

visits to all the hospitals of note, and have spent the mornings in one or other of the greater clinics. The Paris doctor has very comfortable hours for work, at least at this season. He is busy in the clinics from 9 or 10 a.m. till noon, and free for the rest of the day. Then he is very exclusive in his mode of life. I should say, rather, seclusion, since I refer only to his manner of advertising and announcing himself to his patients. It is only the "little doctors," they tell me, who allow themselves the publicity of a sign at the door. There must be very few who are willing to be placed in this class, for I have seen a physician's sign—small and inconspicuous at that—in very rare instances. This fashion has its disadvantages. You are often obliged to hunt your doctor in a large apartment building where the doors are all alike—no name-plate on any—and you may ring several bells before you find the right one. However, custom is a severe master, and I suppose it is difficult to cut the first string of ethical red tape.

The professor sits while lecturing, which makes the hour quite informal and conversational. The laboratories are well equipped and have abundance of material. The clinical material is also plentiful. I saw upward of 350 cases run through in a morning in the skin clinic at the Hospital St. Louis. For another thing, the medical man is much respected in the community. In the public institutions, clinics and wards are named for some well-known physician, and the man who has given his life work to hospital and dispensary does not necessarily efface himself thereby. The tricolored flag of France floats over the Bandelogue and Tarnier Clinics, the Pasteur Institute and Péan Hospital, and many similar monuments to the labors of good men and true.

The clinics which I have visited most often have been Duplex's at Hotel Dieu; Richelieu's at Hospital St. Louis; Albarron's, Hospital Necker; Tuffier's at the Lariboisiere, Faure's at Charité; Professors Segond, Pazzi and Bouilly at Salpêtrière, Broca and Cochin hospitals. The three latter men are taking vacations at present, and so I have not had the pleasure of seeing them at work, but I have met them personally and enjoyed them exceedingly. Dr. Segond, who has a warm feeling for Americans as a result of his trip to our continent some four years ago, has been exceptionally kind, and I have received many courtesies from him and his friend, Dr. Paul Muller. The latter is a good friend to Americans in Paris and has looked after the health of some of our best citizens in their sojourn abroad.

In general I have remarked that the French physician is not only courteous to his colleagues, but kind and considerate to his patients. I can not help thinking that this spirit of sympathy and humanity is the outgrowth of republican soil. At least I have not found it so well developed in other European countries.

Then the Frenchman is a deft and skilful operator, cool and capable, notwithstanding the national reputation for nervous excitability. This characteristic is shown also by the patient, who endures supreme physical ordeals with little evidence of shock or depression. In the clinics at Hotel Dieu, the other day, Dr. Delbet, surgeon, I saw an operation for cancer of the pylorus, in the course of which the operator removed nearly two-thirds of the stomach and a portion of the intestines, quite as a routine procedure and without exciting any particular comment among the onlookers. In this proceeding he used no fancy stitching or appliances, only two rows of continuous catgut sutures. And a few days before I had seen the same operator at work on a ghastly case of cancer of the intestine under the most trying circumstances. The tumor had been diagnosed as a large pyosalpinx, and hysterectomy had been done before the true condition of things appeared. The operation was continued, however, with the necessary extensive cutting and removal of large portions of intestine. I saw the patient on the next day, not only alive, but looking quite comfortable.

The Parisian love for the beautiful and artistic is manifested in the furnishings and adornment of hospital and dispensary quite as noticeably as in the palaces and boulevards. The wards are bright and inviting, and the waiting-rooms often enlivened with frescoes and floral decorations. Like all buildings in Paris, the hospitals have the large inner court, and this is almost universally well filled with handsome plants.

As to the position of the foreign physician in Paris, there is in force here such an extreme protective policy that overcrowding of the profession is effectually prevented. The university degree, which one is free to take here, does not entitle one to practice in France, and the examination necessary for a certificate is not open to foreigners. I am told, however, that exceptions are sometimes made in the case of those who can secure a proper amount of "influence." There is much reason in this exclusiveness, however, as Paris is so cosmopolitan that without it the ranks of the profession would soon be overrun. It is not to criticize them that I speak of it, but to call attention to the attitude of our own country in the premises. It need not be narrowness, but a just degree of self-respect that should prevent us from welcoming with such effusive warmth every foreigner who comes to us presenting a certificate from Heidelberg or Leipsic or Bonn or Paris, in medicine, literature, language or music. We should not receive so tamely the slight put on our great American universities, whose honorable degrees are not recognized or credited abroad. Just a little bit of healthy reciprocity, ever so good-natured, would wake up this self-satisfied Old World to the worth and merit of the New.

A letter from Paris without any reference to the three great exhibitions she is making for the world, at Rennes, at Rue Chabral and on the banks of the Seine, would be empty reading. So I must add that Dreyfus and Jules Guerin are greater heroes outside of France than here in this big, bustling metropolis. It is such a sad thing for the country, and the better people in the army and out of it, this travesty of military justice, that the best French sentiment tries to cover the wound from foreign eyes, and the absurd incompetence of the civil authorities in the case of the Anti-Semitic League, self-imprisoned in Monsieur Guerin's "Fort" is a matter of grave chagrin to the Parisian.

As for the exhibition of nineteenth century progress, to be held here the coming year, it will certainly serve to re-establish the fame of the city after these trying times are over. The buildings are well under way, the situation is lovely, and from all one can hear and see the exposition of 1900 will surpass in effect anything before attempted in this world of shows. After America's splendid exploit at Chicago, she will not be jealous of this success. Her example has made it necessary; her money is making it possible, and her people will come to see it all and go away saying, as they always do, "There is no city on earth quite like Paris."

H. P. NEWMAN, M.D.

#### Emigration Leper Laws for America.

NEW YORK CITY, Oct. 14, 1899.

To the Editor:—Apropos of the departure for Europe of Dr. Doty, the health officer of the port of New York, to propose to the health authorities of Bremen and other places "a new method for the control of importation of infectious diseases to America," I ask that you print an article of mine which was published in *Janus* (Amsterdam, Holland), May and June, 1897, as follows: The following laws applying to emigrants should be, in my opinion, promulgated:

1. Emigrants from leprosy countries of Europe, like Norway and Sweden, should be visited by the medical officer attached to the United States Consulate at the port of embarkation. If the emigrant is of a leprosy family, he should be compelled to leave his clothes and effects behind him, and rig himself out anew, submit himself to personal disinfection, and be reported as sus-

picious to the Board of Health of the state indicated by his ticket. The health officer of that state should keep him and his family under supervision for seven years.

2. It should be a penal offense for a steamship company to carry an emigrant from a leprosy country without the health permit of the American Consul.

3. Should a leper present himself for emigration, to the United States Consulate, he should be turned back to the authorities of his own country.

4. A leper who has escaped supervision or detection at the port of embarkation, and at the port of entry in America, should be reported to his own country through his Consul residing in the port of entry in America, who shall send him back at the expense of his own country.

5. Norwegians and Swedes (and Russians) of leprosy families, should choose for settlement, states like Minnesota, Wisconsin, North and South Dakota, and Western Kansas, whose climate is antagonistic to the life and multiplication of the bacilli. Under no circumstances should they settle near the Atlantic coast line, near the northern lakes, or in the cotton belt, whose climate is quite the opposite of the other.

6. Any suspicious emigrant should be for seven years, under what the French call *surveillance de la haute police*, therefore should not be permitted to go from one state to another without the latter being duly informed of the fact by the former.

ALBERT S. ASHMEAD, M.D.

#### Intubation and Antitoxin in Diphtheritic Laryngitis.

CHICAGO, Oct. 10, 1899.

*To the Editor:*—Intubation of the larynx in diphtheritic stenosis before antitoxin came into such general use, was much more common than now. Indeed, antitoxin seems to have very largely done away with the necessity for intubation.

It is my firm conviction that: 1, when antitoxin is used early, the larynx will not become involved nearly as often as without it; 2, when the disease commences primarily in the larynx, it is sometimes arrested, requiring no surgical interference; and 3, when intubation is necessary, recoveries are more frequent than before antitoxin days.

My experience in the surgical treatment of diphtheritic laryngitis is limited to 234 cases, the tube having been inserted in the last case twenty-four hours ago, and the patient is still wearing the tube, having a good prospect of recovery. All occurred in private practice. Tracheotomy was done in 30 of these, with a recovery of 24 per cent.; 150 were intubated with a recovery of 40 per cent., and 53 were treated with antitoxin and intubation and show a recovery of 60 per cent. These results speak more forcibly than words, and are about on a par with those obtained by other operators. Some have shown a greater, some a less percentage of recoveries, the difference, depending largely on early or late operating, the type of the disease, mild or severe, malignant or non-malignant. There can be no doubt that the surgical treatment of this disease has steadily advanced, from tracheotomy to intubation, from intubation to intubation with antitoxin. The exact increase in the percentage of recoveries may never be known; we care little or nothing for this. The broad fact remains the same, that a vastly greater number of children recover, with the aid of antitoxin and intubation, than with intubation alone.

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#### Primary Testicular Mumps.

So. ROYALTON, VT., Oct. 17, 1899.

*To the Editor:*—I was much interested in Dr. Landon B. Edwards' article in the JOURNAL, October 14, on the above subject. One similar case occurred in my practice several years ago, in a carpenter, a married man, of excellent habits. I was treating several cases of mumps in his family at the time. He was at work on a building across the street from my office

and came in saying that his testicles were paining him, and on examination I found they were both swollen and tender. The next day there was an increase of swelling, pain, tenderness, and a rise in temperature. This continued for two or three days more, when a very decided parotiditis occurred. The testicles did not become atrophied and I have since attended his wife in a confinement. For several years I have closely watched literature and society reports and have not received any light from either source on the condition under consideration.

Yours, very truly,

D. L. BURNETT, M.D.

#### Early Conception Following Labor.

LAPORTE, IND., Oct. 10, 1899.

*To the Editor:*—Gould and Pyle, in their work "Anomalies and Curiosities of Medicine," mention several cases of early conception after a preceding pregnancy varying from forty hours to twenty-eight days. I desire to place on record another case: Mrs. B. was delivered on Dec. 5, 1898, of a girl. On September 27, 1899, she was again delivered of a boy at full term. She must have become pregnant on or about Dec. 27, 1898, just twenty-two days after the delivery of her first child.

Yours truly,

E. L. ANNIS, M.D.

#### Washington, D. C.

(From Our Regular Correspondent.)

HEALTH OF THE DISTRICT.

The report of the health officer for the week ended October 14 shows the total number of deaths to have been 139, 74 white and 65 colored. At the close of the week there were 69 cases of diphtheria and 75 of scarlet fever under treatment. There were 74 births and 32 marriages during the week.

#### CENTRAL DISPENSARY AND EMERGENCY HOSPITAL.

At the meeting of the Board of Trustees of the Hospital, recently held, the report of the attending staff for the past month was presented and showed the total number of cases treated as follows: emergency, 638; dispensary, 2588; ward, 55; deaths, 8; prescriptions, 3210; ambulance calls, 82.

#### EPISCOPAL EYE AND EAR HOSPITAL.

At the recent meeting of the trustees of this institution, the attending staff reported that during the past nine months, 1111 patients have been treated, 528 white and 537 colored; 112 patients have been received in the wards and 150 operations performed.

#### Canada.

(From Our Regular Correspondent.)

TORONTO, Oct. 14, 1899.

#### LUNACY AND CRIME IN QUEBEC.

In a paper on "Judicial Errors in Lunacy," prepared by Dr. Geo. Villeneuve, associate professor of mental diseases and medical jurisprudence, Laval University, and medical superintendent, St. Jean de Dieu Asylum, Longue Pointe, Que., and Dr. E. P. Chagnon, assistant physician, same asylum, and read at the fifty-fifth annual meeting of the American Medico-Psychological Association, held in New York in May last, the writers limit the scope of their investigations to cases which have come under the jurisdiction of the criminal courts of the Province of Quebec and refer only to those lunatics who have been convicted and sentenced. These lunatics who have suffered punishment at the hands of the criminal courts of the province are by them divided into two classes. Class A embraces those unfortunate ones who have been submitted to medical examinations and found insane, but who have been convicted and sentenced by the courts in spite of the opinion of the medical experts who advised of their irresponsibility. These proceedings, the writers denominate "judicial errors" intentional. In Class B are included all those insane persons "whose mental derangement has not been recognized at the