

bottles and full of admiration. It was thus that poor folk, who could not find money to pay their doctor, went with enthusiasm to carry to the quack a few louis which had been carefully saved. Now the number of these quacks has diminished by at least three-fourths, and their favour with the public by nineteen-twentieths. There might possibly be found more in Paris than in the country, as all impostors are sure of finding dupes in the capital. Credulity in Paris is as strong and as foolish as in the depths of the most remote province. On the other hand, it is quite intelligible that simple folk, bewildered at every moment by the miracles of science, by the illusions of the theatre, and the acrobatic feats of the circus, have ceased to distinguish the chimerical from the possible, and are always disposed to look with open mouth at any fakir they see, to place themselves under the magnetic looks of the Zouave Jacob, or to solicit the help of a somnambulist in whom they see a pupil of Charcot.

But here as elsewhere the old type of quack tends to disappear before the march of progress. The diffusion of education, the propagation of Pasteur's teaching in the press, have created a new mentality in the public in regard to medical things. Those who still wish to be deluded can do so only by taking these things into account. These new notions, which may perhaps become the prejudices of to-morrow, have conquered the crowd. They would have finally crushed quackery if by a spontaneous transformation it had not established a new mode of action upon them, and thus recovered at one stroke all the ground that was lost. In view of the contemporary fear of microbes, every quack must first show some sign of education in the new ideas; then he finds himself obliged to make his remedies take their origin in a theory, ostensibly scientific. Hence it comes about that the present-day quack is either an electrician or a pharmacist. The old platform is too narrow for his new patter. He borrows the innumerable and incessant voices of the press. He is up to date. No more carriage, no more nigger, no more monkey, and especially no more Chinese coins. He fills, however, the sixth page of the newspapers with horrible pictures of diseased patients, or with the smiling portraits of those whom he has miraculously cured. He gets his name insinuated at the end of the medical articles of the third page and between two sensational announcements about Chaouia or Bagdad he gets slipped in on the first page an announcement of the therapeutic Messiah who lives in his house. Not only does he invite the client—he creates him. He sets forth under the eyes of the reader the most common symptoms which he connects with the most formidable diseases. Thus he makes him anxious, takes him captive and exacts his ransom. Credulous people lose for ever the certainty of being quite well. Old age has no longer any natural sense. The smallest pathological incident is made to bear the aspect of a cataclysm. And it is in this way that the modern quack—the quack of the newspapers—has suddenly become a social danger. Quackery through him has abandoned its primary mission, which was at all cost to reassure and to bring to the patient the consolation that science was incapable of giving him. At certain moments he has been, with a certain semblance of legitimacy, the last resource of the hopeless. Since he has made himself an *agent provocateur* of disease, since he is no longer of any use except to disturb the minds of the healthy, he has lost his last excuse, that which was so often invoked before the law courts, and which justifies the strictest forms of repression. Nevertheless, against this quackery of the pharmacist there is no legal enactment. The advertisements of midwives, druggists, and abortionists, inviting women to get themselves cured of "menstrual irregularities," have been reduced to a more modest form. Here and there some bonesetter, against whom a doctor without much philosophy has lodged a complaint, is condemned. A slight fine is timidly inflicted on some manufacturer of electric belts, who gets out of the scrape by engaging as assistants two or three doctors whose diploma fails to procure them a livelihood. Nothing is done against the pharmacist, who riddles the crowd with his pills, and fills the country with his syrups, steals more money in a single day than his predecessor of the fair did in ten years' wandering about France. All this disturbs the brain and upsets the nerves of a part of the people.

It may be that this irritates us members of the medical profession. Nevertheless it is our own fault, as I have said at the beginning of this article. Medicine began with the procedures of quackery; it is natural that quackery should end by simulating the procedures of medicine. It is for us to place the public in a position to distinguish between the properly educated doctor and the quack. We have too long proclaimed, as it seemed necessary—and we thought ourselves obliged to do so—that our first medication, on which depends the efficacy of all the others, is confidence. For the lack of sure remedies we invoke moral authority, the psychic influence of the doctor on the patient. If the sufferer puts the same kind of faith in others we have no right to protest. As soon as treatment made itself subjective, was not that equivalent to making the patient the true judge of it? If we implicitly recognize that it is the patient who creates the curative power of the doctor, does not that amount to giving him also the right to make of whomsoever he pleases the agent, however insignificant in himself, of that curative action?

Against contemporary pharmaceutical quackery, masquerading in the guise of false science, we have only one weapon—honesty. Why do we prescribe anodyne remedies, such as there are by the hundred in our formularies? Why do we give our chronic patients assurances to which time must inevitably give the lie? Why at every instant do we do things the sole effect of which is to give us a promise of being able later to place to our own credit the beneficent action of Nature? Why not refuse the credit of cures which are not due to us? And, as a corollary, the responsibility of failures which we cannot prevent? Why? . . . Alas, we know well enough it is because the patient is our master. It is because it is he who pays us; he who imposes upon us these violations of conscience—and of science. It is because we practise in this social absurdity: medicine living by disease and consequently subject to its caprices and its unreasonable-ness. There is at present only one true medicine—that of the hospital, because there there is no question of money between the doctor and the patient, and because the patient there sees only the man of science, whom nothing compels to use an insignificant therapy. Let medicine no longer drag after it the rags of primitive empiricism. Its conquests are now sufficiently solid to enable it to confess without shame its partial impotence and to nullify by that sincere avowal the pretensions of the neo-charlatanism which has traitorously sheltered itself under its shadow.

Medical News.

THE sixth annual meeting of the Convalescent Homes Association will be held in the committee room, 32, Sackville Street, London, W., on Wednesday, May 31st, when Sir William S. Church, Bart., K.C.B., will take the chair at 4.30 p.m.

THE annual dinner of the Royal Sanitary Institute was held at the Langham Hotel, London, on May 18th. The President, the Duke of Northumberland, was in the chair. The toast of "The Military Forces of the Crown," given by Mr. Edward White, Chairman of the London County Council, was acknowledged by the Director-General of the Army Medical Service (Surgeon-General Gubbins, C.B.). Mr. Butlin proposed "The Houses of Parliament" in a thoughtful and earnest speech, to which Sir Phillip Magnus, M.P. for the University of London, replied. The Duke of Northumberland, in proposing the toast of "The Institute," sketched its growth, and was able to show that its activities had grown very considerably since the early days of its existence, and that it had now spread its limbs into the colonies. The value both of the institute and of its museum was at the present time very considerable, and much of their success had been due to the capability and activity of their excellent officers. The Chairman of the Council, Mr. H. Percy Boulnois, replied. In responding to the toast of "The Visitors," Sir Thomas Barlow designated the institute as the premier society in sanitary science, and applauded its successful career all the more because it had done good without bluster or advertisement, and with a modesty which was very laudable. The last toast was that of "The President," to whom the Royal Sanitary Institute owes not a little.

England and Wales.

[FROM OUR SPECIAL CORRESPONDENTS.]

MANCHESTER AND DISTRICT.

STATE INSURANCE AND MEDICAL FEES.

AN important mistake appeared in some of the Manchester newspapers with regard to the amount provided under the National Insurance Bill for medical fees. In a short report of a private deputation of medical men which waited on the Chancellor of the Exchequer last week, it was stated that "the payment under the scheme to members of the profession will be 6s. per head of the persons insured, and not 4s." This is an incorrect account of what Mr. Lloyd George actually told the deputation, but it seemed to be supported by a mutilated extract from an official report which appeared in identical terms in the *Lancet* and the *BRITISH MEDICAL JOURNAL*, giving Mr. Lloyd George's views on certain of the medical aspects.¹ In quoting from this report the statement that the average capitation fee was estimated at 6s. per head, the newspapers omitted the following words, "for medical attendance and the drugs, dressings, and appliances used in domiciliary treatment." The omission of these words made it appear as if the Government were providing 6s. for the medical man, whereas a sum probably amounting to 1s. or 2s. must be deducted from this for drugs, dressings, and appliances which the approved societies are to provide through chemists or possibly at dispensaries. On the errors being pointed out to the *Manchester Guardian*, the editor inserted the following note: "We regret that the paragraphs in question which were supplied to us by the Press Association, conveyed an inaccurate impression as to the payments to be made to doctors under the bill." The *Guardian* thus lays the blame for the mistakes on the Press Association. It is felt in Manchester that it is important to exercise the greatest caution before accepting as correct newspaper reports as to the intentions of the Government with regard to the profession. There is a tendency in certain lay quarters to minimize as much as possible the dangers arising to the profession under the bill, and if any glossing over of the dangers should have the effect of lessening the determination to refuse medical attendance on the conditions at present proposed, the resulting apathy would be serious. With regard however to the present point, from all the information obtainable the offer of 6s. for medical attendance alone on "good lives" and "bad lives" alike is not accepted as adequate. Any threat of checkmating the profession by appointing whole-time medical officers for domiciliary attendance is regarded in Manchester as insusceptible of realization, for inquiries show fairly conclusively that it would be impossible for either the Government or the approved societies to obtain whole-time medical officers to do the work required. The fact is that many medical men who were inclined to accept the capitation system are now so satisfied with the unanimity in the profession that they are seriously thinking of demanding payment per attendance which they always preferred but at one time despaired of being able to obtain.

¹ *BRITISH MEDICAL JOURNAL*, May 20th, p. 1202.

Universities and Colleges.

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* With honours.

Letters, Notes, and Answers.

Queries, answers, and communications relating to subjects to which special departments of the *BRITISH MEDICAL JOURNAL* are devoted will be found under their respective headings.

QUERIES.

PROPTOSIS asks for suggestions as to the probable cause of the slight prominence of the right eye in the following case: A middle-aged woman, who has never been very robust, and who has had a good deal of worry recently, noticed about four or five months ago that her right eye was more prominent than her left. When seen for the first time, three months ago, our correspondent noted that there was slight proptosis on the right side; the movements were good in all directions; the pupil of the same size as on the left side and its reactions normal; no tenderness or pain nor increased tension; no pulsation; no diplopia nor so far as the orbit could be palpated was anything abnormal to be felt. The fundus was normal (no optic neuritis nor atrophy); no suspicion of disease of the nose or its sinuses. V.A., $\frac{1}{2}$; upper eyelid followed eyeball in its downward movement. The patient was anaemic; pulse 96 per minute; suffers from palpitation; no enlargement of thyroid. Left eye normal; V.A., $\frac{1}{2}$. Three months later condition of things is exactly as at the first examination, except that vision in right eye is $\frac{1}{2}$ (some of the letters). The patient eats well, but says she does not seem to put on flesh. Weight at present is 8 st. 5½ lb.

ANSWERS.

THE PRESCRIPTION OF GLASSES.

DR. REGINALD A. MORRELL (London) writes: With regard to the query addressed to me by Dr. Kenneth Campbell in the *JOURNAL* of May 20th, p. 1216, I must admit that there is a lack of precision in the words, "The lens lost its convexity." The statement should have been, "The lens became less convex." The remainder of Dr. Campbell's remarks is based upon what he calls the ordinary and accepted definition of static refraction. If I have been guilty of lack of precision, Dr. Campbell must also plead guilty. He defines static refraction as the "refraction of the eye at rest" (the maintenance of the tone of the ciliary being implied.) I have underlined "the" in the above quotation to draw attention to a wrong use of the definite article.

There is no definite—that is, fixed—tone to the ciliary muscle. If, however, we use the indefinite article "a" in the above passage, it becomes apparent that there is no ground for Dr. Campbell's sarcasm. It was for the purpose of illustrating this variation in ciliary "tone" that the case was included in the paper, and Dr. Campbell has seemingly missed the whole point. There was no over-correction of the myopia in this case, for ill health produced a similar effect on the "ciliary" tone to that produced by a cycloplegic. It is not unusual in the case of a myope who returns for a post-mydriatic test to find that a diopetre has to be added to the sphere, and this is all that was done in the present case. Two pairs of glasses were given to suit two alternating and perfectly definite conditions. The patient, for pecuniary reasons, had to continue with her work whatever the state of her health, and this work required the greatest possible visual acuity.

LETTERS, NOTES, ETC.

EVIDENCE OF SEVERE ILLNESS AFFORDED BY THE NAILS.

DR. RICHARD KAY (Nelson, Lancs) writes: With regard to Dr. Davies's query, I had an attack of scarlet fever fifteen years ago when a student. It was of only moderate severity and without any complications; my throat was douched, but the only drug the hospital authorities considered necessary was a dose of calomel. Yet a few weeks later the transverse furrow was well marked on all my fingernails. Probably, since scarlet fever has a marked effect on the skin, the furrows are of less significance in that disease than in other cases.

SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

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NOTE.—It is against the rules of the Post Office to receive *postes Restante* letters addressed either in initials or numbers.