

some minutes she dropped the flap of the tent and stole to bed, where immediately she began to imagine what she might say to him if she were out there, and what he might reply. She also planned conversations under other circumstances, conversations in which all she said should be very original, touching, or brilliant, as the case might be. And he would be duly impressed (always in the conversations), and would gradually show more interest. And then, when he began to advance, she would withdraw. So she fell asleep with a smile touching her lips, the lips which had lost their sombre expressions, and now looked very gentle.

Meanwhile, outside by the dying fire, what was Paul Tennant thinking of? His Clay County iron. He had had another offer, and this project was one in which

he should himself have a share. But could he accept it? Could he pledge himself to advance the money required? He had only his salary at present, all his savings having gone to Valparaiso. There were Ferdie's expenses to think of also, and Ferdie's wife, that little wife so unreasonable and so sweet, she too must lack nothing. It grew toward midnight; still he sat there pondering; adding figures mentally; calculating. The bird which had so insistently cried "Whip-po-Will," "Whip-po-Will," had ceased its song. There came from a distance, once, twice, the laugh of a loon. Jupiter Light went on flashing its gleam regularly over the lake.

The man by the fire never once thought of Eve Bruce.

[TO BE CONTINUED.]

THE FAMILY PHYSICIAN.

BY ANDREW H. SMITH, M.D.

IN all enlightened communities the greater number of families have a medical man who occupies toward them the relation expressed by the term family physician. It is the purpose of this article to examine as to what is, and to suggest what should be, included in this relation.

The family physician is the medical man to whom the family are accustomed to apply when they suppose themselves to be in need of medical assistance. In rural communities he is generally accepted in this relation rather than selected to occupy it, for the reason that there is probably only one doctor within reaching distance. This fact also makes his tenure of office secure, unless, indeed, he displays extraordinary unfitness. But in towns and cities there is abundant opportunity for selection and also for change. The basis upon which a choice is made is oftener a matter of accident than the result of a careful inquiry as to qualifications. A physician is selected because some friend has him; or because he drives a handsome equipage and seems to be doing a large business; or because he belongs to the same church; or because he lives in the same street. Very rarely indeed is it because he has been thoroughly educated in his profession, because he possesses a sound and trained judgment

and a wide experience, because he realizes the responsibility of his position, because he has a deep and tender sympathy with suffering humanity, and believes that the noblest secular work a man can do is ministering to its needs. In fact in the majority of cases less thought is bestowed upon choosing for the family the man who is to have the power possibly of life, certainly of death, than upon hiring a butler or buying a pair of horses.

The relation thus lightly entered upon is apt to be as lightly discontinued. The most trivial circumstance may induce a change. An illness proves more protracted than it was thought it would be, and some friend, with an enviable sense of propriety, suggests: "Why don't you have my doctor? He would put you on your feet in no time." Or, "Dr. Q. has just cured Mrs. B.'s child of exactly what your boy has. Why don't you call him in?" And so it may come about that the doctor is changed with very little more ceremony than is employed in substituting one coachman for another.

On the other hand, the relation, however begun, often grows to be one of the strongest ties that bind man to man. The position which a conscientious, sympathetic physician holds in an appreciative family may be higher than that of near kindred or of life-long friends. His aid

and support in moments of supreme necessity may win for him a devotion such as seldom falls to the lot of other men. In the course of a long professional life he may be a sharer in the joys and sorrows of successive generations, all of whom hold him in the most affectionate esteem.

But even when this is the case the position of the family physician lacks something which if present would enhance immeasurably his power for good. He is the counsellor only when illness is present; he is called upon only when the patient or the family think he is needed. His work is to attend upon the particular case of disease or injury, and this done, he retires until his services are thought again to be required. Thus he exercises his functions only at the discretion of persons who, however intelligent they may be, are not qualified to recognize in every case the necessity for medical aid. Hence it often happens that disease has already advanced to an extent that involves serious if not fatal consequences before it is discovered that the person is really ill.

In acute cases it may not always be possible to avoid this, but even in chronic disease the time for effectual aid not unfrequently passes before it is thought worth while to summon the doctor. A cough is regarded as a simple cold, and is treated with domestic remedies, often of a kind to disorder the digestion, upon which all hope of cure must ultimately depend. After a time the very persistence of the cough compels recourse to medical advice, when it is ascertained for the first time that the lungs are the seat of tubercular disease.

Or, again, a person, after a period of more or less languor or of feeling indefinitely ill, observes that the ankles are swollen. The doctor is called, and it is discovered that disorganization of the kidneys is far advanced, so that the best the patient can hope for is a longer or shorter postponement of the inevitably fatal termination.

Examples of this kind could be multiplied indefinitely. They merely show that the present relation of the family physician to his families, even under the most favorable circumstances, does not permit him to render services which might be of the utmost value. It sometimes requires as much technical skill to determine when treatment is necessary as

to carry out the treatment itself. Yet, under existing conditions, this skill is required to be exercised by persons who lay no claim to its possession. This results not only in depriving the sick of the timely aid they might receive, but at the same time it exposes medicine to reproach for an inefficiency which is the fault not so much of the art as of the conditions under which it is practised.

The achievements of practical medicine handicapped in this manner are not such, and cannot be such, as to command for it the fullest measure of popular confidence. It stands before the public merely as aspiring to relieve existing suffering, to remove existing disease. The scope of its aim is indicated by the name it bears—the Science of Medicine, as if the giving of medicine were its principal function. It does not seem to appreciate that a wider field is before it, that there is a higher office also which it should aim to fulfil. There is a science, as yet not well defined, which has for its object the promotion of the physical well-being of the race. Instead of representing a mere fragment of this science, medicine should aspire to embrace the whole. This is its legitimate sphere, which it ought in practice and in theory to occupy.

The necessary limitations to success in the narrower field give the general aspect of failure. Men must die, and the art which opposes itself to this fiat cannot build much upon its ultimate triumphs. But in the broader field the limitations to success are not so inflexibly defined. We are not so constantly confronted with the impossible; there is more room for demonstrable achievement. It presents stronger claims, therefore, to public recognition and public confidence. And this is just what the medicine of to-day is lacking. It is a patent fact that the medical profession does not exert in the community that influence which would seem to be its right by virtue of the important interests with which it is intrusted.

A successful lawyer is known far beyond the circle in which he lives. He is looked to for advice and assistance in all cases of public necessity. He is expected to take a prominent part in every public movement. His personality is stamped upon local contemporaneous history. The same is true of men eminent in letters, in science, in theology, in finance. They are regarded as natural leaders, the framers of

public opinion, the exponents of the sentiments of the day.

But let a medical man be ever so eminent in his profession, it gives him prominence only among medical men. His writings may be in every medical library, but his name will never appear in a secular paper. He may have a host of devoted friends, but not one of them ever thinks of naming him for a public position. Even the hospitals, which are dependent upon him to carry out the object for which they are organized, ignore his existence when making up their boards of management. The local board of health, if asking him to be a member, will put a layman over him as president. In fact no one thinks of him as doing anything but writing prescriptions, with the occasional variation of hewing off a limb or cutting out a tumor.

And yet the education and life training of medical men should fit them pre-eminently to fill positions of public trust and influence. No one comes in contact with a greater variety of character and social position; no one has a better opportunity to look human nature through and through; no one is required to think more accurately, to judge more correctly, to decide more promptly; no one sees more behind the scenes in the great drama of life; no one knows more of the hidden springs of the public weal and woe; no one gathers into his own brain more of the experience of others. And if we look to the magnitude and importance of the interests he represents, no one has more of responsibility resting upon him. No one has to administer more sacred trusts; no one has more of happiness or misery depending upon his capacity and fidelity.

All these considerations, however, are no more applicable to the family physician to-day than they have been in the past. But there is a factor of comparatively recent origin which has materially changed his position, weakening it one way, strengthening it in another. This is the development of specialties in medicine. Formerly the family physician was the sole arbiter of his patient's fate. Now there is opportunity for appeal; nay, the appellate judge is fast becoming the one of primary jurisdiction. The practice of medicine is now divided into as many specialties as there are different sets of organs in the body, or rather into more, for there are specialties based upon the

age of the patient as well as upon the organ affected.

It will readily be seen that amid all these claimants for pathological territory there is scarcely standing-room left for the general practitioner.

But these specialties do not exist without reason. The field of medicine is so vast that no one can cultivate it adequately in every part. But by confining himself within comparatively narrow limits the specialist may become completely master of what is known on the subject with which he deals.

Out of the practice of specialties grow special hospitals, which attract patients from all parts of the adjacent country, and often also from great distances, and thus are brought together examples of those rarer affections which otherwise would be seen scarcely twice in a lifetime. The opportunity thus afforded for studying a single class of diseases on an enormous scale is eagerly embraced by the attending physicians or surgeons, and he must be dull indeed who cannot thus acquire in a few months more experience in his particular line than would fall to the lot of the general practitioner in the course of his whole professional career.

Moreover, for the practice of most of the specialties a very extensive and costly array of instruments and appliances is required, which the general practitioner could not afford to own and keep in order for the small number of cases of each class for which he would employ them.

It will thus be seen that a necessity exists for specialties in medicine, and that they are capable of rendering vast service to the public. But they are by no means an unmixed good, at least as they are now too often practised. Like everything else that is good, they are liable to abuse. And this abuse results in harm to the public, to the family doctor, and to the whole body of medicine.

Particularly in the cities, where specialists of every variety are easily accessible, it is becoming more and more the habit of patients to resort to them independently, if only the locality of the disease is sufficiently plain to indicate to what specialty it belongs. When this is not the case the family physician is called upon to supply the necessary information, and as a return of courtesy he may be asked to indicate the specialist to whom

he would be most willing to have the case consigned.

But the latter is without a knowledge of the history of the ailment or of the previous treatment, and therefore the case comes before him without any of the side lights which previous knowledge of the patient would supply. More than one organ may be affected, and the disease in one may have a causal relation to that in the other. For example, as little as the eye seems to be related to the kidneys, disease of the former is often the result of disease in the latter, and the only treatment possible for the eye affection must be addressed to the kidneys. On the other hand, very serious nervous disturbances have their origin in defects of the eye, and can be relieved only by correcting the ocular trouble. And so throughout the body there is scarcely a single organ which suffers alone, or whose ailments can be successfully treated without taking into account its pathological relations to other organs. Hence the specialist is not in a position to take a comprehensive view of the case. For although every specialist, to be in any degree successful, must be grounded in general medicine, yet the fact that he is specially familiar with one class of diseases implies almost of necessity a corresponding unfamiliarity with disease in general. When to these considerations is added the very common complication of two or more specialists attending the same patient at the same time for different diseases, each one perhaps in ignorance of what other treatment is being employed, the incongruity of the situation is sufficiently apparent.

The disadvantage to the general practitioner resulting from the abuse referred to grows out of his apparent subordination to the specialist. The superior skill of the latter, though limited to a narrow field, gives him for the time being a prominence which reacts unfavorably upon the position and authority of the family doctor. His dictum, based perhaps upon a very imperfect view of the case as a whole, is a stumbling-block over which the family physician, ignorant of precisely what has been told his patient, is liable to fall at every step. The latter has the mortification of seeing the confidence which he formerly inspired in part withdrawn, and as a consequence he becomes disgusted and indifferent. As the result, it is not an uncommon thing that

a professional relation which had existed for years to the entire satisfaction of both parties is brought to a close.

A very natural consequence of this is a feeling of antagonism on the part of the general practitioner against specialism and specialists, which may incline him to withhold from his patients the benefit which superior skill might confer. The patients, perceiving this, are the more ready to seek such aid independently, and thus the original cause of dissatisfaction is aggravated.

From the operation of such causes, to which may be added in many cases ignorance or negligence, it often happens that the favorable time for the treatment of a disease has passed by before the case is brought to the notice of the specialist. Doubtless very many eyes are lost because the family doctor does not appreciate early the seriousness of the disease, or is unwilling to call in the aid of a specialist. Many a case of deafness might have been prevented by the adoption of proper treatment before the inflammation had resulted in structural change. And so through all the specialties cases very frequently occur in which the delay resulting from ignorance, carelessness, or unwillingness on the part of the family doctor makes the task of the specialist doubly difficult or entirely hopeless.

But it is not always or generally true that the family doctor is altogether responsible for such results. The mischief is often done before the case comes to his notice. He is not at liberty, according to existing notions, to look for patients among those for whom his aid has not been specially requested; and the patient, or, in the case of a child, the parents, cannot be expected in every instance to appreciate at once that a condition is present which demands professional attention. It is just here that a gap exists which the one party may not and the other cannot bridge over. But it is a wrong to be righted nevertheless.

The tendency of specialism when pursued independently and without reference to the family practitioner is to lower the tone and diminish the influence of medicine as a whole. For medicine can be a power in the world only as it is represented by the general practitioner. The specialist operates along a single line, and the lines of the several specialties are ever

divergent. There is lacking among them that element of cohesion which binds medicine together as a homogeneous if not always a harmonious whole, and which gives unity and definiteness to its common aims. And, furthermore, specialists have to do with a constantly changing clientele, and lack entirely the opportunity for continuous influence. They cannot impress themselves or their calling upon patients whom they see to-day and lose sight of to-morrow. And again, being concerned only with the relief of existing disease, they take little cognizance of the broader field already alluded to, which it is the proper province of medicine to cultivate.

Within recent years the development of medicine has looked especially toward the prevention of disease. The microscope, with its greatly increased powers, is everywhere busy in searching out the agents of infection. A marvellous success has attended these researches. One by one the specific germs of very many of the infective diseases have been discovered, and their causal relation to the disease demonstrated. The germs taken from a diseased person have been isolated and cultivated in successive crops without the body. These artificially cultivated germs, of perhaps the third or fourth generation, have then been inoculated into the bodies of animals, and have produced in them the original disease. Every few months a new discovery of this nature is announced, and doubtless the time is near at hand when the germ for each infectious disease will be recognized and described.

The problem, therefore, is not only to destroy these germs when they are present in the system, but much more to prevent their effecting a lodgment within the body. When this can be done the task of preventive medicine will be completed so far as this class of diseases is concerned. The sources of other forms of disease, however, will have to be guarded against, and the question is at once one of the most complex and one of the most important which can engage the human mind. To its elucidation must be brought the researches of the laboratory, the labors of the meteorologist, and after all and above all the practical experience and observation of the medical practitioner. And in this the family doctor must take the lead. It is he alone who can have

such access to the primary facts in each case as is necessary in order to trace out the relation of cause and effect in the production of disease. In this the specialist, from the nature of the case, can afford him but little aid.

Whatever advance, then, is made in developing medicine into a farther-reaching and more efficient agency for the benefit of mankind—an agency that shall attempt more than the relief of present suffering or the cure of present disease—must come chiefly from the efforts of the general practitioner.

Descartes has said, "If it be possible to perfect the human race, it is in medicine that we must seek the means." While not looking forward to the perfection to which he refers, we may well believe that whatever progress is made toward it will be worked out essentially through the agency which he indicates.

But in order that the best results may be reached, a change is necessary in the relation of the family physician to the families under his care. The defects in it to which brief allusion has been made must be removed. First of all the relation must have a more rational and a more permanent basis. There should be full recognition that it implies obligations on both sides; the obligation on the side of the physician to do everything in his power, at all times and under all circumstances, not only to relieve sickness when it occurs, but to prevent its occurrence, and the obligation on the side of the family to be loyal to the physician, to give him their complete confidence, to permit to him the fullest access to their history in the past and their lives in the present, and to respect his judgment, and so far as possible to be guided by it in all matters pertaining to his professional relation to them.

The first effect of a formal recognition of these obligations would be that the family physician would be selected with more care. His qualifications of mind and heart, of skill and experience, would be carefully inquired into, and the choice once made would have the elements of permanence. It would not be sacrificed to a momentary feeling of annoyance or a hysterical impatience of plain-speaking. And should a death occur in the family, after every means to avert it had been faithfully applied, the bitterness of grief would not find vent in unmerited cen-

sure, nor disappointment at the result lead to withdrawal of confidence.

And thus day by day the bond would become more closely drawn, the physician acquiring more and more that familiarity with the characteristics of each member of the family which would enable him to detect the slightest aberration from the standard of health, and the family learning more and more to trust in the wisdom and skill and devotion of the physician. A relation established on such a basis would probably continue during the whole professional life of the practitioner, and include more than the first generation of his clients.

The family physician, if fitted for his office, would have such a general knowledge of all the specialties as would enable him to decide promptly upon the necessity for special treatment in any case that might arise. Such a necessity existing, he would be the first to suggest the employment of a specialist, and his knowledge of the different men available would enable him to select the right one. To the specialist he would give a full history of the case and of the previous treatment, and there being perfect accord between them, the special treatment would go on in harmony with the general management. There would be no clashing, no jealousy, each one recognizing and respecting the province of the other, and thus the best attainable results would be secured. This would be a long step forward in preventive medicine, in the sense of preventing the serious consequences which flow from the lack of such co-operation between the family physician and the specialist.*

But in order that the prevention of disease, so far as it lies with the family physician, may be carried to the fullest extent, it is essential that he should have constant opportunity to know just what is the physical condition of each member of the family in the absence of any manifest evidence of disease. To this end periodical examinations should be made of such a character as to reveal any lurking morbid tendency without waiting for its development into actual disease. There

* In what is said above it is not intended to convey the idea that the co-operation advocated is unknown at present. This is far from being the case. But it is not made, as it should be, the inflexible rule, and the looseness that prevails in this regard is a serious drawback to the practical usefulness of specialism.

should be no such thing as a discoverable affection remaining undiscovered. Death from *unsuspected* heart or kidney disease, for example, should cease to be possible. There should be no more histories like the following, now so frequently repeated:

A person supposed to be in good health is hastening along the street, perhaps hurrying to catch a train. All at once he is seen to stagger and fall. Passers-by rush to his assistance, but he gasps a few times, and before any aid can be rendered he is dead. An autopsy reveals that he had fatty degeneration of the heart, and the extra demand made upon the heart by the unusual exertion was more than its enfeebled walls could respond to. He was not aware of the existence of this condition, but if his doctor had merely laid his finger on the pulse his suspicion would have been aroused, and listening to the heart would immediately have confirmed it. By proper treatment and the avoidance of severe exertion the catastrophe might have been averted for many years, and the usual limit of life might perhaps have been attained.

Or again, a gentleman who has thought himself quite well goes as usual in the morning to his place of business. A few hours later he is brought home in a carriage in a state of unconsciousness. In spite of the most prompt and judicious treatment he does not recover from his coma. On the contrary, convulsions set in, and in the course of a few hours he dies. Unknown to him or to his family he has been suffering from Bright's disease, the symptoms being latent up to the last moment. Yet a very simple examination would have revealed to his doctor the actual condition of affairs, and by proper care and proper treatment the fatal termination might have been almost indefinitely deferred.

The records of examinations by the physicians of life-insurance companies show numerous instances in which very serious disease exists without being suspected either by the patient or his friends. This fact, in addition to the frequency of cases such as those described above, is enough to show the extreme importance of a system by which the actual condition of persons not consciously ill should be periodically investigated.

In view of this it should be a part of the duty of the family physician to make a thorough physical examination of ev-

ery member of the family at least twice a year, and in the case of a feeble or delicate person at much shorter intervals. The results of these examinations should be fully recorded, and the record kept in the possession of the doctor, to be transmitted to his successor. A record of this kind would possess immense value, not only for the persons immediately interested, but also for their posterity. It is by knowing the vital history of the parents that we know what to expect in the children. Heredity is an influence which it is difficult to estimate, for the reason that the absence of records prevents our tracing it backward in the family history. Yet we know that this influence may shape the physical destiny of generations to come. Dr. Holmes has said that the proper time to begin the treatment of some diseases is a hundred years before the birth of the patient. He might have added that the treatment sometimes needs to be continued for a hundred years after his death.

But the opportunity afforded to the family physician to ward off injurious influences from those under his care might be extended much farther. It should be within his province to indicate what occupations were suitable to a given youth, and what, in the interests of his health, should be avoided. He should be able to prevent a feeble, ill-nourished, narrow-chested lad being put behind a desk in a counting-room, where the tendency to pulmonary disease already existing would certainly be developed. He should have such a voice in the selection of boarding-schools as would prevent the children being sent to institutions in unhealthy localities, or in which there was danger from defective sanitary precautions. In the selection of a new dwelling, and even in choosing a summer resort, his judgment as to the topography and the sanitary conditions should have a controlling influence. His supervision should extend to a proper adaptation of educational methods to the capabilities of the several children of the family, and to the order in which their faculties develop. On this latter point it is high time that the influence of medicine should be felt in pedagogics. Mental physiology should lie at the foundation of every school curriculum. It is incongruous that at this age of the world the development of the mind should be intrusted unreservedly to those who have

not even the most elementary knowledge of the mind's organ, the brain.

"A manufacturer would not intrust his steam-engine to the care of one who knew nothing about machinery; yet how many parents submit the finest mechanism on earth—a mechanism so fine that, once seriously disabled, no human engineer can repair, their children's brains—to those who have neither knowledge, sympathy, nor training for the task."—*Galloway, Education Scientific and Technical.*

In a hundred other ways, which the limits of this article forbid to specify, the influence of the family physician should make itself felt in the household. But it should not stop here. The human race is a family, and the medical profession should be its family physician. The same protecting care which is required in the household should be extended to the state. As the individual may not safely be left without supervision until disease is actually upon him, so the community may not safely be left unguarded until the advent of the pestilence. As the sanitary condition of the dwelling requires constant watchfulness, so the sanitary condition of towns and cities may not be neglected with impunity. As personal habits both of body and mind affect the physical well-being of their possessor, so national habits of life and thought affect for good or ill the physical development of a people.

These considerations open up vast problems which it is the province of medicine to solve. In their solution the family physician must bear his part, and his fitness to do so will depend largely upon the closeness of his relation to his families, the extent to which he comes into touch with their daily life. In proportion as its influence permeates the general family life, in that proportion medicine will find a wider field of usefulness opening before it, and on the basis of higher achievement, will command a greater measure of respect and confidence.

To recapitulate briefly. It belongs to the office of the family physician to know fully the medical history of the family; to keep himself constantly informed as to the physical condition of each member; to advise as to education, choice of occupation, residence, and whatever else may have an influence, present or prospective, upon conditions of health; to apply all the means which science affords for the

prevention of disease; to treat such cases of illness as may arise, employing freely the aid of specialists whenever necessary; and lastly, to regard the experience which he accumulates as a trust to be used for the benefit of the public in initiating and furthering such measures as will advance the physical welfare of the community.

That this enlargement of his sphere will demand greater capacity and increased powers on the part of the physician goes without saying. But the ris-

ing generation of medical men, in this country at least, is furnishing many who are fully equipped to meet this demand. Every year the standard of medical education is higher, and the profession has now in its ranks numbers of young men whose peers it would not be easy to find in any other body. In their hands the office of the family physician cannot fail to become every year more useful and more honored, until it shall stand first among the secular influences which promote the welfare of the race.

A LITTLE JOURNEY IN THE WORLD.

BY CHARLES DUDLEY WARNER.

I.

WE were talking about the want of diversity in American life, the lack of salient characters. It was not at a club. It was a spontaneous talk of people who happened to be together, and who had fallen into an uncompelled habit of happening to be together. There might have been a club for the study of the Want of Diversity in American Life. The members would have been obliged to set apart a stated time for it, to attend as a duty, and to be in a mood to discuss this topic at a set hour in the future. They would have mortgaged another precious portion of the little time left us for individual life.

It is a suggestive thought that at a given hour all over the United States innumerable clubs might be considering the Want of Diversity in American Life. Only in this way, according to our present methods, could one expect to accomplish anything in regard to this foreign-felt want. It seems illogical that we could produce diversity by all doing the same thing at the same time, but we know the value of congregate effort. It seems to superficial observers that all Americans are born busy. It is not so. They are born with a fear of not being busy; and if they are intelligent and in circumstances of leisure, they have such a sense of their responsibility that they hasten to allot all their time into portions, and leave no hour unprovided for. This is conscientiousness in women, and not restlessness. There is a day for music, a day for painting, a day for the display of tea

gowns, a day for Dante, a day for the Greek drama, a day for the Dumb Animals' Aid Society, a day for the Society for the Propagation of Indians, and so on. When the year is over, the amount that has been accomplished by this incessant activity can hardly be estimated. Individually it may not be much. But consider where Chaucer would be but for the work of the Chaucer clubs, and what an effect upon the universal progress of things is produced by the associate concentration upon the poet of so many minds.

A cynic says that clubs and circles are for the accumulation of superficial information and unloading it on others, without much individual absorption in anybody. This, like all cynicism, contains only a half-truth, and simply means that the general diffusion of half-digested information does not raise the general level of intelligence, which can only be raised to any purpose by thorough self-culture, by assimilation, digestion, meditation. The busy bee is a favorite simile with us, and we are apt to overlook the fact that the least important part of his example is buzzing around. If the hive simply got together and buzzed, or even brought unrefined treacle from some cyclopædia, let us say, of treacle, there would be no honey added to the general store.

It occurred to some one in this talk at last to deny that there was this tiresome monotony in American life. And this put a new face on the discussion. Why should there be, with every race under the heavens represented here, and each one struggling to assert itself, and no