

THE CANADIAN MEDICAL TIMESA WEEKLY JOURNAL OF
MEDICAL SCIENCE, NEWS, AND POLITICS

KINGSTON, SATURDAY, DECEMBER 20, 1873.

TO CORRESPONDENTS.

Communications and reports solicited. Correspondents must accompany letters, if intended to be printed anonymously, with their proper signature, as a guarantee of good faith.

TERMS OF PUBLICATION.

THE MEDICAL TIMES is supplied six months for ONE DOLLAR. Address orders and remittances to JAMES KEESL, M.D., Kingston.

POSTAGE ON THE MEDICAL TIMES.—The rate of postage on the Medical Times is Five Cents per quarter.

REMITTANCES.

Gentlemen who have not sent on their subscriptions for the MEDICAL TIMES are requested to remit One Dollar for the current six months without further delay. The system of advance payments must necessarily be adhered to.

The publisher regrets to have to make the announcement that with this issue of the journal the publication of THE CANADIAN MEDICAL TIMES will cease. The experiment of a weekly medical journal, hitherto untried in Canada, has met with a certain amount of success and encouragement; but not with sufficient to warrant its continuance in the face of the expense and large amount of labour involved in getting out the paper from week to week. We have to thank those kind friends who have given their countenance to this venture: and to those who are still indebted for their six months' subscription, we would remark that a speedy remittance of the sum will be highly esteemed.

PRIVATE PRACTICE AS A FIELD FOR CLINICAL OBSERVATION.

In that model address with which Mr. Prescott Hewett opened the Clinical Society last year, he referred to the importance of the opportunities for clinical observation enjoyed by private practitioners, expressing his conviction that good, sound, useful work is to be done clinically in private practice. "Nay more," he said; "if rightly viewed and rightly used, the clinical results to be obtained in private practice are, I think, in many respects, of much greater value than those which can generally be obtained in our hospitals." We ourselves have often remarked on the advantage enjoyed by the private practitioner, at the same time that we have pointed out some of the disadvantages under which he labours. It would neither suit him nor his patients to make an ostentatious note of all symptoms and of all the weak points in family history, so far as it is known to the patient or to be gathered in taking the history of any individual illness. A patient goes to a hospital or to a consulting practitioner expecting to be completely overhauled, and indeed feels a certain disappointment if he is not minutely examined. But, as a general rule, in private practice, patients do not like inquisitorial investigations into their health; they like to be cured with the minimum amount of examination, and have a notion that the doctor who can divine their complaint with the least amount of cross questioning is the shrewdest man. Not only is slight examination agreeable to many patients,

but it is convenient to many practitioners, who have either not the leisure or the taste for going deeply into the cases which they have to treat. Nevertheless, it remains true that private practice affords a field for a much more continuous and minute observation of cases than either hospital or consulting practice, and that with a little method this field can be utilised by the practitioner without any serious annoyance to his patients or loss of time to himself, and with the advantage of giving to his work a far more scientific and accurate character than it can possess if done in a slipshod way. If we are asked for illustrations of the kind of clinical observations that might be made without fussy minuteness, we should refer our readers to the address which we have already characterised. Of course in every line of the account of the several groups of cases detailed by Mr. Prescott Hewett there is apparent the high aptitude for seeing and comparing and classifying clinical facts—an aptitude which does not reside in all medical minds. But there is far more of it in most practitioners than is used, and there would be still more if they were careful to exercise the gift that is in them.

Two or three important advantages would accrue if private practitioners would make use of their great opportunities of clinical observation. We should have large additions to our knowledge of the relation of diseases both to given constitutions and to each other. We should gain more accurate ideas of the importance of the element of time in diseased processes. We should arrive at a sounder knowledge of what drugs can do and cannot do, and of the value of other agencies in the treatment of disease. Finally, we should be furnished with data for a more favourable view of many cases than is apt to be taken by the consulting class of practitioners, who are too pathological in their bias. The corrections of a too refined diagnosis and prognosis which are made by events and the process of time would make a volume of the deepest interest. Though we boast of having got rid of the idea of disease being an entity, we are still the victims of it, and see in many processes of slow change too much of the disease element and too little of the conservative one. The slight peg upon which some men will hang a diagnosis of grave disease is wonderful. Correspondingly so is the complacency with which they will give up treatment and resign a patient to the processes of degeneration of which they may see the first steps. Between these first steps and the last, long years of useful, perhaps historical, life may intervene. Such a tendency is too apparent in many of the best physicians. The error is a great one, and the correction of it will come largely from a higher style of general practice. General practitioners will see that many of their patients with grave symptoms and very faulty constitutions take fresh starts in health, and that death is determined not so much by the occurrence of definite lesions as by the exhaustion of a certain reserve of force and health, which exhaustion may be obviated to a large extent by care and wisdom on the part of the patient and his medical attendant. Such observations are clearly possible only to those who can see patients and families over ex-

tended periods and in every variety of circumstances in other words, only to the general practitioner.—[Lancet.

HONOURS TO MEDICAL MEN IN THE COLONIES.

The following letter appears in the London Lancet:—

Sir,—It has often struck me as curious that, some of the eminent medical men in our colonies have never received a small share of the distinctions conferred upon their fellow-colonists who have made politics or law their sphere. In the only colony where I have a knowledge of the works of some of the medical men—namely, the Dominion of Canada, I know several who have devoted thirty or forty years of their lives to the spread of medical knowledge and to the establishment of medical institutions in the country, thereby benefiting their fellow-creatures in the country to an incalculable extent. Some of these gentlemen have also obtained deservedly widespread reputations in Canada for their skill in the various branches of their profession. A few of the same honours from time to time conferred on their brethren in England would be a graceful and kindly recognition, on the part of the mother country, of well-earned reputation and years of devotion to the spread of a noble profession.

I am, Sir, yours truly,

MEDICAL STAFF,

Tonghoo, Barnab, Oct. 12th, 1873.

According to the statistics published by a Russian journal, there exists but one medical man in Russia for 14,116 inhabitants, whilst the proportion in Prussia is one to 3230, in Austria one to 4355, and in Hungary one to 5492. The total number of medical students in Russia is stated to be 1922, whilst in Germany it amounted to 3978, during the half-yearly term of last winter.

The mortality in some parts of the Punjab has lately been enormously high. In Faridabad the death-rate reached 260 per 1000, while at Riwari it was 178 per 1000. The prevailing form of sickness and the principal cause of death is diarrhoea, in many cases resembling cholera. In consequence of the recent floods, many of the village wells had become grossly contaminated with the filth washed into them. Damaged grain was also eaten by the poor.

The Italian journals relate that a vice-professor of the Faculty of Medicine of Naples, having asked permission of the Faculty to open a course of homoeopathy, received the following answer:—"The Faculty could not grant the authorization, seeing that rational medicine, which is taught on the basis of natural sciences, excludes allopathy as well as homoeopathy, and, indeed, all absolute systems of medicine." This is the first time, observes Il Morgagni, that an Italian Faculty has officially declared itself the representative of a rational medicine based on the objective study of nature, and has withdrawn itself from the two systems now in vogue.