

pital, the alkaline treatment gives the most satisfactory results, the salicylate treatment next, and the combined alkaline and quinine the least favourable. So many disturbing elements, however, come in here in the way of complications, such as pleurisy, bronchitis, pneumonia, &c., that the value of the comparison on this head is but slight. Owing to the shorter duration of pyrexia and pain occurring in connexion with the salicylate treatment, convalescence becomes established much sooner than when the other methods of treatment have been employed ; and were it not for the dangers of relapse these cases might be discharged at a much earlier period. With

the discovery of some modification in the plan of treatment which should obviate this risk, a notable improvement may be looked for here.

In conclusion, we would remark that cases occasionally occur which seem to be quite insusceptible to the action of salicin or its compounds ; while, on the other hand, a few so speedily show its toxic effects (such as giddiness, sickness, headache, and delirium) that its use has to be abandoned before it has had time to influence the rheumatism.

For purposes of easy comparison we append a summary of the results arrived at in a tabular form. It should be noted that the usual dose of salicylate of soda was fifteen grains

No. of cases.	Treat-ment.	Average dura-tion of pyrexia.	Average dura-tion of joint affection.	Signs of endo-carditis or peri-carditis present on admission.	Signs of endo-carditis or peri-carditis deve-loped under treatment.	No signs of endo-carditis or peri-carditis present at any time.	Relapses.	Return of pain without pyrexia.	Average duration of stay in hos-pital.
60	Sali-cylate of soda.	5·7 days.	5·06 days.	41 cases, or 68·3 per cent.	7 cases, or 11·6 per cent.	12 cases, or 20 per cent.	16 cases, or 26·6 per cent.	6 cases, or 10 per cent.	29·7 days.
60	Alka-line.	10·3 days.	12·2 days.	41 cases, or 68·3 per cent.	4 cases, or 6·6 per cent.	15 cases, or 25 per cent.	5 cases, or 8·3 per cent.	4 cases, or 6·6 per cent.	27·7 days.
38	Alka-line with quinine.	11·6 days.	10·07 days.	20 cases, or 52·6 per cent.	5 cases, or 13·1 per cent.	13 cases, or 34 per cent.	3 cases, or 7·8 per cent.	7 cases, or 18 per cent.	31·1 days.

every three hours ; of the alkalies, fifteen grains of the bi-carbonate of potash, with a like quantity of the acetate, every four or six hours ; and of quinine, where this was regularly given, two to five grains in pill, thrice daily.

CASE OF COMPLETE REMOVAL OF THE SCALP FROM INJURY.

By GEORGE COWELL, F.R.C.S.,  
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THERE is a case now in Holland Ward of the Westminster Hospital, of a girl, aged fourteen, who has received a somewhat peculiar injury. Her hair was caught by the revolving shaft of a steam engine, used for working a number of sewing machines, with the result of tearing off the whole of the scalp. The accident occurred on the 12th of August, and the appearance which she presented on admission was as follows :—A triangular portion of the skin of the forehead was hanging over the face, the apex of the triangle contain-ing short hair from which long hair had evidently been forcibly torn. Both ears, detached except below, were hanging down the neck, the right pinna being entire, but the upper half of the left pinna having disappeared. The further tear through the skin had extended backwards and downwards in ragged lines from the upper part of the right ear and from the middle of the left, to meet over the seventh cervical vertebra ; the whole of the head and back of the neck being completely denuded of skin.

One of the temporal arteries only required ligature. The scalp was sent to the hospital immediately after the patient, and was cleansed and, minus the hair, carefully reapplied by the house-surgeon, but it was dead. The hanging ears and skin of the forehead were, however, successfully restored to their proper position.

The removed parts consisted of the skin and occipito-frontalis and half the left ear, and were almost completely torn across the middle and slightly also in the longitudinal direction. The periosteum was left, but much of it subse-quently sloughed.

The patient has had no bad symptom and no pain. The shock of the injury was very slight, but the heart was very feeble for the first five days. There are three small circular patches of exposed bone, but most of the bone is granulating well. The wound was dressed, first with carbolised oil, and, since its surface has been cleaner, with vaseline on lint. An attempt is now being made to promote cicatrisation by skin-grafting.

George-street, Hanover-square.

ON THE  
HYGIENIC AND THERAPEUTIC INFLUENCE  
OF HABITS AND CHARACTER IN THE  
MEDICAL PROFESSION.<sup>1</sup>

By EDWARD T. TIBBITS, M.D. LOND.,  
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FEVER HOSPITAL.

THE subject upon which I propose to make a few observa-tions has most probably been reviewed again and again in the minds of many medical men. It has not, however, as far as I am aware, received that amount of attention which it appears to me to deserve.

I shall take for granted at the outset that anything which on the one hand tends to the prevention, diminution, or cure of disease, or on the other favours its development or retards restoration to health, comes legitimately within the domain of medicine, and therefore demands the earnest con-sideration of those engaged in the practice of it.

It is self-evident that, in common with every member of the human race, a medical man, apart from his profession, exerts some kind of influence over those with whom he comes in contact. And the amount of influence one individual is capable of exercising over another varies infinitely according to the particular combination of habits and types of cha-racter. The courageous, humane, and high-principled general imbues his soldiers with a spirit of fortitude, humanity, and uprightness ; and as certainly do timidity, cruelty, and immorality in the leader of an army tend to the inefficiency and demoralisation of his troops. Does not history teach us, and have we not numerous instances con-stantly occurring amongst us of the power one man possesses, either in word or deed, or both, of inducing others to act as he wishes and advises, although their views are not precisely in accordance with his own ? Without further preface, I will at once proceed to consider the special influence of medical men, which may be conveniently regarded as of a twofold nature—social and professional.

With regard to its social aspect, it must be borne in mind that medical men are the recognised custodians of the public health. Speaking generally, it is admitted that they know what will produce disease, and what will prevent it. But further, independently of his professional knowledge, there is no one more capable of exercising so much influence on the lives of others as a medical man. He is entreated to enter where no one else would be tolerated for a moment.

<sup>1</sup> Read before the Leeds and West Riding Medico-Chirurgical Society.

In many instances he is made the confidant of the family, and he sees more of the petty crosses and annoyances of his fellow-creatures, their causes and results, than any other member of the community.

Important as this social aspect of the question appears to be, it is almost insignificant when compared with what I have termed provisionally its *professional* aspect, and which is embodied in the following proposition:—That although every medical man generally undergoes similar training, and for the most part acknowledges the truth of certain facts concerning the preservation of health and cure of disease, his actual mode of practice is moulded and regulated to a considerable extent by his habits and character.

It requires but little argument to prove that every man is distinguished from his fellows by some innate peculiarities of mind or body or both. And these may justly be regarded as the germs from which the future character is developed. As it is possible for the germination of the ovule, the nutrition and growth of the young plant, to take place under conditions which may materially alter the original properties of the seed, so, by judicious management during infancy and childhood, it is possible to modify the congenital tendencies of character. But once adolescence is attained, in by far the majority of cases a ruling principle has become indelibly stamped upon the constitution, and habits initiated in childhood, persevered in through youth to manhood, are almost inseparably connected with every thought, word, and deed.

Whatever be the rank, employment, or profession, we shall find that the manner of transacting business, or following an occupation, whatever it be, is directed by that ruling principle which we call character, and modified to a greater or less extent by those habitual actions, many of which become, after frequent repetition, almost involuntary. If this be so, is it not worth while inquiring how far it can possibly affect medical men in the practice of their profession?

Firstly, perhaps, it will not be out of place briefly to direct attention to what may be reasonably designated as "medical fashions." Apart from hyper-depletion and hyper-stimulation, each of which has had its day, do we not observe fashion in other methods of treatment? One drug after another appears to fascinate the professional mind, and although a particular remedy may be extremely valuable in certain cases, the tendency is to make a much too general and indiscriminate use of it. It is not at all improbable that the robust, and those who indulged immoderately in luxuries, profited by the method of depletion practised a century ago. But the *habit* of bleeding, &c., was so general (just as the *habit* of condemning bleeding is so general in the present day) that possibly the innocent sometimes suffered with the guilty, and the delicate and abstemious were mulcted in a fine of a few pounds of blood, and, as a natural consequence, a few weeks, months, or years of earthly existence. And so, indeed, it is with certain powerful remedies in the present day. Although of undoubted efficacy in carefully selected cases, their too frequent or incautious administration has, within the knowledge of most of us, led to dangerous, if not fatal, results.

But, secondly, it will be found, on careful examination, that the habits and character of each individual member of the medical profession have a tendency to develop a particular style of practice. Considering the numerous phases of character which must of necessity exist amongst the medical portion of the community, it will not be possible to do more than glance briefly at some of the most striking ones. For the sake of example let the following be the correct delineation of an imaginary character.

A. B—, aged forty, in country practice, is a fine, active, powerful, well-developed man, and the father of numerous healthy children; has always had good health, lived without stint, but perfectly temperate withal, accustomed to plenty of exercise, a bold horseman, and fond of field sports generally. He is an honest, good-tempered, jovial fellow, but somewhat deficient in feeling. His profession is quite secondary to his love of country life, hence it is extremely probable that he never allows himself to be puzzled over a case, and one of an unusual character would not induce him to make any vigorous intellectual attempts to unravel it. Now, this man's character is a type of activity; he is bold and courageous, and whatever he does is done quickly and with little or no hesitation. In the treatment of disease he is decided, fearless, and as a rule fond of a remedy which produces a substantial if not visible effect. As far as hygiene is concerned, he doubtless tells his patients to live

well, take plenty of exercise, and generally to cast care and trouble to the winds.

But let us take another example. C. D—, aged forty years, practising in town, of rather spare build, delicate appearance, and nervous temperament. He is clever, scientific, very fond of metaphysical speculations, but lethargic and inactive. He generally drives, and takes but little or rarely any other exercise. His manner is quiet, timid, and unostentatious, and he is scrupulously temperate in eating and drinking. He is strictly conscientious, but too susceptible to criticism, and therefore vacillating and undecided. The leading features in such a man's character are inactivity and indecision, arising from an abnormal development of the intellectual and emotional centres, to the manifest disadvantage of the volitional ones. In treating disease he will probably give small doses, and often change his remedies. He will be cautious, and, on account of his timidity and want of determination, is prevented from recognising the undoubted efficacy of the timely use of powerful remedies. And so, in giving instructions for the preservation of health, his client is so overwhelmed with cautions and contingencies which might arise that he is quite at a loss to discover how to avoid Scylla without being engulfed in Charybdis.

The imperfect sketches of character I have drawn are illustrations of two almost diametrically opposite types, which must of necessity have a strong *tendency*, at any rate, to produce great dissimilarity of action. And so it will be found that almost every type of character, or combination of types, has a *tendency* to initiate a particular kind of action, or action varied in a particular manner. Moreover, in all cases, the type is modified by the habits of each individual. Examples might be given *ad infinitum*, but I shall only mention one or two for the sake of illustration.

Bearing in mind the number of medical men in existence, and the amount and intensity of influence each one possesses in his own circle, we may notice—

Firstly, *Influence of drinking habits*.—It has been said more than once that an intemperate doctor is often endowed with extraordinary abilities. In some instances patients undoubtedly insist on consulting a man who is for the most part positively incapable of giving any really sound advice. The cause of this fascination may be not unfrequently traced to the fact that he who uses alcohol liberally usually prescribes it regardless of *definite* quantity, to the infinite satisfaction of the patient. If such a man were requested to frame a code of hygienic laws, he would probably issue some very indefinite rules about the consumption of alcohol, perhaps altogether omit any mention of it, or advocate its free and liberal use. Let us for a moment imagine the influence of a medical man of undoubted ability, and at the same time benevolent, wealthy, and generous, but too fond of alcohol, and ask ourselves if an ethological combination of this description has not a strong *tendency* to sow broadcast the seeds of disease. On the other hand, if the same character, *ceteris paribus*, happened to be a total abstainer, surely it is not illogical to conclude that he must of necessity be the means of preventing much disease. And here I would observe that some medical men are so enthralled by the fixed idea (for it can be nothing else) that alcohol is bad at all times and under all circumstances, that they absolutely refuse to acknowledge its power as a therapeutic agent at all. Whilst fully recognising the amount of misery and disease which is caused by an excessive use of alcoholic beverages, surely it is totally irrational, and altogether unworthy of the progressive science of medicine, to deny the great value of their judicious and opportune administration.

Secondly, *Influence of immoral habits*. On careful and impartial examination I believe it will be found that immorality in a medical man assists in the extension, if not in the production, of much disease. A dissolute man is scarcely likely to insist very strongly upon the necessity of leading a strictly moral life, or to dilate on the amount of disease as a probable and very frequent result of immorality. He very often argues that appetites are implanted in man for a purpose, and therefore they must be gratified.

In making the following remarks I should wish it to be very clearly understood that I do not presume nor do I feel myself justified or competent to mention them in a censorious spirit, but purely as bearing on etiology. During my student life I well remember hearing remarks and allusions, perhaps uttered unconsciously, from some of our teachers, which had a tendency to promote rather than dis-

courage immorality in their pupils. But further I believe I am correct in stating that occasional acts of immorality have sometimes been recommended as the best means of averting or curing certain diseases. This may be a doubtful question, but I venture to think that such advice should never pass the lips, no, nor even seriously engage the thoughts, of one whose grand professed object in life is not only to cure disease or mitigate the pain and suffering attendant upon it, but to exert himself to the utmost to prevent its origin and development.

Numerous other varieties of character associated with special habits might be mentioned, each having a *tendency* to produce its own peculiar modifications of practice. There is, however, one other type which claims our special attention at the present time. It differs very materially from any other, and has of late years attracted not only the attention of the public generally, but indecorously and indecently forced itself into the ranks of the medical profession—of course I refer to the so-called “medical woman.” Now the essence of the difference between the mind of man and woman probably springs in great measure from peculiar bodily conformation. In a normal woman the sensations connected with the organs of generation (especially if we include the mammary glands), are perhaps more voluminous, if not more intense, than in the opposite sex. Is it not possible that the actual nervous supply to the generative organs—i.e., the *number* of nerve-fibres and quantity of nerve-tissue generally—is greater in the woman than in the man? or if this be not so, may not the female sexual organs possibly have more numerous and complete communications with other parts of the body? If either hypothesis be correct, it is only rational to infer that of the threefold division of mind common to both sexes, feeling and emotion should predominate in the woman. Sexual feeling, although of different intensity in different cases, perhaps has a greater influence over the life of an individual than any other single sensation; and this idea is supported by the peculiarity of the natural feminine mind. The woman has less control over her feelings than the man, and, as a rule, to which there are many exceptions, her actions are more liable to be influenced by them than in the opposite sex. As a common result of this deficient volition we have outbursts of the hydra-headed hysteria, which I cannot but believe is well-named, notwithstanding that of late years it has been somewhat the fashion to deny its frequent connexion with the uterus, or other portions of the sexual apparatus. For this reason, and many other well-known and excellent ones, the medical profession (I wish I could say unanimously) refuse to acknowledge the propriety and decency of a woman practising medicine. Without making too sweeping an assertion, I believe that medical women, if they became general, would have a *strong tendency* to increase immorality, and therefore disease. At present, as I trust they ever will remain, they are merely physiological curiosities, or mental monstrosities; but if they are encouraged by such an influential body of men as the Senate of the London University, it is possible the result may be disastrous. For my own part, had I the misfortune to meet one of these mental deformities, I should hesitate, aye, or even refuse, to acknowledge appropriately in such a person the presence of that elegant, graceful, delightful companion, so beautifully described in her primitive innocence as—

“The fairest of creation, last and best  
Of all God’s works, creature in whom excelled  
Whatever can to sight or thought be formed  
Holy, divine, good, amiable, or sweet.”

And now I would ask, Is there any reality in the few remarks I have presumed to make, or are they only vagaries of my imagination? Are we not sensible, at any rate some of us (if we are only honest and dare to criticise our conduct impartially), of the existence of some trait in our character or habit of life which has a *tendency* to make us act in some particular manner, not exactly in accordance with the teachings of science? Supposing these questions to be answered, as I think they must be, in the affirmative, it is only natural to ask, *Cui bono?* Is it possible to alter this condition of things? It may be urged that the influence is universal, and everyone knows it and expects it. In the nature of things it must remain so, and it is useless to think that any change can be effected. Surely if there be substantial evidence of the existence of some influence which undoubtedly encourages the development of disease, its universal prevalence is but a meagre reason for not endeavouring to struggle against it. What can be done? Without pretending, in the slightest

degree, to exhaust the question, I beg to offer the following suggestions.

1. That a knowledge of moral philosophy, including ethology or the science of character, should be cultivated by all those engaged in the practice of medicine. In this manner it is probable that the actions and reactions of body and mind would attract more attention, and the reality of a state of mind in one individual having a *tendency* to produce a similar state of mind in others with corresponding similarity of action could not fail to be recognised and duly appreciated. It appears to me that a medical man should be competent (and this he cannot be unless he really studies character) to advise the parent or guardian of a child who has some markedly prominent peculiarity of character or vicious habit, as to the particular course of action best calculated to diminish the defect of character or eradicate the habit. It is quite as important to lay down special rules for the management of a particular character as it is to treat the child judiciously who is subject to convulsions, or the young person whose system is unable to bear with equanimity the commotion sometimes produced throughout the body and mind by the sudden transition from childhood to puberty.

2. That all medical men should endeavour to realise the existence of the above-mentioned influence, and thus make allowance for it in practice.

3. That knowing how powerful their influence is, they should endeavour to lead as nearly as possible model lives—i.e., lives which will not only *bear* but *court* imitation.

I will explain briefly what I mean by “model lives.” In each individual member of the human species there is an almost irresistible tendency to imitate the action of others. To this we are indebted for the greater part of our knowledge during early life. Are not those parents wilfully blind or wofully unobservant who do not see their own imperfections of body and mind as it were stereotyped in those of their children? As age advances the tendency to imitate is checked by the development of volition and intelligence. It is a trite old saying, but nevertheless one well worthy of constant repetition, “Example is better than precept,” and it comes home with special force to those who profess to wage a continuous warfare with disease and its various causes. Are we perpetually insisting on the necessity of an abundant supply of pure air and water? Do we think it advisable to caution our patients against an improper quantity or quality of food or any irregularities connected with the appetites? Do we believe there is any hygienic virtue in early retirement to rest, early rising, cold bathing, and scrupulous cleanliness? Have we thoroughly grasped the importance of judicious and well-regulated exercise both for body and mind? If so, then it would be well to prove by our actions that with us, as medical men, these matters are not merely passing thoughts, or undigested fragments of formal advice, but positive realities of our own everyday life, and thus, independently of a strictly moral life, the value of which cannot be over-estimated, we should, I venture to think, not only *deservedly bear*, but *universally court*, imitation.

Although, as I have previously observed, the substance of this communication must at different times have occupied the minds of many of my professional brethren, the amount of influence exercised in this manner has never been gauged, and, on account of its universal prevalence has escaped, or rather has not attracted, special attention. I venture to believe that its recognition and proper appreciation can scarcely fail to be instrumental, if only to a very small extent, in reducing the amount of disease, and in giving rise to a more scientific treatment of it.

## SARCOMATOUS GROWTH IN THE ABDOMEN, INVOLVING THE RIGHT KIDNEY.

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G. B—, aged thirty-nine, the subject of the present notice, first came under my care in April, 1878, when he was admitted into the Hull Infirmary suffering from phlebitis in the right leg. Shortly after his admission I accidentally noticed a tumour in the epigastric region, which at that time simulated in a remarkable manner a simple en-