

the welfare of the whole, still there appears to me no more valid reason for the existence of a special statute for the government of doctors than there is for the regulation and restriction of lawyers or clergymen. Physicians should be as capable of self-help and self-regulation as are the members of any other profession, and the right to do so should be asserted and maintained under all circumstances.

I shall leave to others the task of marshaling the arguments against the principle herein advanced and the step recommended, if any sound arguments or reasons to that end can be found. To me there are none other than the common objections of a do-nothing, let-alone policy that seldom fails to be heard when progress is demanded.

The principle of self-help and self-regulation as here and now set forth is by no means a new one; in a more or less modified form it is to be found in practical working shape on this continent, in certain parts of which it has been in existence with the best results for a number of years.

But aside from the fact that it has been tried and found successful it should be accepted and supported because it is the right principle to pursue in this matter, as I am fully persuaded, and should advocate it on that ground alone but would have been glad to see the physicians of Missouri the pioneers on this continent in such a progressive movement.

As it is the medical profession of the State can if they wish, by moving in the direction indicated, take rank with the foremost; the time for it draws near and the signs are promising; at the most its adaptation to the existing situation if authorized by legislation is a matter of mere detail and adjustment, and with the hope and confidence that the views herein expressed may find in every candid mind a substantial support, the matter is committed to the honest judgment, the calm consideration and sound discretion of this honorable body.

Drs. Shoemaker and Auld, in the *Medical Bulletin* April 1890, speaks highly of Belladonna in spasmodic neuroses of the air-passages (as asthma whooping-cough, laryngismus stridulus hic-cough, and similar disorders) in the form of atropine hypodermatically, or the fumes of burning leaves by inhalation, or as a good plaster externally. An active belladonna plaster will afford relief in angina pectoris. In chronic bronchitis with profuse secretion it reduces both the cough and the secretion. It is also useful in some cardiac neuroses, in colliquative diarrhoea, irritability of the bladder, and in collapse of the febrile state with great depression of the vital powers. When used for the relief of neuralgia the injections should be, whenever possible, in the immediate vicinity of the affected nerve.

THE CONTAGIOUSNESS OF THE PULMONARY PHTHISIS.*

The Paris Academy of Medicine recently held an earnest debate, in which some of its most distinguished members took part, on the subject of the contagiousness of pulmonary phthisis. The resolution offered by Dr. Villemin were overruled, and resolutions less clear and defined adopted in their stead. In a remarkable study on the subject, published by Doctor Cimbali, of Rome, the following conclusions were reached:—

1. Phthisis is a contagious disease, contact being the usual means of propagation.

2. The vehicles of contagion of phthisis are the milk of tuberculous cows and the sputum of phthisical persons, and infection may be communicated by the gastro-enteric or the respiratory mucus membrane.

3. The transmission of phthisis, as a specific disease, is rare, but the predisposition to contract it is frequent.

4. All persons exposed to the action of the germs of phthisis are not liable, in consequence, to contract the disease. Those only who have a predisposition to it will be attacked by it.

5. The most favorable conditions for contracting phthisis are: Youth a cachectic condition, constitutional or acquired debility, catarrhal affections of the respiratory organs, and the presence of phthisis in father and mother.

Prophylactic measures should have a double object:—

1. To prevent the germs of phthisis from spreading freely and infecting healthy persons.

2. To increase the resistance of organisms predisposed to phthisis, and recommend the avoidance, as far as possible, of association with persons affected with tuberculosis.

Phthisis being usually a chronic affection and very general in some countries, the majority of persons affected by it being able to go about their usual avocations, often for a long period, without suspecting their condition, the progress of the disease, which is often mistaken for a simple bronchial catarrh, being very insidious, it is difficult, while fully recognizing the contagious character of the disease, to insist upon the isolation of phthisical persons. Society would not permit the isolation of from one-quarter to one-seventh of its members, nor would science venture to advise so stringent a measure, which, beside being an attempt against individual liberty, would be of difficult execution. Isolation is practicable only in hospitals.

Disinfection or destruction of the medium containing the germs of phthisis and constituting the vehicle of contagion is strongly recommended. Every phthisical person should

* Translated for the U. S. Marine Hospital Bureau (Abstract of "Sanitary Reports," June 6th, 1890), from *Le Journal d'Hygiène*, Paris, May 15th, 1890.