In Minnesota, Dr. Hewitt, Secretary of the State Board of Health, has within the past year effected considerable in this direction. In the Connecticut State Board of Health Bulletin for February, 1888, Dr. Lindsley, Superintendent of Vital Statistics, says: "For the first time since these monthly bulletins have been issued, reports have been received at this office from every town in the State." The last quarterly report of the Illinois State Board of Health says: "For the first time since the collection of vital statistics was begun, all the counties have made returns of births and deaths."

SICKNESS STATISTICS.

For some purposes, including those of immediate action for the restriction of dangerous diseases, reports of sickness are much more valuable than the reports of deaths. An account of the methods successfully employed for several years in Michigan was given before this Section last year. Those methods are being continued in Michigan, and the State Board of Health of Ohio has established methods somewhat similar, which promise very useful results.

THE ETIOLOGY OF DISEASES.

Sickness statistics are especially valuable in studying the causation of diseases. The sickness is nearer than the deaths are to the time of the causation of the disease. The statistics of sickness and meteorology in Michigan have proved that most of the important diseases are controlled by conditions of the atmosphere. Even such diseases as small-pox and scarlet fever, due to specific causes, have close relations to the coldness and dryness of the air inhaled. This knowledge does not antagonize the importance of isolation and disinfection in such diseases, but it shows why these measures are especially important when the air is cold and dry; and, inasmuch as the virus of those diseases clings for a long time to infected articles, it explains why, unless disinfection is enforced at all times, these diseases tend to break out and spread during the cold seasons of the year. The explanation is found in the fact that nearly every one of the diseases of the throat and air-passages is increased after the inhalation of cold dry air. Communicable diseases which enter by way of the air-passages thus find at such times a most easy entrance. Consumption is found to follow the same law, increasing after the cold dry season of the year, and decreasing after the warm moist season.

It appears, therefore, that there has been great progress in our knowledge of the relations of sickness to meteorological conditions, so that, in Michigan at least, we are now able to say under what meteorological conditions each one of many of the most important diseases will increase or decrease in prevalence. The times, or at least the conditions of the rise and fall of the sickness

from these diseases³⁵ can be predicted in advance with almost as much accuracy as can the recurrence of the seasons. This may seem to you like laying claim to one of the grandest of recent human achievements, but I think the statement is strictly true, and this knowledge of the conditions tending to the occurrence of diseases, should aid us greatly in the adoption of measures for their prevention.

THE PRESIDENT'S ADDRESS BEFORE THE AMERICAN RHINOLOGICAL ASSOCIATION.

Delivered at the Annual Meeting, Cincinnati, Ohio, September 12, 13, and 14, 1888.

BY CARL H. VON KLEIN, A.M., M.D.,
OF DAYTON, OHIO.

FELLOWS OF THE AMERICAN RHINOLOGICAL ASSOCIATION:—Under the present system of modern organizations, be it a political government, a commercial or scientific organization, be it ever so small, it is demanded from the head of such government, or such commercial or scientific organization, to deliver an annual message or address. A duty which I am called on to fulfil, regardless of my ability, and probably my errors recorded for generations to come; for words are like milk, which, once being drawn from its original source, can never be returned again. At this age of remarkable discoveries and wonderful developments in science, one might not at ease deliver his sentiments without fear that some one will reply to his errors, as times are not as they used to be. Three hundred years ago, could a person have been put to sleep and have continued in that state fifty years, on awakening and returning to the schools of medicine, he would have found the same textbooks, the same mode of teaching, the same elements of thought, perhaps without a single change.

Now, let a person remain in seclusion for not more than five years, on returning he would find many changes in the teaching and practice of medicine. For medicine in this century comes and departs with the fashions of garments, many have died with the Grecian bend, and as many more will die with the present mode of the posterior phenomena. The continual shifting in theoretical medicine gives a theory, but a short lease of life. A new theory established to-day, after laborious and tedious experiments, discarded to-morrow. Fruitful as has been the present age in changes of medicine, yet can any one of our medical colleges boast of a professor's chair on Rhinology? In many it is so entirely unknown,

³⁵ Influenza, tonsillitis, bronchitis, pneumonia, croup, diphtheria, scarlet fever, small-pox, consumption, remittent fever and typhoid fever. Tables and diagrams proving this, relative to some of these diseases, are published in Trans. Int'l Med. Cong., Washington, D. C., 1887.

that it is not even regarded as an object of secondary importance.

The Talmud relates that Rabbi Huna once asked his son why he did not attend the medical lectures of Rabbi Chisda? "Because," replied the son, "he only treats of temporal and wordly concerns." "What," said the father, "he occupies himself with that which is necessary for the preservation of human beings, and this you call wordly affairs!" Trust me, this is among the most estimable of studies. I will as well say to those who consider Rhinology of a minor importance that it is the most worthy study in the science of medicine. With the complete modern scopic inventions one cannot but help to progress in the investigations of diseases, and discover afflictions through the rhinol cavities diseases of other organs.

The rhinoscope brings before us stupendous facts which we are called upon to observe in our daily practice, which gives advantages in treating diseases of more obscure cavities, and lessens the suffering of the human race, and improves the health of many who are by nature predisposed to inroads of hasty death.

I must confess that I am unable to understand how a physician can treat a disease in which he received no instruction, and how a profession like ours intended self sacrifice to devotion or relief of human suffering could be guilty of empiricism. I consider those who treat diseases for which they are neither qualified nor prepared empirics, however conscientious and faithful a follower he may be of the catalogue of diseases contained in his symptom book. Yet I hold it dishonest if he tampers with that to which his eye is neither trained to see nor his hand to perform.

No branch of the healing art has, indeed, been marked with more empiricism than Rhinology; she struggles against far greater difficulties than any other branch of specialistic medicine, for both ignorance and prejudice have lent their aid toward retarding its advancement. It is a common thing for a traveling imposter to announce himself to the public as a catarrh specialist in addition to being a specialist of all other organs of the human body, while the regular practitioner as well, with his bulb spray, is ready to make fifty cents whenever he can, regardless of his brother's toil, and all his brother has learned by sacrificing with midnight oil to the knowledge of modern medicine.

As long as a physician brings his wisdom into market as an article of commerce, we cannot expect from him but to do anything for a remuneration, he will undertake to treat disease, even if he knows that he is deficient in that branch. There are many specialists who are pernicious to their class by dealing with their specialty like a merchant, who tries to sell other goods if he has not the article you call for. If you will ask him

for satin, which he has not in stock, he will aim to sell you silk; just so with dishonest specialists. They will try to make their patients believe that the disease of the organs afflicted come from diseases of their specialty, for the sake of gaining gold, which has always been a snare to men. Oh, gold! Chief source of hills, corruptor of life, that turneth all things wrong!

"Gold breaks through every sacred tie,
And bids a friend or brother die;
The fruitful source of kindred strife,
Gold would not spare a parent's life.
Long wars, and murders, crimes untold,
All spring from the cursed thirst for gold."

Physicians of vicious practice are doubly pernicious, being not only guilty of immoral practice themselves, but likewise of spreading them far and wide among their fellow practitioners, who profess better things. It is equally wrong to treat maladies in which diagnosis cannot be made, as it is to treat patients who apply for treatment of diseases with which they are not afflicted. "To those who are not sick the physician is useless, and the pilot to those who do not sail."

Cicero says: Those are wise monitors who teach us to do nothing of which we are doubtful, whether it is honest or just; for whatever is honest, manifests itself by its own lustre, but doubt implies the entertainment of injustice. Let me not, however, be misunderstood. It would grieve me even to be suspected of the folly and injustice of promiscuous accusation. Believe me that no one is convinced more than I that the medical profession possesses the highest grade of human respect, but there is never a garden ever so beautifully cultivated that has no weeds. The profession to which we belong is not an indolent occupation. Look at its history and study the magnitude and quality of its labors. Why has it done all this? What would it have done if it had not ambition and aspiration and much heart-hunger? Has not the medical profession had to fight its way from the beginning of the history of man? What profession is there that has accomplished anything for which mankind are the better? Every branch of modern science, every field of modern research, every pursuit which has been under the subject of modern study has been cultivated by the medical profession. Look at the authors of every branch of specialistic science, and no one without the title of doctor of medicine, should such a profession be guilty of having within its faculty malevolent fellows, who would be ready to commit any crime by treating suffering humanity for no other purpose but to their coffers fill? Branded with Ovid's description of deceit to whom all fingers point:

"Hither comes the tradesman, having a girdle around his robes, and in a state of purity draws

some of the water to carry it away in a perfumed urn. He sprinkles his hairs, too, with the dripping bough, and in a voice accustomed to deceive, runs through his prayers O, Mercury! or have invoked the great Godhead of Jove, whom I did not intend to listen to me. But give me profits, give me the delight that arises from gain, and grant that I may find it lucrative to impose upon my customers."

Now, wherein lies the remedy? Gentlemen, the only true solution is a thorough medical education. I maintain that no one can receive a thorough medical education, without a thorough academical training, the mind that is trained to academical knowledge is inspired to a nobler and sublime course in life, in righteousness, piety, benevolence, industry, sobriety, equity, and frugality, kindled with aspiration, for a special pursuit in science to whatever calling by nature of human duty he may be assigned to. If the physician possesses an academical knowledge, he will make the boundless science of nature his study, he will aim to enquire from the beginning of the creation of man, and turn every stone to find inscriptions that may be engraved by organic life. He will form exalted ideas of monuments of primeval antiquity, and make use of all antemundios ways that may be conjured from the outmost bosom of the earth, in order to throw a bright light upon development of medicine. Such men can have no other motive than human welfare. And when they read the works of great men which existed in all generations, whose carcasses have long decayed, but their heroic name still lives, then they are kindled with high aspirations and are anxious to become heroes in the conquest of nature. Thorough education make men gentlemen by habit, by custom, by civilization, by law, and by dress. From the history of the infancy of our race unto the present day, developments of trades and arts are emerged from their primitive state to a perfection, by those who devoted their attention to one kind of skill, and made life almost double its value.

Those stupendous facts in which the whole spirit of the 19th century moves is due to a higher grade of education. In this age of multifarious learning, in which the whole spirit of humanity powerfully and wonderfully moves, cannot, as formerly, be overshadowed by ignorance and superstition. Thorough education will dissipate the darkness of empiricism and disloyalty to humanity. The inventions of surgical instruments is the wonder of this generation. Every day we hear of some new design that harnesses a new force, and assists in means of curing disease. The most useful of all of them are the different scopical inventions, and by their aid physicians are enabled to make correct diagnosis which leads to a rational treatment of disease of more obscure cavities. To the scopic appliances

we are greatly indebted for the development of specialties in the practice of medicine, and yet has it not developed charlatans and empiricism? Has not the vaginal speculum been the cause of producing so great an army of gynæcologists that 99 per cent. of the young men who graduate in their schools, regardless of their pathy, immediately equip themselves with a chair and a speculum? Has not the rectal-speculum encouraged the so-called pile doctors? And has not the rhinoscope been the means of producing thousands of traveling catarrh specialists, who pretend to see more with their appliances than the ordinary intelligent physician?

"The doctor's optics must be keen,
Who sees what is not to be seen."

Gentlemen, these obstacles may indeed be great, yet, not insuperable, and we should not allow them to daunt our spirit.

I now come to that which to us is the most painful and dearest part of our duty, and on which the spirit of our entire profession is based, and that is charity. We may ask ourselves, might not a subdivision in our profession cause great destruction to the essence of our occupation? Will it not drive from our doors charity patients? It is necessary for a specialist, in order to secure the comforts of life, to charge larger fees for their services than the public has been accustomed to pay general practitioners. This being understood by the poorer classes, might not they fear exorbitant prices, and in all probabilities suffer from painful and dangerous disease before they would venture to consult a specialist. There exists three classes of charity patients:

1. Those that ask charity.
2. Those that are prevented from asking.
3. Those that cannot ask.

The first is the one that justly applies for it. The second are those who are deprived of the liberty of asking, by being in prisons, asylums, almshouses and hospitals; they cannot receive any other treatment than that furnished by the institution. Such institutions generally have physicians who, by their political influence, have mastered the entire science of medicine. The third is the most pitiful of all, and in the pride of charity he suffers the pangs of death; aside of fearing false modesty of exposure, he also dreads rejection to his askings of his fellow men.

Gentlemen, let it be known that we are not specialists for the purpose of gain, but from conviction that the knowledge of medicine is too great a science for one man to accomplish as a whole, and that we are not practicing for revenue only; we are also ready to receive any one that applies to us for charitable treatment. Let not this beautiful passage of the New Testament be cast upon us: "Though I speak with the tongues of men and of the angels, and have not charity, I am become as sounding brass, or a tinkling

cymbal." Those who give charity to suffering for the purposes of fame, is mockery and indignity; he who uses the crown of charity in order to gain, deserves not the name physician. Let our Association become famous not only in the annals of science, but also for philanthropy. Let us not be in a hurry for wealth, let us not immerse ourselves in a simple study of augmenting a fortune and lose the art of reason by deserting the post of a physician. Let us also be specialists in philanthropy. Look at the history of philanthropists, and you will find that they are all specialists in their cause. The immortal Valentine Haüy spent his life in philanthropy for the blind; Johannes Falk, the philanthropist for children; Henrich Pestalozzi, the philanthropist of education; Augustus Herman Francke, philanthropist of orphans; Bartholomew de Las Casas, philanthropist to American Indians; John Howard, philanthropist of prisoners; Sir Moses Montifiore, philanthropist of the oppressed by religious persecutions, etc.

The true physician should be the eyes of the blind, the ears of the deaf, the tongue of the dumb, the brain of the imbecile, and the limbs of the cripple.

By following this rule our Association will become prosperous and renowned and conspicuous among men. While our Association is still young, yet it deserves congratulation for its past success for her wonderful work in progress of practical suggestions in rhinological appliances, and of treatment in diseases of rhinology we can congratulate ourselves for opening the broad gates to the obscure cavities of the upper respiratory tract. We can congratulate ourselves for its wonderful development in training and educating the world to the spray method, to the use of absorbent and essential oleates, for the revision of proper pathological nomenclature, for educating the physician to look after the upper respiratory tract, whilst he is making an examination of the entire body, and for calling the attention of the ophthalmologist and otologist to look for turbinated and other processes that might have produced disease of the organs in their specialty. We can also congratulate ourselves for the world-renowned repute, for the wonderful growth of our organization, and more so for the chosen quality of its members.

In conclusion, gentlemen, I will thank you for the great honor you have bestowed upon me by making me chief magistrate of this worthy organization. You may feel assured that no one is more sensitive to its dignity than I. I also thank you in the name of my friends and associates, who feel highly honored by my elevation. Trusting that we will live and prosper to see every one of our Fellows to pass the high honor which I am now about to deliver to some one more worthy than my humble self.

ORIGINAL ARTICLES.

A NEW OTOSCOPE (PNEUMATIC) FOR THE DIAGNOSIS OF MIDDLE-EAR AFFECTIONS UNDER PASSIVE MOTION.

AN IMPROVED TONSILOTOME. A NASAL SPECULUM.

Read in the Section on Ophthalmology, Otology and Laryngology, at the Thirty-Ninth Annual Meeting of the American Medical Association, May, 1888.

BY SETH S. BISHOP, M.D.,
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Preliminary to a discussion of pneumatic experiments upon the ear, it will be a natural proceeding to describe the instrument by means of which we may produce and observe the effects of passive motion in the drum.

The pneumatic otoscope which I have devised for the purpose named consists of a small milled cylinder with an ear-funnel of the most serviceable pattern at one end, and an eye-piece containing a lens, around which revolves an adjustable mirror, at the other end. In the side of the cylinder a spacious aperture admits the light to the illuminating surface beneath. At the funnel end of the instrument is a pneumatic chamber provided with a flexible tube ending in a rubber bulb, or a diminutive syringe, or a lip-piece, as one may prefer. Objection might be made to using the lip-piece for producing suction for fear that the air from the external auditory meatus might enter one's mouth, but it cannot do so if the funnel is properly adjusted to the canal, for the air chamber of the otoscope represents many times the volume of the column of air contained in that