

condition as that in which the Father of Medicine left it. We suspect, however, that both in his case and in that of John Locke the metaphysical bias was more pronounced than the aptitude for physical research. The combination of the two faculties in an adequate degree in the same person is acknowledged to be of very rare occurrence. The physician, far from being discouraged by the slow advance of medicine, and knowing at the same time the inexhaustible secrets of nature if we but knew how to extort them, would have regarded that very circumstance as giving an opportunity for fruitful work. There are those who have maintained that men of superior parts are equal to anything, "from writing a leading article in *The Times* to commanding the Channel fleet"; but the genius himself is usually aware of his own limitations and wisely regards the bent of his dominant inclinations as being the avenue to most fruitful effort. Of Locke's medical works the writer of the *Asclepiad* does not think very highly, neither, we imagine, could the sagacious Locke have set much store by them unless, like Shakespeare, he admired most what he could least achieve.

THE ETHICS OF SUICIDE.

IN spite of some pessimistic utterances in its favour, suicide still ranks with us as an indictable offence. This is but natural if we allow that self-destruction is incompatible either with mental or moral health. We are all familiar with the verdict so often heard at the close of a coroner's inquiry, "Committed suicide whilst of unsound mind." Without doubt it describes with more or less accuracy every case of the kind. It certainly applies to such a case as that of a young practitioner who lately died from taking an overdose of morphia. It does not however, as a rule, exclude the operation of moral forces, and there is abundant proof to show that these are active at every stage in the pitiful transaction. We would claim for them a predominating influence. The mind which connives at self-destruction is at variance with the most elementary instinct of self-preservation, a sentiment which is fully justified both by the proved possibility of present existence and by our ignorance as to future events. It is therefore unhealthy. It is in an even greater degree immoral, since possessing within itself a sense of duty and of relationship with others in their lives, labours and attainments, it ignores all for the sake of a present gain of personal relief. No one can rid himself of this relationship without at the same time casting on others the burden of responsibility which he abandons. We cannot, therefore, bring ourselves to agree with some who go the length of excusing suicide and even of advocating the creation of facilities for its accomplishment. Of more practical importance, as bearing upon the causes and course of this essentially morbid condition, is a brief analysis of 100 cases lately published in the pages of a contemporary. From this article we gather amongst other interesting details that, according to the evidence obtained, men destroy themselves with much greater readiness than women. The proportion is about two to one. Middle age is the period at which the tendency is most marked, and the middle-class holds the same position in the social scale. Mental influence is more active than any physical inducement, and pecuniary and related social difficulties fill a larger space than any other group of motives. As regards the question of treatment it is to our mind perfectly clear that the evil of suicide is not to be disguised by resorting to a lethal chamber or other permissive method, however plausible its description, but by cherishing a simpler, stronger and more impersonal sense of human fellowship and mutual duty. In the presence of innumerable evidences of providential design we would equally impress the necessity of remembering that the divine order still prevails, and still for each and all men furthers, though

sometimes obscurely, their best interests. Let us not forget physical considerations. Mental depression is often the outcome of mere bodily illness, especially of fatigue and of indigestion. Some judgment in treating these, some consideration on the part of employers of labour, may disperse a thundercloud of despair which otherwise would settle in perpetual gloom. We have heard enough, at all events, of the modern pessimism with its latest miserable canon of self-destruction. We would substitute for it the plain, old-fashioned but eminently wholesome and courageous precept "Never say die."

AN UNNECESSARY PERIL OF RAILWAY TRAVELLING.

IT has been shown by statisticians that travelling by railways is not more dangerous than travelling by other conveyances—indeed, it is rather less so. The late John Bright is said to have affirmed that he regarded a railway carriage as being the safest place in the world. Whether this dictum be correct or not, there can be no doubt that railway travelling may, by the use of precautions more strict than those hitherto adopted, be rendered still safer. Many of the accidents which have of late years occurred during railway travelling have been traced to the desire on the part of the managers to effect economy by reducing the number of their employes, or, at least, by failing to supply them in number sufficient to meet the contingency of holiday traffic. The *Railway Review* gives an instance in which the guard of a passenger train worked for thirty-six hours without an interval of rest, including in his duties the relief of a signalman who had been twenty hours on duty; and other examples of a like kind are given. We have more than once pointed out the enormous risk which is incurred by the travelling public through the want of proper attention on the part of railway companies to this important matter. It is inexcusable that the lives of passengers should be dependent upon the vigilance of an overworked official.

A NEWLY DIFFERENTIATED PARASITE.

DR. PROSPERO SONSINO, *privat-docent* in the University of Pisa, and well known for his researches in helminthology, has just issued a monograph, which we publish in our present issue, on the *Bilharzia Hæmatobia*, a trematode parasite the ultimate cause of a disease with which European practitioners in Eastern Africa are not unfamiliar. During a residence at Gabes, in Southern Tunis, he encountered cases of the disease in question, and as the result of a series of carefully checked observations and experiments on its parasitic origin came to the conclusions which we may thus summarise: 1. The *bilharzia hæmatobia* describes a biological cycle which removes it from the type of the so-called "trematoda digenetica." 2. The biological cycle referred to is very simple, because it presents metamorphoses and an intermediate *hospitium* (or half-way house) but no alternation of generation. 3. It approximates therefore to the biological cycle of the holostomata rather than to that of the distomata. 4. The intermediate *hospitium* of the *bilharzia hæmatobia* is afforded by a minute crustacean. 5. The embryo, having issued from its ovum, encounters this crustacean, attacks it with its proboscis in a vulnerable part of its body, penetrates inside the body after having divested itself of its ciliary integument and there encapsules itself. 6. The point of the crustacean's body in which the cyst of the larva of the *bilharzia* is most frequently to be found is the first segment of the crustacean in the immediate neighbourhood of its eye. 7. The encapsuled larva waits until the crustacean has been swallowed by the human subject in a draught of water and, having gained access within its intermediate *hospitium* into the digesting canal (*tubo digerente*) and there been set at liberty, it perforates the intestinal walls and finds