We were musing, as we left the ancient hall of the Royal College of Surgeons of Edinburgh, on the afternoon of the 8th March, on the versatility of the man in whose honour so representative a gathering of the leading members of the faculties of law and medicine had assembled, when there came into our mind an apologue in the second of the Pythian Odes of Pindar, himself one of the most fitful of poets. The *dramatis personae* are a certain Pithon, Reynard, and Lukos. In the midst of much badinage the question is asked, "But what good comes of this to Reynard?" "Why," he replies, "I swim like a cork, and ever come bobbing up, however much the rest of the fisherman's net be submerged." And the characteristic of the hero of the hour, Sir Henry Littlejohn, is, in brief, that of Reynard. He may be defined as the embodiment of mental and physical alertness, of a readiness which, however suddenly called upon, never fails; thought and language mutually responding with lightning-like rapidity. Yet at some period of the past he must have manifested an apparent flaw, else one can hardly explain why three such cautious, matter-of-fact, and experienced practitioners as the elder Begbie, Professor Henderson, and Andrew Wood (for these, we are credibly informed, were the culprits) could otherwise have dealt out so parsimoniously his expectation of life. As we now see, all three miscalculated the latent reserve of force existing in the man. How shallow are our best efforts to forecast the future! As it is pace and not distance which exhausts the steed, so it is worry, not work, which wears out the individual. One would have thought that, in the pursuit of his many avocations, Sir Henry must have had enough, and more than enough, of both; yet his innate buoyancy always brings him to the surface, as fresh and irrepressible as ever. Seldom, perhaps, has a painter had a more difficult task to accomplish than to limn successfully such a personality. But Sir George Reid has risen nobly to the occasion, and has made his subject to live on his canvas in all the plenitude of vitality. It may be said of Sir Henry as truly as of Moses, that his eye has not become dim, nor is his natural force abated. To one so constituted, rest and retirement are unthinkable; and we are not surprised that he closed his reply by observing that he hoped to live on to the end of his natural life, which, according to Dr. George Keith, is not less than a century.
Superstitions may be treated in several ways. The average reasoning man dismisses them as nonsense; the irrational credit them implicitly, or yield to the slovenly habit which is ready to admit that "there may be something in it." Thoughtless people argue against them: we say "thoughtless" advisedly, for it is the essence of a superstition to be an irrational belief, as incapable of overturn by direct argument as the systematised delusion of a paranoiac. Yet superstitions are not impregnable; they may for long deny all frontal attacks, but in the end they will fall before the sappers' trenches on their flanks and rear.

Faith-healing in its manifold guises is a superstition which has practical interest for medicine. Whether the sufferer seeks relief at the shrine of Our Lady of Lourdes, or in the swelling throng round the temples of Mrs. Eddy, the mental attitude is the same, and it is common enough to compel attention. One aspect of faith-healing—the visitation of shrines and temples in the hope of cure (Incubation is the technical name of the practice)—has just been investigated by Miss Mary Hamilton,1 who is thoroughly versed in the methods by which modern anthropology is daily discovering how our ancestors thought and acted. Miss Hamilton takes as her starting-point the faith cures which were wrought at the temples of Asklepeios. Authentic information concerning these has been gained from votive and other inscriptions dating back to the third and fourth centuries B.C. Pilgrims came from all quarters to the Temple at Epidaurus, paid dues to the deity, slept within the sacred precincts, dreamt dreams and saw visions, and awakened cured. Records of their cases are still decipherable, and the curious will note their similarity to those of Lourdes in the present day. The madman, the dumb, the blind, the palsied, the lame: these form the majority of the happy ones, whom Asklepeios relieved through dreams. The cult of Asklepeios endured to Roman times, and extended widely through the whole basin of the Eastern Mediterranean. Its practice was evidently in full vigour in the second century of our era, as we may judge from Aristides' account of his search for health in 162 A.D. The words of that Roman valetudinarian might have been uttered yesterday: his indigestion accompanied by fever, sleeplessness, and excessive perspiration; the physicians who marvelled at, but could not cure, his varied maladies—τὴν πωθίζειν τὴς νίκου; his certainty that he was at the point of death; his ultimate cure by following the directions of Αἰσκλαπιος—he must have been an enricher of the Holloways and Siegels of his day. Among subsidiary cults in classic times substantially agreeing with that of Asklepeios, those named after Dionysus, Isis, and Serapis are the most familiar. During the Middle Ages the practice of in-

1 "Incubation, or the Cure of Disease in Pagan Temples and Christian Churches," London, 1906.
cubation persisted. The Early Church, on supplanting Paganism, dealt with this custom as with many others: it made it its own, replaced the temple by a church, the heathen pantheon by the saints. Thus, among many others, we have the cults of St. Cosmos and St. Damian, identified with the Dioscuri who healed at Byzantium, of St. Michael, St. Therapon, and the rest. But the name, the mythological gloss alone, is altered; the practice, as ever, remains substantially unchanged. The same diseases, the same vigils, fastings, and visions, the same sacred wells, the same cures, are the story of faith-healing through the Middle Ages. The history of the cult from the sixteenth century onward is a repetition. The Panagia, or Virgin, now holds place of power, but the peasant, as Miss Hamilton testifies, still performs the same old rites before the same local saints, who sometimes in their very names and attributes reveal their pagan parentage—witness St. Dionysius of Naxos who first gladdened men's hearts with wine, the evident descendant of Dionysus, the wine-god. That modern practice is fundamentally identical with that of the ancients, will not be denied by any one who has visited Lourdes, or read of the cures at Notre Dame de la Salette, and then follows Miss Hamilton in tracing the custom through 2500 years.

What does it all amount to? Faith-healing as we now know it, under whatever name it masquerades, is at bottom the same. We have traced one of its main currents as an unbroken stream of practice back to early classic times. Miss Hamilton guides us no further than this stage of culture, which is, of course, far too late to show us the origins of the belief. There would be little difficulty in exploring further, and as we reached a ruder civilisation showing how the source of the practice inevitably springs from primitive man's philosophy: ample materials for that proof exist. Faith-healing, therefore, is naught but a survival: that is its strength as a popular creed; its weakness when it tries to bolster itself up by arguments from fact. That is why, invincible as it seems to reason, it will one day crumble before a more universal knowledge of the evolution of man's faculties; meanwhile those who trust in it do so, not (as they think) by their reason, but as a part of their heritage from their remotest ancestors.

American Surgery. A Pamphlet by Dr. Whiteford records the impressions of one of the many who crossed the Atlantic last autumn, and came back with decided views on the subject of American surgery. With his main contention that American surgery is of the highest class, no one will disagree. We would go further, and express the opinion that there is no

1 "Glimpses of American Surgery in 1906," by Dr. C. Hamilton Whiteford. Harrison & Sons, London, 1906.
better surgical work to be seen anywhere than in the best clinics of North America.

The American is naturally endowed with many of the qualities which make for success in operative work, and the American surgeon is developed on very special lines. He does not, as a rule, devote the two or more years to the study of anatomy on the dead subject, which is regarded as the orthodox training for the surgeon in this country. He believes, rightly or wrongly, that it is better to study normal anatomy and the early stages of morbid anatomy on the living subject in the operating-room, than on the cadaver in the dissecting-room or mortuary; and if the opportunities for becoming familiar with the details of operating are insufficient while still an assistant, he may seek to perfect himself in manipulation by practising on animals. Like other surgical aspirants, his first aim is to get personal charge of beds, not necessarily at a public or a teaching hospital, but it may be in a nursing home undertaken on his own responsibility, or in a cottage hospital financed by philanthropists at his instigation. He then begins to operate in earnest, and from the outset his ambition is to operate better than any one else. In his vacations he visits other clinics in his own continent, or he crosses the Atlantic and makes for one or other of the well-known clinics in Germany, less commonly those in France, Switzerland, Italy, Sweden, or in this country. In his heart he would prefer Great Britain, if from no other reason than to benefit from the facilities afforded by the common language; but he has found that surgical practice in this country is too conservative to be used as a model for so progressive an art.

He returns home with increased reputation, to which an account in the newspapers of what he has done abroad may have to a certain extent contributed, and his clientèle increases at a rate unheard of on this side. Having shown while he is still young that the right of the matter is in him, he is promoted to a teaching hospital, or he arranges with a sisterhood to run a hospital or nursing home, which may contain from one to two hundred beds, for himself alone. He then organises his work on the basis of the subdivision of labour. His means may now enable him to employ a large staff of assistants, anaesthetists, pathologists, electrical specialists, house-surgeons, and stenographers, all exclusively devoted to his service. He rarely sees a patient outside his nursing home or office, and not even then till the case has been sifted by his staff down to the minutest detail. The result is that he has plenty of time to operate, and operate he does for five or six hours on five or six days of the week. His staff is not only numerous and highly trained, but is a permanent one, on the German plan, and the work is thoroughly organised, like the ensemble of a Wagnerian orchestra, with the result that there is attained an efficiency which requires to be seen to be appreciated.

By the circumstances of his work, there is little time spent in
systematic teaching, visiting patients, conducting examinations, attending meetings, and the thousand and one other distractions of any one attached to a teaching hospital.

The typical American surgeon does not allow himself to be distracted from the main purpose of his life by claims outside his strictly professional duties, by recreations, or by social obligations. His is a strenuous life, no doubt, but one of great opportunities and fruitful in achievement; and it is only when he gets run down, as he is apt to be after two or three years' continuous work, that he gives up and comes to Europe, or goes into the wilds of his own continent, out of reach of telegrams, for three or four months. It is not a matter of surprise, therefore, that the American surgeon of to-day is a man of great capacities and great practical achievements, unlikely to be surpassed in manipulative dexterity by the surgeons of any other country.

"Case-Teaching." A book on clinical medicine, admittedly designed not for the student, but for his teacher, is something new. It is not inappropriate that this novelty should come from Boston, for that city has supplied many of its teachers to a school which aims at training its pupils how to instruct in, rather than how to practise, the arts of medicine and its handmaid nursing—we mean the Johns Hopkins Hospital. Dr. Cabot, who is the originator of "Case-teaching" in medicine, explains in his preface how it is done. The teacher provides himself with a store of "cases"—actual brief records as they have occurred in his practice. One of these he reads to his class, and, after allowing them time to digest it, calls for written diagnoses. Sorting these out, he rejects the wild and impossible, and, taking the least plausible of the others first, he calls upon the authors for reasons and arguments for their diagnoses. Ultimately things are narrowed down to one or two probabilities, and finally the result, as ascertained by operation or autopsy, is given. In the hands of a good teacher it is easy to see that such a method will to a great extent reproduce what occurs in actual practice. In the first examination of a patient, we all know, for instance, that important methods of examination or other data are apt to be omitted either from necessity or inadvertence. Hence, while the "cases" (which reproduce these failings) are under discussion, the students are compelled to think out for themselves whether any facts are lacking on which to base a conclusion. Side issues of all kinds arise which will call for consideration, and prognoses and lines of treatment have to be thought out. Dr. Cabot gives a variety of practical hints on how most profitably to carry out such teaching.

"Case-teaching" of this kind is a compromise between work

1 "Case-Teaching in Medicine," by Richard C. Cabot, M.D. Boston: D. C. Heath & Co.
in the ward, work in the clinical laboratory, and the systematic lecture. It is, however, something more than any of these, and will be useful only if employed in its proper place. The first thing a student has to do is to learn to estimate symptoms, to recognise physical signs, and to employ clinical methods. This done, he has to learn to interpret them, and to realise their bearing when grouped together. In this second direction, case-teaching will be serviceable. It has the advantage over the ward clinic that material is always available; besides, no expensive apparatus is needed, and comparatively large classes can be taught. It has the advantage over the systematic lecture that as the students do the work their attention is retained. Dr. Cabot's book consists of seventy-eight case records selected from among those he has used in this way during a number of years, with suggestions, questions, and comments appended. The method is one which has obviously much to commend it, and on this elaborated and systematised scale, at least, is a novelty on this side of the water.

A New Sign of Death. It is a curious fact that France has practically monopolised the investigation of one subject in Forensic Medicine, and crowded all rivals out of the field. We refer to the attempts to discover a certain and infallible sign of death. Over one hundred years ago a handsome sum of money was offered by the Academy of Medicine to any one who should discover a means of absolutely determining the existence of death before the appearance of putrefaction had rendered the fact indubitable. The result has been that the number of candidates who have entered the lists has been legion, and that the methods suggested for thus enabling their names to be inscribed on the roll of fame, as well as adding to their material benefit, have ranged from tests of grotesque simplicity to those of the most fantastic and impracticable nature. So far, no one has secured the coveted prize; and since the discovery of the stethoscope, with the means thereby afforded of recognising the slightest evidence of the heart's action and of respiration, most people have been content to allow the inquiry to drop. Not so, however, the French, who cling tenaciously to the belief of the reality of the danger of premature burial.

It is a remarkable circumstance that, with the exception now and then of a blood-curdling account of an alleged premature burial in the yellow press of America, and its transcription into some of the same class of papers in this country, we never hear of such cases. We quite admit that cases of apparent death may occur in which the question of its reality may remain doubtful until the case has been submitted to examination by a medical man; or that, in times of war, panic, and pestilence, even doctors may, through carelessness, mistake a condition of profound syn-
cope for death; but such circumstances do not occur in everyday life; and we may safely aver that if cases of apparent death were as frequent as certain people would have us believe, we should have the fact duly recorded in medical journals.

In France, however, for some reason or other, the difficulty of recognising the reality of death, and therefore the danger of premature burial, is apparently greater than in this country, since we find that Dr. Icard of Marseilles has not only induced several municipalities, including Besançon and Boulogne-sur-mer, to order their medical officers to employ his fluorescine test in cases of death, but he has now brought forward a new test. He calls it "par excellence un signe de mort vulgaire," because its application requires no medical knowledge, and it can be employed by any one.

It is based on the supposed fact that before there are any visible signs of putrefaction, sulphuretted hydrogen is given off from the lungs, and escapes from the nostrils of the deceased. Accordingly, pieces of paper which have been treated with acetate of lead will become blackened if placed in the nostrils of a corpse.

Icard suggests, therefore, that pieces of paper, on which "Je suis mort" has been invisibly written with the lead solution, should be given to persons when they come to register a death, at which no medical man has been present. These pieces of paper are to be placed in the nostrils of the deceased, and next day the relations will bring them back to the registrar with the fateful words "Je suis mort" rendered visible, thus bearing incontrovertible testimony to the existence of death. The idea of a deceased person thus publicly announcing his own death possesses a certain alluring fascination. Unfortunately, however, Dr. Icard's zeal seems to have outrun his judgment, since, from many observations which we have had the opportunity of making, the test has shown itself to be most unreliable—in fact we have kept bodies for a week or more, and long after other signs of putrefaction have appeared, without the pieces of lead paper which were placed in the nostrils indicating more than the merest trace of discoloration.

The removal of the healthy appendix is becoming a well-recognised practice with many surgeons during the course of other abdominal operations. It has been adversely commented upon, more especially by recent visitors to the United States, where it is more extensively practised than in other countries. It has been maintained that the removal of a healthy organ in order to prevent possible disease in the part removed, however small the risk to life or health involved in such removal, is fundamentally unsound. We believe that in this, as in other questions relating to the surgery of the appendix, the American lead is a good one. Is it not the case that we should all prefer to be without an appendix?
Why not, therefore, take advantage of a laparotomy or a herniotomy in which the appendix is readily accessible, and can be removed without risk and without adding to the duration of the convalescence. Nothing can be more annoying to a person than to have a laparotomy, let us say, for an ovarian cyst or a gall stone, and in the following year to be laid up with an appendicitis, which may not only call for another operation, but may endanger life. We have seen this sequence of events sufficiently often to make us converts to the American practice.

Vaccination for smallpox may not be an exactly parallel case, but we are bound to say, even at the risk of stimulating the anti-vaccinationists, that the chances of any person becoming the subject of appendicitis are very much greater than of an unvaccinated person living in a civilised community acquiring smallpox.

The removal of the appendix is not recommended as a universal practice after the fashion which prescribes circumcision for the Hebrew infant, but if an abdomen must be opened for other purposes, and the appendix is readily accessible, let it by all means be removed.

The unfortunate fire which destroyed this institution in 1905 deprived the midlands of Scotland of one of its most favoured sanatoria. Peebles has been for many years regarded as one of the healthiest districts in the country, and as lending itself admirably to the requirements of a resort for the treatment of all cases in which a mild yet bracing climate and an open-air life are of importance. We are glad, therefore, to find that the directors have been fully alive to the loss which the public of both the East and West sustained by being deprived of the benefits of this popular institution, and have lost no time in reconstructing it in a manner which will place it in the forefront of the sanatoria of Scotland.

The fire can, perhaps, not be regarded as altogether a misfortune, since it has enabled the present buildings to be constructed so as to preclude the recurrence of such an accident, while it has also enabled the architect to provide all the comforts and luxury, while conforming to the best hygienic conditions, which are characteristic of modern sanatoria.

Those who visit it purely for pleasure will find abundance of attractions in the opportunities afforded for golf, tennis, cycling, and all other games, while a never-failing source of interest is to be found in the exploration of the beautiful and romantic surroundings.

To the less robust, and those requiring special treatment, the medical baths, Roman, Russian, pine, ozone, brine, and electric, in addition to the fine air and sheltered walks, will, we believe, make the new hydropathic, as heretofore, a valuable adjunct to medical treatment.