in public asylums, such information is generally refused, whereas in a private place such friends may, if necessary, *demand* what is in most cases voluntarily extended to them, *i. e.*, personal information of the patient, and all his surroundings. In a public asylum, patients suffering the mildest form of insanity, and which perhaps, under judicious treatment, might be cured in a very short time, are brought into contact with the worst forms, features and consequences of the disease. Can there be a reasonable doubt that such surroundings would be detrimental to the partially insane? Again, the wealthy and refined are brought into contact with the poor, and sometimes coarse and vulgar. This disregard of social distinction I consider one of the greatest objections to public asylum treatment. Persons accustomed to gentility, who prefer refined society, and, through acquired means, have always indulged in a particular, even extravagant mode of living, should not be deprived of it merely because of a disease. That pioneer American alienist, our Dr. Benj. Rush, was of this very opinion, and unmistakably considered *private treatment* of insanity most desirable. In speaking of this subject of social distinction, and the importance of ceremonies which are due to their former rank and habits of living, and luxuries and observances they had been accustomed to in their own families, and for which they have formed habitual attachment, Dr. Rush, in his excellent "Inquiries and Observations on the Diseases of the Mind," says: "*The great advantage* which private madhouses have over public hospitals, is derived chiefly from their conforming to this principle in human nature, which the highest grade of madness is seldom able to eradicate." And again, strongly argumentative of the same theory, he said: "Recovered patients seldom forget three things: acts of cruelty, acts of indignity, and acts of kindness." Our public asylums are model institutions, and have restored thousands of insane to reason who, through poverty, could not otherwise have obtained treatment. But, if persons possessed of wealth can procure *better* facilities of recovery, why should it not be done? It *can* be, and I am fully persuaded that the time is rapidly approaching, when our medical colleges will each have a chair for the professor of insanity, and many physicians in private practice, devoted to that specialty.

It was an early custom in Java, to kill poor people who were afflicted with insanity, even of so mild a form that it was generally curable, if the patient could afford proper treatment. This was doubtless a cruel discrimination against the poor, but are we not to-day discriminating against the rich? There are already several excellent private hospitals for insane patients established in various parts of our country, and I am satisfied that their number will increase, as new physicians devote themselves to the specialty. This brings into prominence the importance of a suggestion I have repeatedly urged, namely: the proper selection, education and fitness of physicians who are hereafter to have charge of our insane.

My proposition, as repeatedly stated, is to employ, as attendants in asylums, young men and women who wish to study medicine, and who have to earn their way into the profession. It is of very great importance to select smart, intelligent people, for the immediate care of cultured persons who have become insane; and that they should be especially prepared for that responsibility, by education and careful practical training.

Asylum attendants are too often selected for their strength of muscle, and low wages; and this is why we so often hear of their patients being brutally abused. Brute force should never be permitted, and when places in our asylums now occupied by that class of attendants, shall be supplied by medical students, of whom there is an adequate number desiring any occupation by which they can earn their livelihood during pupilage, I am sure, from practical experience and observation, that troublesome patients will not only be more kindly nursed, but that, under such treatment, a larger number will recover.

The second, but no less important, advantage to be derived from the proposition is, that when such students graduate, they will have acquired several years' practical experience in the treatment of the insane, and it cannot be doubted that many of them will adopt that branch of the profession as their specialty, and whether in public or private asylums, or in private practice, bring all their former experience into practical use; curing a larger number of patients than has yet been done, and perhaps eventually restoring many of that unfortunate class, now termed *incurable*.

Wissinoming, Philadelphia, May 2, 1891.

## THE HUMAN NOSE NOT IN THE CENTRE OF THE FACE. ITS IMPORTANCE IN THE ADJUSTMENT OF SPECTACLES.

BY A. C. SIMONTON, M.D.,
OF SAN JOSE, CAL.

The fact that the human nose, as a rule, is not situated in the centre of the face, I have never seen stated in any medical journal, or any text-book on ophthalmology that has come under my notice. The importance of this fact to the oculist can scarcely be overestimated, when considered in connection with the adjustment of spectacles for correcting errors of refraction. This fact may have been stated before, but if so, it is strange that it has not been incorporated into every text-book on ophthalmology which deals with the errors of refraction. Every one of these works insists strenuously on the necessity of adjusting glasses accurately to the face, so that the optical centre of lenses shall stand exactly in front of the centre of the pupils, unless for certain reasons the lenses are decentred to get a prismatic effect.

In measuring the face for the adjustment of glasses, oculists are in the habit of measuring from centre to centre of pupils, without regard to the position the nose occupies between the two eyes. Frames are ordered to correspond with the measurement, being exactly the same distance from centre of nose piece to centre of eye wire on either side. Glasses are ground with optical centres in centre of eye wire. Now, instead of having our glasses properly centred before the eyes, as is insisted upon by all authorities, and as every oculist knows the importance of, in a large majority of cases, our lenses are placed in such position as to give a prismatic effect not desired or intended. Is it not possible that herein lies one of the reasons why patients occasionally reject glasses that have been found by proper tests to be their optical correction?

The difference between the two sides from centre

of nose to centres of pupil is, as a rule, from $\frac{1}{16}$ to $\frac{1}{8}$ of an inch, seldom is the difference beyond $\frac{1}{8}$ inch. But if the difference is $\frac{1}{8}$, and lenses are mounted in the ordinary way, we have a decentering of both lenses to the right or left, as the case may be, of $\frac{1}{16}$ inch. If the greater distance from centre of nose to centre of pupil is on the left side, then we have, if our lenses are convex, a prism also for left eye, with base in, and for right eye a prism with base out. If they are concave, the reverse would be true. Persons familiar with this subject know how important this would be in lenses of medium to high power.

This brings in a new element not heretofore considered in the grinding and mounting of spectacle lenses. In presence of the facts stated, we are under obligations to take cognizance of the same, and in every case satisfy ourselves whether the centre of the nose is in the exact centre between the two pupils. It becomes necessary to make the centre of the nose the starting point for measurement. I have constructed a simple little instrument which answers admirably for measuring either way from the centre, as follows: Take a piece of wood 6 inches long, 1 inch wide, $\frac{1}{8}$ inch thick, draw a straight mark across its exact centre, and then one on either side just 1 inch from this, with the blade of a knife. Outside of the two outer lines mark accurately $\frac{1}{16}$ inch marks until you have reached a $\frac{1}{2}$ inch beyond, making marks near the edge. These marks may all be colored with ink. Now cut out a concave notch in the centre of the marked edge, about $\frac{5}{8}$ inch wide and $\frac{1}{4}$ inch deep. This notch will fit down over the nose, when you must see that the centre line of your measure is exactly over centre line of nose. Now read off to right and left 1 inch and so many sixteenths. Of course any one's ingenuity will suggest how to neatly make this measure. You may construct one much easier by taking a common thin-edged, wooden measuring rule, and make the notch in it at any inch mark; you have your inches and sixteenths on either side already provided. Our instrument makers, no doubt, could construct something very neat for these measurements, with a handle just above the centre, a concave portion just beneath this to rest on nose, and arms extending out to right and left, with proper intervals marked thereon. This might also have little slides with points to stop in front of pupils.

But the measures being taken, what about the mounting of glasses? Surely they must be so set in frames that the optical centre of lens comes before the centre of pupil, no matter where the centre of eye wire is. The frames cannot be constructed longer on one side than the other, else they would not balance, but the lenses must be decentred in grinding to correspond with measurements. This will necessitate a new form of prescription blank, first giving the total measurement between pupils, and then the measurement of each side.

I have examined a large number of faces since the fact herein mentioned came to my knowledge, some months since, and I find it quite the exception for the nose to be centrally situated. I made the discovery on my own face, in which case the right pupil is $1\frac{1}{8}$ inches from centre of nose, and left $1\frac{1}{4}$ inches.

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THE Woman's Medical College of Minneapolis has been incorporated according to law.

## MODERN MEDICAMENT.

BY C. B. MEDING, M.D.,
OF NEW YORK CITY.

Of the physician's duty toward his patient much has been set forth by the press, medical, religious, and secular. It remains for our body to present and enlarge upon as well as to impress one another with the importance of our duty toward ourselves. Though often lost sight of, it is still of first magnitude, morally, professionally, and financially. However strongly it may be held that professional life has in consciousness its own reward, however often it may be reiterated that worldliness is no part of our creed, the truth remains that, in common with the rest of humanity, we must live and must fight for life. We have enemies, we have opposition and competition, antagonistic factors that will of necessity be victors or vanquished.

Not a few of us here present have found that the voyage is not over an altogether smooth sea, is not free from storm and hurricane, not safe from shoal and rocky coast line, and while we pilot fellow craft through the billows of accident, while we gear the engines of stranger ships, if we would be thorough seamen we must steer our own bark aright, weathering successfully the tempests we are sure to meet.

The old has no rights over the new, whether in medicine, theology, philosophy, or astronomy; its principles must change with the times, its tenets must bear reform. To the survival of the fittest there is no exception, and while we accept for diagnostic purposes new etiology, new methods of examination and deduction, we must perforce take hold on new treatment.

I am afraid that many who are and ought to be opponents of homeopathy know little of the real therapeutics, much less of the principles of that school. I am afraid that outside of "similia similibus curantur" and "high dilution" little is known or cared. But a direct and successful opposition must be based on knowledge. If the system of medicine practiced by us is right, if it is worth study, attention, and continuation, it is also worthy of protection. If the opposers of it claim fallacies as against it, we as men should be prepared to maintain our position by a full refutation based on intelligible facts, and I am one steadfast believer and practitioner of the old school who has had the truth forced upon him that homeopathy is, under existing circumstances, his greatest enemy, that it has done and is doing more harm to all regular practitioners than any form of quackery; that it has made many semi-converts and at the same time has fostered ignorance and misapprehension; all this not because of superior efficiency from strength of basis or soundness of principle, but through pleasant dosage and a common sense plan of cheap and ready medication.

The age that cries for rapid transit, electric conveniences, automatic novelties, in a word, for everything that may lessen the friction of life; the age that demands comfort, ease, and luxury, in every by-path of its daily walk, will not accept vile concoctions even at the hand of learned men, nor will it long consider learned those who continue such medication, and the best purpose homeopathy can ever serve will be the teaching the abandonment of filthy compounds.

There is no reason why we should persist in prescribing nauseating drugs. The moral effect of such medicine may be useful in hospitals, purging them of