lesions and a differentiating history. Besides this the tests of Gelle and Bing may aid in diagnosis. From epilepsy the incomplete loss of consciousness, the continuing of vertigo after the paroxysm and the loss of hearing make Ménière's disease easily distinguishable.

CASE.—In August, 1900, I was called to see Fernando M., aged 67, who was suffering from a so-called bilious attack. In attending him his relatives related the occurrence of similar attacks and gave me a partial history of apoplexy. Being dissatisfied with the correctness of the diagnosis I was requested to call and make an examination, which I did the following day. By that time the patient had entirely recovered from his attack, appeared well nourished, had good color and, as he stated, an excellent appetite. I solicited the following history: Twelve years ago he was taken sick with a rheumatic attack which recurred frequently until six years ago when, during one of these attacks, he had an apoplectic stroke, or an attack diagnosed as such at the time. The attack consisted of a sudden and almost complete loss of consciousness, which came on while he was sitting at the table eating supper. Dizziness ushered in the attack and noises in the ear were loud. No paralysis followed, and in two days he practically recovered, save for an inability to use his tongue as heretofore; it seeming thick and difficult to move, though mobility was possible. Sense of taste was not impaired. The tongue symptom gradually disappeared, but a year later he noticed a sensation of cold from his hips down, on both sides. His rheumatic attacks were located chiefly in the great toes of both feet and now there was a dull heavy sensation near the insertion of the gluteal muscles, which became more pronounced after walking or other exertion. Preceding this attack he had what he termed a nervous spell consisting of a general prostration during which he cried very much without cause; after this his feelings were greatly relieved. Similar emotional disturbances occur at the present time. Jokes and stories calculated to arouse his risibilities have just the opposite effect, and the very best humorous efforts of his friends have been followed with a profusion of tears.

Another rheumatic attack followed soon after, again located in the great toe. The patient continued with a sensation of cold and pain in the right hip, until two years ago, when he had the first attack of vomiting very similar to the one which I saw. Up to the present time he has had only two other attacks of vomiting. But at least once a month attacks of nightmare with partial unconsciousness occur, during which he sees various scenes of past life and from which it is difficult to arouse him.

The ear symptoms proper began three years ago, when he noticed a swelling and hyperesthesia about the tragus of the left ear. When he would touch this area a tingling sensation coursed over the skin and through the deeper structures, setting up a dizziness which causes him to fall unless supported. This sensation gradually diminished until it is now nearly absent. It never appeared on the right side. Eight months ago deafness and tinnitus first began in the left ear. There was never any discharge. No lesions are visible. Four months later the right ear became affected, the left getting better at the same time. The tinnitus was then confined to both sides, simulating the shrieking of a steam whistle, at other times the rushing of a swift stream about some obstacle; again, in listening for the ticking of a watch an imaginary ticking would be heard all day. Constipation was marked. He com-

plained of his legs being cold and kept them wrapped with blankets which at times seemed insufficient in quadruple thickness. Weakness and vertigo prevented him from walking more than thirty yards at a time, when he would rest, after which a similar distance could be traversed. An inability to write began five years ago. It consisted of a volitional tremor, becoming coarser and more violent with increased effort. When at rest the hand is perfectly quiet. The left hand is unaffected and serves the offices of the right. His reflexes are normal. This was the condition of the patient August 24. On the 26th he was placed on potassium bromid and hyoscin hydrobromate, 7 and 1/200 grains respectively three times daily. He continued this treatment until the end of September without any beneficial results, and was then placed on salicylic acid and potassium acetate, 10 and 5 grains respectively three times daily. From that time on he gradually improved. The improvement showed itself in the cessation of the tinnitus in the left ear, with marked improvement in the hearing of the same ear. The right ear, which at the beginning of treatment was totally deaf to the ticking of a watch, has heard this sound twice within the last week and the tinnitus in that ear has abated and changed location, being situated higher up near the anterior portion of the parietal bone.

No vomiting has occurred, and last week the patient was able to walk to my office and return to his home without discomfort and without a showing of vertigo. This distance one way is about one hundred and fifty yards.

Pilocarpin injections were used a week after the beginning of the salicylate treatment, but were abandoned on account of the great discomfort and little benefit they caused.

The patient, though improved, is not wholly cured, but the indications for a favorable progression are very good. The result will be subject to another report.

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THE FINANCIAL RELATIONS OF THE MEDICAL PROFESSION TO THE PEOPLE AND PUBLIC.*

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PANA, ILL.

Medical men show more financial failures, when judged from a commercial point of view, than any other class, but this is not because the members of the medical profession are incompetent men, or do not earn a living, but because they have inherited a faulty system of doing business. Years ago, when the good old family doctor was in vogue, of which Ian Maclaren's "Willum M'Clure" is the type, the physician did not expect to lay up a store for his old age or the comfort of his family, but when his life's work was done, to be laid to rest by his neighbors.

* Read before the Semi-annual Meeting of the District Medical Society of Central Illinois, held in Pana, Oct. 30, 1900.

The time has come for a radical change in our methods. In the days before the rapid shifting of the population the shiftless methods of our fathers may have worked well enough, but now, when such frequent changes are taking place in the abode of our patrons, and ideal, honest manhood is so scarce, we are necessarily obliged to look more carefully after the collection of our accounts. But how many have any regularity about presenting these? How many refuse to treat the well-known deadbeats? It is easy to find those who say they do not treat this kind of people, but their goodness of heart, or some other cause, induces them to render them the desired service, for many are afraid to say "no" to these people for fear of hurting the feelings of some of their friends or relatives who may have given patronage in the past or who might otherwise do so in the future. This does not apply to the worthy poor, and I would not close my eyes to appeals for help in times of distress, for physicians must treat this class, found in every neighborhood. Christ said: "The poor ye have with you always," and I am not trying to fortify your hearts against such. Boerhaave said the poor were his best paying patrons, for God paid him for treating them. It has also been said that no medical man ever rose to eminence in the profession who refused attendance on the worthy and honest poor.

My desire is that a free and full discussion may be had on the following points: 1. There should be a better fraternal spirit in our dealings and associations with one another, so that we will consider ourselves friends and not rivals in medical practice. 2. A uniform fee-bill should be established, and this should be rigidly lived up to. 3. Companies and corporations should guarantee payment of bills rendered for services to their employees when injured while at work for them. 4. We should demand of the public authorities a just recognition in public affairs and a just compensation for our services.

The members of the medical profession have been imposed on, both by the people at large and by the public authorities, and are not receiving the just remuneration for services or the due respect from the public that they deserve. But the members themselves are almost wholly to blame for this state of affairs. If we had more of the spirit of Dumas' famous three guardsmen we would be far better off, i. e., "One for all and all for one." We should make ourselves felt as a united body, demanding our rights as one man in the voice of the whole profession, when we ask for anything of our lawmakers or of others. If we would make ourselves heard by united effort we could have almost anything we might ask for that is reasonable. Our inharmonious condition is due to lack of organization, and in consequence the profession does not receive that respect which it would if its members were well organized into an association controlled for the benefit of the whole; and in working for the profession at large each individual member would be helped financially and elevated to a higher plane of usefulness. As to our present condition, it is very little better now than it was many years ago, but who is to blame for it but ourselves? Every walk of life but that of medicine is represented in the names recently chosen for the Hall of Fame. Then let us consider this omission of the names of the great benefactors of the whole human race, like Morton, the discoverer of anesthesia, and McDowell, the great pioneer of abdominal surgery, and of Sims, the immortal gynecologist, ask ourselves the reason for it. The answer is: Because we are not united in a harmonious body, and so accomplish

little or nothing, while we continue to wonder why we are not recognized according to worth as other men progress.

The physicians of every community should organize an association for mutual protection, and each individual physician in that place who is recognized by the state board of health should be a member. Then the first thing should be the establishing of a fee-bill to govern the charges in that community, and next a list of the dead-beats should be made for the information of members. The fee-bill should be the standard for all charges, and when a charge is made it should be the one agreed on. If attendance is rendered the worthy poor, it may be for charity, but let the charges be made in good faith and lived up to. A fee-bill would be of inestimable help in settling with the chronic hagglers, and would soon educate the community as to what a fair charge is.

Another cause of complaint on the part of physicians is the habit of companies and corporations employing laborers who are often injured while at work, and expecting to have them treated by physicians who are given no assurance of pay by the firms employing the men. The employee is severely injured and laid up at home with increased household expenses consequent on his misfortune, and after he has returned to work he is so in debt that the physician is unable to get anything for months or years, and often never. If physicians were properly organized they could compel employers to see that they received their pay, but individually they have not the power to enforce this. I have had abundance of sad experience on this line, and have in vain sought redress. I also tried to get the local physicians to enter into an agreement to notify the employers, in this place, that we would hold them responsible for our fees in such cases, but some refused to sign. In these cases the physician in attendance well knows that it is utterly impossible for the head of the family to pay anything; in fact, he is more conscious of the necessity of giving the distressed family something out of his own scant pocket-book than rendering his bill, but the grocer and other creditors who have not seen the hardships of the family push their bills and collect them, while the doctor does not push his, and finally loses the entire amount.

Still another cause of complaint is the way that physicians are discriminated against by the public authorities. The county boards of supervisors have for years cut the bills sent them by physicians, after being ordered by their respective supervisors and duly sworn to, for treating paupers. While the patient treated may be a pauper, surely the state is not.

Again, when it comes to the settlement of estates, physicians' claims are not allowed by county judges until about the last thing. After the bills of the tailor, the undertaker, etc., are allowed, the physician comes in for his share "for treatment in a last illness." It often happens that a physician treats a patient for weeks and perhaps many months in a last illness, and when the family is convinced that there is no hope of recovery there is a change of doctors in order to get rid of paying the one who has stood by them in their long struggle.

About in the same category as the county pauper practice should be placed the new innovation, at least new for the small cities and villages, the so-called "club practice." A sick benefit society is formed, as I understand it, in a place, and contract with a physician for a small fee, a mere pittance, for stated services, to attend at the beck and call of the members who may need medical service. It generally happens that the most of the members of these societies or clubs are the prospective

fathers of soon-to-be-larger families, and desire attendance on their wives for a mere pittance as compared to what would be charged, and ought to be, for taking care of a case of confinement in the regular order of practice.

It is now time for the medical profession to form protective associations, so as to work together on all the lines which I have mentioned, and the one that I am in favor of forming first is one for the weeding out of dead-beats, and the devising of ways and means for the better collection of our just debts. Every kind of employment or profession has an organization for the better protection of its members except that of medicine, but there is a faint ray of hope, for the physicians in one or two cities and a county have begun the work and it is bearing good fruit. Physicians in Detroit, Mich., have formed the "Detroit Physicians' Business Association," and those of Murphysboro, Jackson County, Illinois, have formed "The Physicians' Protective Association." I have a letter from Dr. O. M. Ormsby, the secretary of the latter, saying that the physicians down there are well pleased with its workings and are collecting their debts thereby, and, what is of more importance, if possible, they are running their own business and have made themselves known and felt as a power in the affairs of their county in the matter of pauper practice, establishing fees and abating the nuisance of dead-beats and their class.

A STUDY OF THE ETIOLOGY AND PATHOLOGY OF RHEUMATISM WITH SPECIAL REFERENCE TO "RHEUMATIC DIATHESIS."*

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The term "diathesis" has so little to commend it use in the scientific terminology of medicine that it is fast falling into disrepute. Indeed, it would seem that it is destined, sooner or later, to lose its place in medical nomenclature along with the "humors" of Galen. In view of the ambiguity of the term then, I will define diathesis as that hereditary condition of the body organism which appears to be present as a necessary initial factor in the production of the disease.

The disease which we ordinarily call rheumatism is only one manifested form of this malady. Indeed, there appear to be many varied conditions of rheumatism. Thus we may speak of rheumatism in a plural sense, in that it does not appear to exist as a single entity. It should be understood, however, that this construction is but a temporary one, and that, when we shall have solved the etiologic problem of their production, the diseases now placed outside this category, but which seem from their symptomatology to have a direct connection with acute articular rheumatism, will take their proper place in the nosology of diseases.

PART PLAYED BY DIATHESIS.

To what extent does so-called diathesis affect the etiology and pathology, and what may be implied by the term in connection with rheumatism? If we were able to explain the intricate problems of normal metabolism, if we could trace by any known chemico-physiologic law, the synthetic and analytic structure of the cell, and define the phenomena of life and death of protoplasmic mass, we might be in a position better to explain the enigma of constitutional vices. That they exist as a predisposing factor in the causation of dis-

eases, as well as an inhibitory factor in the repair of the disease conditions, can scarcely be denied. They have been variously described under the names diathesis, dyscrasia, predisposition, disposition, etc. Under the name of diathesis it has been taught that the inclination is an inherited one, and this has been recognized since the early history of medical science. The literal meaning of diathesis, when applied to the chemistry of the body, is that there is a tendency on the part of the animal economy to the development of certain diseases; by this it is not meant that the disease itself, but rather the family tendency to it, is transmitted. It need not strain a point to say that the condition may be an acquired one.

OTHER FACTORS IN THE CAUSATION OF RHEUMATISM.

This brings us to the consideration of some of the other factors said to enter into the causation of rheumatism. It was long thought, and is even held at the present day by some authorities, notably by Haig, that uric acid, retained in abnormal quantities within the system, was the cause of rheumatism and gout. That uric acid or its salts exist as a pathologic condition is undoubtedly true, but it would seem almost preposterous to conclude, from this fact alone, that it is per se the cause of these phenomena. It is by no means well attested that uric acid or its salts are constantly present in the blood stream even in well-defined cases. By a liberal perusal of recent literature I find the consensus of opinion of the best authorities to be that rheumatism is directly due to bacterial infection. Indeed, there is a strong tendency among bacteriologists to associate the infectious germ with all pathologic problems, and this association has in a measure been verified. Yet we are unable by this theory alone to explain many of the special and characteristic features of diseases, and especially have we found it so in the diseases under consideration. It would be to my mind more plausible to conclude that a relation exists between the biology of the infectious agent of rheumatism and uric acid formation, and that the presence of uric acid depends on the development of these germs. Diathesis, then, would appear to bear much the same relationship to rheumatism and gout, as so-called predisposition or dyscrasia does to other diseases which are not particularly hereditary in nature; as, for instance, tuberculosis, typhoid fever, malaria, etc. In other words, diathesis defines the conditions under which infection takes place.

In a paper published in the *American Medico-Surgical Bulletin* (1895), and recently republished,¹ Dr. Wm. H. Porter called attention to defective oxidation on the part of the system as the chief predisposing factor in bringing about the disease. He assumes that in the "so-called lactic or rheumatic condition as in the so-called uric acid or gouty state of the system, all the toxic products within the system, and all the abnormal products found in the excreta, are due to the imperfect oxidation reduction, or faulty isomeric transformation of the proteid constituents contained in the animal economy; that the carbohydrates if taken in ordinate quantities being easily oxidized is done so at the expense of the proteid constituents; thus producing suboxidation of the latter." He undertakes to disprove the existence of uric acid or its salts in the blood stream, and erect the hypothesis "that as a result of faulty nutrition there is developed an imperfect and abnormal transmutation of the proteid compounds, that as a result the substances are oxidized at an abnormal position instead of in the renal cells as normally occur." However, he goes further than to merely assume that

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