sheer waste of time? We are not sure whether, notwithstanding the author's six years of experimental research, his knowledge is quite up to date, for he gives a table of the results of the "eclamptic poison" in which there is no mention of the liver. We thought it had long been recognized that in eclampsia there were morbid changes in the liver as well as the kidneys. Indeed, in a recent paper by a Montreal worker eclampsia is defined as a disease of the liver, with concurrent changes in the kidneys. Still, the number and the beauty of the pictures will induce people to look through this work.

NOTES ON BOOKS.

THERE has just been added to the Tudor and Stuart Library, one of the new enterprises of the Clarendon Press, an edition of *Browne's Religio Medici and Digby's Observations*,¹ printed from copies lent by Professor Osler. The text of the *Religio* follows that of the first authentic edition of 1643, page for page and line for line. To preserve identity of reference the errors of pagination (pp. 171 and 172 are duplicated) and section numbering have been left undisturbed. The text has been corrected from the *Errata* page of the original; a few obvious misprints, not there noticed, have also been removed. The book is printed with the types given to the university by Dr. Fell in 1660; linen rag paper has been used, and the volume is bound in stamped paper, imitating the binding of the Tudor period, in two styles, blue and white. If all this is not sufficient to stimulate every reader to obtain a copy, we may add that the type in itself, apart from its association, is very beautiful, extremely clear and very easy to read. Dr. Fell may therefore be held to have purged his faults, and no longer to be an object of dislike.

Merck's Annual Report, 1908,² consists, like its predecessors, of a summary of papers published during the year in the chief medical journals of the world dealing with the uses of new remedies and new applications of old ones. The growth of the employment of animal remedies is reflected in the fact that over 100 pages are devoted to organo-therapy. In the section on other drugs, a large number of the newest artificial remedies and vegetable principles are referred to, along with old-established drugs such as digitalin, male fern, and even castor oil. Full references to original papers make the compilation very useful. Medical men can obtain copies gratis by writing to Mr. E. Merck, 16, Jewry Street, London, E.C.

¹ *Browne's Religio Medici and Digby's Observations*. The Tudor and Stuart Library. London: H. Frowde; Oxford: The Clarendon Press. 1909. (Post 8vo, pp. 44. 5s.)

² *Merck's Annual Report, 1908*. Vol. xxii. London and Darmstadt: E. Merck. 1909. (Demy 8vo, pp. 348. [Free to medical men on application.] 1s. 6d.)

THE RELATIONS OF THE LAITY AND THE MEDICAL PROFESSION.

By MRS. HODGKINSON,

Editor of the *British Health Review*.

IN stating the lay view of the relation of the medical profession to the public, there is no need to apologize for erroneous opinions, for mistakes are often highly instructive, and candour offers an opportunity for criticism and enlightenment likely to be extremely useful to all concerned.

Therefore, without further preamble, I will put a few of the considerations affecting the lay mind before an audience which seldom hears them frankly stated. Those of us who give any thought to the matter are far from satisfied with things as they are, and, if it be retorted that such persons are in a small minority, I reply that it is a growing one. It has already considerably leavened public opinion, and will leaven it still more thoroughly in the near future. That ideas are accepted entirely subversive of the old attitude towards disease and its treatment is a symptom that the more far-sighted of the profession will not ignore, especially as those by whom they are accepted are the thinkers and readers. The unreasoning part of the public—equally dissatisfied—betakes itself to the patent medicines so admirably analysed and expounded in a recent publication of the British Medical Association; and, in view of the sums thus spent, no one will, I think, contend that this is an inconsiderable body. The former

section of the public is acquainted with the line which research is taking in many important matters, and, keenly conscious of what it considers the limitations of the profession, is convinced that the best hope lies in the recognition by profession and public of the fact that their relations—like everything that is living and healthy—must be progressive; and must, therefore, be subject to the law of change.

"Conscious as we are of one another's shortcomings" let us, then, review the situation.

The average man is brought up in complete ignorance of the laws of health or the natural needs of his body. He grows into certain habits, powerful for good or ill in their effect, without the least guidance as to the pitfalls in his way. The medical profession, a body of immense social and legal weight in the country, has made no organized protest against the absence of sound training in our schools in this matter. It has not even protected the heritage of health into which the children of the nation are born, for here again it has made no corporate representation on such subjects as clinics attached to the national schools, the marriage of the criminal, feeble-minded or insane, and those tainted with such diseases as poison life at its source. And there are other instances of failure in public duty. No Government, no public could have disregarded such protests; but they were not made, and the timidity of this policy has met its reward in the fact that it is laymen and women who have pushed forward the discussion and in some cases the active amelioration of such crying evils. It is they who are arousing the general conscience, and the result is a loss of prestige and influence to the medical profession which for many reasons is to be deplored. In certain stages of history ecclesiastical authorities too have refused their rightful position as leaders of reform, and the tide of vital affairs has ebbed and left them stranded. An example and a warning not to be neglected.

There is, indeed, a growing cynicism about the doctor's attitude towards reform. It is said that his interest begins and ends with disease, for that is his living, and that the road to health is one we must open for ourselves.

This view is really not unnatural. The antagonism between the interests of doctor and patient has furnished stuff for a library of epigrams; but the thinking laity believes the time is approaching for more revolutionary methods, and that there are measures, now denounced as Socialistic, which would reconcile these conflicting interests and secure the doctor's pecuniary position on the health and not on the disease of the community. Without casting any slur on the honour of the profession, it must be admitted that human nature is very human, and that if a man's living is based on the prevalence of illness his interests—nay more, his time—will not permit any very exhaustive study of prophylaxis. A wrong attitude to the communal welfare is thus perpetuated.

We have a conviction also that in treating symptoms as though they were causes a grave mistake is made, and yet this appears to us to be the line taken in our treatment both by physicians and surgeons. Say a tumour appears—a visit to the surgeon follows, and an operation, rightly or wrongly, is the next step. But the tumour was but a symptom. Of what was it a symptom? The almost miraculous surgical skill of the present day may be too dearly bought if it diverts attention from the physical state which preceded the tumour, and will produce myriads more. We are not even given experimental guidance. No one says "Try certain diets, reverse certain habits. Notify me, and let us watch the results together." Even apart from the possible physical benefit, the feeling of co-operation, the sense that he had a share allotted him in the investigation, would often be half a cure in itself for the patient.

The same with the physician. Periodic headaches may be the symptom. Again of what? Caffeine or some other pain-killer is ordered. Enough if the suffering is scotched. No radical search into the habits of life is organized. The indications are not scrutinized; the patient is not watched, nor is any courage shown in tempting and strengthening him to review the circumstances himself and make such new departures as may be worth testing.

We complain also that the time and care vouchsafed us by consultants are grossly inadequate in many cases. You are shown into the great man's room, and are lucky if you

get half an hour of perfunctory question and unenlightening reply. What is the use at this time of day (when some scientific certitude in examination is possible) of paying a visit of this duration, unassisted by exact methods? What the patient gets may be worth the money, but it is more by good luck than good management if it is. Compare with these antediluvian ways the means for diagnosis employed on entering Dr. Kellogg's Battle Creek Sanitarium. Something might be known of a man's physical status and capital when he has been through this mill. These (so to speak) drawing-room methods should be discarded in favour of a really searching examination, including blood count, test meals, and many other means which I have not space to enumerate. It is doubtless often easy for a man of experience to diagnose the class of tumour or whatever it may be. What he wants to know more of is the man and the conditions that produced the symptoms. Very little can be discovered with methods less strenuous, and much of the old-time awe and respect for the consulting room are therefore vanishing.

The medical mind may be misled into believing they survive, because courtesy and a wholesome ceremony with the man in whose hand your life may lie conspire to draw a veil over the resentment and distrust so often felt. But if we follow one half of Princess Lieven's recommendation of the conduct due to our physician: "*Obedissance la plus servile*," it is not unaccompanied by her witty aside—"*méfiance la plus absolue*." As a matter of fact, the public is wearying of empiricism.

"I have been to three physicians," I heard a lady exclaim with energy. "Every one of them gave me a different diagnosis. Not one examined me properly; not one inquired fully into my habits or gave me a word of sensible advice as to changing them; and not one of them appeared himself to be in such health as gave me the slightest reason to think he could be a very successful guide to others."

She was, perhaps, a hasty woman. Her expectations were possibly keyed too high, but it was certainly discouraging. She eventually cured herself by dropping starchy foods and restricting her allowance of meat to one very small daily portion. A simple remedy—but she had to discover it for herself.

I can imagine my readers snuffing the air and saying, "Aha! diet! Now we see the cloven hoof. Here is the food faddist unveiled."

Well, gentlemen of the Old Guard, if it be food faddism to believe that the profession—holding as it does our interests in trust—has blindly and almost unpardonably neglected the study of dietetics in health and disease, then I and many others are food faddists unashamed. We ourselves read books where opinions on these subjects are discussed and in terms that every educated person can apprehend. Some are written by medical men, some by the laity. We make our experiments. We come on personal or vicarious errands to your consulting rooms, and there we find men who neither know nor care what we are driving at; who either snub us or receive our advances with the blandness of ignorance, as guiltless of any practical knowledge of the work of Chittenden, Pawlow, Haig, Fisher, Kellogg, Ioteyko, Tissier, and many more, as the reserved and decorous persons who open their hall doors to us. The physician who takes up the study of practical dietetics with an unprejudiced mind, collecting information where it can be found, has a golden future before him, and one of almost unlimited interest and usefulness. We complain also of the morbid dread of responsibility into which excessive specialization forces its devotees. This bears very hardly upon us. The physician sends you post-haste to the surgeon. He dares not, apparently, wait, test, experiment. A year or two ago, on the first blush of appendicitis (if I may be poetical on a grisly subject) motors and aeroplanes were not swift enough to convey you to the operating table. Appendices fell round us like leaves in Vallombrosa, and singular indeed in good fortune was the mortal who preserved his own intact. Yet it appears from later experience that patience and a waiting game, with a suitable diet as an adjuvant (is not this the word?), will spare many an appendix to the world it adorns, and that it may even be better on the whole to leave the human economy (when at all possible) as Nature constructed it. We suffered in purse and person because the physician, under the influence of a panic, would not

take the responsibility of delay. The surgeon is equally hasty. There are many surgical situations which could be alleviated by medical means. But he, too, will not delay. The knife cuts the Gordian knot, which in many cases could as well, if not better, be patiently untied. All this reacts on the public. We see that the physician distrusts himself and that the surgeon distrusts him. What is the natural result? Half of us spend our time reclining on that couch of Little-Ease, the operating table, and in that resort of dubious joy and indubitable expense, the nursing home. But we do not prefer this. We only do it because our physicians seem to know no better way. They must not throw away our interests with their own.

Extreme specialization bears very hardly upon those of us who are poor in spirit and in purse. I tender a very small instance:

A patient, having weathered through an intestinal operation, was tortured with facial neuralgia. In quavering tones he mentioned the matter to the surgeon, and was blandly repulsed. "My dear sir, I know no more about neuralgia than you do. You must call in a physician if you want advice."

But he could not, poor man, for the operation and the nursing home had absorbed all his small means, and he therefore endured the neuralgia as best he could until he left the house, and, hastening to the nearest chemist, provided himself with the best advertised bottle available. It wrought an almost immediate cure and, for aught I know, considerable future damage.

Far be it from me to suggest that the surgeon should have pretended a knowledge he did not possess. We are quite satisfied with the amount of this kind of pretension now at our disposal. No, some means should be devised by which the surgeon and physician co-operate in these cases, arranging the financial boundaries between the high contracting parties, and thus ensuring to the patient the benefit of the right and left hands of the profession. I have seen many cases where it appeared that this would be a desirable arrangement. But the patient was bled white in more senses than one. He could not afford the luxury. If specialists are as ignorant as they affect to be of all outside their own domain, then, considering their very handsome fees, the planet should be attended by a satellite whose fee is a part of that agreed. But need the specialist be quite so ignorant? Is it not partially a pose? or idleness? or hedging? or self-interest? I ask in great humility. We cannot be made to see that it is reasonable that the heart, for instance, can be viewed as a separate entity, and treated apart from the neuralgias and other algias which attend its disorganization. We are unable to detach these organs, willingly as we would do so, and being unable it appears reasonable to us that we should be treated as a whole, and that those who undertake the heart or the lungs should know something of the man whose general condition is the *fons et origo* of the defaulting heart.

This brings me to the question of fees.

(To be continued.)

THE Honorary Membership of the Italian Society of Obstetrics and Gynaecology has been conferred on Dr. H. Macnaughton-Jones, formerly University Professor of Obstetrics and Gynaecology in the Queen's University, Ireland.

DR. HEARSEY, Principal Medical Officer, in his most recent note on sleeping sickness in the Nyasaland Protectorate, states that two fresh cases of the disease have been found there, while three others have been notified from North-Western Rhodesia as emanating from it. With the three previously reported, the total number brought under notice up to the present is now eight. The histories of the cases are interesting, the extreme rapidity with which one died recalling the clinical pictures of many of the cases in Uganda seen during the earlier days of the epidemic in that territory. Unfortunately another European has contracted the disease, and this indicates that probably the infection is more widespread throughout the protectorate than is generally supposed. There would seem to be four definitely infected areas now: (1) Lake Tanganyika; (2) Lake Mweru; (3) the Luapala river; and (4) the neighbourhood of Chilanyama and the Loangwa river at that point. Dr. Hearsey has received no information regarding North-Eastern Rhodesia since the publication of his last memorandum, and it will be interesting to learn whether any cases have been detected there also.