

can be found in the greatest counting room. She sees that the same farm can do more for the physical development of men and women than any manual training school in the land. She sees that the music of the birds inspires deeper thoughts of God and Nature than all the grand organs in the universe; that the sighing of the wind through the trees and the patter of the rain on the roof inspire the loftiest emotions.

The new woman is she who founds homes and settlements among the poor, and successfully conducts them. She consoles the needy in their trouble and feeds them when they are hungry. She encourages the idle to work and helps them to secure it and if necessary she instructs them how to perform it. She founds and conducts useful societies, classes, schools and clubs of every sort among the poor. Her spirit and her genius build fresh-air sanitariums, floating hospitals, and in the summer time sends from the alleys and slums the debilitated weaklings to the green fields, the sylvan groves and the babbling brooks, to drink in the inspiring delights and breathe the pure air of the countryside. I will not attempt to enumerate all the institutions she is working through, for they are well nigh countless and daily multiplying.

When the new woman's hand is sought in marriage, she is likely to have inquiry made as to the young man's health and his morals, rather than inquiry as to his bank account. What his wealth in the great distinguishing characteristic that elevates him above the animal world—his manhood, his judgment, his intelligence? It is through the new woman that society will eventually come to apply the same rule and exact the same standard of morality for men that it does for women and eventually elevate him to her plane.

The new woman has learned the terrible cost in pain and suffering to her sex and her offspring that so frequently comes from a union with dissolute men. She has learned, through the advance of medical science, that the harvest reaped from a sowing of "wild oats" in her husband's youth is too often one of disease and death to herself and a pitiful inheritance to her child.

Higher education through schools, great universities and libraries is not enough. Kindergartens should be founded in sufficient numbers to reach all the young. The new woman will multiply the kindergartens and reach the degenerate or wayward before habits of thought or action are formed and do for the infant mind all that training and example can do.

Through the present work of the new woman and its future development must come the public knowledge and the public sentiment that will lead to the necessary reform to let daylight through the slums; to raze the unsanitary tenement to the ground; to pull down the towering buildings that harbor miasm in their shadow; that will make it possible for human beings even in cities to live on the surface and not be forced either into the air or under the ground.

Through this direction of forces, cottages will be built for all so that man can return to his primal condition. Even the very poor will not be denied free access to God's sunshine, pure air, green grass, the shade of trees or the beauty and fragrance of the flowers.

A vast number of holy influences are constantly at work that realize the necessity of proper care and training of children while they are young. Let us hope it will go on till our philanthropists and our

State legislatures will see the economy of laboring more for institutions for the young; for if they be trained aright, it surely means economy in hospitals, asylums and prisons.

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THE PSYCHO-NEURAL FACTOR IN SURGERY.

Read at the Meeting of the Mississippi Valley Medical Association at St. Paul, Minn., 1896.

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As a thorough knowledge of general and special pathology is essential to the soundest surgical judgment as to the propriety and necessity of an operative procedure, so is a knowledge of the nervous system of the patient and the relation of his nervous system to the local disease found essential to proper diagnosis and prognosis. The time is coming and now is when the surgeon should have wide neurologic and psychiatric knowledge in order to avoid fatal mistakes and to most successfully practice his art. The manner in which the necessity of a grave operation is announced may to certain psychologically unstable constitutions pre-determine a fatal issue, or it may give to a doubtful issue a possibly favorable result. There are some constitutions so neuropathic and psychopathically predisposed that the shock of such an announcement would precipitate a crisis of mental alienation, and it were better that the proposed operation should be abandoned than insisted upon under such circumstances, or that the patient should be gradually approached and prepared by cautious speech and suitable precursory, reconstructive and tranquilizing neurologic treatment. Some patients before being operated on should be made almost entirely over in the tone of their nervous systems and some should be let alone, tranquilized and made comfortable and allowed to die in happy euthanasia. What, for instance, is the use of exsecting a far-advanced cancerous uterus after the cachexia has long persisted and the nerve centers have become irreparably neuropathic and the neurasthenia has become profoundly irreparable from the prolonged pain and insomnia. The rational process would be to stop the pain and insomnia, correct as much as possible the neurasthenia that exhausts and makes the patient's last days comfortable by neurologic and antiseptic treatment and the best surgical suggestion without the knife. In fatal surgical results the reputation of operative surgery suffers often because overlooked neuropathic conditions were at fault.

In my judgment the previously applied skill of a neurologic clinician would postpone many operations indefinitely which are now fatally performed, and properly prepare other cases for the surgeon's knife and a successful surgical issue, which are now doomed when the operation is decided upon, because conditions of endurance of the operation are not in the nerve centers of the patient.

The cause and effect of psychic shock in different patients are not always considered as they should be by either physician or surgeon. The possible evil effects of words and acts at the bedside or before an operation that tend to paralyze or even produce a paresis of hope are not always duly considered. The

surgeon who bluntly announces to his patient, after revealing the necessity for the knife and having all things ready, "now I am going to operate, the proceeding may kill you, but you would be better off dead than alive as you are, let us hope for the best," must have a strong-nerved, brave subject to not be somewhat depressed by such an announcement, and such a depression before a further depression of vital centers by chloroform or ether, even in the strongest nerved is not good clinical practice. It doeth not "good like a medicine." Such a procedure may have the virtue of candor to commend it, like the candid announcement by the physician that his patient is likely to die. If he is saved it will be "by the skin of his teeth." Recovery is not the rule when such premature prognoses are announced, sometimes because the patient could not have recovered by reason of an incurable malady and sometimes of the vitally depressing effect of the speech that destroys hope and removes its buoyant influence from those vital nerve centers that influence the metabolisms of the organism and the assimilative processes of organic life and reformations of tissues.

In our intercourse with patients, medical or surgical, the untoward and often fatal influence of depressing mental suggestion on the patient should always be avoided. Hope, that springs eternal in the human breast if we do not interfere with it, is itself a buoyant medicine, and faith in the physician or surgeon is therapeutic power that should never be rudely shattered by us. Candor is to be commended, but it can be too bluntly displayed and often is, for the welfare of our patients. Besides, the physician's or surgeon's judgment may be at fault. It often is. There is more vital resistance and power of repair in the patient than the medical or surgical attendant thinks or knows. Vital power is not always a definitely measurable quality, depending as it does, upon ancestral factors in the upbuilding of the constitution—the cerebro-spinal axis and the sympathetic system of the patient—of which we are never fully cognizant. The patient should always have the benefit of this doubt in our prognostications before him or to him.

The little surgeon who pompously displays his tray of instruments before his trembling patient, and to his woful, wondering mind descants upon the operation he is about to perform and the chances of recovery or displays a nonchalant, unfeeling mien, acts in an unprofessional manner and does not increase his patient's chance of getting well quickly. And the great surgeon who takes his patient into the operating room and places him while conscious on the table, himself with instrument in hand, while white-aproned attendants gather around the victim, approaching with sponge and bottle and instruments and appliances of the impending operative procedure, is not so wise a surgeon and does not so fully consider the effect of depressing psychic influences as he who chloroforms the intended subject of an operation in another room or in the same room without these depressingly suggestive influences.

Had I continued the active practice of surgery (of which I once had, as you know, ample clinic experience) I should never vaunt the implements of my art before my patient, at least before he should recover from the operation, nor anesthetize him in the presence of any depressing influences. Where practicable, I would for purely elevating psychic effect, begin the administering of the anesthetic in the most

cheerful room I could prepare; I would drape its walls with suggestions of hope and inspirations of courage. I would have nothing about me at that time suggestive of blood. I would cheer him so far as I might without falsity; mention similar cases, if I could, that had undergone his approaching ordeal successfully and let him take his operating couch and anesthetic as "one who lies down to pleasant dreams." I would proceed thus because I am a psychologist and have added something more than operative skill to previously acquired medical knowledge. I would be as tender with him about inflicting the mental pain of dreaded apprehension as "one who would not needlessly set foot upon a worm." I would do thus, not only because it would be the dictate of tender feeling, but because a sound psychology and psychiatry enjoin it.

THE STATISTIC EVIDENCES OF THE VALUE OF VACCINATION TO THE HUMAN RACE, PAST, PRESENT AND FUTURE.

Read before the American Medical Association at the Jenner Centennial Celebration, held at Atlanta, Ga., May, 1896.

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PROFESSOR OF PRINCIPLES AND PRACTICE OF MEDICINE AND STATE MEDICINE AND DEAN OF THE FACULTY OF THE MEDICAL DEPARTMENT UNIVERSITY OF GEORGIA, AUGUSTA, GA.

(Continued from page 911.)

Now to a circumstantial examination of the charge of transmission of syphilis by vaccination.

The medical literature of every civilized nation has been ransacked for the purpose of substantiating this charge. "The London Society for the Abolition of Compulsory Vaccination," ever active in seeking and disseminating all information detrimental to the cause of vaccination, has put together all cases of alleged vaccinal syphilis which its active investigators could hear of. Here is a copy of the original paper from that society, received by me in 1884.⁴⁴

VACCINO-SYPHILIS.

The following is list of authenticated and published cases⁴⁵ of transmission of this one disease alone:

Lancereaux has published the following cases of vaccino-syphilis:

By Cerioli 40	By Lecoq 2	By Chassaingnac . . . 1
By Tassani 46	By Galligo 14	By Hérard 1
By Surgeon B. 19	At Rivalta 46	By Adelsio 2
By Hübner 8	By Trouseau 1	By Monell 1
By Marcolini 40	By Maronni 34	
By Viani 2	By Devergie 1	Total 258

To these I have added the following:

By Hutchinson 24	At Lebus 18	By Fuqua 52
By T. Smith 1	By Depaul 59	By Cullimore 1
By Hulke 1	By Sebastian 1	In Algiers 58
By Oldham 3	By Collins 2	
		Total 478

M. Briquet appropriately says: "A competent observer and a complete observation, reported with such details as render the statements capable of being checked by the reader, are indispensable requisites for establishing the reality of an ordinary fact in medicine; and if for establishing an ordinary fact, how much more when the facts alleged are confessedly so rare, and so contrary to all previous experience, as these must be admitted to be." To correctly investigate the question of vaccinal syphilis, we must first determine the question of inoculation of the lesions of secondary syphilis. Experiments by competent observers have demonstrated that condylomata, ulcerated tubercles, psudracious pustules of ecthyma, pustules of acne, mucous patches and the blood of syphilitic subjects, may be inoculated into the constitution of the person not already infected with syphilis. Now, it is an admitted principle in the teachings of syphilography that the secretions from pathologic lesions, not themselves syphilitic, although occurring upon the bodies of syphilitic persons, do not contain the virus of syphilis, unless admixed with blood. Gonorrhea upon a syphilitic patient reproduces gonorrhea by inoculation, and not syphilis; and the same is true of chancroid. All of these lesions of secondary syphilis, except the blood, may be eliminated from this discussion, for we can not imagine how any other of them could contaminate vaccin matter in its rational propagation.

⁴⁴ From my paper before American Pub. Health Assn.

⁴⁵ These cases have been fully examined, and a brief analysis of some of them will be presented later on.