

immediate reply from the late Richard Congreve, one of Comte's chief apostles, as follows:—

17, Mecklenburgh-square, Jan. 8th, 1876.

DEAR SIR,—Forgive me if, having known Mr. Hinton slightly and M. Comte much better, I object to your putting them in juxtaposition as you do in this week's LANCET. Press the former in argument and you got deeper into obscurity, or ask him a question as to what he held on a certain point, and in like manner he seemed able to hold both "yes" and "no" upon it. I will venture to say that no one ever carried away that impression from Comte. His profound mathematical training had given him the clearness and precision on all subjects which Mr. Hinton so singularly wanted and which I think had you known Comte you would have valued. If I may be allowed to state the inference I drew from the impression produced in my mind by reading what you write whenever I meet it I often think you come nearer the positive statements than any other physician. Especially do I remember a vigorous elimination of that foolish conception of nature which so many bore us with.

Pray excuse my freedom in writing to one who is a perfect stranger to me.

Yours faithfully,

Dr. Wilks.

RICHARD CONGREVE.

I had the pleasure of making Comte's acquaintance when dining with a friend at Paris in the spring of 1851. I found him very quiet and unpretentious; there was nothing striking in his appearance; he had a shelving forehead and did not look like a man of power. He was then giving a course of gratuitous lectures on Sunday mornings styled, "Cours philosophique sur l'histoire générale de l'humanité." I went to hear the first one on "Théorie fondamentale de la nature humaine, d'après la doctrine subjective du cerveau." On his syllabus he had his usual motto, "Ordre et progrès—vivre pour autrui." In the following year Louis Napoleon proclaimed himself Emperor and Comte's public life came to an end, but he did not die until five years afterwards.

I am, Sirs, yours faithfully,

Grosvenor-street, Feb. 17th, 1900.

SAMUEL WILKS.

"THE PHYSIQUE OF THE BOERS."

To the Editors of THE LANCET.

SIRS,—Your sane and timely article on British physique as compared with that of the Boers ought to be pressed further. Imperialists and humanitarians must unite in desiring for every British citizen a body which has been developed to the utmost perfection whereof it is capable. Town life is a bar to this, but town life has proved itself so attractive that we must accept it as inevitable; what is required is that to the town-dweller there shall be assured all the healthy conditions of country life. The problem may seem insoluble to many; if so, they will be glad to learn that a solution has been thought out and is being shaped for experiment. Mr. E. Howard has devised a garden city which combines the good points of both town and country. It seems to me and to others who have studied his book a feasible plan. In the *Medical Magazine* for this month I have published a short paper on this practicable city of health; but I would urge every sanitarian and philanthropist to study for himself Mr. Howard's notable book. He will feel inclined to carp at details, no doubt. Then let him join the Garden City Association and aid in perfecting a noble and salutary conception.

This heartbreaking war ought surely to issue in a wiser and healthier national life. That it may do so we as a profession must strive to turn the minds of the people from revenge abroad to reform at home, from covetousness to righteousness, from the mote in the eye of another nation to the beam in the eye of our own.

I am, Sirs, yours faithfully,

Feb. 20th.

W. WINSLOW HALL.

* * Dr. Hall will observe that the article in question was from a correspondent. We agree with the writer in the main.—ED. L.

"NOT THE DISEASE ONLY BUT ALSO THE MAN."

To the Editors of THE LANCET.

SIRS,—Your annotation on the Shattock lecture for 1899 on this subject interested me exceedingly. That the physician has to study not disease *per se* but the diseased man is a truth which took us some 22 centuries to learn but which Aristotle evidently knew Anno 350 B.C., for he writes: "Φαίνεται μὲν γὰρ οὐδὲ τὴν ὑγίαν οὕτως ἐπισκοπεῖν ὁ ἰατρός, ἀλλὰ τὴν ἀνθρώπου, μᾶλλον δ' ἴσως τὴν τοῦδε, καθ' ἑκάστον γὰρ

ἰατρεῦν." Until 50 or 60 years ago disease was regarded as an entity distinct from the body, to be expelled from it by drugs, like a tapeworm, whereas we now regard it as a state affecting the entire man, body and mind, structure and functions, so that it would be more correct to say that he *is* the disease than that he has "got" it. And as this state varies with the constitution, inherited tendencies, antecedents and surroundings of the man, it requires a corresponding variety of treatment. Hence the necessity of having the patient before us to study, and the impossibility of advising and prescribing at a distance; also the folly of supposing that for every disease and symptom there is a specific remedy. The wise physician adapts his treatment to each patient's peculiarities; to one he may give a certain drug, to another with the same disease a different one, and to a third no drug at all; in short, "καθ' ἑκάστον ἰατρεῦν." A man who had a pain at the vertex was told and believed that he had softening of the brain; after taking many drugs, finding he was no better he consulted the late Sir William Gull, in whom he had great faith, and who assured him that he had no brain disease and that a week's change and rest from work and worries would cure him. This assurance alone cured him at once. A young lady who apparently vomited everything she took and was treated for gastritis and gastric ulcer by several medical men, who gave her all the usual drugs, at last consulted a physician who ascertained that she had been thwarted by her father in love and religion. He compelled her to give up her lover, and afterwards refused to allow her to enter a convent. Removal from home and father to friends at the seaside cured her completely without any drug whatever. A medical man, who has had many years' practice and experience, finds out that symptoms such as vomiting may be the result of a great variety of causes, each calling for special treatment, and he naturally feels insulted when American manufacturing chemists send him pamphlets, as they do almost every week, professing to teach him therapeutics, giving him prescriptions (into which certain advertised specialities enter) for every disease and symptom under the sun, and testimonials from a vast number of M.D.'s, *always American!* I treat these pamphlets as I should Mother Siegel's and throw them at once into my waste-paper basket.—I am, Sirs, yours faithfully,

D. HOOPER, B.A. Cantab., M.B. Lond.,

Physician to the Surrey Dispensary

Trinity-square, S.E., Feb. 20th, 1900.

"THE SO-CALLED DANGER FROM THE USE OF BORIC ACID IN PRESERVED FOODS."

To the Editors of THE LANCET.

SIRS,—In THE LANCET of Jan. 6th (p. 13) there appeared an article under the above heading by Dr. Oscar Liebreich, from which I quote the following: "During these 10 years of experience of practising physicians there has not been forthcoming any instance of injury to health from the administration of small doses of borax and boric acid." I frequently order boric acid in from 10 to 20 grain doses three times a day, especially in bladder cases, and with a considerable experience of the drug thus administered I can say that in the majority of cases a detrimental effect on the general health becomes apparent, usually within a week or 10 days. The symptoms that develop are those of dyspepsia more or less acute, not bad enough to confine the patient to bed or even to the house, but still sufficient to make life miserable. So often has this been observed that I am in the habit of warning people when they are taking boric acid of the possible occurrence of such symptoms and that their onset must be regarded as the signal for its discontinuance. On discontinuance the symptoms quickly subside, to reappear when the patient has resumed the use of the drug.

I remain, Sirs, yours faithfully,

A. R. ANDERSON, F.R.C.S. Eng.,

Feb. 20th, 1900.

Surgeon to the General Hospital, Nottingham.

THE NORWEGIAN EXPERIMENT OF NOTIFICATION OF VENEREAL DISEASES.

To the Editors of THE LANCET.

SIRS,—Among other schemes for the prevention of contagious diseases Norway has, since 1860, included in the list of notifiable diseases those of gonorrhœa, soft sore, and

syphilis. I have just received from Dr. Beutzen of Christiania, Inspector for all Norway, a copy of the law of 1860, which empowered plans to be framed for the notification of these maladies. This sanitary law of 1860 enjoins on all practitioners in Norway to declare to the Sanitary Commission all cases of contagious disease, among which are also enumerated venereal diseases. These last are to be notified without indicating the name or residence of the patient. Hence, there has existed in Norway since 1860 a comparative statistical account of these diseases, which is, it seems to me, very interesting.

From the year 1860 up to 1879 soft sores were not separated from syphilis in the statistical reports, and therefore Dr. Beutzen commences his statistics with the year 1879. In that year there occurred in the city of Christiania, with a population of 117,000, 1127 notified cases of gonorrhoea, 314 cases of soft sore, and 365 cases of syphilis, besides 36 cases of hereditary syphilis. Taking all these venereal contagions together they amounted to 1.58 per cent. of the population in 1879. At that date, and up till the year 1888, the Parisian system of the obligatory examination of prostitution was in force, as I heard long ago from Professor W. Boeck when he visited London. Owing to discussion in this and various other European countries the French system was given up in 1888, but since then the notification of all cases of venereal diseases has been kept up. In 1887, the last year of the French *régime*, there were in Christiania, in a population of 136,000, 930 notified cases of gonorrhoea, 343 of soft sore, 222 of syphilis, and 44 of hereditary syphilis. The proportion of all venereal cases per 100 of the population was 1.14, and in 1886 it was 1.39 per cent. of the population.

After the abolition of the regulation in 1888 the percentage of venereal disease notified fell considerably for some years. In 1890 it was 0.90; in 1891, 0.81; in 1892, 0.99; in 1893, 1.05. After this it began again to rise. In 1897, 2204 cases of gonorrhoea, 493 of soft sore, and 683 cases of syphilis, with 50 cases of inherited syphilis, were notified in Christiania, in a population of 207,000—i.e., 1.65 per cent. of the population was attacked by venereal contagion. Dr. Beutzen, in a communication to the Brussels Congress of September last (tome 1r, appendice, p. 67), says: "Up to the year 1888 the control of prostitution was enforced in all large towns in Norway and regular examinations were enforced. When in 1888 this law was suppressed (except in Bergen and Trondhjem) I in common with most physicians entertained a fear that venereal disease would increase greatly in amount. I had formerly been employed as visiting physician and, in my then opinion, that was the only means of combating venereal diseases. I was, therefore, the more surprised to find that, after all, in Christiania these diseases went on after the suppression almost as they had done before the abolition. Having been one or two years after this nominated as Director of Civil Medical Services in Norway, I had to travel over all the country, and, as a general rule, I observed that the suppression of the old system had had no appreciable consequences. In our country people are coming more and more to require that any measures taken against venereal diseases shall be based as far as possible on the equal treatment of both sexes, with the greatest respect for individual liberty and a minimum of arbitrary administration."

It seems to me, Sirs, that as all disseminators of preventable contagions ought to be prosecuted we might adopt with advantage the notification of cases of gonorrhoea, soft sore, and syphilis, as is done in Norway, no name being given. Practitioners might hand to venereal patients rules for the prevention of contagion of relatives and other persons, accompanied with warnings as to their responsibility if they should carelessly or maliciously infect any other unfortunate victim. All contracted persons, such as married people, should, if they claim it, obtain divorce from partners who damage their health in such a way. And generally speaking the law might, according to the spirit of our laws, inflict a penalty—fine or imprisonment—on any person who, carelessly or knowingly, infected another person with such a dangerous foe to life, if the victim lodged a valid complaint. Such, according to M. Jules Lejeune, President of the Brussels Congress and Minister of State, is as far as the State has a right to interfere in this hygienic question.

I am, Sirs, yours faithfully,

CHARLES R. DRYSDALE,
Consulting Physician to the Metropolitan
Hospital, London.

Feb. 15th, 1900.

"THE CONFERENCE AT NEWCASTLE AND THE MIDWIFERY QUESTION."

To the Editors of THE LANCET.

SIRS,—If I have somewhat laboured the question of responsibility it is because it is an important element in any scheme for midwifery nursing. It dominates Mr. Haydn Brown's scheme as sketched in his letter to THE LANCET of Jan. 20th, p. 197, it is as a matter of practice essential to proper care and efficiency in work, and I am confident that medical men would for the most part be largely influenced in their estimate of any scheme by this very question; they certainly would wish to regulate their fees accordingly. Your correspondent, Mr. Haydn Brown, again, in his letter in your issue of Feb. 10th, p. 420, refers to the relations between principal and assistant, and says that the obstetric nurse could be dismissed by the medical man for malpraxis. This is hardly the point. A medical man does not wait until his assistant makes some culpable and gross mistake before dismissing him; he dismisses him if he finds that his work is not good, if it is of such a character as to keep him, the principal, in a constant state of anxiety for fear he should make some mistake. Now I take it that it would not be possible for the obstetric practitioner to dismiss the nurse under such circumstances. The question of fees is certainly a very important one, and as Mr. Haydn Brown devotes two out of eight clauses to it I imagined that he also considered it important. Whether or not the fees are to be included in a bill does not affect their sufficiency. As to Clause 4, a casual visit by the practitioner is said to be "simply confirmative and disciplinary, to satisfy everybody." I seriously doubt what such a visit would confirm; it might satisfy the nurse, but it certainly would not satisfy every medical man.

I did not suppose or suggest that all patients would be compelled to call in the obstetric practitioner, but according to the suggested scheme all who employed the obstetric nurse would have to be visited by him once at any rate and this whether they were or not his patients at another time. This to my mind is what would be so very likely to cause unpleasant complications between neighbouring practitioners. I did not refer to consultations between medical men, though I doubt whether in that class of patient "consultants of standing" would be called in as often as the neighbouring practitioner. That "women need not engage the combination" is only half a truth, for if they engage the nurse they must be afterwards visited by the practitioner, and, if complications arise, be attended by him; so that if the nurse were popular and the practitioner not, what an unfortunate position would be created between the patient, and the obstetric surgeon, the patient and her usual medical attendant, and between the two practitioners. Mr. Haydn Brown has commenced his letter by formulating a most flattering and comforting doctrine, but I would remind him that silence is applicable to other things than consent and praise.

I am, Sirs, yours faithfully,

Freshford, Feb. 13th, 1900.

CHARLES FLEMMING.

"MYOIDEMA IN PULMONARY TUBERCULOSIS."

To the Editors of THE LANCET.

SIRS,—In THE LANCET of Jan. 27th, p. 230, Dr. Walsham is, I think, inclined to underestimate the value of myoidema in phthisis. In every case where the disease is at all active, as shown by the temperature chart, I have never failed to obtain myoidema. Sometimes, if there has been no loss of flesh, the small lump can be more easily felt than seen. One condition is, as far as I know, peculiar to phthisis—that is, the presence of myoidema on one side of the chest only; this happens when there is active disease at one apex only and that slight. In cases where there is doubt whether an apex is affected or not the presence of myoidema on that side alone is absolutely conclusive of phthisis, though the presence of myoidema on both sides is not as conclusive. In the more advanced cases there is often a difference on the two sides as to the readiness of myoidema to appear, the more ready contraction being produced on the more diseased side. In acute cases it can often be got in every muscle in the body.