

The unblushing effrontery of the implication of originality is attested not only by the similarity of the shape and construction of the boxes, but also by a comparison of the wording, spacing and style of type selected for the labels and of which I present samples.

There is no reason why Mr. Gibson or any one else should not manufacture, sell or use these boxes, but the attempt to secure a patent on the ideas of another which have been public property for many years, and the use of a motto, "patent applied for," in order to scare off others from the free production of these boxes is to my mind, and I believe the medical profession at large will agree with me, an encroachment of commercialism which should not pass unheeded.

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#### Mental Treatment by Physicians

*To the Editor:*—It is time for the medical profession and the ministry thoroughly to awake to the fact that Eddyism has spread because it in some measure satisfies a want. There is beneath its superstructure of falsity a fundamental truth, the power of faith, which draws people to it with the promise of cure. Some appreciative representatives of the Episcopal Church invented the Emmanuel movement as a cure for the evil of so-called "Christian Science," but the cure, to be successful, is too much like the disease. Its method of application, also, is too complex. The economic principle of the division of labor, whereby an individual's body is treated by a physician and his mind by a minister is not in this case conducive to thoroughness and effectiveness. It is, furthermore, supposititious and false to think that the clergy are by nature and calling better able to treat the mind than are other men. Although ministers as a body have studied mental science, only comparatively few of them are qualified to treat mental conditions. The number of medical men thus qualified is not great.

The idea is rather prevalent that all forms of mental treatment are fakes. Of course, many of them are. But in our own individual mental spheres do we all resign ourselves unreservedly to the theories of determinism, even of fatalism? Do we not practice mental treatment on ourselves by controlling, to greater or lesser degree, our mental content and our actions? Do we not unquestionably influence, also, the mental condition of others? And do we not voluntarily allow our mental condition to be influenced in varying degrees by others?

The fake cure cults, especially "Christian Science," are filled with people who are mentally sick. Any doctor who attends one of their experience meetings will be appalled by the chimerical and delusional character of their stories. They find relief in the suggestion that belief in the non-existence of their trouble makes it non-existent, be the complaint in the spiritual or material sphere. The idea works, of course, within a much smaller scope than they claim.

Now, there can be no question that the mind acts on the body, that the body reacts on the mind, and, as now especially concerns us, that the mind acts on the mind. Is it not illogical, therefore, that the treatment of the mental and of the physical aspects of life should be carried out by two different professions? Every physician should realize that his duty is to examine and to treat the whole being, mind as well as body. Most cases that require mental treatment require at the same time some form of medical treatment and supervision, and should, therefore, be under the care of one who is capable of attending the whole being. The practice of medicine should extend into the mental life of ailing humanity. Not only so-called physical pain, but also mental discomfort and deviation should bring the patient to the doctor. The intimate relation thus established would increase the influence and dignity of our profession, and enhance the well-being of humanity. Then would be restored to the profession the attribute of sanctity which was in earlier days regarded as inherent to it, and this sanctity would rest on a firm scientific basis. To these ends the medical colleges should require their students to be familiar with psychology, ethics, logic, the principles of philosophy, and psychiatry.

But how shall the need of people for religious exercise be supplied if they are to receive mental treatment from physicians? "Christian Science" and, to a great extent, the Emmanuel movement combine religion with mental treatment and, in fact, their treatment may be said to consist largely of the practice of religion, thus opening the mind to new influence. If in attempting to remove the existing evils, we are, as we should be, scientific, let us be so consistently scientific as to be religious and to advise patients to practice religion. Religion is an instinct, the exercise of which yields mental benefits. For example, the first product of a sincere, devout prayer made with concentrated thought is a frame of mind that will prepare one for the thing expected. Every person, be he savage or civilized, has the instinct of religion. And every mind, normal or pathologic, should modify itself with the benign influence of some rational, honest, sincere religion, for it is often the sheet-anchor of personality.

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#### The Combined Course for the Degrees of A.B. or B.S. and M.D.

*To the Editor:*—The ideas advanced by Dr. J. M. Dodson in THE JOURNAL, May 22, on a combined course leading to the degree of B.A. or B.S., with M.D., are in the right direction. The four years of college work after the high school should include medical subjects for the student intending to study medicine; this preparation should be credited toward his B.A. or B.S. degree. The student should be allowed to take a final examination on his medical studies before the state boards when he has finished the college course, and should receive credit for them.

The universities and colleges, when properly equipped, can give the first two years of the medical course as well as the average medical college or better. The course should comprise the study of anatomy with the dissection of the human body, chemistry, physiology, pathology, embryology and bacteriology. The instruction, always as practical as possible, should continue throughout the entire year with short intermissions every three or four months. I would divide the profession into physicians, surgeons, oculists and dentists; I would arrange courses of study to meet the needs of each division and would graduate the student into one or another of these four divisions. Dentists are graduated as specialists now; oculists might be; but in both cases the arrangement of studies can not be entirely satisfactory, as students are required to spend, on studies useless to them, time which might be better spent in practical work. The work of surgeons and physicians is more closely related, but still presents great differences.

The suggested arrangement of studies would not prevent a student from graduating in more than one class of the profession, but would encourage a more thorough preparation in the special line chosen. The practice of permitting the recent graduate in general medicine to treat the severe cases of the eye or ear or to perform difficult operations in surgery without more special preparation has tended to discredit the profession and to harm the patient. We are trying to teach too much for thoroughness, and to force all students to one standard without regard to natural ability; we attain only a smattering in much and perfection in nothing. The fields of surgery and pathology have increased greatly in recent years and bacteriology is a new study. Our present system of education, formerly sufficient to the demands of the times, is based on conditions now antiquated or obsolete. Medicine now is too large a field for any one to be proficient in all its departments.

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#### Reorganization of State Charities in Illinois

*To the Editor:*—In the report of the Committee on Medical Legislation of the American Medical Association at the Atlantic City session, I notice the following from Illinois: "A most excellent bill reorganizing the state charitable, eleemosynary and corrective institutions and placing them all in the hands of a state board of administration, was introduced, but failed to become a law." The measure above referred to, after having been previously passed by the House, passed the Senate during the last night of the session, and