Of mammalia other than man the following species are known to be liable to this kind of infection. Amongst domesticated animals the ox appears to be the most susceptible. In the common streptotrichosis of the tongue in this animal, apparently caused most frequently by the original ray fungus of Bollinger, clear evidence of the usual source of infection is forthcoming. If sections are made across the tongue in early stages of the disease numerous nodules, varying in size from that of a small pea upwards, will be found situated close to the dorsal surface. Often these nodules actually involve the mucous membrane, others will be found just below it, and the condition is one which obviously results from multiple infections through abrasions of the mucous membrane. But, beyond this evidence, various writers—Piana, Kouritsine, and Neuwith—state that they have demonstrated the presence of streptothrix organisms growing on fragments of grain which have become impacted in the mucous membrane of the tongue. The streptotrichosis in cattle due to infection by Nocard's organism has been observed apparently only by French veterinary pathologists, in France and in Guadeloupe and certain other tropical islands. In addition to these, two other species (*Streptothrix bovis alba* and *S. bovis luteo-rosea*) have been described by Gasparini as infecting the ox; a third species (*Streptothrix bovis sulphurea*) described by Rivolta is probably identical with the original ray fungus of Bollinger.

After the ox the pig is, of domesticated animals, probably the most frequently affected by this kind of disease. Besides infection by Bollinger's ray fungus, another form of streptotrichosis especially affecting the muscles has been ascribed by Hertwig, Duncker, and Virchow to a distinct species, *Streptothrix musculorum suis*; but, so far as I know, no detailed description of the parasite has been published. Heinick when investigating the normal bacteriological flora of the pig's intestine found streptothrix organisms amongst others. The horse also suffers from streptotrichoses; and a species closely resembling a type of streptothrix which infects man has been isolated by Dean from a submaxillary abscess. Sheep apparently suffer from streptotrichoses but rarely; infection of the tongue, however, and a generalised form of infection have been described, but there is no definite information available as to the characteristics of the sheep parasites. From a case of an apparently tuberculous disease of the lungs in a goat Silberschmidt isolated a well-differentiated acid-fast species, which does not correspond with any species yet found in other animals. On inoculation into the guinea-pig *Streptothrix caprae* causes a general infection with typically tuberculous lesions. A case of streptotrichosis of the liver in the stag has been recorded by Schreiber; and Nocard quotes Monfallat as having proved streptotrichosis of the jaw in the llama and in the guanaco of Chili. Schmorl has described an outbreak of disease caused by a parasite described as *Streptothrix cuniculi* amongst the rabbits kept in one particular pen in the Pathological Institute at Leipzig. And, to complete the list of herbivorous animals affected, a case of streptotrichosis in the elephant has been recorded. Except for a single case of streptotrichosis in the cat described by Rivolta, the dog is the only other mammal lower than man in which this kind of infection has been definitely proved. Rabe has recorded two cases, one apparently of suppurative cellulitis and the other a peritonitis, caused by a parasite termed *Cladothrix canis*, and similar streptotrichoses in the dog have been described by Rivolta and Vachetta; but the nature of the infecting organism in the particular cases is a little doubtful. I have, however, recently received from Captain A. Whitmore, of the Indian Medical Staff, a culture of a typical streptothrix which was the cause of fatal pneumonia in a fox terrier. The well-known occasional habit of grass-eating in the dog may possibly explain partly the liability to this kind of infection.

"1910 UNION OF MIDWIVES."—Miss Mary Macarthur, secretary of the Women's Trade Union League, presided on Feb. 19th over a meeting of registered midwives at Paddington, at which it was decided to form a "1910 Union of Midwives" for the purpose of raising the status of midwives throughout the United Kingdom and of organising the calling on a national basis. Mrs. Edith Robinson was elected the first president, Miss V. Macdonald was elected honorary secretary, and Mrs. Carnegie Williams was appointed to act as honorary treasurer *pro tem*.

An Address

ON

PULMONARY TUBERCULOSIS AND FAMILY PRACTICE.

Delivered before the Wimbledon and District Medical Society on Nov. 12th, 1909,

By H. BATTY SHAW, M.D. LOND.,
F.R.C.P. LOND.,

ASSISTANT PHYSICIAN TO THE BROMPTON HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, AND PHYSICIAN TO UNIVERSITY COLLEGE HOSPITAL.

GENTLEMEN,—The object of this address is not to repeat prescriptions for the various manifestations which follow in the wake of infection of the lungs with the bacillus of tuberculosis. When invited to deliver an address to this association it appeared fitting to try to appreciate the honour by giving in return not details which may be obtained at the expense of a little reading, but to call attention to some points which experience shows seem to have escaped the observation and attention of the family medical man. It is possible that some of the remarks that follow may rekindle or arouse feelings of antipathy towards the newer movement connected with the care of tuberculous patients. It is, however, necessary for us to recognise conditions as they exist, and if they cannot be altered they must be met by measures which are creditable to our profession.

THE ATTITUDE OF THE HOSPITALS TOWARDS TUBERCULOUS PATIENTS.

It is no purpose of the present address to trace the development of the treatment of pulmonary tuberculosis at special hospitals. The action of certain general hospitals in the past led to the exclusion of the "consumptive" patient from the wards. It is not to be wondered at that efforts were made to remedy this condition of affairs and that a group of hospitals devoted to various diseases of the chest, and more especially tuberculosis, soon grew up. These special hospitals need funds, and they must justify their position before the public. Payment by result is excellent in the abstract, but in the case of the tuberculous poor it has led to this most lamentable sequel—that advanced cases of pulmonary tuberculosis are not admitted but relegated to the Poor-law infirmaries, which are not large enough to cope with the work. The special hospitals whose duty it was, in the initial stages at any rate of their history, to provide asylum for such patients have had to relinquish their position. To attract funds it was necessary to be able to quote favourable results, and these can only be obtained in the treatment of early cases. Such cases alone can, under treatment, lose all symptoms, even all active signs and the expectoration of tubercle bacilli. Though a great deal is said against hospitals and their effect upon general practice, I think it must be conceded that their plight is to be pitied; the public has decided that such institutions should exist; the best must be got for money's worth, and it therefore follows that the cases most likely to be cured—viz., the early ones—must be admitted to the wards to the exclusion of more advanced cases. The glowing accounts of cure arouse enthusiasm on the part of the charitable, with the result that special hospitals are able to exist, though the anxiety of the gentlemen who control the management of such institutions is extreme and can never be completely known to the public, nor even to family practitioners.

But too large a number of the tuberculous patients are not in an early stage of the disease when they apply to special hospitals for in-patient treatment; they must attend as out-patients. Such a patient may be able to attend for years, working the while or being supported by his family; too often his attendances are few in number, for obvious evidence is forthcoming that the fatigue of the visits to the hospital is associated with risk, and the patient is advised to attend no longer. These out-patients, whose numbers are very large, come not only from London and its suburbs, but experience at the Brompton Hospital shows that they will come for an opinion, at least, from Glasgow, Edinburgh, Swansea, Bristol, and Dublin. Of

course, there is no suggestion for a moment that these patients have come to obtain the advice of any individual physician attached to the hospital, but there is no doubt that a hospital devoted especially to such a study as that of tuberculous disease will catch the public eye, even in remote parts of the kingdom, and patients from such distances will continue to arrive. Is it possible to name any particular drugs which, used at special hospitals in the treatment of in- and out-patients, are followed by speedy or certain cure? Certainly not; fresh air, good feeding, and exemption from family cares do much for these cases; certain drugs increase the appetite or allay cough, and efforts are being made by vaccination to convince the profession of the utility of such a step. As you probably know, there is so much haziness of verdict that no definite answer can be given as yet on this latter point.

There are some matters that I venture to think are better attended to in our specialised hospitals than in the case of the patient who elects to attend a private medical man. To be very direct, I will ask how many of you can say that you give printed or written rules to your patients giving advice on the prevention of tuberculosis? This, however, is done by these special hospitals, and I am quite sure that a few shillings spent in supplying yourself with such rules for distribution amongst your patients would be followed by unmixed good to your patients and yourself.

But now special hospitals are taking other steps to justify their existence. Before a patient is said to be consumptive, the one certain test of the truth of the diagnosis is made—viz., the sputum is subjected to a microscopical examination, once only in positive cases, but repeatedly in doubtful suspect cases. So far as I know, the special hospitals do these microscopical examinations themselves; it even pays to run bacteriological laboratories; the public approves such laudable efforts to render diagnosis certain, and it loosens its purse-strings. Special sputum bottles are actually supplied to the patients, so that there is little excuse for negligence in bringing the sputum. Even sputum flasks are supplied to the poor at cost price, and popular lectures are given to the patients during their stay in the hospital on the nature and management of their disease.

Finally, one other step has been taken by the management of the special hospitals for tuberculosis, and in this direction the Brompton Hospital has taken a prominent place. It is no longer the one concern of the hospital to treat the affected patient, but it has now assumed the task of notifying the tuberculosis of any patient who gives assent, to the local medical officer of health. The local sanitary authorities who accept voluntary notification of pulmonary tuberculosis are those of Wimbledon, Kensington, Hammersmith, Fulham, Chelsea, Westminster, St. Marylebone, Hampstead, St. Pancras, Islington, Stoke Newington, Hackney, Holborn, Finsbury, the City, Southwark, Bermondsey, Lambeth, Wandsworth, Greenwich, Lewisham, Woolwich, and others. The medical officer of health is allowed after the medical examination of suspect tuberculous inmates of a house in which it is known a consumptive lives to send such suspect cases to the Brompton Hospital for further examination; this is known as the examination of "contact cases."

Then comes other after-care of the patients; they are helped from various charitable funds with food and even clothes. Whilst they are in the hospital their children are taken care of at home or boarded out; after leaving the hospital efforts are made to find for the patients more suitable employment. Such is a very brief survey of what a hospital does to impress the public that it is worth while to give it financial support.

THE ATTITUDE OF THE FAMILY MEDICAL ATTENDANT TOWARDS TUBERCULOUS PATIENTS.

This is a matter upon which I cannot give entirely first-hand information. My observations are based mainly on the remarks of out-patients who have been advised by their private medical attendants to seek assistance at a hospital or who have been recommended by subscribers who have letters to dispose of—the proportion of these two groups of cases is shown by observation on out-patients at the Brompton Hospital; out of 281 consecutive observations 106 were recommended by medical men to come to the hospital and 175 cases came on lay recommendation. It is obvious that in thoroughness of

detail and in the real assistance given, the patient of the private medical practitioner receives nothing like the attention that the same patient receives at the hospital. It is very rare to find that the sputum has been examined for tubercle bacilli; it is quite common to find that the patient has been treated for months by the family medical attendant before he sends the case to the hospital or before the patient's forbearance has given out and he has, independently of the medical attendant's advice, sought hospital relief; in the large majority of the cases neither the patient nor the patient's friends know what is the nature of the malady from which he suffers. When he becomes a hospital patient the diagnosis is speedily made; he is told that tubercle bacilli are present in the sputum as soon as the expectoration gives positive results and is given printed rules to prevent the spread of tuberculosis.

I am quite certain that one of the difficulties which underlie the dissatisfaction of the general practitioner at the attitude of a hospital which gives itself heart and soul to pushing on developments in the management of tuberculosis of the lungs is this very logical behaviour of hospital authorities; they must exist, and they must earn subscriptions, whatever general practitioners say or do. But the same logical standpoint is taken up by practitioners, and they quite commonly say we cannot afford to take the trouble over the consumptive poor who cannot pay even moderate fees, nor can we take as much care of patients who can pay larger fees as we can of richer ones who pay very well. Moreover, as some of you will tell me, the poor are not grateful for your present of rules which if carried out would upset the home, entail further expense, and even lead to their dismissal from work, supposing their employers learn that they have consumption.

Another difficulty comes in in this way, that charitable institutions, public bodies elected by the people, charitable organisations, and charitable subscribers will have, they say, *the best* advice for the poor; with them there is no cutting the coat according to the cloth. Now, gentlemen, I am not romancing when I refer to these statements as emanating from such institutions. I can vouch for them as I have heard them uttered. I mention them to you to-night not to annoy you or to increase the mixed feelings you have with regard to hospitals, but to warn you that in the matter of pulmonary tuberculosis, and I regret to say in other directions such as the management of refractive errors, of ear trouble, adenoids, &c., you are no longer considered to be quite up to the mark. These statements have been publicly uttered by members of our profession whose experience has taught them the lamentable truth, and they are repeated by laymen and laywomen who, having collected funds for the relief of the poor, insist on getting the best value for their money. The latter will not recommend their cases to you who may not live far from this or that poor neighbourhood, but prefer to send such cases for examination and treatment to a specially trained dispensary doctor, appointed for the purpose and housed and paid a good salary, or to a large hospital. These are some facts that are not pleasant hearing, to no one of you more than to your present lecturer.

In pursuing the rôle of candid friend it is very regrettable to have to say that I think some general practitioners must be so deluged with occupations that they cannot keep abreast with the times, or they are out of sympathy, or they are indifferent, and will not learn lessons which are different from those taught to them as students. Quite recently an otherwise very able practitioner hesitated about having the sputum of his "bronchitic" (?) patient examined. Even if tubercle bacilli were present, "what difference did it make to the patient?" I glanced at the windows all closely shut, at the large fire, and I had already remarked on the very strongly benzoin-laden atmosphere. Now this patient had been treated in such a way for weeks, the sputum never had been examined, a soap-dish containing water only was fully charged with expectoration, which was subsequently proved to be teeming with tubercle bacilli. It rather terrifies one to think of the risk of contracting tuberculosis to young housemaids attending upon this lady.

But now there comes another class of general practitioner who is not ignorant, not indifferent, not one who is too sensitive to putting his patient to needless trouble and expense, but one whose philosophic view of medicine and life generally is so broad that he hesitates to cause any distress to the patients or relatives by allowing the least

risk of the truth of the diagnosis being known. One can even sympathise with such a character as this, for the old sinister meaning of tuberculosis of the lungs still terrifies many. But surely such ideas should be dispelled, the possibility of cure should be insisted upon, or if this is not likely, the patient may be encouraged in the belief that life may still last through many useful and even happy years. But this old-world physician fails in another direction in that he allows the patient to infect others; although concealing the nature of the malady he knows that it is tuberculosis which is destroying the patient. The days are gone for such a view of the proper attitude towards consumptive patients. Even if hospitals did not betray the faulty motives and methods of work of some general practitioners the daily press will, the notice "Do not spit" in your tube railways, omnibuses, and trams will, and active and increasingly large brotherhoods and sisterhoods of workers amongst the poor, health officers and others visiting the poor, will complete their downfall.

I should be the last one to say that no general practitioner treats the tuberculosis of his patients on modern lines, or assumes the modern attitude towards the problem of stamping out tuberculosis by prevention. But it is common knowledge that not only the very poor who can scarcely pay you to look after them, but those who could easily pay you, seek aid at the hospitals and are treated. It is useless to ask what our inquiry officers are doing, because they could not be expected to discover the financial position of a patient living, as I have already said, some hundreds of miles, or even much less a distance, from London. Moreover, the patients who could pay, say it is not a question of mere money, but that "my local doctor has never given me the advice or taken that care in instruction and treatment which I can receive at a hospital."

Could any spectacle be more deplorable than what exists in our midst? On the one hand are the public hospitals with all their possessions of charitable gifts and donations from the various hospital funds, their practised physicians and pathologists, and nursing staffs; moreover, with their alert business-like committees of management. These are offered to the public who may be suffering from consumption. If the patient has early disease, or if whilst an in-patient in the hospital, he gives evidence of great curability, still further boons are offered, and he may be drafted off to a sanatorium not to be converted into a confirmed invalid for the rest of his days, but to leave the institution fit to do hard bodily work. Such a patient must allow examination by a class of students; he may have to wait hours before his visit to the hospital is completed; after notification he may be obliged to have his home inspected and cleaned, &c., by local sanitary authorities, and even some cases have had to suffer dismissal from their employment when the true nature of their disease had been discovered. But not one nor even all these drawbacks prevent these patients who could pay your fees from coming to the hospitals. The feeling of prejudice against receiving help from hospitals is vanishing, or has vanished. Why should people hesitate to accept the help of charitable institutions if they are officered by acknowledged experts and if the funds by which they are maintained have the stamp of approval of Royal patronage and encouragement?

In my opinion, you have still another rival. I have referred to the class already; I mean that increasing class of women, wives or daughters of rich and leisured families, who spend their lives in "good works." Once they used to confine themselves to presenting the patients with flowers, or to reading or talking to them. Now, however, they are much more militant, and as workers under the various charitable associations they carry their interests in the welfare of hospital patients into the very homes of the latter; they become "home visitors," "health visitors," and I am told that quite a number of women of less fortunate position earn their living by such work, and receive from some body certificates of having passed examinations in subjects connected with hygiene, medicine, surgery, and midwifery, &c.

So much for what public interest is doing for people of London who *could* pay something for *your* help. On the other side of the lists you, gentlemen, stand, all possessed of qualifications which pass muster before the General Medical Council, many of you possessed of degrees and qualifications which are amongst the best in the world. And what of

experience? Even in this particular you are recognised as most able men, more trustworthy than many of our continental *confrères* of the same class. The struggles that I witness amongst my general practitioner friends make me feel that much of the pleasure of our intellectual profession is taken away by the struggle for existence. Many of our less fortunate colleagues are broken on the wheel, or if too hardy for that are so embittered that they are a source of distress to their relatives and friends.

Not one of us here to-night will for a moment say that such sad pictures are necessarily due to our hospital system: there is room for reform elsewhere; no doubt our profession is overcrowded, especially in and about our large towns and cities; no doubt, too, the public generally have of late years become very sceptical of our powers of "curing"; they acknowledge that we can find out causes if we will but take the trouble, but when the question of a cure is raised, and the methods of cure, one can almost understand that our profession falls far short of the standard a trustful public expected to find in us. But we would learn more if we could. No one is more cognisant of our shortcomings in knowledge than we ourselves, and after all what does the Government of this country do to encourage medical investigation? Such work is left to us to do ourselves out of our own pockets or with the assistance given by a City Company or generous donor, or out of the fees which we ask of the public when they are obliged to seek our help.

THE REMEDY: POST-GRADUATE STUDY IN LONDON.

To come to you and merely repeat what you already have learnt to your cost, merely to join in the wail of lament which our profession constantly sends up, is no purpose of mine. Nor do I propose to offer gentle advice to you to sit down and be patient. I have no hesitation whatever in saying that I think the solution of the general practitioner's grievance can be found. You must fight the rival—a rival, mind you, which exists as an element in the competitive principle which pervades all life, all natures, and all classes of individuals—by using that rival's methods. 1. You must give some time regularly to post-graduate study, either in your old hospital or at some other. You will thus learn how clinicians and pathologists are taking different views of the problems which faced you as a student. 2. You should ally yourselves with local charitable organisations, gain the sympathy and assistance of the local clergy, and find, as hospitals do, occupation for so many of our women, married and single, in exchange for the rapid existences which they have to lead.

Does it exist? Yes; for years now the younger medical men of our colonies have been coming to our country to complete their education and to broaden their knowledge and experience. I have met many of these gentlemen, and I have rarely found that any one of them has failed in his objective. No doubt in a large proportion of these cases they have merely come to seek more letters of qualification, but even then they have no doubt of other real gains. Many others, and they are men who come from the best of our colonial universities, do not seek mere examination triumphs; they come for knowledge. It is the experience of some of us to spend some of our holidays in foreign towns, and there are few of us who can resist the temptation to visit local hospitals. One of the most striking of our experiences is how deeply post-graduate instruction has ingrained itself in continental thought. Men past middle life will spend their short holidays in further work in the wards and laboratories; as with us in this country young men from all countries will be found prosecuting further studies. There is much food for thought in this spectacle, the young men of all countries are keen on gaining knowledge in places other than their "alma mater"; abroad, men who are well established in practice do not hesitate to sacrifice holidays to doing post-graduate work and attending congresses. How different it is with the majority of general practitioners in our country when once they have settled down to practise. No doubt many of you are able to freshen yourselves in local hospitals of your own, but our recently qualified students who have held resident posts in provincial or suburban hospitals have tales to tell us of want of modern knowledge on the part of members of the staff and, worse still, because it is less easily remedied, they tell us of a want of enthusiasm and of faith that medicine and surgery will advance to better things if only we will think and act on our thoughts.

Post-graduate study amongst general practitioners in this country is in a very bad way. But it is not all your fault, the fault has been in your hospitals, for they have not hitherto catered for you in post-graduate study. Indeed, I have heard a churlish consultant say that he saw no point in giving his knowledge and experience to men who would go away and use it to their own advantage. They have not prepared short, pithy courses in subjects which have advanced beyond the conception current in your student days. These sad times are now over; several hospitals in London have now prepared most elaborate courses, well chosen, held at convenient hours not only during vacations but during terms, restricted to post-graduates only, and illustrated by actual cases. A small charge is made, well within the reach of every practitioner. I come to you to-night to ask you to bestir yourselves now to support the efforts which your old schools are making for your benefit. Expert as you may have been as students in clinical investigations, I am quite sure you will find you have forgotten much, or that much has been learnt since you were students.

But there is another form of post-graduate study which some of you have never had: I refer to post-graduate instruction in clinical pathology. There can be no doubt about it that you are uninformed in this direction, and it is equally true that you are not wise in neglecting this study. There is no reason why the spare half-crowns which go to various private clinical research associations should not go into your own pockets. A little more outlay in setting up a small laboratory would repay the sacrifice and provide each general practitioner with that zest which comes when you get closer to the enemy—the causes of disease. If you are too busy to do the work yourself it is not difficult to train a handy dispenser; now that so many of them are women there should be still greater ease in getting rather delicate observations carried out. If you would only carry out these investigations yourselves you would have less reason for believing that practice is slipping quickly away from those of you whose day as students antedated these developments. You would, moreover, be borrowing just one of those suggestions from hospitals which adopted by them have made them more attractive. Moreover, it is possible for you to borrow still further from these institutions. Have small sheets of rules for the prevention of tuberculosis distributed among your tuberculous patients; the cost is very small and the impression given by your thoughtfulness would be admirable; and further, have short talks with the heads of the families concerned on the prevention of tuberculosis.

Now I come to two other points: again I advise you to follow the hospital pattern. I would beg of you to visit the wards of a hospital for consumption, and especially of a sanatorium; do not go once but repeatedly, and watch what is being done in the way of carrying out the details of treatment—the permanent stay in bed while there is fever, the regular sleeps the patients have during the day, the nature of the diet, and above all the measures taken to prevent the disease spreading to the nursing and medical staff. The revelations you will meet with at the Frimley Sanatorium will be even greater than in the parent hospital. You will almost be inclined to laugh at the farce of keeping such healthy looking patients in any sanatorium. You must, however, realise that such appearance is not the cause but the result of the treatment carried out by the resident medical officer, Dr. M. S. Paterson. The principle of this treatment is a practical outcome of the effort to turn out tuberculous patients from a sanatorium, not hypochondriacal, timid invalids, but useful workers, who can go back to their homes often cured, and if not cured braced up by a system of exercise in manual work which has been developed to a fine art. If you will spend time at such institutions you will learn what your patients have learned; if they can teach you they will not call you in to look after them on their return home. You will have lost such patients. Can you wonder? It has been said by a colleague if the general practitioner would use the modern methods of management of pulmonary tuberculosis and would diagnose such cases in an early stage, hospitals and sanatoriums for their treatment would be unnecessary. No doubt there is much truth in this, but not the whole, because I gather that it is practically impossible to get the poorer class patients to carry out rules designed to cure this disease or prevent its spread to

others, unless they have lived in a hospital or sanatorium to learn to discipline themselves. If you will do post-graduate work you will learn what cases can be admitted to hospitals and sanatoriums, and by availing yourselves of their help when your patients are in an early curable condition you will reduce the number of patients who come to us merely to learn that they are “too advanced for help.”

CHARITABLE ASSISTANCE.

The last suggestion I would make to you is to make yourselves familiar with all the steps which must be taken if you want to secure the help, say, of the Hospital Sunday and Saturday Funds, of that magnificently organised body known as the Charity Organisation Society, and of various other societies for obtaining convalescent home letters. If you will fraternise with the local clergy your difficulty in this direction will be greatly reduced, and if you will purchase for the sum of 5s. the Annual Charities Register and Digest, edited by Mr. C. S. Loch, you will be enabled to do for your patients more than you have done in the past.

I must now draw my remarks to a conclusion. Possibly in your cases I have brought coals to Newcastle. I may have hurt some of your feelings, but this I will beg you to believe, that in putting these remarks on pulmonary tuberculosis and family practice before you I have done so with the definite purpose of helping you without wishing to damage our hospitals. It must be the hospitals which develop new ideas, to you falls the duty of applying those which are successful. My great fear—one which I want to help to dispel—is that general practitioners should suspect that hospitals are the enemies of the general practitioner. If they are it is not so by intention, and you are quite free, if you wish, to borrow their methods.

A Demonstration

ON

CASES OF MENTAL DISORDER

At the Medical Graduates' College and Polyclinic on Feb. 9th, 1910,

By CHARLES A. MERCIER, M.D. LOND.,
F.R.C.P. LOND.,

PHYSICIAN FOR MENTAL DISEASE, CHARING CROSS HOSPITAL; LECTURER ON INSANITY, CHARING CROSS HOSPITAL MEDICAL SCHOOL.

GENTLEMEN,—The cases that I am about to demonstrate to you are cases of mental disorder, but not cases of insanity. Mental disorder and insanity are commonly supposed to be synonymous, but they are not so. There are several criteria which distinguish them, but for the moment we may confine ourselves to this one—that the persons who will explain to you to-day their mental disorders are perfectly well aware that their minds are disordered. What morbid feelings and morbid percepts they experience they know to be morbid. While the mental states are real, the patients recognise that they do not correspond with fact, and as long as that recognition is maintained there is no insanity.

This man, who, you see, is about 50 years of age, is a Hebrew. His brother is in a lunatic asylum, and he has had some trouble with his family, who have charged him also with being out of his mind. Since this charge was made against him, he has been much troubled by what he calls “suggestions” made to him by various noises—the barking of dogs, the chirruping of birds, the clashing of crockery, and the rumbling of vehicles in the streets. All these noises suggest to him the words “Jew,” and “mad Jew.” It is not that the birds or the dogs actually say the words. He laughs, as you see, at the notion that birds or dogs can talk, still more that the clashing of crockery or the rumbling of carts on gravel can resemble the utterance of words; but these noises do in some mysterious way “suggest” to him the opprobrious words “mad Jew,” which accordingly arise in his mind whenever he hears the noises, and the suggestion is a source of great distress to him. This, gentlemen, is a case in which you can actually witness hallucinations of hearing in the making. They are not yet hallucinations, for he recognises, and states quite clearly, that he does not hear the words. He knows, and states plainly, that the sound