plus 5% of his income tax. From the income obtained in this manner the medical councils not only defray the costs of administration, but also support departments for the assistance of physicians in need. The Berlin medical council appropriates every year to this department the sum of 50,000 marks ($12,000).

"The right of discipline over the individual physicians of the election district was formerly in the hands of the president of the medical council, but a law passed in 1889 established *a medical court of honor* in every medical council district, with a superior court of appeals for Prussia at large. This ethical jurisdiction and participation in the medical councils does not extend to army and navy surgeons and other government medical officials. The court of honor is chosen from the members of the medical council, but in addition it includes a judge from some ordinary court, which is of great importance with reference to its transactions. The court of honor has as an ethical council the function of settlement of disputes which arise in medical practice in the relations between physicians themselves or between a physician and another person. On the demand of any physician a decision may be rendered as to his conduct. It has also the authority to impose punishments on those physicians who act counter to medical ethics. The punishments of the court of honor consist of warnings, notices, money fines to the extent of 3,000 marks ($720) or temporary or permanent withdrawal of the right to vote or be elected as members of the medical council.

"The medical councils in the other German states differ in some respects from those of Prussia. In some of the federated states there was too much opposition to the organization of courts of honor, and none has been established in Würtemberg, Hesse, Bavaria, Hamburg and Elsass-Lothringen, while Saxony, Baden, Oldenburg, Anhalt, Braunschweig, Schaumburg and Lübeck possess them. None of the other German states has as yet this official organization of the profession in medical councils and courts of honor."

It must be remembered that while in Germany the requirements for entrance to the medical professions and the regulations governing the actions of those who are entitled to call themselves doctors are determined by law, anyone

with very slight restrictions is permitted to undertake the treatment of disease.

Unification of Professional Regulation. "It is of special interest in connection with the foregoing, that the executive committee of the Prussian medical councils has just published an ordinance for regulating the professional relations of Prussian physicians, which is to be submitted to all the Prussian medical councils for discussion and determination. In a number of the German states there have been for some time ordinances of this sort. The Prussian medical councils have also for the most part adopted such regulations for the physicians of their own district. While there are no essential differences between these codes, there are some inequalities, and from a practical standpoint it is very desirable that a uniform code should be adopted for the entire profession of Prussia, so that what is regarded as permissible in one district should not be condemned in another, and *vice versa*. Public advertisement and even private offer of medical services are forbidden. In this are included signs of private dispensaries, as well as those indicating hours for free treatment, the recommendation of private methods in the public papers, reports of cases in lay periodicals and the publication of testimonials. However, the beginning, interruption and resumption of practice, change of residence, etc., may be publicly announced for a few times. The owners of sanatoria and similar institutions may be permitted frequent notices in the newspapers by the executive committee of the medical councils. In addition, the buying and selling of medical practices, as well as the agency for such transactions, are forbidden; likewise, the treatment of patients exclusively by mail; also giving testimonials for secret remedies or for medicines in general for the purpose of commercial advertisement. Also the physician is not permitted to treat patients in conjunction with laymen. Offering or assuring advantage of any sort to a third person, as a midwife, porter, etc., in order to secure practice is not permissible. It is allowable to remit the fee in whole or in part to patients without means, but not to those who are able to pay. The title of specialist is allowed only to a physician who has secured a thorough education in his specialty and who devotes him-

self particularly to it. Unfavorable criticism of a physician before the public is forbidden. Patients who are receiving medical treatment at their home may have the advice of other physicians only in case of imminent danger, and in that case the physician who was treating the patient at first must be notified in due time. Patients who are received by a *locum tenens* must be transferred to the principal on his resumption of practice. Written contracts or oral arrangements of any sort with private or public corporations must be submitted to an appropriate committee of the medical council for their sanction before they are finally signed, renewed or extended. This code will be discussed by the medical councils at their next sessions; without doubt criticism will be offered in most cases as to one or other of the conditions, as each council is sovereign in this respect. Time will tell whether the executive committee will succeed in harmonizing the various wishes of the councils so as to secure a single code agreeable to all of the councils."

Number of Physicians, Contract Practice, Etc. The number of physicians in European countries is less in proportion to population than in America. In Austria there is about 1 physician to 2,250 inhabitants. In the cities the proportion is greater, varying from 1 to 560 in Prague, or 1 to 700 in Vienna, to 1 to 1,600 in Graz. In Berlin the proportion is about 1 to 800, and about 1 to 1,000 in all the large cities of Germany. In England it is estimated that the average income of a physician is $1,000. Medical fees are generally small and some of the societies of France have resolved that in consequence of the increased cost of living the fees should be raised. The chief economic abuses which the profession in Europe find inimical to their financial success are: (1) The increase of specialists; (2) the dispensary evil, and (3) the sick benefit societies.

"In some university cities in Germany the percentage of specialists, including the university teachers, amounted to over 40%. Statistics obtained by a private investigation show how greatly the number of specialists has increased in some large cities. According to these figures the percentage of specialists increased from 1885 to 1905 as follows: In Stuttgart from 12.2 to 45.4; in Dresden from 8.0 to 41.6; in Frankfurt-on-the-Main from 7.5 to 41.6;

in Munich from 9.2 to 40, and in Leipsic from 10.4 to 37.0. This increase in specialists extends not only to single cities, but is observed throughout the entire country, so that specialists at the present time are located not merely in the large cities as formerly, but even in cities of 10,000 and even fewer inhabitants. The field of labor of the general practitioner, the sources of his income and the sources for the perfecting of his scientific skill are continually being narrowed. In the better situated families, now-a-days, the general practitioner is scarcely consulted any more, but the people go directly to the different specialists and the family physician, formerly generally employed, either very often does not exist at the present day or his task is simply in case of sickness to select the individual specialist. He is, as the saying goes, 'merely an address book for specialists.'

"In England, France, Germany and Austria physicians are trying to correct the dispensary abuses. In 1906 in Austria the government issued the following order with regard to the out-treatment of patients in the Vienna public hospitals: 'The dispensaries are institutions for free medical treatment of needy patients. While the dispensaries are intended only for the needy patients, no one will be refused the distinctly necessary first medical aid, and the authorities of the dispensary have the right, in case of necessity, to have the patient who has come under treatment, report a second time for the purpose of further examination. The patient requiring aid from the dispensary who is not in the position to show legal evidence of poverty should bring a certificate from the poor-law board regarding his neediness. Exceptions to the necessity of showing evidence of need are permissible: (a) If new methods of treatment are distinctly demanded with such apparatus as is not at the time at the disposal of private physicians; (b) in the ambulatory treatment of patients, of the third poor-law class; (c) if an especially tedious ambulatory treatment must be applied, which requires the knowledge of a specialist. Persons who have sick insurance are in general excluded from treatment in the dispensaries, and may be admitted only when they come with an order from the physician of the sick benefit society.' The necessity for restriction of this imposition, especially in Berlin, is shown by the fact that 145,000 patients were

treated in 1905 in 20 of the state policlinics of this city. Among these patients there are occasionally found well-to-do people from Berlin and the surrounding country."

The medical profession of Berlin and the directors of most of the policlinics have reached the following agreement:

"1. In public dispensaries no payment for medical treatment is to be taken, but compensation for the expenses is permissible. First medical aid in emergencies does not involve dispensary treatment. 2. The dispensary physicians are not to deliver certificates entitling the insured to sick benefits. 3 (a) In public dispensaries only needy patients shall be treated. (b) Notice of these regulations shall be given to the dispensary public by placards in the public policlinics. (c) The directors of public policlinics shall inform themselves, in doubtful cases, with regard to the means of those applying for treatment in the policlinics. 4. It should be explained to physicians that so far as possible they should not send the sick to the city dispensaries."

The statistics of Paris indicate that of 43,220 deaths in 1905, 25,221 or 48% died in hospitals and consequently at the public expense. In 1880 the proportion was only 29%. The abuse of the dispensary is as great as in Germany. The proposal to impose a small fee (75 centime, 15 cents) does not meet approval of the medical profession, as it would be a burden to the worthy poor and a ridiculous sum for the wealthy impostors. A commission is proposed to investigate the matter.

There has for a long time been a strife between the physicians of Germany and the sick benefit societies (Krankenkassen) in reference to the right of the patient to choose the physician by whom he shall be treated, under the insurance law, and also with reference to the appointment of insurance physicians and the fees to be paid for services to the societies. The physicians of Cologne, being unable to come to an agreement with the sick benefit societies, organized a strike by which they refused to treat the members of the societies. The insurance societies accordingly imported a number of physicians as "strike breakers."

Similar difficulties have arisen in Paris under the workings of the workmen's compensation act. Unfortunately,

this law does not provide that the workman shall have the right to choose his own physician. The insurance companies have compelled the physicians to agree to accept payment contracted for according to a schedule fixed in advance. The physicians are thus paid, not according to the gravity of the injury, but so much per accident—according to certain contracts, 10 francs, or about $2 for each case. Fortunately, some judges, taking into account the varying requirements of injuries, have refused to recognize the validity of such contracts, declaring that to do so would be "to insult the medical profession, to put the unfortunate injured at the mercy of unscrupulous insurance companies, and to impose a real pact of famine on the physicians who care for those crippled by industrial accident."

The abuses of the insurance companies have led to a modification of the law of 1898, which, unfortunately, does not go far enough. Instead of providing that the victim of accident or his representatives alone have the right to choose his physician, the law of 1905 merely provides that the victim shall always have the privilege of choosing his physician. The insurance companies seek, in disregard of law and of the welfare of the injured, to impose on the victim the company's physician. By the law of 1905 a fine of 16 to 300 francs (about $3.20 to $60) may be imposed on anyone who, by threat of dismissal or by withholding or threats of withholding indemnities due under the law, shall interfere or attempt to interfere with the right of the victim to choose his own physician.

The insurance companies have also been able to make advantageous arrangements with certain experts, whose morality is less elevated than their medical reputation. The result is that, out of 70 physicians on the list of experts, the companies' lawyers see that only a certain dozen are always called on for expert evidence in accident cases. Therefore, as the minimum price of expert evidence is 100 francs (about $20), and as in 1907, for instance, the 12 experts have delivered nearly 8,000 pieces of expert evidence, the insurance companies have thrown into their hands in the course of a year 800,000 francs (nearly $160,000). These experts show their gratitude by assisting the

companies to economize at the expense of the injured and of other physicians. They arbitrarily reduce the bills for medical expenses, and as arbitrarily minimize the incapacity for work resulting from accidents.

In both Germany and Austria important legislation extending and regulating the matter of *industrial insurance* has been proposed. In Austria a very important bill, entitled the Social Insurance Act (*Socialversicherung*), is now under consideration. Its bearing on medicine is great, as it will influence markedly the general health and physical development of the masses. The act unites the hitherto separated branches of insurance, namely, insurance against illness, accidents, old age and invalidism. It raises the maximum income which entitles the earner to free insurance to about $600 a year; the number of persons coming under its operation is 6,500,000. Hitherto the maximum income of persons entitled to free insurance was about $240, and 3,000,000 came under the operations of the law.

The third clause, however, is a new feature on the program of social legislation. Over 10,000,000 wage-earners come under its provisions, and there are no precedents as to its operation in this or other countries. The insurance against illness provides for free medical and therapeutic aid of all kinds.

The act endeavors to provide for women at childbirth. The pregnant woman will receive daily relief amounting to 150% of sick pay for one week before and 4 weeks after giving birth to a child; if she continues ill for a longer period, sick pay will be granted, but the woman must not go to work so long as she receives relief. A minimum period of 6 weeks has been demanded for convalescence, since this would tend to increase breast-feeding. A "breast-feeding premium" has also been suggested; but it is doubtful whether the government will concede that.

Those entitled to insurance against invalidism will comprise about 30% of the population. The yearly payment to those invalided will vary from 125 to 560 crowns ($25 to $112); it will depend not only on the number of premiums paid, but on the earning capacity during activity. The term "invalid" is thus defined: Whoever is incapacitated from earning one-third of the sum which

healthy persons of his age and abilities can earn at his place of residence, is termed an invalid. Incapacity may result from age, disease or other causes. Special care will be taken to place patients in sanitariums, homes for convalescents and open-air institutions.

Accidents are to be treated for one year as illnesses, with the right to sick pay; if the effects of the accident last longer, a special accident payment is to be made, according to special schedules. A new valuation of the various organs and members of the body is also given in the act. Special medical experts will be appointed to examine the victims of accident and to direct the treatment. The maximum yearly payment to a person totally disabled by injury will be 1,200 crowns ($240). If the disabled person must be nursed by others, he will receive 50% more ($360).

The new German bill extends insurance for sickness to agricultural and forestry laborers and to messengers and domestic employees. The right of free choice of physician has not been confirmed by law.

The workingmen's Compensation Act in Great Britain has produced some peculiar problems and new situations. One man claimed damages for a flea-bite on the grounds that it was an accident within the meaning of the act, but this claim was scouted by the judge. Some wisdom still lingers on the judicial bench, whatever may be said of our legislators. A case has just been tried at Belfast in which a woman claimed compensation for the death of her husband, the chief engineer of a steamer, from dysentery, which occurred on a voyage to Calcutta. The judge dismissed the case, holding that dysentery was not an accident within the meaning of the act.

The following case occurred in Dublin: A laborer sued a firm of fertilizer manufacturers for injuries to his spine received while loading fertilizer in barrows. The accident was the result of a heap of fertilizer, 7 or 8 feet high, falling on him. He became unconscious and was treated in a hospital. His physician stated that he was suffering from an injury to the spine which prevented him from working. He moved about the court with the aid of crutches. On the other hand, medical evidence was produced for the defendants to show that the plaintiff had

no organic disease of the spine, and that the only reason why he could not walk was that he had the fixed idea in his mind that he was unable to do so. Sir Charles Ball was asked to examine the plaintiff as medical assessor. He agreed with the evidence that there was no organic disease, but he did not think that the man was malingering, but that he was in a nervous and hypochrondriacal condition and was not fit for work at present. The judge commented on the enormous advantage of the aid of a medical assessor in these cases. The important question was how far the accident could be held responsible for the man's mental condition as distinguished from physical injuries. He suggested that some agreement should be arrived at between the parties. By consent of both parties he made an interim order for payment of an allowance to the plaintiff and adjourned the case until next session.

The insurance idea has been applied in Charlottenburg, near Berlin, to *the insurance of school children against accidents.* The insurance applies to all accidents which befall students either at the institution or on excursions which they undertake under the direction of the instructors. The annual premium amounts to 33 cents, for which the student is entitled to receive 72 cents a day as long as he is confined to his room by an injury which he has received at school, either in gymnastics or in any other way. In case of complete invalidism, the injured student receives a sum which is fixed according to the especial circumstances, with a maximum of $720 (3,000 marks).

A more important application of this principle is the endeavor to secure *provision for women about to become mothers.* The legal provisions are deemed insufficient to insure the proper care of new-born children by working women. For this reason efforts of late have been increasing to insure lying-in women the means of sparing themselves a long enough time after delivery and of providing themselves sufficient nourishment, so that they may themselves nurse their infants as far as possible or at least devote themselves sufficiently to their care. The first motherhood society, which is to be regarded as a forerunner of a general motherhood insurance, was founded a short time ago at Carlsruhe. The functions of the society consist in the

provision of money for lying-in women and nursing premiums. At the same time the office serves the purpose of instruction and explanation. The member has a claim on the society only when she has belonged to it at least one year. Only residents of Carlsruhe or persons employed there whose private or family income for the last year did not exceed the sum of $750 (3,000 marks) are entitled to membership. Members who leave Carlsruhe but still reside in Germany are entitled to a claim on the society only until the next demand. As money for childbed after a membership for one year $5 (20 marks), after two years $7.50, after three years $10 are paid, half of which is given on notice of delivery and one-fourth after the lapse of one and two weeks each. Under special circumstances the management may pay the whole sum at one time. In case of twins the sum is raised $2.50 (10 marks). Mothers belonging to the society who suckle their children for 6 weeks after delivery receive a nursing premium of 75 cents (3 marks), and those who continue to nurse their children 3 months after delivery receive a further premium of 75 cents. Every member pays as monthly dues 12 cents (50 pfennig). Some officials and sick benefit associations have already placed considerable sums at the disposal of the new society.

In France, Italy and Switzerland, bills are under consideration for assuring to convalescent mothers aid during the suspension of their work. But, curiously enough, what especially retards the realization of this reform is the attempt to give too wide a scope to such assistance. In the French Chamber of Deputies some time ago, and recently in the Senate, such bills have failed of adoption, because they provided for giving of such relief to all wage-earning mothers, not merely to those employed in workshops or factories. It is, nevertheless, evident that the workingwoman in the factory or workshop has greater need of protection than the farm servant or the housekeeper.

A novel form of legislation has been introduced into the House of Commons. It proposes to empower local sanitary authorities to *assist necessitous women before and after childbirth.* The object is to reduce infant mortality by feeding, supervising and instructing poor, ignorant moth-

ers. The local authority is given power to provide food, advice and other assistance for the mother before and for 6 months after the birth of the child. As a condition it may insist on the mother nursing the child, attending a class for instruction or refraining from working.

ALCOHOL.

The Antialcohol Movement. A recent report of the League of Austrian Antialcoholists contains much interesting information. For instance, many clinical teachers in the German and Slavic universities of Austria (in Vienna, Prague, Cracow, Lemberg and Graz) have recommended a non-alcoholic plan of treatment of diseases, such as pneumonia, erysipelas and septicemia, in which alcohol has hitherto been frequently used. Among the students, who still regard beer as indispensable at their meetings, the antialcohol movement is constantly gaining ground, in part because of the admission of women to the universities. The league has devoted considerable sums, thus far in vain, to the search for a substitute for beer.

The Consumption of Alcohol and Absinthe in France. The statistics and chart showing the consumption of alcohol and absinthe in France during the year 1907 have been recently published. In glancing over the chart one is struck by the inequality of the consumption in the different districts of France. A compact group of 21 departments which, starting from Paris, embraces part of the northeast, the north and the west of France—the departments producing beer and cider—forms a large black blot. Seine Inférieure takes the lead, with nearly 12 liters *per capita;* the consumption in the other departments of this group ranges from 4.06 (Seine) to 9.11 liters. The departments on the east and southeast consume from 2 to 4 liters *per capita.* Finally one sees on the chart a great white space, extending over the center, the southwest and a larger part of the east; this represents the departments in which the consumption of alcohol falls below 2 liters *per capita.* The consumption of alcohol is higher

in the towns than in the country, the proportion remaining the same according to the groups of departments above indicated. One reassuring deduction may be drawn from these statistics, namely, that the consumption of alcohol (but not of absinthe) tends generally to diminish, and that this diminution is more rapid in the town than in the country. This is proved by comparison of the figures for 1897 and 1907. Havre and Rouen, which head the list, have dropped from 19 to 15 and from 17.51 to 13.79 liters *per capita;* Paris from 7.95 to 3.87; Marseilles from 7.58 to 3.45; Lyons from 5.73 to 2.59; Bordeaux from 4.52 to 2.75; Nice from 5.09 to 2.32; Toulon from 8.08 to 4.70; Montpellier from 5.27 to 2.27, etc.

However, if the consumption of alcohol, generally speaking, has diminished in France, the statistics reveal another danger, namely, an increased consumption of absinthe. In this the south takes a startling lead over the north. It is the provinces of the south, southeast and east which drink most absinthe. Marseilles stands at the head, with 3 liters of pure absinthe *per capita;* on the other hand, in the departments of the north, center and west, the consumption of absinthe does not reach 1 liter *per capita.*

Criminality and Alcoholism. For several years, criminality has increased in truly disquieting proportions. The principal cause appears to be alcoholism. Below is an instructive table showing that, since the law on free traffic in liquors, the increase has been almost parallel to the increase in the consumption of alcohol.

	1881.	1905.
Number of licenses	367,829	473,593
Hectoliters of alcohol manufactured	1,822,000	2,609,000
Murders brought to justice	182	274
Murders not brought to justice	344	495
Suicides	6,741	8,932
Cases of insanity	47,858	71,547

The Temperance Movement in Germany. In 1908, the German League Against the Misuse of Spirituous Beverages celebrated its silver jubilee. The conditions now are undoubtedly more favorable than when the society was founded. The combined efforts of physicians, national economists, public officials, etc., have resulted in a marked reduction in the consumption of alcohol in recent years. One can only rejoice at this fact. It is true that a large part of

the national wealth is still wasted in the consumption of intoxicating beverages every year, wealth that might have been put to better uses. Until the beginning of the campaign against the abuse of alcohol the consumption of beer and wine was almost a measure of the national feeling (*Masstab für die nationale Gesinnung*), especially in academic circles. Today this is happily changed. One need no longer feel ashamed of a moderate use of alcohol or even of total abstinence either in private circles or in the inns. Still there remains much to be done in this direction. As the renowned hygienist of Munich, Professor Gruber, showed in a recent address on the alcohol question, beer is still drunk very extensively. In 1905, 129 liters (33 gallons) per capita were used by the German people, and even if the use of brandy has diminished the consumption of absolute alcohol amounts to 9.6 liters (4½ gallons) per capita per year. Even now 3,000,000,000 marks ($720,000,000) are spent for alcoholic beverages in Germany yearly, and many workmen's families spend from one fifth to one fourth of their earnings for such drinks. In Munich, which is, indeed, the greatest beer city in the world, immense amounts of beer are still consumed. However, even here gratifying progress is not to be denied, for in 1907 the consumption of beer was less by 200 liters per head than it was 20 years ago.

It is evident that the authorities are supporting the campaign against intemperance as far as possible. The organs of the social workmen's insurance societies, the railroad managers and the municipal officials are taking part in this campaign by issuing appropriate regulations, establishing places for the sale of alcohol-free drinks, and by disciplinary punishment of drunkenness and the discharge of intoxicated employés. Some railroad managers have lately installed in the workshops automatic vending machines for bouillon capsules, which are gladly used by the workmen to prepare for themselves, with the aid of hot water, a palatable broth.

For a long time apparatus for furnishing Seltzer water and for making coffee have been placed in the workshops. The use of milk, tea, coffee and nutritious broth is constantly increasing among the railroad employés. The traffic

in these articles is either in the hands of the company or in those of the workmen's societies, which apply the profits to benevolent purposes.

Total Abstinence and Longevity. The United Kingdom Temperance and General Provident Institution, an insurance company, has two departments—one for total abstainers and one for users of liquors. As the statistics of these departments are kept separately they afford a useful means of comparing the mortality of total abstainers with that of the general population. The report for the year 1908 shows that in the temperance section 457 claims were expected according to the ordinary life tables, but only 274 were made; whereas, in the general section 461 claims were expected and 407 were made. Thus the proportion of actual to expected claims in the former was only 46% as compared with 64% in the latter. The large sum of $250,000 was thus saved in the temperance section and goes to swell the bonuses of the corresponding policy holders. Though both classes of lives showed good results there was a marked advantage in the case of total abstainers. These results are open to one criticism: Decisive as they are in showing the superior longevity of total abstainers, they are not decisive in proving the superiority of total abstinence; for those who adopt total abstinence are always prudent persons who regulate their lives in other ways much more carefully than the general population.

Regulation of Liquor Problem. C. A. Rosenwasser[1] suggests the following measures for regulation and solution of the liquor problem:

1. Teach the people, especially children, the wisdom and importance of leaving alcohol in every form severely alone.
2. Recognizing that, in spite of all teaching, the vast majority of people will drink alcoholic beverages, regulate the traffic by just and sensible laws, and enforce the laws.
3. Insure the purity of alcoholic beverages by strengthening and enforcing the pure food laws.
4. Discourage the bar system by encouraging the establishment of restaurants having no bars.
5. Discourage the use of the stronger alcoholic bever-

(1) Medical Record, Sept. 11, 1909.

ages by encouraging the use of the milder ones, such as beer and light wine, in their place.

6. Try to put a stop to the treating custom.

7. Treat, in properly equipped hospitals, or farm colonies, the victims of the drink habit.

THE BIRTH RATE.

Statistics given by a German authority show a decline in the birth rate in all civilized nations. The following statistics show the situation in England:

The quarterly returns issued by the Registrar-General show that during the 3 months ending September 30, 295,052 births and 146,239 deaths were registered in the United Kingdom, the natural increase of population, therefore, being 148,813. The births registered in England and Wales were in the proportion of 26.6 per 1,000 of the population, which was 1.6 below the mean rate of the preceding ten third quarters of the year. The deaths during the same period were in the proportion of 12.8 per 1,000, or 2.7 below the mean rate of the preceding ten third quarters. The deaths of infants under 1 year were in the proportion of 126 per 1,000 births as compared with an average of 175 in the ten preceding third quarters. The marriage rate for the quarter ending June 30 was only 16.7 per 1,000 as compared with an average of 17.1 recorded in the second quarters of the preceding 10 years.

The word "depopulation" may be understood in an absolute or relative sense; but a nation which is decreasing even only by comparison with its more rapidly increasing neighbors will eventually decrease absolutely. This is the case in France. According to the official census report for 1907, the number of births was 773,969, while the number of deaths was 793,889, making an excess of 19,920 deaths over births. The birth rate has long been steadily declining. Since 1901 the number of births has been less each year than for the preceding year.

For 1902, the decrease was	11,896
For 1903, the decrease was	18,666
For 1904, the decrease was	8,483
For 1905, the decrease was	10,938
For 1906, the decrease was	444
For 1907, the decrease was	32,878

As the mortality has by no means been diminishing at the same rate, the arrival of a time when the birth rate shall fall below the death rate was inevitable. The declining birth rate is, indeed, far from peculiar to France; it has been noted in almost all countries of Europe. The phenomenon is the result of general causes, among which the progressive development of manufacturing industries and of means of communication and the immigration of the rural population to the large cities are conspicuous. It must be admitted, however, that in France the evil is more serious than elsewhere. What are the causes? Some believe that the warfare on religious ideas in France is responsible. The Christian religion has always condemned severely the evil practices which destroy life at its source, and that is why provinces like Brittany, where the religious sentiment has made the best stand, also have the highest birth rate.

Without denying the importance of this factor, however, it must be recognized that there are many other causes inherent in the mode of life and thinking peculiar to France, or at least more accentuated in France than elsewhere. Individualism is the basis of the modern French mental make-up. De Foville says bitterly that ambition, vanity, the craving to show off, to enjoy and to possess, are the motives to which our countrymen are constantly yielding more and more. The thirst for prosperity increases with prosperity itself. Every one seeks to enrich himself at all hazards, and children, with all the expenses that they bring, are dreaded. Then, too, many of the French are more ambitious for their descendants than for themselves, and, for the sake of the first-born, they are unwilling that he should have brothers or sisters. Moreover, at school, and everywhere else, thrift and economy are inculcated. People are beginning to perceive now that this has been carried too far, for it is for the sake of thrift and economy that the French restrict the size of their families.

These causes have contributed to the success of an abominable propaganda organized under the deceptive name of "leagues of regeneration." These leagues preach the right of abortion and teach young women that they may employ

those vile means which, without requiring the privations entailed by the "moral restraint" of Malthus, promise the same results. A news item of recent date indicates the extent of the evil. It states that there has just been arrested at Cambrai, in the north of France, an old man of 76, known as the "Friend of the People," who earned this title by producing several thousand abortions.

Legislative interference might remedy the condition to some extent, especially modifications of the tax laws. Families with several children are now grievously overtaxed, and unfortunately, the income tax bill now under debate makes no discrimination between the bachelor and the father of 10 children.

Skeptics refuse to admit that legislation can furnish any remedy for depopulation, but the *statistics in regard to marriages* testify to the contrary. There were in 1907 more marriages than ever before, a total of 314,908 marriages, 8,221 more than the previous year. This abrupt and considerable increase is due solely to the law of June 21, 1907, simplifying appreciably the formalities of marriage, which are more complicated in France than in any other country. The fact that the increase dates from July, and has continued into 1908, proves that it is the result of the law.

The German Birth Rate in Austria. In an interesting compilation of statistical data, Dr. Hainisch recently pointed out that the vitality of the German race among the numerous nations composing the Austrian empire is increasing remarkably. In 1880-1885 the excess of births over deaths was in this country 5.17 per 1,000 Germans, against 10.09 amongst the northern Slavonic nation, 7.73 amongst the southern Slavs, and 8.34 amongst the Italo-Slavs, while in Tyrol the Germans had a rate of only 0.31 as against one of 5.92 of the purely Italian population. Regular and constant records kept by the statistical bureau of the ministry of the interior reveal a distinct and constantly increasing tendency in the German race to improve its vitality and lower its mortality. Thus the years 1901-1905 show that the excess of births over deaths in the purely German districts is now 9.58 per 1,000, among the northern Slavs 11.88, among the southern Slavs 10.63, while Tyrol showed 7.95 for the German part of the population, but 8.50 for the Italian component. The German increase of population was even smaller than that of the other nations, but it had increased by 85% during the last 20 years.

A MEDICAL SOCIETY ONE HUNDRED YEARS AGO

L. W. Flanders[1] describes the Strafford District Society of New Hampshire, inaugurated in 1808. It held 3 meetings a year, one of which was always held at Dover and the 2 others at places agreed on previous to adjournment. In one instance the society voted to adjourn to meet again "as near Gilmanton Corner as may be convenient." Fortunately, this was the last meeting before the reconstruction; otherwise the services of a land surveyor might have been necessary to determine the exact spot for assembling. These early years seem to have been characterized by inordinate zeal. It was voted that every member should present something of interest at each meeting of the society, a vote that was soon reconsidered, for it caused an alarming percentage of absentees. A system of fines was instituted. An officer was assessed $1 for each absence from the meetings, and members were charged 50 cents for a similar negligence. Dr. Japez Dow was appointed in 1813 to interview every member concerning his experience with lobelia inflata and hemlock gum, and give a dissertation on these two agents at the next annual meeting. In 1814 Dr. Japez Dow begged for more time. In 1815 he confessed that he was still unprepared and was granted a further extension. In February, 1816, lobelia inflata, true to its physiologic action, came up again, and this time Dr. Dow was excused from further service. It is interesting to note, however, that Dr. Asa Perkins immediately grappled with it and delivered a learned dissertation on its virtues in 1818.

They were not mealy-mouthed, these old fathers in medicine. In one instance two members were cited before the society for "imposing on the public a nostrum

(1) Jour. Am. Med. Assoc., Feb. 20, 1909.

known as 'Savage's Deobstruent Billious Pills,'" and when they refused to reveal the composition of said nostrum they were promptly expelled and a notice of the action was published in the local newspapers.

Those in charge of the records today can study with profit the work of their predecessors of a hundred years ago. Theirs was an iron age, and very fittingly they used an iron ink. Those pages written a century ago are as legible today as ever, while some of the writing of twenty years' standing is fading so rapidly that it will soon be indecipherable. County secretaries should remember that the keeping of records is a sacred trust and should select for the duty an imperishable ink. The chirography of that early day deserves mention. All wrote hands that are remarkably legible, while some are positively ornate.

Early in the history of the institution arrangements were made for receiving patients. In the records of the meeting of 1809 we find the following resolution:

Resolved, That when any patient be offered to the association for examination it shall be the duty of every member to examine him or her satisfactorily, when the patient shall retire, and each and every member, beginning with the youngest, shall give his opinion of the disease and of the practice to be pursued.

A glance at one or two of these cases will be instructive.

A Mrs. Berry was brought in for examination. I quote verbatim:

Dr. Lindsay's opinion was a general bodily debility and inaction of the whole system. Dr. Kittredge, calculi of the bladder and inflammation of the mucous membrane of the bladder, consequently a general debility. Dr. Morrison, dropsy of the ovaries. Dr. Hammons, general debility which is the cause of the general symptoms and occasional spasm of the neck of the bladder. From this we learn that general debility which so often appears in the death certificates of today is sanctioned by ancient usage. The enthusiasm and earnestness of the members is shown by the fact that many of them drove 30 and 40 miles in January to attend these gatherings. Surely theirs were lives of continual hardship and self-sacrifice, a fact that comes out most touchingly in their obituaries. Several died between the ages of 35 and 45, sometimes from contagion taken at the bedside, and very often because of prolonged physical and mental strain which rendered them incapable or resisting the invasion of disease. The surgeons of today cannot appreciate the strain of operating without an anesthetic. We read of that sturdy pioneer in surgery, Dr. Nathan Smith, that on one occasion with tears in his eyes he begged his assistant to throw himself across the bed that he might be hidden from the eyes of the trembling boy whose leg he was about to amputate.

CENTENARY OF OVARIOTOMY.

The year 1909 marks the centenary of ovariotomy, which was the beginning from which the pelvic and abdominal surgery of the present day has developed. In an address by L. S. McMurtry[1] the following details of the life of Epraim McDowell, the first ovariotomist, are given:

It would be a mistake to suppose that McDowell was a rude but courageous backwoodsman who by accident or mishap undertook an untried feat in surgery and succeeded in spite of a disregard of all surgical rules and established principles. He was born in Rockbridge County, Virginia, March 11, 1771. After receiving his early education at the classical seminary at Georgetown, Ky., he entered on the study of medicine in the office of Dr. Humphereys. In 1793-4 he attended the University of Edinburgh, receiving private instructions from John Bell, the most able and eloquent of the Scottish surgeons of his day. That portion of Mr. Bell's course in which he lectured on the diseases of the ovaries and depicted the hopeless doom to which their victims were condemned made a powerful impression on his auditor, which impelled him, 16 years afterward, to attempt what was considered an impossibility. McDowell achieved a great reputation throughout the Western and Southern states as a surgeon and performed as far as known every surgical operation then practiced. In the days when anesthesia was unknown he performed lithotomy 22 times without a death, and frequently operated

(1) N. Y. Med. Jour., May 8, 1909.

for strangulated hernia, performed amputations and did tracheotomy, etc.

"In 1809, fourteen years after he began the practice of his profession, McDowell's opportunity was presented. He was called to see a Mrs. Crawford, living 60 miles distant from Danville, who was supposed by herself and her physicians to be pregnant and beyond her term, with most serious complications. After careful examination he pronounced the case to be one of ovarian tumor; explained the hopeless character of the disease; expressed his conviction that it was feasible to undertake its removal; frankly announced that it would be in the nature of an experiment but an experiment that was promising. In a word, he had faith in himself and his resources, which inspired confidence and hope in the patient. Mrs. Crawford accepted the proffered aid at once, and in a few days went to Danville, 60 miles distant, on horseback, where the operation was successfully performed and followed by prompt and perfect recovery.

"It is known that McDowell had an excellent medical library for that time, and that he devoted much of his leisure time to his books, but he possessed an aversion to writing. Like many able men in our profession of the present day, he was absorbed in practice, and literary work of every kind was burdensome to him. Moreover, we must remember that he did not have the stimulus of the daily mail and numerous medical journals; also that no medical society was in existence in his section of the country. Seven years elapsed after the operation before he made a report for publication, during which time he had operated in two additional cases, both followed by recovery. The title of his paper is 'Three Cases of Extirpation of Diseased Ovaries,' and his description of the symptoms and operation is concise and clear, describing most essential points but without any minute account of the pathology and daily progress after operation. That he was inspired by the teachings of Mr. John Bell, of Edinburgh, to undertake the operation is apparent from the fact that his report of his cases was forwarded to his revered master. The report failed to reach Mr. Bell, who was absent on account of ill health, and McDowell prepared another copy and forwarded it to the *Eclectic Repertory*

and Analytical Review, published in Philadelphia, where it appeared in the issue of October, 1816. The brevity and disregard of many essential details, which characterized the report, exposed McDowell to criticism, and articles sarcastic and incredulous appeared in the *Repertory,* while Dr. James Johnson, the learned editor of the *London Medico-Chirurgical Review,* expressed outright his disbelief of McDowell's statements. A few years afterward, when the accuracy of the reports had been verified and confirmed by the report of additional cases, Dr. Johnson editorially acknowledged his error, saying "there were circumstances in the narrative of the first 3 cases that raised misgivings in our mind, for which uncharitableness we ask pardon of God and Dr. McDowell, of Danville."

In Oct., 1819, he published 2 additional cases. According to Dr. Wm. A. McDowell, his nephew and pupil, the total number of ovariotomies done by Ephraim McDowell was 13, with 8 recoveries and 5 deaths. Unfortunately the report of his first case failed to record such details of environment, preparation and after treatment as so important an operation should have received. McMurtry states that the story of a mob gathered about his house, threatening his life on account of the fancied reckless hazard of life in attempting an untried experiment, is pure fiction. It is stated that he operated on a Mrs. Overton at the residence of President Andrew Jackson, near Nashville, Tenn., with the assistance of the general. Another of his patients in Tennessee was James K. Polk, afterward president of the United States, upon whom he did lithotomy when the patient was 14 years of age.