

labyrinthitis and is caused by pressure symptoms only. A retention of pus or cholesteatoma behind a fragment, adherent to the promontory, or behind a new membrane formed in place of the destroyed tympanic membrane may cause all the symptoms of labyrinthine suppuration; these will readily disappear, however, when the primary cause is treated properly. I consider Dr. Neumann's method of operating on the labyrinth the best.

DR. J. R. FLETCHER, Chicago: The fibrous connective tissue formations in the area of the oval window aid in the production of fistulas. In relation to the matter of operation on the labyrinth, the statement has been made that it is not difficult; my experience has been mainly on cadavers, and I opened the facial canal in many of them. I have made no report of operations on the living. Every test that is mentioned in this paper I have repeatedly confirmed, and I believe that I have not deceived myself. I think they are correct.

DR. G. E. DAVIS, New York: I do not know whether I understood Dr. Ducloux or not in regard to the loss of orientation with the destruction of one ear. I tried to make it clear in my paper that the ear serves the purpose of audition, orientation and equilibration. I also mentioned two other sets of accessory sense organs, the eyes and the muscles. It goes without saying that with the loss of one ear a man may have orientation and equilibration just as when one eye is lost he may have vision. With the loss of one set of these sense organs the other two sets in a short period will enable the individual to re-establish these functions. Orientation is the recognition of our position in space and equilibration is simply the faculty of assuming and maintaining position in space. With the loss of one ear, if a man can stand, he appreciates that he is standing, and if he reclines he appreciates that he is reclining, and that is the function of orientation. Maintaining that is equilibration. Now with the loss not only of one ear, but the visual organs also, a man soon learns to appreciate his position in space and to maintain it.

Dr. Shambaugh has, I think, fully answered Dr. Welty as to the destruction of the labyrinth. I wish to answer another point of Dr. Welty's in regard to his statement that the caloric test was negative after either the cochlea or semicircular canal system is out of commission. Now, if the cochlea is out of commission and the semicircular canals are in commission and the caloric test be made, a reaction is manifested by nystagmus, with nausea and vomiting, showing that the semicircular canals are still functioning.

FOIBLES IN SPECIALISM*

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One of the easiest tasks is to find fault with existing things, whether they be right or wrong. There is but one other thing as easy, and that is to go wrong, as nearly all the nations of the earth were tempted to depart from the paths of right, and thus prepare the way for their enemies to encompass their destruction. Even after a short season of right-doing the Israelites, as soon as Moses was out of their sight up the mountain, made them a golden calf and worshiped it. They were not the only ones who did this. Some of the most powerful nations of the earth, drunken with the wine of material success, became unmindful of their morals, and departing from the virtues of the fathers, indulged in riotous living, became vain and arrogant, and thus soon went to their destruction. As with nations, so with individuals. Their foibles are their ruin.

Thus it might fare with the foibles of specialism. Not that specialism is not a good thing; on the contrary, it is indispensable. The realms of knowledge are so large that it is no longer possible to follow the teachings of a Chesterfield: "to be a gentleman it is necessary to know a little of everything, and know all about some things." Science asks too much of us now to follow the above teaching. This is the era of specialism, and we must be content with a choice of careers. Medicine is but a branch of the natural sciences, namely, biology, and we are not able to learn all even of this one branch. We have found it needful to study more particularly some of the parts of medicine in order to do justice to our patients' needs. This leads us to medical specialism.

May I suggest that, if we could eliminate all pseudo-science, or else if we could establish a censorship of that part of our literature which masquerades as scientific, many of our burdens would be lightened and much of our precious time would be saved. Our library shelves groan under the weight of verbosity, prolixity, tautology, and literary dust, straw and chaff. This pseudo-science has begotten pseudo-specialism and specialism gone mad.

This paper is not to be construed as the usual diatribe of a generalist against specialism, as I am an admirer of true specialism, for I recognize it as an absolute necessity; but it is a warning against the foibles of the pretender and some of the better ones even, whose zeal has exceeded their discretion. The earnest and true scientific specialist also, at times, succumbs to the foibles of his class, which is an easy thing to do when off guard. For instance, it is very easy to fancy that all affections of man must fall under this or that particular branch of practice, so that, one might think, the other specialities do not amount to much. For example, I recently heard a man, who fancies he is a major surgeon and who does some creditable surgery, stigmatize some other men as finger-and-toe surgeons. You know, of course, what he meant to express, though there is some surgery about the fingers and toes that may tax the skill of the best of surgeons.

There are those in our own Section on Diseases of Children who act as if all there was to pediatrics was the artificial feeding of infants—as if all babies were fed out of bottles! Those inclined to mathematics want to reduce infant-feeding to algebraic or logarithmic formulas, the results of which, of course, agree with some children, the same as almost anything else would agree with them. Others, in writing of the management of the infant, would make us infer that all the babies they treat are the children of millionaires. They describe the duties of the first nurse, those of the second nurse, then that of the nursery maid. They then tell us when the child should spend its time in the nursery, when in the solarium, and when in the tent on the housetop, when it should have a ride in the grounds, when in Central Park, and when it should take a sea voyage. This makes us heave a sigh and exclaim "lucky dog."

I really think that the specialist spoke from his usual habit and daily practice; only he forgot that there were some mothers who do not have two nurses, no solarium except the back porch of the flat, no sea, except the mud puddle in the alley, no housetop where the little sufferer with pneumonia may be put in a tent, and no tent. The moral is obvious. It may not be amiss to say that in the rural districts most children are fed on the moth-

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er's breast, and the artificially fed babies are given cow's milk, often augmented with cream, and they thrive. I do not mean by this that the rules for artificial feeding should be disregarded; but they receive too much emphasis on the floors of pediatric societies. What the majority of mothers need is such directions as they can follow and practically carry out in their homes, according to the dictates of common sense, and not according to the vaporings of a specialist of the ethereal cult, which, be they ever so valuable for the clinical laboratory of a multimillion-endowed hospital, are not within reach of the average mother's ability to execute.

Another foible is the idea that it is always necessary to give the history of the affection under discussion, its bibliography, pathology, etiology and antiseptic technic, how to wash the hands, etc., until the few grains of truth the author wishes to present are so mixed with chaff, straw, dust and debris that, what would have been a modest book or paper, becomes a bulky mass that is scarcely worth while to peruse for the worth it may contain.

The history of disease, if worth the reading, can be found in special books; we also have works on antiseptics, pathology, etiology and the other trimmings, so that it is not only unnecessary to mention these things in every paper or book, but also a clumsy method of exhibiting one's exaggerated ego at the frightful expense of the money, time and bookshelves of the unfortunate reader.

Another foible of which the specialist should beware is considering the attendant who calls him an ignoramus. The consultant rightfully is supposed to have special knowledge in the case, else he would not have been called. But this does not by any means make the attendant an inferior man. The general internist is often the better man of the two, and, if the specialist were to measure up with the internist, he would find himself very often the smaller man. In his specialty he is assumed to be the better man, but that should not cause him to put on airs, become pompous, or otherwise conduct himself so as to disparage the attendant. Though some may question if this is ever done, it is almost as much the rule as the exception. Then the attendant gets tired, and softly swears to himself, "Never again."

Another foible very common and damaging to specialism is the too close application to specialism. It is almost as impossible to be a specialist without keeping informed in the cognate branches, as it is to keep well informed in the whole field of medicine. Yet a certain amount of general information must be kept up in order to be a specialist of the broad school, so as to be comprehensive, not narrow, as it is easier for a man to have a larger horizon from the top of a hill than from the bottom of a well. Now we all concede that specialism, as exhibited in the Section on Diseases of Children, is for the good of mankind, including the members of the Section, and that only the highest motives impel all of us to contribute what we do. Yet, lest we forget, I sound this note of warning to all who specialize, that things too highly specialized may exceed their sphere of usefulness, and become merely ornamental and ideal from an academic point of view, rather than useful and practical.

The physician must, in the larger number of cases, entrust his directions not to trained nurses, but to mothers of varying grades of intelligence, and hence he must

learn to give such instructions as any particular mother may be able to execute, so as to obtain the greatest good to her child. These instructions are simple when compared with those issued to a staff of nurses in one of our teaching hospitals, equipped with a clinical laboratory, yet it requires no great stretch of the imagination to see that the one may lead to better results when issued to a mother of average intelligence than the other. Here is where that peculiarly indefinable quality of the mind, called "common sense," makes itself especially felt. Not that I want to establish it on a throne above science, but I would place it on a level in conjunction with experience, one on the right, the other on the left of science, so as to make that glorious trinity the ally of the physician, which makes for success in the treatment of disease and puts to flight the bizarre and finicky vaporings of the evanescent etherealist.

No word has been more abused than the word "practical," unless it is the other word, "specialist." When taken together in their larger sense they are scarcely susceptible of abuse, and for this I make a plea. And whether we prescribe for a sick baby, or write a book on the subject, let us not make it encyclopedic with the accumulated dust of the ages, but rather let us follow the authors of mathematical works, who do not insert the multiplication table into every book, but let it suffice to appear in one of the primary books of the series. For instance, the bacteriology of one part of the body is very similar to any other part; hence the antiseptics or asepsis of one is similar to that of any other part; so there is no need to mention these and their tedious details in everything medical that is read and published. The author's learning will be in evidence without these tiresome details, and our time may be spent more profitably in reading rather than hunting for the little new and instructive matter we seek and need. Of course, publishers must live, but they should serve us and not we them. I have a few small monographs in my library, less than half the size of the ponderous volumes we are now offered, that contain more solid meat than many a book three times their size. Then there is a system of four volumes with a ponderous 1100-page supplement two years later, which are so stuffed and padded with the history, bacteriology, case histories, aseptic technic, prescriptions, pharmacology, quotations from obsolete authors, parallel opinions from more modern authors, hazardous opinions not yet proved, long bibliographies, and doubtful statistics, that it takes endless time to find anything if it is wanted ever so much. These things are really not foibles but crimes, and should be punished, if it were possible.

My excuse for reading this paper in this Section is not its special fitness for the Section on Diseases of Children, but the fact that we have no section especially appropriate for the reading of such a paper unless it be appropriate for any section. We must read, not scientific papers only, but papers on anything that may be of benefit to the medical profession. The two divisions of the American Medical Association into legislative and scientific do not nearly cover the legitimate field of our activities. We should have a time and place in general session where such things as medical economics could be taken up and briefly discussed. I trust as we progress we may grow broader, and then we shall have fewer foibles in specialism as well as in all things medical.

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