extends into the rectum, he feared that the pins could not be placed well under the ends of the sphincter-ani muscles, so as to bring them in and hold them in perfect apposition. Unless this can be accomplished, the ends will fail to unite, and although there may be perfect union of the balance of the perineal body, the operation will be a failure, for the woman will have no control over the gases, and generally no complete control over the feces. As the pressure of the pins is entirely lateral, there could be no dragging upon the parts, which may prevent a recto-vaginal fistula, which is sometimes left after these operations.

He was decided in his opposition to the old treatment of constipating the bowels after perineal operations, and urged that a daily liquid stool be encouraged. This had been his treatment for years, and he had always taught the same to his pupils. He had observed that in his practice the results were better than in the practice of others who constipated the bowels. He was proud to see that the tendency of practitioners is in this direction, and was sure that in a few years the bowels will be treated in no other way. These patients should be prepared for this operation by giving a purgative every night, or every second night, for ten days; and after the operation, the diet should be of a quality that does not form much fecal matter.

Dr. W. W. Potter, of Buffalo, said: Though much that has been said here this afternoon may not have been technically within the parliamentary rule, as strictly germane to the paper before us for discussion, yet I am rather glad the debate has taken such a wide range, and that so much latitude has been permitted; for there is not in the whole range of gynecological art, a subject of more practical importance, nor do I know of any more profitable way in which we could consume the same amount of time. A sound peri-

neum is such an indispensable condition to the good health of woman; so much of her happiness and comfort, nay, even length of years, depends upon a substantial perineal body, that I have almost come to look with contempt upon a member of our profession who speaks slightly of even the lesser perineal rents, and who does not take the necessary steps to secure immediate union when this accident occurs, as it so frequently does in the primiparous parturient.

But my purpose in rising was only to speak of a point or two in the after management of the secondary operation. First—I am prepared to endorse all that has been said in favor of the non-constipation plan. I would seek to promote daily, certainly after the second day, soft, pulpy stools, through the administration of laxatives, such as the comp. liquorice powder of the German pharmacopæia, elix. sennae, etc., supplemented if need be, by an enema of sweet oil.

Second—I would dispense with the catheter if possible, and would certainly avoid prolonged catheterization after perineorrhaphy. It is, however, probable that for a day or two the bladder will refuse to act independently, and of necessity the catheter must be used. But just as soon as power over the bladder is restored the catheter should be laid aside, and the woman be allowed to pass water naturally, for the contact of healthy urine with the properly coaptated parts is no longer the bug bear of former years, since experience has clearly shown that it is not a bar to immediate union. It is, of course, necessary to use a lavement of warm water after each evacuation of the bladder, and it is also a good plan to keep the parts constantly well smeared with vasaline.

Third—For some time past I have adopted the plan, after the secondary operation, of carrying high up in the vagina a strip of iodoform cotton or lint, as a protection to the line of coaptation, the lower end of which is allowed to hang outside over the wires, and to remain thirty-six to forty-eight hours, when adhesive union will most likely have taken place. This serves a good purpose in preventing the natural secretions from working in between the edges of the wound, and makes the dressings as near antiseptic as may be in this region. That iodoform plays an important part, when judiciously employed, in promoting the process of repair in vaginal surgery, as well as in many of the diseases of the sexual organs of women, is getting to be pretty well understood, and I can bear testimony to its usefulness when used as I have described after perineorrhaphy.

IS IT FAIR? A STUDY OF THE COMPARATIVE POLITICAL POSITION OF THE MEDICAL PROFESSION IN THE UNITED STATES.

BY CHARLES MCINTIRE, JR., A.M., M.D.

[Read before the American Academy of Medicine at its annual meeting October 9, 1883.]

In this paper the assumption is made from the start that medicine has an equal claim with theology and law, to be classed among the learned professions.

That this assumption may not be deemed presumption on the part of a physician, let us hear the testimony of others. In the *Boston Medical and Surgical Journal* of the present year (pp. 108-590) there is a report of the annual banquet of the Massachusetts Medical Society. On that occasion B. A. Gould, PH.D., Gött., Director of the Astronomical Observatory of the Argentine Republic, is reported to have said:

"The medical was the first of the learned professions. If there was but one learned profession it would not be that of theology, for our consciences lead us to adore and reverence; nor could it be the law; but it would be the one profession which requires experience and thought and investigation."

And the Rev. E. A. Horton, of Boston, prefaced his remarks thus:

"Friends of the one necessary profession, you do me great honor, coming as a member of a supernumerary profession."

By common consent, theology, law and medicine are included among the learned professions—in many enumerations the number is limited to these; while, until very recent times, at least, engineering, journalism, pedagogics, etc., have had to make claims to a position not always awarded them. Thus in an editorial article in the *Engineering News* for July 21, 1883, the writer says: "The profession of engineering, as the term is now used, is of modern growth;" and certainly the editor of one of the leading journals of the land, in writing to engineers, would claim for his calling all that would be granted to it. But whenever the learned professions are spoken of, theology, law and medicine (in the abstract, at least) are always included.

Accepting this, and reasoning *a priori*, there would be something of an equality in the character of the preparation for, in the method of entrance upon, and in the relative position of all professions classed as learned, in the present discussion of theology, law and medicine.

In a paper which I had the honor of presenting to the Academy a year ago, a disparity in the preliminary training was demonstrated. I know of no investigation as to the professional training; indeed, it would be almost impossible to procure reliable testimony.¹ I had hoped at this time to present a tabular statement which would have been helpful in determining whether the facts agreed with the theory in the remaining points, but at present the returns are too incomplete for a tabular statement.

But from the uniformity of the information obtained, the following propositions are submitted as descriptive of the condition of entrance into the learned professions, and of the position before the civil authorities of the various States.

I. It is the rule in the various religious denominations and contrarywise the exception, to have the candidate for the ministry examined by some church court or council, composed in whole or in part of clergymen, on their preparatory and professional

training, and no collegiate degree, or certificate of a theological school, is accepted as a matter of course. And the license of this ecclesiastical body is necessary for his recognition by the laws of the land as a "minister of the gospel."

II. It is the rule, and contrarywise the exception, among the various courts to have the person applying for admission, not already admitted to practice by another court, examined by a committee of lawyers, who are not compelled to accept the degree of LL.B. in place of an examination.

III. It is the *exception* and not the rule, that prevents any one holding a diploma of any medical school whatever from practicing medicine wherever and however he pleases, and to be legally recognized as a physician, the profession of the locality or of the State to the contrary notwithstanding.²

If these propositions are true, and if medicine is to be classed among the learned professions, almost without volition the question arises in one's mind: Is it fair that the safeguards given to the two should alone be denied to medicine? Let a hypothetical case illustrate these propositions: Two young men graduate from one of our better colleges, e. g., Yale, with honor, and continue their studies, one at the Union Theological School, the other at the Columbia Law School, and again graduate with honor, but in neither case have they applied for registration nor been examined for admission into the professions indicated by the character of their studies. About the same time, a fellow-townsmen, never noted either for brilliancy nor persistency of mental effort, leaves home for a few short months and is graduated by some medical school—any of those not recognized by the Illinois State Board of Health. These three men return home. The pulpit of one of the churches is vacant, but closed to the young theologian because he is not "licensed." The citizens of the place desire to have a nuisance abated and have signed a petition to be presented to the court; the graduate of the law school cannot present it because the rules of the court permit only members of the bar to present a paper of this kind and he has not been "admitted." There has been a sudden death, accompanied by suspicious circumstances; because a friend of the coroner, the newly-fledged M. D., makes the autopsy, and the court receives his testimony as an expert *because of his degree*. I appeal to the common sense of our American people and ask them: Is this fair?

Possibly it might be urged that the hypothetical statement is forced; that anyone so prepared could be readily licensed in their respective professions. True enough! but where is the corresponding protection given to the sister profession?

Abandoning hypotheses, there is abundance of

¹For instance, the assertion of the State Board of Health of Illinois that many medical colleges permit students to graduate with a lower standard than their published one.

²Twenty-two States and Territories have such laws (regulating the practice of medicine) good, bad or indifferent. The following States may be said to have good laws, viz.: North Carolina, Alabama, West Virginia, Illinois, Missouri, Minnesota, New Mexico, Wyoming Territory, Mississippi, and Louisiana. Alabama requires all persons, both those holding diplomas and those having none, to appear before the State or county boards. North Carolina requires about the same, but the penalty for violation of the law is inadequate, and there is some complaint against it for that reason. The Mississippi law is new and cannot be so well judged yet.—From a letter from Dr. J. H. Rauch, Secretary State Board of Health of Illinois, to Dr. R. J. Dunglison.

available testimony at hand. The *Boston Medical and Surgical Journal*, 18943, publishes a letter from Maine, from which the following is abstracted :

"A subject which attracted a good deal of attention in the profession was an attempt to procure a law for the registration of practitioners of medicine.

* * * The bill provides that graduates of any institution legally qualified to confer medical degrees, and all who had practiced without a diploma for thirteen or more years continuously should be allowed to register ; that all persons practicing medicine without having been registered should be deemed guilty of a misdemeanor. * * * It will be seen at a glance that this was not a strong bill, for it admitted to registration the very worst of the quacks ; but it was believed to be impossible to get a law which should require every physician to be the possessor of a diploma of a respectable medical school, and it was thought best to try to get one which would be advantageous in the future even if something was sacrificed for the present. * * * The bill was defeated by a small majority. As usual the physicians who urged the passage of the bill only got abuse for their attempts to protect the public against the homicidal incompetence of quacks."

The reply to my inquiry as to the qualifications necessary to the practice of law in Maine, by a member of the Portland bar, so aptly makes a parallel statement that I quote a part of the letter :

"By a recent statute of our State, the matter of the admission to the bar has been placed on a better footing than formerly. All examinations are in the presence of a Justice of the Supreme court, and must be satisfactory to him. They are conducted by a committee appointed by the court in each county and are partly oral, partly written. Applicants must have studied *at least* two years in some attorney's office in good standing, and present a written recommendation from him. The two years provision is a compromise ; it was all we could get from the legislature. None are admitted without examination except members of the bar of another State, who have been in active practice and good standing for at least three years."

The legislature of Maine refuses even the apparent safeguard of a degree to the medical profession. For that of the law they insist upon an examination, their point of refusal being the length of time to be spent in law studies before coming up for examination.

In my own State (Pennsylvania), after many and hard struggles, the legislature has given us a registration law, and the same calumnies have been used with us as in Maine. Under the present statute a man was tried and convicted ; upon application for a new trial (which was refused), the judge said :

"Something was said during the argument to the effect that the statute in question might be obnoxious to the objection, that it could deprive the defendant of his property without judgment of his peers, or due process of law. But what vested right or property can a man have in a profession, unless he conforms to the law of the land in his pursuit and practice of it? * * * The right to compel a lawyer to persevere for a certain time a prescribed course of study,

and to submit himself to the ordeal of an examination, as a condition precedent to entering upon the practice of the profession of the law, and receiving its emoluments has never been successfully questioned, and this in the absence of any positive statute on the subject."--(*Carlisle Herald*, July 19, 1883.)

Is it necessary to search for additional evidence? McClelland, in his *Civil Malpractice*, asserts, and again and again quotes from law authorities, that the possession of average knowledge and skill is all that the law requires in any case, and more than this, the average knowledge and skill of the school of medicine which the person professes to practice ; thus an Indian doctor could not be condemned if he did not exhibit the average knowledge and skill of the medicine man. A few sentences from pp. 18 and 19 will serve as a sample of the many opinion she quotes :

"A physician or surgeon is responsible only for *ordinary* or *reasonable* care and skill, and the exercise of his best judgment in matters of doubt. * * * A physician is expected to practice according to his professed and avowed system, where there is no particular system established or favored by law, and no system prohibited. Hence, in an action for malpractice, evidence to prove that the defendant's treatment of the case was according to the *botanic* system of practice and medicine, which he professed and was known to follow, is admissible, (*from Hilliard's Law of Torts*.) * * * 'The least amount of skill, therefore, with which a fair proportion of the practitioners of a given locality are endowed' (*Bowyer's Inst.*) is taken as the criterion by which to judge the physician's ability and skill. *

* * * It must be borne in mind also that the courts will take no notice of the different 'schools' in medicine, the term 'physician' being legally assumed by any one who chooses to announce himself as a practitioner of medicine. (*Sutton vs. Facey*, 1 Mich., 243). The law recognizes all systems as legitimate ; at the same time it requires the physician to practice according to his professed and avowed system. A departure from the received canons of a given system will be taken as a want of ordinary skill. (*Bowman vs. Woods*, 1 G. Greene, Iowa, 441 ; *Patten vs. Wiggin*, 51 Maine, 594)."

And so the uneducated and the sharper, like the wolf in the fable is able to cover himself with another's skin, and enter the fold without hindrance.

So in every instance the political status of the physician is beneath that of the lawyer and minister, nor has he the same safeguards thrown around him, either by legal enactment or popular opinion, that surround its twin profession so-called. Can we help asking the question, Is it fair?

"But every lawyer is not a gentleman and a scholar, neither every minister of the gospel a profound theologian and a saint, despite the safeguards," says some captious objector. Granted, but the remedy is in the hands of those who are most interested. In the county in which I live, the bar, a few years ago, adopted new rules for admission ; they demanded a preliminary examination, and they made the final examination more severe ; and they "pluck" applicants and send them to school or to college :

the remedy is in their own hands, if they have not prepared men it is their own fault. And all that we ask is fair play and no favors.

It might be proper to ask the cause of this sorry state of affairs. A moment's reflection shows that it is a very complex question. Mrs. Stowe's *Topsy* did nought but grow, but to express the elements involved and the forces at work in the growing has been one of the problems of the ages. So here it is a generation and a growth—probably some of you would phrase it degeneration and decay. To carefully and philosophically trace the evolution of the varied and diverse elements included to-day in the term *physician*—or more vernacularly *doctor*—would be a work of magnitude, but of interest. May I hope to have the pleasure of listening to a paper on this subject at some future meeting of the Academy?

The material is not at hand, even were the skill present and did space permit, to attempt it here, but among other forces there are two which might be noted as pertinent to our subject¹. There are (a) the nature of our calling, and (b) the indifference of our profession.

Our calling is elementally and essentially personal, man to man, and all duties toward aggregated humanity grow out of this foundation duty. It exists because there is physical suffering, which excites the sympathy of those around, and the desire to relieve. With the many, the best to be done is to send for some one whom they believe better able to relieve than themselves. And the exercise of faith here differs not from its use elsewhere; it is not necessarily guided by reason. For example, let a family move into a town, and desiring a physician, make inquiries concerning them. Is not Dr. X or Dr. Y suggested, because he is said to be good or successful, and this apart from any learning or training that he may have? Apply this to the sparsely inhabited period of our country, when there were few trained, and one can easily see how an entrance could be given to presumers of all sorts.

With such a calling join the indifference of the profession, an indifference which is the trunk of a many-rooted tree, the tap root possibly being the lack of a sufficiently broad preliminary training; so that when we add the lack of pruning and cultivating, the condition of to-day is the to be expected fruitage.

To extend help to a fellow-being in suffering is commendable; it is an inevitable duty of mankind, and should be urged by no one more than the physician. But to exercise the official acts which are supposed to be the outgrowth of certain professional study and experience; to order the compounding and administering of substances capable of doing injury and inflicting suffering; to certify to causes of death, and thus to contribute to the good order of the nation—in short, the devotion of one's self to the multifarious duties known to all as the duties of a physician, and the power to receive the emoluments

pertaining to such services, should not be assumed. And it has been by the indifference of the profession that from the very beginning until now a stubborn defense of professional privileges has not been made.

These two causes working in and with the many other causes in the past, have produced the result as we now see it; and these two causes aid and abet the many causes at work to-day to prevent the growth of the reaction. For there is a reaction, and we should, as we honor our profession, throw off the lethargy that may be upon us, and endeavor by every means in our power to bring that calling we profess back to the level of her sister professions; so that whether from the State or the people, from an educational or a political standpoint should the view be taken, if medicine be not seen on a line with her sisters, it will only be because she leads them.

MORAL INSANITY.

BY WALTER HAY M.D., LL.D.

[Read to the Tri-State Medical Society, Chicago.]

In proposing a subject for your consideration and discussion, it would seem proper to present at the same time its definition—to fix limits for the scope of the thoughts which shall be occupied with it; to assign bounds for the mental operations which may comprehend it.

It would be scarcely an exaggeration to say that the most of the conflicts, arising in the course of philosophical discussion, have their origin in ambiguities of language and variations in verbal definition, rather than in essential differences of thought or opinion. Let a proposition be stated in terms so clear, to the mind of the originator, that no room seems to remain for a different interpretation, and yet differences will arise therefrom so wide and so varied as to astonish and confound the author, with the perplexity which he has occasioned.

But a duty so obvious, under ordinary circumstances, becomes impossible of accomplishment when we come to the consideration of the subject, Insanity. Out of the desire and effort to define this condition have sprung many of the errors which now complicate its study, and much of the false reasoning which perplexes investigators and deludes the world.

A verbal definition of insanity is impossible, since it is a negation, and hence cannot be defined in the terms of a positive proposition. Every attempted definition is either so comprehensive in its generalization as to include many conditions not properly belonging to the category, or so extensive in its specialization as to exclude many which come legitimately within its scope.

In attempting to define insanity, one seeks vainly for positive characteristics which may be fixed and assumed as standards of comparison; and will continue to seek vainly for definite ideas, and will find the problem of mental disease insoluble until its purely negative character is accepted and comprehended. Considering the subject abstractly, then, it is necessary first of all to submit the mind to the restriction of regarding insanity as the negation of sanity.

Sanity, of course, is a positive state, theoretically,

¹ While this paper was preparing, the address of Dr. N. S. Davis before the American Association of Medical Editors appeared in the JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION. It contains a most excellent historical statement of the legal status of the medical profession, but between the lines all along could be seen the above mentioned causes in operation.