

be thoroughly examined on the following branches of Medical Science, viz: Anatomy, Physiology, Surgery, Pathology, Medical Hygiene, Chemistry, Pharmacy, Materia Medica, Therapeutics, Obstetrics, Toxicology and Practice of Medicine.

*Resolved*, That it be further recommended to the American Medical Association that it be required that all persons proposing to commence the practice of medicine or surgery after the foregoing organizations are established, shall procure licences for said purposes as before specified.

After some discussion of them, for and against, by Drs. Lipscomb, Olney, DuPre, Madden and others, they were, upon motion, taken up one by one and adopted.—*Nashville Medical Journal*.

Dr. GRAY, in his observations on the treatment of Tropical Diseases in the same journal, page 600.

The dogma that "a severe disease requires a severe remedy" is still, however, maintained by many to be peculiarly applicable to tropical diseases, and anything approaching to an expectant plan of treatment of their acute forms is almost universally decried. The treatment of disease in India has been, and is, to a great degree, essentially of an interfering nature; it aims at being abortive, the natural recuperative powers in acute disease being apparently looked upon as of no avail. The prevailing idea seems to be that the acute diseases of India are so rapid in their course that gentle measures cannot be of any service, and violent remedial treatment is therefore imperatively called for. Hence it happens that the natural history of acute tropical diseases has hardly at all been studied. Patients and their friends, with old clinging ideas, that certain antiphlogistic practice should invariably be carried out, and the necessity of appearing to do something, even in hopeless cases, have both tended to keep up the old *régime*. These influences are less potent among hospital patients, and it is in the hospitals of India that the effects of treatment, or of no treatment, can best be observed. There, too, progress is most manifest, though till lately he would be deemed a bold and culpable man who would treat a disease like hepatitis or dysentery otherwise than heroically. It may be thought that I am exaggerating the existing state of practice, but the large quantity of calomel and tartar emetic sent out for the use of our troops during the Abyssinian campaign, affords recent evidence that antiphlogistic treatment is still considered a *sine qua non* by high medical authorities.

If some of the standard works on the diseases of India are to be believed, an inflammatory disease in the tropics is something altogether different from the same disease in temperate regions; at least, if not different in its nature, it requires totally different treatment. One of the most modern writers on Indian diseases, in a book which every assistant-surgeon going out to the east carries in his portmanteau, remarks, that he is "more and more confirmed in the truths (?) that if, in the eastern hemisphere, in treating Europeans in youth and middle life, we would prevent the destruction of organs essential to life, we must overcome congestive and inflammatory diseases of extreme acuteness and danger with a high hand." Further on in the same work, we find the author recommending—in this sixth decade of the nineteenth century—copious general

blood-letting, leeches, calomel to affect the gums, and antimony in the treatment of acute hepatitis, for the purpose of preventing suppuration; and then afterwards, with strange inconsistency, deprecating the use of these means, especially the use of mercury, when abscess has formed, as "increasing the suppurative process and the general debility."

By way of further example of the style of practice still enjoined in works on tropical diseases, take a case recorded in the book already quoted. A patient presents himself "with a pain in the back like lumbago, and a something in the expression of his countenance, which excited a suspicion of disease. All the patient (a surgeon) noticed was a slight shivering three nights previously, followed by feverishness and pain in the back; but he considered the symptoms of so little moment that he felt a doubt as to the accuracy of the diagnosis." The author diagnosed deep-seated inflammation of the liver, and goes on to say, "The patient was young and of robust habit, so that with the loss of about eighty ounces of blood in the first twenty-four hours (!), followed by calomel and antimony gently to effect the gums, strong purgatives, and total deprivation of food, he rapidly recovered; but I think he recovered with difficulty. A few more hours lost to the treatment, and it would have been too late." This case, read in the light of advanced pathology, is rather startling, though, after the treatment mentioned, it is not surprising that the patient recovered with difficulty; indeed, granting the diagnosis to be correct, though that admits of reasonable doubt, if we had not been told that the patient was of "robust health" we might marvel how he survived the treatment.

Dr. FLEISCHMANN in his remarks on Rheumatism to the *Lancet*, says:—

Since I entered the profession I have had thirty-four cases of acute rheumatic fever under my care. In each case I have depended upon (1) alkalies, (2) opiates, (3) blisters, (4) flannel envelopes; and with those four remedies, the rest of the drug list may be burnt. Had I to treat as many thousands as I have had units, I should seek no further for means of cure. After careful comparative watching, I find the acetate and nitrate of potash is the best conjunction of alkalies. I give a maximum dose of half an ounce of the former and half a drachm of the latter in a claret glass of dill water every two hours, until vomiting or nausea is produced, or failing that, until the sweat ceases to redden litmus. In some cases it is astonishing the weight of alkaline antidote that is required to neutralise the acid poison. In one case my patient took two pounds of the acetate and a corresponding amount of the nitrate before he had had enough. If these doses are exhibited and borne, the pain is, as a rule, mitigated in twelve hours. I do not feel sure whether it is better in all cases to give or withhold opium; I think it should depend upon the amount of pain, rather than the amount of disease. The complete envelopment in flannel and wadding is a valuable aid, for which we never should forget to thank that admirable physician, Dr. Chambers, of St. Mary's Hospital. Blisters should be a later resort, with the exception of one, half the size of a playing card, an inch and a half below the left cla-