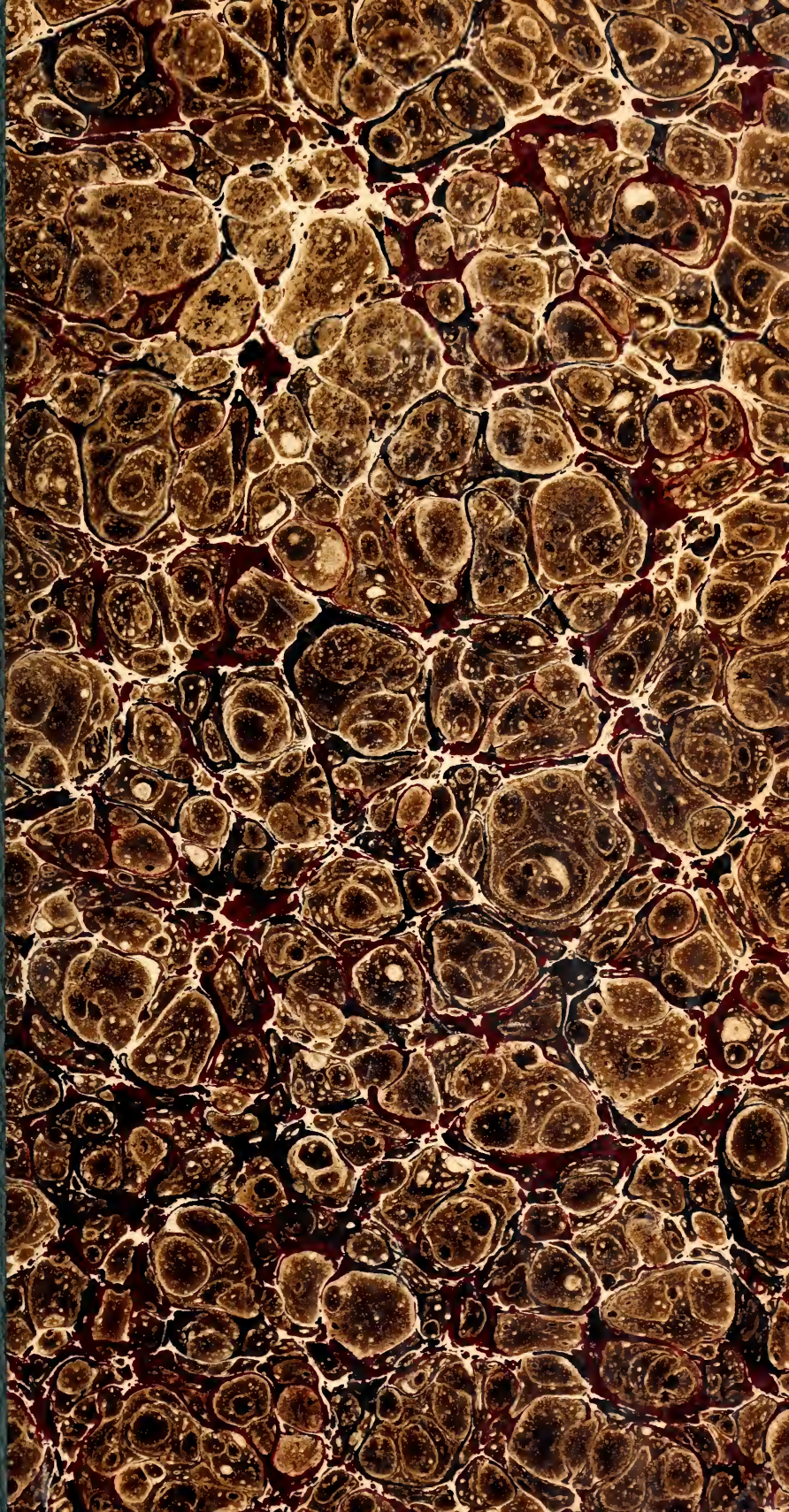

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SOUTHERN CALIFORNIA PRACTITIONER.

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THE PROGNOSIS AND TREATMENT OF LARYNGEAL TUBERCULOSIS.

E. A. MACDONALD, M.D., REDLANDS, CAL.

The prognosis of tubercular laryngitis cannot be made with certainty in any individual case. Ordinarily the more deeply the tissue is involved the more unfavorable the prognosis. In speaking of prognosis, I have reference to the years of life rather than to laryngeal cure. Laryngeal tuberculosis is a grave disease, but the prognosis need not be pessimistic as is usual with our eastern medical friends. It may be that our favorable climatic conditions aid us, or it may be that we have a greater number of average cases to study. At any rate, in my opinion, tubercular laryngitis is not necessarily fatal. I have seen a number of cases of complete recovery in the last few years, and a great many more in which, while a cure was not made, a longer life and a more comfortable one was the result of care and treatment.

In making a prognosis, it has been my experience that while the actual laryngeal condition is to be carefully considered, we are often misled by it. I have seen patients with extended infiltration and ulceration of the epiglottis and cords recover so that to all appearances they were well, while on the other hand I have seen slight laryngeal trouble develop rapidly and cause death suddenly. While tubercular laryngitis is a local disease, the prognosis depends largely upon the condition of the general health.

TREATMENT.

In many cases non-interference, beyond mild measures for local cleanliness, is best. In these cases, where there is a small amount of infiltration and no ulceration, out-doors, good nourishment and a happy mental state are important factors. I have very little use for drastic treatment, and surgical interference, such as the knife, curette and cautery.

While many cases are better left alone, the majority yield to treatment, while a cure may be effected in a few cases. Most of the incurable cases may be benefited or at least relieved.

For two years I have been using formaldehyde with good results. It is almost impossible to make a perfect record of these cases, as patients of this class are apt to move from resort to resort, and for this reason it is difficult to keep in touch with them.

giving relief for twelve hours. I have seen two cases of orthoform idiosyncrasy; in each of these cases it produced marked edema, dyspnea and pain, which lasted two days and disappeared gradually.

Probably the great bulk of our cases of tubercular laryngitis present themselves in that distressing condition of hopefulness with which we are all familiar in this country. Patients who have put off coming to a dry, warm climate until too late. They come to us for relief from pain, dyspnea, aphonia, cough, dry throats and general wretchedness. If we can relieve this suffering until the inevitable comes, we have accomplished a great deal.

Orthoform and anesthesin will relieve the pain. Heroin will relieve the cough. Menthol and oil of santol in a bland oil will relieve the dry throat. We also have hot and cold compresses—steam inhalations are good in dyspnoea.

While permanent cures are to be sought after, this last incurable, suffering class appeals strongly to me for help.

A prescription for a cough mixture is an easy way to get rid of an undesirable patient, and gives no risk to the physician, but a great deal can be done for these patients.

Redlands, Cal.

CONVULSIONS.*

BY SAMUEL A. ELLIS, M.D., AZUSA, CAL.

Definition.—This term is commonly applied to more or less general purposeless involuntary contractions occurring simultaneously and successively for a certain time.

It is also, however, applied at times to certain more localized purposeless contractions, though these would be more appropriately (and are in the ma[illegible]) termed spasms.

The latter, like convulsions, are of two kinds, tonic and clonic.

Classifications.—Convulsions have been variously classified by different authors according to the different points of view from which they have been regarded. Looking to their causation, there is both a clinical and a physiological division into classes.

From the former standpoint we have,

*Read at the twenty-fourth semi-annual session of the Southern California Medical Society, Pomona, Dec. 7, 1904.

first, primary or essential convulsions; second, sympathetic convulsions, and third, symptomatic convulsions; whilst from the physiological point of view they have been divided into, first, centric, and second, excentric. These classifications are arbitrary and will not stand the test of a critical examination, though the first of them is to a certain extent useful. Again, looking to the distribution of the convulsions, or to the parts involved, their classification by different writers may be summarized as follows:

First, external—(a) general, (b) unilateral, (c) partial; and second, internal.

These various terms need little explanation though something requires to be said in regard to them.

Convulsions are termed primary or essential when they occur either without assignable cause, from mental or moral perturbations, or as a result of some local irritation.

They are called sympathetic when the convulsions declare themselves as a prelude to, or in the course of, any of the specific fevers, as a consequence of acute pulmonary or renal affections, or in association with disordered states or structural diseases of any of the organs of the body other than those of the nervous system. Whilst the name symptomatic has been applied to the convulsions which occur as a result of injury or structural disease of the nervous system itself. The unilateral convulsions which affect one-half of the body only, as well as other partial convulsions, are almost entirely confined to the latter group, though general convulsions of the symptomatic type are perhaps just as frequently met with. The so-called internal convulsions constitute an ill-defined group, the members of which are scarcely worthy of the name of convulsions at all. They are rather tonic or clonic spasms of particular parts.

The best-known member of this group is

LARYNGISMUS STRIDULUS,

though we may also include another much less grave, though often obstinate malady, viz: a spasmodic and frequently recurring riccough.

Some would include angina pectoris also in this group. Convulsions, either tonic or clonic, or both, enter into or form the semeiological basis of five principal diseases having separate places in our nosology.

These are eclampsia, epilepsy, tetanus, hydrophobia and chorea. Eclampsia and convulsions are convertible terms, meaning almost absolutely the same thing. The former term, indeed, is useless except for the mere purpose of literary precision.

In epilepsy and in eclampsia we have equally to do with convulsions which are now admitted by almost all modern writers to be quite indistinguishable from one another. The former name, however is given to convulsions which have a known tendency to recur at variable intervals; whilst the latter has been commonly applied to convulsions which are either solitary or, if not exactly so, which occur as a closely successive cluster or group, more or less distinctly sympathetic with some general or local bodily condition. Seeing that there is a very large number of cases, almost nothing in the nature of the attack itself to enable a medical man, called to a patient in convulsions for the first time, to say whether he has to do with an attack which will be repeated or not, it is easy to understand that eclampsia is a word more frequently to be seen in books than to be heard at the bedside. In books we may read of eclampsia neonatorum the eclampsia of parturient woman and uremic eclampsia; though the more common clinical equivalents are infantile convulsions, puerperal convulsions and uremic convulsions.

The distinction between epilepsy and eclampsia therefore is one which is to a very great extent purely artificial.

[illegible]

ETIOLOGY.

The causes of convulsions are often [illegible] usually complex, consisting in each of several conditions partly acting up or predisposing, partly or exciting, and partly or proximate [illegible]. It is often the fashion to pick out some one of the most prominent or easily recognizable of these factors, and speak of it as the cause of the attack. It must never be forgotten, however, that this so-called cause, in any given case, may be able to act as such only when in conjunction with certain other more obscure, though perhaps not less potent, co-operating conditions.

Without the conjoint influence of the latter it might have been quite powerless to produce any such results. Hence the proverbial uncertainty in regard to the action of any of the more important factors, or so-called causes, upon different individuals whose age, state of health, predisposition, or surrounding conditions are not similar. The question of the conditions resolves itself, however, into two distinct departments, one of which is strictly clinical in character, while the other is more strictly physiological.

It is one thing for the medical man to ascertain what are the particular individual states, conditions of life, and occurrences, physical or moral, which have contributed to induce an attack of convulsions (to ascertain which he studies the predisposing and exciting causes of the disease), but it is quite a different problem when he endeavors to answer, by anatomico-physiological data, the actual mode of production of the convulsions. In this latter part of the inquiry he has to do with what are called proximate causes, and is brought face to face with a problem still involved in great obscurity, and concerning which the most opposite views are held by leading pathologists and physiologists (predisposing causes.) The most important of these is the existence of an unduly excitable nervous system, one in which there is an exaltation of the tendency to produce reflex movements—an undue mobility of the nervous system, as it is sometimes called. This is a state of things which is naturally more marked in women than in men, and also notably prominent in young children of both sexes. It is moreover much exaggerated in some children of nervous habits, who, besides being unduly emotional or excitable, are very prone to start or tremble at the least noise, and are subject to muscular twitchings in various parts of the body.

With increasing age, and especially in the male sex, we find the sensorial and emotional nerve centers becoming less excitable, owing, in great part at least, to their more complete subordination to the controlling or inhibitive influence of the developing cerebral hemispheres. The predisposing ground work being of this nature, how is it caused or to be accounted for?

(1) It may be inherited from one or both parents, or from grandparents, who may have themselves possessed a nervous system of this type, and may, moreover, have been subject to fits or other well marked disease of the nervous system.

But though not inherited in the strict sense of the term, it may, (2) be connate, the patient may always (i. e. from birth) have possessed a nervous system of this type, as an accompaniment of the mere low vitality which is often seen in children born from parents who are simply weak and debilitated, or in those whose parents have been advanced in life.

(3) At other times the nervous system may have acquired such predisposing characters sometime during the life

of the individual (especially during childhood or adolescence) owing to the action of various sets of conditions, some of the best established of which are these: (a) The cachexia sometimes following measles, pertussis, etc.; (b) insufficient or improper food; (c) chronic diarrhoea; (d) hemorrhages or exhausting discharges.

If we now turn to the various exciting causes we find these so powerfully influenced by the age of the patient as to make it desirable to consider them in reference to different periods of life, which we may artificially, though conveniently, mark off from one another.

Infancy.—(From birth to end of second year.)

In certain cases convulsive attacks are congenital, and here perhaps the most frequent exciting cause is a meningeal effusion of blood which presses upon and irritates the surface of the brain—the extravasation having in some case been occasioned during parturition, where it has been prolonged or unnatural. These congenital attacks are most frequently associated either with more or less marked hemiplegia, or with a subsequent partial or distinct condition of dementia or idiocy. Such unfortunate infants may continue quite unable to stand or sit up; they remain unable to speak and may be quite blind.

Meningeal or superficial hemorrhages may also occur in young infants under the strain of the mechanical congestion produced by violent fits of coughing in pertussis or bronchitis, and in some of these cases such effusion may be followed by convulsions.

Fits in infancy may also follow falls or blows upon the head, though at this early age such occurrences are comparatively rare.

In infancy, again, convulsions may usher in or subsequently supervene in almost any acute disease, this being especially the case with measles, scarlet fever and other of the exanthemata, in pneumonia or bronchitis and also in tubercular meningitis.

But still more frequently, convulsions in infancy are excited by mere peripheral irritations, as during the process of teething, from an overloaded stomach, or from indigestible food.

Diarrhoea, worms, etc., also take their place as more or less frequent excitants of convulsive paroxysms in infants, though worms only begin to appear toward the end of this period.

But though irritations in the field of distribution of the fifth and pneumogastric nerves are especially potent in exciting convulsions, irritations of other parts of the body may also lead to similar results, whether they are occasioned by the injudicious disposition of pins, by tight strings wounding or irritating the skin of the body, or by any other means. The more distinctly predisposing conditions exist, the more frequently will any or all of these exciting causes give rise to an attack of convulsions.

Lastly, an infant which has taken the breast of the mother who has shortly before been much perturbed by violent anger, grief, or any other strong emotion, may thereafter, if predisposed, be seized with convulsions, probably owing to the milk of the mother having been so altered in quality as to have led to gastric trouble and irritation in the infant.

Childhood.—(From the second to the thirteenth year.)

Most of those exciting causes which are influential during the last period continue to be occasionally operative in this, especially during the first half of it.

Meningeal hemorrhages are now rarer, though they may still occur during violent paroxysms of coughing, and also from falls or blows upon the head. The latter causes of hemorrhage may, however, act in producing fits in other ways, e. g., by concussion, shock, etc., and they now come to be more frequently operative. The exanthemata are

[illegible] are provided or associated with [illegible] attacks and tremors, [illegible] from teething or irritants [illegible] worms in the intestinal canal, are also still apt to be [illegible] in such a sequence.

Among the permit another cause of convulsive tendency comes into operation with great frequency, and this is fright.

The fits in either follow the fright more or less immediately, or it may not take place for days, perhaps for weeks, after the sudden emotional disturbance.

During the interval, however, the bodily and mental condition of the child is generally obviously disturbed.

Proper treatment at this stage may prevent the occurrence of fits.

Adolescence.—(From the thirteenth to the seventeenth year.)

Fright or any other sudden emotions, falls upon or blows about the head, still appear as frequent exciters of convulsive attacks which recur, (epilepsy) at this period of life, though meningeal hemorrhages, acute diseases and peripheral irritations are much less frequently operative than at earlier periods, since the special irritability of the nervous system characteristic of childhood decidedly abates as the cerebral hemispheres develop and begin to exercise a more powerfully controlling influence over the lower centers.

Other new causes, however, come into play at this epoch.

The establishment of puberty is a kind of crisis during which, independently of all other causes, convulsions may be initiated in those whose nervous systems are at all predisposed towards such an occurrence. This is more especially so in the case of the female, partly because of the existence of a more frequent predisposition in persons of this sex, and partially because of extra excitations in association with the establishment of the catamenia. Ovarian or uterine irritation, or irregularity of the functions of these organs at any part of this period, may help to occasion fits which may or may not take a hysterical type. Excessive study and mental application, as well as worry or anxiety, must also undoubtedly be enumerated among the causes of epilepsy at this period of life.

Neither should we forget the possible existence of aneurysms of the arteries or of morbid growths in connection with some portion of the brain or its meninges, either of which may act as occasional excitants of epileptic paroxysms.

And in some of such cases the new growth may lead to the supervention of chronic hydrocephalus, and thus render the occurrence of convulsions even still more likely.

Early Adult Age.—(Twenty to forty years.)

Fits originate much less frequently during this period of life than in adolescence or childhood. They are, however, apt to supervene more especially when the general health is lowered under the influence of various exciting causes, grief and mental morry, more especially when combined with long continued bad sleep, and the labors or cares of business, are then apt to produce them.

Blows or falls upon the head may still be followed by attacks of this kind, though, perhaps, with less frequency than in the earlier periods of life.

Syphilitic induration or growths from the meninges may now occur, and other attacks (often of one-sided convulsions) may be determined by various pathological changes or accidents taking place in regions of the brain where more severe lesions would give rise to hemiplegia.

The primary change in these cases may be minute hemorrhages into the brain substance, or minute and slight softenings produced by stopping of small vessels (embolism or thrombosis.)

From lesions of this kind hemiplegia and epilepsy are often more or less associated.

Occasionally the cause may be a non-

syphilitic tumor, occupying the side or base of the brain.

Puerperal convulsions in the female, and uremic convulsions in both sexes, are most frequently met during this period of life.

After Middle Age.—Forty years and onwards.)

The mobility of the nervous system gradually diminishes during this period, so that epileptic attacks commence now with still less frequency.

There is, however, one period (the climacteric) in the female sex in which this mobility is temporarily increased, and in which fits again become more frequent under the influence of apparently slight exciting causes.

Although fits are only very rarely liable to be induced by the sequelae of hemorrhages or of softening of the brain, yet these events now grow more common as age advances, and are therefore to an almost corresponding extent unreliable to figure as causes of epileptic attacks. Exposure to great heat or sunstroke may also at this period, or earlier in life, act as the exciting cause of convulsions.

Mental over-work, worry, fright and such like influences are much less likely to operate in persons over 40 than in earlier life, and the same is to be said of blows or injuries of the head, short of the most severe, causing actual lesions of the brain.

But the mal-nutrition and degeneration induced by intemperate habits may predispose to symptoms of this kind.

Various organic diseases of the brain, whether principally characterized by degenerations with a process of more or less general atrophy, or with localized overgrowth of connective tissue, are also not unfrequently productive of convulsions, either in persons of middle or of advanced age.

A well-marked instance of the former of these associations is to be met with in general paralysis of the insane.

Cysticerci on the surface of the brain have also in some recorded instances been the cause of most obstinately recurring convulsions.

Lastly, it should always be borne in mind that convulsions are sometimes the result of the action of poisons of various kinds upon persons of any age.

Occasionally such poisoning may be brought about by articles of diet such as mussels or fish in certain states, or from poisonous mushrooms, whilst at other times it results from some of the well-known narcotics—irritant poisons, taken either inadvertently or purposely.

Anatomical Characters.—These may be said, so far as our present knowledge goes, to be absent. It is true that general or partial congestion of the brain may frequently be encountered in those who die during an attack of convulsions, but this congestion is to be regarded as a result rather than as a cause of the fit.

Symptoms.—The varied nature of the causes make it impossible to say anything of moderate compass concerning the premonitory signs or symptoms which may precede an outbreak of convulsions.

These must necessarily vary immensely in different cases. It is impossible in any individual case to tell, from the nature of a first convulsive fit, whether it will form a more or less isolated attack, or whether it will constitute one of a subsequently recurring series. In either case we have to do with (1) a more or less distinct stage of tonic spasms, followed (2) by one of clonic spasms, and (3) succeeded by a state of stupor.

One or other of such stages is, however, not unfrequently more or less abortive. These attacks may, at times, so rapidly follow one another as to be merged into one long series, or status convulsivus, differing in no respect from the analogous status epilepticus.

Complications and Sequelae.—The complications are most various, seeing that in different cases we have to do

[illegible] diarrhœa.

[illegible] may be with [illegible] with [illegible] the characteristic [illegible] disease, [illegible] organic [illegible] to the accompanying [illegible]

[illegible] with [illegible] the frequency of [illegible] the duration of the [illegible] which the patient has been [illegible] the convulsions or them.

Diagnosis.—There is very little difficulty in regard to the diagnosis of the affection.

The [illegible] distinction between [illegible] and a fit of epilepsy has already been insisted upon.

Neither [illegible] affection can be [illegible] confounded with certain forms of chorea, which [illegible] present themselves in adults, with movements not unlike those of ordinary convulsions.

The more continuous nature of the movements and the fact that consciousness is not impaired, suffice to distinguish it from of chorea.

The [illegible] of lessons and hydrophobia are also [illegible] distinguishable from an ordinary attack of convulsions.

The characteristics of hysterical convulsions are quite distinctive.

With hysterical patients positions of danger are generally avoided, the epileptic [illegible] in the fire, the hys[illegible]

[illegible] tongue: not so in hysteria. In hysteria the face may be more or less red. In epilepsy it is [illegible] pale, they lived.

As a rule the hysterical patient rapidly returns to her ordinary condition after the attack is completed, [illegible] the weariness and tendency to sleep which are characteristic of epilepsy.

[illegible] of diagnosis have [illegible] attack. To [illegible] to this is often very difficult and occasionally impossible, at all events when a patient first comes under observation. At other times, however, the indications are so plain that there can be little or no difficulty.

It is a question which should be considered with the utmost care, since on the correctness of our conclusions in regard to this point the efficacy of the particular line of treatment which we adopt must necessarily depend.

Nothing is more to be deprecated than hasty jumping at conclusions, from mere routine and superficial considerations.

The condition of the patient must be carefully examined and the nurse, attendants or relatives must be closely questioned in order that we may learn as much as possible as to the previous state of health of the patient, and more especially as to the time and events which immediately preceded the first outbreak of an attack of convulsions.

Examinations and inquiries combined may convince us that the convulsions are: (1) of the primary or idiopathic variety, immediately occasioned, perhaps, by fright, anxiety, overwork, overmuch or indigestible food, etc., or, (2) that they are of the sympathetic order dependent upon pregnancy, renal disease, the onset of an acute specific fever, pneumonia, or to the existence of whooping cough, scarlet fever, etc., or in the absence of reasons for placing them in either of these categories, we may be forced to conclude that they are, (3) symptomatic of some organic brain disease, the nature of which must then be determined as nearly as possible, judging from the age of patient, the mode of onset, his present state and associated conditions.

In any case we may have to inquire more closely as to hereditary tendencies, or acquired predisposing causes, which sometimes reduce the nervous system to such a degree of irritability as to lead

to an attack of convulsions without the aid of any obvious exciting cause.

In infants or very young children such a condition of the nervous system may display itself by great restlessness and startings at night, by the child sleeping with half-open eyes, by drawing of the thumbs across the palms, by twitchings of the limbs, of the angles of the mouth, or of facial muscles generally.

In nervous girls fits are induced by very slight causes, about the time when catamenia becomes first established.

The indications for treatment, in fact, vary immensely in any five consecutive cases of convulsions to which the practitioner may be summoned.

Prognosis.—The possibilities under this head are at least six in number in regard to any case of convulsions: (1.) The patient may recover after having a single fit or a batch of them within a few hours or days, and may never have another attack.

(2.) The patient may recover, and though he may not have fits habitually thereafter, they may recur at prolonged intervals, when predisposing circumstances chance to be strong or are supplemented by an exciting cause of unusual potency.

(3.) The patient may recover, though he subsequently continues to have fits either at irregular or regular intervals; he becomes, in short, a confirmed epileptic.

(4.) The convulsions may come to be followed by temporary delirium or a more or less marked maniacal condition, recurring after all or some seizures.

(5.) The patient may recover from the convulsive attack and may or may not have another fit, though he may remain hemiplegic.

(6.) The patient may die during the attack or almost immediately afterwards from the effects of it, or by reason of some organic lesion by which the fit itself has been determined. Recoveries are fortunately common, but death, especially in infants, is by no means uncommon.

Treatment.—During the convulsion itself, we must see that all clothes are thoroughly loose about the neck and chest, and the patient should be placed in the supine position with the head slightly raised.

Aside from seeing that the patient does not knock or injure himself, owing to the violence of his movements, these should not be much restrained, although efforts should always be made to prevent the tongue being bitten, by slipping the most suitable thing at hand between the molar teeth on one side.

Beyond such simple measures as this the less we do during the actual continuance of the fit the better it will probably be for the patient.

We know of no rational or successful means of cutting short an ordinary attack of convulsions, and in the face of such an attack we should be cautious less evil might be done.

Where we have to do with a succession of attacks quickly following one another, and which already have lasted some time, the careful administration of chloroform may be tried, as it is very serviceable in many cases when a status convulsivus occurs in children or adults, though it would not be desirable to have recourse to it in infants. For the latter the warm bath seems to do good. On the cessation of the convulsion, or during the intervals, the treatment to be adopted to prevent their recurrence must necessarily vary greatly according to the age of the patient, and also as regard the predisposing and exciting causes of the attack. An overloaded stomach calls for the speedy administration of an emetic.

Indigestible food already passed into the intestines, an enema, or brisk purgative.

Diarrhoea must be checked, or anthelmintics administered when worms are suspected.

When convulsions precede an attack of scarlet fever, or smallpox, they usually subside of themselves as the disease develops.

The treatment of symptomatic convulsions dependent upon actual organic brain disease, must also necessarily be subordinated to that appropriate for the affection itself upon which such symptoms depend.

No drug will be found more generally useful, however, than potassium bromide in 10 and 15 grain doses for an adult three times a day, children in proportion.

This remedy seems sometimes to be enhanced in its actions by combining it with moderate does of digitalis, especially in those cases in which there is great general nervousness in association with a disordered cardiac rhythm.

When a sounder sleep is urgently necessary, chloral may be given alone or in combination with potassium bromide at bedtime.

Tincture sumbul or of henbane are also at times useful adjuvants. When we have to do with tumors of the brain, and especially with syphilitic growths in the meninges much better results are to be hoped for from large and increasing doses of potassium iodide either alone or in combination with the salts of mercury.

MUCOSA OF UPPER RESPIRATORY TRACT.—A PLEA FOR MORE RATIONAL TREATMENT.*

[illegible] M.D., LOS ANGELES, CAL.

[illegible] underlying structures by a layer of areolar tissue—the submucosa.

It differs from mucous membranes elsewhere only in the character of its epithelium and the number and kind of its secreting glands.

The greater part of this regional mucous membrane is possessed of the

[illegible] semi-annual session of the Southern California

most delicate form of epithelium, viz., the ciliated, which, because of its delicacy, is much more easily injured and destroyed than either the squamous or columnar cavities.

It is rich in lymphatics and lymph-channels and generously supplied with blood vessels.

In certain localities the venous plexuses are so large as to produce typical erectile tissue.

The blood supply is regulated and controlled by the most highly-sensitive vaso-motor nerves to be found in the organism.

The office of mucous membrane in general is protective and secretory.

In addition to the above, the mucous membrane under consideration has, because of its peculiar location, the further important duty of not only protecting the body against invading organisms, but also of warming, filtering and moistening the inspired air to a degree consistent with perfect and normal respiratory function.

Because of its location and great importance, the necessity of preserving its integrity as the guardian of the most vital portal is obvious.

On account of its exposed position and abundant blood supply it is subjected to disturbances of function and disease, of varying character and degrees, more frequently than any other tissue.

External and internal factors, either singly or combined, are constantly harassing it and consequently it presents our most common pathological condition.

While it presents the most frequent clinical picture with which we are familiar, at the same time it is perhaps the most mistreated.

Treatment usually assumes one or the other of two extremes—either neglect of over-treatment.

A rational middle ground is apparently studiously avoided.

The neglect of proper treatment is occasioned by the too little importance the general practitioner places upon disease in this location.

It is looked upon as incurable and inevitable in that particular climate—a thing to be expected and tolerated.

With this idea in mind, the multitude of apparatus and proprietary preparations and the ease of their applications, etc., the doctor neglecting careful diagnosis and etiology, is often prone to take the patients' word for the fact that they have "catarrh."

A spray, douche or gargle is handed out after the manner of the grocer, and serious, irreparable damage and extension is allowed to take place.

As disastrous and inexcusable as neglect of these cases may be, it is not responsible for nearly as much discomfort and mischief as the other extreme—over-treatment.

Nature will much better tolerate neglect than abuse.

The comparative accessibility of the parts encourages vigorous methods which usually tend to over-treatment.

As to the different agents used in the over-treatment, the fault lies not with the agents used themselves, but with the manner of their employment and the fact that they are misapplied, unindicated and often contra-indicated.

Because of the limited time I can speak but briefly of a few of the more commonly-abused forms of treatment.

Sprays—the commonest form, aside from their often unsuitable chemical and medicinal character, in a mechanical way, are often applied cold and with too much force.

The mucous membrane demands and yields much better to a gentle blood-warm spray than to one that irritates the highly sensitive nerve endings and destroys the delicate epithelium.

Nasal douches of all varieties are abused. The solutions are frequently

to irritation and of less avoid quantity [illegible] of [illegible]

Too much force is used in the foreign [illegible] and the [illegible] "snuffing" [illegible] [illegible] effective in causing [illegible] trouble.

The [illegible] agents [illegible] above all [illegible] [illegible] frequently resorted to, that [illegible] more destruction of tissue, adhesions and disastrous cicatrices, is the cautery, either chemical or electric.

It is spectacular and very impressive, but most destructive and far reaching in its damage.

It should be used only, and then sparingly, in selected cases, and not until other milder methods have been tried.

What is true of the cautery is equally true of that kind of surgery in which the tissues are crushed or destroyed and the mucous membrane stripped from the bone—cutting blindly without a view of the operative field, etc.

I do not wish to be misunderstood. The foregoing measures are all essential and effective but their intelligent use is too rare.

The necessity for removing obstructions and facilitating drainage of the accessory cavities and other parts is often imperative, but it should always be done with the idea of preserving and restoring function rather than destroying it as inconsequential.

Surgery is the *sine qui non* of this system and when intelligently applied gives more relief and a larger percentage of good lasting results than any other measure.

The damage done by unskilled surgery is also permanent.

Function once lost cannot be restored, and when destroyed frequently imperils the patient's well-being and certainly his comfort.

Atrophy of the mucous membrane follows over-medication, and scar-tissue of a "sole-leather" consistency the cautery,, [illegible] and saw.

Hypertrophy of the lymphatic elements takes place in an ineffectual effort to assume the office of the destroyed mucous membrane.

In the zeal for treatment by local measures the general condition is frequently overlooked.

The large majority of lesions of the upper respiratory tract are secondary to constitutional changes.

Repeated "colds," so often the source of trouble, are not local.

Rheumatic, luetic and lymphatic diatheses are frequently the primary cause of many cases.

Vaso-motor imbalance of various kinds—particularly in neurotic individuals—is responsible for many others.

Impaired portal circulation, vicious habits, heredity, faulty elimination and a host of other general conditions are also causative factors.

Rarely are they taken into consideration in the treatment, and necessarily the results obtained by local measures alone are unsatisfactory.

I would like to ask here for this mucous membrane consideration commensurate with its importance.

It is entitled to proper and intelligent diagnosis and rational treatment.

Diagnosis is comparatively easy and proper treatment not difficult.

Empirical methods and lack of thoroughness are inexcusable.

One more word and I am through.

If there is any word that is so familiar to the laity—if there is any word that is so frequently used and expresses so little—that word is "catarrh."

It indicates no definite condition and is used in a general way to cover all diseases to which the mucous membrane is liable.

I hope that we may fast relegate it to its proper place, now occupied by "biliousness," "liver trouble," "female complaint," etc., all monuments to a time when accurate diagnosis was considered unnecessary and modern methods of scientific treatment unthought of.

213 Conservative Life Building.

TUBERCULOSIS—A LAYMAN'S IDEA.*

BY ROBERT W. POINDEXTER, LOS ANGELES.

When a plain, everyday business man is invited to appear before a lot of doctors to tell what he knows about some subject connected with any one of the many ills this mortal flesh is heir to, he is apt to display a lamentable ignorance of the very fundamentals of physiology and hygiene; and, though he may feel fairly well acquainted with himself, if he should try to pass an examination as to the location and functions of sundry organs of his own body, he probably could not describe them with much accuracy.

Nevertheless, the care of the body is a subject not only of great interest to everyone, but of vital importance to our individual well being and comfort.

This meeting tonight is an evidence of the strong interest that is felt in the care and treatment of those unfortunates who, from inherited tendencies or otherwise, have within them the germs of tubercular troubles, and in the prevention of the spread of the disease by patients who are either too poor or too ignorant to take proper care of themselves, and avoid transmitting the disease to those with whom they come in contact.

The work of the Anti-Tuberculosis League is necessarily a campaign of education for the incipient cases as well as for the isolation and proper treatment of those who need assistance. There is no excuse for well-to-do tuberculous subjects transmitting their disease to others, as simple preventions and reasonable care will avoid that danger.

The first difficulty seems to be to have the ordinary patient admit that his trouble is tubercular, and another is to convince him of the absolute danger of communicating the germs of his disease to others.

One would think that the investigations of scientific men for generations, and their unanimous conclusions as to the cause and effect of tuberculosis, would have had more effect on those who are unfortunate enough to have contracted it. But we are all so slow to admit that there is any real trouble within ourselves, and most of us are so naturally selfish about our own personal comfort, that in most cases patients have had a chance to do a lot of mischief to others before they acknowledge that there is anything serious the matter with themselves.

For more than two thousand years tuberculosis has been made a study by the most learned and scientific physicians of the world, and most of them have believed in its curability and prevention. Even as far back as several hundred years B. C. we read of the opinions of such men as Hippocrates, sometimes called the Father of Medicine; Isocrates, who taught that consumption was contagious; Celsus, Pliny, Galen, and others who taught that life in the open air was prescribed as most healing and beneficial.

It is now almost universally conceded that tuberculosis is curable if treated soon enough and properly, and that its transmission from those affected to other persons may be prevented by reasonable precaution and proper care of patients. Admitting these two statements, the question is how to take care of, or furnish, the most help to those who have not the means to take care of themselves.

It is practically impossible to cure a patient who, from lack of money, must be kept in a small and poorly ventilated room; and it often occurs that other members of the family sleep in the same

*Read before the Anti-Tuberculosis League at the semi-annual meeting, Pomona, Dec. 6, 1904.

[illegible] recommend. In such a [illegible] almost [illegible] accomplished to others [illegible] "The [illegible] considerable money [illegible] of all of [illegible] only in recent [illegible] have begun [illegible] in [illegible] countries. The [illegible] the credit of having [illegible] the first sanatorium for consumptives among the poorer classes. It [illegible] about twenty years since Dr. E. L. Trudeau of Saranac Lake, N. Y. made his first appeal for contributions [illegible] a cottage sanatorium in the Adirondack Mountains. In 1884 a [illegible] and one wing of the main building were built. Each year the institution grew, and now it has over twenty [illegible] accommodating over [illegible] patients. It owes its prosperity [illegible] to the personal efforts of its founder and his friend, the late Prof. Alfred Cohn of New York, and to the generosity of the public."

The [illegible] of various sanatoria [illegible] Dr. Knopf in his valuable work on the treatment of pulmonary tuberculosis are most interesting, but the limits of this paper prevent any further reference to these institutions.

I have been asked to tell you something of the Barlow Sanatorium of Los Angeles, an institution which, like the [illegible] Sanatorium, is the outgrowth of the [illegible] and philanthropic [illegible] developed by the consideration of the plans which its many friends have shown and their hearty co-operation, generous response when [illegible] material and for carrying [illegible] plans.

[illegible] tell an institution it is [illegible] how much often depends on [illegible] farm and nursing [illegible] and it is the [illegible] founder of the Barlow Sanatorium, who more than anyone [illegible] enabled the Directors to present the fine results shown in the first Annual report, which was issued in October 1904—I mean the visible and material results which are shown on the side of philanthropy—and do not refer to the important scientific data which may be proven by later investigation and with improved facilities.

The special work of the Barlow Sanatorium is the isolation of cases among the poorer classes, and by this means much good work will be done in preventing the spread of the disease.

This institution was incorporated under the laws of California in 1902, is non-sectarian, and is planned to care for the indigent tuberculous of Los Angeles county; those who have been residents of the county for one year and who are in no condition for active work. The property consists of twenty-five acres adjoining Elysian Park, which was purchased in 1901. The first buildings were erected in 1902, and the first patient admitted September 1st, 1903.

During the first month four patients were cared for, and since then the work has slowly grown until, during each month, as many cases were admitted as there was money sufficiently provided; and the end of the first year shows that we have treated and cared for thirty-four cases. Considering the expense of starting, furnishing and maintaining such an institution, we should be satisfied with the work of the past year. There are now beds for nineteen patients.

The land (twenty-five acres) was purchased for the sum of $7300. This twenty-five acres gives sufficient room for the future growth of the work.

The Administration Building consists of five rooms and a bath, with detached kitchen quarters, complete with furniture, where are the administrative rooms, matron's bedroom, patients' dining room with accommodation for twenty, adjoining a nurses' dining room. A kitchen and pantry are detached where also are the servants' rooms and laundry. Con-

necting this administrative building with a covered sixty-foot passageway is a permanent cottage with thirteen rooms and two baths, well equipped in every detail with twelve beds for patients, and suitably furnished. The rooms are fourteen feet high, with hot and cold air registers, the latter connecting with an eight-foot space above. This building is planned to be the future infirmary of the sanatorium, to care for the more advanced cases, when money is provided for sufficient tent cottages to hold the incipient cases.

The funds for all that has been done, and for the maintenance of the institution, are provided from three sources:

First, donations and contributions, given directly for the general work.

Second, life memberships of $100 each, the proceeds of which are permanently invested, and only the interest from these investments used.

Third, annual dues of $5 from each annual member.

In addition to these sources of revenue, we hope to have beds endowed from time to time by wealthy and generous donors.

In October, 1904, the first bed was permanently endowed by the gift of $5000 from a wealthy lady in Los Angeles.

There is now over $10,000 in the endowment fund, over $5000 of which is represented by the life memberships.

We have nearly two hundred names on the annual membership list, and among these are many physicians and their wives.

One of the most acceptable donations is a tent cottage, or the money necessary to build one. These cottages cost about $200 each, exclusive of furniture, and the furniture about $100 additional. Each cottage accommodates two patients. The cottage plan furnishes the best method for isolating patients, and in our mild and equable climate the tent cottage is the most economical and the best.

We have a special building fund devoted to this purpose, and all donors of any amount whatever who wish their gifts put into something permanent can stipulate that they are to be applied to the building fund.

We now have four tent cottages completed and occupied.

One of the very encouraging features in the work of raising funds has been the deep interest shown by leading business men of Los Angeles, who recognize the great importance of maintaining such a sanatorium in a city where so many invalids come to get the benefit of our wonderful climate.

One of our leading bankers, when making a contribution, remarked: "My bank is not allowed to contribute to ordinary philanthropic work, no matter how deserving it may be, but we give to the sanatorium because we consider it a public necessity."

A brief statement of receipts from the time the land was purchased, up to September 1, 1904, will show very satisfactory growth and much encouragement for the future. The statement is as follows:

RECEIPTS.

Land	$ 7,300.00
Administration building	5,377.74
Solano cottage	9,352.03
Tent cottage (part proceeds Potter bazaar)	329.00
Medical and dental students' cottage	316.75
Donations Sept. 1, 1903, to. Sept. 1, 1904	3,660.68
Total donations up to Sept. 1, 1903	2,485.10
Life memberships	4,170.00
Annual memberships	720.00
Building fund	175.00
Interest on deposit to Aug. 31, 1904	264.12
Received from family or friends of patients towards support account	1,705.00
Total	$35,855.42

The first annual report, September 1, 1904, shows the following statement of assets:

ASSETS.

The sanatorium enters upon its sec-

[illegible] debt [illegible] as follows:

Taxes [illegible] and 1903 [illegible]	7,000.00
[illegible] Buildings and [illegible]	5,877.74
[illegible] and furnishing [illegible] students' [illegible]	9,352.03
[illegible]	316.75
[illegible]	261.80
[illegible] and two vehicles	250.00
Tent [illegible] and furnishing (net proceeds Potter bazaar)	320.00
Cash in endowment fund	5,000.00
Cash on hand in general fund	241.07
TOTAL	$28,428.39

Since the report was printed, we have received over $15,000 in cash. This amount added to the $35,855 shown above, gives a total of more than $50,000 contributed to date. About $2000 of this was for new life and annual memberships, about $8000 proceeds of the lawn fete given in September, and $5000 as a gift for endowing a bed, of which I made mention before.

One of the important features of the sanatorium is the fact that no patient is refused because he is incurable. Poverty and need of a physician and nurse are the first considerations. The first requirement for admission is that the patient must have resided in Los Angeles county for one year.

During the past year seventy-five applications have been received, and each of these cases investigated to ascertain whether or not such could be admitted to the institution. Thirty-four of this number have been admitted and cared for.

There has been no fixed rate for the admission of patients. We have tried to care for as many of the destitute as the funds would allow, the patients in all stages of the disease have been received. The family or friends of patients admitted are requested to guarantee, when they are able to do so, what money they can per week, from $5 to $7. Eight patients have been cared for from one month to one year free of charge because the families were unable to raise any money. The highest monthly average cost per patient per week has been $13.50, the lowest per week has been $10.35.

The average cost for the whole year per patient per week has been $12.35. This may be reduced to about $9 per week when we have sufficient means to take twenty to twenty-five patients. It has been necessary to raise about $450 each month for the care of from ten to twelve patients.

I have given this rather full report and statement to encourage the Anti-Tuberculosis League in their good work, and to show what a strong ally and helper the league has in the Barlow Sanatorium.

THE INITIAL LESION OF SYPHILIS.*

BY DAVID BERHAM THORNTON, M.D., LOS ANGELES.

Seaport cities of the Orient have rightly become notorious on account of the great prevalence of venereal disease. Judging from our own high standard, life was held cheaply—women were regarded little better than chattels, and personally I have had a mother offer to sell me her daughter for the magnificent sum of ten dollars, Mexican, morality is consequently on a low plane indeed. Adventurers in civil life, sailors and soldiers have all added their quota in importing venereal diseases.

An enervating climate, laxity in medical supervision and carelessness on the part of the women themselves had pro-

*Read before the thirty-fourth semi-annual session of the Southern California Medical Association, Pomona, Dec. 7th, 1904.

duced a prostitute class in the city of Manila which gave the medical officers of the army far more trouble than Spanish or insurgent bullets.

Syphilitic infection was unfortunately common among the members of my regiment.

Secondaries occasionally developed in cases whose initial lesion I had erroneously diagnosed as chancroid, and again in some other cases in which I had positively asserted the lesion to be syphilitic in character, I afterwards was glad to acknowledge my mistake because of their being no later manifestations of the disease.

Later in my service I became more cautious, and in a suspicious case assumed an attitude of "watchful expectancy," willing to let time settle the diagnosis.

The diagnosis of the initial lesion of syphilis is usually plain in cases characterized by, first, an incubation interval varying from 10 to 40 days; second, the sore, beginning as a single papule or erosion whose surfaces are level with the surrounding tissues, base, smooth, dull red in color, secretion scanty, firm, hard, indurated, ivory-like to the touch and causing but little pain. Third, an enlargement of the inguinal glands of both sides with but little tendency to suppuration.

These characteristics are often so modified that diagnosis may be rendered difficult. The incubation period of 10 to 40 days before the initial syphilitic lesion appears is difficult to determine in individuals whose habits lead them to indulge in frequent sexual intercourse. A venereal sore may appear a few hours after a recent coitus, yet be the result of a serious infection received three or four weeks previously. The non-autoinfecting property of the syphilitic sore is one of the great diagnostic points differentiating it from chancroid, and accounts for the singleness of the lesion in the vast majority of uncomplicated cases of syphilis.

However, uncomplicated cases may have more than one coexisting lesion. At the time of coitus two or more abraded surfaces may have been simultaneously infected and each infected area develop a true syphilitic lesion.

The induration which differentiates the hard and soft sore may be rendered puzzling through the prevailing idea that every venereal sore must be cauterized.

The application of silver nitrate to the soft sore may produce a boggy, inflammatory hardness which closely simulates the induration of the true chancre.

Some of my cases were of the mixed variety, that of the chancroid, superadded to the initial lesion of syphilis or *vice versa*. These cases caused me most trouble from a diagnostic standpoint.

Palpable inguinal glands are a constant accompaniment of the chancre, and their suppuration in an uncomplicated syphilitic case is infrequent. However, certain conditions may bring this about, viz., an anemic, run-down physical state, the virulency of the infection producing even phagedena.

Prof. Moullin says: "Whether suppuration occurs in the first set of glands involved depends entirely upon the character of the sore. If it is foul and sloughing the pyogenic organisms will in all probability gain access through the lymphatics and finding a genial soil excite suppuration."

While venereal infection is common among soldiers, yet in our large cities it certainly is not infrequent among civilians. Too often the physician regards lightly the sore which his patient shows him. A hasty diagnosis, reassuring the patient that he is "all right" and that his trouble is trivial may encourage a spread of a dreaded disease.

Prof. Morton states: "It is often difficult to make a differential diagnosis between chancre and chancroid, particularly in the cases where an excessive amount of inflammation has occurred

and a condition of deep inflammatory [illegible] process. We should always have in mind the possibility of a mixed case being present, and it is usually well to allow three or four weeks to elapse before excluding syphilitic infection."

526 Douglas Block.

PNEUMONIA IN HIGH ALTITUDES.

[illegible] SMITH, M.D., PRESCOTT, ARIZ.

On reading over the various medical [illegible] I have noticed in nearly every issue one or more articles published on pneumonia and various forms of treatment. Having, as I do, an altitude of nearly 5000 feet, pneumonia is considered fatal in nearly every line, but by perseverance study and making each case an individual one, I find a great deal more can be accomplished by practically ignoring any special treatment, and it is in sympathy for such cases that compels me to write this article. There is no need of going into the pathology of the lungs, but I feel like it is necessary for me to say something in reference to the blood and the specific organism, the pneumococcus.

We are all very familiar with the appalling mortality of the much-dreaded disease, and it seems to me when a doctor has diagnosed a case as pneumonia, that in nearly every instance it causes him to look on the unfavorable side of the disease.

The micrococcus lancelatus has been found in nearly 90 per cent. of the pulmonary exudate, and has repeatedly been found in the mouths of healthy individuals. The exact mode of transmission of the disease is not altogether understood, for according to Tyson, who has made extensive investigations, he reports successive cases in the same locality, and in a ship's crew of 815 he reports 410 cases. It seems to me that much can be accomplished by looking into the causes of the disease, and one that perplexes me at present is la grippe. How many times will a doctor be called to see such cases that have a dry cough, aching in the bones, headache, and a constricted feeling about the chest, and the doctor will give a little medicine and tell his patient if he feels better by tomorrow that he may resume his occupation.

But when we consider that the pneumococci are on the tonsils and in the mouths of healthy individuals, what a difference it ought to make in our advice, especially at such times. And I can recall a case in my own practice where I was not careful enough, the patient contracted pneumonia and died. Chronic alcoholism, traumatism and over-exposure are also important causes. Another important factor is the blood; we find it readily clots due to excess of fibrin, and more marked about the seventh or eighth day. The total volume is somewhat reduced, the specific gravity increased, anemia usually not marked, but leucocytosis appears in a great majority of cases. The toxicity is located in the albumins of the serum, and again we should watch the blood most carefully and to remember it carries toxins. Before going into the treatment I should like to say there is still another important factor in the prognosis of pneumonia. The average doctor, when he finds a small consolidation, naturally thinks it is not so serious as a large consolidation, and I must ask this question: "How many have died with small consolidations, and how many have lived with enormous consolidations?" And I must answer it by saying that it does not depend so much on the quantity of consolidation, but on the quality of infection.

THE TREATMENT

should consist of nourishing diet, stimulation and hydrotherapy. We have to consider we have impaired function of the kidneys and overtaxed right heart, an impaired nervous system, and to remember we have three great ways of assisting nature to liberate the toxins: first, the skin; second, the kidneys, and third, the bowels. On being called to see such cases I generally prescribe a hot mustard footbath, broken doses of calomel, followed by a saline the next morning, and before bedtime to take a powder consisting of Dovers and quinine to produce a diaphoretic action. On calling the next day we find our patient somewhat relieved and no worse, and then we can establish a regular treatment. I have disregarded the use of hot poultices, for my results have been more gratifying with cold applications. If the temperature is above 102½° Fahr. or 103° Fahr. I advise sponging with tepid water, say 80°, and gradually reduce the temperature of the water. When I can I employ tub baths, take the patient and put him in a bath says at 80° and gradually cool the water down to 60° and leave him in it for ten or fifteen minutes, or rather gauge the time by the condition of the patient. I do this every three hours or oftener if needed. I also employ cold applications to the chest either by ice bags or by taking a towel, wringing it out in cold water, applying it to the chest, covering it with oiled silk and then covering this with a well-fitting jacket. I change this every hour. My reasons for using cold applications are the following: First, it reduces temperature; second, it stimulates the skin; true, the capillaries first contract, but then they dilate and by so doing an extra quantity of blood is brought to the surface, which naturally relieves the engorged lungs and heart to a great extent; third, it stimulates the respirations, causing them to become fuller, slower and naturally more oxygen is inhaled.

As to

USE OF STIMULANTS,

I do not use alcohol in pneumonia, and I can justly side in with Dr. De Witt Reese, when he says alcohol is prescribed when we know of nothing else. For the reason it is a statement is not a reason for its use, for it causes an anesthesia and a paralyzing influence on the respiratory centers, lessens the amount of oxygen used in direct proportion to the quantity of alcohol, and most important, it interferes with the reception and internal distribution of oxygen and retards tissue metabolism. The pulse should be our indicator as to use of stimulants. A hard pulse is softened by nitro-glycerine, a weak pulse strengthened by strychnine and digitalis, but the quality of the pulse must be taken into consideration. Aseptic ergot, caffein and strophanthus are also good stimulants. For abdominal distention, hot turpentine steeps or the rectal tube is generally sufficient. For nervousness I prefer chloral hydrate and the bromides. For insomnia I like veronal powders given every other night in hot liquid. For the pain on the affected side, the strapping of the side with adhesive plaster is good. Cupping may be used or a hypodermic of morphine. As to blistering the side, it is also good, but I believe in many instances the blistered surface is as painful as the side, and must be watched carefully, for if it becomes infected we have a very sore ulcer. As to veratrum viride, it must be used with caution, and early in the disease if used at all. To aid the secretion of the kidneys, acetate of potash is reliable, and small doses of calomel have a diuretic effect, but best of all is the use of plenty of water. As to use of expectorants much has been said, but their use early in the disease is not indicated as they are later. Personally, I like creosotal given in capsules. Am-

monium chloride is good, but its action sometimes irritates the cough, for it is liberated as ammonium chloride in the bronchial tubes. As to the use of oxygen, it is often given too late. I believe, when cyanosis appears, that venesection and the use of oxygen together is of more benefit than oxygen alone. The patient must not be allowed to assist themselves, but must be assisted by the nurse, and that they should not be allowed to sit up until they are well on their way to recovery. But in all the toxemia must be our guide, and as Osler has wisely said, "that patients are more often damaged than helped by promiscuous drugging, which is still only too prevalent."

ANNUAL REPORT OF THE NEW YORK BOARD OF NURSE EXAMINERS.*

BY JANE ELIZABETH HITCHCOCK, SECRETARY.

The State Board of Nurse Examiners came together for their first meeting in the regents' office at Albany on September 15, 1904. All members were present, and also Secretary James Russell Parsons and Dr. Henry L. Taylor, of the regents' office. The board organized by electing for president Sophia L. Palmer of Rochester, and for secretary Jane Elizabeth Hitchcock of New York. These officers continue to hold their respective positions.

The few hours of that first meeting were spent in trying to get a look into the future and see what manner of work lay before us. As a result of these observations, the following subjects presented themselves, and so good was our foresight that they serve well as heads for this report to you:

I. Registration of schools.

II. Registration of individuals under the first and second items of the waiver.

III. Registration of individuals under the third item of the waiver.

IV. Registration of individuals applying after the expiration of the three years of the waiver.

The last subject has not yet been considered, as there can be no call for a decision in that direction until after April 27, 1906, and the board has been fully occupied with the first three topics.

I. REGISTRATION OF TRAINING-SCHOOLS.

In taking up this first question the board found itself confronted by a very difficult problem. The more radical way of recognizing only the schools of the highest grade seemed unfair to the smaller ones, and yet the board wished to stand for the highest requirements possible. There were many informal meetings for discussion of this question. The board sought information, ideas and enlightenment from all sides, but no one seemed quite ready to give a definite opinion as to the standard that could be demanded at the outset. After much deliberation the following recommendations were presented to the regents, as affording a standard both of preliminary education and professional training not too high to be reached by a large majority of the schools of the State:

"I. PRELIMINARY EDUCATION.

"All training-schools registered with the regents of the University of the State of New York shall require of pupils applying for admission a certificate of graduation from a grammar school or its equivalent, giving preference to applicants who have had one year or more in a high school, or to students who have taken a full course in domes-

*Read at the semi-annual meeting of the New York State Nurses' Association, October 18, 1904.

tic science in a recognized technical school.

"II. SUBJECTS UPON WHICH THE STATE WILL EXAMINE.

"Training-schools for nurses registered under the regents will be required to provide both practical and theoretical instruction in the following branches of nursing:

"a. Medical nursing.

"b. Surgical nursing, including gynecological.

"c. Obstetrical nursing.

"(1.) Each pupil to have the care of not less than six cases.

"d. Nursing of sick children.

"e. Diet cooking for the sick.

"(1.) Twelve lessons in cooking in a good technical school or with a competent diet teacher.

"(2.) Food values and feeding in special cases, etc., to be taught in classes, not by lectures.

"f. A thorough course of theoretical instruction in contagious nursing, where practical experience is impossible.

"III. THE PERIOD OF INSTRUCTION.

"The period of instruction in the hospital to be not less than two full years, during which time the pupils shall not be utilized to care for patients outside of a hospital.

"Training-schools giving a three-years' course, wishing to continue the practice of utilizing their pupils to earn money for the hospital, may send them out to private cases or for district work among the poor for a period not exceeding three months in the third year of their training.

"Training-schools with a two-years' course, wishing to continue the practice of sending pupils out, will be required to extend their course of training to three years, when the limit of time will be the same as above.

"The curricula of the training-schools applying for registration show that the practice of sending out pupils to earn money for the hospital is entirely obsolete among those of the highest grade, and it would seem only just that some restriction should be placed upon those hospitals still following the custom, which are asking for the same recognition for their training-schools."

Suggestions for future development were appended as a warning to school boards that this standard is not fixed, but will be raised from year to year, probably along the lines here indicated.

"The board recommends that, as a suggestion of the lines upon which development may be expected in the near future, training-schools be advised to teach their probationers before placing them at the bedsides of patients:

"1. The various methods of making and changing the bed, with and without a patient.

"2. The temperature of baths and the simple methods of administering them.

"3. The use and dangers of the hot-water bag.

"4. The principles of sweeping and dusting.

"5. The setting of trays, etc.

"Such instruction can be easily given in the Nurses' Home by the superintendent of nurses or a nurse delegated by her. Instruction in these first simple principles cannot be given uniformly in the rush and pressure of the work of the busy ward. It demands no additional service or expense on the part of the hospital, and is looking towards the idea of preliminary training, which is rapidly gaining favor in the schools of the higher grades.

"The board further recommends that in place of the elaborate system of lectures, given gratuitously by members of the medical staff, training-schools shall be advised to adopt the more advanced method of instruction by teaching the same subjects in smaller classes by competent teachers, and by clinical demonstration in small classes by members of the medical staff."

These recommendations were adopted

by the regents and the registration of training schools began at once. At a later meeting it was decided that "for registration a nurse training-school must be connected with a hospital (or sanitarium) having not less than twenty-five beds, and the number of beds must be from two to four times the number of students in the school, depending on the character of the hospital's facilities for private or ward practice."

For some months after submitting the above recommendations the registration of each training-school was decided by the Board of Examiners. Later it was conceived to be the prerogative of the regents of the university, and since June 10, 1904, the training-schools applying for registration have been inspected by one of the authorized inspectors of the university, and the State Educational Department has assumed all responsibility of school registration except in certain instances where the opinion of the board has been requested.

II. REGISTRATION OF INDIVIDUALS UNDER THE FIRST AND SECOND ITEMS OF THE WAIVER

WAIVER OF EXAMINATIONS.*—The regents may, upon recommendation of said Board of Examiners, waive the examination of any person who shall have been graduated before, or who are in training at the time of, the passage of this act and shall hereafter be graduated, and of such persons now engaged in the practice of nursing as have had three years' experience in a general hospital prior to the passage of this act."

A form of application for registration as nurse was early adopted, and with but little alteration is the one now in use. The only change from the original draft is in the sheet bearing the signature of the training-school superintendent, which is held in lieu of the diploma.

There was much delay and some confusion at first by reason of the careless manner in which many nurses filled out their application blanks, when these simple facts in the application have been made clear, the board has next tried to assure itself that the certificates of moral character were valid and the applicant above question in this particular. The board has felt its responsibility to the State association in this matter to be a heavy one, and at times it has been very puzzling. Valuable as education and intellectual fitness may be, it has been recognized that unscrupulousness or a low standard of integrity can quickly overturn what years of education and intelligence cannot replace. Therefore many hours have been spent by the secretary in investigating the references of applicants whose endorsers have been entirely unknown to all the members of the board. Many of you who are superintendents have become familiar with the little printed slip asking you to vouch for the character of some nurse about whom the board was uninformed. Much of this annoyance could be avoided if nurses were advised to secure the signature of the school superintendent on the first application blank. If it is not out of place in this report, may we recommend the adoption of the plan suggested by a superintendent of one of the large New York schools, that the superintendent be present to give her signature, and that a notary be brought to the class-room to see that each member of the graduating class makes out her application accurately and carefully.

With all the precautions that have been taken doubtless some unworthy individuals have been registered. In some instances the evidence has been negative only, and would not stand in a court of law.

Many applications still await the registration of schools, for obviously no individual can be registered under the first clause in the waiver until the school from which she is graduated has been "registered by the regents of the Uni-

*Chapter 293, Section 208.

versity of the State of New York as maintaining—proper standards."*

Nurses whose applications are held over are advised to inquire of the superintendent concerning the registration of the school, as in the pressure of nearer matters she may have been negligent in filling out the blank required by the university.

III. REGISTRATION OF INDIVIDUALS UNDER THE THIRD ITEM OF THE WAIVER.

"The regents shall also grant a certificate to any nurse of good moral character, who has been engaged in the actual practice of nursing for not less than three years next prior to the passage of this act, who shall satisfactorily pass an examination in practical nursing within three years hereafter."†

The examination of those desiring to register under the third item of the waiver is divided into two sections:

1. A demonstration to test the practical knowledge, deftness and resourcefulness of the applicant.
2. A simple written examination in the theory of surgical nursing with operative technique, nursing in febrile cases, obstetrical nursing in normal and abnormal cases, drugs with regard to toxicological symptoms and treatment after poisonous doses (genito-urinary subjects are substituted for men in place of the test in obstetrics.)

The first examination took place June 21. The practical test was conducted by members of the Board of Examiners in New York, Albany, Syracuse and Buffalo from eight to twelve a.m.

The written examination took place in the afternoon of the same day, and was conducted by one of the regular examiners of the university, the questions having been compiled by the Board of Nurse Examiners. Twenty-three applicants submitted to the examination, but of these only seven attained the seventy-five per cent that is required by the university. The remaining sixteen are privileged to reappear for second test, if they so desire, at the next examination, which will take place in January, 1905. The small number that presented themselves at this examination, and the still smaller number that survived the test, seem to indicate that, as there are but three more examinations under the waiver, the fear that the state would be overwhelmed with nurses registered under this clause is ungrounded.

On June 27 and 28 the Forty-second University Convocation of the State of New York was held in the Senate Chamber at Albany. Representatives from the various institutions of the State were present, and shared in long papers and discussions on various educational topics. Miss Palmer was asked to be present, but was not informed until the last moment, far too late to make any preparation, that she was expected to give a statement of the nursing profession in its bearing upon education. Miss Palmer's remarks immediately followed a paper by President Rhees of the University of Rochester, on "What Minimum Requirements Should be Prescribed for Admission to Medical Schools." She was taken at a great disadvantage, as the other educators had had opportunity to prepare well-thought-out papers, while she was called upon for extemporaneous delivery. However, she rose to meet the occasion with her usual courage, and gave to the convocation a brief account of the history of training-schools, and the hope that is before them through better education and through registration.

This has been one of a number of awkward positions in which the board has found itself during the past year. It has been most unfortunate for the nurses of the State that the bill was passed and registration forced upon the university just as it was on the eve of an upheaval. Before the regents had become ac-

*Laws of New York, 1903, Chapter 293, Section 206.

†Ibid., Section 208.

quainted with the nurses and their needs the amalgamation took place which dethroned Secretary Parsons and placed the work of the regents and the State University under one head. President Draper of Illinois University, was called to Albany and became commissioner of the new department. Thereupon followed a general changing of responsibility, and the Board of Nurse Examiners scarcely knew to whom to address their communications.

For example, on August 16 the secretary of the board wrote to Albany to ask that a meeting be called during the last week in August. As there was no reply, and fearing that there might have been some change in the office of which she was unaware, she wrote to another official. Still receiving no reply, she addressed the assistant commissioner with no better result. Finally, after writing to Commissioner Draper himself and explaining the matter, a meeting was called, and took place at Albany on October 4, just six weeks behind time. All this is recorded, not in a spirit of criticism of the Albany office, for one can easily understand the chaos into which these changes have thrown affairs, but in order that the nurses, who have grown restive and wondered at the long delays, may understand under what difficulties the board has had to work out its salvation this first year.

We believe that we are now beginning upon a year of better organization, and hope that as the work comes into Albany we shall be able to take it up with more promptness, and carry it through without the delays and uncertainties of the year that has just passed. These delays we regret, not so much for ourselves as for the sake of the nurses throughout the State, whose faith in the progress of registration has had a severe test.

Number of applications received prior to October 1, 1904	900
Number of fees returned prior to October 1, 1904	15
Number of applicants registered prior to October 1, 1904	458
Number of applications held awaiting registration of schools	132
Number of schools registered within the State	48
Number of schools registered without the State	36

LIST OF NURSE TRAINING-SCHOOLS REGISTERED OCTOBER, 1904.

Registered means approved by Board of Nurse Examiners prior to April 20 or by the regents on applications returned to Board of Regents for correspondence.

Pending means that the school has applied, and on guarantee to meet regents' requirements will be registered, or awaits regents' inspection.

Correspondence means that the regents have sent application blank and information.

California.

California Hospital Training-school, Los Angeles.

St. Luke's Hospital Training-school, San Francisco. Pending.

. . . (Here follows a list of the training-schools in other states.)

—*The American Journal of Nursing.*

A CENTENARIAN STATESMAN.

The Hon. David Wark, of the Canadian Senate, passed the hundredth milestone of his life's journey in February last, and has always enjoyed excellent health, never a day in bed from illness since infancy. Had a farm at Richibucto, Kent, N. B., two miles from his place of business, to and from which he generally walked daily. He has not tasted spirits for seventy-five years, and previous to that date, only a little wine, which he abandoned. Never used tobacco. Irish descent, and his grandparents brought the system of eating oatmeal from Ireland. Senator Wark makes the following statement:

"For breakfast I take porridge, which is a great luxury, one cup of tea and a small piece of bread. For dinner I take a small piece of fowl or fish, a potato or two, and a small cup of tea. For supper I take a cup of tea and a piece

of bread. I sponge the body regularly and keep the bowels free. I usually sleep soundly five hours each night, and generally have a short nap after each meal. I have been sixty-one years in political life, and have lived in the reigns of George the Third, George the Fourth, William the Fourth, Queen Victoria and King Edward the Seventh. My entire life has led me to the following conclusions: That people eat too much, smoke too much and use too many beverages, which should be carefully guarded against, in order to enjoy a good old age."—*The Medical Times.*

SELECTED.

DEPARTMENT OF OBSTETRICS AND GYNECOLOGY.

BY ROSE TALBOTT BULLARD.

UTERINE HEMORRHAGES AND THEIR CAUSE.—Thomas S. Cullen, M.D. (*The Woman's Medical Journal,* Nov., 1904.) Cullen says that our knowledge of the causes of uterine hemorrhage has been gained through "early operation where pelvic lesions are present, and a careful microscopical examination of all the tissues removed at operation." There are five chief sources:

1. Hemorrhages dependent upon a constitutional tendency to bleed.
2. Hemorrhages due to an inflammatory condition of the uterus or the appendages.
3. Hemorrhages incident to pregnancy extra or intro-uterine.
4. Hemorrhages due to the presence of tumors.
5. Hemorrhages due to carcinoma or sarcoma of the uterus.

In the first class he places the hemophilic person, a group of classes in which there is an hypertrophy of tissue between the uterine glands, and a group showing the dilated veins in the endometrium. Repeated curettings will eventually cure the last two groups. The tendency towards hemorrhage is often shown by a mucosa moderately thickened and enlarged, dilated glands.

In inflammatory conditions of the uterus there is a history of a miscarriage followed by an elevation of temperature, or a history of gonorrhea. Hemorrhage dependent upon pregnancy occurs with miscarriage, hydatidiform mole, chorioepithelioma, and tubal pregnancy.

Under the head of tumors we have the myomata; when these are subperitoneal or interstitial there may be very little bleeding, but hemorrhage from a submucous myoma not over an inch in diameter may jeopardize the patient's life.

In sarcomatous degeneration of subperitoneal myoma, the malignant process extends to the intestines and surrounding structures; if the growth is interstitial, secondary nodules develop in the uterine wall and project into the cavity of the uterus; while in the submucous variety, from time to time portions will be forced out of the uterus. In sarcoma, as a rule, hemorrhage is not severe, but in aden-myoma it is usually free.

There are three varieties of carcinoma of the uterus. Cancer of the vaginal portion of the cervix resembles a cauliflower growth and bleeds at the slightest touch. This is due to the many blood vessels and their slight support. There is much bleeding in adeno-carcinoma of the cervix. Cancer of the body of the uterus is also glandular, it penetrates the walls and forms tree-like growths in the body of the uterus.

Whenever there is a uterine hemorrhage that cannot be accounted for one should make a thorough examination for cancer.

Dr. Cullen ends his paper with this prediction of Dr. Kelly and others, that in the near future "every woman will present herself for examination, at least three or four times yearly."

CAUSE OF HEMORRHAGE IN FIBROIDS. (*Archiv f. Gynek. Amer. Jr. Med. Sci.*) Theilhaber and Hollmer from an examination of nineteen fibroid uteri demonstrated the erroneous nature of the view that the bleeding in these cases is due to hyperplasia of the endometrium. Atrophy of the mucosa was more often present than hypertrophy. The writers believe that "myofibrosis" of the uterine wall is the true cause. In consequence of this condition the vessels cannot contract normally during menstruation. Muscular contractions in the tumor and excessive congestion from psychical influences are often factors.

DANGERS IN THE USE OF THE GLASS CATHETER DURING PARTURITION. (*Amer. Med.*, Nov. 5, 1904.) Dr. Guy L. Hunner reports a case seen in consultation. The attending physician, finding the bladder full of urine, catheterized the patient with an ordinary sterilized glass catheter. The child's head was in the superior strait and had to be pushed up before the catheter could be introduced. During the catheterization, a labor pain came on with the result that the catheter was caught between the descending head and the symphysis pubis and almost half the length was left in the bladder. The labor proceeded normally, the patient was not told of the foreign body in the bladder, the husband was informed. Dr. Hunner was consulted and it was decided to defer a search for the missing portion until the patient was convalescent. There were no bladder symptoms until the morning of the tenth day, when there was some frequency of micturition. Dr. Hunner therefore examined her that day and found one long and four small pieces of glass, which he removed through a No. 10 Kelly speculum. The patient was given cystogen three times a day and copious draughts of water. There were no further symptoms.

The use of the glass catheter is not confined to the general practitioner, but is repeatedly used by nurses and physicians in some of our best institutions. Theoretically there would be some danger of perforation in having a metal catheter caught between the oncoming head and the symphysis during a severe pain. Although the manipulation of a soft rubber catheter in an aseptic manner is a more difficult procedure, it undoubtedly offers the only secure method of avoiding traumatism in catheterization during the first and second stages of labor.

DEPARTMENT OF INTERNAL MEDICINE.

BY DUDLEY FULTON, M. D., LOS ANGELES.

ANALYSIS OF ONE HUNDRED AND EIGHTEEN CASES OF LOBAR PNEUMONIA IN INFANCY.—Dr. F. J. Morse (*Boston Medical and Surgical Journal*, November 17, 1904), states that lobar pneumonia is more common in infancy than is generally supposed. The analysis of his cases shows that the onset is often ushered in by vomiting, but rarely by a convulsion. It usually began with fever and cough, accompanied by apathy or drowsiness. A whole lobe was more often involved than a part. The left lower lobe was

the one most frequently infected. The portion of the lungs involved was relatively the same in fatal cases as in those which recovered. The average duration of the fever was about eight days. The course was more often shorter in the first year than in the second. The average duration of the fever in the uncomplicated cases that were fatal was about thirteen days. The highest temperature was usually between 103° Fahr. and 106° Fahr. The temperature fell by crisis in 68.8 per cent. Collapse during the crisis was very unusual. The mortality was lowest when the temperature did not rise above 103° Fahr. The usual pulse rate was from 150 to 170. No case died in which the pulse was not over 140. The rate of the pulse when it was above 140 had no apparent effect on the mortality. The respiratory rate was between 55 and 80. No case died in which the respirations were below 55. The rate, when above 55, had no apparent effect on the mortality.

The mortality was almost twice as great in the first as in the second year, being 32 per cent. and 18 per cent., respectively. Otitis media was the most common complication, occurring in 18 per cent. Empyema was next most frequent, occurring in about 8 per cent.

CYTODIAGNOSIS IN PLEURAL EFFUSIONS.—In the *Medical News,* October 1, 1904, Carter reports the results obtained from the examination of the effusion obtained in forty-one cases of the various types of pleurisy.

He arrives at the following conclusions:

(1) A true pleural effusion has a specific gravity over 1010, with an average of about 1017.9; a high fibrin and albumin content. (2) A pleural transudate has a low specific gravity, with an average of about 1008; a small fibrin and albumin content. (3) An almost certain diagnosis of tuberculous pleurisy can be made by the morphological examination of the fluid alone, and rests on its having a high specific gravity—1012 to 1024, average, 1018.6; a large amount of fibrin and albumin, with an accompanying lymphocytosis. There is usually a considerable rise of temperature at the outset, which may average 103.4° Fahr. (4) According to some authorities, one may find a polymorphonuclear leucocytosis before the third or fourth day of a tuberculous pleurisy; in which case, subsequent examinations will be necessary to establish a positive diagnosis. (5) A diagnosis of postpneumonic serous effusion lies in its high specific gravity, averaging 1016.5; large fibrin and albumin content, with a polymorphonuclear leucocytosis, 58 to 92.5 per cent., averaging 71.7 per cent. The temperature is usually much lower than in the tuberculous cases, unless complicating an active pneumonia, averaging at the outset about 101° Fahr. (6) An accurate diagnosis between a pleural transudate and a tuberculous pleurisy cannot rest alone on a differential cell count, as they both show a lymphocytosis, but must rest on a more complete examination, including the specific gravity and the amount of fibrin and albumin.

ABNORMALITIES OF THE THYMUS GLAND IN INFANCY.—William H. Thompson (*New York and Philadelphia Medical Journal,* November 19), in a recent address, states that the most recent investigations show that during infancy the relation of the functional activity of the thymus gland to the body is a very important one. Ruruh of Baltimore reports eighteen necropses of infants, who died from so-called marasmus, in none of whom could the morbid condition be ascribed to tuberculosis, syphilis, improper food or to gastrointestinal disease. Instead, after the most careful inspections, the only

[illegible] of the thymus [illegible] of the general nutrition of the infant.

"(4.) The rate of nutrition in infants may be estimated by a microscopical examination of the thymus at the autopsy."

RECENT ADVANCES IN TYPHOID FEVER.—*The Medical News*, November 10, 1894, discusses in its editorial columns the above subject.

"One of the most recent bits of progress in the study of enteric fever is the discovery that certain formamides, notably antipyrin and its allies, if administered to the patient within twenty-four hours of the examination of the blood for the Widal reaction, will almost surely give rise to agglutination. It cannot then be determined whether a patient has typhoid infection or not, under these conditions.

"It is now well established that certain so-called abortive cases of typhoid fever, in which the diagnosis has been substantiated by a positive Widal test, are merely slight febrile disturbances, due not infrequently to intestinal indigestion, but not at all to the presence of the typhoid bacillus.

"With regard to the treatment, the advances have been very limited. With regard to the feeding of typhoid fever patients there has come a modification of the opinion as to the necessity of an exclusive milk diet, and a deprecation of the too great limitation of food, either in amount or variety. It is an excellent dietary rule that declares that articles of diet which are unpleasant for the patient are not well digested.

The real advance in the treatment of typhoid fever that has come consists in the prompt surgical intervention for perforation of the intestines. At least one-half of the cases can be saved by prompt surgical measures.

Unfortunately, there is one difficulty with regard to this very promising aspect of surgical intervention for perforation. In a certain number of reported cases, all the symptoms of perforation have been present, yet at operation no perforation could be found. Later on, at autopsy, it was found that the symptoms were due to swelling of the mesenteric glands, followed by local suppuration, with adhesive peritonitis affecting certain ——— of the intestines, causing serious peristatic disturbances. It is clear that when perforation cannot be found, ruptured mesenteric glands should be looked for, and their contents removed as far as it is possible and consistent with the patient's condition.

THE PASSING OF NEURASTHENIA.—In a paper read before the Medical Society of New York, Dr. Dana (*Medical News*, October 8), said that while the term "neurasthenia" is a useful one, the word has come to cover a multitude of diseases.

A number of affections have come to be included under it, which might merit a more definite designation given them in the course of the development of diagnosis. Neurasthenia replaces a series of even more indefinite terms, as dyspepsia, latent gout, hypochondria, hysteria, liver troubles or the apparently more scientific yet scarcely less definite designations, lithemia, oxaluria, and even vaguer terms. The word neurasthenia has come to impede progress

somewhat by making practitioners satisfied with a hasty diagnosis.

CROUP DUE TO STAPHYLOCOCCI.—Anzinger (*American Journal Medical Science, November*), reports three cases of sore throat in children, followed by severe obstructive symptoms in the larynx, which required tracheotomy. The clinical symptoms pointed to a local process with elaboration of toxins.

In two of the cases the diagnosis of diphtheria was entertained and antitoxin administered, but with negative results. Bacteriological examination revealed the presence of pure cultures of staphylococci in the trochea and larynx.

DEPARTMENT OF TUBERCULOSIS.

CONDUCTED BY F. M. POTTENGER, PH.M., M.D.

NUMBER OF BACILLI PER FIELD OF NO VALUE AS A MEASURE OF IMPROVEMENT.—In medical writings there always has been and it may be presumed that there always will be much written that is unscientific. Many errors creep into the early writings on subjects, when investigators are searching for the truth in unexplored fields, that are handed down and perpetuated long after they have been proven to be incorrect.

When the treatment of tuberculosis began to receive attention, observers were of the opinion that the efficacy of any treatment should be estimated by a gradual diminution in the numbers and in the virulence of the bacilli as shown by the microscope, and papers were written claiming this to occur in the patients reported. While this error has long been recognized, yet it is often repeated even in the literature of today.

Today, scientific men all know that the number of bacilli present in a given sample of sputum counts neither for nor against, in the progress of the disease. The particle of sputum taken for examination is such an infinitesimal part of the whole amount expectorated that it does not give us a true picture. Then, too, one sample may come from a portion of the lung where there are few bacilli, another from a different part, as for example, from the walls of a cavity that is completely lined with them. In the early stages of treatment, the patient may be expectorating three or four ounces a day, containing 750 bacilli to the cublic millimeter; later, when the sputum has decreased to a scant amount and this only expectorated once in a few days, there may be 1500 per cubic millimeter, yet this patient has continually improved.

The microscope should not be relied upon to show the improvement of these cases. This is a matter for the clinician to decide, and it must be done by a comparison of clinical symptoms, physical signs, and, above all, by the intelligent employment of the stethoscope.

Regarding the virulence of bacilli. This cannot be told by looking through a miscroscope. Some observers have called attention to the short stubby bacillus as being associated with an acute progressive form of the disease and the long, slender, degenerated appearing bacillus as belonging to the more chronic forms. This, however, requires more confirmation. The writer is of the opinion that there is perhaps truth in the theory and has been taking observations on this point for some time. The only absolute way of detecting a decreasing or increasing virulence, however, is by animal inoculation.

So the burden of deciding as to the progress in a given case of tuberculosis is on the clinician and not in the field

[illegible] The treatment of [illegible] diagnosis [illegible]

ANNUAL MEETING OF THE SOUTHERN CALIFORNIA ANTI-TUBERCULOSIS LEAGUE.—The Southern California Anti-Tuberculosis League held its annual meeting at Pomona on Tuesday evening, December [illegible]. The people of Pomona manifested much interest in the subject. A large crowd was present, and the following programme, which was interspersed with music, was given:

1. Opening remarks, F. W. Thomas, M.D., Claremont.

2. President's address, "The Purpose of the Southern California Anti-Tuberculosis League," F. M. Pottenger, M.D., Los Angeles.

3. Report of the secretary, Rose T. Bullard, M.D., Los Angeles.

4. Report of the work done at the Barlow Sanatorium, R. W. Poindexter, Los Angeles.

5. Report of the work done at the "Settlement," Gayle G. Moseley, M.D., Redlands.

6. "Thoughts on the Prevention of Tuberculosis," Norman Bridge, M.D., Los Angeles.

The people are manifesting a kindly interest in the work of the League and we trust that its influence for good may be felt throughout this section.

At the close of the programme the annual election was held, which resulted in the re-election of those who served during the past year, as follows: F. M. Pottenger, M.D., president, Los Angeles; Rose Talbott Bullard, M.D., secretary, Los Angeles; W. C. Patterson, treasurer, Los Angeles; board of directors, George E. Abbott, M.D., Pasadena; W. Jarvis Barlow, M.D., Los Angeles; H. G. Brainerd, M.D., Los Angeles; Norman Bridge, M.D., Los Angeles; C. C. Browning, M.D., Highland; B. F. Church, M.D., Los Angeles; Prof. J. H. Francis, principal Polytechnic High School, Los Angeles; J. R. Haynes, M.D., Los Angeles; W. W. Hitchcock, M.D., Los Angeles; Rev. C. J. K. Jones, Los Angeles; J. H. McBride, M.D., Pasadena; L. M. Powers, M.D., Los Angeles; Hon. M. P. Snyder, Los Angeles; R. W. Miller, M.D., Los Angeles; W. Le Moyne Wills, M.D., Los Angeles.

WELL-GUIDED PHILANTHROPY.—In an age of such magnificent gifts and bequests from men of wealth it seems strange that the tuberculous poor have not come in for greater consideration. If only the Carnegie libraries, which are scattered over this land, could have been put into gifts which could be used for the education of the people in the prevention of tuberculosis, for the erection and maintenance of institutions for the care of the tuberculous poor and for the scientific study of this disease, how much better would it have been spent.

It is a problem in every municipality and every State to know what to do with the tuberculous poor. Left to themselves, they die, but before dying they infect others. This is needless, for we know the cause of tuberculosis and also know how to prevent its spread. The poor, however, must have aid. We need sanatoria for the early cases and hospitals for those advanced.

Until recently there were no places in Southern California where a poor tuberculous patient could go, except the county hospital. Now, however, we have three such places—the camp at Indio, founded and maintained by the millionaire Socialist, N. O. Nelson of St. Louis; the Settlement at Redlands, founded by a wealthy eastern man as a private charity, but which now receives some support from the county of San Bernardino; the Barlow Sanatorium, founded by Dr. Barlow of Los Angeles and maintained by the donations of those whom he has been able to interest

in the enterprise. The Barlow Sanatorium takes only the poor who have been resident of Los Angeles for one year, and the Settlement is only for the poor of Redlands. As to the camp I am not sure whether there are any restrictions.

The Barlow Sanatorium consists of twenty-five acres of land, upon which are erected the Administration Building, the Solano Cottage and several tent cottages. The first annual report of the institution shows that $35,885.42 was contributed to the institution up to the close of the first year, and that the assets of the institution amounted to $28,428.39. This is an admirable showing and the management is certainly to be congratulated on its success in interesting the people of Los Angeles in this worthy cause. During the year thirty four patients were treated in the institution, eleven of whom were still at the Sanatorium at the end of the year. Of the remaining twenty-three, fourteen were discharged as improved, one as doubtful and eight had died. Surely this institution during the year has brought much comfort and cheer to the hearts of its inmates. Relief was found, suffering was lessened and death was robbed of its horrors by the kindness of those who aided in the maintenance of this institution. We wish the Sanatorium Godspeed, and bespeak for it the hearty support of the people of Southern California.

DEPARTMENT OF SURGERY.

CONDUCTED BY ANDREW STEWART LOBINGIER, A.B., M.D.

Howard in *The American Journal of the Medical Sciences,* published for December, gives a classical study of ulcer of the stomach and duodenum based upon a series of 82 cases presented at Johns Hopkins Hospital and covering a period of about fifteen years or from May 8, 1889, to May 1, 1904. These cases have occurred in the medical, surgical and gynecological services and give a total number of 44,338 admissions, 17,048 being medical with 76 cases; 16,553 surgical with 4 cases; 10,961 gynecological with 2 cases. In this series there were six ulcers, four in the medical, and one each in the surgical and the gynecological services.

Howard refers to a former review of the clinical data in foreign hospitals showing the frequency of ulcer (exclusive of duodenal) in which Edinburgh gave 2.02 per cent.; Berlin 1.33 per cent.; Boston, 1.28 per cent.; Montreal, 0.92 per cent.; London, 0.78 per cent.; New York, 0.44 per cent.; Baltimore, 0.37 per cent.; Denver, 0.12 per cent.

Earlier writers state that ulcer of the stomach is more frequent in women, the ratio being two to one. Welch found that in 1699 cases the ratio was three to two; Mayo in the operating room found 59 per cent. in women, 49 per cent in men. Greenough and Joslin found in Boston a remarkably high ratio of females to males, five to one. Fiedler gives the still more remarkable ratio of fourteen females to one male. Howard's series shows the ratio in Johns Hopkins Hospital to be 48 males to 28 females—about two to one in favor of the males.

Duedenal ulcer itself is more frequent in men.

Osler has collected 178 cases in men and 41 in women showing a ratio of more than four to one; Mayo found twenty males out of twenty-four cases at operation; in Howard series there were five males to one female, which is

[illegible] found by [illegible] the period in [illegible] frequently found [illegible] 1.5 per cent between twenty [illegible] and forty years for women between thirty and forty years. Greenough and Jonas [illegible] are similar to Howard's [illegible] a large per cent of [illegible] 120 per cent) occur between the ages of forty and fifty. In men 41.5 per cent occur between the ages of forty and fifty, a decade later than usual, in women 44.8 per cent occur in the third decade of life usual. There were none in the first decade and only three in the second all of them girls. Welch found only one case in the first decade of life out of the 667 cases which he collected. At the Baby's Hospital of New York there were only three out of 309 autopsies. Fenwick in 1900 was able to collect only eighteen cases in children from all the literature. In Howard's series twenty patients were over fifty years of age, many coming under the classification of "senile ulcer," a condition very difficult to differentiate from carcinoma.

Howard's statistics as to race is rather interesting; of the 82 cases 67 were white, 15 were colored, a ratio of 4.5 to 1. This showed ulcer to be more common in the colored race, since the ratio of admission was 7 to 1. He also found ulcer to be more common among German-born patients than among American born which is in correspondence with the statistics already quoted as to nationality.

Occupation seems to have had very little influence in governing the statistics, more being found in women who do general house work than those who are cooks. Of 53 men, 9 were laborers and 9 merchants. Brainwell asserts that ulcer is more common in the hospital class than in more well-to-do patients, a point to which Robson properly takes exception. In the series there were only two tailors and one shoemaker and these are occupations which have been reputed to favor the occurrence of ulcer.

Howard believes that the only influence that occupation will exert is that of indoor pursuits contrasted with outdoor pursuits; in the series studied the proportion is 4 to 1, that is 61 indoor to 14 outdoor.

Heredity.—Etiologically Howard considers that heredity plays little or no part; he found previous stomach trouble to be a condition in 57.3 per cent.

Previous Stomach Trouble.—In the most of these the condition was described as indigestion, especially after the taking of certain articles of food.

Chlorosis.—He found chlorosis an important factor, especially in young women. Olser is quoted as saying "that anemia and chlorosis predispose strongly to gastric ulcer, particularly in women."

Trauma.—Howard found trauma to be present in 8.5 per cent. of cases.

Alcohol.—Alcoholism was a condition in 53.6 per cent. and in 19.5 per cent. the ingestion was excessive. Lancereaux is quoted as finding ulcer more common in drunkards than in those not addicted to the excessive use of alcohol.

Lues.—There was a definite history of lues, either recent or ancient, of 15.8 per cent.; the etiological influence of lues in the production of ulcer is regarded as a specific endarteritis.

Tuberculosis.—Tuberculosis in one or another of its manifestations was present in 13.4 of the cases. Fenwick found 17 per cent in his series. There is no evidence in literature that tuberculosis predisposes to ulcer. Welch things it is a frequent associate of gastric ulcer "and that the lowered vitality of phthisical patients increases somewhat the liability to gastric ulcer."

Diseases of the Heart and Blood Vessels.—Howard believes that arteriosclerosis may play a part in the production of gastric ulcer by predisposing to thrombosis, which is undoubtedly of importance in the pathogenesis of round

ulcer, which was present in 48.8 per cent. of his series and in a marked degree in 22 per cent. Endocarditis should also be considered as it may give rise to embolism. Valvular disease of the heart is present in 8.5 per cent.

Symptoms.—Under "symptoms" Howard classifies 50 per cent. in which pain was the chief complaint; in 47.5 per cent. "stomach trouble" was complained of. "Dyspepsia" or "vomiting" were the symptoms from which they sought relief.

Hematemesis was complained of by the patient in only six per cent.

The Three Cardinal Symptoms.—The three cardinal symptoms, vomiting, pain and hematemesis, occurred in this order of frequency: vomiting, 85.3 per cent.; pain, 82.9 per cent.; hematemesis, 75.6 per cent.

This observation differs somewhat, but not essentially, from the tabulation of Greenough and Joslin and of Fenwick.

Pain, Howard thinks, is the most characteristic symptom as well as the most constant, but as an element of data it is difficult to estimate. He believes it to mean an active ulcer or its sequels.

Pain is usually referred to the epigastrium; it was present in this region in 54.4 per cent. of the series; it is usually severe, though it does not exceed that of hyperchlorhydria. It is rarely continuous, and more frequently described as "sharp" than "dull aching" or "colicky."

Pressure usually increases the pain. Vomiting was the commonest symptom in this series, being present in 85.3 per cent. Howard believes there is a close relation between the severity of the pain and the vomiting; it is usually involuntary. Vomiting is more constant when the ulcer is situated at the pylorus. The pain is also more intense. Vomiting and pain are less marked in the involving of the lesser curvature. Vomiting was present in 17 out of the 22 cases, more constantly where either orifice or greater curvature was involved than when ulcer was the lesser curvature.

Blood was vomited in 75.6 per cent. In the Boston series already quoted it occurred in 78.6 per cent. This is much more common than was acknowledged by the older writers. The color of the blood was "coffee-ground" in 66 per cent.

Moynihan believes the recurrence of hemorrhage to be due to the stretching of the ulcer from distention of the stomach. Nausea was present in 32 out of 34 cases. That this symptom was not noted in the remaining 50, Howard thinks was suggestive of its being relatively uncommon.

Cordier is quoted as saying, "that the feature to be remembered about vomiting is that it does not require much effort." He considers "dyspepsia," though present in the majority of cases, to be of less diagnostic importance.

As to appetite, the dictum that in ulcer the appetite is good, but that patients *fear* to eat, while in cancer the appetite is lost, is an important aid to diagnosis.

Constipation is the rule, is present in 61.6 per cent., 80 per cent. in the Boston cases.

Howard claims that the usual teaching that moderate loss of weight and strength is present is not borne out. In none was cachexia noted, but in a very large number was there loss of strength, that is (98 per cent. of 47 cases) and loss of weight (87 per cent. of 62 cases) noted. These are due partly to the pain (not inability to eat) and partly to the loss of blood.

The topographic site of the ulcer was within a small area in the epigastrium in 75 per cent.; in the remaining it was general in the upper abdominal zone. It was present in the left hypochondrium in 10 per cent., in the right hypochondrium 5 per cent., in the right iliad fossa 5 per cent., and in the umbilical zone 5 per cent. The tenderness in the back (Druckschmerz) which, according to Boas, is present in 30 per cent., was not sufficiently tested in this series to warrant any conclusions.

(To be continued in February.)

SOUTHERN CALIFORNIA PRACTITIONER'S NURSE DIRECTORY.

NAME.	QUALIFICATION.	STREET.	TEL.
ALBERTS, OLLIE R.	Graduate Nurse.	Fullerton	Long Distance
[illegible], MISS EVA	Graduate Nurse.	201 W. 27th.	White 981
BATES, MISS SARA	Graduate Nurse California Hospital.	1006 W. 8th.	Jefferson 6391
CAMERON, MISS KATHERINE	Graduate Grace Hospital, Detroit.	395 Grand Ave., Pasadena.	Black 471
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JAMES, MISS EDITH A.	Graduate California Hosp.	1622 S. Hill St.	White 4661.
JOHNSON, MISS EVA V.	Graduate California Hosp.	1708 S. Grand Ave.	Tel. White 2801 Home 2265
KINNEY, MISS J. A.	Trained Nurse.	1337 S. Flower.	Blue 2491
KIRBY, MISS NETTIE	Graduate Hospital of Good Samaritan	2675 Lacy Street	Phone East 344
KERNAGHAN, MISS	Graduate California Hosp.	1708 S. Grand Ave.	White 2801 Home 2265
LAWSON, MISS	Graduate Nurse.	112½ E. 10th.	Pico 2091
LEGGETT, MRS. F. M.	Graduate New Haven Training School.	436 S. Hill.	Main 1383
MILLER, MISS FLORENCE	Graduate California Hosp.	1145 S. Olive St.	West 307
MCNEA, MISS E.	Graduate Nurse	744 S. Hope St.	Red 4856
MACLINTOCK, MISS CLARICE	Graduate California Hosp.	1232 W. 9th St.	Black 511
NAGEL, MISS A.	Graduate California Hospital	1708 Grand Ave.	White 2801 Home 2265
OLSEN, MISS JOHANNA	Graduate Nurse	1207 W. 8th St.	Telephone 4685
READ, BEATRICE	Graduate Fabiola Hospital, Oakland.	28 Temple.	Red 46
RUSSELL, MISS M. B.	Graduate Nurse, Edinburgh, Scotland.	845 South Hill	Home 6851
SAX, MISS	Graduate California Hosp.	1708 Grand Ave.	White 2801 Home 2265
SERGEANT, MISS	Graduate California Hosp.	2808 S. Hope.	White 576
SMITH, MISS E. G.	Graduate California Hosp.	249 W. 15th St.	White 4351
TOLLAN, MISS H.	Graduate California Hosp.	423 S. Broadway	Home 2506
TOWNE, MISS LILLIAN	Graduate California Hosp.	Mission Canon Santa Barbara	Long Distance
WHEELER, MISS FANNIE A.	Graduate Hospital of Good Samaritan	212 South Reno St.	Main 1782 Home 4131
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Communications are invited from physicians everywhere: especially from physicians on the Pacific Coast, and more especially from physicians of Southern California.

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EDITORIAL.

LOS ANGELES HEALTH DEPARTMENT.

With the beginning of the year there was a complete reorganization of the Health Department of the City of Los Angeles. The Board of Health now consists of Hon. Owen McAleer, the mayor, and Drs. S. S. Salisbury, Carl Kurtz, E. M. Pallette and E. C. Manning. Dr. Salisbury has been a member of the board for several years. He is a leading homeopathist and one of our best citizens. Dr. Carl Kurtz is an active practitioner in Los Angeles and Professor of Gynecology in the Medical College of the University of Southern California. Dr. Edward M. Pallette is one of the younger men of the profession in Los Angeles, being a graduate of the Medical College of the University of Southern California of the class of 1898. He is very active and influential politically, and an able, bright young man. Dr. E. C. Manning has been in the practice of his profession in the city of Los Angeles for over twenty years. He is a homeopathic practitioner, and is honest, energetic and forceful.

The first step of the new Board of Health was to re-elect Dr. L. M. Powers as health officer. This step meets with the universal approval of the medical profession of Los Angeles. The next step was the election of Dr. Harry Garcelon as assistant health officer. Dr. Garcelon is a graduate of the Medical College of the University of Southern California, of the class of 1904, and has, since his graduation, been interne in the California Hospital. He is intelligent, careful, thorough, and will make an excellent aid for Dr. Powers.

The City Council have the election of police surgeon, and as there was more

[illegible] Los Angeles has selected an assistant health officer for our police department [illegible] month ago. At the [illegible] meeting they elected Dr. Arthur M. [illegible] and Dr. Sumner J. Quint. Dr. Quint is a graduate of the Medical College of the University of Southern California, of the class of 1899. He was elected assistant physician at the Los Angeles County Hospital, where he served several years. Two years ago he was elected police surgeon, which position he has filled since that time. He is a young man with excellent intellect and ability. Dr. Quint graduated from the Medical College of the University of Southern California in the class of 1899. He was interne at the California Hospital, and since his time expired there has been assistant health officer. He now takes the position of police surgeon. Dr. Quint is a very practical, efficient young man in whatever position he may hold.

STATE BOARD OF EXAMINERS.

Dr. Dudley Tait of the State Board of Examiners of California has been spending a few days in Los Angeles looking carefully into the work of the medical colleges. He had an extended interview with Dr. Stanley P. Black, Professor of Histology and Pathology in the Medical College of the University of Southern California. Dr. Tait congratulated Dr. Black upon the excellence of the work that was being done in the southern college, but offered as a criticism that he did not believe the students were laying enough autopsy work to familiarize themselves with gross pathological specimens.

In order to produce the fullest interchange of opinions, Dr. H. Bert Ellis gave a dinner to Dr. Tait and Dr. C. E. Buell of the State Board, and had as his additional guests members of the faculties of both of the Los Angeles colleges, several of the prominent practitioners of the South, and Dr. Philip Mills Jones of the *California State Journal*. The principal addresses were given by Dr. Tait and Dr. Buell.

This visit of Dr. Tait will have a stimulating and beneficent effect upon medical education in Southern California, and the profession are to be congratulated that they have a man on the board who is so well equipped for the work, and who is willing to give his time in such an altruistic manner.

LOS ANGELES COUNTY MEDICAL ASSOCIATION.

The regular meeting of the Los Angeles County Medical Association was held on the second floor of the Blanchard building, January 6th, 1905, at 8 p.m.

Minutes of previous meeting were read and approved.

A case of mediastinal tumor was presented by Dr. W. P. Millspaugh and a case of aneurism of the thoracic aorta by Dr. Hill Hastings.

In discussing these cases Dr. Wm. A. Edwards stated that these two cases afforded a good example of the difficulty of differential diagnosis in abnormal growths in thorax. Said that pulsus paradoxus and dullness most useful signs. In tumors of mediastinum metastases were rare. Recommends the use of attenuated toxins of erysipelas.

Dr. Cole reported a case of inoperable sarcoma treated by X-ray with great improvement.

Dr. O. O. Witherbee spoke of use of Coley's fluid injected into the tumor mass of an inoperable, large spindle cell sarcoma of the abdominal wall, with marked improvement of symptoms and reduction of the tumor mass to one-fifth of original size.

Dr. William Dodge had used fluid in several cases of inoperable tumor with good results.

Dr. Philip Mills Jones, the State secretary, spoke of the reports of the Harvard and the English cancer commissions, in which the X-ray was condemned and said to be void of beneficial effects in the treatment of cancer. However, he thought that in spite of this the X-ray should be used on these inoperable cases.

Dr. Albert Soiland spoke of the conditions found under X-ray examination of these two cases, and reported a case of inoperable sarcoma of the mediastinum in which the X-ray was used with great benefit, so far as alleviation of pain and other distressing symptoms were concerned.

Dr. Norman Bridge thought that the X-ray should be used on these cases in spite of discouraging reports at least until something better was found.

First regular paper of evening, Dr. Norman Bridge, "Some Errors in the Management of Tuberculosis." Second regular paper of the evening, Dr. F. M. Pottenger, "Advantages of Sanatorium Treatment of Tuberculosis."

Dr. J. O. Cobb in opening the discussion on these papers, stated that if the general practitioner wanted to get results in tubercular cases he must devote more time and thought to them than general practitioners are want to. Believes sanatorium treatment the best. Considers strychnia not only of no benefit, but thinks it does actual harm. Condemns use of salt infusion in hemorrhage. Has found Murphy's gas method very satisfactory in treating hemorrhage. Agrees that lung gymnastics are harmful, but considers the idea of corsets being harmful wrong. Does not believe much benefit can be had from use of sprays and inhalations, etc. Spoke of good results obtained at Las Cruces by McConnell, who carries rest idea to extreme.

Dr. D. S. McCarthy thinks appetite a good and rather useful thing and worth cultivating. Approves of rest treatment, but considers it can be overdone. Believes strongly in sanatorium treatment.

Dr. George L. Cole believes in sanatorium treatment; does not think lung or chest gymnastics entirely bad.

Dr. George H. Kress expresses much the same views and thinks the German rule for breathing a good plan to follow.

Dr. O. O. Witherbee spoke of the physiology of respiration and warned against overfeeding.

Dr. Stanley P. Black advocates deep breathing under proper restrictions.

Dr. Annie G. Lyle spoke of a new method of respiratory gymnastics she saw in use in Austria.

Dr. J. H. Utley thinks that the fact that altitude and a rarefied air improved some patients proof that respiratory gymnastics were not entirely bad.

Dr. Bridge and Pettenger briefly [illegible] the discussion.

A communication from the State secretary was read asking the indorsement of the association to a preamble and resolution adopted by the State Council referring to official advertising in the Journal of A. M. A. After discussion by the State secretary, Dr. Philip Mills Jones, Dr. Norman Bridge and Dr. William L. Mayne Wells, a motion was put and carried indorsing the above, ordering the secretary to notify Dr. Philip Morrell of Atlantic City, N. J., of same.

Adjourned.

RAYMOND G. TAYLOR, M.D.,
Secretary.

EDITORIAL NOTES.

Dr. T. F. Nicholson is practicing medicine in Magdalena, Mexico.

Dr. J. W. Morgan, formerly of Moline, Ill., has located in Roswell, N. M.

Dr. J. C. Wilson of Willcox, Ariz., recently paid a rather hurried visit to Los Angeles.

Dr. J. R. Whiteside of Kingman, Ariz., was recently called professionally to Los Angeles.

Dr. Thomas H. Fairchild of Riverside recently graduated from Rush Medical College, Chicago.

Dr. C. M. Lindley, a pioneer physician of Brooklyn, Ind., is visiting his daughter in Santa Ana.

Dr. W. S. Harroun of Santa Fe, New Mexico, recently spent several weeks in California.

Dr. A. F. Speicher has recently located in Los Angeles, with offices in the Potomac building.

Dr. Rowell, who is the company physician for Grant Brothers in Arizona, is now stationed at Wickenburg.

Dr. E. W. Reid of Cucamonga has been elected chairman of the board of supervisors of San Bernardino county.

Dr. J. W. Morgan, formerly surgeon of the Fortieth Iowa Regiment of Volunteers, has located at Las Vegas, N. M.

Dr. D. B. Van Slyck of Pasadena is moving his residence from its present location and will put up a large business block.

Dr. A. C. Thorpe of Los Angeles recently returned from a vacation in Honolulu. He reports a most delightful, restful time.

Dr. N. K. Foster, secretary of the State Board of Health, recently made a hurried trip of inspection through Southern California.

Dr. Wakeman, formerly of Ontario, has located in Sinaloa, Mexico, where he has a very lucrative position as surgeon for a mining company.

Dr. M. B. Campbell has returned from an eastern trip and located in the Mason building, corner Fourth and Broadway, Los Angeles.

Dr. W. J. Chambers, formerly of Corona, has sold his ranch in that city for $40,000, and moved to Los Angeles and opened his office in the Laughlin building.

Dr. L. M. Powers, the health officer, is chairman of the membership committee of the Los Angeles County Medical Association and can be found at the City Hall.

Dr. J. E. Adams of Flagstaff recently took a trip in his automobile to the Grand Canyon of the Colorado. He came back in a wagon and has sent a four-horse team for his machine.

Dr. Adalbert Fenyes of Pasadena recently appeared before the council of that city and urged that action be taken to regulate the sale of medicine by street fakirs and door to door peddlers.

Dr. T. B. Hart of Ralton, N. M., is one of the board of directors of the Territorial Asylum at Las Vegas. Under his direction some very expensive improvements have recently been made.

Dr. J. L. Beebe, formerly of Lower Lake, Lake county, Cal., has located in Anaheim. Dr. Beebe is a graduate of the Northwestern University of Chicago. Dr. Tyler of Anaheim removes to the former residence of Dr. Beebe.

Dr. N. K. Foster, secretary of the State Board of Health, and Dr. Fred R. Burnham, president of the San Diego Board of Health, recently inspected the septic tank at the county hospital near San Diego, and reported it all O. K.

Major P. M. Carrington, surgeon in command of the sanitarium at Fort Stanton, N. M., for the past four years, and whose detail will expire in January, has just been designated for another terms of four years at the same institution.

At the recent meeting of the Redlands Medical Society, Dr. J. E. Payton presided. Dr. J. L. Avey was elected a member of the society. A paper by Dr. D. C. Strong on "Typhoid Fever" was read by Dr. C. E. Ide in the absence of the author.

Dr. Louis S. Thorpe, the oculist, has just returned from six months of work in his specialty in Vienna. Dr. Thorpe is chairman of the Medico Legal Committee of the Los Angeles County Medical Association, and is pushing prosecutions vigorously.

Dr. Herbert A. Stinchfield of the class of 1899, Medical College of the University of Southern California, is surgeon for the Edison Electric Company in Kern county. He recently paid an official visit to his chief, Dr. Milbank Johnson in Los Angeles.

Mr. James Carrell, superintendent of the Indian reservation in Lincoln county, New Mexico, says that consumption is making fearful inroads on his charges. He said that if the disease cannot be checked it threatens to exterminate a famous tribe of Apache Indians. We have heard of things that worry us more than that.

On Tuesday evening, January 10th, Dr. F. C. E. Mattison delivered an address before the Pasadena Medical Society, the subject being "The Relation of the Physician to the General Public." Dr. J. E. Janes is still the clerk of this Pasadena branch, having held this position for many years.

At the meeting of the Council of the Los Angeles County Medical Association, held on December 15, 1904, Drs. J. E. Jenkins, F. W. Dunning, Dudley Fulton and E. C. Moore were elected to membership. Also Dr. Wm. A. Edwards, by transfer from the San Diego County Medical Association.

Dr. Philip Marvel, one of the trustees of the American Medical Association, recently paid a visit to Southern California. While in Los Angeles he and his wife received many social attentions, among others being an elegant luncheon given at the California Club by his old friend, Dr. LeMoyne Wills.

The Santa Barbara County Medical Society at the meeting on Dec. 14th at the Arlington Hotel, had as guest of honor, Dr. Thomas C. Edwards of Salinas, a Councilor of the State Medical Society. The society also listened to a paper by Dr. Harold Sidebotham on "Disease Germs in Relation to Dust."

At the annual meeting of the Roswell Medical Society, Roswell, N. M., held on the evening of Dec. 15th, the following officers were elected: President, Dr. W. E. Parkhurst; vice-president, Dr. C. M. Mayes; secretary, Dr. W. W. Phillips; treasurer, Dr. M. W. Flournoy; member of board of censors, Dr. W. Buchly.

Dr. A. G. Rene died in San Bernardino on December 23rd. Dr. Rene was a native of Germany. He took his degree of M.D. at the University of Gena. After coming to the United States he first practiced in Los Angeles and then removed to San Bernardino, where he has lived for many years. He was sixty-three years old, and his family

[illegible] coming year, [illegible] reduced to $8,000.

Dr. and Mrs. C. B. Nichols entertained a dinner Wednesday evening at their residence, 218 Lake street, commemorative to the finishing of the Angeles Hospital. Decorations were in keeping with the holiday season. Covers were laid for Dr. C. B. Nichols, Dr. A. H. Seymour, Dr. B. F. Church, Dr. Charles W. Bryant, Dr. M. R. Toland, Dr. F. C. Shurtleff, Dr. William L. Pahl, Mr. Earl Rogers, Dr. James H. Smith.

Dr. Arthur M. Smith, the Los Angeles police surgeon, in his report for the year ending December 1, 1904, states that the total number of cases treated in the Receiving Hospital for that period was 3300, divided as follows: Alcoholism 52, amputations 80, burns 106, contusions 240, dislocations 59, epilepsy 55, examinations 15, fractures 364, gunshot wounds 78, insane 15, lacerations 1571, poison 51, sprains 136, stab wounds 50, miscellaneous 622, medical 169.

The Good Samaritan Hospital held the commencement exercises of its training school on the evening of December 27th. Bishop Joseph H. Johnson presented the diplomas, and Rev. Warren F. Day delivered the address. The following are the names of the graduates: Misses Delia Cascaden, Hilda Amelia Westrem, Marie Delicsseline Poyas, Caroline Mary Beatrice Hotson, Delia De Laney, Louise Marie Warner, Elizabeth McFarland, Angeline Robley Polley.

At the last meeting of the County Medical Society of Los Angeles a movement was taken to secure unity of action so that every physician would have only one plume. A committee consisting of Drs. Geo. L. Cole, C. B. Nichols, F. C. Yoe, J. M. Armstrong and Charles F. Thagard was appointed to take steps to carry out the wishes of the society in this matter. The following officers for 1905 were elected: President, Dr. Joseph M. King; secretary, Dr. Raymond G. Taylor; treasurer, Dr. John C. Ferbert. Three Councilors to serve three years: Drs. W. W. Beckett, Rose T. Bullard and B. F. Church.

The California Medical and Surgical Reporter, Vol. 1, No. 1, is another Los Angeles medical journal that comes to our table. It makes a very creditable appearance and contains several interesting papers. The managing editor is Dr. Charles P. Wagar, erstwhile of Toledo, Ohio. Dr. Wagar has as his assistant editors Dr. Le Moyne Wills, Dr. Elizabeth Follansbee, Dr. Melvin L. Moore, Dr. Granville MacGowen, Dr. Henry S. Orme, Dr. Andrew Stewart Lobingier, Dr. F. D. Bullard, Dr. Sumner J. Quint, Dr. D. C. Barber, Dr. L. G. Visscher and twenty-nine other well-known practitioners. If the work is equitably divided among these editorial writers it ought to be well done and yet not be burdensome to any.

Dr. A. T. Newcomb of Pasadena was the host at a delightful banquet given to a number of his medical friends at the Hotel Guirnalda, Pasadena, on the evening of December 22nd. At this meeting it was decided to organize a social medical club. The menu was very elaborate and was interspersed with those liquids which people of Pasadena legislate against and at the same time use in discretion. Seated at the banquet table with the host, Dr. A. T. Newcomb, were the following physicians. Doctors Francis Rowland, Charles Lee King, A. D. S. McCoy, H. H. Sherk, A. Fenyes, Stanley P. Black, D. B. Van Slyck, E. B. Hoag, W. H. Roberts, Norman Bridge, Charles D. Lockwood, F. C. E. Mattison, W. E. Hibbard and J. H. McBride.

On January 18, 1905, the United States Civil Service Commission will hold an examination in Los Angeles and Phoenix, Prescott and Tucson for surgeons, physicians, pharmacists, hospital internes and trained nurses, for

service on the Panama Canal. The age limit of surgeons is twenty-five to fifty, salary $250 per month; of physicians twenty-five to fifty years, salary $150, $200 and $250 per month; of pharmacists twenty to forty years, salaries $900, $1000 and $1200 per annum, with board and quarters; of hospital interne twenty to thirty years, salary $50 per month, with board and quarters (after one year they will be paid $125 per month); of trained nurses twenty to thirty-five years, salary $50 per month, with board and quarters.

We have received the following reprints:

"Carbohydrate Metabolism: Relation of the Different Tissues to the Destruction of Sugar." By Frederick A. Rhodes, M.D., of Pittsburg, Pa.

"The Family Physician as a Factor in the Solution of the Tuberculosis Problem, and Woman's Duty Toward the Health of the Nation." By S. A. Knopf, M.D., New York City.

"Bacillus Pyocyaneus Septicaemia Associated with Blastomycetic Growth in Primary Wound." By Joseph Rilus Eastman, M.D., and Thomas Victor Keene, M.D., of Indianapolis, Ind.

"Poisoning by Wood Alcohol. Cases of Death and Blindness from Columbian Spirits and Other Methylated Preparations." By Frank Buller, M.D., of Montreal, and Casey A. Wood, M.D., of Chicago.

"The Dispensary or Home Treatment of Pulmonary Tuberculosis." By John F. Russell, M.D., of New York City.

The San Diego Union, in its issue of January 1st, in speaking of Escondido, says: "The firm of Larzalere & Bumgarner have their offices in a fine building of nine rooms, built by themselves and equipped with all modern appliances. Dr. J. V. Larzalere is a graduate of the University of Buffalo, class of 1884; New York Post Graduate Hospital, class of 1901. Dr. G. M. Bumgarner is a graduate of Beaumont Hospital Medical College of St. Louis, class 1892, and served interneship in the Missouri Baptist Sanitarium in St. Louis in 1892-93.

"The medical firm of Crise & Crise is composed of Dr. David Crise, father, and Dr. Bruce Crise, son. Dr. David Crise is a graduate of Jefferson Medical College, class 1872. He practiced medicine five years in Buffalo, Pa., and ten years in Beech City, Starke county, Ohio. He located in Escondido in 1888 and is the pioneer doctor. Dr. Bruce Crise is a graduate of Medical College of the University of Southern California, Los Angeles, class 1903."

At the meeting of the Los Angeles County Medical Association held January 6, 1905, there was present Dr. Philip Mills Jones, the brilliant editor of the *California State Journal of Medicine*, and the resolutions which he had prepared condemning the *Journal of the American Medical Association* for following the practice of advertising secret remedies provoked a spirited discussion, in which Dr. Norman Bridge defended the *Journal* and Dr. Simmons, and implied that there was some medical politics doing in the United States, and even insinuated that the author of the resolutions, Dr. Philip Mills Jones, himself, would bear watching along political lines. Finally the Jones resolutions were adopted with practical unanimity. Dr. Jones is a born reformer, and the idea of any person else doing wrong arouses him so that he has become almost a modern Socrates. We expect some day to see him going around barefooted like his illustrious prototype, in order to get people to quit breeding corns. Really, though, he is one of the most delightful fellows and his visits form our most reliable antidote for ennui. Dr. Dudley Tait says to Dr. Jones belongs the credit of most of the good work that is being done for the profession on the Pacific Coast.

DR. H. G. BRAINERD, CHIEF MEDICAL DIRECTOR CONSERVATITE LIFE INSURANCE COMPANY.

[illegible] insurance company, in order to achieve the greatest success, must exercise the care and discretion in the selection of risks for insurance. It is therefore absolutely necessary that he who has supervision of the company's "medical department" should be one of experience and skill in handling this branch of the business and one who possesses a thorough knowledge of the medical profession. Such a man is Dr. H. G. Brainerd, chief medical director of the Conservative Life Insurance Company.

Dr. Brainerd was born in Londonderry, New Hampshire, in 1852, and while yet a child removed with his parents to Halifax, Mass., where he received the foundation for his education.

At the age of fifteen, the young man removed with his parents to Iowa, remaining only a few years, when he returned to the east to continue his education at Dartmouth College, Hanover, New Hampshire, completing a course in that institution in 1874, after which he entered Rush Medical College of Chicago, from which he graduated in 1878.

Dr. Brainerd began his professional career at Mount Pleasant, Iowa, meeting with gratifying success from the very start. He was appointed physician in the Hospital for the Insane at Mount Pleasant, and later became assistant physician and assistant superintendent of the Hospital for the Insane at Independence, Iowa, which position he occupied until 1886, when he removed to California, locating in Los Angeles, where, through his skill and knowledge of his chosen line of work, he has been brought into considerable prominence before the medical profession. The doctor has been closely allied with several medical institutions of Southern California, being at one time superintendent of the Los Angeles County Hospital, and was for a number of years dean of the College of Medicine of the University of Southern California.

When the Conservative Life Insurance Company was organized, Dr. Brainerd was one of the first to join its ranks and became a member of its board of directors. Because of his skill and knowledge as a physician and a long experience in handling matters of a similar nature, he was appointed chief medical director of the company. The doctor has always shown an active interest in the progress and development of the "Conservative Life" and is one of its most ardent supporters. The company has just cause to feel that the supervision of its medical department is in the hands of one whose proficiency for the position is unquestioned.

Dr. Brainerd is a man who has never courted distinction in any form, always mindful of the welfare and pleasures of others. He possesses that pleasing personality which has won for himself warm friends in all the walks of life.—*Conservative News.*

ANTI-TUBERCULOSIS RESOLUTIONS.*

At the annual meeting of the Los Angeles County Medical Association, held in Los Angeles, Cal., December 16th, 1904, the following resolutions were unanimously approved, and ordered printed and circulated among the legislators of this State:

Whereas, the health of the people should be one of the first considerations of government; and

Whereas, the people must look to the governing powers for protection from contagious and infectious diseases; and

Whereas, the State Board of Health of California is hindered in the perform-

*Passed by the Los Angeles County Medical Association at its annual meeting, in Los Angeles, December 16, 1904, urging the necessity for protection from contagious and infectious diseases.

ance of its duties and is powerless to enforce its orders, owing to inefficient laws; be it

RESOLVED, that the Los Angeles County Medical Association hereby urges upon the Legislature of the State of California the necessity of passing such laws as will give to our State Board of Health power which will make it fully capable of protecting the health and life of the people of the State, and place our State on a par with those which are in the front rank in matters pertaining to public health.

F. M. POTTENGER, M.D.,
STANLEY P. BLACK, M.D.,
E. S. PILLSBURY, M.D.,
Committee.

Whereas, Tuberculosis is one of the most widespread and most fatal of diseases, causing one hundred and fifty thousand deaths annually, in the United States, and more than thirty-five hundred in the State of California, which is nearly one-third more than that caused by whooping cough, measles, scarlet fever, diphtheria, typhoid fever and pneumonia combined; and

Whereas, this disease destroys most of its victims between the ages of fifteen and thirty-five, when they are of greatest value to their families and to the State, thus being the cause of a great many individuals becoming public wards; and,

Whereas, this destruction of life and its attendant suffering is wholly useless and unnecessary, because tuberculosis is a curable disease, yielding readily to appropriate treatment, especially in its early stages; and,

Whereas, Sanatorium treatment has proven to yield by far the greatest number of cures; and,

Whereas, this is denied to the poor, among whom this disease is especially prevalent, unless they receive some outside aid; be it

RESOLVED, that the Los Angeles County Medical Association hereby expresses its belief in the necessity of a State Sanatorium for the treatment of the tuberculous poor, and urgently requests the Legislature of the State of California to take the necessary steps for the establishment of such an institution.

F. M. POTTENGER, M.D.,
STANLEY P. BLACK, M.D.,
E. S. PILLSBURY, M.D.,
Committee.

RESOLVED, that it is the sense of the Los Angeles County Medical Association that the present State vaccination law has served a good purpose, and has prevented the spread of smallpox in the State, and this society, therefore, deprecates any action tending to impair the efficacy of this law.

L. M. POWERS, M.D.,
H. G. BRAINERD, M.D.,
WM. LEMOYNE WILLS, M.D.,
Committee.

STATE BOARD OF EXAMINERS—DECEMBER EXAMINATIONS.

The Board of Medical Examiners met on December 6th. Several important resolutions were passed at the various sessions, and among them may be noted the following, which it is desired to call to the attention of members of the society:

Resolved, That a committee of seven be appointed to investigate the various medical schools within the State to ascertain if the requirements are equivalent to those prescribed by the Association of American Medical Colleges.

Resolved, That the secretary ascertain from the secretaries of the board of examiners of the various States which medical schools are considered by them as in good standing, and that this board reciprocate with such boards in the matter of determining the standing of medical schools.

Resolved, That when evidence of preliminary education consists of a diploma or certificate, the applicant be required to file the same with his medical di-

[illegible]

PASSED.

[illegible] Cal., 1904—82 8-9.

[illegible] Coll. of the Pac., [illegible] 82 1-9; 1903—75 7-9.

[illegible] Univ. of Ill., 1904—75.

[illegible] Homeo. Med. Coll., Ill., 1888 [illegible]

[illegible] of P. & S., Ill., 1895—86 1-9; [illegible] 1903—75.

Hooker & Grant Coll. of Medicine, [illegible]

Howard Med. Coll., Washington, D. C., [illegible]

Jefferson Med. Coll., Pa., 1902—78 1-9.

McGill University, Med. Dept., Canada, [illegible] 77 6-9.

Med. Dept. Univ. of Mich., 1903—82 6-9; 75 7-9.

Med. Dept. Univ. of Minnesota, Minn., [illegible]

Med. Dept. Univ. of Mo., 1904—75.

Northwestern Univ. of Ill., 1904—82 [illegible]

Rush Med. Coll., Ill., 1901—87 6-9.

Starling Med. Col., Columbus, O., 1898—82 1-9.

Passed—60 per cent.

FAILED.

Coll. of P. & S., Cal., 1904—70 6-9.

Cooper Med. Coll., Cal., 1903—65 4-9.

Bellevue Hosp. Med. Coll., N. Y., 1889—69 7-9; 1877—66 4-9.

Coll. of P. & S., Ill., 1901—71 6-9.

Jefferson Med. Coll., Pa., 1902—68 1-9; 1893—36 4-9.

Med. Dept. Univ. of Mich, 1890—67, 62 3-9.

Marion-Sims Beaumont Coll. of Med., Mo., 1903—69 7-9.

Med. Dept. of Louisville, Ky., 1890—68 5-9.

Med. Coll. of So. Carolina, 1897—70 4-9.

Med. Dept. Univ. of Va., 1891—62 6-9.

Rush Med. Coll., Ill., 1882—69 3-9.

Tufts Med. School, Boston, Mass., 1902—59 2-9.

Univ. of Berlin, Germany, 1899—64 1-9.

Cooper Med. Coll., Cal., 1904—5 passed; 1903—1 failed.

Hahnemann Med. Coll. of the Pac., Cal., 1904—2 passed; 1903—1 passed; 0 failed.

Univ. of Cal., 1904—1 passed; 1903—1 passed; 0 failed.

Coll. of P. & S., Cal., 1904—0 passed; 1 failed.

Failed—40 per cent.

—*California State Journal of Medicine.*

BOOK REVIEWS.

THE DOCTOR'S RECREATION SERIES. [illegible] Mouillot, General Editor. Volume IV.

A BOOK ABOUT DOCTORS.

By John Cheney Jaffrey, author of "[illegible]." "The Real [illegible] A Book About Lawyers." [illegible] Publishing Co., Chicago; [illegible] New York. Price, in cloth [illegible]

This [illegible] work is a much less [illegible] than [illegible] and has not a place in our library. It is a pleasure to welcome our old friend in his new and elegant clothes.

The book is full of quaint anecdotes of distinguished physicians and their friends. The largest fee ever received by Sir Astley Cooper was from a West Indian millionaire, who underwent a painful and perilous operation with Drs. Lettsom and Nelson as his physicians and Sir Astley as chirurgeon. The old

man, to his great delight, recovered, and he paid each of his physicians 300 guineas, and then, sitting up in bed, said to Sir Astley, "Take that," and threw him a convalescent's night cap. Sir Astley had his wits about him, picked up the night cap and, putting it in his pocket, said, "I'll pocket the affront." It was well he took this course, for on reaching home, he looked into the cap and found a draft for 1000 guineas. In speaking of the incomes of physicians, he says Queen Elizabeth paid her physician in ordinary £100 per annum besides diet, wine, wax and other perquisites. There are many instances given where British and Continental royalty paid their medical attendants more liberally. The stories of brusque Abernethy are very enteraining. Page after page of delightful and historically correct stories greet the eyes of the reader.

A LABORATORY MANUAL OF HUMAN ANATOMY. By Lewellys F. Barker, M.B. Tor. Professor and Head of the Department of Anatomy in the University of Chicago and Rush Medical College, assisted by Dean De Witt Lewis, A.B., M.D., and Daniel Craisberry Revell, A.B., M.B., Instructors in Anatomy in the University of Chicago. Illustrated. Cloth, $5. Philadelphia and London. J. B. Lippincott Company. 1904. Three hundred illustrations.

This volume of nearly 600 pages is intended to lead students to work thoroughly and systematically in the dissecting room and to enable the good student to become an independent worker much more quickly than when he is left without such guidance.

The nomenclature employed is that which was formulated by the German Society of Anatomists and which is rapidly being adopted in many of the best English and American laboratories. Every instructor should thoroughly familiarize himself with this nomenclature because it is bound to be prevalent with all educated people.

The author in the introduction enters especially into the value of drawing for the student and gives valuable directions on that subject. In these days, when medical students are educated gentlemen, there are scarcely any who do not understand elementary drawing, and if any one does not he should take special instruction in that line. After he enters practice he will be very thankful that he can use his pencil.

In speaking of the student caring for the part that has been assigned to him the author says: "Drying of the part is the greatest of all dangers. . . . The skin of the cadaver is one of the best protectives against drying. Skin when removed should always be kept as a covering for the part. When the dissection is put away at the end of a working period, it should be wrapped carefully in the integument, which should be securely fastened by tying or pinning it in place. In addition, the part should be thoroughly wrapped in gauze or cheese cloth saturated with a three per cent. solution of carbolic acid or other preserving fluid and held in place by twine. Not only in the intervals between the dissection periods, but also during working hours, care should be taken to prevent drying.. Parts not in actual use should be kept covered, for even two hours' exposure causes drying which deteriorates the material. The portion of the dissection actually being worked upon should be moistened occasionally with a wet sponge." The author very wisely suggests that each student have three white cotton gowns in order to have a reasonably clean one to put on over other clothing whenever the student enters the dissecting room. Throughout the work is full of practical instructions and the illustrations are graphic and self-explanatory.

HOW TO STUDY LITERATURE. A Guide to the Intersive Study of Literary Masterpieces. By Benjamin A. Heydrick, A.B., (Harvard), Professor of English Literature, Millersville, Pa. Third edition, revised and enlarged. Hinds, Noble & Eldredge, Publishers, 31-33-35 West Fifteenth Street, New York City. Cloth, 75 cents.

THERAPEUTICAL HINTS.

PROPRIETARY MEDICINES.—It is now generally conceded, the world over, that every man has a right to do his own thinking and to follow that conviction in his choices, *unless*, in the exercise of his liberty he begins to transgress upon the innocent rights of other men, or he attempts to prevent other men from exercising the prerogative by him so freely exercised. This axiom of liberty should hold just as logically in medicine as in politics or religion, and this is the principle we believe in following. There has been a great "hubbub" over the matter of using proprietary medicines. Personally, we use them when we wish to. However, a certain element in the profession will not use them, and in taking this stand they are only assuming what we concede as their right and privilege; *but*, they go farther and attempt to keep others from using them, and indeed are contemplating an effort to annihilate the proprietary remedy from the face of the earth. It is easy to show that such action would be a misfortune to medicine, for there are certain proprietary medicines which cannot be duplicated either in effect, appearance, or elegance, by extemporaneous preparation in the most expert hands.

A certain man has, by long extended experience, discovered some special manner in which certain drugs can be combined so as to exhibit special virtues in palatability or therapeutic efficiency. He offers his preparation at a fair price. He tells what enters into its composition. In some instances he states the amount of each individual ingredient. Has not this man a right to the fruits of his toil? Has he not a right to keep his preparation before the profession by advertising? Very probably, if the proprietor of this combination were to state "the process of manufacture" few if any pharmacists could duplicate his product. In some cases special machinery is required; in others an amount of time is consumed in combining, ripening, filtering, etc., which would drive any pharmacist to despair, drink, or deceitful manipulation of the ingredients, and the result would fail to represent properly the virtues which the preparation should embody.

As a practitioner of medicine we claim the right to employ any agent or combination which seems to us to be indicated in the treatment of any given case.—*The Medical Summary.*

Celerina and aletris cordial rio, equal parts, teaspoonful every four hours, is a most efficient remedy for amenorrhea.

Various preparations of Cod Liver Oil have appeared in the market during the past ten years, but for palatability and efficiency none of them has surpassed Hagee's Cordial of Cod Liver Oil Comp. This preparation has become a standard with many doctors all over the country, and the results achieved are most satisfactory. The freedom from grease and the fishy odor make it peculiarly acceptable to patients with weak stomachs.—*Southern Medicine and Surgery.*

A CASE OF IDIOPATHIC ANEMIA.—(Reprinted from St. Louis *Medical Era*, March, 1904.) Idiopathic anemia presents some very difficult conditions to relieve. During May, 1903, Mr. B. H., aged forty-eight years, gave up his work as mail-carrier on a R. F. D. Route, and took to his house and shortly after to his bed. He received good medical treatment from several competent physicians, but steadily failed

till he seemed almost bloodless. During the autumn he was taken to Clifton Springs Sanitarium, where a blood count showed 1,500,000 red corpuscles to a cubic c. mm., and he was sent home as a case not suited to treatment. Less than three weeks ago I first saw him. He was confined to bed, dropsical, nearly bloodless, not greatly emaciated, hardly able to express an idea, brain being almost inactive. He had always chewed tobacco excessively; this I stopped abruptly and completely. I put him on pepto-mangan (Gude,) in place of ——— which he was taking, and gave him 1-20 gr. of arsenious acid in tablet form once daily.

For five days he lay partly comatose, then began to revive, and from that time on has improved very rapidly. The dropsy is all gone, and the mucous membranes of lips and eyelids are red. He sits at the table and eats several pounds of red meat daily, sleeps quietly, and his brain works easily and actively. I am not puffing any particular medicine; indeed, I hardly know which to give the credit to—the pepto-mangan or the breaking of the tobacco habit. He has never asked for tobacco since he "came to." He seems so amazed to find himself improving that he is willing to give it up.

CHAS. L. LANG, M.D.

Weedsport, N. Y.

THE GLUTEN IN FLOUR.—It is important that the flour used in our bread, which is the staff of life, should possess a full proportion of gluten, and it is well for physicians to be posted as to the amount found in the flours that we ordinarily use.

The Department of Agriculture gives the following analyses of the ordinary flour brought to them:

From Bulletin 28, United States Department of Agriculture; by W. O. Atwater, Ph.D., and A. P. Bryant, M.S.; pages 57 to 58:

Wheat Flour—Patent roller process, baker's grade.

ANALYSES—AVERAGE.	
Water	11.9
Protein	11.3
Fat	1.5
Carbohydrates	72.0
Ash	.6
Crude fiber	.6

Entire Wheat—(Sold as gluten by most bakers:)

ANALYSES—AVERAGE.	
Water	11.4
Protein	13.8
Fat	1.9
Carbohydrates	71.0
Ash	1.0
Crude fiber	.9

Though they affirm
A deadly germ
  Lurks in the sweetest kiss,
Let's hope the day
Is far away
  Of antiseptic bliss.
To sterilize
A lady's sighs
  Would simply be outrageous—
I'd much prefer
To humor her
  And let her be contagious!

—*Atlanta Journal.*

Metallic electric conductors were first used in 1744.

The leyden jar was discovered in 1745.

Dalibard proved that lightning is an electrical phenomenon in 1752.

The glorious sun
Stays in his course, and plays the alchymist;
Turning, with splendor of his precious eye,
The meagre cloddy earth to glittering gold.

—King John: Shakespeare.

[illegible] discovered in Syria 70 B. C. In the form of Pompeii glass window [illegible] it was rediscovered [illegible] in England in 1674; was experimented at Jamestown, Va., in 1609, but the first regular factory in the United States was built at Temple, N. H., in 1788.

A French chemist has discovered a material containing certain chemicals which when dissolved in water give forth pure oxygen. All one has to do, if he requires fresh air to carry about, is to put it in his pocket and soak one drop to produce the needed quantities of pure oxygen. It is only a question of time before an old man can eat a cake and become too young to vote.

The idea of an artificial tone system is thoroughly incompatible with our present, a regular tone system has no more been invented by the musicians than poets invented the words of their language and the grammatical combinations of these words.—Dr. Hauptmann.

But the stalwart miller with mealy face
Works, whistling, in his hiding place,
And he only thinks as he hears the wheel
"What a famous river for grinding meal!"
The poet when rains have ceased to flow
Sings to the seven-colored bow;
The miller, his sense of beauty shut
Calmly gauges the water-butt.
—R. C. F. Hannay.

Ye mysteries, hiding undiscover'd worlds,
Stunned in spirit the land wanderer,
I hunger to pass your mighty doors,
Not for my hand upon the Mystery.
—Robert Neal in *The Nile, Africa and Egypt.*

"To be employed," said the poet Gray, "is to be happy." "It is better to wear out than rust out," said Bishop Cumberland. "Have we not all eternity to rest in?" exclaimed Arnauld.—Samuel Smiles.

"What will you have," quoth God, "pay for it and take it."

Most of us take it on credit, and then try to dodge the maturing installments; but it's no use. The final foreclosure is as certain as doom. We pay for every over-indulgence with interest that is compounded daily, and attorney's fees that are always collected by the Court of Final Appeal.

On December 11, 1844, while under the influence of gas, Horace Wells, an American dentist, had a tooth extracted from his own mouth without pain. Dr. William T. G. Morton received a patent for the same discovery and Wells committed suicide. Charles T. Jackson, Crawford W. Long, William T. G. Morton and Horace Wells are all claimants for the discovery of anesthesia.

Sloth makes all things difficult, but Industry all easy; and he that riseth late must trot all day, and shall scarce overtake his business at night, while laziness travels so slow that poverty soon overtakes him.—Benjamin Franklin.

Leonardo of Pisa introduced the notation of numbers in use at present, by combining ten digits according to the position-system A.D. 1200. This position-system originated with the Hindus and came to Europeans through the Arabs.

The art of surgery was introduced 219 B. C.

Dr. Pearson in 1795 suggested vapor of sulphuric ether for the relief of spasms.

The arithmetic of decimals was invented in 1842.

SOUTHERN CALIFORNIA PRACTITIONER.

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CHOLELITHIASIS.*

BY W. W. BECKETT, M. D., LOS ANGELES, PROFESSOR OF GYNECOLOGY IN THE MEDICAL COLLEGE OF THE UNIVERSITY OF SOUTHERN CALIFORNIA.

To make an accurate diagnosis of cholelithiasis one must have a thorough knowledge of its pathology. Gall-stones originate most frequently in the gall-bladder and very rarely in the bile-ducts. It is said that almost every tenth adult has gall-stones, while only about 5 per cent. of these feel them. They may remain latent, causing no disturbance whatever until inflammation or obstruction occurs. This may give rise to lymphadenitis and local peritonitis, resulting in adhesions between the gall-bladder, stomach, intestines and omentum. Even after all stones are expelled from the gall-bladder and the cystic and common duct are free, these adhesions can give rise to many troubles, such as kinking of the cystic duct or the duodenum, stomach disorders, hypertrophy of the pylorus and dilation of the stomach. Adhesions of the omentum and colon during the inflammatory process may give rise to ileus. These adhesions by kinking the cystic duct may cause colicky pains. These cases are entirely relieved by excision of the gall-bladder. In making a diagnosis of cholelithiasis, the previous history of the patient is of great importance. Gall-stones are rare in patients under twenty years and increase in frequency after that age. Women are more disposed to the disease than men. The ratio is variously placed from three to one and five to one. Heredity plays an important part. Among the predisposing causes may be mentioned certain diseases, such as typhoid fever, gastric and intestinal catarrh, obesity, sedentary habits, constipation, tight lacing and pregnancy. As a rule, jaundice is absent, yet it forms an important factor in the history. It is important to note whether the jaundice comes on with the beginning of the attack or later. When there is a chronic obstruction of the common duct by a stone, it is important to determine the intensity of the jaundice. In choledochus obstruction by a stone, the jaundice changes, while in obstruction by a tumor it becomes more intense.

Only in a certain percentage of gall-

*Read before the Los Angeles County Medical Association, January 6, 1905.

[illegible] will do. X-ray demonstrate [illegible] gallstones.

During an acute attack there is usually nausea and vomiting, while during the interval the digestion may be good or the patient may suffer from eructations, dizziness, nausea and frequent colics. Fever is especially characteristic of obstruction of the choledochus by stone. Stones are frequently found in the feces just after an acute attack. The color of the feces may return with changes of the stone in the common duct. The

ATTACKS OF COLIC

are most frequent when the bowels are regular. An enema will frequently relieve an attack. In chronic obstruction of the common duct a cholemia may develop without cancer. The patient should be examined lying down, with clothing removed, in a well-lighted room. The pain of gall-stone varies. A serious inflammation may cause only slight discomfort in the region of the gall-bladder or as a moderate cramp of the stomach. Acute purulent inflammation of the gall-bladder causes violent pains, especially if there be much local peritonitis. If the stones are in the gall bladder, then the pain is in the right hypochondrium. The pains may radiate into the breast and back. If they are in the common duct there is usually pain in the epigastrium and rarely in the left hypochondrium.

ULCER OF THE STOMACH

is often diagnosed for gall-stone. Pain from ulcer of the stomach is dependent largely upon the quality and quantity of food taken, and begins immediately or soon after eating; rarely occurs with an empty stomach or at night. The pain of gall-stone is more to the right and is often boring in character, radiating to the back and under the right shoulder blade. The pain and greatest sensitiveness are over the gall-bladder.

In case of lead colic, the diagnosis can usually be made by the history. An acute cholecystitis and an acute appendicitis may occur at the same time. I have operated one such case. The onset of a cholecystitis and that of appendicitis are so similar that it may be difficult to differentiate, especially if the appendicitis pain is located above McBurney's point or the cholecystitis pain is more downward. If the two diseases attack the patient at the same time, the one which produces the most prominent symptoms is diagnosticated. Renal colic, intestinal colic, ulcer of the stomach, appendicitis, ilius, floating kidney and peritonitis have all been confounded with gall-stone diseases.

Gall-bladder tumor has a pendulum-like movement. There is also a downward and upward movement, corresponding to the movements of the diaphragm. The gall-bladder has a fixed point at its upper end. The tumor may be so freely movable as to be mistaken for a movable right kidney. When the patient is on his back and the kidney is replaced, it remains most always in its normal position, while if the gall-bladder be pushed upward it will return to a position just behind the anterior abdominal wall. In about 80 per cent. of all gall-stone cases,

ICTERUS IS ABSENT.

When present it indicates an involvement of the liver ducts and cholangitis. When the cholangitis is diffused, the jaundice is usually pronounced, and the whole liver tender and the health of the patient greatly impaired. The patient looks thoroughly septic. The spleen may be enlarged. Acute obstruction of the common duct is ushered in with sudden pain in the right hypochondrium, which is often intense. Sometimes this is preceded by slight pain, which becomes rapidly more severe, and is constant in character. Relief comes as soon as the stone passes into the duodenum. (Severe attacks of pain may be occasioned by a kinking of the cystic duct, due to adhesions.) An ovoid tumor of

the gall-bladder that is slightly or not at all painful, without enlargement of the liver and without jaundice, indicates a dropsy of the gall-bladder.

A tumor of the gall-bladder that is painful and accompanied by fever indicates an empyema of the gall-bladder. A tumor of the gall-bladder which is not painful and with jaundice usually indicates an obstruction of the common duct by a tumor. A hard nodular tumor of the gall-bladder with jaundice means carcinoma. It is sometimes difficult to determine whether the obstruction of the common duct be due to a stone or a tumor. However, there are certain well-marked symptoms which aid us in distinguishing one from the other. In obstruction of the common duct by a stone, pain is present, ascites does not occur and the gall-bladder is not usually felt, while in obstruction by a tumor, colicky pains are rare; ascites is present and the growth can usually be palpated. Cachexia may occur in a chronic obstruction of the common duct by a stone, but it is not so intense or persistent as in obstruction by carcinoma. In advanced cases of carcinoma of the liver there is usually an enlargement of Virchow's gland. I will leave the medical treatment of gall-stones to the internist.

Every case of gall-stone does not need operating, neither should we wait for serious symptoms before operating.

EVERY LAPARATOMY BRINGS DANGER;

shock, hemorrhage, sepsis, pneumonia, hernia, even the anesthesia may cause serious results, while on the other hand it is not wise to let the pathological changes extend so far as to drive the patient of necessity to operation. We must not forget that delay is often much more dangerous than operation. In uncomplicated gall-bladder cases the mortality does not exceed 3 per cent. In extirpation of the gall-bladder and common duct operation the mortality should not exceed 5 per cent. In early and interval operations the mortality is reduced to the minimum. The prognosis is bad in septic and pyemic cases. The mortality from simple gall-stone operations, while the stones are still in the gall-bladder and there is no serious infection, is largely due to accident and is not more than that of simple appendectomy, in the interval, in patients of like general condition. Many secondary conditions of the gastro intestinal tract and especially of the pancreas may subside after the removal of the stones.

Dr. Kehr has never encountered a regrowth of stones after any of his gall-stone operations. In a series of 350 cases he had one mucous and one bile-fistula. In the first case the stone was left knowingly, in the cystic duct, on account of the great depth, and in the latter the fistula occurred after drainage of the hepatic duct. Hernia occurred in 3 per cent. only, and these were in cases of severe suppuration. In 5 per cent. there were colics due to adhesions; 89 per cent. were free from all disturbances. As in appendicitis, the time to operate is in the beginning of the surgical attack, while the stones are still in the gall-bladder, before perforation takes place and before they get into the deeper ducts. We will then avoid many cystectomies and choledochotomies. Duct operations should also be made early. Gall-stones often give rise to carcinoma without causing distress, and perforation into the hollow organs may develop without symptoms.

No disease compares in malignancy and insidiousness with cholelithiasis. Operate before sequelae, such as chronic jaundice, the formation of cancer, cirrhosis of the liver, suppuration, fistula and gall-stone ilius occur. The slight dangers of early operation are not to be compared with the dangers of the disease itself. It is always advisable to operate when there is a sero-purulent cholecystitis, when adhesion between the gall-bladder, intestines, stomach and omen-

[illegible] in case of chronic [illegible] on the occasion of cystic [illegible] at cholelithiasis [illegible] in case [illegible] and in [illegible]

Dr. M. L. Emerson says: "It is well for [illegible] that gall stones and [illegible] foreign bodies should be made when they are [illegible] and other illness [illegible] They should be removed [illegible] may slumber for years, but when they awaken, the probabilities are that they will not permanently regain an innocuous quiet, but rather tend to bring about complications which give rise to serious and even incurable diseases."

In a series of twenty-one cases in my own practice there has been no mortality. The wound closed in every case in from two weeks to three months. No hernia resulted. One case was followed by colics due to adhesions. In one case a stone which was knowingly left deep down in the cystic duct was passed about one year after the operation. The patient has since been well. In one case after a two-sitting operation it was necessary to do a subsequent operation for the removal of a stone from the cystic duct.

MEDIASTINAL TUMOR.*

BY W. F. MELSPAUGH, M. D., LOS ANGELES.

This patient first consulted me December 1910. He is 57 years old, of German birth, a railroad worker. His family history shows no evidence of malignant or other hereditary disease.

His personal history is as follows: He is a very moderate drinker and smoker and positively denies all history of specific disease. He had no serious illness until about three years ago. Then, after a residence of two years in the Klondike region, he began to have attacks of severe abdominal colic. These attacks came on at intervals of five or six months at first. They were sometimes accompanied by chills, with fever, constipation and flatulence, no nausea or vomiting, and they were apparently brought on by catching cold. The pain was general over the abdomen, spreading to the lumbar region, but not to the thigh or scrotum. These attacks have tended to become more frequent.

Two years ago he had an attack of pleurisy on the left side. Since then he has had almost constant cough, with considerable expectoration, the sputum usually being white; no blood was ever expectorated. No more pleuritic pain after the first two weeks.

During the past year he has had frequent vomiting, nearly every day. This usually occurs soon after meals, but is sometimes brought on by a severe coughing spell, during which he raises much phlegm. The vomit never contains blood; it consists of food, slime and sour liquid without any foul odor. After a full meal he feels a sense of *crowding*, as he expresses it, which is relieved by vomiting. He used to belch considerable gas, and still feels at times as if there were gas in the stomach, but it does not come up readily. He has some heartburn. Occasionally slight regurgitation of food. His appetite is capricious, rather poor. The bowels are usually regular. He thinks he has lost about eight pounds during the past year, making a total loss of twenty pounds in four years.

Six months ago, while riding a wheel,

*Read before the Los Angeles County Medical Association, January 6, 1905.

he collided with a wagon and fell on the handle bars, but noticed no bruise of chest or discomfort of any sort afterward.

During the past four months he has had a sense of choking, as if the food were stopped about the upper end of the sternum, and he is unable to swallow a large bolus of solid food. There has been no pain at this point. His voice has been hoarse for three or four years. This condition has not increased lately. Neither he nor his wife has noticed any change in contour of chest or throat. He states that he had night sweats for a few nights several weeks ago.

During two or three days before he first came to me he had been unable to work, suffering from weakness, irregular chills, fever, aching in bones, loss of appetite, dizziness, headache and constipation.

When the patient's chest was bared for examination I was instantly struck by the distension of the veins of the left side of the chest anteriorly, this distension involving also the veins of the left arm and to a lesser degree of the left side of the neck. On palpation these veins were found tense and resistant as compared with those of the right arm. Inspection showed further a comparative fullness in the lower part of the neck at the left side, with prominence of the upper left costal cartilages. No cyanosis was present, nor was there any apparent abnormality in expansion or breathing. The pupils are of equal size.

On palpation a mass is felt extending nearly one inch above the inner end of the left clavicle, firm and nodular, giving the impression of enlarged glands. The trachea is pushed slightly to the right. Palpation verifies the prominence of the left upper costal cartilages and there is increased resistance in the intercostal spaces at this area. There is no thrill, no pulsation or fluctuation. There is no tracheal tug. The radial pulses are synchronous and of about equal size. There is slight enlargement of the axillary glands on both sides; also of both inguinal groups. The epitrochlear and popliteal glands are not palpable, nor are the cervical glands on the right side and upper part of the left side.

Percussion shows marked dullness over the manubrium sterni, reaching nearly to its right border; on the left side this dullness extends two or three inches to the left of the sternum and downward to about the third cartilage; it extends well above the inner end of the left clavicle; the note at the center of this area is flat. The area of dullness diminishes somewhat when the patient is lying down.

On auscultation the heart sounds are found normal. The heart is not displaced. No murmur is heard over the area of dullness above described. Over this area the breathing is diminished and of somewhat tubular quality. An occasional friction sound is heard over the margin of the dull area and low in the left axilla, where we also find slight comparative dullness and diminished breathing—probably the results of the old pleurisy. There is no dullness over the posterior chest corresponding with that found anteriorly.

Liver and spleen are not enlarged; no masses are palpable in the abdomen. The urine shows a faint trace of albumin. The hemoglobin percentage and red cell count are normal. The leucocytes, counted once about three weeks ago, were 17,500. A differential count of 100 cells showed 88 polynuclear.

Examination of the throat shows a moderate general congestion of the pharynx and larynx. The small cartilages surmounting the right arytenoid cartilage markedly overlap those of the left and partly obscure the cords. Apparently there is no paralysis, however, and I think this effect is the result of pressure.

No attempt has been made to pass an oesophageal bougie or stomach tube.

Finally, a thoroughgoing examination made by Dr. Sheldon last evening showed a dullness above, continuous below with, that of the heart, extending upward through the entire mediastinum to the neck and reaching somewhat further to the right than to the right. The shadow is so well marked as to leave no doubt that the mass is solid. This serves to rule out the possibility of aneurismal abscess, empyema and the like and to narrow the diagnosis down to that of a new growth or a glandular enlargement. Without taking time to discuss the points of differential diagnosis, most of which have already been touched upon, I would say that I have come to the conclusion that we have here probable a sarcoma originating in some of the fibrous tissues of the mediastinum, or a carcinoma. Hodgkin's disease, tuberculous glands, a specific deposit, or a benign glandular enlargement seem to me much less probable.

I am giving the patient increasing doses of potassium iodide, upon the possibility of the condition being specific. He is also taking a tonic of nux vomica with an organic iron preparation. I hope that your discussion and criticism will be very free, and I am especially anxious to have your opinions in regard to the advisability of using the X-rays as treatment in such a case as this.

*Case exhibited at county society meeting, Jan. 6, 1905.

SARCOMA OF THE CHOROID.*

BY A. C. ROGERS, M.D., LOS ANGELES.

Sarcoma of the choroid is a disease of considerable interest by reason of its serious results.

The frequency in American clinics amounts to 03 per cent. In Germany and Austria the percentage is double, or 06 per cent.

The primary deposit is found about the blood vessels at some point on the external surface of the choroid, or as some claim, in the delicate structure between the choroid and the inner surface of the sclerotic. It is primary, pigmented, and seldom seen in fellow eye.

The extension usually takes place by migration through the blood vessels rather than by the lymph spaces.

The rapidity of the development is varied and uncertain, and a diagnosis not positive until the tumor elevates the retina and projects into the posterior cavities of the eye.

Detachment of the retina precedes this closure and may obscure a correct diagnosis for a considerable time.

Increasing blindness, a contracted field with a detached retina, without a traumatism to explain the detachment, may well deserve a guarded prognosis.

HISTORY OF THE SPECIMEN.

In May of 1903 the patient discovered that her vision in the right eye was becoming impaired. She consulted oculists in San Francisco, but no positive diagnosis was given. In September, 1903, she called at my office for a diagnosis.

I found the entire retina detached and a round dark tumor about six millimeters in diameter, which seemed to spring from the ciliary body on nasal side of right eye. Blood vessels could be seen on its surface that seemed to be beneath the retina. Tension was present, the anterior chamber shallow, and patient suffered at times from severe pain in and about eye ball. I pronounced the case one of sarcoma and insisted that the eye ball be removed at once.

*Read at the thirty-fourth semi-annual session of the Southern California Medical Association, December 8, 1904.

She consulted Drs. MacLeish and Ellis, and consented to a removal, as their diagnosis confirmed mine. It was done in October and the speciman presented today, prepared by Dr. Black, is a classical one.

You can notice by close inspection that the tumor seems to spring directly from the internal surface of the sclera, but really originates in the delicate structure uniting the inner surface of the sclera with the choroid, and you also observe that the retina is pushed toward the center of the globe by the increasing diameter of the tumor itself.

The microscopal specimen shown today confirms the diagnosis and treatment.

Bryson Block.

NEUROLOGY AND PSYCHIATRY PROGRESS IN 1905.*

BY ROSS MOORE, A.B., M.D., LOS ANGELES, CLINICAL ASSISTANT IN NEUROLOGY, UNIVERSITY OF SOUTHERN CALIFORNIA, MEDICAL DEPARTMENT.

In anatomy there is gradually increasing evidence that the neurons are essential units, Nissl and Bethe to the contrary notwithstanding. New methods of staining are bringing out the intra-cellular structure of nerve elements and more clearly.

Meltzer, by experiment, has succeeded in demonstrating a continuous streaming of fluid through the neurons. His findings were unexpectedly verified a few months ago by the treatment of a case of tetanus, which we will note a little further on.

Pathology. A new and apparently rational theory as to the ultimate cause of epilepsy has appeared. A substance, for convenience named cholin, derived from lecithin, has been found in the blood during degeneration of nervous tissue. It was found in the blood of fifteen out of eighteen cases of idiopathic epilepsy—three out of three cases of Jacksonian epilepsy—and in 90 per cent. of examined cases of tabes, paretic dementia, brain syphilis and brain tumor. A solution injected experimentally into animals caused epileptiform seizures.

Evidence is gradually accumulating that rheumatoid arthritis is a disease of the nervous system.

A case of multiple neuritis due to chronic morphinism has been reported. This is the first time the writer has seen morphine described as an etiological factor in multiple neuritis.

Knee jerk is said to be exaggerated in nephritis. It is an uremic symptom, and its increase is said to be a delicate signal of further kidney involvement.

Ankle jerk is said to be lost before the knee jerk in early tabes. This seems reasonable, but lacks verification.

Treatment. A case of tetanus developed after an injury to the hand. The patient had been given a sub-cutaneous immunizing dose of antitoxin directly after receipt of the injury, in spite of which lockjaw supervened. An injection of antitoxin was made directly into the nerves of the infected arm, and the patient recovered. It seems to be well established that the antitoxin should be injected into the spinal canal at least, and also into the nerves leading from the infected part, when the focus of infection is known.

Lumbar puncture has been quite extensively used as a therapeutic measure in uremia, especially the scarletinal variety, with good results. The results have been more or less beneficial in hydrocephalous, Sydenham's chorea,

*Read at the thirty-fourth semi-annual session of the Southern California Medical Association, December 8, 1904.

[illegible] cerebral [illegible] and [illegible] and [illegible]

[illegible] channel to [illegible] and [illegible] the [illegible] necessary mercury [illegible] recommended for tabes; [illegible] causes [illegible] in the treating of [illegible] and [illegible] which further discussion [illegible] the progress of [illegible] Particularly [illegible] to [illegible] [illegible] He [illegible] have had very good results [illegible] of this agent. These [illegible] are all [illegible] trying, because [illegible] for which they are [illegible]

[illegible] ambulatory. In mental disease, possibly the most definite advance has been along the lines of classification—that of Kraepelin coming more generally into use. It is Kraepelin who has given us the name and broad definition of dementia precox—a group under which 25 per cent. of all insanity belongs.

An encouraging sign of the times is the beginning of recognition of the lack of treatment given to the curable insane at the asylums, and the need of convalescent homes for recovering insane patients, where there are competent physicians enough to give proper attention.

Conservative Life Building.

SELECTED.

DEPARTMENT OF PHYSICAL AND ELECTRO-THERAPEUTICS.

CONDUCTED BY ALBERT SOILAND, M. D.

[illegible] Medicine, Dr. Dowie [illegible] Vertigo. Dr. [illegible] Theory [illegible] Use of the Electric Current." The article is full of [illegible] and observations of what can be accomplished by the thoroughly [illegible] electrotherapeutics. The writer [illegible] attention to the physiological effects of this current, as [illegible] demonstrated by two of his cases [illegible]

"These characteristics of the two [illegible] physiological and therapeutic properties cannot [illegible] of the power and [illegible] of the body. And it is [illegible] should be so many [illegible] who are unwilling to [illegible] the medical uses of [illegible] such as is the result of suggestion. They tell us that it is all psychic; that this power, which has become such a factor in the economy of the day (and this has been well styled the electric age,) so that everywhere around us its usefulness has made it a necessity, so that commerce and manufactories are so absolutely dependent upon it, that their forces would stop if the world were deprived of its use—that such a power some would have us believe has no more effect upon the human body of a curative character than such as is purely mental, or than such as might come from the use of Christian Science or Dowieism."

The doctor's statement in regard to the use of galvanism in cerebral syphilis is unique and well worthy of confidence, viz:

"Cerebral syphilis is greatly benefited by the use of a mild galvanic current, not exceeding two milliamperes, the positive

electrode, three inches by six, applied to the forehead, and another (negative) of about the same size, to the nucha, the current to continue for about ten minutes and to be applied daily. This treatment, with the hypodermic use of the bichloride of mercury into the gluteal muscles, and as large doses of the iodide of potassium by the mouth as the patient will tolerate, will yield very much more rapid results than the treatment by medicine alone. My clinical experience in this direction is sufficient to enable me to make this assertion with the greatest amount of confidence."

He says further that the most brilliant results are obtained in cases of multiple neurites when this current is used, stating: "I should not hesitate to treat any case of multiple neuritis in which muscular response can be had by currents of moderate intensity, with the positive assurance of benefiting the patient."

Dr. Brower also speaks well of this current in the treatment of various neuralgias, facial paralysis and exophthalmic goitre. He reports an interesting case of an injured hand in a young woman where inflammatory exudates were so extensive that the hand was incapacitated from work. By the use of intra-caraphoresis with the current the exudates were rapidly absorbed and the hand restored to usefulness.

In Dr. A. D. Rockwell's inaugural address at the annual meeting of the American Electro-Therapeutic Association at St. Louis, September 13th, and published in October *Advanced Therapeutics*, is summarized the present status of general electro-therapeutics. While the doctor acknowledges that electricity has made tremendous strides into the therapeutic field in recent years, he sounds a note of warning and asks us to make a more careful study of our old reliable galvanic and faradic currents before making too many enthusiastic claims for the newer static and high frequency electrical generators. In the doctor's own words:

"Elaborate electric paraphernalia, static and high frequency, when the resulting comes out among a physician who is quite ignorant of the fundamental principles on which is based the use of electricity in medicine, and who would be altogether perplexed if asked to differentiate in the use of electric modalities. Valuable as these newer forms of electricity are, they constitute not the whole of electro-therapeutics, and he who fails to study the art of differentiation and confines his efforts to any one electric modality in response to the popular trend and increase of [illegible] administration will oftentimes wholly miss the mark."

If conservatism coupled with honesty and always is necessary in the latter he believes that electrotherapeutics will soon become established upon a high and honored plane.

In the same issue Dr. Arnold Granger gives his results in twelve cases of cancer, mostly inoperable and inoperable treated by intra-caraphoresis. This is along the line suggested by Dr. G. Betton Massey, who has had considerable success with the method. The correct method for gradually destroy the tumor or diseased part or mass by depositing the electrolysis of metallic mercury and zinc through the growth. This is accomplished by amalgamating the needles with mercury, attaching one to the positive pole of a galvanic battery and inserting into growth. A strong current is employed, under anesthesia, the mercury then being driven off the electrode by electrolysis and diffuses through the tissues by anaphoresis. Dr. Granger had splendid results in his series of cases and deserves credit for the scientific manner in which he carried out his work. It is doubtful whether metallic electrolysis and cata-

physics will ever become as popular as radiotherapy, the successful manipulation of the former requiring, in my opinion, more skill and personal efforts than the latter.

NEW ELECTRICAL EQUIPMENT FOR THE COLLEGE OF MEDICINE, UNIVERSITY OF SOUTHERN CALIFORNIA.—It is with considerable pride, as well as pleasure, that we point to our new electro-therapeutic equipment which has been installed in the recently completed clinical building of the College of Medicine of the University of Southern California.

Through the generosity of the faculty and trustees of the college, your instructor in electro-therapeutics was authorized to select such apparatus as would be in keeping with all that was modern and scientific in electro-physical lines of instruction and application.

The following instruments are now in operation:

A 16-plate Toepplar-Holtz static induction machine, complete, with insulated platform, set of electrodes and connecting cords and chain, for the demonstration of all electro-static effects.

A 12-inch Rumkoff induction coil of new construction, with secondary windings in serial sections, and semi-solid insulation, complete with new type Wehnelt electrolytic interrupter. These, together with suitable stand, connecting cords, tubes and fluoroscope, make an ideal outfit for all ordinary X-ray work.

Wall cabinet mounted in a handsome oak case, with beveled glass front, containing a high tension induction coil, of which both primary and secondary windings are connected to slow and fast interrupters.

A Shunt circuit milliampere meter, controlled by a Jewell graphite rheostat, correctly measures amount of galvanic or continuous current supplied by 45 ammonium chloride cells.

Another feature is the automatic rheotome, by which either current can be interrupted from 8 to 600 beats per minute.

This electrical equipment, which is second to none in any medical college in the United States, will place the student in touch with these newer electrical modalities, which are fast coming into favor as therapeutic agents.

Johnson Building, Los Angeles, Cal.

DEPARTMENT OF TUBERCULOSIS.

CONDUCTED BY E. M. POTTENGER, PH.M., M.D.

CALIFORNIA'S INTEREST IN THE PREVENTION OF TUBERCULOSIS.—While it seems that the efforts for the establishment of a State Tuberculosis Sanatorium have failed for the present, yet the effort has not been in vain. This movement is widespread and the institution is demanded by a large class of citizens of the State. The Medical Society of the State of California started the movement. It was taken up independently by the California Club of San Francisco; but these two organizations united their forces and worked in harmony. The demand was one that could not well be turned down, for it was representative. Aside from these two organizations the movement was backed by the Southern California Anti-Tuberculosis League, the Los Angeles Chamber of Commerce, the Merchants' Association of San Francisco, many women's clubs of the State and various other organizations.

The Governor and Legislature were seemingly ready to act, but the State funds would not stand the appropriation. The cause has not been injured,

but strengthened by the effort, and it is only a matter of a short time until California will be doing her duty by the tuberculous poor.

OVERCROWDING AND TUBERCULOSIS.—A factor of great importance in the spread of tuberculosis is overcrowding. Comparatively few people live in rooms that are properly and sufficiently ventilated. While ventilation is insufficient in the houses of the well-to-do, they do not suffer to the extent of the poor, because their homes are not overcrowded. Among the poor, however, and especially those who dwell in the tenements, not only is fresh air excluded, but several persons, sometimes whole families, live in one or two rooms. Such conditions lower vitality and invite disease, and no disease stands more ready to accept this invitation than tuberculosis. A mighty factor, then, in the prevention of tuberculosis is the provision of better homes for the poor.

We note with satisfaction that Henry Phipps, who has done so much of late for the prevention of tuberculosis, has given $1,000,000 for the establishment of improved tenements in New York City. Surely this is a step in the right direction and one that will have its effect in rearing a stronger, more resistant class of citizens. If New York's tenements could be made sanitary, a great advance in the prevention of tuberculosis would be made.

From the standpoint of overcrowding, I would like to call the attention of those interested in the prevention of tuberculosis to the condition of our State prisons. The secretary of the State Board of Charities and Corrections says that the prisons of California are greatly overcrowded. In Folsom 900 prisoners are occupying quarters intended for but 500, and in San Quentin there are 1500 with cells but for 500. In San Quentin, according to the State Board of Health, there is a single cell twenty-five by twenty-two feet, in which 36 inmates sleep every night. With such a condition is it any wonder that tuberculosis is common among the inmates of our prisons? Our State must correct this evil. It cannot afford to be inhuman, even to criminals. Let us welcome the day when prisons even will be sanitary.

THE BEHAVIOR OF NATIVE JAPANESE CATTLE IN REGARD TO TUBERCULOSIS.—Prof. Kitasato (*American Medicine*, January 7, 1905), offers some very important evidence upon the question of milk infection in tuberculosis. It will be remembered that Behring has taken a stand absolutely opposed to that of Koch on the question of intertransmissibility of human and bovine tuberculosis, even going so far as to say that "the milk fed to infants is the chief cause of consumption." Prof. Kitasato shows the futility of this claim by citing the statistics of Japan, where milk is used very little as a food, the average individual consuming less than three cubic centimeters a day, and yet tuberculosis is very common, being responsible for about 7.5 per cent. of the total mortality.

The native Japanese cattle are free from tuberculosis, while the imported and mixed types are infected. Tokio has not possessed purely native cattle for years. The cattle are severely infected with tuberculosis; 43.27 per cent. of the slaughtered mixed cattle for the years 1901-1903 were tuberculous. If Behring's claim were to hold true we would expect more tuberculosis in this city than in those where the native cattle alone are found. But such is not the case.

Quoting Tamaye Ogiya of the Pathological Institute at Osaka: "Among 250 autopsies in three and a half years there were 116 cases of tuberculosis, amounting to 46.4 per cent. of the total. Of the tuberculous patients, 20 (17.3 per cent.) were under 18 years, 96 (82.2 per cent.) were more than 18 years; among

[illegible] cases he found 90 (77.6 per cent.) [illegible] presented lesions showing primary pulmonary tuberculosis, 12 cases (10 per cent.) who had primary intestinal tuberculosis. Among the latter 6 were more and 6 less than 18 years. Having the statement upon this paper, it may be said that the occurrence of primary intestinal tuberculosis is not rare in Japan, either among adults or children, although cow's milk is employed but little by us for the nourishment of children."

The author derives the following conclusions:

"1. Human tuberculosis is as frequent in Japan as in the civilized countries of Europe and America.

2. Primary intestinal tuberculosis is relatively common in adults and children, although cow's milk plays no role at all in the feeding of children.

3. There are large districts in Japan where, in spite of the existence of human tuberculosis, the cattle remain absolutely free from the disease. In these regions it is not customary to consume either meat or milk from bovines.

4. This is very important proof for the fact that under ordinary conditions human tuberculosis is not infectious for bovines, as the opportunities for infection certainly cannot be lacking.

5. Among Japanese in general very little cow's milk is used and especially it is employed but little for the dietary of children.

6. Under natural conditions the native animals show but very little susceptibility for perlsucht. If large doses of perlsucht bacilli are inoculated into them, either intravenously or intraperitoneally, they become tuberculous to a certain degree; they do not seem to be at all susceptible to subcutaneous infection.

7. The imported and mixed race animals are very susceptible to perlsucht.

8. Human tuberculosis is not infectious for native and mixed race animals.

Before concluding I would like to say a few words concerning the two opposing opinions of Koch and Von Behring. As is well known, Koch, at the congress in July, 1901, at London, made the statement that human tuberculosis is absolutely different from bovine tuberculosis, a conclusion which he had come to after two years of experimentation on young heifers. Von Behring took issue with this statement at the Congress of Natural Scientists at Kassel, in September of last year. Von Behring believes that the milk taken by nurslings (cow's milk) is the chief source for the development of tuberculosis. He also stated that human tuberculosis is identical with that of bovines.

The fact has already been mentioned that primary intestinal tuberculosis is quite frequent in Japan, even though the natives drink but very little cow's milk, and even though they employ it but very little for the nourishing of their children; if the mother's milk does not suffice, a wet nurse is instantly taken into the house. This clearly proves that human tuberculosis in Japan can only be transmitted from man to man. And from the fact that native Japanese cattle are free from tuberculosis, and also are so little susceptible to it as to make it almost impossible for natural infection to take place, we can conclude that bovine tuberculosis was imported into Japan only after the introduction of foreign cattle. These importations, however, began only about 30 years ago, while human tuberculosis has existed in Japan as long as we have chronicles. Of especial deciding importance for the statement that human tuberculosis is different from that of bovines is the following: If this were not the case it would be impossible to find districts in which bovines are entirely free from tuberculosis, in spite of their close connecton with tuberculous human beings, and who are constantly giving the domestic animals the opportunity to infect themselves.

On account of these reasons it is im-

possible to trace the tuberculous infection of man back to cow's milk respecting bovine tuberculosis, and therefore I must subscribe to the opinion of Koch and say that the danger of the conveyance of tuberculosis from man to man occupies first place. Concerning the views of Von Behring in relation to the mode of infection, I must confess that by us in Japan the milk fed to nursing infants (cow's milk) cannot play a role in the contraction of tuberculosis."

DEPARTMENT OF OBSTETRICS AND GYNECOLOGY.

BY ROSE TALBOTT BULLARD.

TREATMENT OF UTERINE BLEEDING. — (*American Medicine*, Jan. 21, 1905:) Dr. H. J. Boldt, at the Southern Surgical and Gynecological Association, supplemented his former report on the use of stypticin, his opinion now being based on seven years' experience with it. He cited a number of cases in which he used stypticin with marked effect and gave also those in which it was ineffective. In 35 cases of fibromyomas, 11 were more or less benefitted, while 24 were not. In one case of excessive menstruation due to an interstitial fibroid, the relief was very marked. In nine cases due to cancer of the uterus, the result was negative. Complete cure followed in from two to six days in five cases of post puerperal bleeding after removal of retained placenta particles. In conjunction with curetting, stypticin was found effective in hyperplastic endometritis, but in the glandular form results were negative. In one case out of five of retroversioflexio uteri, with endometritis, the menorrhagia was relieved without resort to surgical intervention. In chronic retroendometritis five out of nine cases were more or less benefited. In various forms of nonsuppurative pelvic inflammation only 3 out of 23 patients were not relieved by stypticin. In irregular bleeding during pregnancy it had been found very beneficial, and no unfavorable symptoms had been noted. In profuse menstruation in virgins, without changes being found in pelvic organs, only 5 out of 17 were not benefitted. In atypic bleeding during the climacteric period, if no pathologic cause was found, stypticin usually gave a good result. Boldt remarked that while stypticin was not a panacea for all cases of uterine bleeding, he had found it better than any other remedy. In some instances it had practically served as a specific. If no effect at all was produced after three large doses (from two and a half to five grains), it was useless to continue the drug. Likewise, in fibroids, it was not recommended to continue its use if two hypodermic injections of five grains each at intervals of four to twelve hours did not cause a diminution of the hemorrhage. An important fact was that the author had never noted any harmful results from stypticin, even when administered in such large doses as five grains every three hours. In some instances it also relieved the patients of pain associated with the profuse bleeding.

In instances of too profuse menstruation, Boldt found the best plan was to begin with one-grain doses, three times daily, about one week before the expected flow, and as soon as the flow began, to let the patient take two and a half grains every three hours, to be continued during the entire period. In instances of metrorrhagia, from two and one-half to five grains might be given at intervals of from two to three hours until the bleeding was lessened; then the dose might be decreased to from one to two and a half grains, at intervals of

fore, to four hours. If a quick result was important it was best to give three to five grains of a 10 per cent solution intramuscularly into the buttocks, using the customary antiseptic precautions. Because of the disagreeable taste of urotropin, it was best administered in capsules, the pharmacist being ordered to put the powder dry into the capsules.

PHIMOSIS WITH LEUCORRHEA OF FOUR YEARS' STANDING IN A CHILD OF SIX YEARS.—(*Woman's Medical Journal*, Jan. 1905.) Dr. Mary E. Bates, Denver, reports the following case: Alice B., aged 6 years, was presented for examination because of an intractable leucorrhea of four years' duration. Patient had been under the care of a number of different physicians and had been the unhappy recipient of daily vaginal injections of a large variety of solutions, for the last two years, and all sorts of salves had been applied in vain. Search had been made for a foreign body in the vagina with negative result. The condition of the child was deplorable; the discomfort continuous and itching very annoying.

Examination showed a profuse yellow discharge bathing the vulva, which was red and irritated. The vagina was absolutely normal in gross appearance. Urethra gave no evidence of harboring a causal factor, but the clitoris was very much enlarged, larger than the average adult clitoris, and was exposable only at the tip, where a red pinhead point showed beyond the tightly-adherent prepuce.

The child was put under chloroform, the parts cleansed and the prepuce freed with considerable difficulty from an extremely sensitive and greatly hypertrophied glans. So sensitive was the clitoris that it was a matter of much concern to stop for safety under the chloroform deeply enough to work at the task of retraction without waking her and making her squirm all over the table, beyond the control of one assistant.

The parts were dressed with sterilized oxide of zinc ointment, and the child brought daily for cleaning and dressing, the mother in the meantime renewing the ointment frequently. The child fought vigorously against the retraction of the prepuce for the first two days, when the tenderness was so much less that she submitted with good grace.

There was not the slightest return of the "leucorrhea" after the operation, not even on the first day; and now, after several months, there has been no sign of it.

A recent number of the *Buffalo Medical Journal* contains the presidential address of Dr. J. W. Grosvenor before the Buffalo Academy of Medicine. The subject is "Postpartum Hemorrhage." Dr. Grosvenor is well known in Los Angeles. The doctor's conclusions were as follows:

1. The gravity of the subject.
2. Uterine atony the most frequent cause of postpartum hemorrhage.
3. Meddlesome midwifery a prolific cause of postpartum hemorrhage.
4. Profound anesthesia a casual factor of postpartum hemorrhage.
5. The need of watchfulness and alertness on the part of the accoucheur.
6. The treatment demands that the accoucheur be prompt and resourceful.
7. The necessity of not only contraction, but of retraction of the uterus.
8. Although cases left to nature have recovered a do-nothing policy is strongly condemned.
9. The usefulness of prophylatic treatment, especially in cases which indicate the existence of a hemorrhagic diathesis.
10. Heredity a causal factor of the hemorrhagic diathesis.
11. The advantages of medical superintendence of pregnacy from its incipiency to its close.
12. The importance of after-treatment.

SOUTHERN CALIFORNIA PRACTITIONER'S NURSE DIRECTORY.

NAME.	QUALIFICATION.	STREET.	TEL.
ALBERTS, MISS R. C.	Graduate Nurse.	Fullerton	Long Distance
BURTON, MISS EVA G.	Graduate Nurse.	201 W. 27th.	White 981
BOYER, MISS SARA	Graduate Nurse California Hospital.	1006 W. 8th.	Jefferson 6391
CAMERON, MISS KATHERINE.	Graduate Grace Hospital, Detroit.	395 Grand Ave., Pasadena.	Black 471
CARDONA, MISS L. M.	Graduate Sisters' Hospital, Los Angeles	Abbottsford Inn	Home 1175
CASE, MISS L. E.	Childrens Hospital San Fran.	542 Westlake Ave.	Jefferson 6303
CASEY, MISS MAE V.	Graduate California Hospital	719 Hope St.	Red 259
CAYWOOD, MISS J. EVELENA	Graduate California Hospital	La Park	Suburban 64
CRAWFORD, MISS M. A	Trained Nurse.	1815 Normandie	Blue 4026
CRUMP, MISS ANNE L	Graduate California Hosp.	330 S. Olive St.	Home 6333 Main 2958
COOPER, MISS JESSIE	Graduate Fabiola Hospital, Oakland.	2321 S. Flower	Home 5344
CUTLER, MRS. E. L.	Graduate California Hosp.	1622 S Hill.	White 4661
FALCONER, MISS JEAN J.	Graduate Salem Hospital, Salem, Mass	912 W. 5th.	Red 481
FERN, MISS	Graduate California Hospital	316 W. Carrillo St. Santa Barbara	Main 593
GORDON, MISS LILLIAN	Graduate California Hospital	46 Reuben Ave. Dayton, Ohio.	
HARDISON, MISS CLAIRE L.	Graduate California Hospital	116 S. Burlington	James 1161
HOAGLAND, MISS M. J.	Graduate Bellevue Training School, N.Y.	312 W. 7th.	Main 793
HOTZEL, MISS LILLIAN M.	Graduate California Hosp.	228 Hancock	Alta 2962
JAMES, MISS EDITH A	Graduate California Hosp.	1622 S. Hill St.	White 4661.
JOHNSON, MISS EVA V.	Graduate California Hosp.	1708 S. Grand Ave.	Tel. White 2801 Home 2265
KINNEY, MISS J. A.	Trained Nurse.	1337 S. Flower.	Blue 2491
KIRBY, MISS NETTIE	Graduate Hospital of Good Samaritan	2675 Lacy Street	Phone East 344
KERNAGHAN, MISS	Graduate California Hosp.	1708 S. Grand Ave.	White 2801 Home 2265
LAWSON, MISS	Graduate Nurse.	112½ E. 10th.	Pico 2091
LEGGETT, MRS. F. M.	Graduate New Haven Training School.	436 S. Hill.	Main 1383
MILLER, MISS FLORENCE	Graduate California Hosp.	1145 S Olive St.	West 307
McNEA, MISS E.	Graduate Nurse	744 S. Hope St.	Red 4856
McCLINTOCK, MISS CLARICE	Graduate California Hosp.	1232 W. 9th St.	Black 511
NAGEL, MISS A	Graduate California Hospital	1708 Grand Ave.	White 2801 Home 2265
OLSEN, MISS JOHANNA	Graduate Nurse	1207 W. 8th St.	Telephone 4685
READ, BEATRICE	Graduate Fabiola Hospital, Oakland.	28 Temple.	Red 46
RUSSELL, MISS M. B.	Graduate Nurse, Edinburgh, Scotland.	845 South Hill	Home 6851
SAX, MISS.	Graduate California Hosp.	1708 Grand Ave.	White 2801 Home 2265
SERGEANT, MISS	Graduate California Hosp.	2808 S. Hope.	White 576
SMITH, MISS E. G.	Graduate California Hosp.	249 W. 15th St.	White 4351
TOLLAN, MISS H.	Graduate California Hosp.	423 S. Broadway	Home 1506
TOWNE, MISS LILLIAN	Graduate California Hosp.	Mission Canon Santa Barbara	Long Distance
WHEELER, MISS FANNIE A.	Graduate Hospital of Good Samaritan	212 South Reno St.	Main 1782 Home 4131
WEED, MISS E.	Graduate California Hosp.	Calexico, Cal.	
MALE NURSES.			
HERBST, THOMAS C.	Professional Male Nurse 20 years' experience.	Care F. J. Giese, 103 N. Main St.	S'nst. Brown 310 Home 2147
HARDIN, F. S.	Professional Masseur. Massage under Physicians' directions, 10 years' experience.	1317 Georgia St. Pasadena Office 118 E. ColoradoSt. Tel. Black 606	White 4444
DALE, T. WILLIAM	Nurse & Masseur from Mass. Gen'l Hospital, Boston, Mass.	1153 W. 37th St.	Home 3086

SOUTHERN CALIFORNIA PRACTITIONER.

A MONTHLY JOURNAL OF MEDICINE AND ALLIED SCIENCES.

Communications are invited from physicians everywhere: especially from physicians on the Pacific Coast, and more especially from physicians of Southern California.

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EDITORIAL.

THE STATE BOARD OF EXAMINERS—THEIR ACTION QUESTIONED.

The following letter from Dr. Norman Bridge, of the Faculty of Rush Medical College (affiliated with the University of Chicago), is worthy of careful perusal.

The one point the writer makes with which all fair-minded men will agree is that if the State Board go back of the medical diplomas of the medical colleges of California to find whether the applicant has had sufficient preliminary education or whether he has attended the full four years, they should make the same careful investigation in regard to applicants holding diplomas from eastern medical colleges. Treat all exactly alike without malice, fear or favor.

The exposition of the law as given by Dr. Bridge indicates that he might have held a most honorable position in that medical profession.

We think the "espionage" of the State Board, while sometimes embarrassing, is generally beneficent in its final results.

LOS ANGELES, Cal.,
January 20, 1905.

Dr. L. A. Perce, Long Beach, Cal.—My Dear Doctor: I thank you for your kindly letter in response to the copy of my recent letter to Dr. Buell, which I had sent you, and for your generous words about Dr. Claypole personally.

That letter was a plea for fairness and justice to Dr. Edith J. Claypole at the hands of the State Board of Medical Examiners, of which you are a member, and was written on the theory that the methods of the Board were proper and legal. Had I previously read carefully the law under which the Board is created, and the opinion of the Supreme Court in the recent case wherein it affirms the legality of the Board itself, the

letter to Dr. B. would have been of a different character.

I now find that the Board seems to have amended the law, by procedures that the Legislature could never have thought of, and that are novel if not unique. In these particulars the Board has not only assumed legislative functions, but has done things that are, it seems to me, arbitrary, illegal, and unconstitutional. Worse and less justifiable, it is now, by these very procedures, most needlessly persecuting a worthy woman.

There is, I believe, no warrant of law for the Board to go behind the action of a college in granting a particular diploma. The college is, and the law contemplates that it shall be, the sole judge of the fitness of a candidate for its diploma. The Board may investigate a college to see if its requirements are up to standard, and may for cause against it refuse to admit all its graduates for examination. But it has no right to throw out a particular person whom an accredited college has honored with its degree, on the ground of alleged taint in the giving of it. To say that the Board can inquire as to wehther a college has relaxed a rule as to time with a particular student is to say it may inquire whether a certain professor has been unduly lenient in his final examinations of that student or has excused him from too many lessons—or as to any other of a hundred different matters of college management that it is the function of the faculty to attend to. Such a contention would be manifestly absurd, as such a performance would be illegal and impertinent.

Nor are the colleges obliged to give the course prescribed by the Association of Colleges in order to be in good standing under our law. They may give a course lower in some things and higher in some things, but it must not average lower. The law says: "In order to procure such certificate he must produce satisfactory testimonials of good moral character, and a diploma issued by some legally chartered medical school, the requirements of which medical school shall have been at the time of granting such diploma in no particular less than those prescribed by the Association of American Medical Colleges for that year." The Supreme Court says: "It need not be the same course of study, nor the study of the same text-books; nor the attendance of the same length of time, but it must be such as to require of the student a degree of proficiency in the studies necessary to prepare him for practice, equal to that which would ordinarily be produced by the requirements prescribed by the association."

The Board is moreover bound by law to deal not only justly, but with equal justice, by all persons under similar conditions. The Constitution and the court's opinion emphasize this fact. To demand the records of the California colleges to see if they have held rigidly to their own rules as to a particular graduate who is a candidate before it makes it necessary for the Board to do the same thing with every other college the world over, whose graduates may demand to be examined. Otherwise there is an illegal discrimination against the graduates of California colleges which the Constitution constructively

[illegible] composed, as the Supreme Court [illegible] very positive restrictions concerning the granting of rights and [illegible] capable to all of the same [illegible] of income. Has the Board investigated the records of the colleges of Chicago and other eastern cities; or [illegible] it intend to do so, or can it do so?

That the colleges in this State should have acquiesced in this gratuitous censorship of their legitimate business by the Board, or should have failed to protest vigorously against it, is explicable only on the theory of their extreme docility, their carelessness or their fear of a contest with the Board. In their silence they have consented to a positive injustice to their own graduates, as they have helped to establish a practice which the Supreme Court is sure to condemn whenever its attention is called to it in the right way.

As to the case of Dr. Claypole there is this to be said. Being the daughter of the late Prof. E. W. Claypole, who was world-famous as a geologist, she grew up in an atmosphere of true science. She was taught by her parents until she went to college. She earned the degree of Bachelor of Philosophy in one college (Pinchie) and Master of Science in another (Cornell;) she taught science for a long time in another (Wellesley;) and in another (Cornell) she taught histology to her fellow-students for a long time, while she was herself a student in medicine. Afterward, on the death of her father, she took up and taught for a year the work in physiology and bacteriology which belonged to his department in Throop Polytechnic Institute. She came then to the College of Medicine of the University of Southern California with her credentials and history, and the dean promptly and properly admitted her to the junior class. She was two years afterward graduated with honor.

After her graduation your Board freely admitted her to its regular examination for a license, while it refused, I understand, one or more graduates on grounds similar to those now urged against her. She has passed successfully the examinations you have prescribed. When she asks for a license at your hands you refuse it, not on the ground of anything that can possibly be impeached in her own record, her conduct or her character, but because after you had admitted her to examination without protest, your espionage had discovered that the judgment of her dean and the Board differed as to a petty matter of credit from Cornell University.

Your admission of her to your examination was in all fairness a complete estoppal as to the attitude the Board now assumes in her case, even if there were not stronger arguments against it. You can have no case in honor or in law against her, and she is entitled to her license. If anybody is guilty or wrong it is the college, not she. Why do you not attempt to punish the guilty party? Do you think it fair or laudable to try to discipline a college by imposing a miserable, illegal penalty upon this woman?

Can you, my dear Doctor, or can Dr. Buell, Dr. King and other members of the Board, afford to stand sponsors for such official legerdemain? If you gen-

tlemen think you can, do you believe you will enjoy the aftermath?

Dr. Claypole cannot now, as I think you will have the grace as well as the sagacity to see, do anything further in this matter with proper respect for herself, except to insist that she has fulfilled the law (which is true,) and that she is entitled to her license.

This letter is written with complete loyalty to our medical law, and with great respect for yourself and other members of the Board; and a copy of it will be sent to each member, to each dean of a medical school in California, and to Senator B. W. Hahn at Sacramento.

Your obedient servant,

[Signed] NORMAN BRIDGE.

Before writing the above letter, the following correspondence transpired, which gives evidence of an excellent command of the English language, and of a very forceful spirit on each side. We take the liberty of omitting from each of the letters some playful persiflage that we deem out of place in a medical journal, but which would ornament the pages of *Life:*

ANOTHER LETTER FROM DR. BRIDGE.

Los Angeles, Cal., Jan. 12, 1905.

E. C. Buell, M.D., Member State Board of Examiners, City.

My Dear Doctor.—I beg to call your attention again, as a member of the State Board of Medical Examiners of California, to the application for a license by the board of Dr. Edith J. Claypole of this city.

It is now six months since she took her examination, being conditioned in pathology. It is five months since she took a supplemental examination in pathology and was afterwards told she had passed in that branch. She was informed by yourself and perhaps by others of the board that the failure to receive a license was due to some disagreement between the board and the college that graduated her as to the sufficiency of her credentials. But she has so far been unable to learn from the board or any member of it what was necessary for her to do now, in order to make her application acceptable to that body, although she has made repeated and various efforts to do so.

She was informed by the secretary prior to one of the several meetings of the board since her final examination, that at the next meeting her case would be decided; but, I understand, no action was taken about it, either to issue her a license or to inform her how she could make herself acceptable to the board.

I know that your reply to me may be that no action in this case can be had and that the board could not even relieve an applicant of an injustice until its next meeting, but I think you will agree with me that a letter to your secretary signed by a majority of the members would have the force of legal action.

I beg to say further that Dr. Claypole does not practice medicine. She is working in pathology and bacteriology for physicians and intends so to continue. But she naturally and for sentimental reasons desires the endorsement of the State Board and does not relish being held in disgrace by it. She is a woman of the highest attainments and character,

as you know, her original work in [illegible] quoted wherever this science [illegible] world over, and actually [illegible] the power of any board to [illegible] her—the State of California may be disgraced on account of her.

I address this letter to you because I believe you should not willingly do or permit by your action or even your silence an injustice to any one and especially to a woman. Moreover, this letter is written and sent without the knowledge, consent or connivance of Dr. Claypole herself, and I shall send a copy of it to each member of the board and to the secretary thereof.

Very truly yours,

(Signed) NORMAN BRIDGE.

REJOINDER FROM DR. DUDLEY TAIT.

SAN FRANCISCO, Jan. 19, 1905.

Norman Bridge, M.D., Los Angeles, Cal.

MY DEAR DOCTOR.—Permit me to correct a series of glaring inaccuracies contained in your letter to my excellent colleague, E. C. Buell, for a copy of which letter I wish to thank you.

First.—The board unanimously decided that the credentials presented by Dr. Claypole were not up to the standard which we, as sworn officials, are bound to exact of all applicants for license to practice medicine in this State. (See Medical Act, section 5.)

Second.—Official documents from Cornell University show that Dr. Claypole did not complete the second year, and therefore was not eligible to the third year at the time of her departure from Cornell. Under the rules of the Association of American Medical Colleges relating to advanced standing, no college could have, without violating said rules, given Dr. Claypole credit for two years and admitted her to the junior class.

Third.—Dr. Claypole was not authorized to take the condition examination in pathology. The list of eligibles forwarded to the examiner in Los Angeles (Dr. Lockwood) made no mention of Dr. Claypole.

Fourth.—As chairman of the Committee of Credentials, I explained in detail to Prof. George L. Cole the various phases of the case under consideration, and suggested a simple and practical mode of correcting and completing the credentials. Later, October 1st, I was interviewed by Dr. Moody, formerly of Cornell and now in the anatomical department of the U. C. To Dr. Moody, who called on behalf of Dr. Claypole, and who stated his intention to give the latter a full account of our interview, I again recited the reasons which prompted the board in rejecting the application in question, and after outlining an easy remedy, I remarked that we might reasonably expect from Dr. Claypole what had been required of and invariably cheerfully given by the entire graduating class (1904) of the Hahnemann College, several graduates from Cooper and the P. & S. of San Francisco.

The Board of Medical Examiners is not authorized by law to prosecute illegal practitioners, and has never caused an arrest or a prosecution.

Very truly yours.

DUDLEY TAIT.

The California Medical Journal (Eclectic) for February publishes and heartily indorses Dr. Bridge's letter to Dr. Perce, saying:

"*The Journal* calls attention to the letter of Dr. Bridge of Los Angeles in

relation to the Board of Medical Examiners.

"Dr. Bridge needs no introduction. He is favorably known from north and south, from east and west, and from far and near. His opinion is worthy of consideration, and whoever says he is not the peer of any member of the Board of Examiners, in the language of Marmion, 'Lord Angus thou hast lied.'

"*The Journal* especially commends the perusal of the letter by the tailors of the prune district, who arrogate to themselves the conscience of the medical profession."

LETTER FROM ATTORNEY FOR THE BOARD.

OFFICE OF WILLIAM C. TAIT,
ATTORNEY AT LAW,
530 California st. Rooms 15-16.
SAN FRANCISCO, Feb. 9, 1905.

Editor Southern California Practitioner, Los Angeles, Cal.

DEAR DOCTOR.—The following opinion was given to members of the State Board of Medical Examiners, to the secretary of the State Medical Society, and to the Executive Committee of the San Francisco County Medical Society.

In reply to your request for an opinion as to the merits of the communication of Dr. Norman Bridge of Los Angeles to the members of the State Board of Medical Examiners, protesting against the action of the board in the case of Dr. Claypole, I beg leave to submit the following:

Dr. Bridge says: "There is, I believe, no warrant of law for the board to go behind the action of a college in granting a particular diploma. The college is, and the law contemplates that it shall be, the sole judge of the fitness of a candidate for its diploma. The board may investigate a college to see if its requirements are up to the standard, and may for cause against it refuse to admit all its graduates for examination. But it has no right to throw out a particular person whom an accredited college has honored with its degree, on the ground of alleged taint in the giving of it."

The warrant for such action is found in section 5 of our State medical practice act. That section only recognizes diplomas of a certain grade, to begin with, and holders of diplomas are required to accompany them "with an affidavit stating that they were procured in the *regular course of instruction,* without *fraud* or *misrepresentation* of any kind." Then follows this language:

"In addition to such affidavit, said board may hear such further evidence, as, in its discretion, it may deem proper as to any of the matters embraced in said affidavit. If it should appear from such evidence that said affidavit is untrue in any particular the application must be rejected."

If these provisions do not mean that the board may go behind the diploma, what do they mean? What do these provisions signify if not that the Legislature assumed what every board of medical examiners in this country knows to be a fact, viz., that the diplomas of accredited medical colleges are not always obtained in the regular course of instruction; that such institutions, precisely as all other human institutions, are sometimes guilty of fraud, and that they sometimes violate their own solemn announcements.

The Board of Examiners went behind

Dr. Claypole's diploma and her affidavit. In doing so, it exercised a function delegated to it by the Legislature. The investigation disclosed that her diploma had not been procured in the regular course of instruction. Her affidavit was false. She had not met the minimum requirements of the Association of American Medical Colleges, which provide for four annual courses of medical instruction, no two courses in the same calendar year. These time requirements are fundamental, and they are supposed to be followed by every reputable medical school in the United States, whether regular, homeopathic, or eclectic, as their own announcements attest. Since 1890, the association has required such a four-year course of instruction. Dr. Claypole did not meet this requirement of the association, which is that of the medical act. She left Cornell without completing her sophomore year, and, in spite of that fact, was permitted to enter the junior year of the University of Southern California. She was therefore not eligible, under the law, to take the board examination. At the examination, she failed in pathology, or some other subject, and the failure was treated as a condition. She was subsequently permitted to take a special examination upon this subject conducted at Los Angeles by Dr. Lockwood. She was not authorized by the board to take this examination. It was a mistake on the part of Dr. Lockwood. After her failure at the general examination, information came to the board that she had not had the necessary four years of medical instruction. Dr. Bridge and Dr. Claypole herself both admit that her diploma was not based upon a full four-year course.

Section 6 of the medical act is as follows:

"Certificate.—When any applicant has shown himself possessed of the qualifications herein required, and has successfully passed the said examination, a certificate must be issued to him by said board, authorizing him to practice medicine and surgery in this state." The statute thus again provides, as in section 5, that only such applicants as have satisfied the requirements of section 5 shall receive a certificate. Only the holders of diplomas procured in the regular course of instruction are eligible in the first place.

Dr. Bridge contends that the action of the board in admitting Miss Claypole to the first examination amounted to an estoppel. The answer is that the Board of Examiners has no power to waive the fundamental provisions of section 5 relating to the diploma, and to ask it to grant a certificate with full knowledge that the applicant has not met the requirements of the statute is to ask its members to violate the law and their oath of office. The board applies no standard of its own making. It has no discretion in the matter. It applies the minimum standard of the association, provided by the medical act.

In the Claypole case, as in other cases, the board stood upon the law, and was no respector of persons. It refused to violate the law and its oath of office. Permit me to say, in closing, that the provisions of the State medical act relating to the affidavit and the right of the board to go behind the diploma are also found in the medical act of 1878,

which was the law of the State until the present act took effect, and that similar provisions obtain almost universally in this country. The Board of Medical Examiners of the Medical Society of the State of California, under the old law, exercised a similar right in the Cowden and other cases.

Very respectfully yours,

WILLIAM C. TAIT,

Attorney for State Board of Medical Examiners.

SHALL CALIFORNIA HAVE A STATE SANATORIUM FOR THE TREATMENT OF THE TUBERCULOUS POOR ?

Whether California shall have a State institution for the treatment of the tuberculous poor depends very much upon the attitude of the medical profession toward this question.

There has been a bill introduced at the present session of the Legislature, providing for the establishment of such an institution, and it is hoped that every physician will use his influence with his senator and representative in behalf of this measure.

The profession of the southern part of the State has gone on record in no uncertain terms in favor of this movement. The Southern California Anti-Tuberculosis League, the Southern California Medical Society, the Los Angeles County Medical Society and the San Bernardino County Medical Society have all passed resolutions favoring this movement, and we are glad to say that, as far as we know, there has not been a dissenting voice..

The State Medical Society at its session at Paso Robles last year adopted the report made by its Tuberculosis Committee and instructed them to bring the matter before the Legislature and see if we could not have such a State institution established.

As to the necessity of such an institution in this period of advanced sanitary science, it is hardly necessary to speak. In the first place, it is recognized that tuberculosis is a curable disease; in the second place, it is recognized that it is communicated from one person to another; in the third place, the method of communication is known and consequently it is a preventable disease. Again, tuberculosis is a disease caused by the tubercle bacillus and dependent upon a lowered vitality for its victims. It is most commonly found among those who are overcrowded, overworked and underfed. It thrives in dark rooms, and sunlight and fresh air are its greatest enemies. If the public would adopt the measures of prevention which science has discovered to be effective, and they are very simple, it is not Utopian to believe that tuberculosis could be practically stamped out in the course of one or two generations. There is no excuse for the disease being scattered by the well-to-do, except that of ignorance or willfulness. With the poor, however, it is different. The quarters in which they live tend to make the dissemination of the infection easy, and the measures which are necessary to be carried out in many cases cannot be carried out unless assistance be given.

If sanatoria were established where these poor could be taken as soon as the disease is recognized, it would be a great factor in preventing the spread of the disease, because statistics show that

nearly 75 per cent of those who are treated early can get well. Think what a large factor in the prevention of the disease this would soon be. If these cases could be detected early, and they can, and then we had a State Sanatorium where they could be sent for cure, we could prevent nearly three-fourths of them from ever reaching the advanced stage of the disease, wherein they become the greatest danger to those about them.

Laying aside the sentimental part of the question, the suffering that could be eliminated, the heart-ache that could be prevented, such an institution could be a great economic factor.

It must be remembered that the great majority of the cases of tuberculosis develop between the ages of fifteen and thirty-five, the best part of the human life, when the individual is of the most value to his family and to the state. If three-fourths of these people could be restored to their earning capacity, it would be a great saving to the municipality and to the state, because many of these are wage earners, and when they are deprived of the ability to work, the rest of the family must fall upon public or private charity for support.

The State Sanatorium is not an experiment. We know what it will do by what it has done. The only question is, can our State afford to not establish such an institution? Many other states are struggling with this same question at the present time. In Massachusetts a State Sanatorium has been in existence since 1898, and even in that bleak New England climate, two-thirds of those who enter are being restored to health. New York opened her State institution at Raybrooke last summer. Rhode Island has completed buildings at Pascoag and they will be occupied in 1905. New Jersey has a site at Glen Gardner and the Legislature has appropriated a sufficient amount to erect the buildings. In Minnesota a site has been secured and in Ohio an appropriation has been made to begin work. The Iowa Legislature last year appropriated $1000 to be expended by the State Board of Control in investigating the desirability of a State Sanatorium. In Vermont, New Hampshire, Maryland, Georgia and Wisconsin there are State Commissions which have been appointed by the Governor to report on the desirability of a State Sanatorium, and in a number of other states, for instance, Indiana, Illinois, Kansas, Kentucky and Louisiana, attempts are being made to secure legislation or to arouse public interest in the matter, either by the State Board of Health or by the State Medical Society.

CHARITY HOSPITALS—SUGGESTIONS.

The New York daily papers and the eastern journals have recently had much to say on the present conditions and management of the general hospitals of Manhattan Island. The large deficits of the past year, due to the increasing number of poor patients requiring attention, demand serious consideration. Speaking in round numbers, there was about one million dollars deficit for some fifty hospitals in New York City, twenty of which were known to have gone behind in considerable amounts. Some reported nine thousand up to seventy

thousand for 1904. It would seem that this could not go on indefinitely without the doors of many of the hospitals being closed, because, even with a large endowment, when the principal is being constantly withdrawn there comes an end. As is well known, there is a large percentage of the physicians in New York City that do not have access to any hospital, except as guests. The doors are closed to them, and only a favored few, or such that have established a reputation, are on the attending staff. The percentage is not over one to twelve that are able to treat patients under hospital regime. It is quite natural that the physicians excluded should prevent, as far as possible, their cases entering a hospital, unless these patients belong to the pauper class. In justice to himself, a capable physician will not turn over a good case to a hospital or corporation and have some one else reap the benefit. Therefore many patients may be deprived of comforts and care that might, under a different system, be given.

The changes suggested by a layman are that hospitals might be made paying institutions by allowing any reputable physician to admit his or her cases to the hospital, and be also able to treat his charity cases there. This would bring an increased number of paying patients and thus lessen or efface the deficit. Is this practical? Would it work harmoniously? It would seem so, especially in the towns and smaller cities, where there was not too great a physicians' body. Evidently it has proven so in Detroit, at the Harper Hospital. But this would work quite differently in a metropolis as large as New York, where there might be several hundred physicians coming and going in the same hospital, and orders might well be confused. It would seem best that a medium ground might be reached, and to attain such it might be suggested that the hospitals be more liberal to the general practitioner, those who have no access to an institution. It would not be necessary to increase the present staff, but it could be well arranged that some fifty or more might be added to the hospital lists, who could care for their own cases at this institution, or that any reputable physician might have the opportunity to treat private cases at any of the general hospitals. It would seem that many times such cases would be found paying their full cost in the wards of a hospital, where their care would be much less to the management, and where their physicians would be quite satisfied with what a ward provides.

The physicians in Southern California are particularly fortunate in regard to the treatment of their private cases which need hospital care or surgical attention. They have, perhaps, in general, greater privileges than are given in the large eastern cities, and with it comes the benefit to the patients who have sufficient means for every comfort. On the other hand, the poorer class, or people with little means, have, with few exceptions, less advantages here than in the eastern cities.

After all is considered, I believe the best course for a hospital to pursue for admitting all classes, both private and ward patients, is that no ward patient shall be admitted without some person,

community, fraternity, etc., being responsible for a part of his cost; say four or five dollars a week guaranteed by the family, friends or the city before his entrance. Even with emergency cases this could be done, provided the rules had been sufficiently known. Then the cases for private rooms could be graded just as they are at present. In this way the number could be so arranged that there would be no deficit at the end of each year. The endowment plan of keeping the expense within the interest of the endowment is a good one, provided a sufficiently large endowment could be raised. This is found very difficult, judging from people who have tried to raise endowment funds. To depend entirely upon philanthropic persons and willing subscribers is entirely too uncertain for the growth of any institution.

W. J. B.

Dr. Philip Mills Jones of San Francisco did good work in sending out to the secretaries of all the county medical societies in California, during the latter part of January, the following letter, which shows that he is on the alert for a high standard in the medical profession in California:

I beg to advise you in regard to the following bills which have been introduced in the Legislature:

In the Senate, Bill No. 179, introduced by Mr. Leavitt and referred to Committee on Public Health and Quarantine, the chairman of which committee is Mr. Philip J. Haskins, 1307 Jackson street: A bill to prevent vaccination being made a precedent to admission to the public schools. This is the "Anti-Vaccination" Bill.

In the Assembly, Bill No. 267, introduced by Mr. McGowan of San Francisco and referred to Committee on Public Health and Quarantine, composed of Dr. W. F. Gates (Eclectic) of Oroville, John A. Cullen, 7 Rich street, San Francisco; R. H. E. Espey, 1303 7th avenue, Oakland; F. J. Meincke, 4208 Mission street, San Francisco; E. N. Pile, Santa Barbara; J. W. Moore, Undine, and S. H. Olmstede, San Rafael: A bill amending the act regulating the practice of medicine and surgery in the State of California. This bill, No. 267, does away with practically all the valuable provisions of the present law. It provides for a board of nine examiners appointed by the Governor, three members representing each of the three schools of medicine. It provides for the issuing of licenses with or without examination at the discretion of the board.

I am advised that this bill has been prepared by some of the Eclectics and that it is their intention to endeavor to report the bill very soon and rush it through the Assembly. I would therefore respectfully suggest that you confer with your officers and members and make immediate personal appeal to such of your Assemblymen as you may be able to reach.

EDITORIAL NOTES.

Dr. J. I. Clark has been appointed Health Officer of Santa Ana.

Dr. John Dennett, Jr., the well-known Arizona physician, has removed from Congress to Silver Bell.

Drs. Salisbury & Campbell have removed their offices to rooms 526-529 Bradbury Building, Los Angeles.

Dr. W. H. Flint of Santa Barbara is rusticating for a few days in the Ojai Valley.

Dr. O. W. Kankle, recently from Minnesota, has located in Uplands, San Bernardino county.

Dr. Geo. M. Nye, one of the pioneer physicians of Douglas, Ariz., died on the evening of January 2, of pneumonia.

Dr. J. B. Bernieke, Health Officer of Santa Ana, has been legislated out of office.

Dr. Crediford has decided to remain in Covina and continue his practice there.

The Battle Creek Sanatorium people have recently opened one of their institutions at Glendale, ten miles north of Los Angeles.

Dr. A. P. Matthews of the faculty of Chicago University says: "For my part, I believe that artificial life can be created in the laboratory."

Dr. Sylvester Glawtney has removed his offices from San Pedro, Cal., to the Mason Building, corner Fourth and Broadway, Los Angeles.

Dr. J. F. Harvey of Bisbee, Ariz., and Miss Alvina Archibald of Wolfville, Nova Scotia, were married in El Paso, Tex., on Christmas eve.

Dr. W. H. Flint of Santa Barbara, who has been very ill with the grippe, has sufficiently recovered to attend to his professional duties.

At the meeting of the San Diego Board of Supervisors Dr. D. Gochenauer was re-elected County Physician for the year 1905.

Dr. J. J. Shuler of Raton, N. M., has returned from attending a convention in Topeka, Kan., of the surgeons of the Santa Fe Railroad.

Dr. J. B. Cutter has left Albuquerque for a European tour. During his absence Dr. E. F. Adams of Seligman will have charge of the Santa Fe Hospital.

Dr. R. M. Looney of McCabe, Ariz., has been elected to the Legislature, but as soon as his official duties are terminated he will resume his practice.

Dr. John R. Haynes of Los Angeles recently gave a luncheon to the well-known authors, Julian Hawthorne and Jack London.

The Charity Sanitarium for tuberculosis is being established in Phoenix, Ariz., through the efforts of Dr. H. H. Stone of that city.

Dr. F. M. Bruner of Santa Ana recently read a paper before the Monday Club of that city on "Pure Food and the Public Health."

Dr. Stanley Stillman, the well-known San Francisco surgeon, with his wife, has been taking a vacation in Southern California.

Dr. J. C. Wilson, district surgeon of the Southern Pacific, at Willcox, Ariz., and Miss Helen Cungi were married in Tucson on January 28th.

Dr. Wm. A. Edwards of Los Angeles has just returned from a two weeks' hunting trip in Mexico.

Los Angeles is doing her share in all directions. On January 26 the Pacific College of Osteopathy graduated twenty-five full-fledged osteopaths.

Dr. Adelbert Fenyes recently sold his residence in Pasadena for $40,000, and has removed to another part of the city, where he has very extensive property interests.

Dr. A. E. Bessette, formerly of Albuquerque, has removed to San Marcial, New Mexico, where he has been appointed the physician and surgeon for the Santa Fe road.

Dr. William H. Burr, formerly of Philadelphia, who has been acting as local surgeon for the Santa Fe at San Marcial, has located permanently in Albuquerque.

The Pasadena branch of the Los Angeles County Medical Society, under the leadership of Dr. Adelbert Fenyes, are doing a thorough work in clearing that city of illegal practitioners.

The quantity of water consumed in the city of Los Angeles is about 35,000,000 gallons per day. Of this it takes 4,000,000 gallons to sprinkle the streets, flush the sewers and do the work of the parks and schools.

At the annual election of officers of the Pima County Medical Association of Arizona the following Tucson physicians were elected for the ensuing year: President, Dr. W. V. Whitmore; vice-president, Dr. A. W. Olcott; secretary and treasurer, Dr. C. W. Lennoff.

Lea Bros. & Co. announce the publication of a new practice of medicine by Hobart Amory Hare, the well-known author and practitioner. The book will be practically of a clinical character.

Dr. Diver, while answering a hurry call at night, was thrown from his horse and injured so that he lay stunned for quite a while. The fall was due to a trench left from some improvements being made in the streets of Bisbee.

Dr. Le Moyne Wills of Los Angeles has been doing heroic work with the Legislature at Sacramento to protect the interests of the people in medical and sanitary matters.

Battle & Company, 2001 Locust st., St. Louis, have issued the fourth of their series of twelve illustrations of the intestinal parasites, and will send the same free to any physician on application.

Dr. H. L. Coffman of Santa Monica is now proposing to organize the physicians of that section of Los Angeles county for mutual benefit and protection and for the establishment of a local hospital.

No. 1, Volume I., of the *Journal of the Missouri State Medical Association* for January, 1905, is at hand. It is published at $2 per year by the Medical Press Co., 534 N. Vandeventer Ave., St. Louis, and is certainly a very creditable publication.

Dr. Geo. H. Scott of Redlands has just returned from a trip East. The doctor has reached his seventy-sixth year, and now retires from practice and is devoting himself to horticulture and floriculture on his beautiful ranch near Redlands.

At a recent meeting of the Redlands Medical Society Dr. J. L. Avey read a paper on "Hysteria," after which the following officers were elected for the ensuing year: President, Dr. C. A. Sanborn; vice-president, Dr. C. E. Ide; secretary and treasurer, Dr. Wm. A. Taltavall.

At a recent meeting of the Los Angeles City Board of Health on recommendation of the health officer — Dr. L. M. Powers — Dr. E. L. Leonard was elected, on motion of Dr. Carl Kurtz, seconded by Dr. Manning, as city bacteriologist for two years at a salary of $125 per month.

Dr. Winn W. Wylie, who has been practicing medicine in Los Angeles for three years past, has returned to his former home in Phoenix and permanently located there. There is something fascinating about that sun-kissed Territory that draws back all former residents.

On January 4th the Bernalillo County Medical Society held a meeting in the new Santa Fe Hospital of Albuquerque, and elected the following officers for 1905: Dr. J. B. Cutter, President; Dr. J. F. Pearce, Vice-President; Dr. W. W. Spargo, Secretary; Dr. E. Osuna, Treasurer; Dr. J. H. Wroth, Dr. J. W. Elder, Dr. M. K. Wylder, Executive Committee.

We call attention to the statement by Dr. Albert Soiland, which appears in his department in this issue of the

Southern California Practitioner, of the equipment for radiography and electricity at the College of Medicine of the University of Southern California. Dr. Soiland is making that an excellent practical course.

Dr. Tom Davidson, a well-known Los Angeles practitioner, is the president of the Caledonia Club, which, on the evening of January 25, celebrated the one hundred and forty-sixth anniversary of the birth of Bobby Burns. Dr. Davidson delivered an interesting address on the life of the "lad who was born in Kyle."

The friends of the late Dr. Skene, with Dr. W. H. Snyder, the noted Brooklyn oculist, at their head, are having a beautiful bust with a marble back-ground made of the gynecologist, in order to thus perpetuate his intelligent and kindly features. We have noticed that Dr. Skene is taking a more prominent place in medical literature, his teachings being referred to very frequently.

The *Louisville Medical News* and the *American Practitioner* of Louisville have been consolidated and come out now as *"The American Practitioner and News,"* with S. B. Hays, M.D., as managing editor and Drs. F. W. Samuel and A. D. Wilmoth as editors. The journal certainly makes a most creditable appearance, and this consolidation is no doubt a step in the right direction.

Drs. Norman Bridge, L. M. Powers and W. Jarvis Barlow, who had been appointed by the Chamber of Commerce as a committee to look into the advisability of providing a State institution for the treatment of curable cases of tuberculosis, made a report earnestly favoring such an establishment. The matter is now being pushed before the legislature.

The Meharry Medical College of Nashville, Tenn., is the largest medical college for colored people in the world. The students are under some especial rules. One is that no tobacco can be used on the college grounds. Another is that during the sessions of the college the students must devote themselves strictly to the college work, and not attend theatre or other places of amusement.

Dr. F. W. H. Graeff, Doctor of Chemistry from the University of Greifswald, who has made a specialty of analysis and care of milk, is now in Los Angeles. He is endeavoring to get all of the principal dairies in one combination in order to put them in a thoroughly sanitary condition, with a scientific man as superintendent, thus giving a guaranty of absolute purity.

Dr. Wm. Albert Cundy, who graduated from Gross Medical College, Denver, Colo., in 1896, and who is an oculist who came from Denver to Pasadena about three years ago, was married on the evening of December 31 to Miss Roma Claudine Coolidge, the daughter of one of Pasadena's most prominent citizens, at the residence of the bride's parents. Dr. Cundy has purchased a beautiful home in Pasadena.

The main sewer of the city of Los Angeles has its outfall in the Pacific Ocean and discharges about 18 cubic feet per second, which is equivalent to 112.1 gallons per second, or 6726 gallons per minute, or 403,560 gallons per hour, or 9,685,440 gallons per day. During the summer months this is used for irrigation, and the city has an average revenue from this sale of about $900 per month.

Dr. F. M. Pottenger and Dr. John R. Haynes have been doing the third-house act with the Legislature; the former looking after the interests of the anti-tuberculosis laws and the latter furthering the interests of the Initiative, Recall and Referendum. These two, with Dr. Le Moyne Wills, make a very altruistic trinity, a term that, we have

[illegible] and always applicable to lobbyists.

Gertrude Constance Clifton Howard, M.D., is the managing editor of *American Medicine* since its inception, and since December 1, 1901, treasurer and general business manager of the American Medicine Company. She was born at Easton, Pa., November 30, 1865. She is a graduate of the Woman's Medical College of Philadelphia, and a very handsome woman, with remarkable executive ability.

We learned from the Silver Belt, a paper published at Globe, Ariz., that there was lively competition before the Board of Supervisors among the physicians bidding for the medical attendance of the pauper population. Dr. A. F. Marsch's bid of 25 cents per patient per day for attendance and supplying medicine was accepted. Dr. T. S. Collins made a hot fight and says that Dr. Marsch's bid was not according to the statutes.

The San Bernardino County Medical Society met in the courtroom of Justice of the Peace C. L. Thomas at San Bernardino on January 11. Dr. Mills read an interesting paper, and resolutions indorsing the vaccination law and the law to establish a State hospital for the tuberculous poor and resolutions favoring a law giving the State Board of Health more power were adopted. Such resolutions are very useful in aiding our health authorities to get matters forcibly presented to our legislators.

Dr. Edward J. Kempf, for twenty years the leading physician of Jasper, Indiana, died of peritonitis at St. Anthony's Hospital in Louisville, Sunday night, January 8. The doctor had been a sufferer for several years from gallstones and had undergone an operation for the same just a week before his death. Dr. Kempf was a scholarly man, and his writings, especially upon the history of medicine, are a valuable addition to our literature.

Modern Eclecticism is the title of a new journal published in Atlanta, Ga., with Dr. George A. Doss as editor. The eclectic school seems to have taken on new life during the past few years, and we believe that is a good thing. Although this may sound somewhat heretical, but there is such a tendency to synthetic medicine nowadays that we believe a body of men devoted to holding up the value of our native extracts cannot help but be useful and assist in maintaining a proper equilibrium.

The publishing house of William Wood & Company, publishers of the *Medical Record* and many medical books, is one hundred years old, and antedates any publishing house in New York City, with the single exception of the Methodist Book Concern. The house was established in 1804 by Samuel Wood, who owned a book-shop in Pearl street, and has steadily remained under the management of this family, the active head today being Wm. H. S. Wood, who is also president of the Bowery Savings Bank.

The School of Philanthropy conducted by the Charity Organization Society of the City of New York, at 105 East Twenty-second street, is doing a most excellent work in educating those who are interested in the best methods of child helping. We notice among the subjects chosen for the lectures: "Protection From Death," "Protection From Violence," "Protection From Physical Neglect," "The Feeble-minded Child," "Physical and Physiological Problems," and "Physical Education." This work is in charge of Dr. Alexander Johnson, one of the most noted men in the line of philanthropic work.

On Wednesday evening, February 1, Dr. Alfred Fellows of Los Angeles and Miss Emma Van Congdon of Ontario were married at the residence of the bride. On January 21 a number of the friends of Dr. Fellows gave him a theater party at the Mason Operahouse,

followed by a supper at Levy's. Those who made up the party were: Dr. John Herbert, Dr. George Laubersheimer, Dr. John B. Cook, Dr. Clarence Pierce, Dr. Rea Smith, Dr. Clarence Taylor, Dr. Harvey G. McNeil, Dr. Dudley Fulton, Dr. Albert Soiland, Dr. Arthur Godin, Dr. Frank W. Miller and Philip Kitchin.

The Supervisors at Bisbee, Ariz., awarded the care of the indigent sick to Dr. Edminston and Dr. Cavin at $250 per year. The contract for conducting the County Hospital was awarded to H. H. Hogart at 75 cents per day for patients in hospital, and 50 cents per day for care of patients in jail. We notice that in several of the counties in Arizona they are doing this contract work. We believe that it is far better for the patients and for the physicians to have such work done on salary, and we hope that within the next few years these primitive methods will be abolished.

The German Medical Society has arranged for an exhibition in Bresleau, to consist of samples of all the different patent medicines which, though largely advertised, have been condemned by physicians as injurious to health. It is the intention of the society to repeat this exhibition in all the cities of Germany. The statistics of the society show that the number of quacks in Germany is growing rapidly. In 1879 there were only 29 quacks in Berlin, while now there are 973, or almost one-third as many as there are of regular physicians. At Frankfort there are 294 physicians and 251 quacks. There are now in Germany 5000 quacks and 14,000 regular physicians.

Dr. B. M. Campbell, formerly superintendent of the State Hospital for the Insane at Patton, San Bernardino county, has been sued by the State Comptroller for $11,448.49. It will be remembered that in the hospital during Dr. Campbell's time there was a secretary by the name of Clark who committed suicide. This secretary had the handling of all funds that came from patients, and after his death it was found he was short the above amount. We all know that Dr. Campbell is not morally liable for this, and we hope it will be proven that he is not technically liable, as he had nothing to do with the appointing of the man Clark, and had no controlling power over him.

At the regular bi-weekly meeting of the Los Angeles County Medical Society, held February 2nd, the following delegates to the State Medical Society at Riverside were elected for two years: Dr. Stanley P. Black, with Norman Bridge as alternate; Dr. H. G. Brainerd, with Dr. W. D. Babcock as alternate; Dr. George L. Cole, with Dr. Walter Jarvis Barlow as alternate; Dr. J. H. Seymour, with Dr. C. B. Nichols as alternate; Dr. W. W. Beckett, with Dr. Joseph M. King as alternate; Dr. C. G. Toland, with Dr. Frank Garcelon as alternate. The following delegates are holdovers: Drs. B. F. Church, J. H. Davisson, Granville MacGowan, F. M. Pottenger, W. M. Lewis and George E. Abbott.

With the close of the year 1904 Dr. Frank P. Foster closed a quarter of a century as editor-in-chief of the *New York Medical Journal*. The *Medical Record* says: "This is a record of professional editorial headship which has been surpassed in this country only by Dr. Shrady, who guided the *Medical Record* for thirty-eight years, and by the elder D. Isaac Hayes in his management of the *American Journal of the Medical Sciences* from its foundation in 1820 to his death in 1879. Dr. Foster is now the dean of medical journalists in America and a man very worthy of the homage due to such a position. We trust that he will have a golden jubilee to celebrate in the work which he performs so well."

The Territorial Board of Medical Ex-

aminers held its meeting for examining physicians at Phoenix, beginning January 2nd. The board is composed of the following: Dr. Chas. H. Jones, Tempe, President; Dr. H. W. Fenner, Tucson, Vice-President; Dr. Ancil Martin, Phoenix, Secretary; and Dr. G. F. Manning, of Flagstaff. There were thirteen applicants for license, as follows: Dr. H. M. Seamans of Walker; Dr. H. P. Shattuck of Tucson; Dr. B. W. Bizzell, Dr. R. J. Hetherington, Dr. Mary L. Neff, of Phoenix; Dr. C. B. Wiley of Fortuna; Dr. Robert R. Wilson of Payson; Dr. E. D. Allen of Bisbee; Dr. C. B. Maxson of Tucson; Dr. D. S. Schenck of Safford; Dr. R. N. Tafel of Phoenix; Dr. A. C. Graves of Flagstaff, and Dr. John M. Barden of Patagonia.

On January 24 the stage and pulpit shook hands at the Medical College of the University of Southern California. Bishop John W. Hamilton of the Methodist Episcopal Church and Frederick Warde, the tragedian, addressed the students of that institution from the same platform. The Bishop made some pleasant comments on Mr. Warde personally, and then he said that he was reminded of a story in regard to Garrick, where an archbishop asked him why it was that the churches were sparsely attended while the theaters were crowded. The great actor replied: "Your Lordship, it is because actors put fiction as though it were truth, while the clergy put truth as though it were fiction." Both the addresses of the actor and the bishop were inspiring and greeted with great enthusiasm by the students.

George M. Gould, editor-in-chief of *American Medicine*, was born at Auburn, Me., November 8, 1848. He graduated at the Ohio Wesleyan University in 1873. In 1860 he enlisted in the Sixty-third Ohio Volunteers as drummer boy. After eighteen months of service he was discharged for disability, but enlisted again in 1865 in the One Hundred and Forty-first Regiment, Ohio Volunteers, and served until the close of the war. During 1868-71 he was a student at the Harvard Divinity School. He then went to Europe to pursue advanced studies at the Universities of Berlin, Leipsic and Paris, and after that went into mercantile business in Ohio. In 1885 he entered Jefferson Medical College as a student and received his degree in 1888, that is, when he was forty years old, and he began practice in Philadelphia, where he still resides, making a specialty of diseases of the eyes.

In the Johns Hopkins Hospital Bulletin for December, 1904, is an article by Dr. E. L. Leonard of the Medical College of the University of Southern California, describing "Bacterium Cyaneum; a new Chromogenic Organism.", "An interesting micro-organism was discovered on several occasions in air plates made in the Hendryx laboratory by the students of the University of Southern California during the years 1900 and 1901, and, although searched for since, it has not been again encountered. The colonies attracted special attention on account of the deep blue pigment which was seen in the medium immediately around them; pure cultures were at once obtained from them and placed in our collection of bacteria in the Medical School for future observation. The study of the organisms has been unfortunately interrupted many times since the period of its isolation, but as opportunity offered systematic work has been done in our own laboratory and that of the Johns Hopkins University and Hospital." The author then gives a very full description of the subject of the paper, and acknowledges her indebtedness to Dr. Stanley P. Black, Professor of Pathology and Histology in the Medical College of the University of Southern California, for many helpful suggestions.

The Nurses' Journal of the Pacific

Coast, a quarterly magazine, published by the California State Nurses' Association, No. I., Volume I., has just reached our desk. It is published in San Francisco, the publication committee being Miss Genevieve Cooke, chairman; Miss S. Gotea Dozier, secretary; Miss Fanny E. Southern, treasurer; Miss Theresa Earles McCarthy, Miss Lucy B. Fisher, Miss Margaret L. Goodhue. Annual subscription, $1. Address Voorhees Building, Van Ness Ave., San Francisco. This is certainly a very handsome publication, and it is well filled with material which is profitable to read. We can heartily commend it as worthy of the support of the nurses of the Pacific Coast.

At the regular monthly meeting of the Riverside County Medical Society, held at the residence of Dr. Parker, January 9, 1905, the following officers were elected for the ensuing year:

Dr. W. W. Roblee, president; Dr. M. R. Martin, vice-president; Dr. Samuel Outwater, secretary.

Dr. Walker read the paper of the evening on clinical significance of urinalysis, after which Mrs. Parker entertained the society most delightfully in the dining-room.

Dr. J. G. Baird is the Health Officer of Riverside, and there has recently been a lot of knockers at work on his administration. At this meeting of the Riverside County Medical Society the following resolutions were unanimously adopted:

Whereas, there has been more or less doubt expressed as to the efficiency of the Riverside City Health Officer, and

Whereas, he has been and is a member of the Riverside County Medical Socity, whose members have had personal cognizance of his management of the office;

Whereas, there is at present no city ordinance specifying what shall be the exact duties of the officer or of the public in reference to him or the Board of Health, whereby he or it may be guided; and

Whereas, we believe the present remuneration is too small to cover the care the office should demand; therefore be it

Resolved, that we heartily indorse the Health Officer, Dr. J. G. Baird, for his efficiency, capability and carefulness in the duties of his office. That these resolutions be spread on the minutes and a copy sent to the Board of City Trustees. And we recommend:

That the Board of City Trustees pass ordinances covering all the duties of the Health Office, both for the use of the officer and the guidance of the public, and provide proper emoluments for their execution.

By order of the Riverside County Medical Society.

DR. M. R. MARTIN, Secretary.

LOS ANGELES COUNTY MEDICAL SOCIETY.

The Los Angeles County Medical Association held a regular meeting January 20th, 1905, at 8 p.m., on the fourth floor of the Blanchard Building.

The minutes of the previous meeting were read and approved.

The first regular paper of the evening was read by Dr. Andrew Stewart Lobingier, and was entitled, "The Diagnosis and Surgical Treatment of Gastric and Duodenal Ulcer."

The second regular paper of the evening was read by Dr. E. T. Dillon and was entitled, "The Diagnosis and Treatment of Fractures of the Neck of the Femur."

Discussion, first paper:

Dr. Frank Davis: Correct diagnosis is the most important point. Pain is the most characteristic symptom, and the time of the occurrence of the pain is an important point also. The stomach tube and Davidson syringe are the best

for making diagnosis of outline. Of the laboratory methods, the most important is the determination of the hyperacidity; this, however, is only corroborative, and unfortunately only occurs late in the disease. The scar from the healed formed by Dr. Will Mayo is a combination of the best ideas of many operators and in my opinion is almost ideal. I do not think it advisable to operate unless a reasonably certain diagnosis can be made.

Dr. W. W. Beckett: These stomach cases should be more carefully looked over by the general practitioner and internist, too often they come to the surgeon in an inoperable condition.

Dr. Stanley P. Black: The surgeon does not go far enough in these cases; gastro-enterostomy relieves the symptoms, but does not remove the seat of the disease; the scar from the healed ulcer remains, and it is a generally accepted fact that most carcinomas of the stomach originate in the scar of a healed ulcer.

Dr. R. Wernigk: I agree with Dr. Black as to the probable fate of the ulcer. The use of forcible dilation I consider dangerous. The laboratory methods of diagnosis are entitled to more consideration than is given them. The examination of the feces for blood is a point that should not be overlooked in diagnosis.

Dr. W. T. McArthur: There is no doubt that the diagnosis is the most difficult point in these cases. Perforation most usually occurs on the anterior wall.

Dr. Lobingier, closing the discussion: In doubtful cases with strong suspicion, exploratory operation is justifiable. These are the cases in which the internist and the surgeon should work together, the earlier the better. Excision of the ulcer is undoubtedly correct theoretically, but practically it increases the danger of shock, hemorrhage, infection, etc., and lengthens the time of the operation. In any event the gastro-enterostomy has to be done. The fate of the ulcer and the resulting scar is still a matter of opinion, prominent authorities giving different reports.

Discussion, second paper:

Dr. W. W. Beckett: The ground has been well covered in this paper and I heartily approve of it. I would like to emphasize these points: the importance of getting absolute immobility, the taking of careful and repeated measurements, the use of the X-ray when possible, and the use of the anesthetic always. I think eight weeks in bed a short enough time in most cases.

Dr. C. G. Stivers: We must not forget that many of these cases in the old develop hypostatic pneumonia, etc., in bed; in these conditions the patient must at once be gotten up and about.

Dr. T. C. Myers: I want to add my words of approval as to the results obtained by the use of the Volkman modified splint. A minor point but a useful one, is that the new adhesive plasters made of zinc oxide do not stick as well as the old rubber adhesive.

Dr. C. L. Magee: Impactions should not be broken up; the X-ray should be used in all doubtful cases.

Mr. Dillon, closing discussion: Fluoroscopic examination is as a rule, useless; the only way to get any satisfaction from the X-ray examination is to have a skiagraph made by an expert operator.

The draft of a bill to be presented to the State Legislature providing for the establishment of a State Board of Examiners of Registered Nurses was read by Dr. P. C. H. Pahl; the indorsement of the association was asked for it.

It was moved and seconded that the association indorse this bill. The motion was discussed by Drs. Stivers, Stearns, McNeal and Myers, and on being put was lost.

Moved and seconded that the matter be referred to a committee of five to be appointed by the president, and that

the committee report at the next regular meeting. Carried.

The president appointed Drs. Pahl, McNeal, Stivers, Kiefer and Taylor on this committee.

Moved and seconded to adjourn. Carried.

The Los Angeles County Medical Association held a regular meeting in the Blanchard Building, Friday evening, February 3rd, 1905, at 8 o'clock.

The minutes of the previous meeting were read and approved.

The first regular paper was read by Dr. H. Bert Ellis and was entitled "The Use of Beta-Eucaine Lactate in Eye, Nose and Throat Work."

The second regular paper was read by Dr. Frank W. Miller, and was entitled, "The Fundus as a Diagnostic Accessory."

Discussion, first paper:

Dr. Lund: We are compelled to admit that cocaine is a dangerous drug, and that it does cause syncope, etc. I have had no experience with this salt of eucaine, but if it gives as good results in general use as it has in Dr. Ellis' hands, it will have a very large field of usefulness. I cannot condemn too strongly the putting into the hands of the patient, sprays containing cocaine.

Dr. Kelsey: It certainly is a criminal procedure to give sprays or solutions containing cocaine to patients for their own use. I do not believe that this is often done.

Dr. Miller: I should like to ask Dr. Ellis whether the solutions of this salt are stable?

Dr. Ellis: The solutions of beta-eucaine lactate are stable and keep indefinitely.

Discussion. second paper:

Dr. Kelsey: The ground has been well covered in this paper. I would only suggest that perhaps the doctor should have laid more stress upon the eye conditions in thrombosis. We must not forget that albumen uric retinitis may disappear under treatment.

Dr. Lund: The examination of the fundus is often a great aid in making a diagnosis.

The committee appointed to report on the bill for the registration of nurses reported favorably, and on motion the report was adopted and the bill indorsed, and ordered printed and a copy sent to each member of the Legislature.

Dr. William LeMoyne Wills introduced two sets of resolutions relating to bills now before the Legislature tending to modify the existing medical laws. One indorsed Assembly Bills, Nos. 294, 295, 300, 301, 302, 323, 346 and 347. The other condemned Assembly Bills Nos. 267 and 523. These resolutions were ordered printed and a copy of each sent to the Legislators of this State.

Moved and seconded to adjourn. Carried.

RAYMOND G. TAYLOR,
Secretary.

SAN BERNARDINO COUNTY.

SAN BERNARDINO, Cal., Jan. 11, 1905.

The San Bernardino County Medical Society met pursuant to bylaws, the second Wednesday in each month. President Browning in the chair. Minutes of last meeting were read and approved. Upon favorable report of the Board of Censors, the following-named doctors were unanimously elected to membership in the San Bernardino County Medical Society, viz: Drs. Wm. A. Tallavall, C. A. Sanborn, and C. D. Pound of Redlands; Drs. J. R. Liverman, C. G. Campbell and J. N. Bayliss of San Bernardino, Cal.

Chairman Dr. Browning nominated the following-named members as a new Board of Censors for the ensuing year, viz: Drs. Aldridge, Gibbs and Rowell of San Bernardino, Cal.; Dr. Payton, Redlands, Cal.; Dr. Freeman, Needles, Cal. These nominations were duly ratified by the association.

Dr. W. Thompson offered a resolution to discharge the Committee on State Board of Examiners, which was so ordered.

The committee that was appointed on December 14th to report a suitable resolution to sustain the State Board of Health upon smallpox and tuberculosis reported the following, viz:

The resolution referring to smallpox read as follows:

"Whereas, smallpox is one of the most common and also one of the most loathsome and dangerous diseases; and, whereas, it has been made to almost disappear from the civilized nations of the globe in its most dangerous and hideous forms through vaccination; therefore, be it

"Resolved, that the San Bernardino County Medical Society hereby affirms its belief that efficient vaccination, performed by an authorized physician and followed by cleanliness on the part of the patient, is a protection against smallpox, and an innocent and harmless remedy."

The resolution referring to tuberculosis read as follows:

"Whereas, tuberculosis causes a much greater mortality than any other disease in the State of California, being greater than that caused by pneumonia, diphtheria, scarlet fever, measles and whooping cough combined; and, whereas, sanitarium treatment has proven most efficient to the afflicted, and affords greater protection to those unafflicted; and, whereas, this form of treatment is denied to the great mass of the poor, among whom this disease is most prevalent, unless they can receive public aid; therefore, be it

"Resolved, that the San Bernardino County Medical Society urges the State Legislature to take the necessary steps for the establishment of State sanitaria for the treatment of tuberculus poor."

Increased power asked for boards of health:

"Whereas, there is no more important function of government than the care of the health of the people; and, whereas, the State Board of Health of California, owing to inadequate and inefficient laws, is hindered in the discharge of its duties, and powerless to protect the health of the citizens of the State; therefore, be it

"Resolved, that the San Bernardino County Medical Society does most heartily appreciate the efforts of the State Board of Health on behalf of the people, and that it indorses the new bill to be introduced at the present session of the State Legislature, whereby its powers will be increased, and its efficiency greatly improved, and that we pledge our influence for its support."

These resolutions were signed by the committee, Dr. C. C. Browning, Dr. W. Thompson and Dr. W. H. Wilmot, and indorsed by the society.

The report of the treasurer, Dr. W. Thompson, was received and filed, which showed the society to be prosperous.

Dr. H. W. Mills was to have read a paper, and exhibited surgical cases, but being detained professionally elsewhere, was not present.

Dr. Tyler reported a case of Streptococcus infection, that was discussed by various members of the society. Dr. Mills arrived with his cases, but too late to exhibit them to the society.

Upon motion of Dr. Payton the society adjourned until the regular meeting in February.

Dr. C. C. Browning, President.
Dr. J. M. Hurley, Secretary.

BOOK REVIEWS.

SAUNDERS' MEDICAL HAND-ATLASES. Atlas and Epitome of General Pathological Histology. By. Dr. H. Durck, of Munich. Edited, with additions, by Ludvig Hektoen, M.D., Professor of Pathology, Rush Medical College, in affiliation with the University of Chicago. With 172 colored figures on 77 lithographic plates, 36 text-cuts, many in colors, and 371 pages of text. Philadelphia, New York, London: W. B. Saunders & Co., 1904. Cloth, $5.00 net.

This new atlas in Saunders' Medical Hand-Atlases is indeed a worthy addition to the series. All the accepted views regarding the significance of pathologic processes have been concisely stated, conflicting theories having been wisely omitted. The illustrations have been made from original specimens without combining different microscopic fields, extraordinary care having been taken to reproduce them as near perfection as possible. In many cases as high as twenty-six colors have been required to reproduce the original painting. In editing the volume, Dr. Hektoen has incorporated much useful matter; and unquestionably this atlas will be as favorably received as the previous volumes on "Special Pathologic Histology." In our opinion, it will be found of unusual value to the medical profession generally.

The physician who has this series of hand-atlases in his library is to be congratulated. While each volume is complete in itself, we believe that few medical men will learn the value of one of the series without feeling that they must have them all.

DIET IN HEALTH AND DISEASE. By Julius Friedenwald, M.D., Clinical Professor of Diseases of the Stomach in the College of Physicians and Surgeons, Baltimore; and John Ruhrah, M.D., Clinical Professor of Diseases of Children in the College of Physicians and Surgeons, Baltimore. Octavo volume of 689 pages. Philadelphia, New York, London: W. B. Saunders & Co., 1904. Cloth, $4.00 net.

This latest work on diet is practical and comprehensive, prepared to meet the needs of the general practitioner, medical student, hospital interne, and trained nurse. It contains a full account of food stuffs, their uses and chemical compositions. Dietetic management in all diseases in which diet plays a part in treatment is carefully considered, the articles on diet in diseases of the digestive organs containing numerous diet lists and explicit instructions for administering. The feeding of infants and children, of patients before and after anesthesia and surgical operations, and the latest methods for feeding after gastro-intestinal operations have never before been discussed with such practical detail. The subject of rectal enemata is given completely, with recipes and full instructions as to technic. Diet is considered in its relations to age, occupation, and environment; and the beneficial results from the rest cure have been accorded prominent consideration. There is also a section on food adulteration and the resultant diseases. Withal, this is a work well worthy the reputation of its authors, and we most cheerfully recommend it.

In these days of numerous hospitals the diet of patients, nurses and employés is a question that has puzzled many a superintendent, and the work before us enters into that subject more fully than any volume we have seen. It gives the diet lists of the Johns Hopkins Hospital, the Lakeside Hospital and many other institutions. It does not give them in a general way, but goes into detail in a manner that is most satisfactory. The department of recipes for the sick-room is also very complete. It is a most useful book for physicians and nurses.

PRACTICAL PEDIATRICS. A Manual of the Medical and Surgical Diseases of Infancy and Childhood. By Dr. E. Graetzer, editor of the "Centralblatt Für Kinderheilkunde" and the "Excerpta Medica." Authorized translation with numerous additions and notes, by Herman B. Sheffield, M.D., Instructor in Diseases of Children, and Attending Pediatrist (O.P.D.) New York Post-Graduate Medical School and Hospital. Visiting Pediatrist to the Metropolitan Hospital and Dispensary, etc. Pages XII-544. Crown Octavo. Flexible cloth, round corners. Price $3.00 net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia.

Well worthy being done into English. The translator's notes bring it down to date. In "Whooping Cough" the author says: "Paroxysms may frequently be controlled by pulling the lower jaw downward and forward. This manipulation is harmless and painless. Its application is contra-indicated only when food is present in the mouth or oesophagus." In treating whooping cough he recommends the inhalations of carbolic acid (tricresol) by means of linen cloths dipped in a 5 to 10 per cent. solution and hung over the bed. He says pertussin is an effective remedy. Dose: 1 teaspoonful for a child 2 years of age; 2 teaspoonfuls for a child from 3 to 4 years old."

A TEXT-BOOK OF CLINICAL DIAGNOSIS. By Laboratory Methods. For the use of students, practitioners, and laboratory workers. By L. Napoleon Boston, A.M., M.D., Associate in Medicine and Director of the Clinical Laboratories of the Medico-Chirurgical College, Philadephia; formerly Bacteriologist at the Philadelphia Hospital and at the Ayer Clinical Laboratory of the Pennsylvania Hospital. Octavo volume of 547 pages, with 320 illustrations, many of them in colors. Philadelphia, New York, London: W. B. Saunders & Co., 1904. Cloth, $4.00 net; sheep or half Morocco, $5.00 net.

The importance of the subject of clinical diagnosis is ever increasing and the medical profession welcomes every reliable aid in this field. Simon's "Clinical Diagnosis" has practically had no competitor in America heretofore, but inasmuch as the technique of different men varies and different experimenters see things differently, we welcome this new clinical diagnosis by Dr. Boston. Not only has Dr. Boston treated of all the well-established methods, but the newer ones receive due attention also, such as serum diagnosis, cytodiagnosis and inoscopy. The blood has received much attention and all the newer methods of examination are carefully handled. This book is a valuable addition to the physician's laboratory. F. M. P.

EYE, EAR, NOSE, AND THROAT NURSING. By A. Edward Davis, A.M., M.D., Professor of Diseases of the Eye in the New York Post-Graduate Medical School and Hospital, and Beaman Douglass, M.D., Professor of Diseases of the Nose and Throat in the New York Post-Graduate Medical School and Hospital. With 32 illustrations. Pages XVI-318. Size 5½x7⅞ inches. Extra cloth. Price, $1.25 net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia.

This is a distinct addition to the nurse's library. It brings out many points that we have never seen elsewhere. The general practitioner can get ideas from this book that will prove very useful when caring for cases that do not necessarily belong to the specialist. The following excerpt is one of hundreds of practical value that we might make:

"Occasionally a nurse, attendant or surgeon may have pus squirted into his own eyes while cleansing the eyes of a patient suffering with gonorrhoeal ophthalmia. It also happens at times to have part of the membrane from a diphtheritic throat coughed into the eye of the nurse or surgeon. In either instance the very first thing to do is to wash the eye thoroughly with a solution of bichloride of mercury (1 to 5000). Then drop into the eye two or three drops of a 2 per cent. solution of silver nitrate. If a 25 or 50 per cent. so-

lution of argyrol, or a 5 per cent. solution of protagol is ready, either may be used in place of the silver nitrate. The above treatment is somewhat painful, but efficient. Iced cloths may be applied for a half hour to relieve the irritation."

A HAND-BOOK OF SURGERY. FOR STUDENTS AND PRACTITIONERS. By Frederick R. Griffith, M.D., Surgeon to the Bellevue Dispensary, New York City; Assistant Surgeon at the New York Polyclinic School and Hospital. 12mo volume of 579 pages, containing 417 illustrations. Philadelphia, New York, London: W. B. Saunders & Co., 1904. Flexible leather, $2.00 net.

Dr. Griffith has given us a little work of great merit. It is a brief outline of the principles and practice of surgery, written as concisely as is possible with clearness. We are sure it will be valuable alike to the student and the practitioner, because the entire subject of surgery is covered, including all the specialties, as Diseases of the Eye, Ear, Nose and Throat; Genito-Urinary Diseases; Diseases of Women, etc. There are also articles on Life Insurance, Rape, Sexual Perversions, Microscopy, and on many other subjects of great importance to the practicing surgeons. There are 417 illustrations, selected for their clearness, accuracy, and genuine usefulness. We predict that Dr. Griffith's work will be to surgery what Dr. Steven's manual is to medicine.

EXAMINATION OF THE URINE. BY G. A. de Santos Saxe, M.D., Pathologist to the Columbus Hospital, New York City. 12mo volume of 391 pages, fully illustrated, including 8 colored plates. Philadelphia, New York, London: W. B. Saunders & Co., 1904. Flexible leather, $1.50 net.

Dr. Saxe has presented a work on examination of the urine unusually complete, absolutely up to date, concise, yet explicit in all its parts; and it will be found to meet fully the requirements of the student and practitioner without burdening him with unnecessary analytic procedures. Special attention has been paid to the interpretation of findings as applied to clinical diagnosis, and the student is told what each chemical element and each microscopic structure means when found in the urine. The character of the urine in various diseases is also described in detail. Descriptions of technic have been made very explicit, and the author has inserted some new methods of working developed in his own experience. Cryoscopy and other means of functional diagnosis have been given their proper places. The text is fully illustrated, including eight colored plates of the various urinary crystals. The work will be useful because it is practical.

REGIONAL MINOR SURGERY, describing the treatment of those conditions daily encountered by the general practitioner. By Geo. Gray Van Schaick, M.D., Consulting Physician to the French Hospital, New York. Published by the International Journal. Price, $1.50.

This little hand-book contains much that is original and useful. The author has drawn upon his extensive private and hospital practice, covering a period of 18 years. He believes that those subjects go very far in making up the reputation of the general practitioner. As the author says in the preface: "Minor surgery is minor in name only, since the most trivial injury may be followed by most disastrous results, and the only way to treat it is according to the same laws which hold good in the case of the greater achievements of modern surgery."

A separate chapter is given to asepsis and suturing, each of which contains many useful hints that help in securing difficult and good results. After this he covers separately the minor surgery of the various regions of the body. The cuts are exceedingly good and all statements are terse and to the point. The reviewer finds nothing to criticize in the

subjects that are covered. It is well indexed.

PNEUMONIA AND PNEUMONIA COCCUS INFECTIONS. By Robert B. Preble, A.M., M.D., Professor of Medicine, Northwestern University, Chicago. Published by Lloyd J. Head & Co., 40 Dearborn Street, Chicago, Ill. Price, $1.00.

This little hand book is a valuable contribution. To quote from the introduction: "So also with pneumonia, a diagnosis of pneumonia is no longer sufficient. The casual organisms can be sought and the diagnosis must run, pneumonia due to the Friedlander bacillus, the influenza bacillus, the tuberculosis or typhoid bacillus, pneumococcus, etc." The author takes up the pathology, the etiology and the general description of the disease, after which the various symptoms, complications and sequelae and prognosis. Pages 173 to 178 for the student are perhaps the most important of the work, giving the irregular and atypical forms. It is these irregular forms that are so often overlooked. The hand book is well gotten up, and aside from the fact that it has no index is a commendable little work in every way.

BLOOD PRESSURE AS AFFECTING HEART, BRAIN, KIDNEYS AND GENERAL CIRCULATION. A practical consideration of theory and treatment. By Louis Fangeres Bishop, A.M., M.D. Price, $1.00. New York, E. B. Treat & Co., 241 W. 23rd St. 1904.

Much mechanical and laboratory work has been done within the last few years along the line of blood pressure. Very few practical results have been presented to the profession. The practical results have been rather overlooked in the craze for so called scientific work. The author has taken up this little work, which is concise and abbreviated, to be sure, but withal rather practical. With the idea of making the subject useful to the profession, it covers some of the more important circulatory diseases, and discusses their treatment from the standpoint of high and low blood pressure. This is particularly true of arteriosclerosis, cardiac diseases and nephritis. The influences of various drugs upon the different conditions, the Nauheim treatment, health resorts, importance of vacations, etc., are well considered. It is a very commendable little work.

INTERNATIONAL CLINICS. A quarterly of illustrated lectures and especially prepared original articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecology, Orthopedics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene, and other topics of interest to students and practitioners. By leading members of the medical profession throughout the world. Edited by A. O. J. Kelly, A.M., M.D., Philadelphia, U. S. A., with the collaboration of Wm. Osler, M.D., Baltimore; John H. Musser, M.D., Philadelphia; Jas. Stewart, M.D., Montreal; J. B. Murphy, M.D., Chicago; A. McPhedran, M.D., Toronto; Thos. M. Rotch, M.D., Boston; J. G. Clark, M.D., Philadelphia; Jas. J. Walsh, M.D., New York; Edmund Landolt, M.D., Paris; Richard Kretz, M.D., Vienna, with regular correspondents in Montreal, London, Paris, Berlin, Vienna, Leipsic, Brussels and Carlsbad. Price, cloth, $2.00 net. Volume III. Fourteenth series, 1904. Philadelphia. J. B. Lippincott Company. 1904.

Volume three of the fourteenth series is largely given over to foreign writers. The first 105 pages are taken up by a symposium of syphilis, including a chapter on "Syphilis and Suicide" by Alfred Fournier, and the "Treatment of Syphilis by Calomel Injections" by the same author. Perhaps one of the most interesting and instructive articles of this symposium is that of "Fetal Syphilis," by Ballantyne of Edinburgh. The subject of syphilis is especially important to the general practitioner as well as to all specialists. This subject alone makes the volume a useful one.

From pages 105 to 145 is discussed the "Treatment of Digestive Disturbances of Pulmonary Tuberculosis;" "The Rest

Cure in the Treatment of Constipation and Diabetes." On page 71, under the head of "Medicine," is a very useful and interesting article by Katzenbach on "Mitral Obstruction and Chronic Bronchitis." Louis Fangeres Bishop presents a very useful clinic given at the London Hospital, New York, on "Diseases of the Liver," which discusses in a very concise and interesting manner the various causes of enlargement of the liver.

The work is concluded by an interesting chapter by F. W. Langdon, on "Paralysis Agitans." There is practically nothing new included in the treatment which places hyoscin hydro-bromate as first among the remedies. Alcohol is spoken of as of great use as a stimulant, and it is remarked that it is the only disease of the nervous system in which alcohol seems of value. Attention is called to the treatment of the usual arteriosclerosis that is an accompaniment of the disease. He concludes by saying that baths, massage, galvanism and psychic encouragements may all be used in selected cases.

PROGRESSIVE MEDICINE, VOL. IV, December, 1904. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, 374 pages, 79 illustrations. Per annum, in four cloth-bound volumes, $9.00; in paper binding, $6.00; carriage paid to any address. Lea Brothers & Co., Publishers, Philadelphia and New York.

The December issue of Progressive Medicine marks the final installment of this quarterly digest for the year 1904. It comprises a series of essays on Diseases of the Digestive and Genito-Urinary Tracts, on the Surgery of the Extremities, and a Practical Therapeutic Referendum. Thus it completes, as far as has been possible, the comprehensive and critical survey of the periodical literature of medicine, in conformance with a certain well defined and purposeful method, which has always endowed it with an individuality and character of its own. Indeed, it is to the adherence to this method and to this ideal that it owes no small measure of its popularity and its success.

In the Practical Therapeutic Referendum, on page 285, by Landis, under the head of "Acetanilid," occurs the following: "About a year ago the New York City Board of Health, suspecting that many druggists were substituting acetanilid, in part or in whole, for phenacetin, made an investigation. From 373 samples of phenacitin obtained in various parts of the city, in many instances physician's prescriptions, the following results were obtained: of 373 samples, 58 were pure phenacitin, 315 were adulterated with cheaper drugs, mainly acetanilid, and 207 cases contained more acetanilid than phenacitin; 32 samples were pure acetanilid. Threats of exposure and prosecution were made if anyone would attempt to repeat the same. The year following revealed a very significant fact, namely, that the death rate from heart disease showed a decrease, although for several years it had been gradually increasing." Under the subject of "Adrenalin" occurs this statement: "The dosage of the drug is still an unsatisfied question." Martin and Pennington believe, however, "that it is probably many times greater than that in which the drug is ordinarily employed at present."

The general make-up of the work, the excellence of its typography and paper and the fullness and accuracy of its index and of its numerous bibliographical references, are features which contribute to the ready serviceability of the series.

"The Law and the Doctor" is the title of a book just issued, which treats of the physician as a witness. This is sent gratuitously by the Arlington Chemical

Tarrytown, N. Y., to medical men in good standing, [illegible] the record of a case. The first brochure, which came from the press about a year ago, was "The Civil Liability of a Physician for Malpractice." The profession owe a debt of gratitude for these excellent and timely publications.

THERAPEUTICAL HINTS.

One of the most prominent physicians in the United States recently had a patient in the California Hospital, Los Angeles, and afterwards wrote to the manager, saying:

"I want to say that the manner in which you conduct the California Hospital commands my entire respect, and I feel no hesitation at all in fully recommending it to those who require hospital care."

GLYCO-THYMOLINE, when applied warm in a 25 per cent. solution, in catarrhal diseases of the nose and throat, coryza, naso-pharyngitis, tonsilitis and laryngitis, gives a soothing sensation to the inflamed membrane, quickly dissolves all accumulations of thick, ropy mucus and crust formations, and by its exosmotic action causes a rapid depletion of the engorged tissue, thus aiding nature in restoring capillary circulation, normal glandular action and fostering cell nourishment, which soon brings about a general normal condition of the membrane.

A NEW THERAPEUTIC AGENT OF VALUE IN THE TREATMENT OF EPILEPSY, WITH THE REPORT OF A CASE.—Hugo Erichsen, M.D., L.R.C.P. and S., reports an interesting case in the *Medical Age*, for September 25, 1904. The author says:

"The patient had had nineteen well-defined attacks of epilepsy since the summer of 1900. Shortly after the occurrence of the last I took charge of his case. Up to that time he had been taking the bromides at irregular intervals, owing to the fact that his stomach was easily deranged. Eventually they had to be rejected. Even bromide of sodium proved objectionable for this reason.

"About this time my attention was directed to 'Brometone.' It proved to be the very thing I was looking for, as the patient had no difficulty in retaining it and it did not give rise to untoward after effects. After taking what was evidently an overdose the patient experienced drowsiness during the day, but when the dose was reduced to 5 grains (in capsules) three or four times a day he had no further trouble in this respect.

"Brometone contains about 77 per cent. of bromine, and possesses the sedative and other characteristic effects of that agent. It is preferable to the bromides, because it does not excite nauseau, vomiting, or alimentary disturbance. Moreover, it does not seem to produce the undesirable systemic depression often resulting from the older bromides. Although my patient has been taking Brometone day after day for over a year, he has not been afflicted with skin rashes or any other indications of bromoism. Furthermore, he has not had an attack for sixteen months, has gained in weight, improved in appearance, and takes a more cheerful view of the future.

"From my experience with it I am inclined to believe that Brometone will prove of service in the treatment of other nervous conditions, particularly insomnia, headache, and delirium tremens. It may also prove of benefit in some cases of asthma and may relieve cough of reflex nervous origin."

SOUTHERN CALIFORNIA PRACTITIONER.

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THE FUNDUS AS A DIAGNOSTIC ACCESSORY.*

BY FRANK W. MILLER, M.D., LOS ANGELES, CAL.

As an aid to diagnosis, the ophthalmoscope may be considered one of the most accurate and simple devices that we possess.

Its revelations are perhaps the most wonderful to be witnessed in the living organism. In no other place can both normal and pathological conditions be studied as in the fundus.

Changes in blood vessels and tissue, both degenerative and inflammatory, can be distinguished with the greatest precision.

For these reasons it becomes a most helpful adjunct. Its range of application is necessarily limited, but in selected cases it is of the greatest value. The value of fundus findings varies greatly. In certain instances it may be the means of arriving at a definite conclusion. In others, and most often, it is purely confirmatory and should be classed as an accessory, as the title of this paper suggests.

This is true for two reasons: (1) It is possible oftentimes, from other symptoms, to determine the disease and arrive at a correct diagnosis without consulting the fundus. (2) That fundus lesions most often occur late in the disease and are rarely primary.

Specialists are frequently too prone to overestimate the value of the findings. Men working along some special line have a tendency, if not careful, to ascribe too much importance to their particular branch, forgetting that they should first be general practitioners specially skilled because of their training, opportunity and singleness of purpose.

A certain rhinologist illustrates this point. He believes that 90 per cent. of all cases of insanity are occasioned by nasal lesions—generously leaving the other 10 per cent. to be distributed over the rest of the organism in any way that you may choose.

Another recent example is a series of articles that has been running through one of our most prominent journals in which practically all of our many ills may be directly or indirectly traced to eye-strain.

I do not wish to disparage the use and value of the opththalmoscope and its revelations. I wish rather to ask for it

*Read before the Los Angeles County Medical Association, February 3, 1905.

more general use and attention, but I do believe in placing its value honestly and properly as a most valuable diagnostic accessory with a certain limited application.

In this small field of usefulness it is however second to no other aid that we possess, and it is of this that I wish to speak.

It is impossible to recognize and rightly interpret pathological phenomena without a previous knowledge of normal conditions. A normal fundus must be studied, as must all other anatomy and histology before disease and abnormal conditions can be deduced.

In the fundus this is more difficult than it seems, for the normal fundus presents a great diversity of physiological conditions—varying in different individuals, so that it often requires considerable skill and practice to distinguish between health and disease.

Pathological changes are frequently very poorly marked, atypical and even mixed. A small lesion in the periphery of the field may make or change a diagnosis, prognosis and whole scheme of treatment.

Therefore it is necessary in order to correctly interpret ophthalmoscopic findings to be perfectly familiar with the fundus in all its varied and manifold appearances.

To do this every opportunity should be embraced to study the normal fundus. There is no other way to become proficient. This once accomplished the abnormal may be easily learned from some correctly drawn and colored atlas. No amount of text-book discription can compare in value to the knowledge gained by illustration.

It is not supposed that the busy general practitioner will have either the time, necessity or inclination for studying the fundus in detail, but a working knowledge of the more common grosser lesions will frequently be of great benefit to him.

I can speak but very superficially of a few of the more important common lesions and their significance.

Papillitis is an inflammation of the nerve-head and presents on examination a picture more or less typical of inflammation of this part.

The nerve-head is swollen, the arteries are tortuous, the veins dilated and dark. In well-marked types, small hemorrhages are usually seen.

It is found in three types: (1) descending neuritis; (2) choked disc; (3) ascending neuritis. Its recognition is comparatively easy, but at times it is difficult to determine the type in the absence of other symptoms.

The causes of this condition are extremely numerous, but usually it is a concomitant of other general disease.

The most frequent cause is intracranial tumor—double optic neuritis occurring in from 80 to 95 per cent. of the cases. Second in frequency as an etiologic factor is meningitis. Syphilis probably should be assigned third place.

In a general way, however, it may be said to be indicative of increased intracranial pressure. Its value for localization is nil.

Retinitis is the most common fundus lesion. It presents many types usually secondary to general conditions of which it is a part.

Retinal changes occur in about 30 per cent. of cases of leucocythemia and most frequently of the splenic type and as a late symptom. Glycosuric retinitis is of rare occurrence. It is observed in poisonings of various kinds, syphillis, etc.

Albuminuric retinitis is perhaps the most common form and certainly of the greatest importance to the general practitioner from a practical standpoint.

The frequency of its occurrence in cases of kidney disease is variously estimated from 6 to 31 per cent. The small contracted form of kidney lesion is the most frequent, but chronic diffuse parenchymatous nephritis (large white kid-

ney) forms a close second. It is most frequently found in males and in the fourth decade. As a rule both eyes are involved in the retinal changes.

Porter says that in the majority of cases of renal disease there is no disease of the retinal and a majority of renal cases showing retinal changes also show changes in the blood vessels. He concludes that the eye disease does not depend so much on the existence of the renal affection as on the fact that the vessels are diseased.

The fundus findings are at times easily confounded with neuro-retinitis from other causes—poisoning, anemia, syphilis, etc., and are not always typical and diagnostic.

The loss of vision is usually slow—complete blindness being seldom observed. If it occurs suddenly in both eyes it is suggestive of uremic amaurosis. In extremely rare instances improvement and even complete cure may take place, but in the large majority of cases the presence of retinal changes is to be looked upon as a most unfavorable sign—occurring when the kidney lesion is far advanced and indicating a most gloomy prognosis, since 85 per cent. of all persons with albuminuric retinitis succumb within two years.

I cannot pass this subject without briefly speaking of a form of albuminuric retinitis that must be considered alone—that occurring in pregnancy.

It may occur (1) in the pregnancy kidney in which there is fatty degeneration of the epithelium of the uriniferous tubules; (2) an acute accidental nephritis originating during pregnancy; (3) an old chronic nephritis unfavorably influenced by pregnancy.

In the last two, pregnancy is not the cause but a complication of the kidney affection and must be considered as such. The prognosis as regards life and vision in the third type is most grave.

It is necessary to determine the kind and cause of the retinitis before forming an opinion relative to the induction of premature labor.

The failure to do this no doubt accounts for the many varied opinions on this subject.

The shorter the duration of the retinitis the more favorable the prognosis in regard to vision. Without the induction of labor the prognosis is always grave. I believe unless the retinitis occurs very late in the pregnancy and providing nature does not relieve us of the task, that we are justified in inducing labor in order that we may do all we can toward saving the patient's life and preventing her from being permanently blind.

The most marvelous clinical pictures presented by the fundus are the inflammatory and degenerative changes occasioned by syphilis.

The types and intensity of the changes are most varied and the parts are rarely affected singly.

Optic-atrophy, choroiditis, glaucoma, arteriosclerosis and a great many other lesions are in evidence in the fundus, but time does not permit speaking of them.

213 Conservative Life Bldg.

SYMPTOMATOLOGY OF PNEUMONIA.*

BY GEORGE L. COLE, M.D., LOS ANGELES, CAL.

While we are more or less familiar with the general symptomatology of pneumonia there are nevertheless some very interesting phases concerning it.

I suppose the symptomatology of 1000 cases collected in Minnesota would differ materially in detail from the symptomatology of the same number of cases collected in Arizona, New Mexico or Southern California. The difference would be

*Read before the Los Angeles County Medical Association, February 17, 1905.

due principally to two causes: (1) the difference in climate and (2) the difference in the constitution of the people in habitating the two different localities. In the southwestern section the inhabitants include a large number of debilitated people, debilitated by nervous affections, by tuberculosis and by other causes. Likewise the symptomatology of 100 cases found in a large children's hospital would differ materially from that taken from the reports of the same number of cases in an emergency or general hospital. Here it would be owing largely to the difference in age and likewise to the class of people that find their way to an emergency hospital.

Furthermore, we know now that pneumonia is not only caused by the pneumococcus, but also by the Friedlander bacillus, the typhoid bacillus, the tubercle bacillus, by the influenza bacillus, and possibly by other infective agents. The symptomatology as influenced by these various causes differs somewhat.

In 1887, when I first came to Los Angeles, it was not unusual to find physicians who had never seen a case of pneumonia in this locality. Soon after this period came the epidemic of influenza, extending all over the United States and reaching this locality. Pneumonia then became common here and some very severe cases were seen in the early 90's. Many of these cases were doubtless influenza pneumonia. I have mentioned these various circumstances in order to remind us that we cannot look in all cases for the sudden typical onset, the typical course, and the typical signs of the acute lobar pneumonia which is produced by the pneumococcus.

As for the *special symptoms*, with regard to the *sudden onset*, it is interesting to know that in a series of 449 cases reported by Sears and Larrabee, 70 per cent. were ushered in by a sudden onset, and 50 per cent. were ushered in by a chill more or less marked. In some of these cases the chill was a teeth-rattling one, in others it was a positive chilly sensation, perhaps repeated chilly sensations.

In this connection it may be well to mention the fact that the physical signs in a case of pneumonia may accompany or immediately follow the chill, or in many cases they may be retarded for a period of from one to three days. Later on we shall speak more of the physical signs. But this proportion, of a sudden onset in 70 per cent., and a chill in 50 per cent., is probably not far from the general average. It must be remembered that in the aged and those debilitated by chronic illnesses, and in alcoholic subjects the onset is so insidious that if the physical signs are overlooked the diagnosis of pneumonia often escapes the attending physician. In some few cases the onset is accompanied by acute delirium, almost of a maniacal order. I now recall a case in this city of a young, robust adult, from the laboring class, who died on the third day of the disease while being restrained in bed by several attendants. This case unfortunately was treated from the first by large doses of alcohol. I have often wondered what the termination of this case would have been had the treatment been different.

With regard to the *temperature range*, while it usually ranges from 102 to 105 or 106, it must be remembered that in the alcoholic and chronic invalids and in the aged it is sometimes low, not exceeding 100 or 101, and sometimes normal during the whole course of the disease.

Concerning the *pulse rate* as a symptom, it is interesting to note that the mortality increases in adult life as the rate exceeds 130. In children a much higher pulse rate is a less serious prognostic indication. From the increased tension in the pulmonary artery, the second pulmonic sound is usually exaggerated. It should be borne in mind that this exaggeration is usually more marked in cases where the left lobe is affected. This is owing to the sound

being transmitted through the lower portion of the consolidated lung overlapping the heart. The irregular pulse also has an important prognostic value denoting a previously weak heart muscle or a myocarditis caused by severe toxemia.

Pain more or less severe is usaully present in about 90 per cent. of cases. This leaves us 10 per cent. in which there is no pain. In some cases we see the pain referred to the abdomen, to the gall-bladder or to the appendical region. The anatomical explanation of abdominal pain is that the lower six intercostal nerves supply the abdominal wall, as well as the parietal and diaphragmatic pleura, and the pain may be referred to the ultimate distribution of these nerves. The eleventh intercostal nerve supplies the iliac region, hence pain may be referred to the appendix. Pain is also more marked when the lower lobes are involved. Because of pain being due to pleural involvement the excursion of the pleura is greater over the lower lobes than over the upper lobes.

The dyspnea, which varies greatly, has different causes. It is due to pain on deep inspiration, to obstruction of air cells, or to a failing right heart. Severe dyspnea, without other positive cause, should suggest failing heart action even without evidences.

Cough, which is usually a most troublesome symptom, is generally less in upper lobe involvement, and may be absent in the very young or in the aged and feeble.

The characteristic sputum as shown in a series of 131 cases by Grisolle was present by the end of the second day in 60 per cent., and in the first four days in 80 per cent. This leaves 20 per cent. without the characteristic sputum. The debilitated, the aged, the insane and the delirious may run the whole course of the disease without any sputum. In children it should not be forgotten that most of the sputum is swallowed.

Physical signs.—While from the symptoms as we have gone over them more or less carefully we may be really suspicious of a pneumonic process going on, it is to the physical signs that we must turn for accurate knowledge. Where mistakes in diagnosis are made it is usually not from inability to interpret signs properly, but from a want of thoroughness in the examination. I do not here need to take the time to enumerate the many signs which indicate the beginning or complete hepatization. But it is worthy of mention that in many cases the signs are much delayed. If beginning as a central pneumonia they may be two or three days in showing to the surface of the lung. In the form that is known as the "sneaking" or "wandering" pneumonia, which is not infrequently encountered in the aged and feeble, the signs may need following from day to day to determine accurately the condition. If we always keep in mind the fact that not infrequently patients go to the autopsy table without having shown the symptomatology of pneumonia and that *there* we find the evidences of a completely solidified lobe, we shall the more readily make careful physical examinations and be less liable to errors in our diagnosis. In short, in all debilitated people, in all chronic invalids and in alcoholics showing delirium, we should ever be on our guard for a pneumonic condition. When symptoms arise that are not explicable by other pathologic conditions, when the alcoholic begins to show a delirium, it should be a cue demanding a careful physical examination.

I do not need here to enter into the differential diagnosis of chest affections. With carefulness and thoroughness such differential diagnosis is usually made. It is through hasty, unthorough work that mistakes occur.

In relation to *the urine*, it is to be

bearing in mind that in the great majority of cases, but not in all, there is a great deficiency in the amount of chlorides, in many cases this amounting to a total absence. It has been thought by careful observers, although questioned by some, that the amount of chlorides from day to day have some bearing upon the prognosis of the case. I think *this* may be truthfully said, that in the majority of cases a return of the chlorides in greater quantity argues well toward a favorable prognosis. It is thought by many that the crisis may be predicted twelve or twenty-four hours before it actually occurs by a careful estimate of the amount of chlorides. In severe, critical cases such procedure is of advantage as it is often just before the crisis that the case assumes the most serious aspect.

I should not close without mentioning the work that has been recently done in studying the blood of pneumonia patients. In pneumococcus infection, the pneumococcus can be found in the blood in practically all cases. The leucocyte count has received considerable attention, but no very definite data have been worked out. Most all cases show a decided leucocytosis, some an excessively large leucocytosis. Furthermore, it has been found that the cases ushered in with a severe onset, but showing little or no leucocytosis, are usually speedily fatal. If this latter statement stands good upon further investigation, it is of considerable practical importance.

COMPLICATIONS OF PNEUMONIA.*

BY WILLIAM A. EDWARDS, A.M., M.D., LOS ANGELES, CAL.

When the request of the chairman of this meeting came to me, asking that I would consider the "Complications of Pneumonia," I was for a time at a loss to understand why this selection was made, as my later work has been along different lines; so it will be necessary for me to draw upon the records made during the time that it was my privilege to be the first assistant of Prof. William Osler, and it is from that standpoint, in the main, that the subject of the "Complications of Pneumonia" will be considered this evening.

It is well to remember that pneumonia is a self-limited disease, and that we do not influence its course at all; neither do we abort or cut it short. Our experience in the Philadelphia Hospital has shown that under the worst circumstances it will sometimes terminate naturally and possibly without complications or sequelae without a dose of medicine having been given. For example: A patient was admitted to Osler's ward of the Philadelphia Hospital on the evening of the seventh day after the chill in which I had seen him and ordered him to hospital. He did not go, but remained at home, without any nursing or care of any kind, took a little milk, bread and whisky, and later in active delirium, was brought to the hospital by the police. On admittance the evening temperature was 105° F. and pulse 120°. In delirium he nearly escaped through the window. The following morning—the eighth of his disease—the crisis occurred, and at our ward class his temperature was 98° F. All of the lower lobe of the right side was involved, yet the man progressed smoothly and evenly to a perfect cure without complications; so that complications may arise in the mildest case and may not be met with in the most severe type of lobar pneumonia which has suffered constant neglect.

It is our purpose to consider, then,

*Read before the Los Angeles County Medical Association, February 17, 1905.

only the complications of lobar pneumonia—the diplococcus pneumonia—as many or most of these complications seem to be due to the invasion by diplococci. This is the order of frequency in which we have met them: (1) Pleurisy and Empyema; (2) Endocarditis and Pericarditis or an Endo-Pericarditis; (3) Meningitis; (4) Thrombosis and Embolism; (5) Neuritis; (6) Jaundice; (7) Parotitis; (8) Arthritis; (9) Gastric Complications; (10) Pneumococcus Septicemia, or Pneumococcus infection, although the propriety of its introduction as a complication of pneumonia may be questioned; (11) Relapses, and, lastly, tuberculo-pneumonic phthisis, which is really not a pneumonia at all.

It will be impossible to discuss all these matters in the short time allotted to our subject, therefore the more unusual complications, such as calicosis, unilateral atrophy of the lung and others, will have to be omitted. A concise recapitulation must suffice, for which I will draw upon my notes of the work done in assisting Osler in the preparation of the Gulstonian lectures, London, 1885.

(1.) Pleurisy was found to be almost constant, so that we could hardly consider it a complication, but, rather, an inevitable result of continuity and contiguity of tissue. Other cases, however, seemed to show that with propriety we could consider the pleuritic involvment as the primary condition, the so-called pleuro-pneumonia. The main difference that was noted in these cases was that the exudate was apt to be sero-fibrous in thick tenaceous layers. Some of the cases, four, I think, had pneumonia on one side and pleurisy on the other. In most of the fluids examined the pneumococcus was present. Empyema was not infrequent. An interesting point shown during our service in the Philadelphia Hospital was that in some instances in which the empyema was thought to be primary it was truly secondary to an unrecognized slight pneumonia. The general literature contains about seventy five cases of abscess of the lung following lobar pneumonia.

(2.) Pericarditis was present in five of the one hundred cases. It is perhaps more common in the double pneumonia of children. It may be plastic, serous or purulent, and the effusion in two cases was voluminous. While this is, of course, a very serious complication, still not a few of our cases recovered, and hence we have the post-mortem findings in but five of this series.

Endocarditis was noted sixteen times in the 100 autopsies. Osler adds that of 209 cases collected from the literature, fifty-four occurred in pneumonia. No acute disease presents this complication so often. Left-sided endocarditis, involving old valvular lesions, is its most frequent site. These findings are very different from those of Wells, who recently, in the *Journal of the American Medical Association*, October 18, 1902, decides that endocarditis is an uncommon complication of pneumonia, and that ulcerative endocarditis is rare in this disease.

The myocardium was noted frequently in a condition of cloudy swelling of the fibers, sometimes as a fatty change.

(3.) *Meningitis.*—A frequent complication of meningitis with the endocarditis of pneumonia was noted. Eight per cent. of Osler's Montreal cases had this complication; our Philadelphia cases were less, as I remember it, about 3 per cent., but fifteen cases of ulcerative endocarditis accompanying pneumonia were in turn complicated by meningitis. Its most frequent association is as already said, ulcerative endocarditis, when an embolism of the cerebral arteries may occur and the additional complication of perhaps a hemiplegia be added to the list. Twenty-five per cent. of the cases of malignant endocarditis are complications of pneumonia.

Thrombosis and Embolism.—To use Osler's very words, in making the [illegible] Auricular thrombosis is rare in pneumonia, except in the extreme grade of dilatation of the right chamber. In one case there was in the auricle, in the anteposition, a laminar thrombus in the auricle and in the space of the ventricles. We observed in other fatal cases of venous thrombosis, both in the femoral veins and two fatal cases of embolism, one in the femoral artery and the other in the left common iliac. Miller of Philadelphia has recently (Philadelphia *Medical Journal*, May 16, 1903.) seen a femoral thrombosis arise during convalescence from croupous pneumonia. It occurred on the eighteenth day, thirty-six hours after the temperature had returned to the normal, and DaCosta, also of Philadelphia, reports (1898) three cases of his own and six from the literature, while Anderson (*Intercollegiate Medical Journal*, Australia, April 20, 1899.) adds a complication of streptococcus abscess of the elbow, thrombosis of left femoral vein, arterial thrombosis in both legs, and death. One of Osler's Montreal cases survived an amputation at the thigh for embolism of the femoral artery at the height of pneumonia.

One of my Coronado cases succumbed to a cerebral apoplexy just as he was about to enter early convalescence from a double pneumonia. No post-mortem was permitted.

Lepinski-Wulf's (*Centralbt. f. inner Medicine*, January 25, 1902.) patient, a man, had pneumonia in 1873, and during convalescence a thrombosis of the veins of both legs occurred. He was shown to the Berlin Society in 1902 with varices of the legs and lower abdomen, which, of course, showed that there had been thrombosis of the iliac veins and of the inferior vena cava. Von Leyden adds that both arterial and venous thrombosis are fairly frequent in certain infectious diseases; the conditions are, in his opinion, from the presence of toxins developed from or in the white blood corpuscles themselves. Peripheral venous thrombosis is certainly not at all rare as a complication or sequella of pneumonia. We have all no doubt seen several cases. Steiner (Johns Hopkins Hospital *Bulletin*, June, 1902.) however, in his recent studies considers it unusual, with his own three cases he finds but thirty-eight in literature.

(5.) *Neuritis.*—A rare complication; we recorded but one case of peripheral neuritis. It was a neuritis of the left arm, and much wasting occurred.

(6.) *Jaundice*, probably hematogenous, occurs in some epidemics with great frequency, and in others it is almost absent. We felt that its mode of production was not well worked out. It did not seem to be catarrhal, but some writers consider it always to be due to a catarrhal infection of the biliary passages; nor did the degree of hepatic congestion seem to determine its occurrence. It was rarely intense in degree or of ominous import; it usually arose early and disappeared soon.

Since these studies were made, Gilbert and Grenet (*Arch. Gen. de Med.*, February, 1899.) believe the icterus to be due to an angiocholitis caused by the bacterium coli cummune, and one (*Grenet. These de Paris*, 1899.) of these observers points out that the gravity of pneumonia is greatly enhanced by a previously existing hepatic disease.

(7.) *Parotitis.*—Sometimes arises in the mild cases and is seen in the graver forms as a concomitant of endocarditis. Tully (Philadelphia *Medical Journal*, March 24, 1900.) has found five cases in the literature in the last ten years in which there was a suppurating parotid, with endocarditis and with recovery of the patients.

(8.) *Arthritis.*—Akin to gonococcus rheumatism, but is, in this instance, a pneumococcus infection. It may arise

at any time during the course of the disease, usually midway or during convalescence. In Herrick's (*American Journal Medical Sciences*, July, 1902,) three cases of pneumococcic arthritis, two recovered and one died, and only one patient had a functionally active joint. Raw (*British Medical Journal*, December 21, 1901,) has the notes of seven cases of pneumococcus arthritis in 817 cases of pneumonia; of these, three died.

These cases of pneumococcus arthritis are always grave; at present the mortality approaches 75 per cent. If the arthritis is multiple, it resembles acute rheumatism, but its association with pneumonia and the bacteriologic examination of the blood usually demonstrate the true nature of this grave complication.

The literature now contains sixty-eight cases of pneumococcus arthritis.

(9.) Gastric complications are very infrequent, indeed. We noted but one case of croupous gastritis, but poor Packard of Philadelphia, whose death has recently terminated a brilliant medical career, has reported cases of pneumonia with marked peritoneal and abdominal symptoms.

Palier (*New York Medical Journal*, September, 1899.) in discussing atypical forms of pneumonia describes a remarkable case that he is pleased to call gastric pneumonia, the symptoms closely resembling appendicitis—indeed, an abdominal section was performed. The autopsy disclosed pneumonia and empyema with normal appendix.

(10.) *Pneumococcus Septicemia or Pneumococcus Infection.*—It may with propriety be asked why this heading is introduced with the complications of pneumonia, because Prochaska (*Deut. Med. Woch.*, May 22, 1902,) has shown in four instances that general pneumococcic sepsis may occur without pneumonia. All of his cases, while they had severe bronchitis with pneumococci in sputum and blood, did not have pneumonia at the autopsy. On the other hand, its causative relation to pneumonia cannot be denied, and its ravages are sometimes more grave than the primary disease, as, witness, the three deaths in the seven cases of pneumococcus arthritis in pneumonia recorded by Raw (ibid.) and the double pneumonia complicated by pseudomembranous inflammation of the mucous membranes of lips, mouth and throat, conjunctiva, prepuce and anus, caused by pneumococcus, as recorded by Carey and Lyon (*American Journal Medical Science*, September, 1901.)

Sufficient has been cited to show the relation of the pneumococcus as a complicating element in pneumonia, but we cannot resist referring to the family epidemic of pneumococcus infection recorded by Bandel and Gargagno (*Gaz. degli. Osped*, 1903, No. 2,) in which the initial case was one of otitis media, and was followed by three cases of pneumonia, one of which was complicated by empyema. In practically all of these cases blood cultures showed the presence of pneumococci. These authors believe that pneumococcic septicemia is extremely common.

(11.) *Relapse.*—In the series of cases studied at the Philadelphia Hospital, no case occurred which convinced Osler that a definite relapse ever arises. The cases that seemed to be relapses were classified by him as instances of anomalous course of delayed resolution, which may not be completed until eight or ten weeks have elapsed, and we must not neglect to mention the rare cases of ulcerating chronic pneumonia recorded as early as 1850 by Charcot, cases which are sometimes mistaken for lung cancer.

On the other hand, recurrence, which hardly comes under my subdivision of the study, is more common in pneumonia than any other disease. Lastly, the old dispute as to whether pneumonia

ever terminates in pulmonary phthisis seems to have been settled by considering the cases which caused the controversy as tuberculo-pneumonic phthisis from their earliest inception, their onset plainly resembling acute pneumonia.

I cannot close this short resume in a more fitting manner than by quoting the words of the distinguished physician with whom I was associated: The serious complications of pericarditis, myocarditis, endocarditis, meningitis or colitis caused death in many healthy persons attacked with the disease, but a careful examination of post-mortem records will show that apart from these complications the fatal cases usually show signs of more or less extensive disease in other organs, interstitial nephritis, fatty liver, fatty heart or chronic endarteritis.

Excluding the cases with almost necessarily fatal complications and those with serious alterations in important viscera, but a small number remained in which a simple pneumonia, however extensive, killed a healthy man. A good many complicated factors combine in an individual to cause death, but studying the fatal cases of pneumonia as so many lessons from which to learn wisdom for the future, we may, I think, divide them into three groups: First, those in which the death has resulted from such complications as gangrene, meningitis, ulcerative endocarditis, conditions at present beyond our art to remedy; second, cases in which death has resulted from mechanical causes, overdistension and paralysis of the right heart; third, the large group in which death has been due to failure of the general powers under the influence of high fever, or of the specific poison, or of both combined.

Braly Building.

DISCUSSION.

Minutes, Los Angeles County Medical Association, February 17, 1905; held in the Blanchard Building.

The minutes of the previous meeting were read and approved.

Dr. Henry Herbert gave the history, and exhibited the post-mortem specimen of a case of large, round cell sarcoma of the anterior mediastinum.

The regular programme for the evening consisted of a symposium on pneumonia, arranged by Dr. Stanley P. Black. The following took part:

1. Etiology and Pathology, Dr. Stanley P. Black; 2. Symptomatology, Dr. George L. Cole; 3. Treatment, Dr. J. H. Utley; 4. Complications, Dr. Wm. A. Edwards; 5. Local Statistics, Dr. L. M. Powers.

DISCUSSION.

Dr. F. D. Bullard: In reference to treatment, I did not hear anything said about bleeding or veratrum viride. Have these gone out of style? The large doses of quinine spoken of, I should consider dangerous and likely to produce blindness. We must not forget that the pneumococcus may, and often does, produce acute otitis media. I have such a case under my care at the present time.

Dr. C. D. Lockwood: The statistics seem to vary as to the importance and frequency of the various complications. I have seen only one case of gangrene of the leg. This followed embolism of the popliteal. In children the onset of empyema is insidious, and may be easily overlooked. The physical signs are not definite, and it is often difficult to demonstrate pus unless a large needle is used, and even then it is necessary often to make several attempts. We must not forget that the X-ray will many times clear up a doubtful diagnosis in these cases. If the diagnosis is made early, and the operation is extensive, and thorough drainage is afforded, the prognosis is good.

Dr. Elbert Wing: The chief element of danger in this disease is the toxemia. The statistics of Dr. Wells are, indeed, alarming, but I cannot help but believe that his deductions are overdrawn.

doubt very much whether there is any actual increase in the prevalence of pneumonia; I am more inclined to believe the increase relative than actual, due probably to more care in the classification the last few years. None of the so-called specifics, either the chemical specifics or the serums, have in any way established themselves. This is a disease in which you cannot give strength, but one in which you may oftentimes conserve it. The treatment by drugs is least important. We must individualize in the treatment.

Dr. Henry Herbert: I do not think that the pneumococcus has been proven to be the specific cause of pneumonia. There are many germs that may cause this disease. I think that bacteria play a role secondary in importance to thermic influences in the etiology of this disease.

Dr. J. C. Ferbert: The eleventh intercostal nerve terminates in the region of the appendix. I have seen two cases of pneumonia in children, in which the first, and most prominent symptom for several days, was pain that simulated appendicitis. This fact must not be forgotten, or there may be a wrong diagnosis made.

Dr. E. L. H. Swift described the pneumococcus infection of the eye, and ocular membranes.

Dr. A. S. Lobingier: Reported a case of abscess of the appendix occurring with pneumonia and operated three weeks later. The pneumococcus was not found in the pus. I do not think extensive operations for empyema either proper or justifiable in young children. The post-pneumonic cases are most favorable for cure always.

Dr. Frank Zelinsky: Gave the history of the case reported by Dr. Lobingier.

Dr. John Colliver: I have a case under observation at the present time in which the initial symptoms were largely those of appendicitis, but in which a careful examination demonstrated the existence of a right-sided pleurisy. On strapping the side the pain left the appendix and located itself over the right lung.

Dr. Black: It is true that the pneumococcus has not absolutely been proven to be the cause of pneumonia, but practically it has, and I think that it is generally so accepted. However, no matter what other bacteria may be present, the pneumococcus is always found with them. I think that the creeping pneumonia mentioned by Dr. Cole is almost always a lobular or catarrhal pneumonia, and not a true lobar pneumonia.

Dr. Cole: I agree that the majority of cases involving one lobe, in young and healthy patients, recover. But there are a large number of cases that do not come under this class. There are cases that are fatal. But I believe that if we individualize in the treatment of these cases we can tide over and bring about recovery in many patients that would otherwise die.

Dr. Utley: It is very unfortunate that we have two diseases called pneumonia. It renders the complication of statistics difficult and unsatisfactory. The lobular variety is neither a pneumonia nor a bronchitis. We should have a new name for it. Venesection is justifiable in the right cases. I have never had occasion to use it. I neglected to mention the use of normal salt infusion. It is at times a valuable aid.

Dr. Edwards: I think there can be no question as to the actual increase of pneumonia in Southern California in the last ten years. The mortality in some of the Philadelphia hospitals, as shown by investigations conducted by Osler and myself, and extending over a period of four years, was in favor of no treatment.

Dr. Powers: I am sorry that it has not been better brought out that there is a separate and distinct form of pneumonia that occurs in epidemics. I should have liked to have heard a full discussion of this point.

Adjourned.

MASSAGE—HISTORY, THEORY AND PRACTICE.*

BY [illegible] MASSEUR, LOS ANGELES, LECTURER IN THE TRAINING SCHOOL FOR NURSES IN THE CALIFORNIA HOSPITAL.

Massage is the oldest therapeutic agent known to man, and its history goes as far back as any records available to us at the present. It played an important part in the preparation and training of ancient athletes and warriors. It was one of the luxuries of the Grecian and the Roman baths. It was the greatest relief which the great Julius Cæsar could find in his hours of affliction from neuralgia and epilepsy. There has been no age without its masseurs.

Thousands of years before Christ there was a

WONDERFUL BOOK WRITTEN IN CHINA

called the Congfu. About a century ago a famous Frenchman translated this book, in which was found a complete treatise on the subject of massage; in fact, so complete was this treatise that it undoubtedly forms the basis of the present system of massage in vogue all over the world, and from this Frenchman's translation we have our present term of massage.

Of course in so short a course as this must necessarily be, I can only point out to you a few of the fundamentals of massage, and demonstrate and teach you a few of the primary and important movements, but I shall hope that I may sufficiently interest you in the subject so that when you are able you will pursue it and learn more of it.

In the middle ages, massage, as well as medicine, fell into the hands of frauds, so-called mystics and fakirs, and fifty years ago it was looked upon by the general medical profession, and even by the world at large, as something belonging wholly or in part to the "quack," but with the wonderful progress of the last fifty years in science and in medicine in which the honest, earnest, hard-working men have tried to eradicate mysticism, charlatanry and quackery and to obliterate and disqualify quackery, massage has pushed speedily to the front, until today the best medical men all over the world are recognizing and valuing its importance, and the best physicians of today in many cases are finding in massage one of their best prescriptions for many of their patients, and the honest, legitimate masseur, who is not an M.D., must be content to remain simply the prescription of the physician.

There is a popular fallacy existing which considers massage a thing easy of acquirement and performance, and perhaps this accounts for the multitude of ridiculous and meaningless signs which we see on every hand in all of our large cities. Ignorant, dishonest, lazy men and women, incapacitated and unwilling to earn a legitimate livelihood, bedeck the buildings in which they live with varicolored signs, on which we read such things as "Curo-pathy with Scientific Massage;" "Electropathy with Scientific Massage;" "Neuropathy with Scientific Massage;" "Massage Institute;" "Massage Parlors," and so on. And in many cases these have been discovered to be only dens of iniquity inhabited by the

SLIMY OOZE OF HUMAN NATURE,

who make it a business to prey upon the ignorance, weakness, superstition and ailments of their fellow creatures.

The physician of today is protected by law. By years of hard work, honest study and actual experience, and by these only can he reach a point where he is allowed to take into his hands the lives of those who suffer, and I maintain that the same conditions should govern the education, preparation and

*Introductory Lecture.

work of those who practice massage. The long training and experience of the physician help him to a correct diagnosis, to a correct therapeutic method of cure, to a correct choice of a remedial agent or drug, to the form of that drug, to the strength of that drug, to the amount to be used of that drug, and to recognize a result or a lack of result. So, the masseur should have years of education, of training, of practice and experience, and by these become acute of touch, mature in judgment, acquiring discrimination, leading him to a correct choice of the method of treatment, the amount of force which he should use, the length of time which a treatment should consume, the frequency with which the treatments should be given, and developing individuality, and then and then only can he apply massage legitimately, effectively, beneficially; then and then only can he recognize results or the lack of results.

The basis of life, even life itself, is well comprehended and covered by the term metabolism. When metabolism is complete, normal conditions exist throughout the body; when incomplete, pathological conditions ensue. Complete metabolism depends upon complete respiration, complete circulation of the blood and complete harmony throughout the nervous system. When the blood leaves the heart, it must be freighted with the proper amount of oxygen, the proper elements of nutrition for the tissues, and it must carry these to every cell in the entire body. After it has performed this function, it must return freighted with the products of tissue change, the products of fatigue, to the heart, thence to the lungs to be purified, then back to the heart to make another journey. If this process be interfered with even in a slight degree, we then have some abnormal condition.

We are apt to think of the heart as being alone responsible for the circulation of the blood. We are apt to think of it as the one seat of power for the circulation of the blood, a muscular pump pumping the blood through the arteries, forcing it through the capillaries, on through the veins, until it receives it again unto itself. The best physiologists of the present day have come to consider this an impossibility, and while we have not time for a discussion of it, we will take up one thought which will be helpful to us in the study and application of massage.

As massage in general is entirely an external aid to nature, we will consider the skin and its adjacent tissues first, and I will make a statement which I believe is legitimate and well founded.

OUR BODIES ARE ALL HEARTS.

Besides our centralized heart, which we can see, hear and feel beat, we have a great skin heart. Throughout the skin mesh, so rich with its small arterioles, capillaries and venules, we have a very large proportion of unstriped, involuntary muscular fibers, forming part of and surrounding and controlling these small blood vessels, and these muscle fibres are themselves controlled by the same nervous systems and stimuli which control the centralized heart, and in a perfectly normal state these muscle fibers are in constant, incessant and rhythmical contraction. Now, then, when the blood reaches the great skin mesh, which contains 30 per cent. of the entire blood, it reaches the point of greatest resistance, and if it had to depend on the power of the centralized heart alone there would not be sufficient force to drive it through the capillaries and return it to itself, but these muscle fibers of the skin heart act as a relay station, forcing on the venous blood, lowering the resistance and friction and making way for the fresh arterial blood, and these muscle fibres and the nerves which control them are susceptible to the same mechanical stimulation which we find in any tissue of the body. So, I will ask you to remember, first, a few seemingly isolated

[illegible] to give them thought and to apply [illegible] study to them later on which [illegible] to give to the subject.

First: Remember

THE GREAT SKIN HEART.

Next, remember the words, constant, incessant rhythmical contraction. Then try and find out from anatomy and physiology the meaning, the cause and effect of these, and you will in time find out that the one great purpose of massage is to assist nature to maintain a complete activity of the skin heart, to a complete circulation of the blood, to a complete metabolism.

The general effect of massage, when properly given, is to hasten the flow of the venous blood, to push and squeeze out of the tissues the retarded products of tissue change, the products of fatigue, securing their earliest arrival at the depots of elimination; also to stimulate the perfect activity of what we sometimes call the middle man or the lymph through whom the exchange is made between arterial and venous blood. The stimulation of all of the peripheral nerves and by reflex action, through the nervous system, the stimulation of all nervous functions throughout the body.

The field of usefulness of massage is almost limitless, and yet has definite limitations. It is extremely useful as a substitute for exercise, and is a great boon to those confined to their beds or to a forced sedentary life. It is useful in cases of emaciation in bringing about nutrition of the wasted tissues, and a recurrence of the normal amount of flesh. It is equally useful in obese conditions and in conditions of fatty degeneration, in breaking up the fatty globules and the products of mal-nutrition, and forcing them into the veins and on to the points of elimination. It is extremely useful in many kinds of

RHEUMATISM AND NEURALGIA;

in cases of incipient inflammation when the corpuscles of the blood become stalled, the exchange between the arterial and venous blood impeded, and the consequent swelling and heat of the parts. Insomnia and extremely nervous excitement often yield promptly to well administered massage. Sprains, strains and bruises are amenable to and are greatly benefitted by massage. And massage is extremely useful, I may say, almost necessary,

AFTER A FRACTURE,

especially where there has been long fixation, producing adhesion and immobility of joints. We also find it valuable in convalescence from prolonged illness, especially after fevers. In such cases, the scalp massage restores the life of the scalp and hair. It is, when properly given, well nigh the most valuable therapeutic agent in all cases of constipation, and in cases of fecal impaction massage has saved more than one patient from the operating table.

So much for the large field of usefulness of massage, but, as I said before, it has definite limitations, distinct and certain contra-indications, conditions where massage would not only be dangerous, but fatal, and it is because of this fact that I take the stand that the masseur should only be the physicians' prescription.

The requisites of a good masseur are quite obvious; first, a good, strong constitution, a body well filled with good blood, brain and hands both well trained, good strong hands, well covered with cushions of muscle, and a disposition of earnestness, patience and perseverance; for honest massage is hard manual labor.

The relation of the masseur to the physician should be, as I have already stated, that of one who serves and not dictates—that of

THE PHYSICIAN'S PRESCRIPTION,

and I assure you that if you wish to give satisfaction, benefit your patient and honestly earn your money, you must depend upon the physician in charge of the case for your instructions and di-

rections; and it is also quite a comfort to be relieved of grave responsibility, and to cast the blame of any undesirable results upon the physician.

If this stand be maintained, it is productive of two important elements in the realm of therapeutics. It makes the masseur strive to be efficient, competent and skillful in his work and worthy of the confidence of the physician, and it makes the physician careful and cautious in his choice of a masseur to follow out his prescription upon his patients.

It is to be regretted that at present the majority of physicians know so little about massage, and this fact often prevents them from availing themselves of a valuable aid in their efforts to cure a patient, and prevents them also from being able to judge correctly of the services of the masseur, but I am glad to tell you that in many medical colleges today a course of massage is appearing in their curriculum, and the coming physicians will undoubtedly increase the field of massage, and will consequently raise the standard of its quality and its operators. Do not forget this fact.

"Be sure your sin will find you out," so somebody said, and you may be sure that if your hands are untutored, your brain uneducated, your preparation lacking for the performance of massage, you will make serious blunders, you will produce unfortunate results, your unworthiness will become apparent, and you will be relegated to the ranks of that vast army of which I have spoken—the fakirs. Now, I hope that this will not discourage you in making an effort to learn what little I shall be able to teach you in so short a course.

You will be able to learn how to give a general massage treatment to a patient confined to the bed or needing exercise and stimulation which they cannot take thoroughly and voluntarily. It will enable you in many cases to give sleep to your suffering patients during the long watches of the night, and will, in consequence, minimize the tension and hard work incumbent on your services.

There are five major divisions of massage:

First—Effleurage.
Second—Massage friction.
Third—Petrissage.
Fourth—Tapotement.
Fifth—Vibration.

The character and scope of these movements you can only understand by practical demonstration, which I will endeavor to give you.

EFFLEURAGE

briefly means long, even stroking of the skeletal muscles, the forward stroke to be made with the flow of the venous blood and the force of the stroke varying from the slightest touch to the full strength of the operator.

MASSAGE FRICTION

is usually performed in small rhythmical circles with the heel of the hand or the finger tips, and is used principally in mashing up the spurious blood vessels and the accumulation of inflammatory products, and also in the work about joints and the work of disintegration in sprains, infiltrations, hard swellings. It is the one great class of movements which is an assistant to the process of resorption.

PETRISSAGE

is that form of massage by which we operate upon a single muscle or a group of muscles, grasping them in the hand and lifting them away from their adjacent tissues and then pinching, rolling and kneading these muscles with the same purpose in view which we have in the foregoing movements.

TAPOTEMENT

is systematic percussion and is the deepest and most profound in its effects of all of the massage manipulations. It can be applied with a loosely clenched fist, with the ulnar edge of the extended hand, with the full palmar surface of the

hand or the finger tips, and should be administered in rhythmical, rapid blows, sometimes longitudinally, sometimes transversely to the muscles upon which we are working; sometimes administered with the fingers of one hand while the blow is made with the other hand upon the dorsal aspect of the wrist of the finger which is opposed to the part being treated.

VIBRATION

is a character of movement which we might term as a shaking or a trembling of the part under treatment, and is extremely useful in many cases of nervous affection, and also requires long practice and strong muscles to be effective.

Each one of these major divisions has many subdivisions, and just as truly as the individuality of an artist stands out in his pictures, or the individuality of a surgeon stands out in the scars of many human bodies or on the number of gravestones in some of our cemeteries, or in the smiles upon the faces of many happy people who have recovered life and health through the surgeon's skill, so the individuality of a skilled masseur stands out in his treatment of a patient and in the mental attitude of that patient toward the operator.

In closing, I wish to speak of one important, perhaps the most important field and use of massage—that of ventral kneading or abdominal massage, and all I wish to say about it at this time is that the abdomen being the seat of most of the vital organs of the body, and at the same time being most hidden from our eyes and our sense of touch, it is extremely necessary that we should be well trained before we attempt to apply any treatment to it, and I can give you no advice and no instruction which I consider more valuable than that you never touch a patient's abdomen except upon the direct orders of the physician in charge of the case, presuming that he knows the condition of his patient; that if there is any malignant condition of any of the organs in that vast area, which is incipient, and which might be developed to a fatal point by massage, he knows it—you do not. Be content to let him say that you should treat this part of the body.

From now on, I shall try to drag out of the preceding maze of words some practical illustration and demonstration for you, which by practice you may acquire in sufficiently good form so that while you confine yourselves to nursing, your value as a nurse here in the hospital during your course and in private nursing after you graduate, will be greatly enhanced both to you and to your patients. But let me advise you for the present to avoid the reading of text upon massage, which, to my sorrow, I have found confusing and misleading in the majority of cases, but I will ask you for the present to accept my experience and work and judgment, which I know is contradictory to many of those who write upon the subject of massage, and for the present be content to practice as I try to teach you, and remember that I shall always teach you, when working upon any of the skeletal muscles on the limbs and extremities—always treat that part which lies closest to the heart and prepare and pave the way for the treatment of the more distal points. To make more definite this statement, I will say that in treating the arm, we treat first the shoulder muscles, the upper arm, the fore arm, the wrist and hand and fingers, and not vice versa, as many writers of text will direct you. If this seems to puzzle you and demands explanation, talk it over with any teacher or physician who has made a study of the subject within the last five years.

Our first lesson and demonstration will be upon the arm, and will be followed as completely as our time and the conditions here will permit, by the work and demonstration of the entire body.

439 South Hope street.

TYPHOID FEVER—FIVE DIVISIONS OF TREATMENT.*

BY D. C. STRONG, M. D., REDLANDS, CAL.

Although typhoid fever is a rare disease in Southern California as compared with its frequency in the east and middle west, it occurs here often enough to be of interest to the medical profession as well as to the laity. Typhoid fever has been a source of terror to mankind for centuries, though a great deal has been done within the past few decades to eradicate the disease; through scientific methods of prevention and treatment the loss of life from it has greatly decreased, still there is but small likelihood of it being entirely suppressed. Yet this should be our aim, and if we cannot attain perfection, let us try to come as near it as is possible.

For the purpose of consideration we shall divide the treatment of typhoid fever into five divisions, which are as follows:

First: Prophylaxis and general measures. Second: Diet. Third: Hydrotherapy. Fourth: Medicinal treatment, and, fifth, treatment of complications.

We will consider them in the order in which I have mentioned them.

Prophylaxis: This subject naturally divides itself into two separate headings, which we may term general and special prophylaxis. The first is a subject that rests with our law makers, city council and boards of health. The second, or special measure of prophylaxis, rests with us, as physicians, and those who care for our individual patients.

The great epidemics of the disease which have recently visited Ithaca, N. Y., and Butler, Pa., only serve to show how elementary and imperfect our sanitary measures are in many places. Many houses and communities are so situated that even though a case of typhoid in a given place be properly cared for, by physicians and nurses, there is yet a great danger of spreading the disease.

It should be the duty of our law makers and boards of health to remedy such conditions. It may incur some expense, but the results would be worth the cost.

Under the heading of "Special Prophylaxis," we shall consider our duties as individual physicians. If our patient be of the ambulatory type we should confine him at once, instruct him and his attendant of the necessity of care in preventing any further spread of the disease, disinfect every particle of secretion or excretion that comes from the patient with bichloride, formaldehyde, or carbolic acid. Disinfect all linen in a similar manner. Also the dishes that patient uses, and disinfect at once. Keep, so far as possible, all flies from the room, as the little insect has proven absolutely to be frequently the carrier of the disease. The fact was demonstrated by Vaughn of Ann Arbor during our Spanish-American war. Instruct the nurse to wash her hands in bichloride or other antiseptic after handling the patient; also do this yourself.

The patient should be in a light, well-ventilated room. A room with only the necessary furniture. Maintain the distinction between night and day by keeping shades drawn at night and up during the day. If patient is kept in a dark or poorly-lighted room it seems to induce delirium.

Diet: This is a very important factor in the treatment of this disease. The diet should be liquid, milk in some form, either sweet milk or buttermilk. Often if milk is distasteful to a patient, the addition of seltzer or other carbonated water will overcome the difficulty. Then broth, soup from which all solid matter has been removed; vegetable broths are preferable to those made from meats, as the latter are always an excellent cul-

*Read before the Redlands Medical Society.

[illegible] Dry [illegible] are objectionable for the same reason. Liquid [illegible] and peptonoids and some other like preparations are admissible, but are sometimes objectionable on account of the alcohol contained therein. Lavage is sometimes advisable. Ice cream is admissible, cocoa may be given without harm and sometimes acts very [illegible]; tea and coffee should be prohibited; free drinking of water, either plain or carbonated, should be encouraged, it tends to prevent constipation and acts as a diuretic, thus rendering [illegible] less liable.

Hydrotherapy: The proper use of water externally is a great aid to successful treatment of this disease. It is only within recent years that the value of the cold bath has been fully established and its use become general. It has been employed in numerous ways for a good many years, but it is only within the past few years that its rational and systematic use has become general. Some writers advocate the use of the full ice bath, but personally I do not favor that method. That its results are good I do not deny, but other methods are so much more pleasing to the patients, and though these methods possibly require more frequent administration than does the full ice bath, they are just as successful in their results.

Cold water in some form should be used every time the temperature goes above 102½°; there are a number of good methods of applying the water successfully and pleasantly. The cold pack and the cold sponge are the two most often employed, and of these I prefer the cold sponge, especially later in the disease when hemorrhage and perforation are doubtful, as this method requires the least amount of moving on the part of the patient. Early in the course of the disease if the cold sponge does not bring down the temperature, then the cold pack may be used. It is best given in the following manner: Place the patient wrapped in a sheet on an ordinary canvas cot, elevate the head of the cot slightly so as to cause the water to drain out at the foot, cover the patient with another sheet, and apply the water by sprinkling; gradually reduce the temperature of the water until the desired degree of coldness is reached; in this way the bed may be kept perfectly clean and dry. Late in the course of the disease the cold sponge should be used to the exclusion of all other methods, as they, no matter how skillfully applied, necessitate too much moving of the patient, which may induce hemorrhage or perforation. The bath not only effects temperature, but all the functions are effected.

Delirium is quieted, the action of the kidneys is stimulated, nervous manifestations are quieted. Ice applied in a bag over the right lower quadrant of the abdomen will aid in reducing temperature. Care should be taken that the bag is not too heavy. Ice water enemas are sometimes quite successful in reducing temperature when other methods fail.

Medical Treatment: Nearly every drug in the materia medica has at one time or other been used and recommended in the treatment of this disease. Drugs in typhoid fever are given to meet three indications: First, to render aseptic the contents of the intestinal tract; second, for stimulation, and; third, to meet special indications.

Of the intestinal antiseptics salol is a favorite with many, and is used with varying degrees of success. The volatile oils, of which oil of turpentine is perhaps the best, are of great value as antiseptics, and also relieve and prevent tympanitis. Calomel serves a twofold purpose, that of an antiseptic and evacuant. Hydronaphthol in suspension in olive oil makes a good intestinal antiseptic, but is very unpleasant to the taste. Of all the intestinal antiseptics in use at the present time I prefer acetozone. Temperature is reduced under its use and is

reduced without harm to the patient. In any reasonable amounts the drug is harmless. It can be given in sufficient quantities to really render the contents of the intestinal tract aseptic. I use it in strengths varying from 10 to 40 grains to the quart of distilled water. To this I add some flavoring extract which may be pleasant to the patient. Of this mixture I give one to four drams as often as every two to four hours.

For stimulation I generally begin every case on strychnine 1-100 of a grain, and increase it as the necessity demands. Digitalin, nitroglycerine, may be given when occasion demands. Whiskey may be given, but with me it has a very small place.

Any special indications for other drugs should be met by their use unless there is some strong contra indication. The coal tar products should not be used in any form, as they tend to hemorrhage. In the case of hemorrhage push opium, in some form, to the limit. Lead and opium anemas may be given. Calcium chloride is also an excellent remedy in case of hemorrhage. It should be given in full doses suspended in gelatine. It may be given by mouth or by enema.

Any sign of suppression of urine should be met by copious use of water internally and externally. Of the drugs that are of the most service in a beginning nephritis, potassium citrate is perhaps the best. Here allow me to say that it is always a good plan to keep an accurate record of the amount of urine passed at each urination and to have the total amount in each twenty-four hours indicated in plain figures on the history sheet. In this way, and this way only, can a nephritis be detected as soon as it begins.

After a patient begins to be up and about it is advisable to give five grains of urotropen or other good urinary antiseptic for two or three weeks. In this way we destroy a very potent source of further spread of the disease.

Complications: A volume might be written on each and every complication which occurs in this disease. I shall only briefly mention two of them—hemorrhage and perforation.

Hemorrhage—Prophylactic measures: Don't use coal tar products under any circumstance. Don't allow the patient to get out of bed for any purpose. If patient is lifted for any purpose, don't allow the knees to be flexed on the abdomen. Keep him as quiet in bed as possible. Pay strict attention to the diet. Keep the bowels regular. If hemorrhage does occur, push opium to the limit and use calcium chloride in full doses.

Perforation: The same prophylactic measures as for hemorrhage should be observed. If perforation occurs, operate at once. My experience in perforation is limited to three cases. Of these, two were not operated and died. One, which I operated six hours after the occurrence of the perforation, made a complete recovery. Practically every case in which perforation occurs, and an operation is not done within a few hours, dies of general peritonitis. In many cases, if operation is done promptly the life of the patient may be saved.

DRUG ADDICTIONS.

Albert Stearne, Indianapolis (*Journal A. M. A.*, February 25), holds that drug addictions have for their pathologic basis a general systemic hyperacidity together with minute structural changes in the nervous system and probably also of the vascular walls. He sees no difference in this respect between the pathology of alcoholic and that of opium addictions. Heredity influences and faulty conditions—physical, mental and moral—while they play an important part in the development of these habits, are not to be considered as essential features in the true pathology of the condition.

A STUDY OF THE UNCONSCIOUS MIND UNDER STRESS OF BODILY DISEASE.*

BY ROSS MOORE, A.B., M.D., CLINICAL ASSISTANT IN NEUROLOGY, COLLEGE OF MEDICINE, UNIVERSITY OF SOUTHERN CALIFORNIA.

When we begin our study of medicine, we believe that the sum of medical knowledge is first to know the names of all the bones and muscles in the body, and, second, to decide what disease is afflicting our patient, feeling sure that the name of the disease will suggest the prescription to cure it. Practice is to be all plain sailing, because we are sure we can remember at least one combination of drugs necessary for every disease. The process of disenchantment begins early in the first course, and its progress is rapid and ruthless. We lose heart when Osler tells us, from the pages of his "Practice," that *this* disease had only symptomatic treatment, and this other one is incurable. We grope in therapeutic darkness for a time, giving doses as per "Practice of Medicine and Pocket Formularies," until gradually the light begins to dawn, and we see our work in a truer perspective. In my own experience at this time, there began to be manifest a feeling that, with all this new grasp of the art of practice, I was not succeeding in understanding many things which occurred in my work. There seemed to be a factor in disease which I had not yet discovered. This conviction has grown upon me from year to year, and has finally taken definite shape. I want to present today, in a very imperfect way, a proof of the influence of the unconscious mind in disease.

At the very outset of this study, I desire to state that very little, or none, of the following is purely original, except the arrangement. Much material has been taken from the works of various psychologists and students of mental phenomena. Alfred T. Schofield's little book on the "Force of Mind," has been used perhaps more freely than any other one work.

The progress of the art of "healing" the sick, like the progress of civilization, has not been in a straightforward line, but rather like the building of an old-fashioned worm fence, full of zigzags and tangents to the true course. From the beginning of enlightenment, men, out of love for family or pity for human suffering, have tried to cure disease. And they have been always conscientious. The aim was high, the ideal good, but the means too limited. Healing has been attempted by witch and professor and barber; pure science has tried; gross ignorance has been allowed to prescribe and kill when science failed; thinking men at last gave up attempting what seemed to be the impossible search for cures for disease whose causes were not known, and invoked pure philosophy to solve the dilemmas. The great masters of medicine of fifty and one hundred years ago were philosophers. Their reasoning was clear-cut and precise, making most of our modern attempts seem puny; but they swung too far toward philosophy. Afterward came bacteriology, physical diagnosis and the new pathology, and today we have swung too far to the other extreme. We are so taken up with the research for visible signs of disease made evident by our methods of precision that we are in grave danger of losing sight of the mental element. We forget the man for the patient. We see individuality only in an unusual chest or abdomen; we see color and texture of skin without always seeing the character behind the face.

*Read at the thirty-fourth semi-annual session Southern California Medical Association, Pomona, Dec. 8, 1904.

Man is a unity. A man in perfect health is a smoothly-working piece of mechanism. Every bodily function is distinctly aimed at increasing the efficiency of the man. There is no friction, no lost motion. Absorption begins where digestion leaves off; assimilation does its full part; the man lives without being conscious of it. This unity of the body in its diverse actions is proof positive of a central control just as the efficiency of an army proves that one strong leader directs it. I need not bring forth data to prove to you that the central controlling power of the body is not the *conscious* mind. It is an almost axiomatic truth, that we cannot will our food digested. To quote Schofield, "The circulation and heart form an organic entity carrying on under some diligent supervision (the unconscious mind,) purposive and ever varying action for the good of the body as an organic unity, as well as subordinately for itself, as a part of the unity.

"The calibers of the arterioles and capillaries are ever changing throughout their countless miles, and the beat of the heart alters incessantly. To call all this action of the vasomotor and pneumogastric and other nerves merely reflex, in the sense that governor balls flying around regulate the speed of an engine, in proportion to its work, is inadequate and inexact. We doubt not that much may be of this character; but the circumstances in which the body is placed are constantly unique, novel and unanticipated, and of a nature that no mere mechanical arrangements could meet, and, we may add, no mechanical automaton survive."

We arrive at the very natural conclusion, from the above quotation, that, since the consciousness plainly does not control the body functions, and since no automatic governor would be sufficient to do so, there must be within us a central controlling power (the unconscious mind,) which carries on the various normal body functions and meets all physiological emergencies intelligently.

This thing, which we have called the unconscious mind, is capable of harming a man as well as serving him; a fact which is recognized by many good students.

Dr. Lockhart Robertson says: "All engaged in the practice of the healing art must learn to search out and understand the mental and moral, as well as the material causes of disease."

Sir J. Crichton Browne: "Medical psychology belongs to our whole medical profession. The general practitioner cannot ignore it."

De Fleury, in *Mind and Medicine*: "The modern doctor must understand the pathology and hygiene of the intellect. There can be no doubt that fields of psycho-physiology, pyscho-pathology and psycho-therapeutics are yet almost untouched."

Laycock: "The most eminent and successful physicians have all been psychologists; for a knowledge of practical science of mind is fundamentally necessary to the practice of medicine.'

Hack Tuke: "I want medical men who are in active practice to utilize this force. To yoke it to the car of the son of Apollo, and, rescuing it from the eccentric orbits of quackery, force it to tread with measured steps the orderly paths of legitimate medicine."

I am convinced that this unconscious mind plays a larger part in the etiology and course of many diseases than seems probable at first glance.

Schofield gives an extended account of a most remarkable case of reversed peristalsis, to prove the assertion that mind can be a definite factor in etiology. There came under his care at one time a woman much emaciated, and in a most pitiable condition, who was afflicted with a long-standing case of fecal vomiting. Castor oil injected into the rectum was

vomited to fifteen minutes. She had had repeated laparotomies in an attempt to discover the cause; all abdominal organs were each time found normal. A careful study of the case convinced Schofield that there was no physical cause, so-called, but that the symptoms were due to the evil effects of a diseased subconsciousness. Appropriate treatment proved him to be right. The woman recovered completely in a few weeks.

Dr. Bernard of Los Angeles, in an article on "Traumatic Neurosis," reports a case of hysterical joint, which is also a good example of the pathological influence of the unconscious mind. A young woman wrenched her knee while playing; it was entirely recovered in six weeks, but a return of pain and soreness recurred in ten months, which lasted for some weeks. In a year the knee was entirely well again, but she had for some little time complained of a "peculiar sensation" in the hip of the same side. She said it was not a pain. Two years after she fell on both knees, and, although not hurt much, she *feared* lest the fall might have injured her hip. It did. She became quite lame, and now uses a cane; but it is noticeable that only the slightest touch on the cane is necessary. Dr. Bernard made very careful examination and found no pain, no restriction of mobility, no disturbance of sensation, electrical reactions or muscular condition. She is anxious to get well, does not want to use a cane, and does not desire to excite sympathy. Here we eliminate all evident physical cause of the trouble and find the conscious mind desirous of recovery. She has a hysterical joint, which is due to nothing else but the faulty action of that part of her mind over which she has no control.

These two cases are very instructive. We see in the reversed peristalsis of the first case the result of the influence of the unconscious mind on functions not under the control of the thinking mind of the patient. And in the second case the act of walking is interfered with—an act which is most completely under volitional control; yet, in neither case was there physical basis for the symptoms, as attested by authorities we all respect. These are marked cases.

It is my contention that this same factor which appears so distinctly in the above examples is present in a greater or less degree in all disease. It is a factor which medicine, as such, cannot reach. It is a factor which often turns the scale for or against the sick one when life hangs in the balance. It is at the same time the omnipresent factor, and the one least appreciated and generally least carefully studied.

I quote from Clouston, from an address before the Royal Medical Society in 1896. He says: "I would desire this evening to lay down and to enforce a principle that is, I think, not sufficiently, and often not at all, considered in practical medicine and surgery. It is founded on a physiological basis, and is of the highest practical importance. The principle is that the brain cortex, and especially the mental cortex, has such a position in the economy that it has to be reckoned with, more or less, as a factor for good or evil, in all diseases of every organ, in all operations and in all injuries. Physiologically, the cortex is the great regulator of all functions; the ever active controller of every organ, and the ultimate court of appeal in every organic disturbance. We all know that every organ and every function are represented in the cortex, and are so represented that they all may be brought into the right relationship and harmony with each other, and so that they may all be converted into a vital unity through it. Life and mind are the two factors of that organic unity that constitute a real animal organism. The mental cortex of man is the apex of the evolutionary pyramid, whose base is composed of the swarming myriads of bacilli and other mono-cellular germs, which we

now see to be almost all-pervading in nature. It seems as if it had been the teleological aim of all evolution from the beginning. In it every other organ and function find their organic end. In histological structure—so far as we yet know this—it far exceeds all other organs in complexity. When we fully know the structure of each neuron, with its hundreds of fibres and its thousands of dendrites, and the relation of one neuron to another, when we can demonstrate the cortical apparatus for universal intercommunication of nervous energy, with its absolute solidarity, its partial localization, and its wondrous arrangements for mind, motion, sensibility, nutrition, repair and drainage—when we fully know all this, there will be no further question of the domination of the brain cortex in the organic hierarchy, nor of the supreme importance in disease."

One might well loose his mind in this most fertile field of speculation.

It has been my hope to show by this paper that there is a great, quiet power within our patients—within us, capable of being used for good or evil in our work. It is the intangible something which so often puts a barrier between physician and patient or patients' friends.

As I have said before, it is entirely beyond the power of medicine as such. It is not hysteria, or a neurosis; it is not mechanical action; it is not automatism; it is something which in pathological conditions must be met on its own ground, and be fought with weapons of its own kind. It is an omnipresent factor in disease. I believe it is the only factor common to all disease.

Our work as physicians is almost entirely confined to assisting nature to heal herself. Nature's greatest strength lies in the vital resistance of the body, but her chief assistant—her willing handmaiden in restoring health—is the mind—The Unconscious Mind.

"Our best have owned the rare dramatic power
Which gives to sympathy its lifting hour;
Go learn of them, the Masters of our Art,
To trust that wise consultant called the heart.
There are among us those who happy please
To think our business is to treat disease.
And all unknowing, lack this lesson still,
'Tis not the body, but the man is ill."

Conservative Life Building.

SELECTED.

DEPARTMENT OF SURGERY.

CONDUCTED BY ANDREW STEWART LOBINGIER, A.B., M.D.

(Concluded.)

ULCER OF THE STOMACH AND DUODENUM. — (Howard.) Of seventy cases, a mass was present in 20 per cent. and resistance in 14.2 per cent. The mass was in the right hypochondrium in 6.10 per cent., in the epigastrium (29 per cent.), the greater curvature (14 per cent.), in the pylorus (14 per cent.), in the left hypochondrium (7 per cent.) The presence of a mass is often misleading, but the possibility of such, while not so frequent as in carcinoma, should always be kept in mind. In Osler and McCrae's series of cases it was noted in 7[illegible] per cent. about three and a half times more frequent than in this series. Reinhard reported sixteen cases with tumor, in which simple ulcer was found at autopsy. The Mayos have seen at operation six cases with tumor due to thickening about a chronic ulcer. Monihan in 100 gastroenterostomies for

ulcer found ten cases with tumor, two of which were thought to be malignant until the exploratory operation and subsequent course pointed to their benign nature.

Gerhardt has described four conditions in which mass may be present in a simple ulcer, viz: 1. The thickened base and hard margin of the ulcer itself. 2. The functional hypertrophy of the musculature. 3. Localized exudate or abscess from perforation. 4. Adhesions from neighboring organs. There were three examples of the latter in this series. Osler reported in detail a case on account of a "prominent tumor in the pylorus" which relaxes and contracts, and appears and disappears beneath the skin, due to the "hypertrophied pyloric musculature."

Dilation of the stomach was present in 34.6 per cent. of 52 cases. In the remaining thirty cases nothing was mentioned; it was marked in seven, moderate in five, slight in two, and not specified in four. In a cancer series it was present in forty-two out of 150 cases. Broadbent believes that extreme dilation from carcinoma is rare; Osler and McCrae refute this, since they found a much larger number of cases of dilation of the stomach due to malignant disease than any other single cause. Howard's figures place simple ulcer as a cause of gastrectasis next in frequency to malignant ulcer. Dilation when ulcer is present signifies pyloric obstruction either directly from the ulcer or from the scar, or perigastric adhesions, or indirectly from contraction, or spasm of the pylorus from mechanical irritation. The extent of dilation was determined by the tartaric acid and soda bicarbonate method without any harmful results.

Gastric Analysis. Howard believes the value of the analysis of the gastric juice is much exaggerated. He agrees with Mayo that the hydrochloric acid determination is the only one of value and insists that too much importance cannot be attached to it. The Ewald-Boas breakfast is the one in vogue at Johns Hopkins, as elsewhere in America. He thinks English prejudice against the stomach tube in ulcer is unfounded. Test breakfasts were given in all cases, except those of recent hemorrhage. Howard calls attention to the fact that in many cases Reichman's disease, where hypersecretion exists to an extreme degree, has been recently shown to be due to old cicatricial stenosis of the pylorus or duodenum.

Tests for hydrochloric acid were made qualitatively by Gunzburg's reagent, and it was found present in 82 per cent., absent in only 18 per cent.; there was hyperchlorhydria in only 17.6 per cent.; the quantity of HCl, was within normal limits in 26.4 per cent.; there was hypochlorhydria in 26.4 per cent.; in one case the free HCl was normal, and below normal on the next examination. This is in marked contrast with the results obtained in the cancer series where free HCl, was absent in 92 per cent. Howard's figures do not correspond to the generally accepted statement; he believes that hyperchlorhydria is present in 75 to 80 per cent. of cases. He cites Reigel and Mayo's experience, which are contrary to his own, and quotes Mayo as saying "that two facts are prominent: first, that 75 per cent. of gastric ulcer lie in the grinding apparatus of the pyloric end, and, second, that sometime in the history of gastric ulcer, and in the majority of cases at all times, there is a relative increase in the secretion of HCl, and, whether cause or effect, this excess is a most important etiological factor."

Howard's experience does not bear this out, nor have Ewald, Gerhardt or Drechsfeld found such to be the case.

Lactic acid was tested for in forty-eight of the cases, found present in six, doubtful in three, negative in thirty-four; in these nine cases there was dilation of the stomach in four, subacidity

without evident dilation in two, and neither dilation nor subacidity in three. In every case Uffelmann's reagent was used. Howard gives a detailed analysis of these cases, which cannot be reviewed here.

Alterations in the blood are those seen in any secondary anemia and are of little value from a diagnostic point of view.

Complications. Howard first mentions pyloric obstruction. There were five cases out of seventy-six with definite pyloric obstruction; there was one doubtful case; four of these were confirmed at autopsy; there were two cases of duodenal stenosis, both of which were confirmed at autopsy or operation; there were eight cases of obstruction from ulcer or its scar; there were ten cases additional from which the stomach was dilated, but no definite obstructions to the pylorus was thought to exist. At autopsy the stomach was dilated in five of these.

Death from hemorrhage occurred in seven of these, one of which was a duodenal ulcer; four were males, and three were females. That is, there was fatal hemorrhage from gastric ulcer from four out of forty-three males (8.3 per cent.) and two out of twenty-eight women (7.1 per cent.), the third case above mentioned having been one of duodenal ulcer. These figures bear out the usual statement that hemorrhage is more frequent in men than in women. In all of the seven cases the bleeding point was found at autopsy. Opinion as to the frequency of fatal hemorrhage is at great variance. Mayo Robson says it is a serious and common accident in 7 per cent. Byrom Bramwell, in his controversy with Robson on this point, stated that he had only two cases in his hospital or private practice in a series of 127, 1.57 per cent. Welch says it is the cause of death in from 3 to 5 per cent.; other authorities are quoted: Muler gives 11 per cent., Rodman 8 per cent., Steiner 6.3 per cent., Brinton and Debove 5 per cent., Drechsteld, 3.5 per cent.; Lebert, 3 per cent., Schulz, 1.7 per cent. Robson states that "capillary hemorrhage may be so free as to simulate the rupture of a large vessel, yet after death a careful examination may fail to discover any gross vascular lesion."

Dieulafoy has pointed out that severe hemorrhage may occur as the result of a "pore-like erosion" of the wall of one of the large branches of the gastric arteries without any marked ulceration of the surrounding membrane, or at least of so slight a degree that at autopsy the lesion may be overlooked.

Hemorrhage may be capillary, venous, or arterial; the latter is most common, and depends upon the fact that the ulcer makes a lateral opening in the vessel, which prevents natural hematemesis by the retraction and character of the artery.

As to the percentage of deaths from gastric ulcer due to hemorrhage, Bramwell gives 0.3 per cent.; Fenwick 16 per cent.; Codui 20 per cent., and Welch 27 per cent. Howard reports in his series 29.2.

Perforation. (a) With general peritonitis perforation occurred in this series in one case out of eighty-two, 1.2 per cent.; (b) local peritonitis there were two cases, or three cases of perforation in all, 3.6 per cent., and of this number there were three deaths, 12.4 per cent. There were no cases of perforation of duodenal ulcer. Howard quotes Greenough and Josslyn of Boston as finding perforation in 3.2 per cent., and believes that "pathological statistics exaggerate the frequency of perforation." Lebert found 3.5 per cent. out of 252 cases; Fenwick found 5.5 per cent. out of 265 cases; Brunner in eighty-six duodenal and 380 gastric ulcers analyzed, covering a period of between 1893 to 1903, found 2 to 4 per cent., and found perforation more common in gastric ulcer in Eng-

land and in duodenal ulcer in America.

There was one instance only of perforation while the patient was at rest in bed under medical treatment; in another case it followed gastroenterostomy. Ulcer, though possible in any situation, is more frequent in the anterior wall near the pylorus and lesser curvature of the stomach or in the anterior wall of the upper horizontal portion of the duodenum. In 7.5 per cent. of gastric and 20 per cent. of duodenal ulcer, perforation occurs without a previous history of ulcer. Brunner thinks the site of pain is localized to the left of the median line in gastric and to the right in duodenal ulcer; furthermore, that the area of tenderness in duodenal ulcer is not in the locality of the pain, but in the right iliac fossa.

Recovery from acute general peritonitis following perforation of a gastric ulcer may occur spontaneously. There are eight examples in literature.

Tetany. Tetany was found in one case only of Howard's series; the patient gave a history of "cramps" in the legs for one year, very severe in character; when severe, tetany usually terminates fatally. Thus Hochnard reported ten deaths in eleven cases and Albu thirty-one out of forty.

Ulcus Carcinomatosum. There are three cases in the series in which cancer was supposed to have developed on a preexisting ulcer. Howard regards two of these very doubtfully, and Osler himself classed them as merely cancer. Out of 82 cases only three may be found in which malignancy was supposed to have begun in a chronic ulcer. Fenwick found two out of 89 cases, 2.2 per cent.; contrary to the belief of many like Riegel and Zenker, Lebert and Graham, who believe carcinoma to originate very frequently in ulcer, Howard takes the view of Moynihan, that it is much less frequent than has hitherto been supposed.

Duration and Course. The chronicity of the disease is well recognized, the time limit being from three to five years, the average in this series being 4.1 years; one case lasted 20 years; Habershon reports a case of 46 years, and Brinton one of 35 years duration. Lebert found ulcer to be latent in 15 per cent.; of less than one year's duration, 18 per cent.; one to six years duration, 46.5 per cent.; six to 20 years duration, 18 per cent.; 20 to 25 years duration, 2.5 per cent.

Treatment: Medical. This consisted in absolute rest three to six weeks. The stomach was given complete rest by rectal feeding for a period of five days to two weeks, or partial rest with a diet of thin soups, whey, etc.

Fournier insists upon rectal alimentation for two weeks or even one month. Hyperacidity is counteracted by large doses of carbonate of magnesia, and occasionally by gastric lavage. The latter was used in only a few cases, but with marked benefit.

Surgical treatment. Howard quotes the indications for surgical treatment as laid down by Mayo Robson, viz.: (1.) Perforation. (2.) Perigastric adhesions, as pyloric obstruction, or hour-glass stomach. (3.) Ulcer, intractable to prolonged medical treatment. (4.) Recurring and profuse haematemesis. (5.) Certain cases of acute haematemesis. Howard considers these various indications.

Perforation. All are agreed on the advisability of immediate operation for this fatal complication. Weir and Foote in 1896 gave the mortality in perforation of cases treated surgically as 71.5 per cent.; four years later Tinker found it had dropped to 42.6 per cent., and in those operated within twenty-four hours the mortality was only 25 per cent. Mayo Robson in the same year out of 429 cases found the mortality to be 35 per cent.; Brunner in 1903 gave the mortality as 48 per cent. in gastric and 80 per cent. in duodenal. The mortality

is decreasing in direct ratio to the promptness with which these cases are diagnosed by the internist and handed over to the surgeon.

Hemorrhage. Moynihan divides the cases into different classes. (1.) Acute ulcer, in which operation is not indicated except in a few cases where hemorrhage is both copious and recurrent. (2.) Chronic ulcer, where operation is indicated in (a) a group of cases where bleeding is copious and transient, and (b) frequent recurring hemorrhage, which is now and then profuse.

The author quotes Rodman, Robson and Moynihan in an attempt to show that in only a small number of cases is surgical intervention necessary. Those most familiar with the writings of these authors can only marvel that their teachings and statistics should be so warped as to be applied in opposition to, rather than in favor of, surgical intervention in chronic gastric and duodenal ulcer. Even in the light of Mayo's work and that of Robson and Paterson and Moynihan, the latter of whom had the surprisingly low per cent. of mortality of 2 in 100, the author is inclined to give substantially equal credit for the result obtained from medical treatment.

Out of 82 cases treated in Johns Hopkins Hospital, 24 died, 29.3 per cent.; 14 were well, 17.1; 39 were improved, 47.6 per cent.; and three were unimproved, 3.6 per cent.; two were not treated, 2.4 per cent. The large amount of deaths is astonishing, 29.3 per cent.

Howard explains this on the ground that eleven of them were not treated for ulcer, but died from some intercurrent affection, the ulcer being recognized at the autopsy.

The mortality of the 69 cases treated was 13 or 18.8 per cent.; of 58 cases that left the hospital during the last 15 years, replies to a letter of inquiry were received from 26 patients. The after result of 26 patients for an average period of five years has been given above.

Howard concludes as follows:

Conclusions. (1.) Gastric ulcer is rarer in the Johns Hopkins Hospital, as compared with cancer, the respective incidences being one to 225 and 1 to 56 general admissions. (2.) Gastric ulcer in this series was as common in the men as in women. In men the percentage of greatest frequency was between the ages of 40 and 50—a decade later than usual. (3.) Ulcer was in this series relatively more frequent in the colored race and among Germans. (4.) Vomiting occurred in 85.3 per cent.; pain in 82.9 per cent., and haematemesis in 75.6 per cent. (5.) Great loss of weight may be present; thus, in 36 cases there was a loss of more than ten pounds, and in 9, of forty pounds or more. (6.) These statistics would indicate that hyperchlorhydria is not so constant as usually maintained; it was present in only 17.6 per cent. of the cases reviewed. (7.) The blood picture is one of chloranaemia, as seen from the average count (haemoglobin, 58 per cent.; red blood corpuscles, 4,071,000; white blood corpuscles, 7500 per c.m. (8.) Hemorrhage was the cause of death in 8.5 per cent. of the total number of cases, and in 29.5 per cent. of the fatal cases. (9.) Perforation is rare (3 cases, or 3.6 per cent. of this series.) General peritonitis occurred in but one instance (1.2 per cent.) (10.) *Ulcus carcinomatosum* is rare—at least 4.8 per cent. of this series. (11.) Operation is indicated in all cases with perforation or perigastric adhesions, and in cases of copious or recurring hemorrhage, when medical means have failed after a fair trial. (12) The mortality of the series was 29.3 per cent.; in the cases, however, who received treatment, there was a mortality of only 18.8 per cent.; in those receiving medical treatment alone, 8.6 per cent.

DEPARTMENT OF TUBERCULOSIS.

CONDUCTED BY F. M. POTTENGER, PH.M., M.D.

THE NATIONAL ASSOCIATION FOR THE STUDY AND PREVENTION OF TUBERCULOSIS.—The first annual meeting of the National Association for the Study and Prevention of Tuberculosis will be held at Washington, D. C., on the 18th and 19th of May of this year. This organization is one worthy of the support of every man in our profession. It stands for the scientific solution of the tuberculosis problem. The organization commands the best thought along this line in our profession, and we confidently believe that the United States now stands ready to do her part in this world movement for the eradication of tuberculosis. It is hoped that California will send a good delegation to this meeting and also that the profession will join the association and help along this great humanitarian movement.

FIRST ANNUAL REPORT OF THE HENRY PHIPPS INSTITUTE FOR THE STUDY, TREATMENT AND PREVENTION OF TUBERCULOSIS.—This report gives an account of the founding of this institution, and also an account of the work done during the past year. There is no reason why this should not become a great institution and a center for the study and prevention of tuberculosis throughout the western hemisphere. The medical profession will look with eagerness to the publication of the annual report. It is frequently stated that mitral regurgitation or mitral stenosis by causing a passive congestion in the lung favor healing of tuberculosis, and that individuals suffering from these heart lesions are rarely affected by tuberculosis. Of the 2039 patients treated at the institute (both hospital and dispensary) circulatory complications were present as follows: Aortic stenosis, 7; Aortic regurgitation, 3; Mitral stenosis, 25; Mitral regurgitation, 46; Dilated right heart, 28; Arteriosclerosis, 27, and accentuated second sound, 434. Thus mitral regurgitation and stenosis were found in 71 of the 2039 cases, or 3½ per cent. When the material of this institute has been carefully analyzed for several years we will have statistics of great value on these various points.

A DIRECTORY OF INSTITUTIONS AND SOCIETIES DEALING WITH TUBERCULOSIS IN THE UNITED STATES AND CANADA.—This Directory has been compiled by Miss Lilian Brandt, the able statistician of the Tuberculosis Committee of the New York Charity Organization Society. It is the second book put out by this committee and is the first complete directory of the agencies which are arrayed against the "Great White Plague" in the western world.

It is a very handy reference volume for those who are interested in the prevention and treatment of tuberculosis. This volume reveals the startling fact that while there are in the United States about one hundred and fifty thousand persons dying annually of tuberculosis, there are only sanatorium accommodations for 8306, and in California, where 3500 people die annually from this disease, there are only sanatorium accommodations for 258.

In the United States there are 33 associations for the prevention of tuberculosis. Two of these are in California. We are glad that our State is making a beginning, and we trust that she may always be found in the front ranks in the prevention of this disease. This and the Handbook of Tuberculosis issued by the same society are valuable refer-

ence books for the physicians' library. They can be had bound in cloth at one dollar apiece.

BLOOD-SPITTING IN ITS RELATION TO DIAGNOSIS OF PULMONARY TUBERCULOSIS. — Hemoptysis is a very frequent accompaniment of pulmonary tuberculosis, and when we consider the nature of the disease, that it is accompanied by destruction of tissue and cavity formation in the lung substance, which is rich in blood vessels, it is the greater wonder that it does not occur oftener, and that all individuals suffering from pulmonary tuberculosis do not die of it.

As an indication of early tuberculosis, the value of hemoptysis is but poorly appreciated by the medical profession. Physicians must remember that tuberculosis is not the long-considered hopeless disease. It is a curable disease and its curability depends very largely upon the earliness with which it is recognized. Every sign and every symptom, then, which will aid in making a diagnosis should be eagerly grasped. Hemoptysis, in a certain number of cases, is the first symptom of tuberculosis which becomes manifest, and as such should give the individual an excellent opportunity to get well of his disease.

The common method of disregarding blood-spitting, pushing it aside as coming from the nose or throat, assuring the patient that nothing is the matter, is to be deplored, for it takes away the chance of cure in many, many cases. We, as physicians, enjoy the confidence of our patients. They look to us for guidance in matters of health. They place their lives in our hands and we should be worthy of this confidence. Let us not deceive them. It is sweet comfort to the troubled mind of the person who has suffered from hemoptysis to assure him, even though falsely, that nothing is the matter; only a throat hemorrhage; but it is a comfort that will lead to agony infinitely greater. On all phases of the tuberculosis problem, physicians should be frank with their patients, and nowhere is frankness more necessary, as far as the life of the patient is concerned, than in early diagnosis. *Every instance of blood-spitting should be considered as tuberculosis, unless proven otherwise.*

It is not always an easy matter to locate the site of these incipient hemorrhages. It is no disgrace not to be able to do so, but it is an everlasting disgrace to the medical profession and a crime against the credulity of our patients to inform those suffering from hemoptysis that the bleeding is of no consequence, simply from the throat or nose. Every instance of blood-spitting should be carefully investigated and it should not be designated as "simple" until tuberculosis has been positively ruled out.

TREATMENT OF HEMOPTYSIS.—Much has been written upon the treatment of hemoptysis, but most of the articles appearing upon this subject are simply reiterations of former writings, recommending a long list of drugs which are supposed to stop the bleeding vessel. The entire matter seems but poorly understood. The causes of the bleeding and the measures for its stoppage seem but poorly appreciated. There are two kinds of hemorrhages in tuberculosis; one due to congestion; the other to an opening in the vessel wall. The former is of little danger to the patient, but a great menace to his peace of mind; the latter threatens both. It is important for all practitioners to appreciate the cause of the bleeding and understand the rationale of its stoppage.

The common method of treating pulmonary hemorrhage is unscientific and in many instances harmful. There is no excuse for the employment of ergot or the various preparations of the suprarenal gland at such times; on the contrary, they are contraindicated. The

therapist should bear in mind the conditions present, and have a definite aim in view. Considering that form of hemorrhage due to an opening in one of the vessels, the condition may be likened to a system of elastic tubes connected to a pump, the entire system being filled with fluid. Somewhere in the tubing there is an opening. If the normal tension of the fluid be maintained, or if it be increased, the conditions forming leakage will obtain. If, on the other hand, the tension be diminished, a stoppage in the leakage would be favored. The same identical thing is true in hemorrhage and the indications are to lower blood pressure. Both ergot and suprarenal preparations must be discarded, then, for they increase blood pressure. The rationale of the employment of ergot in uterine hemorrhage is quite different. Here it checks hemorrhage because it acts by stimulating the muscles of the uterus so that they compress the bleeding vessels, and overcome the danger which would otherwise result from the increased blood pressure. Exertion and fright both increase blood pressure and favor bleeding, hence rest and sedatives such as morphia are of value. Nitroglycerin is valuable because of its action in dilating blood vessels and lowering pressure. The stringents do not offer any ground for the faith that is placed in them. Common sense is of more value than empiricism. The object to be attained is simply to assist nature, to favor bleeding, hence rest and sedatives orifice of the bleeding vessel until it can organize. Rest in bed in bad cases, not even allowing movement of the body, which in some cases can only be obtained by morphia; peace of mind, and the lowering of the blood pressure by such remedies as nitroglycerin and aconite are measures which will appeal to the reason as meeting the requirements in this emergency. Coughing, as a rule, should be quieted at least in part, but slight coughing may be necessary to prevent the blood from collecting in the air passages.

DEPARTMENT OF INTERNAL MEDICINE.

BY DUDLEY FULTON, M.D., LOS ANGELES

THE PRESENT THERAPEUTIC STATUS OF SERUM TREATMENT. In the December issue of *Progressive Medicine* a resume of the accomplishments from the use of the various sera as reputed in the year's medical literature is given by Landis.

ANTI-TYPHOID SERUM. — Animals have been successfully immunized against virulent typhoid bacilli. Clinically, however, the results have not been brilliant. In the *Medical Record* Einhern has reported the following results, after the use of the anti-typhoid serum of Jez and Toval, in ten cases: (1.) In most cases the disease does not seem to have been materially shortened. (2.) Either on the day after the first or on that after the second injection, a marked reduction of fever usually occurs. The general condition, especially the sensary and nervous symptoms, is much improved, so that some grave complications, such as headache, sleeplessness, restlessness and delirium, almost entirely disappear.

There seems to be no danger connected with the injections of the serum. The serum, according to Chantemesse, should be given early, even in the suspicious cases.

At the present time there is need of more patent sera than those now on the market.

ANTI-TETANUS SERUM.—Vaughn states that while there is at present no

satisfactory method of standardizing tetanus antitoxin, there is practically no danger of using too much. He emphasizes the importance of employing it as a prophylactic in any wound in which there is a possibility of infection with the tetanus bacilli.

The *Journal American Medical Association*, Sept. 3, 1904, publishes what must be considered remarkable results: "The prophylactic treatment of Fourth of July wounds has been demonstrated to be positively successful many times before, but never on so large scale as this year. We have now records of upwards of a thousand administrations of antitoxin in this way without a single untoward result of any importance, and *without a single case of tetanus developed.*"

The directions for treatment briefly summarized are as follows: Under general anesthesia the wound is thoroughly cleaned out. Free drainage and access of air secured, and antitoxin injected into the subarachnoid space between the third and fourth lumbar vertebrae. The patient should be placed in a dark room, his ears plugged and peripheral irritations prevented or dulled by the free use of morphine, chloral and the bromides. Twelve hours later more antitoxin should be administered.

ANTI-STREPTOCOCCI SERUM.—The opinions as to the value of this serum are quite as varied as heretofore. The value of an anti-streptococcic serum cannot be overestimated, when one reflects on the large number of diseases in which streptococcus infection plays an important part, either as a primary or secondary infection. Heubner reports adversely on its use in the treatment of scarlet fever. Mackie, on the other hand, advocates the use of the serum in scarlet fever, and in diphtheria. Norris, on a review of the year's literature, found but a few in favor of its use in puerperal infection. Thirion and Guizzetti, however, reported good results from the administration of the serum, in this condition and also in erysipelas.

Smith reports six cases of smallpox in which the disease was shortened and pustulation and secondary fever did not occur.

Nydegger believes that if the serum was used more extensively in streptococcus infections, the profession would become convinced of its value.

ANTI-PNEUMOCOCCUS SERUM. Landis used anti-pneumococcic serum in a series of eight cases of pneumonia. All of the cases were of the senile type, with apical involvement. As is well known, such cases are notoriously fatal. The test to which the serum was put, therefore, was a severe one. No other treatment, other than injections of 10 c. c. of anti-pneumococcic serum every twelve hours, was given. Five cases recovered. Landis believes that the early use of the serum will yield excellent results. In most of his cases the temperature disappeared by lysis. This also occurred in the cases of Dr. Hare, in which he has used the serum.

ANTI-DIPHTHERITIC SERUM.—The status of this serum is unchanged. The same uniformly favorable results have followed its use.

Hare emphasizes the importance of giving immunized doses of 300 to 500 units whenever an epidemic appears in a school. Caille, in the October *Archives of Pedriatics*, carries this suggestion a step farther. He advocates the immunization of school children once or twice during each school year, with the hope of preventive injection from primary diphtheria. During the past two years he has immunized a number of school children on the above plan. In the Municipal Hospital of Philadelphia the antitoxin has been administered intra-

tonously in a few desperate cases, with encouraging results.

Several improvements in the manufacture of antitoxin have recently been reported.

ANTI-TUBERCULOUS SERUM.—Maragliano, in the *Medical News*, April 2, 1904, gives the details of his experimental researches and clinical results. He has succeeded in accurately measuring the potency of his serum, something that hitherto has baffled experimenters. The richness of the serum in antitoxic materials is determined by means of what he terms the *"test-gift"* (test poison.)

The *"test-gift"* consists of an aqueous extract of the bodies of the bacilli in an exact dosage, that is to say, 1 c. c. of it will kill a healthy guinea pig weighing 100 grams. The standard of potency of the serum is established by the quantity which succeeds in saving a healthy guinea pig of a certain weight from a deadly dose of *"test-gift."* The antitoxic unit is established by a gram of serum capable of saving a gram of healthy guinea pig; that is to say, a serum of which one gram will save a healthy guinea pig weighing 100 grams possesses 100 antitoxic units, and it would need to possess 1000 units to be able to save a healthy guinea pig weighing a kilogram, and so on."

Maragliano has notes on 2899 cases treated with the anti-tuberculous serum. Of 250 cases of circumscribed non-febrile tuberculosis, 38 per cent. were cured and 49 per cent. were much improved. Out of 938 cases of circumscribed non-febrile tuberculosis, 18 per cent. were cured and 54 per cent. were improved. Out of 665 cases of diffuse tubercular broncho-pneumonia, without microbic association, 14 per cent. were cured and 43 per cent. were improved. Out of 332 cases of diffuse tuberculous broncho-pneumonia, with associated microbic infection, 9 per cent. were cured and 36 per cent. improved. Of 712 cases with cavities, 6 per cent. were cured and 40 per cent. were improved.

The remarkable thing about these results is that the dietetic and hygienic conditions of the patients received no attention. The serum was the only therapeutic agent employed.

As a result of serum therapy there is a general diminution and disappearance of fever, night sweats cease, and, in addition, there is progressive improvement in nutrition, and all the clinical signs of cure are established.

Maragliano emphasizes the importance of not making unreasonable demands of the serum. The serum must be used early to accomplish the best results. It is administered in doses of 5 c. c. each three times a week, and is continued until the evidences of a cure are obtained.

Dr. W. J. McGee, chief of the department of anthropology of the St. Louis Exposition, while at the Fair laid on flesh at an uncomfortable rate, and he says it has to stop right here and now. To restore himself to his natural condition he is going to the heart of the Arizona Desert. He expected his wife, Dr. Anita McGee, the famous war nurse, to accompany him, but she says that his purpose is foolish to say the least. Dr. McGee will live on beans, bacon and rice prepared by himself and cooked by the sun by the aid of a large magnifying glass. The spot he has selected is forty miles from the railroad, and the closest town is Yuma. The temperature at the spot where he is to recuperate often reaches 125° in the shade. The insane asylum is about 250 miles away.

Dr. H. W. Mills of San Bernardino has brought suit against Yardmaster Tom Rose of the Santa Fe Railroad for $1230, due for medical services. Tom Rose should remember that "The mills of the gods may grind slow; but they grind exceeding fine."

SOUTHERN CALIFORNIA PRACTITIONER'S NURSE DIRECTORY.

NAME.	QUALIFICATION.	STREET.	TEL.
ALBERTS, MISS R. C.	Graduate Nurse.	Fullerton	Long Distance
BURTON, MISS EVA G.	Graduate Nurse.	201 W. 27th.	White 981
BOYER, MISS SARA	Graduate Nurse California Hospital.	1006 W. 8th.	Jefferson 6391
CAMERON, MISS KATHERINE	Graduate Grace Hospital, Detroit.	395 Grand Ave., Pasadena.	Black 471
CARDONA, MISS L. M.	Graduate Sisters' Hospital, Los Angeles	Abbottsford Inn	Home 1175
CASE, MISS L. E.	Childrens Hospital San Fran.	542 Westlake Ave.	Jefferson 6303
CASEY, MISS MAE V.	Graduate California Hospital	719 Hope St.	Red 239
CAYWOOD, MISS J. EVELENA	Graduate California Hospital	La Park	Suburban 64
CRAWFORD, MISS M. A	Trained Nurse.	1815 Normandie	Blue 4026
CRUMP, MISS ANNE L	Graduate California Hosp.	330 S. Olive St.	Home 6333 Main 2958
COOPER, MISS JESSIE	Graduate Fabiola Hospital, Oakland.	2321 S. Flower	Home 5344
CUTLER, MRS. E. L.	Graduate California Hosp.	1622 S Hill.	White 4661
FALCONER, MISS JEAN J.	Graduate Salem Hospital. Salem, Mass	912 W. 5th.	Red 481
FERN, MISS	Graduate California Hospital	316 W. Carrillo St. Santa Barbara	Main 593
GORDON, MISS LILLIAN	Graduate California Hospital	46 Reuben Ave. Dayton, Ohio.	
HARDISON, MISS CLAIRE L.	Graduate California Hospital	116 S. Burlington	James 1161
HOAGLAND, MISS M. J.	Graduate Bellevue Training School, N.Y.	312 W. 7th.	Main 793
HOTZEL, MISS LILLIAN M.	Graduate California Hosp.	228 Hancock	Alta 2962
JAMES, MISS EDITH A.	Graduate California Hosp.	1622 S. Hill St.	White 4661.
JOHNSON, MISS EVA V.	Graduate California Hosp.	1708 S. Grand Ave.	Tel. White 2801 Home 2265
KINNEY, MISS J. A.	Trained Nurse.	1337 S. Flower.	Blue 2491
KIRBY, MISS NETTIE	Graduate Hospital of Good Samaritan	2675 Lacy Street	Phone East 344
KERNAGHAN, MISS	Graduate California Hosp.	1708 S. Grand Ave-	White 2801 Home 2265
LAWSON, MISS	Graduate Nurse.	112½ E. 10th.	Pico 2091
LEGGETT, MRS. F. M.	Graduate New Haven Training School.	436 S. Hill.	Main 1383
MILLER, MISS FLORENCE	Graduate California Hosp.	1145 S Olive St.	West 307
McNEA, MISS E.	Graduate Nurse	744 S. Hope St.	Red 4856
McCLINTOCK, MISS CLARICE	Graduate California Hosp.	1232 W. 9th St.	Black 511
NAGEL, MISS A	Graduate California Hospital	1708 Grand Ave.	White 2801 Home 2265
OLSEN, MISS JOHANNA	Graduate Nurse	1207 W. 8th St.	Telephone 4685
READ, BEATRICE	Graduate Fabiola Hospital, Oakland.	28 Temple.	Red 46
RUSSELL, MISS M. B.	Graduate Nurse, Edinburgh, Scotland.	845 South Hill	Home 6851
SAX, MISS.	Graduate California Hosp.	1708 Grand Ave.	White 2801 Home 2265
SERGEANT, MISS	Graduate California Hosp.	2808 S. Hope.	White 576
SMITH, MISS E. G.	Graduate California Hosp.	249 W. 15th St.	White 4351
TOLLAN, MISS H.	Graduate California Hosp.	423 S. Broadway	Home 2506
TOWNE, MISS LILLIAN	Graduate California Hosp.	Mission Canon Santa Barbara	Long Distance
WHEELER, MISS FANNIE A.	Graduate Hospital of Good Samaritan	212 South Reno St.	Main 1782 Home 4131
WEED, MISS E.	Graduate California Hosp.	Calexico, Cal.	
MALE NURSES.			
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HARDIN, F. S.	Professional Masseur. Massage under Physicians' directions, 10 years' experience.	1317 Georgia St. Pasadena Office 118 E. ColoradoSt. Tel. Black 606	White 4444
DALE, T. WILLIAM	Nurse & Masseur from Mass. Gen'l Hospital, Boston, Mass.	1153 W. 37th St.	Home 3086

SOUTHERN CALIFORNIA PRACTITIONER.

A MONTHLY JOURNAL OF MEDICINE AND ALLIED SCIENCES.

Communications are invited from physicians everywhere: especially from physicians on the Pacific Coast, and more especially from physicians of Southern California.

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DR. F. M. POTTENGER, Asst. Editor.
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EDITORIAL.

DR. BRIDGE, DR. TAIT, DR. CLAYPOLE.

We had hoped to see the question at issue settled on its merits in a good-natured manner, but as it is otherwise ordained the profession at large should coolly judge.

As we understand it, Dr. Tait claims that when Miss Claypole was admitted to the junior year of the Medical College of the University of Southern California by Dr. J. H. McBride, who was then dean, she had not attended two full terms of eight months each at Cornell. In other words that she had not completed her sophomore year when she was admitted to the junior year.

If such is the case Dr. Tait claims that she should not be admitted to the examination by the State Board of Examiners, or, having through error been admitted, she should not receive a license.

Dr. Bridge asserts that, as Dr. Claypole had received a diploma from an accredited medical college, the State Board had no right to refuse her an examination or refuse her—in the event of her successfully passing the examination—a license.

This is the question for the State Society, at their meeting at Riverside, to decide: Shall the State Board of Examiners have a right to go behind the diploma, and, if preliminary education or requirements as to time have not all been complied with, refuse the applicant examination?

DR. CLAYPOLE.

We regret that a most estimable young woman has become the storm center of this question. Dr. Bridge's recitation of Dr. Claypole's work in scientific fields is evidence that she is a young woman of rare culture.

A final, decisive and unequivocal interpretation of the law is what is now needed.

DISEASES OF SOCIETY.*

This is a keen, practical view of that terrible host that make up the criminal and defective class. The chapter on the negro is very interesting. "The question of cross-breeding of white and black, like Banquo's ghost, is one that will not down. Legislate and moralize as we may, we can never erect barriers that will confine the stream of black blood to its own banks and channels. So long as human morals and human passions are what they are—and we can not hope ever to completely subvert them to social altruism—the black and white streams will intermingle. It is not possible that a distinctly black race, comprising millions, can survive in the midst of a larger community of whites. There are two million mixed bloods now. Struggle as we may, a gradual blending of the two streams is inevitable. . . . Unrestricted mingling of white and black blood would mean for the negro race extinction. The price he pays for an admixture of Caucasian blood is degeneracy of the deadliest type. Infertility and increased susceptibility to disease are slow but sure exterminators of a race. Possibly herein lies the final solution of the race problem." In regard to the inebriety question the author says: "The moral factor bears no more relation to the causation of inebriety than it does to typhoid fever." "In one instance the victim drinks an intoxicant, in the other he drinks water containing the germs of disease." "Susceptibility to alcohol varies as much as susceptibility to other poisons." "Inebriety means degeneracy, the subject being usually primarily defective in nervous structure and will power."

In speaking of anarchy, the author says seven attempts were made to assassinate George III, and five attempts were made to kill Queen Victoria.

The chapter on sexual vice and crime is rather extravagant in its statements, e. g.: "The up-to-date society young man and man about town have scarcely enough fingers on which to count their various mistresses." Dr. Lydston estimates that 10 per cent. of the population is infected with syphilis every year, and that 25 per cent. is annually infected with gonorrhoea. Of course these are Chicago figures. "In St. Petersburg 83 per cent. of the prostitutes were found to have syphilis. In Stuttgart every prostitute becomes infected with gonorrhoea at least once a year. In Berlin 50 per cent. of the loose women have gonorrhoea constantly, and the rest frequently. It is estimated that there are one hundred and fifty syphilitics in Berlin. Paris has still a greater proportion." Dr. Lydston opposes licensing prostitutes, and gives strong arguments in support of his position. "Shall youth be exposed to debauchery to strengthen it? No, a thousand times no. Protect youth from wild oats influence until its judgment is mature, and there will not be so many brands to be plucked from the burning." "Let the graybeards who learned the wild oats lie from society's primer speak. Are not the wild oats of yesterday watered with the tears of today?" In speaking of the libidinous

*THE DISEASES OF SOCIETY. (The Vice and Crime Problem.) By G. Frank Lydston, M.D., professor of genito-urinary surgery, State University, Illinois; professor of criminal anthropology, Chicago-Kent College of Law; surgeon to St. Mary's and Samaritan Hospitals, Philadelphia and London. J. B. Lippincott Company, 1904.

prostatics of elderly men, he says: "An insufflation of nitrate of silver or a prostatic massage is often more effective than a dozen sermons." The final chapter is on "Therapeutics of Social Disease." The book throughout is interesting and characteristic of its author.

BETA-EUCAIN LACTATE—THE USE OF BETA-EUCAIN LACTATE IN EYE, EAR, NOSE AND THROAT WORK.

Abstract of paper read before the Los Angeles Eye, Ear, Nose and Throat Society, Feb. 8, 1905, by H. Bert Ellis, A.M., M.D.

Within a comparatively short time there has been placed upon the market an exceedingly soluble salt of Eucain, Beta-Eucain lactate. It is a white hydroscopic powder which is freely soluble in water, to about 25 per cent.; in alcohol 13 per cent. It is slightly alkaline and contains a trifle less Eucain than Beta-Eucain hydrochlorate, 119 parts of the former equaling 100 parts of the latter. Solutions are intensely bitter to the taste and when applied to the mucous membrane of the nose, throat or eye produce a sharp, burning sensation, which quickly passes away, without leaving any hyperemia or shrinkage, giving only an anesthetized area.

In nose and throat operations watery solutions of from 10 to 15 per cent. are used. To anesthetize the conjunctiva and cornea 2 to 5 per cent. solutions are ordinarily sufficiently strong.

The powder costs about $4 per ounce, while cocain costs about $4.80 for the same amount, but as slightly stronger solutions of the Beta-Eucain lactate are demanded, its use is a trifle more expensive.

(1.) Beta-Eucain hydrochlorate, and Beta-Eucain lactate in particular, are only moderately toxic, the hydrochlorate being three and one-half times less toxic than cocain, and they have but very slight systemic effects. I have not noted in medical literature a single death, or in fact any serious or alarming symptoms following and resulting from their use, as they do not affect the heart.

(2.) There have been no cases reported of a "Eucain habit" having been contracted by anyone on whom the solutions have been used, although Eucain has been in use nearly ten years.

(3.) Beta-Eucain lactate neither produces hyperemia or ischemia, and does not shrink the tissues, so of itself it is not likely to favor secondary hemorrhage.

(4.) When a bloodless and shrunken condition of a local mucous membrane is desirable it may be obtained by the local application of a solution of Epinephrin by itself or in combination with a solution of the lactate of Beta-Eucain.

(5.) When a 5 per cent. solution of Beta-Eucain lactate is dropped into the conjunctival sac, after the first temporary smarting is over (and this is considerably greater than that following the installation of a 4 or 5 per cent. solution of cocain,) you have only an anesthetic effect. The pupil is not enlarged, there is no interference with accommodation, and the conjunctiva is neither congested nor blanched and none of the tissues are contracted, and the cornea remains intact.

Beta-Eucain lactate solutions are permanent, undergoing no change by boil-

ing, so that no difficulty is encountered in keeping them sterile.

240-246 Bradbury Block.

IDYLLWILD SCHOOL OF FORESTRY.

The School of Forestry will hold its third annual session at Idyllwild, beginning Wednesday, July 12th, and lasting for three weeks. This school is under the patronage of Hon. Gifford Pinchot, United States Forester. These lectures will be illustrated by electric stereopticon views and by study trips through the surrounding forests. The following have already been arranged for:

Lectures on Forestry for Idyllwild—Session 1905.

Mr. T. P. Lukens, an agent, and Mr. Avery T. Searle, a forest assistant in the Bureau of Forestry of the United States Department of Agriculture.

Water Conservation—

Mr. Lukens.

One lecture on the importance of forests for the conservation of water. (Illustrated.)

Forest Botany—

Mr. Searle.

Two lectures on the simple cell, the structure of the growing and of the mature stem; methods of transpiration and nutrition; methods of reproduction and the structure of a seed. (Illustrated.)

Forest Protection—

Mr. Lukens.

One lecture on the elements of destruction and means for prevention and cure. (Illustrated.)

Silviculture—

Mr. Searle.

One lecture on the silviculture methods for natural and artificial regeneration as practiced in Europe.

Reforestation—

Mr. Lukens.

One lecture on the species best suited to the work of reforestation and the methods of work for its accomplishment. (Illustrated.)

Measurement of Forests—

Mr. Searle.

One lecture on the methods of computing the volume of single trees, of standing forests, and valuation surveys.

Management of Forests—

Mr. Searle.

One lecture on the management of forests in Europe, regulation of the yield and working plans.

Forest Law—

Mr. Searle.

One lecture on the Federal laws directly affecting the forests.

Forests of the Pacific Coast—

Mr. Lukens.

One lecture on the general forestry of the Pacific Coast, and the identification of species. (Illustrated.)

There will also the three lectures by Professor A. V. Stubenranch of the University of California and one lecture on the flora of the San Jacinto Mountains by Miss Belle Sumner Angier.

MASSAGE.

Every practitioner should carefully read the article on this subject by Mr. Seeley that appears in this issue of our magazine. He gives here a general view of the subject that is useful to us all.

Mr. Seeley is an intelligent masseur of sixteen years' experience. Besides thorough instruction in physical train-

ing and massage. he has also taken courses in orthopedics, and had a course of hydrotherapy with Dr. Simon Baruch of New York City. For three and a half years he was physical director in the McLane Hospital for the Insane at Waverly, Mass., where he had charge of the hydro-therapeutics, physical training, gymnastics and sports of the patients, and instructed the nurses in massage and physical training.

In the California Hospital Mr. Seeley gives weekly demonstrations and lectures to the senior nurses, and he expresses himself as well satisfied with the results of his work there, as many of the class have shown great aptness and earnestness as students of this branch.

THE AUTOMOBILE DANGER.

What is an Automobile?

It is an Infernal Machine used by the Classes for dealing Death to the Masses.

Whence is its Name Derived?

From Auto and Mob. Hence, an Automobilist ought to be mobbed.

What is the Difference between an Automobile and a Bunch of Violets?

The Smell.

What is an Auto-Race?

A Race of Men who Drive Automobiles.

What do they Look Like?

Like a Wild Man of Borneo disguised as an Esquimau.

What are they called?

Chauffeurs.

Why?

Because they show Furs in all sorts of Weather or Climate.

What is the Difference between an Automobile and Beau Brummel?

Beau Brummel was a Lady-Killer, but an Automobile will kill Anybody.

What follows the Automobile?

The Autopsy.

—Carolyn Wells in Collier's.

The above is witty, but it also contains a warning. The automobile is today doing more to irritate the masses against the classes than all other causes put together.

Certain automobiles are called red devils and they seem to impart a devilish nature to many of their owners.

We have heard people, otherwise quite decent, laugh uproariously at the way they had frightened this man or that woman. We also recently heard one of these auto-owners telling with great gusto how a farmer had upset his wagon trying to get out of the way of the machine.

The automobile is a most important vehicle, especially for physicians, but careful consideration must be shown toward persons on foot or driving horses. A State law was recently urged in the California Legislature greatly restricting the use of automobiles, and a continuation, by owners of automobiles, of the present spirit of haughtiness, disdain and inconsiderateness will result, as it should, in very stringent laws.

The owner of the automobile is often rich and powerful, but he should be thoughtful and considerate. An examination showing a knowledge of the fundamentals of machinery should be required of all who are licensed to operate automobiles. No license should be issued to a woman under 25 or to a young man under 18.

OLIVE OIL—PALATABLE YET EFFECTUAL.

There is a widespread belief that physicians as a rule consider well founded, that cod liver oil is not only a remedy of decided power, but a food of very high value. Every physician knows, however, that a very large number of patients who should, and doubtless would, get much good from it, cannot or will not, take. This is largely due to the fact that the ordinary preparations are so nauseating as to cause serious digestive disturbances, while in many cases the stomach will not even recognize them. It is notorious that the so-called "tasteless" preparations are indeed tasteless because they contain no cod liver oil.

Medical practitioners, however, are beginning to realize the fact that an *absolutely pure Olive Oil* is free from these objections, will agree with the most delicate stomach if not too large a dose at a time, thus getting full benefit of whatever amount taken, which in any case will be much more than in any *emulsion* of cod liver oil, and in any case can easily be rendered entirely

In fact, there are very few persons who cannot take it clear, without nausea, and even when a slight effect may be at first apparent, it may soon be overcome. Cod Liver Oil *never* becomes palatable A physician may often prescribe *Olive Oil* where he would not think of using Cod Liver Oil.

EDITORIAL NOTES.

Dr. D. W. Rees of Needles has been spending a few days in Los Angeles.

Dr. C. R. Mitchell of Buffalo, N. Y., has decided to locate in Long Beach, Cal.

Dr. E. H. Castle, formerly of Salinas, Cal., has removed to 3096 Adeline street, South Berkeley.

Dr. W. B. Payton of Perris, Riverside county, is about locating in Los Angeles.

Dr. W. J. Galbraith of Cananea, Mexico, has been spending a few days in Los Angeles.

Dr. Dumont Dwire of Oxnard is taking a special course in X-ray studies in Los Angeles.

Dr. Marcia Gilmore of Pasadena has returned home after a two years' absence abroad.

The Battle Creek people are proposing to start a sanatorium at National City, adjoining San Diego.

Drs. John R. Colburn and Guy Cochran have removed their offices to the Huntington Building.

Dr. J. D. Guthrie of Seattle, Washington, has been visiting friends in Southern California.

Dr. R. M. Tafel, a well-known surgeon of Illinois, has located in Phoenix, Arizona.

Dr. L. Y. Ketchum, formerly of Escondido, San Diego county, has located in Ensenada, Lower California.

The discussion progressing between Dr. Bridge and Dr. Tait and Attorney Tait could hardly be designated as an ideal *tete a tete*.

Dr. William OConnor has been appointed Health Officer of Phoenix, Arizona, succeeding Dr. A. E. Plath, resigned.

Dr. M. A. Schutz has now secured a majority of the stock of the big hotel which he built in Long Beach some time ago.

Dr. George T. Hampton of Jacksonville, Miss., while visiting in Los Angeles fell from an electric car on February 12th and died in a few hours.

Dr. J. B. Clifford of Santa Barbara has recently fallen heir to a very large es-

tate that includes an extensive plantation in Brazil.

Dr. Lewis Lain McArthur of Chicago has been spending quite a little time in Los Angeles, where he was greeted by many friends and admirers.

Dr. A. Clark of the Cuanca, Mexico, Sanatorium, was a recent visitor to Bisbee, Arizona. Dr. Clark has associated with him Dr. Fernandez.

Dr. A. G. Roundville has been appointed house physician and surgeon at Cameron's Hotel in the Grand Canyon, Arizona.

Dr. William Lawrence Woodruff, who graduated from the Hahnemann Medical College of Philadelphia in 1882, is establishing a sanatorium at Long Beach.

The city of Los Angeles is about building a $50,000 detention hospital, where cases of contagious diseases can be treated and those suspected can be detained.

Dr. D. P. McCord, recently of San Pedro, Cal., has been appointed surgeon in the United States Army, and will leave for the Philippines about March 1st.

Dr. M. R. Toland, formerly of San Jacinto, latterly of Pomona, more recently of Los Angeles, has purchased an elegant home in Whittier and will remove to that progressive city.

Dr. Charles Freedman and Dr. C. W. Bonynge have been appointed assistant police surgeons of Los Angeles at salaries of $90 each per month. The police surgeons are Drs. Sumner J. Quint and Arthur M. Smith.

Dr. Louis Perce of Long Beach, the eclectic member of the State Board of Medical Examiners, is about purchasing 3000 acres of land near San Diego, on which he proposes to establish a consumptive farm.

Dr. W. V. Coffin, the president of the Whittier Medical Society, who has been devoting himself to educational and reformatory work, has been re-elected assistant superintendent of the State School at Whittier.

Dr. N. K. Foster, Secretary of the State Board of Health, recommends that the State purchase 10,000 acres of mountain land in some of the southern districts and establish a home farm for consumptives.

Dr. C. B. Bates, for many years a leading physician in Santa Barbara, but more recently of Boston, Mass., is spending a short time in Santa Barbara at present attending to matters relating to his large property interests.

Dr. Stanley Black of the Hendryx Laboratory of the Medical College of the University of Southern California, recently delivered, before the Garfield Child's Study Circle in Pasadena, a popular talk on the subject of Diphtheria.

Dr Francis Crosson, who attended lectures at Bellevue Hospital Medical College and who holds a certificate to practice medicine from the New Mexico Examining Board, has removed from Albuquerque to Los Angeles, where he is manager of the Loma Olive Company, with offices in the Mason Building.

Dr. Leopold Ortega, a deputy to Congress in the District of Mazatlan, died in the City of Mexico on February 17th. He was noted for his heroic work during the period of bubonic plague that afflicted Mazatlan two years ago, and had been decorated by the Mexican government.

Dr. E. A. McDonald of Redlands has recently had the great pleasure of entertaining his parents from Dayton, Ohio.

Dr. R. Harvey Reed of Rock Springs, Wyoming, division surgeon of the Union Pacific and head of their hospitals and assistant health office of the State of Wyoming, has been spending a few weeks in Southern California.

In addition to names of delegates and alternates to the State Medical Society at Riverside that we gave in our last

issue of the Southern California Practitioner the following have also been selected as alternates: A. S. Lobingier, W. W. Hitchcock, J. R. Colburn, L. M. Powers, E. S. Pillsbury, J. M. Radebaugh.

Prof. Foshay, Superintendent of the Public School System of the City of Los Angeles, is making a war on the tamale and ice-cream lunch stands. He says the young people of the High School and the children of other schools are ruining their stomachs making their lunches of this kind of stuff. Prof. Foshay's position is eminently sound.

The prosecution of unlicensed medical practitioners in Los Angeles has been turned over to Detectives Nick P. Harris and Billy Shands, and they have caused the arrest of a large number of these frauds. Some of them are oriental fakirs and others are occidental fakirs. At one time fifteen were gathered together in the Justice Court. One hundred dollars is the usual fine imposed. Here is to Nick and Billy!!!

Dr. George W. Harrison, a well-known physician of Albuquerque, went to Santa Fe on February 15th to escort a committee of prominent men, a number of whom were physicians, to Albuquerque. He proposes to establish there a great national fraternal sanatorium for consumptives. Dr. Harrison is one of those physicians who are public spirited enough to devote a good proportion of their time to the public good.

Dr. Caroline McQuiston, who graduated from the Medical Department of the University of Southern California in June, '03, recently took the Ohio State Board examination, receiving an average of 94, the highest per cent. awarded. The doctor has just located in Los Angeles and we are all proud of the fact that she upheld the credit of our local college in Ohio in so notable a manner.

At a meeting of the Council of the Los Angeles Medical Society, held February 2, 1905, the following were elected to membership: Charles Bock, C. A. Smalley, A. F. Speicher, E. L. H. Swift of this city, S. J. Mattison of Pasadena, E. M. Freeman, T. C. Donnell, A. F. Hamman, W. Harriman Jones, A. H. Shelton, C. Guy Reily, Homer O. Bates, Robert M. Dodsworth of Long Beach, and O. R. Stafford by transfer from the Santa Barbara Association.

Professor Henry Gannett, chairman of the United States Board on Geographic Names, says: "I find on the San Jacinto sheet of the Atlas of the United States, now being prepared by the United States Geological Survey, that the name of the mountain sometimes known as 'Tauquitz' is spelled 'Tahquitz.' As the names on these sheets are considered very carefully and information containing them is obtained from original sources, I think you would be safe in using this spelling."

The American X-Ray Journal and the *Archives of Electrology and Radiology* have been amalgamated into the *American Journal of Progressive Therapeutics*, with H. Preston Pratt, M.D., managing editor. The journal is published by the American X-Ray Publishing Co., Masonic Temple, No. 55 State Street, Chicago. The price is $1.00 per year in advance in the United States, and $1.50 to subscribers in Chicago and foreign countries.

Dr. R. L. Stine, formerly of South Bend, Indiana, and who graduated from Hahnemann Medical College, Chicago, in 1891, and has removed to Los Angeles, was recently sued for divorce in the Los Angeles courts by his wife, Mrs. Anna Stine. The couple were married at South Bend, September 20, 1893. Mrs. Stine testified that she secured a large amount of money from the estate of her father. The court granted her a divorce, together with the custody of her minor child.

Governor Otero, of New Mexico, has appointed the following physicians as delegates to the Anti-Tuberculosis Congress, which will hold its annual session at Atlanta, Ga., from April 11th to 16th: J. H. Sloan, David Knapp of Santa Fe; George W. Harrison, W. G. Hope, C. H. Fitzgerald, E. Osuna, J. H. Wroth of Albuquerque; T. B. Hart, J. J. Shuler, C. B. Kohlhausen of Raton; J. A. Rolls of Watrous; W. R. Tipton, B. B. Black, E. B. Shaw of Las Vegas; S. C. Clarke of Madrid; C. G. Duncan of Socorro, W. D. Radcliffe of Belen, G. C. Bryan of Alamogordo, O. J. Westlake of Silver City, S. D. Swope of Deming, C. M. Whicher of Carlsbad, W. T. Joyner of Roswell, T. B. Martin of Taos, J. R. Haynes of El Vado, and B. E. Lane of Las Cruces.

On March 10th Governor Pardee reappointed Dr. Wm. LeMoyne Wills as a member of the State Board of Health.

Dr. F. M. Pottenger has associated with himself in a business way as well as professionally Dr. C. C. Browning of Highland. Dr. Pottenger found the work of his sanatorium growing to such proportions that it was an absolute necessity that he take this step. We believe that Dr. Browning is peculiarly equipped for his new work and that his being connected with Dr. Pottenger in this enterprise will prove to their mutual advantage. The Pottenger Sanatorium Company has been incorporated with a capital stock of $75,000.

The many friends of Dr. Fred C. Shurtleff are glad to see him around again as good as new after being incapacitated with a serious case of infection.

The County Supervisors of California are to meet in San Diego on May 1st, and Dr. David Gochenauer, the County Physician, proposes at the same time to invite all county physicians of the State to discuss matters of interest to their various counties.

Dr. Samuel Butler has located in Dexter, New Mexico.

Dr. F. F. Rowland of Pasadena says no other city in the world has purer, better water than Pasadena.

Dr. F. H. Waite of Williams, Arizona, has been spending a few days in Los Angeles.

Dr. J. M. Zimmerman of Tucson, Arizona, has returned home from a pleasure trip to California.

Wm. S. Lair, an alleged "doctor" of Los Angeles, was fined $125 on inauguration day by Judge Austin. Howard Carelton Tripp, another Los Angeles "doctor," was fined $125 for the same offense. John Ivan McLaughlin, a medical electrician, put up $100 for his appearance in a Los Angeles court for trial.

SAN BERNARDINO COUNTY MEDICAL SOCIETY.

San Bernardino, Cal., Feb. 8, 1905.

San Bernardino County Medical Society met at 2 o'clock p.m., as per by-laws, in the Courthouse. President Dr. Browning in the chair. Reading of minutes of last meeting and approved.

Upon application the following doctors were unanimously elected members of this society, viz: Dr. C. E. Ide, Dr. John A. Shreck, Dr. John L. Avery, Dr. F. M. Moore, all of Redlands, and Dr. N. Antoinette Bennette of San Bernardino, California.

The election of delegates to the State Society to be held in Riverside April 18th, 19th and 20th being the order of business. Upon motion of Dr. Tyler, Dr. C. C. Browning of Highlands was nominated, no other nominations being made. Dr. Hurley moved the suspension of the rules and Dr. Browning be elected by acclamation. It was so ordered. The election of an alternate being in order, Dr. Payton moved that Dr. Hoell Tyler be elected as such alternate. No other nominations being made, upon the suspension of the rules, Dr. H. Tyler was unanimously elected as such alternate. J. M. Hurley, Secretary.

THE CLAYPOLE CASE.

Office of Dr. Norman Bridge, 217 S. Broadway, Los Angeles, Cal.

FEB. 27, 1905.

To the Editor of the Southern California Practitioner:

To one familiar with current discussion of the medical practice act and its fate at the hands of the Board of Medical Examiners, the space given in your last number to some phases of it was very generous. The obvious topic of that discussion was the mistreatment of one of the graduates of the Medical College of the University of Southern California by the State Board, but the real subject in the public mind is the official performances of one member of the board, who has outdone himself in making the medical law ridiculous; and whether a continuance of the procedures is profitable.

In your generosity to him you have cut out, without asterisks, and on the plea of "persiflage," everything in the correspondence that could reveal this side of the subject, as though it could be hidden; but it cannot be hidden.

The letter from Attorney Tait, brother of Dr. Tait, contained a statement that Dr. Claypole had committed perjury in an affidavit that her diploma was procured in the regular course of instruction. This was an untruth as monstrous as it was libelous, against a woman who is incapable of falsehood. Early and late for two years she was in constant attendance upon the classes in the Medical College of the University of Southern California, and in fact, in law, and in honor she earned her diploma. What she did not earn was this attempt to dishonor her by the State Board, and the unmotherly silence of her Alma Mater.

The illuminating "persiflage" of Dr. Tait's letter, which you omitted, was the following: "Permit me, in conclusion to express deep regret that you should have in your present and especially in your former communications . . . found it expedient to depart from the lines of courtesy habitual in professional circles," etc.

Dr. Tait told one of my associates that my "former" letter was a most unfortunate one *for the interest of Dr. Claypole*, in whose behalf it was written. He conveyed the same impression, made stronger, to Dr. Robert Moody of the University of California. This admission was "most unfortunate," for it means that it was possible for the discourtesy of a third party to betray a member of the board into an injustice to a petitioner before it, and who is entitled to "a square deal." It means the same sort of a deal that a judge would render who should decide against a petitioner because his lawyer had been saucy to the court. But an applicant who has the misfortune of an impertinent lawyer or friend is entitled thereby to the greater sympathy of the court, who should be scrupulous that his censure falls where it belongs, and not on the head of the innocent.

We are glad to learn of the mental workings of members of the State Board, who are bound in honor as well as by oath to do justice.

My "former" letter thus objected to was as follows:

AUG. 15, 1904.

Dr. Chas. L. Tisdale, Sec. Board of Medical Examiners:

DEAR DOCTOR.—I have been shown your letter of Aug. 10th to Dr. Edith J. Claypole, an assistant in our office, in which you say that in her recent examination before your board she was conditioned in pathology. She assures me that many other candidates at the same examination have received a frank statement of their markings in the respective departments, and she is in a quandary why you did not mail them to her, as she requested the secretary to do. Perhaps, however, it is not a right, but only a privilege.

"She has understood that she could present herself to Dr. Chas. D. Lockwood of Pasadena in the near future for

a re-examination in pathology. This she proposes to do. She now learns that Dr. Tait has told Dr. Nellie Hayes that Dr. Claypole could not receive a license, even if she did pass a successful examination in pathology, owing to some inadequacy in her college work.

I beg you, my dear doctor, to tell me frankly if there is any jugglery in this business, and if so the nature of it. Dr. Claypole is a graduate with the degree of Ph. B. from Buchtel College, and a graduate also of Cornell University with the degree of M.S. She taught anatomy and physiology at Wellesley College for five years. Thereafter she taught first and second year physiology to the medical classes at Cornell University, where she did two years of medical student work herself. Thereafter she taught biology one year at Throop Polytechnic Institute at Pasadena.

"These teaching experiences were all highly successful, and in general science, as well as in medicine, I am sure her equipment is superior to that of any man in our office, and I have no question superior to that of any one of her recent examiners.

"I believe in a rigid medical examination for practitioners in California, and have done what I could to prevent any repeal of the present law. But the examinations ought to be fair, straightforward, free from catch questions and nonsense, and the business of the board ought, I submit, to be done in a straightforward, business-like way. Very truly yours."

What is the matter with the letter? Does Dr. Tait object to being included in the category of self-depreciation with Dr. Cole and myself? If he does, then I beg his pardon, and that of any other objecting member of the board. But the last paragraph of the letter was a legitimate criticism; for the examinations have notoriously been disgraced by catch questions and nonsense. And as to the business methods of the board, Dr. Claypole had at that time not only not been informed of her status before the board, or whether she had any, but she has not been informed since, and to this date has had no official notification of what she needed to do in order to have her license.

When, six months later, I wrote to my neighbor, Dr. Buell, for the exact attitude of the board on this case, I was referred to the chairman of the Committee on Credentials, Dr. Tait.

The paragraph in my letter to Dr. Buell which is objected to, and which you cut out, is as follows: "The non-action of the board leaves the applicant in an equivocal and embarrassing position, which, you will pardon my saying, appears to be unjust and unfair. The situation is made more unfortunate by the possibility that the omission was deliberate, and especially by remarks reported to have been made privately by one member of the board—on one occasion remarks uncomplimentary to Dr. C., personally, and on another a quite unnecessary threat that if she attempted to practice she would be prosecuted, etc. I do not for an instant pretend that you or your board should be made responsible for the private conversation on board matters by one of your members, but I think you will appreciate that the public most naturally would to some degree connect those reported conversations and the silence of the board, especially in view of the reputed dominating influence of this member in the official actions of the board."

Dr. Tait says he told Dr. Moody of "an easy remedy" for this applicant. What he really said was that he didn't know what the board would do in her case; that his own view was that her examination had been wholly illegal, and that she ought to go back to your college and attend three more months and then take a new examination in all the branches; but that he could not say that the board would agree with him. And Dr. Moody has a good memory.

As to the so-called fault in Dr. Claypole's credentials, Dr. Tait knows, and

the former dean of the Medical College of the University of Southern California, Dr. J. H. McBride, who passed upon them, knows, that the fault is a trifling technicality; that she had given more work and time than was required by the law, as interpreted by the Supreme Court. Yet this brace of brothers sing of the solemn oath of office, of gentlemen, as warrant for violation of the plain construction of the law by the tribunal of last resort.

The Supreme Court says: "It need not be the same course of study, nor the study of the same text-books; nor the attendance of the same length of time, but it must be such as to require of the student a degree of proficiency in the studies necessary to prepare him for practice, equal to that which would ordinarily be produced by the requirements prescribed by the association."

The design now is revealed to deprive the applicant of the benefit of her supplemental examination. Dr. Tate says* *he* will report upon her case when the question of her credentials is settled by the members of the board in Southern California. What sort of a decision do you think *he* is likely to make should the board decide that she is entitled to her license *if* he is satisfied with her examination? How would the profession like to have the professional fate of all applicants submitted to the decision of such a judge?

This "opinion" (which credits me with an admission I repudiate) purports to review whatever "merit" there may be in my letter to Dr. Perce. But it is silent on the subject of the unconstitutionality of the discrimination against graduates of California Colleges. Can you imagine such a silence if anything in defense of this error could have been found? But the opinion was not written to tell the board what the law is; it is specious, but a very brotherly defense of a member who is under fire.

It has long been the resort of some people to try to support a poor case by accusing the witnesses of falsehood. That such an attempt should be made in this case is not strange. And the blank affidavit which is unlegally set before the applicant to sign and swear to is so constructed as to make it nearly certain that some inaccuracies would appear.

The law says the applicant must produce to the board a diploma, and an affidavit stating that he is the lawful possessor of it; that he is the person therein named; and that it was procured in the regular course, either of instruction or examination, without fraud or misrepresentation of any kind.

The circular letter of the secretary of the board to applicants correctly cites this simple, plain, straightforward and sensible condition, while he encloses a blank affidavit that is a positive curiosity. By it the applicant not only must swear to his own educational history, but to the details of the announcements of his alma mater, and to the concurrent proceedings of the Association of Medical Colleges in America. Probably nine-tenths of the affidavits of this form now in the hands of the board are inaccurate in some particular, and any mistake gives the opportunity but not the right to charge falsehood, and to browbeat the good and bad alike. Not a single member of the board could, I venture to say, fill out this blank correctly for himself without weeks of time for investigation. Why did this master-document not contain questions as to whether the applicant had been to kindergarten, and whether he had ever seen the marriage certificate of his parents, and what the wording of it was? With such additions it would have been quite as legal as it is now, and in the years they might have led to sociological data of consequence.

But the chaff cannot for long fool the profession, and the public. The medical law is on trial and is being scandalized by its putative friends. It

*Letter to Dr. Lockwood.

is doubtless competent for the Legislature to pass a law to regulate medical colleges, to have them inspected regularly as banks are, and the details of their business supervised. But our medical law is not of that sort. It was intended solely as a protection of the people against unworthy practitioners. It was not even meant as a furtive instrument for the labor-union purpose of restricting the number of accessions to our ranks. And lax methods of our medical colleges cannot justify the attempt to stretch the law to cover their regulation. The board might as well, under this law, attempt to regulate the Governor's household.

The law ought to be retained and executed without violation of its provisions, and for the protection of the people, and not be made a means for the persecution of citizens who are an honor and a benefit to the State. At the present rate of progress it will soon be swept off the statute books in spite of its real friends.

The one man in California who is responsible for the existence of the law has within a month said this: "I helped to give the State a good medical law, but if it is not hereafter executed less odiously than it has been lately, it will be repealed, and then it will be twenty years before you can get another law that is as good."

Very respectfully,

NORMAN BRIDGE.

Governor Pardee vetoed the bill providing for women physicians in the State hospitals for the care and treatment of the insane. He holds that the measure is defective, in that the authorization for the appointment of the officers provided for in the bill has been inadvertently omitted.

Dr. E. B. Ketcherside is president of the Yuma County Board of Health.

Dr. G. H. McGinnis, formerly of Prescott, has located in Camp Verde, Arizona.

A physician in Southern California who owns a drug store desires to sell the same to some young doctor. He says that he will sell at cost price and invoice, which he thinks will amount to $2500. From what this physician says we believe there is a comfortable living in his drug business, and whoever bought it could be building up a practice at the same time. Any person who desires to correspond with the doctor can do so by sending his address to this office.

Dr. Wilbur S. Robinson, formerly physician in charge of the County Hospital at Flagstaff, Arizona, and a graduate of the Medical College of Indiana in the class of 1893, was sued for divorce before the Los Angeles courts on March 3rd, by his wife, Myra Wilson Robinson, daughter of the Rev. C. P. Wilson of Pomona, Cal. Mrs. Robinson's testimony in court was that her husband used liquor and drugs to excess, and that he finally deserted her on October 13, 1902. The court granted Mrs. Robinson the divorce.

Dr. W. W. Hitchcock and Dr. E. R. Smith recently took a trip down the coast from Los Angeles to Mazatlan in the yacht, and as guests, of Col. Bradbury, the millionaire mining operator. They had a great trip, being on the water sixteen days. The only trouble was that they have been annoyed by San Francisco papers saying that a north-bound vessel had met them and that they were calling for drinking water. Their friends in Los Angeles readily accept their statement that that was the last thing they thought of calling for.

Dr. Francis E. Buck, aged forty-nine years, formerly a practitioner in Palo Alto, Santa Clara county, died on February 9th, in Pasadena from accidentally drinking carbolic acid. While in the death struggle he managed to telephone Dr. Henry Sherry, but by the time his friend arrived he was dying.

BOOK REVIEWS.

DISEASES OF THE NOSE, THROAT, and Ear and Accessory Cavities. By Seth Scott Bishop, M.D., D.C.L., LL.D. Author of "The Ear and Its Diseases," Honorary President of the Faculty and Professor of Diseases of the Nose, Throat and Ear in the Illinois Medical College; Professor in the Chicago Post-Graduate Medical School and Hospital; Surgeon to the Post-Graduate Hospital and to the Illinois Hospital; Consulting Surgeon to the Mary Thompson Hospital, to the Illinois Masonic Orphans' Home, and to the Silver Cross Hospital of Joliet; formerly Surgeon to the Illinois Charitable Eye and Ear Infirmary, to the South Side Free Dispensary and to the West Side Free Dispensary; Editor of the Illinois Medical Bulletin; one of the Editors of the Laryngoscope, etc. Third edition. Thoroughly revised and enlarged. Illustrated with ninety-four colored lithographs and two hundred and thirty additional illustrations. Philadelphia. F. A. Davis Company, Publishers. 1904.

This work of Dr. Seth Scott Bishop has deservedly been very popular. Several matters which occurred in the first and second editions, which were of little value, have been cut out. A few unimportant chapters have been considerably condensed, and the conciseness is one of the valuable qualities of the book. Most of the new drugs and operations are mentioned and dealt with in their proper places, but some things which should be present have been omitted: for instance the radical operations for the cure of empyema of the maxillary and frontal sinuses are not described; nay, further, they are not even mentioned. Possibly the author thinks as does the reviewer that the radical operation should rarely be done in these localities, because of the deformities produced. If this be the case, the operations should have been mentioned if only to be condemned.

There is one paragraph in the work which might appeal to the general practitioner and the gynecologist in reference to "The nose and the female sexual organs" which says: "A Schiff has proved the observations of Fliess, that the pain of dysmenorrhea was relieved promptly, in 34 out of 37 cases, by the application of a 20 solution of cocain to the genital spots of the nose. Some cases he observed for months and he had over 200 positive results," etc. The author has omitted to state in the book just where the "genital spots" are located, so that the information which might be useful, if the spots were located, is of no particular value.

Taken altogether, however, the work is a safe and useful one for a student of these specialties, though too extensive for the general medical student.

A COMPEND OF THE DISEASES OF the Eye and Refraction, Including Treatment and Surgery. By George M. Gould, A.M., M.D., Editor "American Medicine;" formerly Ophthalmologist to the Philadelphia Hospital, etc., and Walter L. Pyle, A.M., M.D., Assistant Surgeon to Wills Eye Hospital, Philadelphia; Associate Member of the American Ophthalmological Society, etc. Third edition, revised and corrected. One hundred and nine illustrations, several of which are in colors. Price, $1. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. 1904.

Gould and Pyle's Quiz Compend on Diseases of the Eye is not correctly named. Small manual of Refraction and Eye Diseases would be better. It ranks above the ordinary Quiz Compend, and is not written in the form of queries and answers. About one-third of the book, which is of about 300 pages, is devoted to general considerations of the eye ball and refraction, and the remaining 200 pages treat of ocular diseases, operations and therapeutics. From the oculist's standpoint, this is a very just distribution of the subject, but the general practitioner would say, (and all medical colleges are endeavoring to make general

practitioners and not specialists of the students) that too much space was devoted to refraction. The ordinary medical student is not taught to refract, that is, not beyond the principles involved. He is taught to diagnose what cases should be refracted, he is taught to distinguish between conjuctivitis, iritis, glaucoma and keratitis, and it is safe to say that the student who has assimilated these teachings has as much knowledge of diseases of the eye as the general practitioner of this day and generation needs.

This information may all be obtained from this small book, and the medical student does not need a more comprehensive work than this of Gould and Pyle.

We have received a reprint entitled "The Utero-Sacral Ligaments." By W. Francis B. Wakefield, M.D., San Francisco.

"Hydrotherapy in the Treatment of Pneumonia" and "Hydrotherapy in Rheumatism" are two reprints by A. J. Sanderson, M.D., of San Francisco.

"The Early Recognition and Treatment of Intestinal Obstruction," by Andrew Stewart Lobingier, A.B., M.D., is the title of a very important reprint that comes to our desk.

Another reprint that we have received is "Physometra; Pyometra; Hematometra." By Ernest J. Mellish, M.D., El Paso, Texas. Formerly Instructor in surgery, Rush Medical College—in affiliation with the University of Chicago.

THERAPEUTICAL HINTS.

HOW TO AVOID PRESCRIBING OPIUM AND MORPHINE.—Dr. N. B. Shade of Washington, D. C., in an article published in the *Medical Summary* refers to many unfortunate effects of prescribing opium and morphine, intimating that the depressing after-effects of the administration of these drugs more than offset the temporary good accomplished by their use. He mentions a very prominent congressman whose life, in his opinion, was cut short by the administration of morphine hypodermically in the case of pneumonitis. Dr. Shade states that he still prescribes morphine, but very seldom, as he finds it much safer to use papine. Papine, in his opinion, possesses all the desirable qualities of opium with the bad qualities eliminated. Some of the brightest minds of the present age are now being devoted to the development of a therapy in which the primitive bad effects of many important drugs are eliminated. Where the therapeutic action of morphine or opium is desired, it would seem to be a safe procedure to give papine a trial.

The *Pharmaceutal Era* (New York,) February 9, 1905, says:

"We take pleasure in introducing to our readers the Sunbrights California Food Company, of Los Angeles. It is now entering upon its third year, with increasing advertising, increasing detail men and a largely increasing business. While its principal offices and factory are located in Los Angeles, it has permanent representatives in other cities. Its principal stockholder is Mr. Hiram C. Smith, a multi-millionaire of San Francisco, while amongst its other leading stockholders are Mr. Lucius L. Long of San Francisco, Mr. H. E. Huntington, the well-known railroad man of New York, San Francisco and Los Angeles, Mr. J. A. Graves, a prominent attorney and banker of Los Angeles, Mr. W. G. Kerckhoff, a multi-millionaire

lumberman of Los Angeles, and L. J. Christopher, a very wealthy Los Angeles business man. The president of the company is Mr. L. C. Gates, who is at the head of the legal department of the Los Angeles Title Insurance and Trust Company.

"Sunbrights California Food is made of select California grains, the dominant principal being choice barley. It is not a pre-digested food, and contains no sugar or drugs. The manufacturers simply claim that it is an ideal modifier of cow's milk."

Dr. F. Kornfeld, of Vienna, in speaking of the use of "Empyriform," a new tar preparation, which is really birch tar combined with formalin, says that in his dermatological practice he had most satisfactory results from a 5 to 20 per cent. Empyriform Vaseline Ointment and 5 to 20 per cent. Empyriform Lassar's Paste and 50 per cent. Empyriform Vaseline Paste and a 5 to 15 per cent. liniment. He says that even the 50 per cent. paste smells but slightly of tar and causes only a very little shading of the skin, and causes neither local irritation nor systemic intoxication. He speaks in the highest terms of its use in chronic eczema and in "weeping" eczema and seborrhea eczema.

Dr. Louis Fischer says that creosote is certainly par excellence the only drug to be used in tuberculosis in the child.

Prof. Andrea H. Smith of New York City, in the *American Therapist*, speaks most highly of the use of creosotal in pneumonia, and says that in most of these cases quoted in the United States the dose of creosotal rarely exceeds 10 minims every two hours, but he had never seen any disagreeable symptoms from giving 15 minims every two hours, and that others had used as high as 30 to 40 minims every three or four hours.

GRAY'S GLYCERINE TONIC—Restorative and reconstructive. It engenders appetite, enables the patient to digest and assimilate sufficient nourishment, and favors the restoration of healthful, normal sleep without the use of hypnotics. Where there is headache, languor, sleeplessness and general exhaustion, it is the ideal prescription.

A trial is all that is necessary to prove the merits of aletris cordial rio in every form of uterine trouble.

THE BEST GENERAL LINIMENT. Looking over the whole field of such preparations, and with the experience with it of over thirty-five years' practice, says the *National Druggist*, we have no hesitation in declaring the following to be the best liniment for general use, either for man or beast:

Acetic acid, glacial	1 ounce
Oil of turpentine	1 ounce
Yolk of	1 egg
Water	to make 8 ounces

Mix the oil of turpentine, yolk of egg and acetic acid by shaking vigorously together. To the resultant emulsion add the water, a little at a time, shaking well after each addition.

Of course, this must not be used on an inflamed surface.

THE CARABANA PRIZE CONTEST.—To the Editor: Believing that many of your readers are keen critics of the advertising columns of your valued journal, it has occurred to us that they might be willing to enter into a little contest which we are organizing and for which we shall award $50 in cash prizes, as follows:

A committee of three physicians will award, not later than July 1st, a first prize of $25, a second prize of $15, and a third prize of $10, to the doctor sending in, prior to June 1st, the five best reasons why physicians should and do daily prescribe our carabana aperient wa-

(c) The five reasons should be stated as concisely as possible, not exceeding twenty-five words each. All that is necessary for your readers to qualify will be that they are personally familiar with the various uses to which carabana water is put, and that they write from personal experience.

In order to ensure fairness, physicians competing must sign their reasons with a "nom de plume," and in a separate envelope enclose their professional card, on which the "nom de plume" should also appear. Address: Carabana Contest, 2 and 4 Stone street, New York.

Yours very truly,

George J. Wallace.

VACCINATION UPHELD BY AN INTELLIGENT GOVERNOR.

Governor Pardee, on March 8th, sent a message to the Senate vetoing the bill of Senator Leavitt, which would prevent vaccination being made the condition precedent to admission to the public schools. The Governor believes that science, hygiene and sanitation should take precedence of politics. In the course of his veto message, he says:

"I speak as one familiar by training and education with the subject-matter when I say that the vast preponderance of expert medical authority throughout the civilized world asserts that vaccination, is the prime cause of the practical disappearance of smallpox—one of the most dreaded and dreadful diseases of pre-vaccination times—from communities protected by it.

"Under its beneficent protection, the decimating epidemics which formerly swept through Europe have very nearly disappeared, and the disease, modified by vaccination, has now, to a great extent, lost its terrors in the minds of those who have neither witnessed nor suffered from its devastations.

"Before the discovery and application by the immortal Jenner, the disease was nearly universal, and it was considered a grave disadvantage not to have had smallpox in childhood. Severe and terrible epidemics have gradually but surely become things of the past, except where from any cause vaccination has been neglected.

"That accidents of many kinds, even death, may follow vaccination, is not and cannot be denied. But that the number of these accidents, compared to the many, many thousands—even millions—of times which this beneficent procedure is practiced, is anything but infinitesimal, is not borne out by the facts. Tetanus, or lockjaw, not infrequently follows injuries of various kinds—slight wounds, even scratches, being followed by it, if infected with the specific bacillus by the disease.

"When vaccination is compulsory, and the law is well administered, there is but little smallpox; so little that those protected by vaccination lose their fear of the dread disease. And, turning their attention to the lesser evils of the vaccine virus, many of us conjure a fear, not warranted by facts, against the very thing that saves us from a much worse fate.

"And this, I think, is what has called into being the bill which I now return to you unsigned. Were it to become a law, there can be no doubt but what vaccination would soon fall into practical disuse. And thus would be prepared among our children (not mine; for they shall always be protected) a field for smallpox to fairly revel in.

"The only thing at issue here and now in this bill, it seems to me, is whether or not the State shall or shall not reverse its present pro-vaccination policy and assume what this bill practically provides for, a no-vaccination policy. I have no hesitancy whatever in saying that in my judgment it would be a sad mistake for the State to thus

change front on this most important matter."

By a vote of 22 to 3, the Senate refused to pass Leavitt's anti-vaccination bill over the Governor's veto.

DANGERS FROM INDISCRIMINATE USE OF CATHARTICS IN ACUTE INTESTINAL CONDITIONS.

M. L. Harris, Chicago (*Journal A. M. A.*, February 25), states that physicians often fall into the error of prescribing cahartics in every case in which there is interference with normal bowel action without considering the cause of the condition. He calls attention to the danger of giving cathartics in cases in which there is mechanical closure of the lumen of the bowel, such as occurs in strangulated hernia, or in strangulation by reason of loop of bowel becoming caught in an omental or mesenteric opening. He states that if cathartics are given in these conditions, the contents of the intestine above the obstruction are turned back and forth, and not being able to pass the obstruction, are forced back into the stomach, thus giving rise to the foul, offensive vomiting so characteristic of the condition. In intussusception the chief effect of cathartics is to augment the congestion and swelling and thereby lead earlier to complete obstruction and sloughing. Dr. Harris reports a case of sigmoiditis in which a cathartic produced bloody stools. He operated, thinking that there might possibly be an intussusception, but found only a sigmoiditis. Dr. Harris protests against the indiscriminate administration of cathartics in acute conditions in the abdomen, and emphasizes the importance of physiologic rest of the intestine. He advises early operation in all cases of mechanical obstruction.

Dr. A. C. Orr, formerly of Santa Monica, has located in Sawtelle, Los Angeles county.

Dr. Kate Wilde of the clinical staff on diseases of children, of the College of Medicine of the University of Southern California, and a graduate of that institution in the class of 1898, is doing post-graduate work in New York City. Later she will do special work in her line in London and in Paris. After that she will take a trip around the world, returning to Los Angeles in the spring of 1906.

Dr. Alfred Hadley Lindley, one of the pioneer physicians of Minneapolis, died from pneumonia, Thursday, February 16th, in that city. Dr. Lindley graduated from Jefferson Medical College in 1850 and settled in Minneapolis forty years ago. He retired from active practice in 1885, but since that time has been frequently called in consultation by other physicians. He was one of the oldest members of the Hennepin County Medical Society and of the Minnesota State Medical Society. He was a prominent member of the Society of Friends. He led the simple life, and although he gave liberally to colleges and churches, taking an especial interest in educational matters, he never indulged hmself in expensive luxuries, and besides his considerable benefactions had accumulated quite a large estate.

On March 9th "Dr." Ira Guilford, magnetic healer, 341 South Spring street, Los Angeles, and "Dr." C. C. Hewitt were fined $100 each for practicing without a license.

Prince Nanzetti of the Oriental Remedy Company, Los Angeles, who has been furnishing an herb tonic for rheumatism, a box of Tiger marrow fat, black nerve balls and vital sparks, was, on Saturday, March 11th, fined $350 for practicing medicine without a license. He promptly pungled.

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DR. WALTER LINDLEY, Editor.
DR. F. M. POTTENGER, Asst. Editor
DR. H. BERT ELLIS } Associate Editors.
DR. GEO. L. COLE }

EUROPEAN GLIMPSES.*

BY GEORGE L. COLE, M.D., LOS ANGELES.

When your committee man telephoned me that we were to have a *Traveler's Night,* and asked me to speak of the German hospital, he said that I might enlarge upon this as much as I desired, so you see he practically gave me carte blanche to speak on any subject I choose. Therefore I think I will use ten minutes in telling you how you may sometime take an ideal vacation and use about five minutes in talking of hospitals. I would much prefer to talk to you, but there is such a temptation to ramble on, saying a lot of things that had better be left unsaid, omitting many things that one might wish to say and thus consume time that rightfully belongs to my successor, that I have decided to note down a few things and read them to you.

In the spring of 1903, making myself believe that I needed some rest and recreation, I concluded to realize a long desire to go via the Mediterranean route to Vienna, stopping at Rome, Naples and Venice, taking a run up through the Riviera, on the way. I had arranged satisfactorily for my traveling companion, but he was taken ill and confined to his bed a month just at the time of leaving, so one day I sauntered into the California Club for lunch and sat down beside my friend Dr. Fleming. I said to him that he looked tired and worn out and that I was quite sure that in order to avoid a long sickness he must take a few months off. I told him my plans, when he immediately said that if I would stop off at Gibraltar and run up into Southern Spain and across into Morocco he would chaperone me. It was a compact at once.

So one bright May morning we sailed from New York on that beautifully appointed little steamer Princess Irene, the best one of the North German Lloyd fleet sailing into the Mediterranean, and seven days later awoke one bright morning to find ourselves steaming through the Azores, and on the following day we saw the outline of the Crouching Lion on the Rock of Gibraltar. On this day, after landing we had time to investigate somewhat this important British fortress and "key to the Mediterranean" (26,000 inhabitants.)

*Read before the University Club, March 9, 1905.

On the following morning we took a little steamer across the channel to Tangiers—the distance from San Pedro to Catalina—but what a different scene awaited us, with a different race—different customs—different costumes and a Moorish city. It was like being translated into another world. After a couple of days here we went back to Gibraltar and on to Granada and the Alhambra with all its memories of the Spanish conquest of the Moors. Time forbids my telling you what you can better acquire from histories and the novels of Irving about the city of the pomegranate and its wonderful and beautiful castle. Then across Andalusia to Seville on the Guadalquivir. Here we arrived just in time for the Corpus Christi celebration. I have not the time to speak of the cathedral, the Alcazar, the bull fight, the holiday procession,, etc. Nor can I stop to speak of the enormous civil hospital, one of the largest in Europe, and of what we saw therein. Nor of the Hospital de la Caridad, which contains and is supported by the celebrated paintings of Murilla and Valdes. But I must speak briefly of our drive on a beautiful afternoon to the old ruin of Italica, eight miles distant. Here but little remains other than the old and nearly obliterated amphitheater with its subterranean passages and caverns where the wild beasts were confined for the arena as in the Coliseum at Rome. But here were born three Roman Emperors, Hadrian, Trajan and Theodosius, and this spot marks the Roman civilization in Hispania. Thence back to Gibraltar at the rate of ten miles an hour, with an hour and seventy minute stops at all stations. From Gibraltar across the Mediterranean to Naples.

I must not tell you of Naples, nor of Capri, nor of the Blue Grotto, nor of the ruins of Baiae to which place Nero and Poppaea came down from Rome over the Appian Way to spend their summer months, "Nero followed by a retinue of 1000 wagons and Poppaea by her train of 500 she asses, that she might enjoy her bath in their milk every day." Nor of Vesuvius "which Goethe compared to a peak of hell rising out of Paradise." Nor of Pompeii, nor of the beautiful Sorrento. But I must say a word of the Aquarium of Naples. That *one* aquarium of the world, to establish which Herr Dohrn spent his private fortune and toward which Germany and England have contributed freely, and where the universities of our own country have endowed two laboratory rooms for original work by American students. He who visits Naples and fails to visit her aquarium misses one of the interesting sights of the world.

Down the Amalfian drive to Amalfi, where we spent a night in the cells of the old Capuchin Monastery, and thence on to Salerno, the old historical medical center of the world. From here the side trip to Paestum, where the three best ruins of Greek temples, outside of Athens, mark the Greek civilization in Italy that takes us back to 600 B. C. The three ruined temples and the railroad station house are all that mark the place of a city of much importance once inhabited by Greeks.

Thence on to the Eternal City with its landmarks of ancient history, where ten days allows you to go away sorrowfully with an irresistible desire to return at some future time.

At Florence, "reclining in her amphitheater of vineclad hills, cleft by the golden current of the Arno." Fleming and I did the most disgraceful thing of our lives, i. e., *we left in three days.* The man, woman or child who can deliberately leave Florence in three days should either be hung or imprisoned for life. But the Tuscan Apennines reflected the heat from the broiling June sun so fiercely that it was either run away or melt, so we chose the former

and went to the sea at Genoa. On the way, at Pisa, we made quite an extended stop—ten minutes, if I recall correctly—seeing the leaning tower through the car window. Disgraceful!

Thence on up the Riviera of the Levant, with her eighty tunnels in a distance of one hundred miles, through the Riviera of the Ponente to Nice. This region, corresponding climatically to Europe as our own beloved Southern California corresponds to the rest of the United States, is full of interest to all physicians.

Nice! Mentone! San Remo! Savona! Sorrento! How these names recall the wandering sufferers who have not found health there and who have come on here in search of what many of us prize so lightly, health.

The drive from Nice to Monte Carlo on a perfect morning through Ville France, our naval station in Mediterranean waters, and through the Principality of Monaco—who can ever forget it? I shall not tell you what Fleming did at Monte Carlo, except to say that I gained no more than he lost and that he lost no more than I gained. You must solve this problem. But what a place to study humanity!

From here on to Milan and through Lombardy to Venice. Venezia! Those of you who have been there need no other word; those who have *not,* must go to comprehend the "Queen of the Seas."

But here our play ended and we went up to Vienna, over the Semmering Pass, a route which affords some of the grandest scenery in the world. I had always thought of Vienna only as a medical center and was not at all prepared to find so beautiful a city. The Ring-Strasse, 186 feet in breadth, is architecturally one of the finest streets in Europe, and during the last few decades Vienna has acquired considerable importance as a seat of art. But why do students of medicine the world over seek Vienna for the study of both medicine and surgery? Principally because there is so much to be found within the walls of the old Allgemeine Krankenhaus. The work in all branches is concentrated here in this enormous hospital of over 2000 beds. It is an old ramshackle building covering something like fourteen acres, two stories, and containing many courts. The generalist or the specialist in any line can find what he desires. Furthermore, all cases which terminate fatally go to the anatomical laboratory and are posted.

Thus no place in the world affords such an opportunity for the study of pathological specimens. To be a good surgeon or a good internist, a doctor must know his pathology, i. e., the appearance of the diseased tissues of the body. This may be said to be the foundation of true scientific and practical medicine in its broadest sense—and the medical men of Germany and Austria are scientific. As to their practicability, well—let me briefly draw you two pictures. The *German* doctors' patient enters the hospital, we will say on Monday. Tuesday the secretions and excretions of the body are studied carefully. On Wednesday a differential blood count is made and the percentage of haemoglobin is determined. On Thursday the stomach contents are analyzed. On Friday morning the diagnosis is made. Friday afternoon the patient dies and Saturday morning the body is posted, and the professor, with great eclat, says, "We are correct in our diagnosis." *The American Doctor.*—The patient enters Monday morning, all the examinations and analyses are made before 1 p.m. He eats his lunch in ten minutes and before night the patient is operated upon. By Tuesday morning the patient is on the road to recovery—*sometimes.* What we Americans need is a little more of the methodical thoroughness which we find represented by the Germans. What the German professor needs is—well, I

shall not tell you. There might be a good German professor, or some of his friends present, and thus I might get myself disliked. Prof. Neurdorfer said to me one day, "it beats all, the acumen you Americans show in making a quick diagnosis." But it seemed to me there was both an element of sarcasm and a desire to please in his tone. But surely it does us good to associate with them, and I hardly think they are greatly injured by association with us.

The medical department is a part of the great University of Vienna, with its 6500 students and 350 professors.

On the way from Vienna to Berlin we went up into Bohemia and took "the cure" for three days at Carlsbad. We went on to Dresden, taking a peek into the Zwinger, saw the Sistine Madonna and some other art treasures. We here received the impression that if we had to live in Germany we could be happy in Dresden.

At Berlin the hospitals were not all that we saw. What has been said about *thoroughness* concerning medical and surgical work in Vienna applies also to Berlin. But the hospitals are scattered over a vast area and you spend much time in going from one to another.

We went over to Breslau to see the famous Von Mikulicz, whom we had met at the Congress of American Physicians and Surgeons in Washington. Von Mikulicz is generally recognized as one of the three principal surgeons of Europe. He received us with open arms, and we saw what? *An American clinic* in Europe. He had been to Baltimore, Philadelphia, New York, Chicago and up to Rochester, in Minnesota to study the ways of American surgery. We saw in Breslau the modern hospital and the modern clinic, as we see it here.

But our vacation time had expired. My time is up here. We ran down to Bremen—thence by train to Bremerhaven, where we caught our steamer, which in due time landed us in New York. A peep into the New York hospitals, where twenty years ago we studied the bone and muscle, and where we had the nerve to sharpen our scalpel so keenly, and then the start for home.

The 20th Century Limited to Chicago, 1000 miles in twenty hours—nine hours in Chicago, where we saw in the clinic of our famous John B. Murphy such a day's work as we had not seen in Europe—on via the Santa Fe limited to Los Angeles, rolling in on time to the minute, 3000 miles in solid comfort in 92 hours, including a 9-hour stop in Chicago. And as we rolled into La Grande station we thought of the railroads of Spain; we thought of Italica in Spain—the birthplace of three Roman emperors and the era of Roman civilization in Spain; we thought of Paestum and its ruins of Greek temples, taking us back 600 years B. C. to Greek civilization in Italy; and we thought of the old town hall and its tower in Florence where Savonarola was imprisoned. We recalled that this tower stood, as it now stands, 200 years before Columbus discovered America. And we remembered the American clinic in Breslau—and we thought, *America, America!* You may be considered by some the *infant of nations,* but *America,* you are an infant with a very, very lusty cry.

Dr. M. B. Huff of Corona has, as an adjunct to his professional income, a very fine orange grove, and he sent a box of the oranges to his personal friend, Dr. Roswell Park of Buffalo. Dr. Park wrote back saying: "Your oranges came yesterday and are the best yet. There is a great difference between the California and the Florida products, and the difference is strongly in favor of California."

LOS ANGELES VERSUS EASTERN CLIMATE.*

BY D. W. EDELMAN, M.D., LOS ANGELES

Some days ago while in my office I was called up on the 'phone by the chairman of your Program Committee and a conversation something like the following ensued: "Hello, Edelman, this is Horton." "Oh, hello, old man, how are you?" "Feeling fine. Say, tell me; you were east for a few months, traveling, weren't you?" "Yes." "Well, at the next University Club meeting we expect to have a few fifteen-minute traveler's talks and we want you to tell us something about your trip." "Why certainly, if you care to have me; but on what line?" "Well, if you will tell us something about Los Angeles climate as compared with Eastern climate, that'll be all right. I'll depend on you, may I? Thanks! Good-bye"—and with that up went his receiver.

The enormity of my promised criminal offense didn't dawn on me until a few days later when I saw in the secretary's monthly announcement what I was expected to talk about—and then—well, did any of you folks who are not real estate dealers ever talk about "climate?"

Yes, I know that some sacrilegious imp in that crowd over there is preparing to say, "Well, by Jove, a doctor certainly ought to be able to talk climate, for his advice to a patient regarding 'change of climate' is a God-send to him after he's taken all the man has excepting car fare." But I can prove by every physician here that that's a slander and a libel.

Los Angeles climate in summer, and frequently during the last four and first four months of the year, is about the driest thing to talk about that one can imagine. And as for Eastern climate—well, I've lived in the East and I know you'll not dissent when I say that in much of the East the *climate* is not *climate*, but *weather*; and with the exception of New England I have peeped in at many places. Concerning *that* part of our great country I am, therefore, not qualified legally to speak; but our intimate friend, Mark Twain, a number of years ago had occasion to say in regard to New England weather, "I reverently believe that the Maker who made us all makes everything in New England but the weather. I don't know who makes that, but I think it must be raw apprentices in the weather clerk's factory who experiment and learn how, in New England, for board and clothes, and then are promoted to make weather for countries that require a good article, and will take their custom elsewhere if they don't get it." And again he says: "Old Probabilities has a mighty reputation for accurate prophecy and thoroughly well deserves it. You take up the paper and observe how crisply and confidently he checks off what today's weather is going to be on the Pacific, down South in the Middle States, in the Wisconsin region. See him sail along in the joy and pride of his power till he gets to New England, and then see his tail drop. *He* doesn't know what the weather is going to be in New England. Well, he mulls over it and by and by he gets out something about like this: 'Probable northeast to southeast winds, varying to the southward and westward and eastward, and from points between; high and low barometer swapping around from place to place; probable areas of rain, snow, hail and drought, succeeded or preceded by earthquakes, with thunder and lightning.' Then he jots down this postscript from his wandering mind, to cover accidents: 'But it is possible that the programme may be wholly changed in the meantime.'"

*Read before University Club, March 9, 1905.

So much, then, for expert testimony regarding that region of the United States, away off in the right-hand upper corner of the map. As for other sections, let me particularize:

Follow me on the Santa Fe until we strike the first large city—Kansas City. Stay there four days in October, and with me get your clothes nailed neatly and tightly to your body in order that they may not be blown completely off when you attempt a street crossing. Wear spectacles so that the dust will have to creep *around* them and enter your eyes by the *side* door instead of marching in boldly in front. Be accosted by residents of the town and assured that "*this* weather's all right—just nice and keen;" and then stow an opinion of Kansas City away in your memory.

City of St. Louis, I praise thee. Bravely and well didst thou serve me during my week's sojourn within thy gates. But once didst thou even deign to falter in thy resolve to be kind to me, and then so gently and for so short a time did the mist from heaven fall, that I forgive thee that, and extol thee for thy graciousness. But, oh, what yarns I did hear about St. Louis weather before my arrival; yea, for months previous thereto. But let us pass on.

Cincinnati! Could Cincinnatus have foreseen what I saw when I visited "the queen city of the West," he had surely been content to have remained forever in his little cabbage patch, a recluse, with no further aspiration than to have his name tacked to a cigar or a plaster instead of to the town which honors his memory. Of all the dirty cities it has been my misfortune to encounter I yield the first prize to Cincinnati. During my stay there a heavy mist hung over the business part of the city, crouched, as it is, between the sloping hills, a mist laden with soot—or something not quite so clean. Can you imagine the condition of a man's linen and clothes after a twenty-four-hour soak in such a mixture? And this weather was not cooked up especially for me, either. Residents acknowledged that such was the atmospheric condition frequently; but they all finished with the question, "Have you been in Pittsburg?" I had not been, nor did I go there. Pittsburg thereafter was removed from my visiting list. As for Cincinnati, I admire her people, her buildings, her business; but her weather must seek for a Dante to be graphically and adequately described.

Then came Washington—a week of Washington with bright, warm sunshine by day, cool, gentle breeze at night, to make one fall in love with her autumn weather and learn to remember her always—no less for her balmy November days and nights than for her clean, magnificent streets, her beautiful residences, her grand buildings, her splendid monuments, and the thousand and one marks and points and relics of interest which would make a patriot of a wooden Indian.

I know not what a trip on the Potomac to Mt. Vernon may be like when taken in February, or a visit to Arlington Cemetery in July; but early in November, 1904, the haze that hung over the historic river when our party took the boat, lifted soon thereafter, enabling us to observe scenes which warmed the cockles of our hearts, and gave us cause to thank our Maker that He had given us *such* a day to view *such* sights.

A few days in Baltimore and Philadelphia, during which the gods were kind to us as to the matter of weather, and then we arrive in New York. In five weeks one can get a fairly good idea of the climate of New York city and vicinity—for that particular period of the year. A chunk of climate there in autumn or winter or spring or summer will bear comparison with a similar chunk of another year's autumn, winter, spring or summer. Nevertheless, last November—especially the few days fol-

lowing "the first Tuesday after the first Monday," was exceptionally cold in certain quarters of New York city; but I am told that a very frigid wave struck a vast district of the United States about that time, and that snow fell and covered millions of people—some as far south as Los Angeles, so that the "effete East" is not alone to be pitied.

For the remainder of the time of my visit in New York the weather was all that I could desire. By that I do not mean that it was what people call "fine weather." I had not been in New York since I was a student—almost fourteen years ago—and I had not felt the "crunch, crunch" of snow beneath my feet in all those many years. My intentions were to remain in New York but a couple of weeks; but I wanted to go out in the coldest weather I could find, wrapped up as warmly as possible, and have the tips of my nose and ears tingle as they did in years that had passed. I wanted to visit Central Park and see the vast patches of white, and the skeleton trees holding up the small quantities of snow that the frozen bones of their arms and fingers could carry; and the small boys sledding down the slopes, and skating on the lake. And I saw it again; and cold as it was, the weather was fine to me, for it was what I was anxious to experience.

At last came the time to retrace my steps. There had been snow galore in New York for about eight days before I left; but there was more as I came westward. In Elmira, in Buffalo and at Niagara Falls, fields, lawns, houses, streets, were covered with white. I had at first seen the flakes begin to fall, floating, sifting, driving snow—always as noiselessly as death; and now I saw the effect. And the jingle of the sleighbells often recalled to my mind our merry jingle song and your faces as I see you sitting here tonight; but I would not have changed places with you, happy as I know you were at our gatherings.

Well, soon thereafter I arrived in Chicago. There was not much snow in Chicago; it had been shoveled away, except on the speedways, where sleighing was at its height. I wasn't disappointed. One doesn't expect much in Chicago except people and weather. I am not personally acquainted with the weather of *all* the cities of the United States, but I will bet Chicago three to one to win against any for diversity in twenty-four hours. I have seen it begin to rain there from a clear sky, thunder and lightning within five minutes, from coluds that came from nowhere and which were green in color, and to such an extent that you couldn't hear yourself think, or see anything but flashes of light like one gets from a poor kinetoscope, or when coming through the snow sheds by daylight. And just about the time that some particularly obstreperous crash had come near bursting my ear drums, and I thought my end had come, and wasn't sorry that it had so long as I could leave the city quickly, the greenish sickly-colored air began to grow normal and in a few minutes the Chicago atmosphere was again at peace with itself. However, that happened years ago, and as Chicago weather was exceptionally nice during my last visit there I really ought not complain. Why I have mentioned this, therefore, I must and in a minute shall explain:

From Chicago I went to Omaha to find more snow, more sledding, some sleighing, but nothing remarkable at all about the weather for that time of the year—the latter part of December. The atmosphere was clear and crisp, cold enough for one to don a heavy overcoat and keen enough to make an ordinary man who might not be bloodless glad that he could feel himself living. Omaha was the last city I visited which properly could be called "East" even by us Angelenos. And so I must rest the Eastern side of my case here.

I did not arrive in Los Angeles until

the middle of January—and you know, perhaps, the weather I found here. It was dry as the bones bleaching on the desert in summer, and seemed as hot as the hinges of Orthodoxy's final abode of the unbeliever. Had I been an Easterner come to Los Angeles at that time but for a few days, what had my opinion of Los Angeles climate been? I would have summed it up as an overheated, dry, dusty, dirty place in winter, and have drawn conclusions as to the summer which would have been far from complimentary. Yet you know, and I know, and we all know that God made but one such beautiful climate as we enjoy here, and then "broke the die in molding." Which is why I wish to remark that inasmuch as one cannot know aught of our *climate* from a few days' sojourn here, neither can I tell you the truth regarding Eastern climate as climate, and not as weather, from the point of view of my last Eastern trip—and that's what I was asked to talk about.

The climate of Kansas City is not bad always, nor is that of St. Louis always good. Cincinnati is not constantly grimy, nor is Washington always bright and balmy. New York climate during the several years of my residence there was not constantly all that I could desire, nor is Chicago (bright and clear though I found it during my few days' stay there last December) the one place which I would recommend as a health or pleasure resort the year around—as my experience related above tends to prove.

You see, experience of but a few days or weeks cannot enable one to speak unerringly of those things which must be tested by time; and Eastern climate, judged from the standpoint of my observations during the few weeks of my trip, is good at certain times and places, bad at other times and places; it is healthful for some, it is death-dealing to others.

But were St. Louis or New York always kind and smiling, and Chicago ever balmy and breezy, where can such pleasure be surpassed as I experienced when shortly after leaving Truckee and crossing the Sierra Nevadas clad in immaculate white and bedecked with icy splendor, the Sacramento Valley came into sight, the land of peace and plenty, carpeted with verdant velvet, redolent of the odors of fruit and flowers? And knowing what I know of California and the brightest gem in her crown, our own Los Angeles, what think you is my verdict in this case?

Bradbury Block.

MOUNTAIN CLIMBING.*

BY WILLOUGHBY RODMAN, ESQ., OF THE LOS ANGELES BAR.

It is well that the scope of my subject is limited. I may be able to state *some* facts, but my knowledge does not include all, or even many, of the facts. I have read a little on mountaineering, and in a modest way have acquired a slight experience, but I have almost everything to learn of the history and science of mountain-climbing. To me the main fact about mountain-climing is—there are mountains to be climbed. My experience does not extend beyond our own state. That fact alone does not indicate limited knowledge, for a lifetime of holidays could be spent in gaining thorough knowledge of the mountains of California. Few residents of the state realize what a wealth of mountain scenery is ours. Most of us know that ranges of mountains extend between the

*Read before the University Club of Los Angeles, March 9, 1905.

Pacific Ocean and our Eastern boundary, but few have passed the portals which open upon enchantment. How many members of this club can name six peaks of the Sierra Nevada?

In a region about 100 miles in length by about 50 in width, we have 81 mountains which attain an altitude of 12,000 feet, or more; 51 over 13,000 feet, and 19 which equal or exceed 14,000. I have not included Shasta, as geologists and topographers tell us that this magnificent peak is not one of the Sierras. The list includes such mountains only as have been measured or carefully estimated. There are many unnamed, unexplored peaks exceeding 12,000 feet. Besides, there are hundreds, perhaps thousands, of mountains ranging from 6000 to 12,000 feet.

Thus we have at home an Alpine region which in its extent and in the number of its mountains, rivals the Alps of Europe. I venture the suggestion that our Alps equal their more famous European brothers in grandeur and surpass them in beauty. But in one respect, alas, we must yield the palm. Unfortunately, the opportunities for breaking one's neck are more numerous in Switzerland than in California. With us the snow line is higher, and we have fewer of those delightful ice slopes which have claimed so many victims. I don't see what we can do about this, except to climb all the Sierras, then go to Europe, hoping to return in a long box inscribed with that legend which attests the realization of a mountaineer's fondest dream—"Killed on the Matterhorn."

The hardy climbers of the Alpine Club affect to despise the mountains of the United States. A writer in an English magazine states that south of Rainier there are no mountains of our country worthy the attention of the climber. I believe that actual knowledge would induce a change of view. While it is not claimed that the Sierras equal the Alps, the Caucasus, or the Himalayas, there are among them peaks which would test the nerve and endurance of the hardiest mountaineer, summits which command prospects of surpassing grandeur.

I must not neglect our home mountains. In the Sierra Madre range, Southern California offers abundant opportunities to the mountaineer. Take an example near home. Mt. Wilson is a little mountain, a scant 6000 feet in height, yet a point on its Eastern face, known as Echo Rock, commands a view surpassed by few of the high Sierra. Its ascent is easy, a mere stroll along a slightly ascending path. San Antonio—pet name "Old Baldy"—10,120 feet high, affords a magnificent prospect of mountains, desert, valley and ocean. In San Bernardino county we have "Grayback," 12,000 feet, and San Bernardino, 11,000 feet; in Riverside county, San Jacinto, over 11,000; while there are many mountains exceeding 6000 feet.

I have used the word "climb" because the committee told me to, but its use is not accurate. You do not "climb" a mountain when you proceed along a trail—no matter how steep—you simply go up. On an ice mountain you climb when the use of the ice-ax is necessary. On a rock mountain you climb when it is necessary to use the hands. No ascent which does not require the use of the ax, alpenstock or hands, can be called "climbing;" but I use the word for lack of a better.

What is there in mountain-climbing? To go among the mountains you must take long, arduous tramps, frequently bearing heavy burdens. You will bruise your shins, stub your toes, bump your head, lose your hat, your way and your temper. The pack-mule will stray, and your provisions with him; you will lose a big fish, and stick your hook above the barb into your flesh; you will fight countless millions of mosquitoes, and, mayhap, make your bed among ants—most frequently red. You will be forced to give your last piece of bread to your friend—and then try to steal it from

him: you will spread your blanket on a hard rock near the dying embers of a fire, shiver till dawn, then kick yourself into semi-animation. You breakfast on hope, lunch on anticipation, dine on dreams, and sleep in a puddle. You may struggle laboriously upward for hours through loose and treacherous snow, pass along a snow-covered glacier wondering where the crevasses are; you will fall upon the razor-edges of the frozen ridges of the upper snow fields; you may hang by narrow finger-holds and toe-holds above a precipice, wondering if your body will be found. You will cling to rocks till your fingers bleed. You will dodge flying boulders, then look below to see who was struck. You will treasure and gloat over a piece of mouldy bacon which at home you would not feed to your dog. You will fill your pipe with a mixture of dust, bread-crumbs and general filth. You will be bruised, lost, cross, sleepy, tired, hungry, thirsty and cold—but you will be gloriously and ecstatically happy. Why? I have never sought a specific answer. I only know that meadows are green and spangled with flowers; that rivers sing over the rocks or plunge with magnificent diapasons from the cliffs; that the trails invite, the trees welcome, and that above all soar the calm, stately summits. I only know that the first breath of mountain air blows the mists of doubt and care from my mind and heart; that when I feel the "bite" of the mountains and hear the call of the trail, my being leaps in glad response.

To me, going to the mountains is coming home. I may say I feel that I approach my native clime. Mr. John Muir, the scientist, president of the Sierra Club, would often put a pinch of tea and a few crackers into his pockets, tie a tin can to his belt, and announce to his camp-mates that he was going for a walk. His "walk" might last three hours—or three days. He would sleep on the ground and live on his tea and crackers. A lady said to him: "Mr. Muir, does the study of nature compensate you for such hardships?" His answer was, "It depends upon how much you love it."

That is the secret—how much you love it. If you love nature, no labor is too arduous, no hardship too severe, which enables you to enter into communion with her. Genuine love of the mountains is innate. It may be acquired or cultivated, but I doubt it. I cannot explain its nature or source. With me it is inborn. From the days, when, as a boy, I scrambled over the sharp limestone crags of the blue-grass hills, till later years when I wandered among the Sierras, I have found my greatest pleasure on the heights. I have never troubled myself to analyze my incentives or feelings, nor to ascertain why I find such pleasure in the mountains. But I can state some benefits derivable from mountain-climbing.

First—Physical: It is not necessary to speak of the benefits of constant exercise in the open air, or of complete change of occupation. Mountain air has a distinctly tonic effect. It produces a sensation comparable with no other—exhilarating, inspiring. Our medical brethren can explain the physiological processes involved, but I speak of effects.

The odor of mountain pines is delicious, dreamy and suggestive.

And then the mountain water. A mountain brook would make the old oaken bucket and contents look like a can of stale beer. Clear, cool and sparkling, the water comes from its home in the snows. It is not merely that it is pure and cool—it has a "tingle," a sparkle, a divine quality, which make a draught of it an ecstasy. It is the true essence of the mountains. As you drink it, you see the snow-elves at their task, or join in the wild dance of mountain sprites. It is the best of all drinks. I believe that if even certain members of this club could be supplied with sufficient quantities of mountain water they would never want to drink anything else. By

"sufficient quantities" I mean a body of water of such volume that in it they might be completely and permanently immersed.

Sleeping in the open air is not only pleasant, but beneficial. I would discourage the use of tents, hammocks and cots. Sleep in the open, down on good, honest, kindly earth. It will give you of its strength. Would you seek perfect rest—then spread your sleeping-bag on fragrant pine-needles, gaze up at the solemn stars, hear the mysterious music of the forest, then lapse into dreams.

I find that very little sleep is necessary in the mountains. I have crept into insufficient bedding, with sharp rocks under my body, and lain cold and comfortless all night, to rise in the morning refreshed, invigorated, ready for the trail.

It will not be necessary to state that mountain air has a pronounced and agreeable effect upon the appetite.

Mental and Moral Benefits: Mountaineering is a good school. It teaches resourcefulness, adaptability. As I heard a man say, "In the mountains you learn to get along with what you've got." Supplies cannot be replenished; tools and appliances cannot be obtained. You must use materials at hand. It is surprising to note the various kinds of ingenuity developed by a camping trip. You will learn that almost any carpenter work can be done with a pocketknife; while that same knife and a bit of twine will work wonders in restoring torn garments and shoes. Should the cook fall ill, a man who at home cannot boil water, will prepare dishes which are—edible.

One camping expedition will demonstrate that very few articles are really essential. You will learn that most of our needs are artificial. With succeeding trips you will gradually reduce your baggage.

In the mountains you learn patience. If your pack-train is late or strayed and supplies low, you will nibble your one piece of hard-tack—and wait. You will drag a fishing-rod through tangled thickets by dint of exertions which under ordinary conditions would overcome you. Should you miss the trail, you trudge on manfully till you come out—somewhere.

Mountaineering develops comradeship and helpfulness. Dependent upon your camp-mates, you learn to be tolerant, slow to anger, quick to aid. Far from external assistance, thrown upon their own resources, camp-mates must—and do—stand by each other. Nothing is more conducive to good fellowship than the intimate associations of camp life. The sense of dangers and pleasures shared, common aims, and mutual helpfulness, draw men together into bonds of truest friendship. Good fellowship reaches high tide around the camp-fire. After a hearty meal and a perfunctory dish-washing, the small cooking-fire develops into the camp-fire; pipes are filled, and around the blazing logs—but I must remember that one rule of the Sierra Club forbids its members to talk about camp-fires—we would never stop.

In rock-climbing, when a false step or a miscalculated jump means a broken head, the qualities of judgment, decision and self-reliance receive constant exercise.

But, to my mind, the greatest benefit obtainable from the mountains is found in that feeling or effect which, for want of a more accurate term, I must call inspiration. From communion with nature, from contemplating her grander manifestations, there comes a mental and spiritual uplift. This is most strikingly manifested in the scaling of lofty mountains. It does not come alone from the realization of difficulties overcome, or from the sense of achievement, though each of these is a source of pleasure; nor does it come from the view. It is a distinct individual feeling, an aspiration, an inspiration. Amid such scenes the trivialities of everyday life are forgotten. We concern ourselves with

higher things. We seem face to face with the elemental forces of nature. We see no toy-making, no dilettante work, but the grand cyclopean architecture of earth's dawn. Nature here deals with grand masses. Gigantic world fragments are thrown together, to fit as they may. Man and his works seem eliminated. We are too small. Absorbed in magnificent dreams, nature thinks not of us. Nature forces us to her mood. She does not sympathize, nor win, nor charm us. We must come to her—we must make her mood ours, and in hers there are strength and rest. I shall not be charged with sentimentalism or with attempted mysticism when I say that standing on mountain peaks we seem to stand in the presence of a higher power. We realize the words of the psalmist, "I will look unto the hills from whence cometh my help." And help does come to us—the help which comes from high thoughts, from achievement, from deep dreams of beauty and grandeur, from the splendor of the hills.

LOS ANGELES MEDICAL HISTORY.

BY GRANVILLE MACGOWAN, M.D., LOS ANGELES.

In December, 1889, when the Hon. Henry Hazard was elected mayor of Los Angeles, he requested me to take the position of Health Officer, which had been invested by the new city charter, with executive powers that had not existed before, and to organize a Health Department which would place this city in sanitary matters in a position up to, and if possible, somewhat in advance of any other city of its size in America; and he appointed a health board consisting of the following gentlemen: E. T. Wright, Martin Hagan, M.D., Jno. H. Davisson, M.D., Jos. Kurtz, M.D., who were committed to the policy which we had agreed upon.

Up to this time the health officer had been appointed by the council.

Dr. Joseph Kurtz and myself were specially selected for this health work for the reason that we had written that part of the city charter which relates to a health department, and which gives executive powers to the health board and its officer. The others were chosen because of their friendliness to the mayor's policy.

I worked with this board and the mayor in perfect harmony for four years. We did not find it an easy matter to secure the proper concessions from the council for the money that was necessary to carry out our policies. On one or two occasions, owing to the petty spitefulness of malicious members of the council, the office force was reduced to one inspector, and the council at one time even resorted to the expedient of removing the police surgeon, and forced the performance of his duties upon the health officer, all because the health board and myself did not consent to allow the council to name the department inspectors. These little troubles, however, soon were disposed of, for early in the first term the contract for the sprinkling of the streets was placed under the health department; and I had the contract so drawn by the friendly city attorney's office that the health officer was to be the sole judge of the efficiency of the work of the contractors, and had absolute disposal of the teams. When compelled to, I used this power as a lever upon the councilmen who opposed our desires for the betterment of the services of our department, and did not hesitate to let the whole or a part of an unfriendly councilman's ward go dusty until his own people forced him into line when he got gay and opposed the progress of some needed appropriation, or insisted on forcing an inspector upon us who was not wanted in the office.

I do not say that we were always for-

tunate in the choice of inspectors, but we preferred to have the power of appointment and dismissal rest with us, and not with the council.

We organized a department, and after a determined struggle in which some of the wards went dusty, we obtained an office in the city hall, and the necessary furniture and stationery. We then established the system of monthly reports which still exists; adopted the greater number of sanitary rules under which the department works, and obtained the passage of necessary ordinances to enforce these rules; established a system of placarding houses for diphtheria, scarlet fever, and smallpox; took measures toward the betterment of the water supply by forcing the water companies to use covered mains between the source of supply and the city, instead of open ditches, and to cover the reservoirs for the prevention of the growth and decay of algae in the water. In conjunction with the city engineer we fostered and forced the building of the sewer to the sea, and held up this project by a threat to use our political influence to defeat the bonds for this project unless the seventh and eighth wards were provided for in the scheme, as they had been left out. A number of the councilmen and the engineer insisted that to sewer these districts was not feasible. We insisted that it was necessary to drain every district in the city, and the plans were held up for several months while the provisions were made for sewering these districts which now exist. This was done only because the council knew by its previous dealings with the executive officer of the health board that he was not only in a position to carry out his threat, but unless his views were concurred in their districts would certainly go dry.

With the development of the Elysian, Westlake and Echo parks, this board had also much to do. Westlake was an old lake or reservoir which had given us much trouble by becoming a great pool of stagnant water. The stench from it after the rainy season became almost unbearable. It required draining every winter, and its care was expensive. Very few people lived near this pond, but to those who did, it was a crying nuisance a considerable portion of the year.

Dr. Martin Hagan, who owned a large amount of property in the neighborhood had conceived the idea during the term of office of Mayor Workman that it could be made into a public park, now broached the matter to the members of the health board. We looked it over and saw an easy solution for our trouble, and also the prospect of considerable public benefit resulting from the change that would be wrought. We ascertained that sufficient water could be obtained from the old woolen-mill ditch to keep an artificial lake supplied. We then interested the city engineer in the project, and together we lobbied the measure through the council. It was a hard task for the park commissioners to carry out their ideas for the beautifying of the old pond. How well we accomplished it, anyone who drives by this lovely spot can see for himself.

Elysian Park next attracted our attention, for we were hunting for breathing places for the people. This was then a wild and barren waste, accessible only by cow trails. In this project I had able co-workers in the Honorable Mayor and the city engineer, Henry Dockweiler. We three labored a long time before we could get any councilmen who would stand for the improvement of this park land, but we finally succeeded in getting an opening wedge by having a road built up to the summit—a burro trail as the then councilman from the First Ward, Nicoll, sneeringly called it. From this commencement the park commissioners in the years following, working with insufficient appropriations and under great difficulties, have slowly developed a pleasure ground for the public, which the originators may probably have the pleasure to live to see the

most beautiful in America. Echo Park, like Westlake Park, was created to get rid of a nuisance.

Up to the time of our advent there had been no plumbing law in Los Angeles. This was a great detriment, and caused no end of trouble to our department. We could not condemn new plumbing which the existing laws had permitted to be put in, no matter how badly the work was done, and we had no way to determine when old plumbing should be removed. So I took lessons in plumbing from my friends, Willis Bailey and Edward Burgoin, practical plumbers, for a year, and then in conjunction with the building superintendent, Mr. Mutchmore, and a committee of the Master Plumbing Association, of which Mr. Burgoin was one, prepared the plumbing law under which, with a few changes, I believe Los Angeles works at present. Many of the changes required by this law were necessarily difficult to enforce soon after its passage. The contractors who figured too closely endeavored to escape its provisions, but its enforcement became comparatively easy after we secured the appointment of a plumbing inspector to assist the building superintendent. All these sanitary laws were not created out of hand. I had copies of health and plumbing ordinances of all the large cities of America, and many of those of Europe to follow, and in some instances I think we succeeded in improving upon them.

Later in 1890 when I assumed in addition to the duties of health officer those of police surgeon, I decided to have some kind of receiving hospital arranged at the city jail. Accidents were becoming very frequent, and all cases brought to the police station for injuries had to be attended to and cared for in the large open room in which the prisoners had their bunks. By the exercise of some bulldozing and a large quantity of political manipulation, I succeeded in getting an appropriation of $600 with which to change the old battery room into an operating room, and to fit it up with the necessary apparatus. I succeeded in making the appropriation reach. A cement floor and a large skylight were put in and the walls were painted; an operating table and the instruments which were actually necessary obtained and a communication from this room established with the jail. This, though small, made a very comfortable room for this purpose, and here Dr. E. A. Bryant, whom I appointed for my assistant, and I did a great deal of very good work for a number of years, until the present receiving hospital was built under his supervision when he became police surgeon.

During this year, after a great deal of trouble and against great opposition, we established a regular system for the collection of garbage, and under our direction the contractor, Mr. Donegan, built a crematory for the burning of the garbage. This did not work as satisfactorily as Mr. Donegan and I would have liked to have it, but during the four years of our administration it was in constant use, and it succeeded in disposing of the most offensive portion of the garbage. We believed then, and we believe now, that cremation is the best way of disposing of the greater portion of the city's refuse.

In 1901 we thought it best to put the pest house in order, as it was in a dilapidated, leaky, forlorn, and altogether unfit condition. In order to do this it was necessary to obtain an appropriation for material and labor. We found it impossible to get any from the council by direct application for things we needed. So I adopted the policy of ordering the work done by a friendly contractor who was willing to wait until opportunity was afforded for obtaining his pay. We constructed two new cottages and repaired the old building so it was storm proof and comfortable. Then we bought what supplies we regarded as necessary for emergencies and waited. The expenses for this were

later covered in a manner that was not quite regular, but we deemed that the little departure from regularity was necessary in this case, when badly pressed for some excuse by which the moneys might be raised for the last delayed payment. We were refused everything until I came back from the pest house one afternoon where I had been to see several cases of smallpox, cases that we had on hand, about which no mention had been made to anybody by me, except to one of the members of the board of health, and the mayor. I went into the council chamber, asked in a mild manner for these appropriations to be passed, and was turned down. Then going to the president of the council I told him the condition of affairs, asked him to immediately adjourn the public session and call a private session in the adjoining room or I should give the facts to the public. I think this session lasted about three minutes. We never had any further trouble about appropriations for the pest house after that, and a requisition for barbed wire was as good as any to get our supplies upon.

In September, 1893, after some six months' hard work, I had a single ordinance prepared for passage by the council which embodied all health ordinances which I believed at that time essential for a city of this size, and proper penalties were provided for the failure to enforce the provision of this ordinance. I did this because the city was growing very rapidly. Each council had passed a large number of ordinances, and it was not always possible for the health department or the court to know whether a proper ordinance existed for the enforcing of a measure passed for sanitary purposes by the board of health. Much time was lost in looking for these ordinances, and in keeping track of them. The measure was recommended for passage by the board of health twice. But my friends in the council thought they saw the opportunity to get it back at the health officer, who had stood boldly against them so often, and by delay we finally went out of office without taking any action upon it. The excuse given by the council for failure to pass it was that the measures provided in some instances were entirely too drastic, but as these particular provisions had been found good by other and larger cities, it seemed to me the criticism merely concealed a little desire for revenge upon an executive officer.

In January, 1893, I entered the board of health, and not being committed to vote for anyone as health officer, established the precedent for the Republican members of this board by voting for a Democrat whom I regarded as an efficient officer. I served on this board for two years, aiding and assisting in every way possible by my advice and experience, the execcutive officer of the board, Dr. L. M. Powers. This history of this gentleman in this position is public property. How well he has served, and how much his executive ability is thought of has been attested by the fact that he has been retained in his office for ten years; three times under Democratic administration, and twice under Republican administration, and always by Republican votes.

The Los Angeles Pathological Society met Saturday, March 25th, at the office of Drs. King & Sherk, Pasadena. Dr. Sherk presented an interesting specimen of an ovarian cyst. Dr. Lobingier presented a fibroid appendix; Dr. Beckett presented a specimen of hypertrophied gall-bladder with stone embedded in cystic duct.

There was an informal talk on rare forms of diphtheria. Dr. H. G. Brainerd reported death in twenty-four hours from a case of malignant meningitis.

The meeting was followed by refreshments, served by Drs. King and Sherk, as hosts. There were about 35 or 40 in attendance.

UNCINARIA DUODENALIS, OR HOOKWORM DISEASE.*

BY D. S. M'CARTHY, M.D., LOS ANGELES.

Last year while located on a sugar plantation in the Hawaiian Islands, I was called to treat an unusual number of what I considered to be intestinal indigestion cases. The large number presenting similar symptoms was not, in my mind, so unusual when I took into consideration their ordinary "bill of fare," and mode of life generally. From the native-born Hawaiian and his "raw fish" diet to the Porto Rican who fairly wallows in lard, to say nothing of the various tit-bits of the Japanese, Chinese, Koreans, Portuguese, South Sea Islanders, etc., that I felt justified in attributing at least some of their trouble to a faulty diet, and it was not until some of the white population complained of similar symptoms that I began to question my diagnosis.

The case in which I first discovered the real trouble was in a *white* child three years old; she had been ailing about a year. Her mother had been told some months previously by a doctor on a neighboring island to be on the lookout for a tape-worm, but notwithstanding the most constant vigilance on her part, she failed to discover any evidence of this worm, or any other. On one occasion the commode was allowed to stand some six or eight hours unemptied, and, on examination the movement was found to be alive with minute worms.

As I was at a loss as to their exact nature I sent a specimen to Dr. John Weddick of Wailuku, Maui, and he very kindly made my diagnosis for me.

It is unnecessary to add that I was considerably chagrined when all my so-called intestinal indigestion cases turned out to be ankylostoma.

For years there has been a certain malady of the anemic type that has received a name according to its geographical distribution or to the class of individual attacked. A few of these names are: (1) Brickmaker's anemia, (2) miner's cachexia, (3) Egyptian chlorosis, (4) tunnel anemia, (5) tropical chlorosis, (6) earth-eater's disease, (7) mountain anemia, (8) negro consumption, (9) malarial anemia, etc. The exact cause of these anemias was never known until Dubini in 1843 showed that a large percentage were due to the uncinaria duodenalis or hookworm.

The first real interest was shown in the disease during the construction of the St. Gothard tunnel, where a large number of the laborers (Italian) suffered from a disease marked by anemia and general debility.

In a few years the disease was spread by the returning laborers all over Italy, and was by them carried into the Hungarian coal mines; from Hungary, the disease spread to Germany, where in the district of Westphalia alone there was said to be twenty-five thousand (25,000) cases last year.

At a meeting of miners' representatives from all coal-mining countries of Europe, held in Brussels in 1902, this subject was especially discussed by the German delegates, who claimed that the average duration of a miner's life had fallen from forty-five (45) to forty (40) years since 1896. From Germany the disease is supposed to have reached Belgium; here the affection was so serious that at Liege it was necessary to establish a special dispensary for its treatment.

In England, Boycott and Haldane investigated a wide-spread form of anemia in the miners at Cornwall. These observers concluded that practically all of the miners were infected and they believed that the disease was introduced

*Read before the Los Angeles County Medical Association, March 17, 1905.

from South Africa, and that it had been spreading in the mine for about eight years.

Prior to 1902 thirty-five (35) cases had been recorded in this country; about this time Dr. Charles Wardell Stiles of the United States Public Health and Marine Hospital Service showed the disease to be very widespread in all the Southern States, and although I have seen no statistics, I feel perfectly safe in assuming that under treatment for this disease a great many of the anemias have disappeared.

With this rather remarkable history of its spread and from the fact that the "latitude limits" of the disease are said to be 50° 31′ N. and 30° 5′ S., which as you see includes California in the possible area of infection, it occurred to me that it would not be amiss to endeavor to draw the attention of the medical profession to this disease, as I am perfectly satisfied, in my own mind, that if the climatic conditions, etc., are suitable for its development, we are in danger of infection not alone from the returning soldiers from the Philippine Islands, but more especially from the Japanese and Porto Rican laborers who come to us from the Hawaiian Islands.

I regret that during my stay on the Hawaiian Islands I was unable, from lack of knowledge, literature and facilities to investigate this disease as thoroughly as I should have liked, and confess my astonishment at finding on my way home only a lukewarm interest among the professors at Honolulu. Still I saw enough of the disease to impress me with its ravages, and with the exceedingly difficult problem of eradicating it once it got a foothold.

The fully developed worm is of a grayish white color about one-half inch in length, and about as thick as a good-sized hat pin; it tapers from end to end, the thickest portion of its body being about the junction of the middle and last third. The mouth is provided with a series of tooth-like hooks, by which it clings to the intestinal mucosa and derives its nourishment by sucking blood.

They live in the small intestine, being principally found in the jejunum.

Infection takes place through the mouth, either by eating infected food or by the soiled hands or possibly through drinking water. In my own experience I was unable to satisfy myself as to the exact nature of the sources of infection and was inclined to believe that there might be something in the theory that the atmosphere became impregnated and that infection took place by this means.

The disease, too, has, I believe, been produced by infection through the skin. The slight irritation at the point of entrance being termed ground-itch, but of this I know nothing, never having seen a case, to my knowledge.

The pathological conditions produced are of course those of a profound anemia, and one of the most interesting questions is, what is the cause of this anemia? In the first place there is (a) direct abstraction of blood; (b) digestive disturbances, and (c) the so-called toxin theory.

It is supposed that there is a poison developed which is absorbed either directly through the mucous membrane, or possibly through the tiny ulcers caused by the perforating hooks. At any rate there is something more than simply the loss of blood and digestive disturbances, which usually are not severe enough to account for the rapid and at times profound anemia, and to make the blood picture of this disease so peculiarly characteristic, for pathologists tell us that there are three main features which are almost pathognomic of the anemia produced by this parasite, viz: (1) A decided eosinophilia 5 to 10%; (2) a very low hemoglobin percentage as low as 10 or 12%; (3) a fairly high red cell count in comparison to the extremely low hemoglobin per cent.

The earliest symptoms are those of a

gastric or gastro-duodenal catarrh, and these attacks are usually periodical. There may or may not be abdominal pain, which usually amounts only to a feeling of discomfort. In the case of the young girl referred to above, she was continually running to her mother to have her abdomen rubbed. The bowels are decidedly irregular and the faeces are sometimes streaked with blood. There may be fever, though generally slight and irregular.

As the disease advances the symptoms of anemia come on more or less rapidly, according to the conditions and surroundings of the patient. These are chiefly dizziness, palpitation, perverted appetite and emaciation. Patients complain of weakness, "that tired feeling," and are often jokingly said to be infected by the "bacillus of laziness," and there is not the slightest doubt that a great deal of the laziness and apparent stupidity of the ordinary coolie is due to this parasite, and, not as formerly supposed, to starvation. Referring once more to the little girl, her general appearance, although not markedly anemic, was certainly not normal; her countenance was dull and expressionless; her abdomen was prominent; she was fairly well nourished, but her muscles felt flabby, and, as I have said, she complained of abdominal pain. Her bowels were irregular and her appetite capricious. It was extremely embarrassing to the mother for this otherwise perfectly clean and refined child to eat dirt almost by the handful, but this was the case, and, although frequently scolded, and even whipped, she ate it with as much apparent relish as the ordinary child does sweets. This parasite is not a respector of persons. He attacks the rich as well as the poor; the manager as well as the lowest employee; the adult as well as the child, though in two instances of nursing infants I was not able to demonstrate its presence, though other members of the family were infected.

The city dweller is not as likely to become infected as the ruralist. In the case of Porto Rico, 90 per cent. of the agriculturists, and 50 per cent. of the city dwellers are said to be infected.

A positive diagnosis can be made by finding the ova in the faeces under a moderately high-power microscope. This, let me add is no easy task, one having to make eight or ten slides. Occasionally a fully-developed worm is passed, but this is rare. A cruder method is to leave the bowel movement in the commode, and under favorable conditions of heat and moisture the ova will develop in from eight to forty-eight hours.

The ordinary atmospheric condition in the Hawaiian Islands was all that was required. I simply instructed my patients to set the chamber aside, with the cover on so that no flies or insects could gain access, and to examine it from time to time and to report to me when they discovered them. The worms are easily seen with the naked eye, and one can scarcely help being surprised, first by the large numbers, and secondly by their great activity.

When one member of a family was found to be infected I always had the other members make examinations, and in almost every instance found the rest of the family infected, although their symptoms had been so slight that their attention had not been attracted generally, though they could recall one or more acute diarrhoeas, without any known cause, or perhaps they had headaches or a feeling of malaise or possibly had been losing weight.

In most of the cases that I saw there were symptoms enough to attract the attention of the average physician long before the anemic appearance was evident.

Treatment: I regret to say that thymol did not prove itself to be the absolute specific that the literature would lead one to believe; whether the

fault lay in the method of administration or the quality of the drug, or whether possibly re-infection was rapidly taking place, I am not prepared to say, but the fact remains that the patients did not get well, although generally the causes that made them seek the doctor were at least for the time being relieved, and occasionally after treatment it was impossible to develop worms for a few days.

The usual method of administration of the thymol is as follows: The intestinal tract having been previously emptied by a cathartic, and the patient having been on a liquid diet, thirty (30) grains of thymol, well powdered, in a capsule or wafer is given, at say, 8 a.m.; this dose is repeated at 10 a.m., and then a dose of castor oil or Epsom salts given at noon. This treatment is repeated at the end of the week, if the ova are still present.

With the official dose of this drug at one-half—five (5) grains, and my previous inexperience with its use internally, I confess that it was with a certain degree of anxiety that I first advised sixty (60) grains to be taken within two hours. However, aside from slight symptoms of poisoning, such as dizziness, nausea and, in some cases, vomiting, I never observed any harm from it, though the depression was quite evident. I have even given one dose more, making a total of ninety (90) grains, administered within four hours.

I should not care to increase this dose, though I have read an article in which the author said he gave five (5) doses of thirty (30) grains each, and gave this amount irrespective of age.

Now, I have never given thymol to children, nor would I care to, having prescribed for them a mixture of the fluid extract male fern. A favorite prescription was fluid extract male fern, kousso and kamamla rubbed up separately in glycerine and water. This, while it did not cure, certainly relieved the most urgent symptoms, and the general health improved, and if persevered with long enough would, I believe, eventually eradicate them.

I have also tried santonin in three or four cases and succeeded in expelling worms in two instances, but as it produced yellow vision, and decided urinary disturbances, in two cases I did not like to continue its use.

In addition to the drug treatment, I, of course, used every hygienic precaution, such as boiling all drinking water, destroying all faecal matter and keeping the hands, and particularly the nails, as sterile as possible.

But in order to successfully treat this disease in a location like the one I refer to, one must not only treat the patients, but the soil also, for it is in the dirt they develop, and with an ignorant and careless lot of coolies, it is impossible to enforce the ordinary laws of decency.

Bradbury Building.

UNCINARIA DUODENALIS (HOOKWORM DISEASE). ITS PRESENCE IN PORTO RICO AND TREATMENT SUGGESTED.*

BY L. L. SEAMAN, M.D.

During the last year, 30 per cent. of all deaths occurring in the island of Porto Rico have been attributed to this germ. Only recently has the uncinaria duodenalis been recognized as playing such an important part in the drama of life.

I made a personal examination of many cases at the hospital of San Juan and elsewhere on the island. The

*Abstracted from Maj. L. L. Seaman's report in the N. Y. Herald, Dec. 31, 1904.

dreadfully anemic condition of the rural population of the island, embracing as it does nine-tenths of its inhabitants, has long been a matter of common knowledge. It has been accepted as a necessary evil, being attributed to poverty and poor food, and no special measures were taken for its prevention and cure until it forced itself upon the attention of medical men after the hurricane in August, 1899. An unusually large number of people came under medical and surgical treatment and no less than 80 per cent. of the white victims suffered from this illness, thought to be pernicious anemia.

Disease Not Anemia. Capt. Bailey K. Ashford learned through biological and microscopical examinations that practically all sufferers from "anemia" were infested with a parisite, a so-called hook worm or nematode, which is known to the scientific world as "ankylostoma duodenale," and the diseased state it produces has been euphoniously termed "ankylostomiasis," or "uncinariasis."

When fully developed the worm sometimes attains the length of three-quarters of an inch. According to Dr. C. W. Stiles, zoologist of the Public Health and Marine Hospital Service, there is a slight difference between the Porto Rican variety and the above species, known in the Old World as "uncinaria Americana." If the majority of authorities on the subject can be believed the parasite is a blood sucker. The Anemia Commissioners of Porto Rico differ from these authorities, as in their opinion this worm devitalizes the blood by its toxins, but does not suck it—a distinction with little difference in its practical effect on the patient.

Brazil is infested with this parasite. It is also found in the southern portion of the United States; in Texas it is of frequent occurrence and even as high north as North Carolina it is met with.

Causes. The unsanitary condition of the island contributes largely to the production of the disease. This is not intentional neglect, but the environment of inherited habit, for which the present generation cannot be held together responsible.

Infection Through Feet. The germ effects an entrance to the body through the naked feet of the farm laborers. The larvæ adhere to the skin of the feet, owing to the want of cleanliness; in due course of time they will penetrate the skin of the feet, where their presence not only excites severe itching ("ground itch"), but is also evidenced in the shape of ulcers, which heal with difficulty and are sometimes mistaken for other diseases. Slowly but surely they push their way up into the intestines, where they become encysted and develop into full-fledged blood suckers, daily producing a million or so of eggs and gradually undermining the vitality of their victim.

Infection by Mouth Also. Infection undoubtedly also occurs through the mouth. Eating with mud-stained hands can hardly fail to produce it.

The difference between pernicious anemia and uncinariasis is that in the former there is decrease in the total volume of blood, while in the latter there is a reduction in the percentage of hemoglobin, or the red corpuscles of the blood.

The importance of a correct diagnosis it at once apparent when it is considered that the treatment of the two diseases is diametrically opposite. Anemic patients should receive plenty of wholesome food, with iron, arsenic and other tonics, to increase the quantity of blood. If, however, a patient exhibits anemic symptoms produced by the deadly work of uncinaria and is fed on such diet it serves to fatten the parasites and aggravate his own suffering.

Unless the patient already stands at the very edge of the grave, or there are

dangerous complications, such as tuberculosis, a cure can almost certainly be accomplished under experienced treatment. The drugs first recommended were male fern and thymol, with a distinct preference of the latter. More recently beta-naphthol has been administered, which the former advocates of thymol state is not only more efficacious, but less irritating and less expensive.

The statistics do not give a clear picture of the efficacy of the treatment, inasmuch as in the grand total of 5490 treated cases, 1029 or 18 per cent. are included which do not return and the results of which were not recorded.

As it is, however, 80 per cent. have been cured or improved, and if it is assumed that the majority of the 18 per cent. above mentioned did not return on account of their improved condition the percentage of successes would come very nearly the hundred mark. As a matter of fact, in less than 3 per cent. of the total number of cases no improvement occurred or death supervened. Effective treatment of the infected alone will not save the situation. It is to the preventive measures to which we have to look for an eradication of the disease. It is patent even to the layman that if arrangements could be made for preventing the infection of the soil, and practically enforced, the disease would be completely stamped out in a very short time. But there is another way; if the infection of the soil can not be avoided, people can at least protect their feet from coming in contact with it. To be sure, poor working men cannot afford heavy leather boots, but they could advantageously adopt the method prevailing in Holland of wearing wooden shoes, or clogs, which cost next to nothing and last a lifetime.

If a special appropriation were made to provide free clogs for the laborers in agricultural districts, it would not only pay as an economical proposition, but also as a commendable step from a humanitarian point of view.

It is not without significance that among the countries recorded as harboring uncinariasis Holland finds no place.

If the native were once convinced that the wearing of these clogs means the possible saving of his life and that they will perhaps save him from injuries he will probably condescend to use them. The same argument applies to the proper scrubbing of the hands before meals.

In Japan, which is far more densely populated than Porto Rico and where moisture and heat prevail sufficiently to develop the uncinaria germ most rapidly, it is unknown because of the exquisite cleanliness and frequent bathing of the inhabitants, nothwithstanding that great masses of people walk and work in the rice fields in bare feet.

The great need of the island is a campaign of sanitary education and the enforcement of the simplest rules. If the people can be brought to a full understanding of the necessity for obeying the most rudimentary rules of hygiene and sanitation, this disease and many others would soon be eradicated.

The work of ridding Porto Rico from this contaminating scourge has been well commenced, but unless proper measures are taken to continue in the same path, and if necessary to enforce precautions for guarding against renewed infection, the preliminary work will avail nothing.

Dr. J. MacDonald, late of the *International Journal of Surgery*, has purchased of Dr. Emory Lanphear, of St. Louis, the well-known publication, *American Surgery and Gynecology*, and the address will hereafter be 92 William street, New York City. Dr. Lanphear will devote himself entirely to the practice of surgery and gynecology.

DISEASES OF WOMEN AND CHILDREN.

WILLIAM A. EDWARDS, M.D., EDITOR.

EDITORIAL COMMENT.

When it can be stated without fear of contradiction that there is not an institution in, for example, New York City, devoted to the care of children, that is not the seat of gonocòccus infection, endemic and epidemic, we may appreciate the widespread distribution of the gonococcus and its importance, not only to the pediatrist, but also to the genito-urinary surgeon, the gynecologist, the obstetrician and even to the oculist. Koplik of New York, as recently as March 25, 1905, has said that when he assumed charge of the Mt. Sinai Hospital service for children, there was not a female child in that service who was not the subject of gonococcic infection.

Here in Southern California its prevalence is as marked as in the larger centers, among the same classes. The organism finds its most frequent seat in the vagina, and every case of vulvo-vaginitis in the child, no matter what its social environment, should be subjected to bacteriological study.

It was not until about 1895 or 1896 that the larger institutions became alive to this prevalence, and in 1904 no child was admitted to the Babies Hospital without an examination of the vaginal secretion, and fifty-two cases of vaginitis were thus discovered which would have remained undetected without this routine examination.

Holt's studies have convinced him that in the gonococcus infection one has to deal with an organism that is widely spread and highly contagious and one that is very difficult to eradicate.

In young children, that is those under three years of age, we met this infection usually in three forms. These are in their order of frequency—vaginitis, ophthalmia and arthritis. Its other manifestations are rare in childhood. In the child, unlike the woman, comparatively rarely do we find extension to the tubes, uterus and peritoneum. The bladder usually escapes, and urethritis, if present, is apt to be of a mild type.

Rosinski in 1891 first described gonorrheal stomatitis, and in 1903 Bagniski was the first to describe gonorrheal infection of the umbilicus, and Edgar has recently recorded a death from gonorrheal cord infection.

Koplik agrees with Edwards and Marx that children once infected are really more or less crippled for life. Edwards of Los Angeles has shown in 1901 that while most children recover from the immediate manifestations of the disease, they still in after life are apt to show the results of the infection. They may present the *anemic gonohemique* of the French, through the absorption of the toxins of the gonococci, or, as he has seen, suppurative salpingitis may follow purulent vulvo-vaginitis. Marx, who has had extensive opportunities, concluded that in nearly all purulent vaginal discharges, in children, inflammation occurs in adjacent regions sooner or later; the effect of these inflammatory changes may not be evident until menstruation is established. Pus in the tubes has been found in five cases at autopsy in girls between the ages of seven and nine years. Steven of London, in 1891, observed a case of acute, rapidly fatal general peritonitis in a child, associated with vulvo-vaginal catarrh. Gonococcus arthritis is rather frequent. Holt of New York a few weeks ago reported twenty-six cases in children. In five cases a single joint was involved; in sixteen cases three or more

were involved. The usual characters are those of acute pyemic arthritis, with wasting, prostration and exhaustion.

Townsend of New York, in the Hospital for Ruptured and Crippled, meets with three classes of cases; the periarthritic, those with simple effusion into the joints, and cases of mixed infection with the gonococcus present. A bacteriological examination is always made, particularly important in the cases when the vulvo-vaginitis is not marked.

The disease in children closely resembles acute articular rheumatism, but this disease is exceedingly rare in children under one year of age.

Unless care is exercised the discharge and its nature, too, may escape detection. Heiman of St. Petersburg has shown that it is possible in all these infantile cases to differentiate the specific organism from the other diplococci, and from the normal and abnormal microbic flora of the vagina. A non-specific purulent vaginitis is uncommon in institutions.

It is necessary to find the organism in the pus cells in order to make a diagnosis; if many leucocytes are present in the vaginal discharge of an infant or young child, it may be regarded as suspicious.

The examination of these discharges should be as much a matter of routine as the taking of throat cultures in children with tonsillar exudates. It is almost safe to assume that a purulent vaginal discharge in a young child is due to gonococcic infection. The gonococcus may be found with no vaginal discharge.

The isolation and identification of the gonococcus by culture is too time-consuming and must be left to the trained bacteriologist. The practitioner must depend on smears. The Jenner blood stain is here of value; the cell body stains reddish, while the gonococcus is a deep blue. We must remember that the biscuit-shape cocci, notably the micrococcus catarrhalis may be found in the leucocytes. This micrococcus is also negative to Gram. A number of saprophytic bacteria are also present in the vulva of children. It is well in children to pass a platinum loop into the vagina and obtain if possible uncontaminated material. If there is some doubt about the morphology of the gonococcus we may do a Gram stain on top of the Jenner preparation.

REVIEW OF THE LITERATURE.

CASES OF INTUSSUSCEPTION IN CHILDREN—TREATMENT BY LAPAROTOMY: Charles Herbert Fagge of the Evelina Hospital for Sick Children, and Guys Hospital, London, presents a study of eighteen cases of intussusception, and Cuthbert Wallace of St. Thomas Hospital and East London Hospital for Children records a series of twenty cases. Both papers appear in the *Annals of Surgery* for March, 1905. Fagge has never overlooked an intussusception, nor has he operated a case for intussusception and failed to find it.

Laparotomy is the only successful treatment, but well-recognized lines of treatment, especially if simple and non-operative, die hard, so inflation will only finally be given up after many more successful laparotomies have been recorded.

In sixteen of Fagge's cases a tumor was felt either through the abdominal wall or per rectum or bi-manually. In fifteen of the sixteen cases, diagnosis was easy and treatment prompt. One case, a chronic one, was looked upon as tuberculous peritonitis, and the tumor was thought to be matted omentum, and operative interference was undertaken too late.

Both of Fagge's cases in which no tumor was found ended fatally, on account of delayed operation. The tumor should be located under an anesthetic examination, not so likely to overlook it.

All tumors of less than forty-eight

hours' duration may be reducible; after the second day the case of reducibility markedly diminishes. On the first day 94 per cent. are reducible; on the second day, 83 per cent., and on the third day, 61 per cent. are reducible.

Ten of Fagge's eighteen cases were of the single ileocecal type; one was enteric, with a persistent Meckel's diverticulum, which was some distance above and not involved. Seven were double intussusceptions, three coliciileocecal, two ileocolic, two enteric-ileocecal. Fagge does not attach much importance to a minute division of the intussusceptions into many varieties. At an operation, completed as rapidly as possible, it is obviously impossible to distinguish between forms so nearly related.

Fagge's treatment: In seventeen cases primary laparotomy at the earliest possible moment. In one case inflation tried and failed before he saw patient. Except in two cases incision always made on right side middle line, with center at or below level of umbilicus; in the majority, it was through the right semilunar line; recently he has cut vertically over the right rectus, separating its fibres, hoping to obtain a firmer scar. Does not indorse the combination of inflation with laparatomy; it increases intra-abdominal contents and prevents the replacement of the already distended intestine within the abdomen.

An assistant's finger is introduced into rectum gently reducing the intussusception as high as the iliac colon, when it can be easily dealt with by operating from the abdominal cavity. Until the reduction has reached the ascending colon, it is carried on partly out of sight; then the intussusception is delivered from the abdomen and carefully watched while reduction progresses.

Escape of the intestines is to be avoided; much loss of time will occur in returning them. Their dragging on the mesenteric plexuses occasion shock. Unless patient in extremis, abdominal wall was always stitched by three layers of sutures, silk or catgut being used for the buried sutures.

Fagge's results: Six cases died twenty-four hours after operation from shock and toxemia; in four this was clearly due to bowel resection. One was so ill that nothing more than the formation of an artificial anus could be done. The total stands, seven deaths in eighteen cases, a mortality of 39 per cent. If the irriducible and gangrenous cases are excluded, the mortality is two out of thirteen cases, or 15.4 per cent.

Inflation without operation has a mortality exceeding 50 per cent.

Two cases were readmitted for diarrhoea; one died later. It is probable in these two cases that the intestines, though easily reduced, did not return to their normal condition; the recovery of the child from his acute illness may be more apparent than real.

Fagge discusses the treatment of irreducible intussusception: Two forms are met—those which are simply irreducible and those besides being irreducible are gangrenous. In the latter cases, resection is preferable to the formation of an artificial anus, because the latter does not remove the infected intestine. In nonseptic irreducible cases, either an artificial anus or a longitudinal division of the ensheathing and returning layers may be undertaken; this may be followed by a modified resection.

Wallace's series consists of twenty cases. Speedy operation interference should be the rule.

The cases are tabulated as follows:

Number of cases (males 12, females 8)	20
Small and large guts involved	19
Large gut involved	1
(1) Ileocecal	10, or 50%
(2) Ileocolic-ileocecal (ileocolic-colic)	5, or 25%
(3) Enteric-ileocecal (iliaca-ileocolica)	4, or 20%
(4) Colic	1, or 5%

This series shows that double tumors are more frequent than has hitherto

been considered to be the case. We should however avoid complicated classification. With a little ingenuity a very extensive nomenclature can be made out for intussusceptions arising in the neighborhood of the ileocecal region.

Wallace considers the diagnosis sufficiently easy. A tumor can in by far the greater number of cases be felt without difficulty. This tumor in the abdomen or rectum renders the diagnosis practically certain; it differentiates from enteritis. Anesthesia will aid diagnosis if in doubt. A tumor may also confuse the diagnosis. In two instances Wallace found the tumor to be a mass of glands near the caecum; in the other it was a long dependent lobe of the liver.

This series of cases throws no light on the causation of the intussusception. As a rule, the previous general good health of the patient was marked. Duration before operation: The extreme time, 7 hours and 4 days. Rarely any relation between the duration of the symptoms and the difficulty of reduction, nor was there any relation between the nature of the intussusception and the facility or otherwise of its reduction.

The treatment is always primary abdominal section. Inflation should be abandoned.

The site of the incision is open to discussion. If the intussusception has reached the pelvis no one incision will be most convenient at all stages of its reduction. Wallace adopted an incision through the right rectus muscle, length about three inches, its center three-quarters of an inch to the right and below umbilicus; it is sufficiently near the normal site of the caecum to permit the tumor to be easily brought out at the end of reduction.

Wallace's technique: Directly peritoneum was opened the end of the tumor was brought out of the wound, and reduction accomplished under the eye. If tumor lay in the pelvis, reduce a few inches within the abdomen, until the lower end comes easily under the wound. No attempt made to retain intestines in abdomen. They usually escaped and were covered with a warm sponge; they were not the object of any special solicitude. Rapidity of operation was aimed at. The average time of operation in eleven cases was fourteen minutes. This list includes a resection of gut and the excision of a gangrenous appendix. Suture: The following were the methods adopted: Suture in one layer, 4; suture in 3 layers, 9; suture through all layers and separate suture of anterior rectus sheath, 6; not stated, 1. Total, 20. Material: As a rule fine silkworm gut; a few cases, fine silk. Of the nine cases sutured in layers, two burst open and required resuture; one of these ended fatally. Want of union in young children must be remembered, and is best avoided by using deep sutures through all coats and separate suture of anterior rectus sheath. If thin layers only are included, danger of failure of reaction and sloughing of delicate tissues.

Results: Four deaths in twenty cases. Causes of death were: (1) Bursting open of wound, (2) thrombosis of cerebral veins (resection case,) (3) gangrene of caecum and inanition. (4) shock, extensive resection of nearly the whole large gut.

The appendix: It did not appear that the variety of the intussusception had any relation to the state of this organ.

Both of these papers contain excellent tables for reference, and are scholarly presentations of our today's knowledge of the disease. They show that in twenty years coeliotomy has risen from a last resource to a primary measure.

MODIFIED CHAMPETIER DE RIBES BALLOON—It is with great pleasure that we note the further results in the use of a modified Champetier De

Ribes balloon, as detailed by James D. Voorhees of the Sloane Maternity, New York, in the *American Journal of Obstetrics and Diseases of Women and Children*, January, 1905. His conclusions are as follows:

The modified Champetier de Ribes balloon is the best artificial hydrostatic dilator of the cervix. The balloons are especially effective in dry labors to start pains.

Labor, if prolonged and protracted from whatever cause, is hastened, and in a large percentage of the cases terminates spontaneously after their use.

The balloon is the best and most certain method of inducing labor for all indications.

In eclampsia and in placenta-previa the balloon has a field of usefulness which diminishes markedly maternal and foetal mortality.

Sloane series.—4272 cases (September 1, 1899, Sept. 1, 1903.) Dry labors, 626 cases; bags employed, 28 cases; protracted labors, 238 cases; bags employed, 50 cases; manual dilatation, 19 cases; induction of labor, 147 cases; bags employed, 111; bougie alone, 6; tampon of cervix alone, 1; scarification vulva, 1; accouchement force, 28. Total number of bag cases, 209; total number of manual dilatation cases, 73.

Eclampsia.—Sixty-five cases; 14 postpartum; 3 spontaneous delivery; 6 bags alone used; 11 bags followed by version or forceps; 31 delivered by accouchement force. Deaths—Mother, 7; 11 per cent. mortality. Causes of death—Pulmonary embolus, 1; ruptured uterus, 2; purulent peritonitis, 1; hemorrhage hepatitis and toxemia, 3. Child—32; 49 per cent., including all cases; nonviable children, 19; true mortality, 29 per cent.

Placenta Previa.—Sixty-one cases; 7 delivered normally, in 1 membranes ruptured; 4 delivered by breech extraction; 3 by forceps; 19 by version; in 10 balloons were used; 17 delivered by accouchement force. Deaths—Mother, 4; 6 per cent. mortality. Causes of death—3, rupture of the uterus; 1, hemorrhage (moribund on admission.) Child, 23; 35 per cent. Mortality—Nonviable children, 4; real mortality, 29 per cent.

Private Series.—Two hundred cases; dry labors, 47 cases; bags employed in 4 induction of labor, 32 cases; bags employed in 29; bougie alone, 3. Placenta previa, 3 cases; bags employed in 2; accouchement force, 1. Total number of bag cases, 39; total number of manual dilatation cases, 15.

Accouchement force.—Three; eclampsia, 1; placenta previa, 1; protracted labor, 1.

Manual dilatation lightly, 11.

BOOK REVIEWS

GYNECOLOGY, MEDICAL AND SURGICAL, for Students and Practitioners. By Henry J. Garrigues, A.M., M.D., Gynecologist to St. Mark's Hospital, New York City, etc., etc. With 343 illustrations, 461 pages. Price, $3.50. J. B. Lippincott Company.

For many years we have read the various contributions of this writer with pleasure and profit. This work is written more particularly for students in medical colleges and such general practitioners who desire to make themselves acquainted with the essentials of modern gynecology. It is, then, but an outline of the whole system of gynecology, as a guide to beginners. With this object clearly in mind, the reviewer has nothing to say but commendation of the work. It is much fuller than such books usually are, and in the main its language is clear, concise and easily understood by the student.

The introduction of the term ædœitis as a synonym for vulvitis seems unnecessary; the literature of medicine is already overloaded with synonyms. Diseases of the vulva are extremely well considered, even such a rare condition as fibroma of the round ligament receives careful consideration.

That injection of iodine or carbolic acid should still be recommended in the

treatment of hydrocele feminina seems odd.

Ten years ago (Dec., 1895,) the Southern California Practitioner contained a paper by William A. Edwards on "Hydrocele of the Labium Majus," in which it was shown that the consensus of opinion, even then, was that the treatment of this condition was always operative.

Kraurosis, or progressive atrophy of the nymphae, hardly seems to receive the space that its importance warrants; but none of the text-books describe this condition very well; perhaps Winckel's is the best.

In the experience of the reviewer this is certainly not as rare a disease as the author indicates. The reviewer read a paper before the 1895 meeting of the Southern California Medical Society in Los Angeles, in which a number of cases were reported, and each intervening year brings its quota of this intractable malady.

Martin of Berlin has had a similar experience; so also has Sanger. Many cases are seen in young women who have been subjected to the removal of both ovaries, and it is an extremely unfortunate sequela. Garrigues states that extra peritoneal shortening of the round ligaments (Alexander's operation) should be the operation of choice, which hardly seems to be in accord with the usual views. Again, on page 253: "If the fundus uteri is bound down by adhesions, they may sometimes be brought to absorption by massage and packing. If not, they may, perhaps, be severed by posterior colpotomy." This seems rather undesirable and perhaps dangerous information to give to students and young practitioners.

W. A. E.

SELECTED.

DEPARTMENT OF OBSTETRICS AND GYNECOLOGY.

BY ROSE TALBOTT BULLARD, M.D.

THE BLADDER AND ITS DISORDERS DURING THE PUERPERAL PERIOD. (*American Journal of Medical Science,* March, 1905.) In the *Monatsschr. fur Geb. und Gynak,* 1904 Band XX, Ruge contributes an interesting paper upon this subject.

Writers have formerly ascribed most disturbances in the bladder after labor to overdistension. Some have given abdominal pressure undue importance. His researches led him to believe that the mechanism of labor is such in all cases where the child is delivered through the vagina, that strong pressure is brought to bear upon the bladder at the neck and trigonum, and that this pressure causes lesions which produce characteristic results. The longer the labor the greater the pressure. The proportionate size of the head and pelvis, the length of time that the head is in the pelvis and especially the length of time the head remains upon the pelvic floor are important factors. The longer the expulsive stage of labor, the greater the danger of injury to the bladder.

The anatomy of the bladder is such as to produce the characteristic lesion described as bullous edema. Areas of darkened color with swelling of the mucous membrane are observed by the cystoscope and persist from four to six weeks after the birth of the child. Hemorrhage may also occur from the

sphincter of the bladder to the posterior wall. Such hemorrhage is beneath the epithelium, its areas of various shapes. The color changes during the process of recovery.

When his cases are reviewed, it is found that lesions of the bladder are not confined to those cases of labor terminated by difficult obstetric operations. Pelvic contraction was not present in these cases. Where injuries were but slight, no symptoms were present; where they were severe the patient had retention of urine or painful micturition. Changes in the urine were present, dependent upon the altered condition of the mucous membrane of the bladder. The bladder was especially liable to infection, and hence the *utmost precautions* in the use of the catheter was imperative. Lesions of the ureters and urethra, similar to those found in the bladder, were also observed.

MYOMECTOMY. (*American Journal of Obstetrics, January,* 1905.) At the Woman's Hospital Society, New York, Dr. Carmalt reported a case illustrating the value of myomectomy even with very large tumors. The patient after several abortions carried one child to term but was so asphyxiated in the birth that breathing could not be restored.

The tumor shrank after her confinement to less in size than a small egg, but after several months again grew to a greater size than ever. It filled the vault of the vagina and apparently mechanically interfered with conception. Her apparent sterility began to prey upon the patient's mind. She declined to consider hysterectomy at all, and knowing the risks, decided upon an exploratory celiotomy with probable myomectomy.

Incision from umbilicus to pubes. Tumor found occupying anterior wall of uterus, encroaching upon bladder below and left broad ligament. There was no pedicle. An attempt to split the peritoneum over the mass met with such furious bleeding it was discontinued. Around the base of the tumor, sutures, including the peritoneum and large vessels beneath were passed and tied. More than fifty of these were used, and the peritoneum toward the tumor was incised, bleeding points tied while the mass dissected free from the bladder below was removed, together with the anterior wall of the uterus. The mucous membrane of the anterior wall was not entirely removed. The raw surface thus made was brought together with two tiers of mattress sutures and when the incision was closed the wound looked like that of a Caesarean section. The tumor, a fibromyoma, measured 8 by 6 inches; weight, 6½ pounds; very vascular with piece of peritoneum attached. Her convalescence was uninterrupted until the 28th day, when she was allowed to sit up. It was the day her menstruation was due. That night she had a temperature of 104° and great pain over region of the left ovary. No mass could be felt. Two days later the left thigh began to swell and a diagnosis of left iliac phlebitis was made. Four weeks later the same condition developed on the other side, but in six weeks she was well. She became pregnant and was delivered in less than one year after the operation of a 10¼-pound boy after a labor of two hours all told. She is nursing her baby without difficulty.

Albanus and Sonnenburg hold that phlebitis follows in 4 to 5 per cent. of all operations upon the peritoneum, but state that 20 per cent. of Albanus' cases followed myomectomy and ovarian cyst operations. Burkhard reported 12 emboli and 24 phlebitis in 236 myomectomies. In this and one other case the fact that the phlebitis was synchronous with a missed menstrual epoch was significant. The phlebitis was treated by early use of the limbs; it seems to him that the results are better than after treatment by compression and bandage.

DEPARTMENT OF TUBERCULOSIS.

CONDUCTED BY L. M. POTTENGER, PH.M., M.D.

THE CONDITION OF THE STOMACH IN TUBERCULOSIS.—In giving a prognosis in pulmonary tuberculosis, the condition of the stomach must always be taken into consideration. Few are the cases which do not show some disturbance of this important organ. It may be a slight anorexia, or it may be an absolute disgust for food, or it may be a rejection of whatever food is ingested.

No matter what method of treatment is employed, the stomach must receive our most careful consideration. Much harm has been done in the past in giving tuberculous patients remedies which interfered with the gastric function. No doubt many individuals have had their end hastened by the injudicious administration of such remedies as creosote and cough medicines, which in no wise cured the disease, but interfered with digestion. One of the first considerations in determining the value of any remedy should be its effect upon the digestive apparatus.

The condition of the stomach in tuberculosis has been studied by various scientists, the results of whose investigations have not always agreed. J. F. Munson, after a careful study of the cases of tuberculosis appearing in Prof. Dock's clinic at Ann Arbor, gives a summary of his results, in the New York *Medical Journal* and Philadelphia *Medical Journal* of March 18, 1905. He also gives a summary of the similar investigations which have been carried out by other men. The article is full of interest and well worthy of perusal. I will quote his conclusions:

"An examination of the tables and summaries will show that the motor power is little disturbed. The acidity in the first group (early stage) appears about normal, but in the other groups (moderately advanced and advanced) is markedly decreased. In a large proportion of all the cases the same individual shows, at different times, hyperchlorhydria and anachlorhydria. In such cases I cannot trace any connection with the fever; indeed, in view of Hildebrand's view that free hydrochloric acid was not present at temperatures above 37° C., it is of interest to note in several instances that not only was free hydrochloric acid present with temperatures above this point, but that it was present in normal or increased amounts.

"Cornet has suggested that the disturbances are due to pressure on vagus fibers by swollen gastric glands, and points out the resemblance of these dyspepsias to anorexia nervosa. Some, like Hildebrand, connect it with the fever; others with the anemia or cachexia. Neither of these causes explains the pretuberculous and initial dyspepsias, as the dyspepsias often preceded their occurrence (Cornet.) Circulatory changes have been observed in the gastric mucosa, and in late stages amyloid change has been recorded. In this connection the observation quoted above (Chelmonski, page 9.) concerning the absence of free hydrochloric acid in cases of emphysema with complications, is of especial interest, for as he suggests the portal circulation would be altered, secondary to the pulmonary disturbance, thus changing the blood supply of the stomach. Some look upon the sputum swallowed by these patients as an irritant to the mucous membrane, and it is also said that the admixture of sputum will change the reaction of the stomach contents; however, the quantity of sputum must be very large or the acidity of the contents very small, for such a change. Some regard these dyspepsias as specific. From this point of view, the theory that the dyspepsias are due to substances circulating in the

blood would appear rational. Others, however, believe the dyspepsias and the tuberculous process to be distinct and their coexistence a mere accident; an accident which seems exceedingly common. One may assume in cases where previous dyspepsias can be eliminated, that the digestive disturbances which introduce or accompany the tuberculous process are manifestations of the reaction of the system to toxic products—a reaction analogous, perhaps, to the rise of temperature following the administration of tuberculin. No other assumption appears to me to explain the pre-tuberculous and initial dyspepsias, occurring as they do before anemia, fever, or cachexia, have come on, and often before physical signs can be made out; indeed before the patient has any pulmonary symptoms whatever.

"I cannot agree with Fenwick that the examination of the stomach contents of consumptives is without clinical value. If we can improve the condition of patients suffering from ordinary stomach disease, should not the consumptive have the benefit of treatment in this direction, especially as the main issue in the struggle against his disease is improvement of nutrition?

"With or without digestion symptoms, the digestive processes must be studied; the mouth and teeth must be examined, and thorough mastication insisted on; the condition of the stomach must be studied, and the indications thus obtained carefully followed; lastly, the faeces should be examined to ascertain if digestion is complete. These investigations, consciously carried out, will enable the physician to prescribe a diet suited to the patient. While it may be urged that an increase in weight is sufficient evidence of his improvement, we must remember that intestinal digestion may compensate for lowered stomach function, so that digestion is apparently perfect. Again, while most of the food may be utilized, some may be excreted in the faeces undigested, a condition which will sooner or later lead to trouble. Gain in weight may take place in spite of such conditions, but only careful examination of the digestive tract will enable the physician to bring about the highest efficiency of digestion.

"In conclusion, I would say that the number of cases reported (twenty-six) is too small for the purpose of generalizing as to the condition of the stomach in pulmonary tuberculosis. The small amount of hyperacidity in my series, its occurrence in the third as well as the first group, the marked tendency to hypoacidity, and its frequent transformation into anachlorhydria, and the undisturbed motor power, make up the picture presented by these cases."

FAT EMBOLISM OF THE LUNG AFTER FRACTURES.

F. Gregory Connell, Salida, Colo. (*Journal A. M. A.*, February 25), remarks on the rarity of American literature on this subject. He reports two cases. In practically all fractures, he says, there is more or less fat embolism, according as there is comminution, rough handling, etc. It may also follow orthopedic operations, surgical procedures, inflammations, fatty liver, etc., and the most striking feature is the preliminary period of euphoria, while the most important clinical symptom is the presence of fat in the urine or sputum. Later respiratory and cerebral symptoms may appear at any time up to the fifteenth day. The condition is frequently overlooked or confused with shock, septicemia, pulmonary embolism, effects of anesthetics, etc. As we do not know its frequency its prognosis is uncertain. It probably occurs in a mild form after a large proportion of fractures and is unrecognized. The only treatment that is practically available is judicious heart stimulation.

NURSERY POWDER.

Fuller's earth.....8 ounces
Talcum .....8 ounces
Oil of lavender.....5 drops

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EDITORIAL.

THE STATE BOARD OF MEDICAL EXAMINERS.

Although Dr. Norman Bridge is eminent as a physician, educator, author and public-spirited citizen, and his words have a still added prestige as he is a member of the faculty of Rush Medical College—affiliated with the University of Chicago—yet we must differ with him in his attitude in opposing the right of the State Board of Examiners to go back of the applicant's diploma and inquire into the preliminary education and the time of attendance at the medical college.

Dr. Bridge says the blank affidavit which the applicant must sign "is a positive curiosity." We cannot concur with this opinion.

This affidavit had nine points to answer:

1. Education prior to first medical course. Who objects to that question? The information contained shows the State Board of Examiners at once the standing, as to general education, that the medical college is demanding. There are enough illiterate members of the medical profession already. The more the State Board of Examiners impresses upon the applicant the necessity of a good general education the better it is for the public and the better it is for the profession.

2-3. Gives number of years applicant attended medical college and the number of months in each year. Now, Dr. Bridge, what is there curious or unreasonable in this information?

4. Whether applicant was conditioned during medical course.

5. When and where these conditions were removed.

6. Whether credits were allowed on medical course and if so upon what credentials.

7. Date of medical diploma and name of college.

8. Statement that requirements of said college were not in any particular less than the minimum requirement of the Association of American Medical Colleges.

9. Whether applicant has practiced medicine, dates and where last.

We consider all of these questions fair, reasonable and useful with the exception of No. 8. The point contained in that question should, we believe, be settled by the Board of Examiners, and it is not a question about which the recent graduate is likely to be informed. Still there is nothing in it that merits being held up to ridicule.

These questions were prepared with the earnest aim of protecting the public and the profession from incompetents, and the State Board of Examiners deserve praise and support from the eminent members of the profession instead of contumely and ridicule.

Dr. Bridge condemns the "espionage" of the State Board of Examiners. Every worthy medical college will welcome the most rigid inspection of its work and of the qualifications of its graduates.

Some colleges need watching at every point, and thorough inspection benefits all colleges.

Let the motto of the State Board of Examiners and of the medical profession of California be *vestigia nullo retrorsum.*

GAS AND OIL STOVES.

At the passing of the winter season it behooves us to look back and consider thoughtfully a grave evil that exists among us, in order that we may do something to correct it before the coming of cold weather again. This evil is the widespread use, for heating purposes, of gas and oil stoves.

We of Southern California boast much of our almost perfect climate, and well may we do so, but what an insult to our pure, wholesome air to box it up in a close room and pass it an unlimited number of times through a gas-stove or an oil stove and then alternately into our own lungs! It is bad enough when we who are healthy are condemned to this; but what a sad picture we meet when we come upon a tubercular patient in a sunless room, crouching for warmth over a vile-smelling gas or oil stove, the air depleted of oxygen and charged not only with deadly carbon dioxide, but also with irritating and malodorous fumes, the products of oil or gas combustion. This picture is not drawn from imagination. We see it every day. And every day we go on about our business, too lethargic to protest.

"But," says the enthusiastic house-owner — or the patient himself — "my stove is lovely. There is never any smell." What if there *is* no smell (for the sake of argument.) The oxygen is consumed and the carbon dioxide is thrown back and the subtle poisoning process goes relentlessly on. The patient does not appreciate this, nor do his family, but we appreciate it—when we stop to think—and with us therefore lies the responsibility and much of the blame. Primarily the fault seems to lie with the house-builder, who builds as cheaply as possible and fails to pro-

vide against the real cold which must be combatted; or perhaps he goes to the expense of having extra gas-plugs in his rooms for connecting gas stoves. But this error is one of ignorance—of ignorance because his medical adviser has never taken the trouble to make clear to him the dangers of this kind of heating. And the tenant tolerates this form of heating—or welcomes it—through ignorance—through ignorance because his medical adviser has never shown him the danger. And thus the fault comes home to us, because we have failed in one of our chief duties, which is to instruct in hygiene those who entrust themselves and their families to our care.

"But," it is objected again, "these stoves need only be used a short time every day; then the sun comes in and the rooms warm up and no fire is needed. And gas or oil is so cheap and so convenient." Well, the aim of this writing was not to convince the skeptical. Few who think but will admit the danger. But if one doubts, let him spend but a half-hour in the close room where he finds his patient trying to keep warm over such a source of heat. His aching head and nasal membrane tortured by acrid vapors will convince.

Perhaps most pitiful of all is the effect upon the little helpless children. A few months since an interesting paper was read before the county society showing the effect upon a delicate child of dense tobacco fumes in a close room. So subtle was the poison in its action that only extremely careful observation led to the discovery of the cause. So, if we observe, will we see the blighting action of gas and oil fumes from heaters in close rooms.

What can we do about it? The custom is almost universal here in Southern California; and gas and oil heaters seem a necessary evil anyway. What can we do? Much. And gas and oil heaters are not a necessary evil. In the first place we can see to it that these abominations find no place in our own houses; this healthy example will alone do much. Again, we can patiently advise and remonstrate against them in every house where we find them doing their pernicious work. The task will be an endless one, and the many will go on in spite of what we say; but many will stop and think—and act. Heat in our houses in winter is a necessity, even in Los Angeles; vitiated air and acrid fumes are not a necessity; they constitute a nuisance and a danger, only the more real because it is so subtle and insidious.

W. P. M.

SOME FACTS ABOUT PNEUMONIA.

There is no one of the acute diseases which has been given so much attention in the past two years, and especially the last eight months, as pneumonia. At present this stands as the most frequent of the acute infectious diseases, and carries with it the highest mortality. If only for the last fact, it would be quite sufficient for the profession's giving so much time and energy to this subject. It is with the prevention, etiology and treatment that recent advancement has been made along what seems to be the right lines.

Prevention: The idea of the contagiousness of pneumonia is gaining

ground, so much so that many good authorities claim that every acute pneumonia should be isolated, as one does other contagious diseases. The fact is that in some instances we have the undoubted record of the disease attacking several members of a family, one after another, in the same household; and in hospital wards occasionally patients have developed pneumonia and the pneumococcus been found in the blood after patients have been placed in the bed of a recent pneumonia case. Even nurses have been known to take it from their patients. These instances, while relatively few, have been sufficient to make the profession pause and consider the isolation. We are not yet ready to isolate our pneumonia patients, nor does it, from the large number of cases that are placed in hospital wards without a history of contagions, seem necessary. If the rules of hygiene and cleanliness are strictly followed, as is necessary in every case of pneumonia, the mortality would be much lessened. The sputum of every case should be cared for and destroyed with the same strictness that is done with tuberculous cases. The pneumococcus so often spread may be found in the throat, nasal passages, and even in the bronchial tubes of healthy individuals. These may be carried around indefinitely without doing the person any harm, and yet on exposure to cold, overexertion of any kind, or excessive indulgence, these micro-organisms become most virulent. The best theory advanced is that the ciliated epithelium of the respiratory tract in health is sufficient protection to prevent the action of the pneumococcus, then when the general system is lowered by excess of any kind, or from exposure, the ciliated epithelium becomes, as it were, paralyzed or unable to perform its normal functions, and the bacteria may readily become active. Or it may be that some change is produced in the pneumococcus itself, making it more or less virulent. This might take place under certain conditions, as a catarrhal affection of the respiratory passages, producing some change in the pneumococcus already present there, whereby symptoms of the first stages of pneumonia are produced. This seems especially striking in Southern California, in contrast to cases of the colder climates. Our cases develop less suddenly; there is usually a history of a catarrhal affection some days previous to onset of pneumonia symptoms. The milder climate, too, seems to have an effect on the lung involvement, instead of the whole lobe being involved, a part only, the anterior, posterior or central, and yet the type a true infection of the pneumococcus. In all such catarrhal affections, the sputum should be immediately examined, and one can then be better guided for subsequent treatment, and in this way prevent many cases of more serious complication. One is often in doubt as to just how strict he should be with a case of what is usually called an "ordinary cold," and the sputum examination should often make the decision. One attack of pneumonia renders the individual susceptible to another attack. Statistics show that recurrence is very common, and yet a true relapse almost unknown, so that if there is some immunity produced with an attack of pneumonia, it is not of long standing.

Treatment: The best treatment which should be emphasized, is to individualize. No special line of treatment being advised, but to treat each case intelligently and carefully as necessity demands. This would seem most rational in any infectious disease where no specific is known. So much is claimed for so many different drugs, and statistics given to prove their efficacy, that one might well be in doubt which one is best to use. For this reason, if no other, individualization is the right course. The anti-pneumonic serum has certainly not proved encouraging in the best hands, and yet much work has been done in this line since the first serum, thirteen years ago, was prepared. As the disease is not a true toxemia, it would seem that much more must be done in the bacteriological line to produce a more certain injection. It is good judgment to believe that we have often used an unnecessary amount of cold bathing and plunging for the temperature. Statistics are no better for temperatures ranging from 102° to 104° or 105° than they are for temperatures below 102°; and therefore it would seem best not to disturb a patient on account of his temperature unless it should rise above 104° or 105°. This does not mean that one should neglect the care of the skin by hyrotherapy. In regard to venesection, there is still considerable discussion, and always will be, but the past year has brought many articles favoring this treatment in selected cases. There are always good arguments against its use, but when the time comes that the right heart is overburdened, especially in plethoric people, venesection must be resorted to. The cases that receive the best treatment are those kept absolutely at rest, in a darkened room, away from friends and family, with as few attendants as possible. A room with sunny exposure, with a constant circulation of fresh air, keeping the temperature of the room about 65°, and not letting it get above 68°, keeping the bowels, skin and kidneys active; a generous amount of drinking water, light, nourishing diet, and the use of drugs and special treatment as each individual case seems to demand—*individualization.* W. J. B.

THE IDYLLWILD SCHOOL OF FORESTRY.

The new profession of forestry is one in which all physicians should have an intelligent interest. The protection of our forests and the conservation of our water supply is a matter that has a direct effect upon the health of the people of Southern California, Arizona and New Mexico.

The third annual session of the Idyllwild School of Forestry will begin in Idyllwild, San Jacinto Mountains, on July 12th and last for three weeks. This school is under the patronage of Hon. Gifford Pinchot, Chief Forester of the Bureau of Forestry, and President Benjamin Ide Wheeler of the California State University. The lectures will be illustrated by electric stereopticon views and by study trips through the surrounding forests. The lectures will be by Mr. Avery T. Searle, a forest assistant in the Bureau of Forestry in the United States Department of Agriculture. Mr. Searle is a graduate of the School of Forestry of Yale College, and

has devoted his time to Forestry in the Philippine Islands and Southern California. Mr. T. P. Lukens, who is an agent of the Bureau of Forestry, and who has a national reputation in his forestry work; Professor A. V. Stubenrauch, of the College of Agriculture of the University of California, and whose work in establishing the horticultural sub-stations is well known. Professor Stubenrauch's lectures will be devoted especially to acacias, eucalyptus and other kinds of Australian and New Zealand trees and shrubs which seem promising for California conditions. Professor Stubenrauch will deal with the characteristics of the trees and shrubs and their economic value in California. He also hopes to have a lecture on the "Influence of Forests on Climate." His lectures will be given July 12, 14, 18. Miss Belle Sumner Angier will deliver a lecture on the flora of the San Jacinto Mountains. This lecture will be given on July 20. The other lectures will be as follows:

"Water Conservation," Mr. Lukens.—One lecture on the importance of forests for the conservation of water. (Illustrated.)

"Forest Botany," Mr. Searle.—Two lectures on the simple cell, the structure of the growing and of the mature stem; methods of transpiration and nutrition; methods of reproduction and the structure of a seed. (Illustrated.)

"Forest Protection," Mr. Lukens.—One lecture on the elements of destruction and means for prevention and cure. (Illustrated.)

"Silviculture," Mr. Searle.—One lecture on the silvicultural methods for natural and artificial regeneration as practiced in Europe.

"Reforestation," Mr. Lukens.—One lecture on the species best suited to the work of reforestation and the methods of work for its accomplishment. (Illustrated.)

"Measurement of Forests," Mr. Searle.—One lecture on the methods of computing the volume of single trees, of standing forests and valuation surveys.

"Management of Forests," Mr. Searle.—One lecture on the management of forests in Europe, regulation of the yield and working plans.

"Forest Law," Mr. Searle.—One lecture on the Federal laws directly affecting the forests.

"Forests of the Pacific Coast," Mr. Lukens.—One lecture on the general forestry of the Pacific Coast, and the identification of species. (Illustrated.)

STATE SANATORIUM FOR TUBERCULOUS —WHY THE GOVERNOR VETOED THE APPROPRIATION.

The following is a letter which Governor Pardee sent to a prominent Los Angeles physician giving his reasons for vetoing the bill appropriating $150,000 for a State Sanatorium for the Tuberculous:

Dear Doctor: Answering yours of March 10. Like you, I thought after our somewhat extended and very frank conversation of a short time ago, that the matter of the State Sanatorium for Tuberculous patients had been, or ought to have been, dropped. But it appears that some of our enthusiastic friends, who thought that I either didn't know much about the finances of the State, or

maybe was trying to fool them about it, conceived the idea that, if they would crowd the bill through, they could induce me, willy-nilly, to sign it, even if I knew that, at this time, the finances of the State would not permit the expenditure of this sum of money without doing injury to the institutions we already have to take care of.

I think I explained to you (at least I tried to) that, in the interest of humanity and common decency, there ought to be expended on the already existing institutions of this State something like $6,000,000. I think I explained to you, for instance, that the State Hospital for the Insane at Stockton ought to be entirely or nearly entirely reconstructed. I think I also explained to you that the Home for Feeble-Minded Children ought to be greatly enlarged and improved. I think I also called your attention to the fact that the Southern California State Hospital ought to be so enlarged that a large percentage of the inmates be not compelled to sleep on the stone floors of the corridors, unheated, unventilated and unsanitary. I think I also called your attention to the fact that both of our State penitentiaries are veritable hell-holes, which ought to be entirely reconstructed. I also called your attention, I think, to the fact that the Preston School of Industry ought to be greatly improved. I also called your attention, if I remember rightly, to the fact that the people of this State are sending to the State University some 4000 of their sons and daughters, and that the accommodations, and rather poor ones, which are there now for about 1200, ought to be increased. I also called your attention, I think, to the fact that the State Normal School in San Francisco ought to be removed, at a cost of $150,000, from the cold, draughty, unsanitary, unsuitable, rickety, ramshackle building in which they are now housed. I also told you, I think, that a new building ought to be built for the Los Angeles Normal School, or, at least, considerable money ought to be spent on the old one in their interest.

I also called your attention to the fact that there ought to be many more hundreds of thousands of dollars of the State's money put into our public schools; also that we ought to spend a couple of millions of dollars more than we have been spending every year in the proper maintenance of the institutions we already have; also to the fact that we pay our Attorney-General, our Secretary of State, our State Controller, our State Treasurer two hundred and fifty dollars per month, and ought to be ashamed of ourselves for doing it; that we pay our school teachers very inadequate salaries; that we can't do many, many things we ought to do, and have to half do many things we are doing.

I also called your attention to the fact that a sanatorium, such as this bill calls for, would accommodate but a part of the hundreds of California's citizens who are afflicted with tuberculosis, and that the sum called for in the bill would be totally inadequate to cope with the situation. In reply to this, you said that it would do great good. I assented, and still assent to this. But, on the other hand, it seemed to me while I was talking with you, and still seems to me,

that the State ought not to neglect the institutions it already has, and inaugurate new ones which would compel us not only to further neglect those we have, but would also compel us to neglect the new ones.

You speak, in your letter, "as a medical man, as one who thoroughly understands the needs and humane motives which demand this institution," and you "appeal to me in the name of justice to those hundreds of California's citizens, who are dying needlessly every year, in the name of those who are bereft of dear ones and those who are deprived of support because of this cruel disease; in the name of that great mass of noble, humanitarian citizens of this great State of California who have demanded this measure," to sign this bill.

Being something of a medical man myself, I can, as I told you when you were here, subscribe to all you say, and add a little more to it. But how about our thousands of insane, our hundreds of feeble-minded, our thousands of paupers, orphans, criminals, school children, university students, Normal School students, State officers, university professors, and all the others whom we are already inadequately taking care of? You ask me, as Governor, to still further neglect those whom we are already shamefully neglecting. You ask me to take on another State institution when we cannot decently take care of those we already have.

This also is to be said at the present time with regard to appropriations; the Legislature has been very good to me this time, for it sent down to me about $1,000,000 in special appropriations more than the finances of the State will permit me to sign. And, as these appropriations are, mostly, for the benefit of institutions already in existence, you will see that, if we did justice to our present institutions, we would have to sign $1,000,000 more than we can before we can do anything toward new institutions.

I note the list of "representative and influential bodies" which you say have passed resolutions favoring the measure. I have before me a long list of other "representative and influential bodies" which have also passed resolutions favoring other measures, which they, like you, declare are "demanded by the people generally." I wish I could see my way clear to make you all happy. But were I to do so, the institutions we already have would be still worse off; and this, I am sure, would not be a good thing.

Very truly yours,

GEORGE C. PARDEE, Governor.

STATE SANATORIUM BILL FAILS TO RECEIVE GOVERNOR'S SIGNATURE.

The bill providing for a State Sanatorium for the treatment of the tuberculous poor was allowed to die by the Governor. No one will question the need of such an institution, not only in California, but in every State in the Union. These institutions are demanded because of their humane, economic and educational value. Tuberculous patients are everywhere to be found, and they must either be cared for properly or be allowed to die. They must either be educated or be allowed to scatter infection among their families and friends.

The Governor recognizes the necessity of caring for those who are afflicted with this dread disease, but withholds his signature because of the lack of funds for carrying on such institutions. The bill did not die for lack of interest, for the people throughout the entire State were demanding it; and, while we must accept defeat at the present, yet a great victory has been won. The people have been aroused to the need of a State sanatorium. The Legislature not only deemed it an important measure, but gave it almost unanimous support. In the Senate it was passed without a dissenting voice and in the House there were only six opposing votes. The work will not stop here. The agitation for the measure will continue. All of those who favored and worked for it this time will remain loyal to the cause. They will interest their friends, and when two years have rolled around, it is hoped that California will do justice to her tuberculous poor.

While we do not wish to blame the Governor for his action in this matter (for we recognize his perfect right to look at things differently from us,) yet we feel that it would have been a source of great pride to our medical Governor to have been able to see such a humane institution established during his term of office.

EDITORIAL NOTES.

Dr. J. L. Ballou, formerly of Jefferson, N. C., has removed to Aztec, N. M.

Dr. L. D. Johnson of Whittier has just completed an elegant new office.

Dr. C. C. Johnson has removed from Columbia, S. C., to Aiken, S. C.

Dr. J. E. Adams of Flagstaff, Arizona, was recently called professionally to Los Angeles.

Dr. D. J. Brannen of Flagstaff, Arizona, has been looking after some orchards that he has near Los Angeles.

Dr. F. W. Sawyer of Prescott has been spending a few days in Southern California.

Dr. J. W. Coyner of Peoria, Ill., has located in Hollywood, near Los Angeles.

Dr. Miles Taylor, the San Francisco surgeon, was recently called professionally to San Bernardino.

The California Sanatorium at San Bernardino was burned on March 31. The patients were safely removed.

Dr. James Jackson, who graduated from the Jefferson Medical College in 1902, has located in Hemet, Cal.

Dr. W. J. Galbraith of Cananea, Mex., has been suffering with a severe attack of la grippe, resulting in an abscess in his face.

The will of Dr. G. A. Rene, formerly City Health Officer of San Bernardino, was, on petition of his widow, set aside by the court.

Dr. A. S. Parker of Riverside has been appointed on the board of pension examiners, vice Dr. A. D. Tilden, who has moved away.

Dr. W. A. Anderson, who was recently arrested for practicing medicine without a license, has removed from Imperial, Cal., to Mexicali, Mex.

The biennial report of the State Board of Charities and Corrections, recently issued, says that the San Diego County Hospital is the best in the State.

Dr. M. A. Bennett of San Bernardino has been suffering from a serious case of infection of one of her fingers, contracted in a surgical operation.

Dr. William D. Dilworth of Oxnard has been taking a vacation from his studies in London, and the last heard from him he was in Rome.

Dr. R. D. Adams, who has resided longer in Monrovia, Cal., than any other practitioner, graduated from Long Island College Hospital, Brooklyn, N. Y. in 1864.

The staff of physicians of the Kaspare Cohn Hospital, of Los Angeles, is composed as follows: Drs. Philip Newmark, D. W. Edelman, E. M. Lazard and A. Tyroler.

Dr. Eugene Mathewson of San Diego was called to see a very urgent case during the heavy rains. The San Diego River was too deep to ford, so the doctor tied his horse and swam across.

Dr. N. H. Morrison, the well-known chief surgeon of the Santa Fé Railroad, is being entertained with a $20,000 damage suit by one of the employés of the road.

Dr. Mary Blair Moody, formerly of New Haven, Conn., a graduate of the Buffalo Medical College, and a woman distinguished in many scientific and educational lines, has located in Pasadena.

Dr. C. E. Yount of Prescott has been appointed by the Governor of Arizona as a delegate to the Anti-Tuberculosis Convention which will be held at Atlanta, Ga., April 17th.

Dr. Granville MacGowan of Los Angeles while exploring the Grand Canyon of Arizona recently, was kicked by an unsympathetic mule, and the result is that he is going around with his hand done up in splints.

Dr. W. H. Hall of Butte, Montana, was married in Los Angeles on Wednesday evening, March 22nd, to Mrs. Purden Smith-Miller at the residence of Dr. W. T. McArthur, the bride's brother-in-law.

Battle & Co., 2001 Locust street, St. Louis, Mo., have just issued the fifth of their series of twelve illustrations of the intestinal parasite, and will send same free to any physician on application.

Dr. T. B. Lyons, formerly of Raton, N. M., has located in Redlands, San Bernardino county, while Dr. S. G. Huff, formerly superintendent of the San Bernardino County Hospital, has removed to Orange.

The Governor of Arizona has appointed for the Board of Medical Examiners: Dr. Axel Martin of Phoenix, Dr. C. H. Jones of Tempe, Dr. G. T. Manning of Flagstaff, Dr. H. W. Fenner of Tucson and Dr. Charles E. Hawley of Mesa.

The Pasadena Medical Society held its March meeting on the evening of the 19th at the home of Dr. Fordyce M. Grinnell. Dr. A. D. McCoy read the paper of the evening, and later Mrs. Grinnell entertained the members with a collation.

The Chicago Polyclinic, under the general management of Dr. M. L. Harris, will give a special practical course in surgery, gynecology, skin and venereal and rectal diseases, commencing Monday, April 10, 1905, and continuing three weeks at 174 E. Chicago avenue.

The physicians of Luna county have organized the Luna County Medical Society. The following are the officers: Dr. J. G. Moir of Deming, president; Dr. J. O. Michaels of Deming, vice-president; Dr. S. D. Swope of Deming, secretary; Dr. P. M. Steed of Deming, treasurer.

At the meeting of the council of the Los Angeles County Medical Association, held March 23, 1905, the following were elected to membership: W. H. Mayne, Caroline McQuiston, Chas. L. Garvin, Thomas R. McNab and H. K. Emerson of this city, and J. F. Spencer of Gardena.

Dr. Maria Congdon of Pasadena has been elected Supreme Medical Examiner of the woman's department of the Fraternal Order of the Knights and Ladies of William Penn. Dr. Congdon graduated from the Medical Department of the University of Buffalo in 1902.

The monthly meeting of the Riverside County Medical Society was held at the home of Dr. C. A. Dickson in Riverside on the evening of March 13th. Papers were read by Drs. C. L. McFarland and J. C. King. After the scientific exercises were over Mrs. Dickson served a delightful supper.

As stated in another item, Dr. J. MacDonald, Jr., has purchased of Dr. Emory Lanphear the *American Surgery and Gynecology*, and will hereafter manage that as his own personal property. The *International Journal of Surgery*, of which he has heretofore been editor, announces that its policy will be maintained as heretofore as an independent, practical, clean and up-to-date exponent of practical surgery and gynecology.

At the meeting of the San Bernardino County Medical Society, held in Redlands on March 9th, there was only one representative from San Bernardino—Dr. Mary Bennett. This was the first time that the San Bernardino County Society had been held away from San Bernardino. It was voted to hold the next meeting at Redlands and give the San Bernardino brethren another chance.

On the evening of March 13th Dr. E. B. Hoag of Pasadena gave what he well termed a "musical dinner" to a number of his medical brothers. Each course was served to the accompaniment of most delightful music. Dr. Hoag's guests for the occasion were: Dr. F. C. E. Mattison, Dr. J. H. McBride, Dr. C. D. Lockwood, Dr. Adelbert Fenyes, Dr. D. B. Van Slyck, Dr. G. E. Abbott, Dr. A. T. Newcomb, Dr. W. L. Zuill, Dr. Z. T. Malaby, Dr. F. F. Rowland and Judge Klamroth.

The United States Civil Service Commission announces an examination on April 26, in Fresno, Los Angeles, Phoenix, Prescott, Tucson, Albuquerque and Las Vegas, for trained nurses under the Isthmian Canal Commission on the Isthmus of Panama. The age limit is thirty-five years; salary $50 per month, with board and quarters. Applicants should apply at once to the secretary of the Board of Examiners of the United States Civil Service Commission, at any of the places mentioned.

We have received an invitation to a dinner to be given to Dr. William Osler previous to his departure for England to resume the Chair of Medicine in the University of Oxford. The dinner will be given in the Waldorf-Astoria on the evening of Tuesday, May 2nd, at 7 o'clock. The price is $10; check to be sent to Dr. J. P. Crozer Griffith, 1810 Spruce street, Philadelphia. The invitation is signed by eighty-one physicians of prominence, San Francisco being represented by Dr. William Fitch Cheney and Dr. Emmet Rixford, both of Cooper Medical College.

On March 18th the physicians of Cochise county, Arizona, met at the Copper Queen Hotel, Bisbee, and were called to order by Dr. Frederick Wright of Douglas, Arizona. Organization was effected by the election of Dr. A. R. Hickman of Douglas as president; Dr. H. W. Horn of Clifton, vice-president; Dr. Bledsoe of Bisbee, secretary; Dr. J. E. Bacon of Tombstone, as treasurer; Drs. F. E. Shine, C. L. Caven and F. Wright were chosen as board of censors. The organization will meet on the first Saturday in each month. For the present Graham county physicians, having no organization, will affiliate with the Cochise county society.

We call the attention to the advertisement of the new sanatorium for nervous diseases—Las Encinas. From the picture that accompanies their announcement, one can judge something of the beautiful central building. There are also a number of cottages. The name "Las Encinas" means "the live oaks," while "Los Robles," which is the name of a street in Pasadena, means "the deciduous oaks;" that is, the ordinary oak of the East. The names of the medical

director. Dr. J. H. McBride, and the other officers and directors are ample guaranty of the high standard that will be maintained.

Dr. Franklin H. Martin of Chicago announces that on July 1st there will appear the first copy of a monthly journal called *Surgery, Gynecology and Obstetrics*, published by a stock company of Chicago physicians who have contributed $1000 each to the enterprise. The journal will be edited by three editors in each department: Surgery, John B. Murphy, E. Wyllis Andrews, Frederic A. Besley; Gynecology, J. C. Webster, E. C. Dudley, J. C. Hollister; Obstetrics, Rudolph W. Holmes, C. S. Bacon, Wm. R. Cubbins, with Dr. Martin as managing editor. The size and general construction of the journal will be similar to *The American Review of Reviews*. We wish this new enterprise every success.

The United States Civil Service Commission will hold examinations for female physicians for the Government Hospital for the Insane at Washington, D. C., on April 26-27, at Phoenix, Prescott, Tucson, Fresno, Los Angeles, Albuquerque and Las Vegas. The applicant will be examined in letter writing, anatomy and physiology, chemistry, materia medica and therapeutics, bacteriology and hygiene, surgery and surgical pathology, obstetrics and gynecology, and mental diseases. In addition to this, experience will count in the rating. Applicants should apply at once to the United States Civil Service Commission, Washington, D. C., or to the secretary of the Board of Examiners at any of the above-mentioned places. The salary will be $1500 per annum and quarters.

Messrs. Frederick Stearns & Co., of Detroit, Mich., in the last number of their publication, *The New Idea*, devoted considerable space to a fiftieth anniversary celebration. Frederick Stearns, founder of the establishment, was apprenticed to a druggist in Buffalo in 1846, when a boy of fourteen. At that time he also attended a course of lectures on chemistry and pharmacy in the University of Buffalo. He finally was taken into partnership in the establishment in which he was working. He sold out his interest in 1854, and came to Detroit on New Year's day, 1855. During the Civil War, Mr. Stearns was purveyor of medical supplies for the State of Michigan. He kept developing his manufacturing department, and, in 1866, equipped his laboratory with steam power, milling machinery and extraction apparatus. In 1871 his store was twice destroyed by fire, with over $80,000 loss. In 1876 he adopted the "non-secret method," and thus originated the movement of the retail drug trade to replace the sale of secret nostrums with preparations of their own composition. In 1882 his manufacturing business was incorporated with $200,000 capital stock, Mr. Frederick Stearns being president. Mr. Stearns retired from active business life in 1887, and his son, Mr. Frederick K. Stearns, succeeded him in that position. He is quite a student and collector, and among other things presented a collection of Japanese and Korean art objects, numbering some 16,000, to the Detroit Museum of Art. He is also quite a collector in conchology, and presented to the Detroit Museum over ten thousand different specimens of shells which he classified and arranged in thoroughly systematic order. His book on "The Marine Mollusks of Japan" is a standard of authority. He has also been a great collector of musical instruments, and during his travels over the world collected two thousand different kinds of instruments, which represent the evolution of string, wind and percussion instruments, and presented the same to the University of Michigan. Three years ago the University of Michigan conferred on him the honorary degree of Master of Arts. In describing

the growth of the house of Frederick Stearns & Co., under the management of Frederick K. Stearns, the writer says: "The work of Frederick Stearns & Co. has but begun."

Joseph McDonald, Jr., M.D., 192 William street, New York city, writes us as follows:

Editor Southern California Practitioner, Los Angeles, California.

My Dear Doctor.—I have severed my connection as manager and managing editor of the *International Journal of Surgery*, with which I had been associated for the past fourteen years.

This move was made for the purpose of enabling me to publish an independent *practical* surgical journal under absolute *professional* control and along such lines as will best serve the interests of the general practitioner.

I have purchased all rights in the *American Journal of Surgery and Gynecology*, and with the April number this journal, thoroughly modernized and largely increased in circulation, will be issued from New York as the *American Journal of Surgery*.

In this undertaking I will have the contributory co-operation and support of such well-known surgeons and teachers as: Robert T. Morris, Professor of Surgery, New York Post-Graduate School; Howard Lilienthal, Visiting Surgeon, Mount Sinai Hospital, New York; J. P. Tuttle, Professor of Rectal Diseases, New York Polyclinic; James T. McKernan, Professor Nose and Throat, New York Post Graduate School; Samuel G. Gant, Professor Rectal Diseases, New York Post Graduate School; Augustin H. Goelet, Professor Gynecology, New York Clinical School of Medicine; C. Wendell Phillips, Professor Diseases of the Ear, New York Post Graduate School; Ferdinand C. Valentine, New York, who, with others, will assist me in making a practical surgical journal, which in point of interest and usefulness will present all that years of experience backed by ample capital can produce.

DR. ALFRED H. LINDLEY, OF MINNEAPOLIS—THE PURE AND UPRIGHT LIFE.

Alfred Hadley Lindley was born in Chatham county, North Carolina, May 3, 1821, and departed this life February 16, 1905, at the advanced age of 83 years, 9 months and 13 days. His parents were Thomas and Mary Long Lindley. The Lindleys had resided in North Carolina for three successive generations, having gone thither from Pennsylvania, about the middle of the eighteenth century. They belonged to the Society of Friends, and probably emigrated from England with the Quaker colonists who followed in the train of William Penn. Thomas Lindley, the father, was by occupation a farmer and country merchant. His family of eight children, except Alfred, died in their youthful years.

The State of North Carolina being then without the benefits of a common-school system of education, the Friends, in keeping with their time-honored custom, maintained a good subscription school for the guarded religious education of their children. This he attended until his 16th year, when he was privileged to enter New Garden Boarding School of Guilford county. After two years of study he was engaged as an instructor, which employment enabled him to support a brother and a sister for a time in the same school. At the conclusion of this satisfactory service he entered the office of Dr. Abner Holton as a student in medicine. The winter of 1843-4 having been spent in Jefferson Medical College at Philadelphia, he entered upon the practice of medicine in Chatham and neighboring counties, in which he continued uninterruptedly for six years. The winter of 1849-50 was spent in taking a second course of lectures in Jefferson Medical College from which he was graduated in 1850.

Graduation from medical college was followed, May 2, 1850, by his marriage with Eliza J. Hill, of Randolph county, North Carolina, a sister of Dr. Nathan B. Hill, a resident and medical practitioner of Minneapolis from 1861 until his death in 1875. For eleven years after graduation from medical college, Dr. Lindley continued to practice his profession, making in all seventeen years of professional service in North Carolina. He attributed his good health somewhat to the long rides on horseback over the rough mountain roads in his native State. It was a pleasure to him through life to recall the good offices performed in behalf of the sick and suffering during these arduous professional journeys in primitive style.

The War of the Rebellion, the breaking out of active hostilities and the seceding of his native State from the Union, decided him to withdraw and move to the North. He was loyal to the Union, and as a Friend was opposed to the war. The decision involved the loss of property acquired by hard professional labor, the severing of life-long attachments and the removal from the home of three generations of his people, but Abraham-like he did not hesitate at duty's call. He arrived in Minneapolis September 10, 1861, immediately entered into partnership with Dr. Nathan B. Hill, and began anew his professional labors, the partnership being terminated by the death of Dr. Hill in 1875.

In professional life Dr. Lindley was wide-awake to all that would increase his efficiency and he always took a deep interest in the meetings of the medical societies to which he belonged. He was regarded as a progressive practitioner, though in later years he withdrew from active practice. Moving to Minneapolis while it was little more than an overgrown village, he improved the opportunities offered for sound business investments, and in the end found himself in the possession of much valuable property that made him reckoned among the men of affluence in the Twin Cities. Over this he endeavored to exercise a righteous stewardship.

A man of unwavering faith, Dr. Lindley took a deep and abiding interest in the church to which he belonged. He was safely conservative in his profession, in his business life and in his relation to the church, but yet earnestly sought for the promotion of the best in all of them. He was perhaps the most dignified and courtly man in Iowa Yearly Meeting, a Southern gentleman "to the manor born," and his presence at the annual sessions was a benediction to all. His sunny, hopeful temperament, peaceful disposition, perfect self-control, warmth of religious devotion and unswerving loyalty to the church made him a valuable member of the society to which he belonged. His interest in education was shown by valuable gifts to three colleges, Guilford, Earlham and Penn.

The last few months were among the richest and most peaceful of his long and useful life. His relations to the church were characterized by increased activity, gentleness and ripeness, indicating that heaven and earth were drawing close together, and that the place upon which he stood was holy ground. It was daily his delight to take to and from school two dear grand-daughters and all the neighboring children who could find standing room in his carriage. The white-haired patriarch surrounded by a company of hopeful, enthusiastic school children, was a scene to delight men and angels.

In keeping with the proverb, "A coming event casts its shadow before," by certain premonitions there were evidences of a change discernible. Somehow in mysterious ways a good providence prepares us for the transition, for as the Psalmist says, "Precious in the sight of the Lord is the death of His saints." In the case of Dr. Lindley,

Home and country could readily discover that he was rapidly ripening for the Reaper Angel and that soon he would enter into the rest prepared for the people of God. Suddenly the summons came, and the soul left a placid smile upon the body in which it had dwelt in peace and perfect self-control for more than four-score years, a striking testimony of an victory over death. —*Boston Herald.*

"CALIFORNIA STATE BOARD OF EXAMINERS—THEIR ACTION QUESTIONED."

Under the above title the *Southern California Practitioner* contains an editorial account of a difference of opinion, if not a falling out, that exists between the Board of Examiners methods and the rules of the Association of American Medical Colleges, on one side, and the methods of California Medical Colleges, on the other. An applicant for a license to practice in California, who has passed the board's examination, and a graduate of a California medical college is caught in the whirlpool of contention. She is also without a license, which has been refused because of a flaw in credentials offered by the applicant, and which were accepted by the Board of Examiners before admission to the examination. "In going back of the applicant's diploma," after she was examined and passed, the board finds that the applicant's credentials show a failure to complete a full four years' course as required by the examining board and the Association of American Medical Colleges, before receiving her diploma.

The applicant in dispute, Dr. Edith J. Claypole, attended Cornell University, but did not complete the second year before leaving that institution. On entering the California college she was admitted to the junior year. Just how much time is left uncompleted is not stated. Evidently Cornell University gave her credits for work done and not wholly for time, and these same credits were accepted by the California college that evidently did not deem the deficiency in time sufficient for imposing conditions. Students going from one college to another are very apt to push their claims for advanced standing on the credits they hold, and a faculty may yield a point even if by doing so they lay their institution open to the charge of elastic or irregular methods and its graduates to just such an unhappy position held by Dr. Claypole, who is evidently innocent of any wrong-doing, intentional or otherwise.

Such yielding of points or acceptance of credits in the case of credentials from Cornell might be excusable, but in the face of the possibility of unpleasant technicalities, as in this case, is it wise for a college to deviate from absolute requirements?

There is a growing sentiment in educational circles, medical included, that time should not weigh so much as work done, if well done. While time is essential, if the work has been well done and an examination creditably passed we see no reason why a small shortage of time, if all examinations are creditably passed, should be made to distress a candidate for graduation, or an applicant for a license to practice. "In going back of the diploma," if deficiencies or delinquencies are found the board should wrestle with the guilty college, and discover flaws before admission to examinations, and prevent entanglements in the process of granting licenses to practice, which amount to little less than persecutions to the individual.

Dr. Norman Bridge, of wide reputation for keenness of intellect and logical judgment, has championed Dr. Claypole's cause in a strong letter that should be widely read and digested by medical educational bodies.

We do not doubt but the discussion now carried on by doctors and lawyers of ability and experience will result in

bringing about reforms and changes that will prove to be substantial steps toward the establishment of uniformity in standards throughout the states, and a more perfect understanding between the colleges and Boards of Examiners. Meanwhile we extend our sympathies to Dr. Claypole, assuring her that "all's well that ends well."—*The Woman's Medical Journal*, March, 1905.

LOS ANGELES COUNTY SOCIETY.

The Los Angeles County Medical Association held a regular meeting in the Blanchard Building, Friday evening, March 17, 1905, at 8 p.m.

The minutes of the previous meeting were read and approved.

Dr. F. M. Pottenger introduced a resolution indorsing the bill now before the Governor, relating to the establishment of a State sanatorium for the tuberculous poor. On motion, this resolution was adopted, and the secretary was instructed to send a copy of the same to the Governor.

The first regular paper was entitled, "The Nature and Treatment of Epilepsy," and was read by Dr. Elbert Wing.

The second regular paper was entitled "Uncinaria Duodenalis, or Hook-worm Disease," and was read by Dr. D. S. McCarthy.

DISCUSSION—FIRST PAPER.

Dr. Corey: The government of the daily life is most important in the treatment of these cases; they should be under the immediate observation and control of the physician. Sanatorium life and treatment is the best.

Dr. Brainerd: I think it possible for a patient to have convulsions before any determinable condition may exist in the brain. If it is possible, we must eliminate the cause of the seizure; if not then the central irritability must be relieved by the bromides, etc.

Dr. Cole reported a case in which systematic physical exercise apparently reduced the seizures from two or three a week to one in two or three months.

Dr. Wing: Nothing is more important than occupation and exercise. I wish to emphasize the value of colony life for these cases. I think that it has been demonstrated that the degeneration of the secondary layer of cerebral cells is the essential lesion. Gastro-intestinal disturbances and auto-intoxication are responsible [illegible]

SECOND PAPER.

Dr. Vale spoke of a case seen in San Francisco recently. I think all [illegible] should be [illegible].

Dr. Wing: It is possible that children stand large doses of thymol well. There are other things that [illegible] than adults.

Dr. McCarthy: I think there is no question that we see these cases [illegible] occasionally and are likely to see them more frequently in the future. It is said that the worms will persist in the intestine for as long as six years. So that the infection does not have to be recent.

Adjourned.

A regular meeting of the Los Angeles County Medical Association was held in the Blanchard Building, Friday evening, March 3, 1905, at 8 p.m.

The minutes of the previous meeting were read and approved.

The first regular paper was entitled "Phlebitis, Thrombosis and Embolism Following Abdominal and Pelvic Operations," and was read by Dr. Wm. A. Edwards.

The second regular paper was entitled "Some Physical Aids in the Treatment of Sciatica," and was read by Dr. John T. Rankin.

DISCUSSION—FIRST PAPER.

Dr. Lasher: There are many things connected with this subject that we do not understand. Sundenberg thinks these conditions are due to infection. Others believe them to be caused by the loosening of the thrombi in the severed and bruised vessels of the wound. These conditions also occur after confinement. It is an undecided question, the length of time we should keep our patients in bed after operation in order to prevent these complications. I keep mine in bed three weeks. I don't know whether that is long enough or not. I think it best to be very careful about traumatism in handling abdominal and pelvic viscera. It is surprising that there are not more cases when we consider the amount of handling these organs often have to undergo.

Dr. Lasher gave short histories of two cases of phlebitis and three cases of thrombosis.

Dr. Lobingier: Related history of two cases. I strongly believe that these cases are all septic. There can be no doubt that pyogenic germs are introduced into all wounds in abdominal and pelvic oper-

chances. The chances of infection depend largely on the patient's powers of resistance. Stundenberg, who has been referred to, has a large number of these cases. It is his practice to operate late in all infected conditions. This, I believe, explains the fact of his having so many of these complications. He operates at a time most favorable for their production.

Dr. Witherbee reported a case.

Dr. Frank Davis: I think that trauma and infection are the generally accepted causes. I have seen very few of these complications. The Mayo brothers have very few.

Dr. W. T. McArthur: Treves thinks cause is sudden change in the circulation due to the ligation of the vessels in the wound. Kelley reports nine cases in 1800, mostly in the third week. No deaths.

Dr. Brainerd: I can hardly conceive of the mischief due to a cerebral embolism, causing death in so sudden a manner.

Reported case of sudden death due to clot in the pulmonary artery.

Dr. Edwards: The fact that a right-sided operation often is followed by a left-sided phlebitis, rather interferes with the explanation of these cases from an anatomical basis. The point I wish to make in regard to these cases is that it is dangerous to operate on patients that have a hemoglobin percentage below 50 per cent.

SECOND PAPER.

Dr. Brainerd: I believe that in the acute cases the best results are obtained by rest and using as little manipulation as may be. In the chronic cases I most heartily approve of the treatment outlined in the paper.

Dr. Hadley: I would only add to this excellent paper that where good results are not obtained, it is usually due to the fact that too much time is allowed to elapse between treatments. Treatments should be given as often as every two or three hours if necessary to keep the patient comfortable, especially in the acute conditions.

Dr. Lasher: In order to stretch the sciatic nerve it is not necessary to operate; it can be done very effectively by manipulation.

Dr. Ross Moore: I find that there are certain cases that do not stand electricity well. These usually stand the use of a proper vibrator very well.

Adjourned.

BOOK REVIEWS.

STUDIES IN THE PSYCHOLOGY OF SEX—SEXUAL SELECTION IN MAN. I. Touch; II, Smell; III, Hearing; IV, Vision. By Havelock Ellis. 6 3-8x8 7-8 Inches. Pages XII-270. Extra cloth, $2 net. Sold only by subscription to physicians, lawyers and scientists. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia

This volume, although complete in itself, is one of five, all uniform in size and style. The author says: "When a man or woman experiences sexual love for one particular person from among the multitude by which he or she is surrounded, this is due to the influences of a group of stimuli coming through the channels of one or more of these senses." "Touch is the Alpha and Omega of affection." There is a chapter on ticklishness showing its relation to the sexual sphere. Beauty as a sexual allurement is another topic. There is no other treatise that is nowadays quoted from as frequently as these of Havelock Ellis.

Medical Notes and Queries, Vol. I, No. 1, January, 1905, edited by Henry W. Cattell, A.M., M.D., and published 41 North Queen street, Lancaster, Pa., for $1 per year of ten numbers, is a very scientific little publication that aims to afford an opportunity for the interchange of ideas by those interested in laboratory work.

A DICTIONARY OF NEW MEDICAL TERMS, including upwards of 38,000 words and many useful tables; being a supplement to "An Illustrated Dictionary of Medicine, Biology and Allied Sciences." By Geo. M. Gould, A.M., M.D., author of the "Students' Medical Dictionary," "Thirty Thousand Medical Words Pronounced and Defined," "The

Meaning and the Method of Life," "Borderland Studies;" editor of "American Medicine," etc. Based upon recent scientific literature. Philadelphia. P. Blakiston's Son & Co., 1012 Walnut Street. 1904. Cloth, $5.00; half Russia, $7.00.

The title well describes the work. The body of the book is valuable, but the preface is delightful. In the course of this preface, which is really a scholarly essay, the author says: "The history of lexicography finds its first data about 700 or 800 A.D., in glosses, or the more common explanatory words annexed or superposed over 'hard' terms, and made either in Latin or in the glossator's own vernacular. A list of such glosses was called a glossarium, or, as we say, a glossary. . . . The first book of this kind to be called a dictionarium, that is a repertory of dictions or sayings, was that of Sir Thomas Elyot in 1538, and from that time the word dictionary has supplanted all others." This volume will round out the lexicographical section of any library fortunate enough to contain it.

A SYSTEM OF PHYSIOLOGIC THERAPEUTICS. A practical exposition of the methods, other than drug-giving, useful for the prevention of disease and in the treatment of the sick. Edited by Solomon Solis Cohen, A.M., M.D., Senior Assistant Professor of Clinical Medicine in Jefferson Medical College; Physician to the Jefferson Medical College Hospital, and to the Philadelphia, Jewish and Rush Hospitals, etc. Completed in eleven octavo volumes. Price for the set, $27.00.

Volume VII and Volume VIII. This work is now complete, with the exception of Volume XI, which will be brought fully down to date by an article on "Radium and Its Therapeutic Uses," by Dr. Samuel G. Tracy of New York, a well-known authority on all subjects connected with the new science of radiotherapy. It will also contain, aside from the articles on "Serotherapy," "Organotherapy," "Blood-Letting," "Principles of Therapeutics," etc., as announced, an elaborate "Therapeutic Digest" of the material in all the volumes, highly suggestive in itself and so arranged that easy reference may be made to the details of the application of any of the remedial measures discussed, to the various diseases in the treatment of which they prove useful.

Volume VII is devoted to "Mechanotherapy and Physical Education" as follows:

MASSAGE AND EXERCISE. BY JOHN K. Mitchell, M.D., Fellow of the College of Physicians of Philadelphia, Member of the Association of American Physicians; American Neurological Association; American Medical Association; Physician to the Philadelphia Orthopedic Hospital and Infirmary for Nervous Diseases; Assistant Neurologist to the Presbyterian Hospital of Philadelphia, etc. Containing 109 illustrations.

and

PHYSICAL EDUCATION BY MUSCULAR EXERCISE. By Luther Halsey Gulick, M.D., Director of Physical Training, Public Schools of Greater New York; President of American Physical Education Association; Chairman of Physical Training Committee, Louisiana Purchase Exposition; Chairman of National Basket-Ball Committee. Containing 10 illustrations.

In addition, special articles have been contributed, as follows:

ORTHOPEDIC APPARATUS. By James K. Young, M.D., Professor of Orthopedic Surgery in the Philadelphia Polyclinic; Clinical Professor of Orthopedic Surgery in the Women's Medical College of Pennsylvania; Instructor in Orthopedic Surgery in the University of Pennsylvania and Assistant Orthopedic Surgeon to the University Hospital. Containing 43 illustrations.

CORRECTIVE MANIPULATIONS IN ORTHOPEDIC SURGERY (including the Lorenz Method.) By H. Augustus Wilson, A.M., M.D., Clinical Professor of Orthopedic Surgery in the Jefferson Medical College, Emeritus Professor of Orthopedic Surgery in the Philadelphia Polyclinic, Orthopedic Surgeon to the Philadelphia Hospital; Ex-President of the American Orthopedic Association, etc., etc. Containing 41 illustrations.

PHYSICAL METHODS EMPLOYED IN OPHTHALMIC THERAPEUTICS. By Walter L. Pyle, M.D., Assistant Sur-

gon to the Wills Eye Hospital, Philadelphia. Containing 26 illustrations.

Dr. Mitchell says: "The most usual faults are making the movements too fast, pinching or working superficially, instead of kneading deeply, or putting too much muscular effort in play, thus bruising the tissues." We have nowhere seen such graphic illustrations of massage technique. The section on the correction of curvature of the spine by physical exercises is very valuable.

VOLUME VIII, REST MENTAL THERAPEUTICS SUGGESTION. By Francis X. Dercum, M.D., Ph.D., Professor of Nervous and Mental Diseases in the Jefferson Medical College of Philadelphia; Neurologist to the Philadelphia Hospital; Consulting Physician to the Asylum for the Chronic Insane at Wernersville; Consulting Neurologist at the St. Agnes and the Jewish Hospitals.

This volume is largely but not exclusively devoted to the discussion of a systematic method of treatment—often called Rest Cure—of which rest constitutes the central factor, and which is applicable chiefly to the management of patients suffering with disorders of the nervous system.

The author thoroughly discusses the influence of the mind, both in the causation and on the course of disease, and its utilization in medicine, under the head of "Suggestion."

It is much easier for the ordinary practitioner to prescribe tablet triturates, collect his fee and send his patient home than to study and practice this drugless system of therapeutics, but the progressive physician will thoroughly acquaint himself with this system, and divorce himself and his patient, as far as possible, from the druggist.

QUIZ COMPENDS, NO. 4. A COMPEND of human physiology especially adapted for the use of medical students by Albert P. Brubaker, A.M., M.D. Adjunct Professor of Physiology and Hygiene in the Jefferson Medical College; Professor of Physiology in the Pennsylvania College of Dental Surgery; lecturer on Anatomy and Physiology in the Drexel Institute of Art, Science and Industry; Fellow of the College of Physicians of Philadelphia. Tenth edition, revised and enlarged with illustrations and a table of Physiologic constants. Philadelphia. P. Blakiston's Son & Co., 1012 Walnut street. 1900.

This little book, which is primarily intended for the student, is to be commended in many ways. The arrangement of the work is especially commendable, taking up the general structure of the animal body, the chemical composition of the human body and the physiology of the cell, and then considering the histology of the epithelial and connective tissues. After this the physiology of the different tissues of the body come in their proper order. The portion devoted to the nervous system is especially lucid, making it a book which is not only useful for the undergraduate, but a book which the older practitioner who still continues to call himself a student of medicine will find very valuable.

LEAS' SERIES OF MEDICAL EPITOMES. Edited by Victor C. Pedersen, M.D. "Hollis' Epitome of Medical Diagnosis." A manual for students and Physicians. By Austin W. Hollis, M.D., Attending Physician to St. Luke's Hospital; to the New York Dispensary, etc. In one 12mo volume of 319 pages, with 13 illustrations. Cloth, $1, net. Lea Brothers & Co., Publishers, Philadelphia and New York. 1905.

For the student preparing for examinations, the candidate who is brushing up for appearance before his State board, or for the physician who wishes a handy volume to slip into his pocket or under the cushion of his carriage seat, so that at odd moments he may refresh his memory on forgotten details or post himself on the most recent knowledge on any medical subject, this volume will serve an excellent purpose.

THE INTERNATIONAL MEDICAL ANNUAL. A Year Book of Treatment and Practitioner's Index. Contributors: Prof. A. H. Carter, M.D., F.R.C.P.; Frank J. Charteris, M.B., Ch.B.; William M. Chowning, M.D., Minneapolis; Prof. C. A. Ewald, M.D., Berlin; E. Hurry Fen-

wick, F.R.C.S.; A. E. Giles, B.S.C., M.D., F.R.C.S.; Edward W. Goodall, M.D.; Wilfred James Hadley, M.D., F.R.C.S.; Prof. Graeme M. Hammond, M.D., New York; Robert Hutchison, M.D., F.R.C.P.; Robert Jones, F.R.C.S.; Priestley, M.D., F.R.C.S.; John Macintyre, M.B., C.M.; P. Lockhart Mummery, B.C., F.R.C.S.; William Murrell, M.D., F.R.C.P.; Joseph Priestley, B.A., M.D., D.P.H.; R. J. Probyn-Williams, M.D., M.R.C.S.; Walther E. Rahte, M.D., Philadelphia; Prof. Boardman Reed, M.D., Philadelphia; Prof. A. W. Mayo Robson, D.SC., F.R.C.S.; DeLancy Rochester, M.D., Buffalo; Prof. Robert Saundby, M.D., F.R.C.P., LL.D.; J. W. Watson Stephens, M.D., D.P.H.; Purves Stewart, M.A., M.D.; Geo. Fred. Still, M.A., M.D., F.R.C.P.; Prof. Ralph Stockman, M.D., F.R.C.P.E.; A. Hugh Thompson, M.A., M.D., M.R.C.S.; William Thorburn, F.R.C.S., B.SC., M.D.; Hunter F. Tod, M.A., M.B., F.R.C.S.; A. H. Tubby, M.S., M.B., F.R.C.S.; Joseph G. Turner, F.R.C.S., L.D.S.; J. W. Thomson Walker, M.B., F.R.C.S.; Norman Walker, M.D.; Otto Walther, M.D., Nordrach; P. Watson Williams, M.D., M.R.C.S. 1905. Twenty-third year. New York. E. B. Treat & Company, 241-243 West Twenty-third street. Price, $3.

While other annuals seem to outgrow all reasonable bounds, this one of Treat's by expert editing comes to us in the same convenient size each year. It contains about six hundred pages, and is without doubt the best résumé of the year's work that can be purchased for $3.00. The chapter entitled "New Treatment" covers a large variety of diseases and gives the physician just that view of the progress of medicine that he needs. Serum-Therapy and Organal Therapy are also taken up very thoroughly and practically.

The author particularly speaks of the use of physostigmine salicylate in one-sixtieth of a grain dose immediately after all laparotomies as a preventive of intestinal paresis.

He also reports that hyocine hydrobromate administered in one one-hundredth grain dose for an hour before etherization increases the rapidity of the going under, decreases the mucous secretion and the patient's appreciation, and induces sleep after the operation. The work is full of new ideas.

INTERNATIONAL CLINICS. A QUARterly of illustrated clinical lectures and especially prepared original articles on treatment, medicine, surgery, neurology, pediatrics, obstetrics, gynecology, orthopedics, pathology, dermatology, ophthamology, otology, rhinology, laryngology, hygiene, and other topics of interest to students and practitioners. By leading members of the medical profession throughout the world. Edited by A. O. J. Kelly, A.M., M.D., Philadelphia, U.S.A., with the collaboration of William Osler, M.D., Baltimore; John H. Musser, M.D., Philadelphia; James Stewart, M.D., Montreal; J. B. Murphy, M.D., Chicago; A. McPhedran, M.D., Toronto; Thomas M. Rotch, M.D., Boston; John G. Clark, M.D., Philadelphia; James J. Walsh, M.D., New York; J. W. Ballantyne, M.D., Edinburg; John Harold, M.D., London; Edmund Landolt, M. D., Paris; Richard Kretz, M.D., Vienna; with regular correspondents in Montreal, London, Paris, Berlin, Vienna, Leipsic, Brussels and Carlsbad. Volume IV. Fourteenth series, 1905. Philadelphia and London. J. B. Lippincott Company. 1905.

The International Clinics come to us again as a welcome visitor. The present volume is well up to the standard of its predecessors. This volume starts out with a most interesting article on "The Excessive Use of Drugs in Chronic Diseases," by Prof. George Hayem of the Paris faculty. It contains a great deal of good common sense, which the older practitioners have gradually, through years of practice, learned to be true, and it is especially recommended to the younger practitioner.

The article on Radium, by Myron Metzenbaum, of Cleveland, will prove an interesting one, as there has now been time to erase some of the extravagant opinions which were first put forward for it. Many will find much interest in the article by Sir Dyce Duckworth of London, on his opinion concerning "Gout in the United States of America."

The work closes with quite a long and complete article on the "Etiology and Pathology of Amœbic Infection of the Intestine and Liver," by Lieut. Chas. F. Craig of the United States Army.

We have received from the author, Dr. Norman Bridge, of Los Angeles, reprint entitled "Some Common Errors in the Treatment of Pulmonary Tuberculosis."

A TEXT-BOOK OF THE PRACTICE OF MEDICINE. For Students and Practitioners. By Hobart Amory Hare, M.D., B.Sc., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia; Physician to the Jefferson Medical College Hospital; Laureate of the Royal Academy of Medicine in Belgium and of the Medical Society of London. Author of a Text-Book of Practical Therapeutics; a Text-Book of Practical Diagnosis, etc. In one very handsome octavo volume of 1120 pages, with 129 engravings and 19 full-page plates in colors and monochrome. Cloth, $5.00 net; leather, $6.00 net; half morocco, $6.50 net. Lea Brothers & Co., Philadelphia and New York. 1905.

This book has been written by a man of wide experience, good judgment and careful observation, and conveys to the student and practitioner a splendid picture of the subject under discussion. It is well supplied with statistics, which give one a better idea of the importance of the various diseases. Treatment also, as we would expect, has been thoroughly considered. The author's faith in strychnia as a routine measure in pneumonia and other acute febrile disorders is not great. Where stimulation is required in these cases, he prefers alcohol. In pneumonia, he says: "It is, however, a fatal mistake to think that every patient suffering from this disease should be stimulated. The physician should always bear in mind the important rule not to meddle with the course of the disease, unless symptoms are so pressing as to require interference."

In discussing appendicitis, excellent advice is given: "Given a case of appendicitis of the acute type, the first thing for the physician to do is to call in a surgeon as a consultant, not as an operator, provided a surgeon qualified to do good abdominal surgery, if it is required, is obtainable. If none can be had, the patient is far better off without than with operation." He does not believe leucocytosis should be used as a guide for operation.

The article on tuberculosis is very disappointing. He speaks of bacilli being dissipated through the air in the form of dust or by their expulsion in small masses of sputum when the patient is coughing or sneezing, and says: "There can be no doubt of these facts, for they are proved by the great frequency of the disease in the lungs, particularly when opportunity exists for infection by dust, and by the fact that susceptible animals can be infected by this disease if forced to breathe dust which has been contaminated by dried tuberculous sputum." The fact that the lungs are inivolved does not prove anything regarding the inhalation of dust, for children are perhaps equally exposed and yet they usually show tuberculosis of the lymph glands. Experimental infection of the lung can also be produced by feeding, subcutaneous and intraperitoneal as well as other forms of inoculation. Regarding diagnosis of early doubtful cases, the author recognizes the value of the tuberculin test, but does not recommend it, but prefers to "send the patient away on the ground that he is a fair mark for tuberculosis." This is strange from a teacher of diagnosis. He prefers to subject a patient to the annoyance and expense of being sent away rather than make a diagnosis. I suppose this attitude is based on fear. Yet he would doubtless not hesitate a moment in subjecting the patient to the dangers attendant upon anesthesia and exploratory incision for making a diagnosis. In speaking of the use of tuber-

culin in treatment, he also recognizes its value, but says: "It is a good rule in practice to follow the majority in the use of new remedies." If this rule were followed, how on earth would new remedies ever become established? When could we use them? In the treatment of hemorrhage, advice is good, except he should certainly have condemned adrenalin. He points out reasons why it should be a very dangerous remedy without saying so, but leaves the reader under the impression that the only reason for not using it is because it is questionable whether it would not be destroyed in the stomach. All remedies which raise blood pressure are absolutely contraindicated in treating hemoptysis.

The book as a whole is well gotten up, and will prove an excellent guide in practice. F. M. P.

We have received from the author, John B. Murphy, A.M., M.D., of Chicago, the following reprints: "Two Thousand Operations for Appendicitis,' with deductions from his personal experience; "Osmic Acid Injections for Relief of Trifacial Neuralgia," read at the fifty-fifth annual session of the American Medical Association, in the Section on Surgery and Anatomy.

We have received the following reprints from the author, S. A. Knopf, M.D., of New York City: "Present Status of Anti-tuberculosis Work in the United States;" "Suggestions for a More Effectual Co-operation of Authorities, Philanthropists, Physicians and Laymen;" "Geheimrath Dr. Dettweiler Eulogy Pronounced on the Occasion of the First Anniversary of His Death;" "Consumptive Heroes."

LAVENDER WATER.

Oil of lavender	3 drams
Alcohol	1½ pints
Rose water	9 ounces
Magnesium carbonate	½ ounce

VITAL STATISTICS

Cressy L. Wilbur, Lansing, Mich. (*Journal A. M. A.*, February 25), describes the work of the United States Census Bureau in the registration of vital statistics. Up to the last census year only nine States were included in the so-called registration area, namely, the six New England States and New York, New Jersey and Michigan. Since then Indiana has been added and in a number of other States active measures are being taken for improved methods of registration. In Colorado a system has been adopted that deserves careful study and which may be the solution of the question. Illinois has had an interesting history as regards registration, and its legislation may be considered as still in the experimental stage. In Maryland much has been done in improving the vital statistics, and it is claimed that it is in a position to be included in the registration area. Iowa enacted a law in 1904 calling for all the essential requirements of accurate registration as laid down by the leading authorities of this country. In Pennsylvania there is an active interest in the nature and prospect of early legislation. Measures are also being taken to the same end in other States, Ohio, California, Louisiana, Texas, Georgia and Florida, and the number of registration States and cities ought soon to be considerably enlarged through the efforts of the organized medical profession of this country as embraced in the American Medical Association.

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SOUTHERN CALIFORNIA PRACTITIONER.

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DR. H. BERT ELLIS } Associate Editors.
DR. GEO. L. COLE }

FLIES AS CARRIERS OF DISEASE.*

BY J. O. COBB, M.D., OF LOS ANGELES, CAL.; SURGEON UNITED STATES PUBLIC HEALTH AND MARINE HOSPITAL SERVICE, LOS ANGELES, CAL.

Seemingly the most puzzling problem may, after all, be the simplest, the most subtle disease the easiest controlled after once we lay bare its causative agent. We actually turn up our noses at yellow fever now, for all the interest is gone. Puh! The mosquito, why, how simple! And typhoid fever, why we know all about that. And plague, and malaria, and dengue! Insects—flies, mosquitoes, fleas! We know all about that, you will say; but even though you know, let me ask you, how do you apply such knowledge? How many of you and how many physicians in your acquaintance make yourselves active in the suppression of diseases conveyed by insects? As I look into your faces, I doubt if there is a single man among you free from one guilt, free from running an open incubator for the propagation of disease-carrying flies. I refer to your stables, where the manure is thrown out in a pile and left to answer nature's means of hatching out the fly. And, being guilty of this public nuisance yourselves, I am certain that not one of you has ever written a warning word or raised a protesting voice against this affront to common decency. Your livery stables go on in the same old way, breeding flies, and you never say a remonstrating word; in fact, you aid and abet by patronizing these places, or worse, running unsanitary stables of our own.

I shall not weary you with a description of the genealogy of the fly or of its anatomy, or of its nearly human instincts of liking company. You know all about him—how he lies in wait for you like an affectionate child, while you try for that last little cap-nap in the mornings; how he peeps into your eyes; how he tries to feed upon the nectar in the corners of your mouths; how he follows you to the table occasionally, in spite of the most careful housekeeper, tasting your coffee, taking a bath in the cream, playing Bre'r Rabbit and Tar Baby in the syrup. He's a very domestic, playful creature this fly. But he's not clean; he is dirty, this insect is. Yes, he is that and more, for if I call

*Read before the California Public Health Association at Riverside, Cal., April 17, 1905.

him by the right name, I would say he was nasty. While he may show a predilection for bald heads, and rosy lips, and sugar bowls, that's only the esthetic side of his nature which crops out in his moments of leisure. Born on a dunghill, his nature reverts to the filthy as soon as your back is turned. Even though you allow him the grace of your company, he imposes upon your confidence, and when you are not looking, he wallows in waste barrels, paddles in dirty water, wades knee deep in the offal of cattle, feeds upon all kinds of conceivable filth. And if he is sojourning in the country and the sanitary arrangements are imperfect, as they too often are, he whets his appetite for the dinner which he will try to take in company with you, by a formal visit to the privy. Oh, he is gourmand, this fiend, the fly! He will tackle anything to eat or drink from typhoid soup a la Chicago to sputum jelly a la t. b.

This pestiferous insect has many chances to communicate disease from one person to another, or to plant the infectious saprophytes upon food. In cholera epidemics it has been demonstrated that flies become the medium of infection by planting the vebrio upon food, both by contact from its feet and wings and from its dejecta which is loaded with bacteria. Wherever large bodies of men go into camp typhoid fever is nearly certain to break out, even though the water supply is carefully protected from contamination. Such outbreaks are due to fly-infection of the food supply. Sporadic cases of typhoid fever in country settlements are more often the result of fly-infection than of water infection.

Tuberculosis is one of the most puzzling of our contagious diseases, and the manner of its spread from one person to another is one of the hardest problems before the sanitarian today. You believe, and, I believe, that it is a respiratory disease, borne into our lungs by means of contaminated dust, but I believe probably more than you do. I believe that the greater sources of infection by the bacillus comes about by means of the fly planting sputum on food from its wings and feet and dejecta. This is not something new.; it is an old theory. Spillman and Househalter called attention to the possibility of infection in tuberculosis in this manner several years ago. Hoffman fed flies with sputum and recovered bacilli from their fecal matter. Hayward has recently reported a series of experiments covering the ground more fully than Hoffman.

Typhoid fever, cholera and tuberculosis are the most prominent of the infections conveyed by the fly, but I believe that several diseases, and especially plague and leprosy may be conveyed in the same manner. Diphtheria is one of these, but there is not so much of a chance for the fly to pick up the infected mucus in this malady, but in plague epidemics and in leper countries it seems but reasonable to believe that in the poverty and squalor where such cases occur, that the fly would pick up the infection and plant it on the food of others who live in this environment. Of course, as I speak to you, your minds have naturally asked if these diseases are ingestion diseases, and I answer you that I believe they are. Kitasato had demonstrated that plague develops from feeding experiments, and there are many strong reasons for the existing belief that leprosy is an ingestion disease. Personally I believe that plague is spread commonly by means of body parasites, though there is little doubt that many cases originate from infection by the way of the intestinal tract, but with leprosy, I am firmly convinced that the disease is caused from eating infected food, and, if this is true, then this contagion is most likely planted upon such food by flies that obtain the infection from open sores and the nasal and bronchial mucus of old cases which is said to teem with bacilli.

Now, let me picture to you some of

the habits of the fly, and then we shall see if it is unreasonable to believe that he is an important factor in the spread of disease. Turn about you and see the swarms of flies upon decaying vegetable matter, in the garbage cans, on the manure piles, everywhere. Watch the flies swarming upon the filth of the streets, such as sputum and spit and bones and decaying vegetables. Follow him farther and see him alighting upon the candy offered for sale by the street venders, and on all the fruit at the stands, especially the grapes and dates. Don't tarry here too long, for you will be disgusted and will cease to eat fruit flavored with fly specks; keep right on in the quest after this insect's habits and notice the bakery where you buy your bread and cakes and pies—flies there to put on the finishing layer. And the meats, have you observed how they are carried in open wagons through the streets, without protection, covered with flies, and then hung up in the shop where these same flies and others swarm upon them? Cooking this meat does not change the fact that this is simply nasty. There is no other word for it.

Then, after you have been in the butcher shops, keep right on to the restaurant kitchens and alleys back of them, especially the cheap ones. I don't say you ever eat there, but if you ever have, you won't go there again if you will but make one visit to these kitchens. But there are others who must, perchance, eat there, and it is these whom we should protect, not alone from these filthy insects, but from the diseases which they can carry. And we must go on into the shops and homes of the poor—those unfortunates whose houses are not protected by screens to keep out flies. There you will indeed be disgusted! Flies everyhere! In the children's mouths and noses; in the house, out of the house; on the food left there upon the table which is never cleared; on the food left over and which the children eat at all times between meals—in the milk pitcher, in the soup, in the molasses, in and upon every conceivable thing. But at this point I feel that you are beginning to doubt. You are saying to yourselves that it is true that the fly is filthy, but you are even now saying that the food is cooked and that the process will kill any bacteria that might have been planted by flies. Ah, but you forget and overlook the danger! It is granted that cooking will destroy all of these bacteria, readily, but it is not here that the danger lies. It is from food which has been cooked and upon which the fly afterwards alights that is the real danger, and the longer this food remains uneaten after this contamination, the greater the probability that a colony has grown, thereby increasing the dosage of infection. For you must see that, in cholera, say, where the fly planted but a few bacilli, on potatoes or a bread pudding or something left over from a meal, a rapid growth would follow in a few hours' time, increasing thereby the number of bacteria, enormously.

And this is no idle picture of the dangers from fly infection. I have spent considerable time in watching flies, and we know that their dejecta alone contains millions of bacteria. I have furthermore paid particular attention to their habits in the homes of the poor, for here is where there is the greatest danger. The poor, nearly universally leave their tables set with cold food left from the previous meals. Flies assemble in great numbers upon this food, and from time to time the children run in and help themselves, the remainder of the food being served at the next meal. Now let us suppose that there is an open privy on the premises or near by—there is no need for me to paint the picture further. You know where that fly has been. If there are cases of typhoid fever about, all the more probability that the fly will carry the infection to others. In the Philippines it was hard to check cholera because the flies contaminated the food and sweet stuffs sold by the

street venders. And if typhoid fever and cholera, why not tuberculosis and leprosy? Just spend some of your time watching flies after sputum and spittal in your streets. Now, if there is a consumptive near who is careless, as most of them are, is it unreasonable to believe that flies take this sputum and deposit it on grapes and dates and candies which you and your family eat, or that, in the homes of the poor, they would not pick up the sputum of a case, either in that house or from a near-by one, and deposit the bacilli on the left-over food?

There is no need for me to go on indefinitely, enumerating things which you know to be possible and probable—yes, actual—but about which you are more or less indifferent. All that I suggest in this paper, being hygienist and sanitarians, that you set the example to the laity, that is if you believe in these dangers as I do. For how else shall we be able to enforce our advanced knowledge upon the attention of the public? Let me suggest that you begin the warfare against the fly by talking against him to his natural-born enemy, the housekeeper, for nearly every woman hates the fly. A woman may be slow in adopting new methods of housekeeping, but she is not slow in accepting the new when it concerns the betterment of humanity and the preservation of disease. Here her heart beats true and understandingly. Therefore, let me urge you to talk flies (and other insects, too, for that matter,) to your lady friends. And why not try and get started a movement to compel livery stables and dairies to properly care for the manure. Also urge upon everyone the screening of houses and especially of food, and when you buy food patronize those stores which try to be clean. And, as a sample of what a hot fight you can get into, make an effort to compel some of these filthy sellers of candy, fruits, breads and pastries to protect their articles from fly contamination. As sanitarians, lend the helping hand to the ladies in their efforts to make the city officials enforce the garbage contracts. Last of all, as the saying goes, let each of you doctors who keep horses, sweep before your own door step.

THE HISTORY OF MEDICINE.*

PART FIRST.

BY J. P. WIDNEY, A.M., M.D., LOS ANGELES.

In treating of the subject it has been my purpose to make it not simply an essay of interest to professional men alone, but to trace the history of medicine as only a part of the greater history of the growth of human thought, and, especially, omitting a detailed account, century by century, to picture a few of the great eras of the world's mental life, with their wonderfully attractive blending of lights and shadows.

THE GREEK ERA.

The early history of medicine is involved in the same obscurity which marks the first beginnings of many other branches of human knowledge. This shadow of night resting over its origin does not, however, indicate its non-existence in the primitive days of man's life upon the earth. With the first pain that came to man, came, as a natural sequence, an attempt, however imperfect, however rude, to give relief, to alleviate the pain, to restore to health, to prevent a recurrence, and that is a definition of the science of medicine as it exists today. Yet, in common with all other branches of human knowledge,

*Presidential address delivered before the Los Angeles County Medical Association, Friday evening, February 1st, 1878.

it was only after the art of preserving the deeds and attainments of the past by letters had been invented, and tradition merged into written record, that it began to transmit to succeeding ages a definite account of its achievements and of its accumulated stores of wisdom.

The earliest records which we now possess of this primitive history of medicine are among the Egyptians and the Greeks. Possibly Greece obtained much of its knowledge from that older civilization which grew up, when the world was yet young, along the banks of the Nile; that hoary civilization which left, as its fitting monuments, the time-eaten stones of the pyramids, and the changeless face of the Sphynx, ever staring out over the drifting sands and making no sign. We know that many of the sages of Greece made voyages to Egypt in search of that wisdom, the fame of which rumor had spread about the shores of the Mediterranean. To us, however, the history of the science comes more directly from the Greeks. Among them the earliest who has left the fame of his skill as a physician was Aesculapius, who lived before the time of the Trojan war, probably in the thirteenth century before Christ. Many fables were preserved among the Greeks concerning his skill; one, that he so diminished the number of deaths that Pluto besought Jupiter to slay him, as he was materially interfering with the population of the kingdom of the dead, and that Jupiter, in compliance with the request, slew him with a thunderbolt. Possibly some of his successors have been in less danger from thunderbolts. He seems really to have died from some inflammation of the lungs. His sons, Machaon and Podalirius, following the profession of their father, were with the Greek forces, as surgeons, at the siege of Troy, in the twelfth century before Christ. One of them, Machaon, is thus spoken of by Homer, at the wounding of Menelaus, in the fourth book of the Iliad:

"King Agamemnon took the word and said,
Dear Menelaus! would that this were so!
Yet the physician must explore the wound
And with his balsams soothe the baleful pain.
Then turning to Talthybius, he addressed
The sacred herald:
Hasten with all speed
Talthybius; call Machaon, warrior son
Of Aesculapius, that much honored leech,
And bring him to the Achaian General,
The warrior Menelaus, whom some hand
Of Trojan, or of Lycian, skilled to bend
The bow, hath wounded with his shaft."

Aesculapius, in the ages after his death, was deified by the Greeks, and temples, which might rather be called sacred hospitals, were erected in his honor. To these temples, or Asclepions, the sick were brought for cure, and records of their treatment compiled, so that the temples became not only hospitals, but also schools for the study of medicine. Symptoms were noted, effects of remedies recorded, students instructed, and so, in the course of succeeding years, grew up a system of medicine which from that day to this has gone on in an unbroken line of transmission and development, and the educated physician of today is the lineal descendant of the priest-physician of the old Greek temples. This combining of medicine and religion did not by any means cease with the days of antiquity. Those of us who are not very old can still recollect the circuit preacher with his saddle-bags, one side of which held his bible and a clean shirt, the other filled with his packages of simples which, upon his rounds, between the times of caring for the welfare of souls, he dispensed to the good sisters for the relief of their bodily ailments. The priesthood, and with it the knowledge and practice of medicine, seems to have been hereditary, the accumulating stores of medical knowledge remaining as heirlooms in the families of the sacred physicians, who were priests as well as medical attendants of the Asclepions. Two of these sacred hospitals were especially

noted, that of Cnëidos and that of Cos. At the latter of these grew up, and was educated, the man who, more than any other, left his stamp upon ancient medicine, and many of whose writings upon medicine and surgery have come down through all the lapse of twenty-three centuries in a fair state of preservation. He it is who has been well called the "Father of Medicine."

Hippocrates, born, as his chroniclers assert, of the direct line of Aesculapius, was a man such as comes only seldom in the ages to any science. Of clear, sound judgment, untiring in his investigation and observation of disease, moderate in his opinions, and unusually free from the trammels and superstition for the age in which he lived, he gave to the study of medicine a solid substratum of reason. Hippocrates was singularly fortunate in the age in which he lived. It was an age wondrously rich in great deeds and great men. It was the age of Pericles; the culmination of Greek genius and glory; one of those eras that stand as great way-marks in the long line of human history. Let us for a moment glance at it. A few years before the first great Persian invasion of Greece had been repelled, and men's souls were still filled with the glories of Marathon. Ten years later came the second invasion of Greece, by Xerxes, with the deathless fame of Thermopylæ, and this message from the tomb of the immortal three hundred, who died that their land might live, ringing in men's souls like the clang of a trumpet,

"Go tell the Spartans, thou that passeth by,
That here, obedient to their laws, we lie."

And then came Salamis and Platæa, and the great deliverance, and though Athens was destroyed in the contest, it was only to arise again from her ruins more beautiful than before. Fair upon the rugged steep of the Acropolis, limned against the deep blue of the Attic sky, stood the Parthenon, rich in its marble columns and its sculptured friezes. The colossal statue of the armed Athena looked down in the glancing light of the morning sun from the rocky height, keeping guard ever over the city of her love. The Erechtheum, the temple of Nike Apteros—the wingless victory—and the noble propylæ of Pentelic marble, helped to make a fitting crown for the city lying beneath the art-crested hill. Throughout the streets and the public places, altars, and fanes, and carven marbles, told of the exquisite taste of the beauty-loving people of Attica. It was an era not alone memorable for the works of the sculptor and the architect. Greek literature was in the period of its greatest excellence. The impulsive Athenians thrilled to the pathos of the tragedies of Aeschylus and Sophocles, and smiled over the comedies of Aristophanes. Herodotus was charming the assembled Greeks at the Olympic festivals with the beauties of his histories. While Socrates, with a quaint, gentle wisdom, was teaching virtue, and discoursing to his disciples upon the text, so old and yet ever so new. How may man know himself? Maybe the cup of hemlock was, to him at least, the solution of the great mystery, and of that other mystery, whether it is better to live or to die. Not sadly, even cheerfully, he says to his judges in closing his defense, when sentenced to death, "The hour of departure has arrived, and we go our ways—I to die, and you to live. Which is better, God only knows."

Such was the age in which Hippocrates lived, the very flower, the intellectual culmination of the old Hellenic civilization. And he was not unworthy of it, nor of his contemporaries. More fortunate than Socrates, he found for the mystery of man's infirmities what Socrates failed to find for the mystery of man himself, at least a partial solution to the problem. Possessing a sound, common sense, which rejected the old belief that illness came from some anger of the gods, he cut loose from the super-

stitions which still cumbered the theories of disease, and, watching closely the symptoms at the bedside, searched diligently for the physical cause of the malady; and, rejecting charms and miracle cures, tried, by the use of such remedies as were then known, to remove the cause, and so restore health. There is a justness, a moderation, in his views, a freedom from hobbies, an acuteness of observation and a felicity of expression which remind one much of the writings of Sir Thomas Watson. His guiding principle was that the office of the physician is to watch nature, wait upon her, and assist her in the relief of disease. Among the remedial agents which he employed were purgatives, emetics, diuretics, narcotics, sweating, bathing and bleeding. He describes with remarkable accuracy many of the diseases which are now common in our text-books, such as fevers, dropsies, pleurisy, inflammation of the brain, dysentery and others. His clinical records of certain cases are of exceeding interest. He investigated the subject of epidemics, their connection with insalubrious localities and with unusual seasons. As a surgeon, he has left in his writings evidence of no mean skill. He describes the principal dislocations, with the methods of reduction, many of which are in use today. Fractures of the great bones he describes, with sensible directions for their management. He performed the operations of thoracentisis and trephining.

And, withal, he was an honorable, upright man, and a conscientious physician; jealous, too, for the good name of his profession, denouncing in the severest terms the charlatans who, even in that early day, infested the community, reprobating their greed, their ostentatious display, their advertising arts, and their ignorance.

(To be continued.)

PHYSICAL INSPECTION OF CHILDREN—TESTS.

BY GEORGE L. LESLIE, M.S., HEAD OF SCIENCE DEPARTMENT OF THE LOS ANGELES CITY PUBLIC SCHOOLS.

Education is the development attained by the response of the child to the varied influences, stimuli, physical and mental, with which he comes in contact from early childhood to adult years.

Each child has a certain capacity for development. Beyond this he cannot go, no matter how favorable his surroundings may be. To this possible development he may not attain unless the right stimuli, the right surroundings, physical and mental, are at hand and are timed to the child's power to respond. This is the work of the school and the home.

Physical defects and injuries of children should receive all reasonable care. These interfere markedly with present development and health, and, if neglected, they report themselves in later life in no uncertain way.

One may well doubt whether a child outgrows a physical limitation. When the period of young manhood or womanhood dawns, bringing with it new strength and power, the child may seem to throw off limitations of preceding time and seem to outgrow them. Invariably, however, in later years with the waning of general strength, these again present themselves. For a time, the strain may go on, but there comes a time when, like the overloaded bridge, the foundations weaken and may give entirely away and disaster follow.

At the best, the usefulness and power of life have been largely limited. This may mean but little, and it may mean all.

Training and right environment make possible to all more or less of the at-

tainments reached by the best minds. The right training and the right environment, then, are invaluable.

It is the purpose of this article to emphasize the importance of physical care and training of children in order that the higher work of education may be better carried on.

Many a person has spent all his life doing a reasonable amount of work, yet who, with the right correction of physical defects, might have enjoyed a wider and a far more effective field of action and might have been a vast amount of more worth to himself and others.

THE SENSE ORGANS.

It is all important that the receptive organs for physical stimuli, the eye, the ear, muscle sense, sense of touch, taste, smell, etc., should be the best possible. Our imagery of the world, our memories, our development and health, depend largely on these organs.

HEALTH.

More and more as we become better acquainted with the laws of life, we learn to trace effects to first causes. Many a time even the doctor forgets this plan and treats stomach trouble with pills, hot fomentations, electrical currents, etc., all to no permanent good. Reflex efforts from some organ out of good working condition may have been responsible.

Eye strain may have been the cause and has received proper treatment only after much weariness of life, or lumbor curvature of the spinal column may have been responsible.

Nervous conditions have many causes. Rest is invaluable, but when eye strain, due to refractive error or muscle imbalance or reflex action from some diseased organ is the cause, one can rest till doomsday to no avail.

ADENOID GROWTHS—ENLARGED TONSILS.

Few realize the dangers that result from adenoid growths and enlarged tonsils. These abnormal conditions in nose and throat influence markedly the child's physical and mental development. They are frequently the cause of catarrh and middle ear troubles. They may even prevent the normal growth of the lungs. Why should the child be put to such disadvantage because of the ignorance on the part of parents and teachers. Ought not parents and teachers, whose one important duty is shaping the development of boys and girls, to know beyond a question these matters of vital import and act accordingly?

CONTAGIOUS DISEASES.

The child in vigorous health, free from defects, usually resists well contagious diseases. He may temporarily succumb to them, but has the strength to master them. Good respiration, good nutrition, good sense organs: these are Nature's measures against contagious diseases.

When, however, contagious diseases appear: scarlet fever, measles, diphtheria, etc., the intelligent handling of them is all important. Where an infectious disease has been contracted, a period of incubation ensues. This period is of varying duration. A definite period for each disease. During this period no symptom of illness is manifested. As soon as this latent period is over, symptoms of illness appear.

Very frequently the teacher will be the first person who will have the opportunity to notice these symptoms. These observations are especially necessary during prevalence of such diseases as scarlet fever or diphtheria.

It is better to err here on the side of safety, and pupils who show symptoms should be temporarily taken from the class, for medical examination, or until the period of incubation has passed by.

PHYSICAL DEVELOPMENT.

A certain normal rate of growth exists for all children. From measurements of height, weight, girth of chest, vital capacity, grip of both hands, endurance,

taken of a large number of school children, tables or charts of averages have been arranged by which to test the condition of boys and girls.

These tables of averages are excellent guides in studying the individual who has his own standard of development. Comparison of the two is important.

Bad conditions are most quickly indicated by abnormal departures from the normal rate of growth and development of strength. When the child shows such departure, some cause exists which if allowed to continue, leads to stunted mental development of greater or less amount.

If the boy or girl is reached in time, right training or change of environment may give Nature marked aid in righting the wrong already done and give future opportunity otherwise forever gone.

This work belongs largely to a child study laboratory and is all important from the school standpoint. Trained observers of children using instruments of precision can often quickly point out wherein a given child differs from the ordinary child.

Where such variation is injurious, some plan can be suggested which will remedy the defect.

Almost every wide-awake teacher meets continually with problems in the management of children in which more certain definite knowledge of the child's condition is of great assistance in determining the best things to be done. Both parents and teachers often have a wrong estimate of the children under their care. Many children are misunderstood and our problem is to use all means possible to work intelligently in this regard.

Measurements and tests give precision to personal observations.

To put this whole matter in brief compass:

Those in charge of children should see that the normal conditions of growth and development are not interfered with.

ARRESTED DEVELOPMENT

lies to a large extent at the bottom of mental incapacity and criminal tendencies.

Normal development demands the right amount of rightly timed work and recreation. Good environment, ventilation, lighting, heating, out of door life, physical exercise. Correction of physical defects. The right physical, mental and moral surroundings.

The value of these conditions all recognize, yet in every-day life they are not realized to the extent that they should be, either because of indifference or of ingorance.

To be sure, some of these matters may seem but trifles—they count for something.

Others, again, place an absolute veto on the child's advancement.

Everywhere it should be borne in mind that childhood is sacred to growth and development. Where this is true, manhood and womanhood will be higher in type, stronger and more efficient.

TESTS FOR EYES.—GENERAL.

Find out whether there are symptoms of eye trouble, headaches, watering of the eyes, red or swollen lids, fatigue in reading, reading with the book too close to the eyes, trouble in reading work at the board, strained look characteristic of weak eyes; eyes too prominent or eyes seemingly set too far back in the sockets; wrinkles or furrows on the forehead; general poor health.

THE USE OF SNELLEN'S TEST TYPES.

(a) Hang the card in a good light on a level with the child's eyes.

(b) Test one eye at a time, keeping the other eye open and properly cover (place a piece of cardboard in front of the eyes). Do not allow the child to press or touch the covered eye with the hand. It is customary to test the right eye first.

(c) Have the child take a seat twenty

feet from the type card. Ask him to read the rows of letters on the card, beginning at the top. Note the lowest line read correctly. If the child cannot read let him print or draw letters which he sees clearly. Pupils who do not know their letters need not be tested unless there is eye trouble shown by their work or actions.

(d) Write the record of the child's vision in the school register with a visual fraction, 20-20 if the vision is normal.

The visual fraction

d-D Distance from the chart.
Type read.

The numerator is the distance or normal vision for the type marked 20 feet.

The denominator is the distance of normal vision for the type read. If the pupil reads the type marked 20 feet at 20 feet distance, the visual fraction is 20-20.

If he reads the type marked 30 feet at 20 feet distance the visual fraction is 20-30. The vision is poor, for he should read that type at 30 feet distance. Any fraction less than 20-20 indicates defective vision.

NORMAL VISION.

If the child reads all the letters or more than is expected, his eyes are probably in good condition. His visual fraction is 20-20.

CASES OF APPARENT NORMAL VISION WHICH ARE ABNORMAL.

The child may be far-sighted and astigmatic to a considerable extent and still seem to have the normal vision. The accommodation of children is so strong that they readily overcome for a time, a small or even medium amount of hyperopia (far-sightedness).

To detect hyperopia where the vision seems to be normal: Hold before the eye a ½-diopter convex lens. If the pupil sees as well with the lens as without it (not necessarily better) he is far-sighted. In testing the eye without the lens the defect was hidden by strong accommodation. If the lens dims his vision his eye is normal.

If the vision is abnormal the pupil is continually undergoing eye strain sufficient to cause more or less nervous instability and in time to seriously menace his health.

In the testing of the eyesight of pupils, wherever the vision is normal and yet the pupil is nervous or has poor health, this test with a ½-diopeter lens should always be given and with care.

If no lens be at hand the child's health and his behavior with regard to his work are the only guides at the command of the teacher. Such pupils require most careful consideration. If, at any time, there is reason to believe there is trouble with the eyes, a good oculist should be consulted at the earliest moment.

DEFECTIVE VISION.

The pupil does not readily read the lines indicated for normal vision. His visual fraction is 20-30, 20-40, etc., or he may be unable to read the types at all.

MYOPIA.

Bring the pupil nearer to the chart. If at some definite distance the letters stand out clear and sharp and remain without fading, are easily read without special effort, then the child is near-sighted, except where there is spasm of the ciliary muscle.

A child markedly far-sighted may have undergone so much strain of the ciliary muscle that spasm of the muscle occurs at times. In the endeavor the eye makes to accommodate itself for near objects, the muscles eventually refuse to relax. Under such conditions a far-sighted eye may appear to be near-sighted.

HYPEROPIA.

If, upon approaching the chart, no distance is found at which the types stand out clear and sharp and are easily read for any length of time, then the pupil is far-sighted (except in cases of spasm of the ciliary muscle).

A far-sighted person upon coming nearer to the chart may see the letters plainer by reason of nearness, but the types will not stand out clear and sharp and remain so for any length of time. When nearer the chart the increased intensity of light may momentarily stimulate his accommodation so that for a moment the types will seem plain, but they will not remain.

In distinguishing between near and far-sighted eyes it is well to remember that the near point for far-sighted children is much nearer than in the case of those far-sighted. The behavior of pupils with reference to school work should be continually in mind in this regard.

The correction of myopia and hyperopia with proper glasses cannot be too strongly emphasized. Glasses give the eyes a chance to develop normally. Near-sighted eyes will only get worse if left to themselves. Again, the cause of muscular imbalance is usually some refractive error and the wearing of proper glasses relieves and prevents muscular trouble. Consult a good oculist at the earliest moment. It may not be amiss to add a word of explanation with reference to test types.

The smallest retinal image perceived by the most sensitive part of the retina corresponds to a visual angle of five minutes (5″). The best types are so constructed that every letter at its proper distance subtends an angle of five feet, etc.

ASTIGMATISM.

Test each eye separately with Pray's astigmatic chart.

With the normal eye the letters appear of equal distinctness and blackness. If astigmatism is present, to any extent, certain letters will stand out sharp and black. Others will appear less distinct and more or less blurred. Ask the pupil which letters are blackest — stand out best. The lines of the letters which are plainest mark out the meridian of the eye which focuses the lines of the retina. If the pupil repeatedly picks out letters with the lines running in the same direction the test is reasonably certain, but if he repeatedly selects letters, *as blackest,* with lines not running approximately in the same direction, there is probably no astigmatism.

Astigmatism is very common, and the eye overcomes a small amount without trouble. Astigmatic eyes otherwise normal will not see details well. The leaves of trees will seem mingled together in a mass. The letters of books will tend to run together or seem indistinct in certain directions on the page, and stand out plainer at or near right angles.

Record astigmatism in school register in same column as visual fraction for right and left eye, as follows: 20-20 (a), the (a) meaning astigmatism.

MUSCULAR IMBALANCE.

A. Lateral Deviation.

(1) Esophoria. (2) Exorphoria.

Place the child 20 feet from a lighted candle. Hold a Maddox rod (piece of cardboard about 1½x1 inches, with slit 1 inch long, 1-16 inch wide in which is fixed a small glass rod, of uniform diameter) horizontally, in front of one of the eyes. The rod will change the candle light into a narrow vertical band.

The eye before which the rod is placed will see this narrow vertical band. The other eye sees the candle. With both eyes, if the muscular balance is normal, the vertical band of light will pass through the candle.

If there is a muscular imbalance (lateral deviation) the vertical band of light will be either to the right or to the left of the candle.

1. Esophoria (eyes turned inward abnormally): When the band of light is upon the side of the candle indicated by the eye before which the rod is placed, using the words, right and left.

2. Exophoria: When the band of light is upon opposite side.

A small amount of esophoria is to be

looked for in the far-sighted eye, and is not a disadvantage. Exophoria, however, in connection with far-sightedness, is a matter of much concern.

B. Vertical Deviation.

Held the Maddox rod in a vertical position in front of one eye.

If the muscular balance is normal, a horizontal band of light will pass through the candle. If muscular imbalance exists, then the band of light will pass above or below the candle.

Record in the school register, blank column: Esophoria—Es. Exophoria—Ex. Vertical Deviation—V. D.

Muscular imbalance, in a majority of cases, disappears when eye strain has been relieved by the wearing of proper glasses.

Since the work of the teacher in this line must be limited, it has been thought best to omit testing for muscular imbalance except in those cases where there is more or less eye trouble, little endurance, poor progress with the school work, or poor health. In all such cases the tests should be given with care.

At a distance of 20 feet a distance of 1 inch of the band of light on either side of the candle is equavalent to 1 degree of muscular imbalance. The pupil's estimate of distance must not be accepted, but some small object placed where the band of light passes. The distance can then be measured. If more than 4° to 6° of imbalance is found, the parent should be earnestly urged to consult an oculist.

A combination of far-sightedness and exophoria or of near-sightedness and esophoria should receive immediate attention. The results are most serious. Several cases of this nature have come under the writer's observation within the past year, mostly in the grammar grades and in the high school cases where stuttering, even, has ceased upon the wearing of proper glasses and the exercising of the eye muscle.

Others, again, have stopped school, disregarded advice in this matter, and are yet spending all their energy trying to see, and doing practically nothing else.

HEARING OF CHILDREN.—TESTS FOR DEFECTIVE HEARING.

There are no precise tests for hearing adapted for popular use.

The tests for defective hearing commonly used in the schoolroom are those with the voice and with the watch. These both vary and the tones produced continually change in intensity. The pupil, however, is accustomed in his varied career to listen to the voice. Therefore, the voice is placed first in order as approximately correct and in line with the every-day activities of the child.

GENERAL.

Ascertain whether the pupil complains of ear-ache in either ear, whether matter (pus) or a foul odor proceeds from either ear, whether the pupil breathes as he should, through the nostrils, or is a mouth breather.

THE VOICE TEST.

Stand the pupil so that he will look straight ahead with one ear turned toward the examiner and at a distance of 20 or 30 feet (across the room). Have him hold a card against his face so as to conceal from his view the movements of the person testing him. Have the pupil cover the other ear with a thick cloth.

Ask the pupil direct questions in an ordinary tone of voice. These questions the pupil should answer. The same testing may be made with more exactness by asking him to write certain figures upon the board, the list not to exceed his memory span. Test each ear. If the pupil fails to hear the spoken words, answers incorrectly, or fails to write the figures correctly, his hearing is defective. Record defective hearing in register. Seat pupils accordingly. The carrying power of the teach-

er's voice should be ascertained for teaching purposes as well as for the testing of hearing.

THE WATCH TEST.

1. Use the same watch in all tests. Ascertain the distance at which the tick of this watch can be heard by experiment, taking the average distance for several persons whose hearing is known to be excellent. This average distance is the standard distance for the watch used.

2. Stand the pupil so that he will look straight ahead with one ear toward the examiner. Have him hold a cardboard screen so as to conceal from his view the movements of the person testing him. Let him cover the other ear with a cloth. Suspend the watch on a level with the ear and beyond its standard distance. Gradually approach the ear until the tick is distinctly heard. Make several trials. Take the average. Record the aural fraction d-D.

d—distance at which the tick is heard.

D—standard distance for watch used.

Test each ear.

The facial expression is that of mental dullness, the more or less open mouth and lack-lustre eyes robbing the face of an intelligent look, which it otherwise might possess.

ABILITY TO DETECT PITCH OF MUSICAL TONE.

The pupil's ability to detect differences in the pitch of tones is an important factor in his musical ability. This may be done with a series of especially tuned tuning forks. These range in vibration numbers a certain distance above a given standard pitch differing by 54ths of a tone.

A pair of forks is selected, the standard always being one of the pair. Each fork is sounded for some three seconds and an equal interval allowed between the tones. The pupil is asked to judge which fork is the higher. The test begins by taking a difference about equal to a tone and gradually decreasing, etc.

A good ear will detect a difference of 2-54ths of a tone. This test affords a definite and reliable measure of the child's musical ability. It enables one to advise parents whether a pupil will profit by musical instruction.

SOME INTERESTING FACTS WITH REFERENCE TO HEARING.

Sound reaching the ear by air conduction is perceived more distinctly and loudly than when the same sound is communicated to it through the bone.

In cases of defective hearing if the middle ear is diseased a tuning fork will be heard better through the bone than through the air. If better heard through the air than through the bone, the defect lies in the preceptive apparatus, the inner ear. Further, where the defect lies in the middle ear, it is the forks of higher pitch that first become audible.

These are simply matters of interest which may lead some one to become further interested in defective children.

By careful testing, the teachers will find a great variation in hearing among normal pupils. The difference in the keenness of the two ears also is marked in many instances.

The range of perceptible pitch reaches its maximum extent in children and then narrows down so that adults do not perceive as high or as low pitch as children. The organ of corti reaches its maximum efficiency at about 10 or 12 years. Hearing ability seems to improve up to about this age.

The excellence of the hearing of a pupil determines, to a greater or less extent, his type of memory and imagery, and to a marked extent his progress and school standing.

If the pupil is ear-minded, he should be appealed to more largely through the

sense of hearing than through other senses.

VARIABLE HEARING.—ADENOID GROWTHS.

The detection of poor hearing is many times difficult, for the defect may be due to a cold, to the kind of attention given to the test, to the quietness of the room and to adenoid growths, a disease of the upper part of the pharnyx.

Adenoid growths are growths of lymphoid tissue almost identical in structure with the tonsils. These growths are very vascular and are congested with blood and lymph at the slightest provocation. The change in size resulting, causes a greater or less closing of the eustachian tubes and variable hearing results.

An interesting matter in this regard is this: Pupils with adenoid growths will be deaf to low tones, those below 512 vibrations per second. For higher tones their hearing will be nearly normal.

Pupils affected with adenoid growths are usually mouth breathers. The nasal passages are more or less closed. The voice has a nasal tone. Respiration is poor. Oxygenation of the blood is reduced and mental dullness results.

Los Angeles Polytechnic High School.

DEPARTMENTAL

DISEASES OF WOMEN AND CHILDREN

WILLIAM A. EDWARDS, A.M., M.D., EDITOR.

CEREBRO-SPINAL MENINGITIS.—While in Los Angeles we have not as yet met this disease in its epidemic form, still the transportation facilities between this city and the large eastern centers of population are so intimate and direct that unless methods of control are soon established it is not unreasonable to suppose that this germ will be imported to us as la grippe appeared here in epidemic form a few months after its virulent outbreak in New York and Chicago, some years ago.

The apparent inability to reduce the mortality has led the New York Department of Health to appoint a special commission of physicians to consider means by which the disease may not only be controlled, but skillfully treated. We await this report with great interest. Even before the diplococcus intracellularis meningitidis, the diplococcus of Weichselbaum, was known to the physicians of twenty years ago, the epidemic and infectious character of the disease was well recognized and the factors which aided in its spread were also understood, but little, however, has been accomplished in checking its ravages or supplying therapeutic means to intelligently meet the indications.

In January, 1905, cerebro-spinal meningitis was the third in the mortality tables of the epidemic diseases in New York, the total number of deaths being 149 for the State, at the same time the diarrhoeal diseases produced 139 deaths and croup and diphtheria 191.

Health officers of the various cities, our own among the number, have compelled physicians having meningitis under their care to report them. In most instances beyond a rather offhand inspection of premises nothing has been done except the publication of statistics.

The presence of the disease about stables and stable refuse, its association with bad drainage and influenza and

pneumonia is well known, but are the various Boards of Health doing anything to prevent its lodgment in their midst?

Both the prophylaxis and the treatment of this disease should be placed on a firm and scientific basis. Heretofore various modes of treatment have been highly lauded for a short time only, to be forgotten in a few weeks, so inefficient have they been.

Lumbar puncture seemed to offer a means by which cerebro-spinal pressure might be reduced and time afforded for therapeutic measures.

Jacobi, however, with his usual acumen, early wrote that while lumbar puncture might relieve symptoms of congestion, pressure, edema and coma, it rarely aided in ameliorating the course of the disease.

Huber, after a large experience, states recently, *Archives of Pediatrics*, Feb., 1905, that he agrees with this careful observer. At the present time the operation of trephining is being tried. Time will tell whether it is more benefit than lumbar puncture. We think it is not.

The injection into the spinal canal of antiseptic solutions with the hope of destroying or at least aborting the activity of the bacteria has also been tried. However, the large institutions where it has been tried in a number of children do not indorse the procedure. It has distinctly fallen short of the claim of its originators.

Of more importance seems to be the observations of Wolff, in which he has apparently found an antagonism between the bacillus diphtheria and the diplococcus of Weichselbaum, which was taken up by Waitzfelder, who, at the Gouverneur Hospital, New York, treated cases of meningitis by the subcutaneous injection of diphtheria antitoxin. He reports his observations in the *Medical Record,* March 11, 1905, as follows: 17 cases treated, 5 completely recovered, 3 died, 9 under observation at time of report. The other hospitals, notably the Presbyterian and the New York, immediately adopted this procedure, without, however, influencing the symptoms of meningitis at all.

It would then appear that the statements of both Wolff and Waitzfelder have not been confirmed.

The intradural injection of diphtheria antitoxin has already failed in the hands of several observers.

It will thus be seen that our therapeutic attitude toward this disease today is most unfortunate; while we know the cause of cerebro-spinal meningitis, we have no accepted plan of specific treatment, hence as we have already said, we await the report of the New York commission with absorbing interest.

REVIEW OF LITERATURE.

A UNIQUE CASE OF APPENDICITIS IN A CHILD AGED 14 MONTHS.—In 1000 autopsies made by L. W. Glazbrook during the last twelve years, the writer has found only three cases of foreign bodies in the appendix (fecal concretions excepted,) and in but one of the cases, the present one, was the foreign body the cause of death. It is on this account that the case he reports in the *New York Medical Journal,* March 11, 1905, is of great interest. The child, aged 14 months, was apparently in perfect health until within three and a half hours of its death. The symptoms of this short illness were those of surgical shock. Autopsy showed the large omentum to be adherent to the vermiform appendix, midway between the caecum and its tip. This appeared to be of several months duration. The appendix had ruptured and about 4 c. c. of green pus was found. In the appendix, about three-eighths of an inch from tip, was found the round head of an ordinary black mourning pin. At the omental attachment, where the

rupture was noted, the point of the pin was found.

CARCINOMA OF THE MAMMARY GLAND.—Cancer is increasing in frequency. It occurs more frequently than formerly in young subjects, and has become common in races at one time immune. When affecting young subjects the prognosis is distinctly less favorable, as the lymphatics are both numerous and patent; in the aged many lymph vessels atrophy.

An early diagnosis should be made and an early operation advised. Metastases to the axillary gland and internal organs occur early, often before they are suspected. In 9 per cent. of all cases it is impossible to make a clinical diagnosis.

The author of this paper, Rodman, *Medical Bulletin,* December, 1904, thinks that when in doubt a complete operation should be arranged for; but before removing the breast an exploratory incision should be made into the growth, and a piece from near its center submitted to a competent pathologist, who, as a rule, will give an accurate report in ten minutes. [Upon this point too much stress cannot be laid, and its observance, alas, in California, is conspicuous by its absence.] If malignant, a complete operation should be done immediately. In women past forty the chances in favor of malignancy are as 13 to 1, and should, therefore, be assumed.

Carcinomata of the sternal hemisphere are less common than similar growths in the axillary half of the gland, but are probably more frequent than they are thought to be. The prognosis is worse in them than in cancers of the axillary hemisphere.

Recurrences being usually in the skin, its removal cannot be too free. Skin grafting, or closure of the wound by plastic flaps—the preferable method—will frequently, if not usually, be necessary.

The pectoral muscles, major and minor, should always be removed, regardless of infection, so that all diseased tissues can be removed in one piece, and the axillary dissection both more thoroughly and safely made. Their loss neither increases the mortality, lengthens the convalescence, nor seriously impairs the subsequent usefulness of the arm.

The supraclavicular glands should be removed if palpably enlarged, or if the topmost axillary glands show macroscopical involvement; otherwise their removal is unnecessary.

Wounds of the axillary vessels have been infrequent since the muscles have been removed as a routine practice. When occurring in an aseptic operation they have always been recovered from.

Of twenty-four deliberate resections of the axillary vein none were fatal. Moreover, the oedma following was inconstant and transitory, and never a troublesome symptom. Drainage should always be made.

The three-year limit of Volkman is insufficient, and should be extended to at least five years. Recurrences may occur after ten or more years. The operative mortality in 2133 operations performed since 1893 by twenty-one American surgeons reporting to the writer was less than 1 per cent. This seems almost incredible when contrasted with the 15 to 25 per cent. mortality for incomplete operations on the breast in preantiseptic days. Radical operations, if early, should give more than 50 per cent. of cures.

ANGIONEUROTIC EDEMA.—That the symptom complex of this disease should mislead a surgeon as competent as F. B. Harrington and cause him to determine upon an exploratory laparotomy in a young single woman aged 26, whose initial symptoms

strongly suggested gallstones, is of great interest to all of us who are doing abdominal surgery.

Such was Harrington's experience, as detailed in the *Boston Medical and Surgical Journal,* March 30, 1905. For many years this woman had attacks of swelling of the hands; during the last few years they occurred every few weeks, and involved also the arms and elbows. The face and trunk were also sometimes involved. Finally attacks of abdominal colic appeared and one of these attacks was so severe that laparotomy was performed. An interesting condition was revealed. At a point within a short distance of the ileo cecal valve, a cylindrical enlargement of the ileum two and a half inches long was seen, which entirely surrounded the gut, increasing the bowel circumference to twice its normal size. The swelling was in the bowel wall, elastic to touch. There was no distension above or below the lesion, which was an angioneurotic edema of the intestinal wall. Nothing of course was done to the bowel; the case was simply closed up and she had a smooth convalescence. No colic.

This disease has been studied by Quincke, Osler, Jamieson, J. E. Graham, Matas and W. A. Edwards.

It is akin to the giant form of urticaria. It seems to be a vaso-motor neurosis, which allows the vessels to become suddenly permeable.

While severe colic is sometimes associated with an attack, I know of no other case in which this has suggested the presence of gallstones and come to the operating table on that account.

Some of these cases of acute circumscribed or angioneurotic edema are rapidly fatal. Osler records two deaths from sudden edema of the glottis, and Edwards one from involvement of the thyroid gland.

(1.) Acute Enlargement of the Thyroid Gland; Angioneurotic Edema, William A. Edwards, International Medical Magazine, April, 1892.

INFANTILE LUCK.—A writer in *American Medicine* calls attention to numerous instances in which the small child swallows the open safety pin with no untoward results. He concludes his review of the subject with the following words: "If I were to be given the choice for my child to swallow a safety pin open at the usual angle, or a common straight pin, I should consider the straight pin the more dangerous of the two."

When the marvelous capacity of the average active child for getting into scrapes is considered, and the remarkably few instances in which he fails to emerge from the peril in safety, it illustrates very forcibly the fact that Nature is exceedingly kind to the growing child. That the mortality in children under five years of age should nevertheless be so great is a reflection on our civilization.

It is a deplorable fact that fairly intelligent people in prosperous circumstances, who would make no business move of the slightest consequence without legal advice, will take chances with the slight ailments of their children and neglect to call in the physician until conditions are really serious. This, in many cases, seems to be due to the ridiculous idea that it indicates mental weakness to be unduly concerned over the ordinary ailments of childhood. To this fact is undoubtedly due a great share of the mortality of childhood among people who have abundant means to provide medical attention. Instruction along these lines is very badly needed, and parents should be taught that too much dependence must not be placed upon the rebounding vitality of the child.

Physicians are naturally reluctant to lay too much stress on these points, as some ill-natured persons are prone to regard it as an exaggerated development of the doctor's business instinct, but where it can be tactfully done, no oppor-

tunity should be lost to impress upon parents the dangers of neglect of the ailments of childhood.—*Monthly Cyclopedia of Practical Medicine,* January, 1905.

BOOK REVIEWS.

PRACTICAL PEDIATRICS. A MANUAL of the Medical and Surgical Diseases of Infancy and Childhood. By Dr. E. Graetzer, editor of the "Centralblatt Fur Kinderheilkunde" and the "Excerpta Medica." Authorized translation with numerous Additions and Notes, by Herman B. Sheffield, M.D., Instructor in Diseases of Children, and Attending Pediatrist (O.P.D.) New York Post-Graduate Medical School and Hospital; Visiting Pediatrist to the Metropolitan Hospital and Dispensary, etc. Pages XII-544. Crown octavo. Flexible cloth, round corners. Price, $3, net. F. A. Davis Company, Publishers, 1914-16 Cherry street, Philadelphia.

We agree with Graetzer that the practice of pediatrics is an unusually delicate and difficult art, to the study of which, as a rule, but little time is allotted during the college terms, while at a later period it plays a very important role in practice, contributing largely, so to speak, to the daily bread of the practitioner. The busy and overworked practitioner needs, therefore, a handy reference book which will enable him to familiarize himself with all subjects pertaining to diseases of childhood which he previously did not know or had forgotten.

This Graetzer has endeavored to do in his work of 544 pages, and he has done it very well. His ripe editorial and clinical experience has permitted the production of a book that on the whole is to be fully commended. The American translator, Sheffield, has added much to the practical value of the book by his additions.

The section on Materia Medica and Therapeutics will prove of great value to a busy doctor, and on the whole the book will be of value to that great mass of medical men in America who are removed from the medical centers and whose busy lives forbid extended study and research. Here they will find in concise form a very correct statement of today's pediatric practice.

We are pleased to note on page 143 that if the measures advised for intussusception are not followed by marked improvement in the condition within a few hours, immediate laparotomy is indicated. It would have been more in accord with today's views if the statement had been made that in intussusception, immediate laparotomy is always indicated, but, as Fagge, of London, has recently said, well recognized lines of treatment, especially if simple and non-operative, die hard.

The Germans must see more cases than we do. Certainly their statement that intussusception (p. 142) is a particularly frequent disease of childhood, cannot be accepted by English-speaking pediatrists. While the disease, like appendicitis, seems to be on the increase, still it is not as yet particularly frequent. Witness the statistics of St. Thomas's, London, from 1879 to 1903; one hundred and twenty-nine thousand four hundred and ninety-seven patients were admitted and only one hundred and sixty-two cases of intussusception were recorded.

The title word, Rubella, is used with Rotheln (page 175) as a synonym. This is good and it is accepted as a disease *sui generis.* This is better. In the albuminuria of apparently healthy children (page 303) the author does not tell us the importance of determining the form of albumin that is found in the urine. This is an unfortunate omission. There can be no question at the present day that there are different albumins in the urine. Upon the recognition of these depends the diagnosis of nephritis and its differentiation from other diseases. The simple statement that the urine contains albumin is now of little clinical value. Its form must be determined and the report must read,

either serum albumin, serum or paraglobulin, nucleo albumin from bile, mucin from bile or mucin from mucous membranes, albumoses or the so-called urinary peptones.

The statement that vulvo-vaginitis (page 323) is generally gonorrheal in nature is in accord with all recent studies of this condition. We feel, then, little hesitation in fully recommending this book for the purpose for which it was written. W. A. E.

DEPARTMENT OF PHYSICAL AND ELECTRO-THERAPEUTICS.

CONDUCTED BY ALBERT SOILAND, M.D.

In the *Medical Record* of March 25 appears an excellent article entitled "Radiotherapy and Surgery, With a Plea for Preoperative Radiations," by William J. Morton of New York. The doctor briefly touches upon the various factors which, together, make successful radiation possible, and on the whole leans to a vigorous employment of the radio active agents whenever indicated. Several interesting photographs are printed showing cancer lesions and the resultant cures. The article concludes as follows:

Taking, then, in conclusion, a broad and conservative view of the present position of radiotherapy and of its relations to surgery. I believe that the best interests of the patient demand a combined treatment. An early operation is certainly the most important thing for the patient, but so also is an early X-ray treatment. The particular case which would have been curable by the operation would also as likely have been cured by the radiation. In the latter event the operation will not prove to have been necessary. If the X-ray fails in a reasonable time, then the patient is in a better condition than before to submit to the inevitable operation. *In short, I believe that preoperative radiation should precede every operation for cancer with as much reason and force as preoperative aseptic or antiseptic cleansing of the skin to be incised.*

But, in reality, in cancer no hard and fast law can be laid down which shall apply to all cases, for the reason that each case is, in a sense, a law unto itself according to its degree of advancement, its location, and its nature. My plea is simply to avoid preconceived opinions, not to place operation and radiation at two opposing extremes facing each other belligerently, but rather gladly to avail ourselves of both, letting each method mutually help the other rather than to lose the aid of either. *"In medias res tutissimus ibis."*

In this brief glance at the possibilities and the shortcomings of radiotherapy, I have not referred to my own method of artificial fluorescence. I did not wish to cloud the issues. But in every case I have treated I have employed artificial fluorescence on a plan already fully published, and I attribute any success I may have had largely to this method.

1. Radiation treatment exerts a retarding effect upon the growth of some cancers.

2. It cures some cases—the ratio to operative measures is not here discussed.

3. Preoperative radiation will increase the ratio of cures by operation.

4. Preoperative radiation transforms some inoperative cases into operable cases.

5. Preoperative radiation is recommended as a precautionary measure, probably quite as important as preoperative antiseptic preparation for surgical operation.

A year ago the editor of this department ventured to suggest in a paper read before the Los Angeles County

Medical Association and printed in the SOUTHERN CALIFORNIA PRACTITIONER for July, 1904, the advisability of raying cancer cases before as well as after operation. It is gratifying to note that Dr. Morton indorses this method so strongly.

INTERNAL FLUORESCENCE.—The lay press recently has contained articles commenting upon the use of "internal sunshine," together with X-ray and radium treatment of cancer. As considerable confusion regarding this internal sunshine exists, a few explanatory words may be of assistance. This internal artificial fluorescence or sensibilization of tissues is produced in two ways. First, by administering certain chemicals to the patient which, when diluted in the blood, fluoresce, as the tissues of the body are placed in the path of a high potential current or strong radiation. Second, by injecting these chemical solutions directly into the diseased tissues. The latter method has been tested in Finsen's Copenhagen Institute with negative results. This may be due, however, to the fact that the Finsen or ultra-violet rays do not penetrate to a sufficient depth to cause fluorescence of the contained solution. The X-rays and radium emanations readily pass through and produce active fluorescence. The first mentioned method of internal administration, which gives promise of better results, was first suggested by Dr. Morton, I believe. Among the drugs used to produce this condition the best are quinine bisulphate, fluorescin and esculin. It is not unreasonable to suppose that the action of our X-radiations will be greatly enhanced when this is fortified by internal fluorescence. Several patients under close observation are being treated with these agents. The results will be announced later.

613 Johnson Bldg.

DEPARTMENT OF TUBERCULOSIS.

CONDUCTED BY F. M. POTTENGER, PH.M., M.D.

INFLUENCE OF THE TOXIN OF THE TUBERCLE BACILLUS UPON THE DEVELOPMENT AND TOXICITY OF OTHER BACILLI.—L. R. v. Korczynski (Wiener klin. Woch., No. 2, 1905, p. 29), as a result of elaborate experimentation upon guinea pigs, concludes that the toxin of the tubercle bacillus favors the growth of the staphylooccus, streptococcus, and B. coli. These micro-organisms grew more rapidly in the culture in which the toxin was mixed than in the pure culture medium. The streptococcus and B. coli developed the more rapidly the richer the culture was in the toxin of the tubercle bacillus. Tuberculin exercised a greater influence upon the growth of B. coli on agar than the tubercle bacillus on tuberculin bouillon. The toxicity of B. coli which grew upon the tuberculin bouillon was greater than when pure agar was used as the culture medium. The amount of the toxin of the tubercle bacillus that was spread upon the culture medium was not without influence upon the degree of toxicity of B. coli. A nontoxic dose of the bouillon culture of B. coli became fatal when mixed with a certain amount of the tuberculin bouillon, which in itself was not lethal.—J. H. W. R. in *American Medicine,* April 8, 1905.

THE IMPERIAL AUSTRIAN RAILWAY REGULATIONS FOR THE PREVENTION OF TUBERCULOSIS.—Perhaps no scientific subject is receiving so much attention today as the prevention and cure of tuberculosis.

But a few years ago this disease was considered absolutely hopeless and its development was looked upon as inevitable, because heredity was thought to be the cause. Today all this is changed; we know it is curable and we know that it is preventible.

In Europe more attention is paid to its prevention than in this country. The people, as a whole, are aroused and are taking active measures. The governments are doing their share, as is shown by the attitude of the governmental insurance companies, and large corporations are likewise trying in every way that they can to prevent its spread.

We are pleased to note the interest taken by the railroad corporations. The following are the regulations of the Imperial Austrian Railway Department of Vienna for the prevention of tuberculosis:

Regulations of the Imperial Austrian Railway Department of Vienna, for the Combating of Tuberculosis. (Tuberculosis, Vol. 4, No. 2, 1905.)

On the 31st of December, 1904, the Imperial Austrian Railway Department of Vienna issued the following enactment to the Government Railway Directing Boards under its administration, the Czernowitsch Board of Management and the Imperial General Board of Inspection of Austrian Railways.

Following on the report issued November 9, 1903, by the Imperial Austrian priv. Southern Railway Company on behalf of the conference of the Austrian Railway Directors, the following general regulations for the combating of tuberculosis on the Austrian Railway lines are hereby issued with the consent of the Imperial Austrian Ministry of the Interior.

In the first place the following stringent regulations prohibiting spitting under penalty of a fine is to be issued. The prohibition shall be placarded in all waiting-rooms and station-halls, on the platforms, in station restaurants and railway trains in numerous conspicuous positions.

WARNING.

For the Prevention of Tuberculosis.

Promiscuous spitting is strictly forbidden. Persons violating this law will be liable to a fine of 2-200 kronen or to arrest for a period varying from 6 hours to 14 days, in accordance with the regulation of September 30, 1857. Imp. Legal Code, No. 198.

IMP. AUSTRIAN RAILWAY DEPT.

A sufficient number of spittoons must be placed in the above specified places and in the carriages, wherever possible.

All spittoons must be placed on the ground.

As the use of the spittoon is intended to render the sputum of consumptives innocuous, and thereby aid in the combating of tuberculosis, the vessels must in shape and utility correspond in the main to the following hygienic principles laid down by the Board of Sanitation:

1. The shape of the vessels must be such that it is easy to spit into them, so that the outer surface of the spittoon and the floor may not be made unclean, either at the time of expectoration or by the upsetting of the vessels.

2. The sputum shall, as far as possible, be concealed from view.

3. The vessels must be of such a nature that they can be easily and quickly emptied and cleaned, and it must be possible to carry out this operation in such a fashion that neither the hands, the body, the clothes nor the surroundings of the persons attending to it shall come in contact with the sputum..

4. The drying of the sputum in the vessels shall be avoided by the partial filling of the same with water.

Disinfection of the sputum is not necessary; it is sufficient if the contents of the spittoons, together with the liquid employed in the cleansing of the latter, is emptied into the sewer, canals or sinks.

The so-called hygienic spittoons which have up to the present been most in use do not correspond to these requirements, because on account of their shallowness the sputum remains attached to the upper surface of the funnel, which is almost level, to the outward-bent edges, and, in some spittoons, to the outward-bulging sides of the vessels, whence it is apt to be brushed away by women's skirts. The soiling of the hands with sputum in cleaning vessels of this shape is moreover difficult to avoid.

In the passenger trains the type of spittoon employed must be chosen with due regard to space considerations and to the continual motion of the carriages.

In order to diminish as far as possible the above unsatisfactory conditions, the railway department considers it necessary to introduce higher-standing vessels of granite-enamel with a more sloping funnel arrangement, whose upper edge shall lap over the edge of the vessel itself at as sharp an angle as possible.

These vessels must be 14 centimeters high, and must have a diameter of 22 cm. from edge to edge above and about 16 cm. below.

The diameter of the lower opening of the funnel-piece shall be 8 cm., and this aperture shall be 3 cm. above the floor of the vessel. In order that the vessel shall comply with the above requirements (Point 3) as to cleansing, the bowl of the vessel and the funnel-piece must both be provided with suitable handles for grasping and holding them during the cleansing, which is done with long-handled brushes.

In these spittoons the brushing away of the sputum is made less probable by their height, as the hems of women's skirts will rather brush the sides than the upper surface, and because, moreover, the sputum does not stick to the steep sides of the funnel-piece so easily.

Such spittoons are gradually, according to the funds at disposal, to be placed not only in the passenger carriages, but also in railway restaurants, waiting-rooms, halls, on platforms and in the rooms of the officials to which travelers or the public have access. In other rooms, which are only used by the railway officials, such as offices, work-rooms, stores, barracks, etc., those spittoons may still be employed which have up to the present been used and which, although not corresponding to the above-specified type, can yet be partially filled with water.

If, however, it also becomes necessary to procure new spittoons for the last-mentioned rooms, these must be of the type prescribed for the first-mentioned cases.

Models of spittoons recognized as suitable may be obtained in the factory of Ernest Glogar of Vienna, XII, Gierstergasse No. 7.

Continual care must be given to the thorough cleansing of all the station premises and carriages at regular periods corresponding to the frequency of their use.

In order to instruct the traveling public concerning these measures for the prevention of tuberculosis and to arouse in them an active interest in the carrying out of the same, an extract from the resolutions concerning the public will be remitted to certain daily papers by the Railway Department.

The entire staff of the railways shall, by means of a circular, receive detailed information concerning the nature of tuberculosis, the measures for its prevention, especially as regards the danger from expectoration on the ground, and other hygienic regulations with reference to the prevention of tuberculosis, the airing and cleansing of the carriages and of rooms set apart for the use of railway personnel and the industrial hands, and for dwelling purposes.

The staff is also to be warned, on the

penalty of a fine, not to set a bad example to others by spitting on the ground.

The staff is to be instructed in and examined on the contents of this circular.

Moreover, accurate instructions must be given to the men employed on the station and to those accompanying the trains, with regard to their conduct toward passengers violating the regulations prohibiting expectoration. The men must, in cases of transgression, notify such cases to the state or police authorities.

All officials and railway physicians shall be supplied with a special official copy of the enactment of the Imp. Austrian Ministry of the Interior, July 14, 1902, concerning the measures to be taken for the prevention of tuberculosis, and the instructions contained therein shall be observed to the very letter.

Railway physicians are bound to suitably instruct the railway workers and their families or fellow-lodgers as the above-mentioned enactment prescribes, and moreover to notify cases of advanced tuberculosis to their superiors.

Clothes, linen and various articles in use, as well as the rooms of tuberculous railway workers or their families, must, on every change of dwelling or on the death of such tuberculous persons, be dealt with according to the measures prescribed on p. 8 of the above-mentioned separate copy; these measures, moreover, refer not only to the uniforms of the men, but to all clothes used by the patients in question, and also to the ordinary lodgings and the offices used by such invalids.

It is advisable to disinfect in steam disinfectant apparatus all such garments as are likely to be spoiled by boiling or soaking in liquid disinfectant. The previously mentioned dwelling-rooms and offices should be re-whitewashed on every such occasion and the floor washed with a soda solution.

The execution of the above sanitary prescriptions must in all cases be supervised by the chief officials of the respective stations and by the railway physicians, and the organs of the Imp. Austrian General Inspection shall from time to time convince themselves that such supervision is actually carried out.

Special attention must be devoted to obtaining scrupulous cleanliness in all articles in use in the railway restaurants and kitchens.

Persons known to be suffering from tuberculosis shall not be employed in connection with such work.

(Signed) WITTEK.

THE PROPHYLAXIS OF VENEREAL DISEASES.

Prince A. Morrow, New York City, (*Journal A. M. A.*, March 4), thinks that the extent of venereal diseases in married life is far greater than is commonly suposed. The chief social danger comes from the destructive effects on the health and on the productive energy of the family. Regulation of prostitution according to the European methods he considers practically ineffective, as it applies only to one sex. We might as well attempt to prevent the importation of plague by excluding only the infected women. The method of prophylaxis in which he puts the most confidence is education, both of youths and of the public generally. The public conscience must be awakened. The present indifference, based on ignorance, and the popular notion that these diseases are simply consequences of vice, must be done away with. In his opinion, a special society, including in its membership educators, clergy, jurists and sociologists, as well as medical men and public-spirited individuals generally, should undertake this work. It should be a permanent organization, exerting a continuous active force against this prevalent evil. He believes that with organized and intelligent effort many of the apparently insurmountable difficulties of this question eventually may be overcome.

SOUTHERN CALIFORNIA PRACTITIONER'S NURSE DIRECTORY.

NAME.	QUALIFICATION.	STREET.	TEL.
ALBERTS, MISS R. C.	Graduate Nurse.	Fullerton	Long Distance
BARBOR, MISS F.	Graduate California Hosp.	1035 S. Figueroa	Home 4804
BURTON, MISS EVA G.	Graduate Nurse.	201 W. 27th.	White 981
BOYER, MISS SARA	Graduate Nurse California Hospital.	1006 W. 8th.	Jefferson 6391
CAMERON, MISS KATHERINE	Graduate Grace Hospital, Detroit.	395 Grand Ave., Pasadena.	Black 471
CARDONA, MISS L. M.	Graduate Sisters' Hospital, Los Angeles	740½ S. Figueroa	Home 7337
CASE, MISS L. E.	Childrens Hospital San Fran.	542 Westlake Ave.	Jefferson 6303
CASEY, MISS MAE V.	Graduate California Hospital	719 Hope St.	Red 239
CAYWOOD, MISS J. EVELENA	Graduate California Hospital	La Park	Suburban 64
CRAWFORD, MISS M. A	Trained Nurse.	1815 Normandie	Blue 4026
CRUMP, MISS ANNE L	Graduate California Hosp.	637 South Hill St.	Home 4520
COOPER, MISS JESSIE	Graduate Fabiola Hospital, Oakland.	2321 S. Flower	Home 5344
CUTLER, MRS. E. L.	Graduate California Hosp.	1622 S Hill.	White 4661
FALCONER, MISS JEAN J.	Graduate Salem Hospital. Salem, Mass	912 W. 5th.	Red 481
FERN, MISS DORA	Graduate California Hospital	1035 S. Figueroa	Home 4804 Sunset, Main 1400
GORDON, MISS LILLIAN	Graduate California Hospital	46 Reuben Ave. Dayton, Ohio.	
HARDISON, MISS CLAIRE L.	Graduate California Hospital	116 S. Burlington	James 1161
HOAGLAND, MISS M. J.	Graduate Bellevue Training School, N.Y.	312 W. 7th.	Main 793
HOTZEL, MISS LILLIAN M.	Graduate California Hosp.	228 Hancock	Alta 2962
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KINNEY, MISS J. A.	Trained Nurse.	1337 S. Flower.	Blue 2491
KIRBY, MISS NETTIE	Graduate Hospital of Good Samaritan	2675 Lacy Street	Phone East 344
KERNAGHAN, MISS	Graduate California Hosp.	1035 S. Figueroa	Home 4804 Main 1400
LAWSON, MISS	Graduate Nurse.	112½ E. 10th.	Pico 2091
LEGGETT, MRS. F. M.	Graduate New Haven Training School.	436 S. Hill.	Main 1383
MILLER, MISS FLORENCE	Graduate California Hosp.	1145 S Olive St.	West 307
McNEA, MISS E.	Graduate Nurse.	744 S. Hope St.	Red 4856
McCLINTOCK, MISS CLARICE	Graduate California Hosp.	1232 W. 9th St.	Black 511
NAGEL, MISS A	Graduate California Hospital	1035 S. Figueroa	Home 4804 Main 1400
OLSEN, MISS JOHANNA	Graduate Nurse	1207 W. 8th St.	Telephone 4685
READ, BEATRICE	Graduate Fabiola Hospital, Oakland.	28 Temple.	Red 46
RUSSELL, MISS M. B.	Graduate Nurse, Edinburgh, Scotland.	845 South Hill	Home 6851
SAX, MISS.	Graduate California Hosp.	1708 Grand Ave.	White 2801 Home 2265
SERGEANT, MISS	Graduate California Hosp.	2808 S. Hope.	White 576
SMITH, MISS E. G.	Graduate California Hosp.	249 W. 15th St.	White 4351
TOLLAN, MISS H.	Graduate California Hosp.	423 S. Broadway	Home 2506
TOWNE, MISS LILLIAN	Graduate California Hosp.	1035 S. Figueroa	Home 4804
WHEELER, MISS FANNIE A.	Graduate Hospital of Good Samaritan	212 South Reno St.	Main 1782 Home 4131
WEED, MISS E.	Graduate California Hosp.	Calexico, Cal.	
MALE NURSES.			
HERBST, THOMAS C.	Professional Male Nurse 20 years' experience.	Care F. J. Giese, 103 N. Main St.	S'nst. Brown 310 Home 2147
DALE, T. WILLIAM	Nurse & Masseur from Mass. Gen'l Hospital, Boston, Mass.	1153 W. 37th St.	Home 3086

SOUTHERN CALIFORNIA PRACTITIONER.

A MONTHLY JOURNAL OF MEDICINE AND ALLIED SCIENCES.

Communications are invited from physicians everywhere: especially from physicians on the Pacific Coast, and more especially from physicians of Southern California.

DR. WALTER LINDLEY, Editor.
DR. F. M. POTTENGER, Asst. Editor.
DR. H. BERT ELLIS } Associate Editors.
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EDITORIAL.

ASSOCIATION OF AMERICAN MEDICAL COLLEGES.

This meeting convened in the Great Northern Hotel, Monday, April 10th, at 10 a.m. Dr. Samuel C. James of Kansas City delivered the president's address, and Dr. George W. Webster, president of the Illinois State Board of Health, read a paper on "Entrance Requirements." Dr. George M. Kober of Washington, D. C., made the report of the Committee on National Uniformity of Curricula. The chief points in this report of Dr. Kober were the establishment of a four-thousand-hour course; each of the first two years to consist of about nine hundred hours each, and the remaining twenty-two hundred hours to be divided between the Junior and Senior year. The idea of giving the greater number of hours to the last two years being that the studies of the first two years require more study outside of the college hours than does the clinical work of the last two years. There was a great fight on this report; Dr. Kober holding his own in a good-natured but forceful way throughout the discussion The two strongest opponents of the adoption of this report were Dr. Phillips, who is Dr. Kober's colleague from Washington, and Dr. Dodson, the Dean of Rush Medical College. In Dr. Dodson America has a medical Napoleon. He is Napoleonic in his physiognomy, he is Napoleonic in his statute, he is Napoleonic in the lock of hair that falls naturally down over his Napoleonic forehead, and unwittingly Napoleonic in the very postures that he involuntarily assumes; he is Napoleonic in his forceful commanding methods, and from all we could judge in the few hours we were in his pres-

ence, he is Napoleonic in his intellect, but notwithstanding all this, Dr. Kober's report was adopted.

Another very prominent character there was Dr. Henry B. Ward, Dean of the Medical Department of the University of Nebraska. He presented a new constitution and by-laws. Dr. Ward is a good fighter, and he defended his constitution step by step until it was finally adopted with very few changes. The greatest discussion in regard to this constitution was whether it should require that a high school should have a three-years' course or a four-years' course. The Southern men urged the three-years' course, saying that the high schools of the South only demanded three years, while the delegates from all other portions of the United States believed in maintaining the four years' standard. At times this discussion waxed warm, but finally the four-years' high school was adopted, and it was settled good-naturedly, the Southern men accepting the decision of the majority.

Dr. William J. Means of the Ohio Medical University and Dr. William H. Wathen of the Kentucky School of Medicine, were important factors in the proceedings of the meeting. The old officers were re-elected, and Pittsburg was chosen as the next place of meeting. There were between sixty and seventy colleges represented, and Dr. Fred C. Zapffe, the secretary, received a unanimous resolution of thanks for his efficient work. We believe that all well-meaning medical colleges should thoroughly indorse and support the work of this association, which was the first organization in America to devote itself exclusively to advancing the standards of American Medical Colleges.

HISTORY OF MEDICINE.

We are sure that the readers of the Southern California Practitioner will thank us for having resurrected from a dusty pigeon-hole the manuscript of the address on the "History of Medicine," delivered by Dr. J. P. Widney before the Los Angeles County Medical Association over twenty-seven years ago. As will be seen, this address was delivered seven years before the Southern California Practitioner was established, and no person will be more surprised to see this on our pages than Dr. Widney himself. It is the aim of the Southern California Practitioner to be the recorder of the history of medicine in the far Southwest, and the publication of this address will show to those who have come to Los Angeles within the last few years that the profession was doing good work here over a quarter of a century ago. The twenty volumes of the Southern California Practitioner, now almost completed, will be the source of historical data in regard to this section for all time, and we are proud of the roster of names of our contributors during these two decades.

CHICAGO ITEMS.

It must be interesting for a man who has been working along in the usual way through life until he is forty-five to wake up and find himself famous. This has been the experience of Dr. G. Frank Lydston of Chicago. His new and most

interesting work, "The Diseases of Society," which was reviewed in the Southern California Practitioner for March, is having a remarkable popularity. Dr. Lydston is a native son of the Golden West, having been born in a California mining town. He is the G. U. man of Chicago. He is chuck full of originality, which is evidenced as soon as you step into his outer offices, where this legend appears: "People with schemes are respectfully informed that we have some of our own to promote."

Probably as busy a man intellectually as there is in Chicago is Dr. George H. Simmons, editor of the *Journal of the American Medical Association.* Those keen eyes and that quizzical yet genial facial expression show alertness and intelligence. Just over his desk is the following: "There is so much that is bad in the best of us, and so much that is good in the worst of us that it hardly behooves any of us to find fault with the rest of us." After reading this, I was not surprised that the doctor failed to make any adverse criticisms on Phil Jones of San Francisco. Dr. Simmons, with his prime minister, Braun, has dedeveloped a great periodical, and has placed the *Journal of the American Medical Association* at the head of medical journalism. It is interesting to go through the printing house and see the great presses turning off the distilled wisdom of the universe.

Dr. John D. Robertson of 333 South Lincoln street, is another Chicago notable. He is the King Pin of the Eclectics of the Mississippi Valley. He is Dean of the American College of Medicine and Surgery, and attending surgeon at the Cook County Hospital. He suddenly leaped into fame a year ago or so by announcing that he was opposed to bathing and had not taken a bath himself for over two years. He is what old Dr. Samuel Johnson would call a genteel-looking man, and has none of the non-bathing earmarks about him. He said that he was suffering from tuberculosis and that he noticed every time he took a bath he caught cold, so he thought he would avoid bathing and the result was that he quit catching cold and became a well man. He said the only mistake he made was in saying anything about it. This occurred one evening when he attended the Eclectic Medical Society of Chicago and the appointed reader of the paper failed to appear. Dr. Robertson was asked to say something and he arose and told his experience in regard to bathing. The next morning he was the most-talked-of man in the United States. That informal talk of his caused him a great deal of embarrassment, but at the same time he maintains his position boldly. Instead of bathing he uses a dry turkish towel twice daily, and he says that he is cleaner than nine-tenths of the people who bathe.

STATE MEETING AT RIVERSIDE.

The thirty-fifth annual meeting of the Medical Society of the State of California held its three days' session at Riverside, as duly announced. There was never a happier or more successful session. The committee of arrangements, headed by Dr. W. W. Roblee and Dr. C. Van Zwaluwenburg, as-

sisted by Frank A. Miller of the Glenwood Hotel, and other prominent citizens of Riverside, made everybody happy, and there was not the least inconvenience in arranging excellent accommodations for all. The contrast between the work of the committee at Riverside and the work of the committee at Paso Robles was most apparent. It is worth a trip to Riverside just to spend a few days in the Glenwood Hotel. Beautiful! Beautiful! Beautiful! was the expression of all. The smokers at the Victoria Club, and the drives through the orange groves, where every physician was bid welcome and told to help himself to oranges and orange blossoms and only warned to be careful and leave the trees—it was all novel and delightful.

Frank Adams made a genial president, and with his understudy, Dr. Philip Mills Jones, did the executive act most thoroughly and satisfactorily. The sections were all well attended, and while the discussions seemed to be unduly abridged, it was all interesting. The report of N. K. Foster, secretary of the State Board of Health, was most encouraging. The star number of the whole program was the report of Dudley Tait in regard to the work of the State Board of Medical Examiners. The enthusiasm with which it was received must have counterbalanced many of the unpleasant attacks that have been made upon him.

On the last day the following officers were elected: President, Dr. Robert F. Rooney, Auburn; first vice-president, Dr. W. W. Roblee, Riverside; second vice-president, Dr. W. T. Maupin, Fresno; secretary, Dr. Philip Mills Jones, San Francisco; assistant secretaries, Drs. Walter T. Hill and A. W. Hewlett of San Francisco.

We were especially glad to see Dr. Rooney chosen as our president. The doctor is from the beautiful city of Auburn up in the Sierra Nevadas, and he has been a faithful member of the State Society for lo! these many years. Besides his substantial scientific work he has a ready wit that he always brings with him to the society, and thus adds much to the gaiety of nations. The following were elected members of the State Board of Examiners: Drs. A. L. Cothran, Santa Clara; J. C. King, Banning; G. T. Reinhart, Berkeley, and Dudley Tait and F. B. Carpenter of San Francisco. Alternates are: G. E. Abbott, Pasadena; Ray Wilbur, Stanford University; A. M. Henderson, Sacramento.

A committee of three, consisting of Drs. H. Bert Ellis of Los Angeles, J. H. Parkinson of Sacramento, and George H. Evans of San Francisco, were appointed for the public policy and legislation work.

Drs. H. C. Moffitt and Philip Mills Jones, both of San Francisco, were chosen as delegates to the American Medical Association at Portland.

The banquet on Thursday evening was a delightful affair, the room being beautifully decorated and the menu being most satisfying. Dr. E. W. Fleming of Los Angeles was both eloquent and witty as toastmaster, and among the toasts were: "The Young Man in Medicine," Dr. J. Maher, Oakland; "The Doctor in Public

Life," Dr. H. G. Brainard, Los Angeles; "St. Peter vs. Aesculapius," Dr. James P. Booth, Los Angeles, "The Scholor in Medicine," Dr. James McBride; "The Medical Humorist," Robert F. Rooney, Auburn; "The Old Guard," Dr. William Fitch Cheney of San Francisco.

The 1906 meeting will be held in San Francisco.

CEREBRO-SPINAL MENINGITIS.

HISTORY.—Just one hundred years ago, in 1805, Vieusseux and Mathey gave the first description of epidemic cerebro-spinal meningitis, from observations of a moderate epidemic in Geneva during five months of that year.

In America it was first recognized in 1806, appearing then in Medford, Mass. In 1809 the Massachusetts epidemic attained such importance that the State Medical Society appointed a commission of three members to investigate it. Connecticut, Ohio and Kentucky were also visited by epidemics during 1806 and the following years; and until 1819 (Hirsch says until 1830) the disease prevailed more or less throughout the United States and Canada. During the same years the Prussian army was affected, and various places in France.

The year of 1837 marks a fresh outbreak, France bearing the brunt. The disease seemed to exercise a selective action upon the troops, passing from garrison to garrison and leaving the civil populace comparatively immune (Netter). Until 1850 epidemics continued to recur in France, and other countries suffered vigorous attacks—Italy, Algeria, Gibraltar, Ireland, Denmark. From 1842 to 1850 many cases occurred in America. Norway and Sweden were scourged from '54 to '61, the disease breaking out usually in January and dying out in May or June. During these seven years 4138 persons died of the disease in Sweden alone.

Germany, previously comparatively immune, suffered from '61 to '68. Epidemics occurred also in Russia, Ireland and the United States. The Army of the Potomac was attacked in the winter of '61-'62. From '63 to '66 an epidemic prevailed in New York and again in '72.

Since the latter date epidemics have been frequent on the continent and in the United States, among the latter being notable the Massachusetts epidemic of '74; the New York epidemic of '93, and the Massachusetts epidemic of '97, thoroughly studied by Councilman, Mallory and Wright. At the present time New York City is struggling in the grip of a widespread virulent epidemic. During the week ending April 1st, 1905, 189 cases of cerebro-spinal meningitis and 131 deaths were reported in Greater New York City. Other eastern cities are suffering serious epidemics.

CAUSE.—Epidemic cerebro-spinal meningitis is caused by infection with the *diplococcus intracellularis meningitidis (or meningococcus)*; and, according to Councilman, the great majority of cases of sporadic primary meningitis are due to infection with the same organism. A minor number of sporadic acute primary cases are caused by the pneumococcus and streptococcus. Some of the older writers consider the pneu-

mococcus to be the infective agent in some epidemics, but the careful investigations of Councilman, Mallory and Wright point to the *diplococcus intracellularis* as the sole bacterial cause of the epidemic form.

This diplococcus, closely resembling the gonococcus in its form and in being found largely within polynuclear leucocytes, is found in the diseased tissues and in the cerebro-spinal fluid obtained by lumbar puncture.

The disease attacks chiefly children and young adults. Confinement in tenements and barracks invites it. Yet many epidemics have spared the cities and vented their force on more sparsely settled regions. Late winter and spring months give the greatest number of cases and the highest mortality, the latter varying much in the different epidemics. Why the disease, after remaining quiescent for months or years, should suddenly break out virulently is not yet known. Councilman believes that the epidemics are linked by the sporadic cases. Another question not definitely settled is whether the disease is contagious or not; the weight of opinion has been that it is not contagious. An important question bearing upon the etiology is brought up by a recent communication from the Iowa Board of Health bacteriological laboratory, reporting the finding of a micrococcus identical in all points—morphological, cultural, and biological—with the *diplococcus intracellularis* in the diseased brains of cattle dead from an epidemic disease clinically resembling cerebro-spinal meningitis.

Systematic investigations are being made by a commission in New York, and it is hoped that many doubtful points will be cleared up, so that future visitations of the scourge may be prevented or promptly checked.

W. P. MILLSPAUGH.

CEREBRO-SPINAL MENINGITIS SYMPTOMATOLOGY.

Now that another wave of cerebro-spinal meningitis has broken upon part of the country, it is fitting time for articles to appear on the subject. It is from epidemics of these infectious diseases that new knowledge is gained and advancement made that the disease may be successfully treated. The cause of epidemics is now being thoughtfully studied, and may show that the epidemics are linked together with the sporadic cases. The mortality of this infectious disease remains very high, and shows in recent epidemics 50 per cent. One attack is supposed to give immunity. It is to be remembered that no age is exempt, and the disease appears among all classes of people. The greater number, however, is among children and young adults, especially those who are badly housed and in poor circumstances. The symptoms of the prodromic stage are slight and not characteristic; general malaise, anorexia, vertigo, headache. The invasion is usually sudden and marked with one or more of the following symptoms: Severe headache, occipital, frontal, or both, chill, vomiting, pain and stiffness in the neck or back, irregular fever, prostration, photophobia, Kernig's sign, restlessness or slight delirium. Pain in the head is an early symptom, more

often in the occipital region; the situation, however, of the pain is no indication of the site of lesion. The vomiting may be early and severe. (Kernig's sign is present in most cases and often an early manifestation; Elsner found Kernig's sign in 90 per cent. of all his cases in the last six years). It must be borne in mind that in children the disease is often ushered in with convulsions, high fever and vomiting. When the disease is well established—it may be one or two days—the pain extends down the neck and back, hyperaesthesia and photophobia are marked, pains in the extremities severe, all of which are increased on motion, rigidity of the muscles is observed, especially along the neck and back; stiffness with tetanic contractions, orthotonus or opisthotonus. Osler states that orthotonus has been more common in his cases than opisthotonus. There are periods of relief from pain, when any movement or jar again produces it; motor symptoms may be severe, tremor of the muscles, with tonic or clonic spasms in the arms or legs. Flexion of thighs on pelvis, legs on thighs, and marked flexion of arms and forearms, the patient then reclines on the side. Active delirium is replaced by stupor or deep coma (an early comatose condition indicates a bad prognosis). The majority of the fatal cases die in this condition before the end of the first week. Death occurs from convulsion, exhaustion, coma, toxic poisoning. If the disease runs its course there is a gradual extension of the process to different parts, which gives the variety of symptoms from day to day which is so characteristic of cerebro-spinal meningitis. There are stages of apparent convulsion and a relapse soon follows, with all the symptoms increased. The legs become so finely flexed that they cross each other, emaciation is extreme, difficulty in swallowing is present; there is incontinence or retention of urine, uranalysis showing albumen and casts; the bowels, which at first are constipated, give later diarrhoea and incontinence of feces. The pulse, at first slow, strong and full, later is rapid, weak and irregular, more than what the rise of temperature would indicate. Respiration is regular or quickened; the temperature is irregular and shows no uniform type; it may be 99 to 100 or run from 103 to 105. The eruption of this disease is uncertain and variable and the petechial rash, erythema or other eruption may be present early. It is common in some epidemics and very rare in others. The blood shows a polynuclear leucocytosis very early. The spleen is usually enlarged, abdomen may be tender. The course of the disease varies from days to months, convalescence prolonged and tedious, and unfortunately the individual often recovers with impairment of some of the special senses, or a paralysis of groups of muscles.

WALTER JARVIS BARLOW.

TREATMENT OF EPIDEMIC CEREBRO-SPINAL MENINGITIS.

Unless there be some specific treatment found, we should bear in mind that it is a disease which has, like other infectious diseases, a course to run and in many instances is self-limiting. The

treatment therefore should be much along the lines so frequently spoken of in typhoid fever of carrying the patient through an attack, much as a good captain would pilot a ship through a storm. The storm cannot be abated, but much can be done to lessen the peril. The recent experiments which have been made with the anti-diphtheritic serum are still *sub-judice*, and concerning this we should not be too sanguine as to the treatment, if per chance an individual case or so seems to be benefited. Many cases have recovered without this treatment. Many cases begin very severely, and after a few days take a very favorable course and go on to a more or less rapid recovery. Other cases of rather a mild beginning pursue a very severe course later on. And still other cases are of a severe type from the beginning and rapidly follow on to a fatal termination. It will only be after much patient, careful, unprejudiced observation that we can determine the efficacy of any specific line of treatment.

That there will be advocates of the treatment, no matter how unavailing it may eventually prove, and that there will be on the other hand many who will decry the treatment for a long period of time, there can be no question.

Personally, it does not seem that in a severe type of the disease there could be any harm in giving the anti-toxin, and yet there are many who will doubtless take issue with this statement. The recent reports seem favorable. Its use is wholly empirical.

Other than this, the general course of treatment must be, first of all, isolation in a darkened, quiet room, with as near perfect hygienic surroundings as can be given the patient. In those cases ushered in by severe pain and where there is much shock, it would seem that an opiate administered hypodermically, in other than young children, would be advisable. No great harm can be done by this, provided it is used with discretion, and it may often serve to lessen the severity of the onset, and lessen the shock, which is considerable. To smaller children Dover's powder or paregoric may be substituted. If there is much delirium and restlessness in the early stages, the bromides should be administered in fairly large doses.

The hair should be shortly cut or perhaps the head shaved, and the ice bag applied to the head. Counter-irritation in the way of blisters to the back of the neck and the spine, if used at all, should be used early. Especially is this the case over the spine, where, if used late, bed sores may result.

A free calomel purge at the beginning may act in a beneficial manner. It should be used, however, in a single large dose, so that it may have a prompt and decided effect. It should be timed, if possible, so as not to be impeded in its action by the opiates.

The temperature should be controlled by cold sponge baths or by cold pack. It should be kept within a reasonable range.

Perhaps one of the most important factors, after the primary stage, is the nourishment of the patient. It is impossible at the beginning to foretell the duration of the disease, and every means should be used to support the patient. When swallowing becomes

difficult, the nasal tube should be used for feeding, and in many cases this should be supplemented by rectal alimentation. In many cases that seem hopeless, a protracted convalescence will take place. Not infrequently the disease persists many months, the patient is unconscious week after week, with a final recovery. Some of these cases, it is true, are only partial recoveries.

Lumbar puncture should be resorted to. While it is not usually necessary as a means of confirming the diagnosis, yet the finding of the characteristic bacteria is a matter of interest in all cases.

By removing a considerable quantity of fluid in this way pressure symptoms are relieved and recovery is doubtless hastened in some cases. This is seldom necessary or advisable until the end of the first week or early in the second week, which is the usual time for pressure symptoms to occur.

GEORGE L. COLE.

LYMAN BRUMBAUGH STOOKEY.

Dr. Lyman B. Stookey has accepted the position of Professor of Physiology and Physiological Chemistry in the College of Medicine of the University of Southern California, his duties to begin in October, 1905.

Prof. Russell H. Chittenden, director of the Sheffield Scientific School of Yale University, says: "Mr. Stookey is a graduate of Yale College with the degree of B.A. in the class of 1900. As an undergraduate he took full courses in chemistry, physics, French, German, physiology, general biology and physiological chemistry. After graduating he received the scholarship in physiology and physiological chemistry, and spent two years with me in my laboratory as a graduate student, devoting all his energy to advanced study and research work in experimental physiology and physiological chemistry. After receiving his degree of Doctor of Philosophy he went to New York as physiological chemist in the Pathological Institute on Ward's Island. After two years there he went abroad and has been spending the past year in Prof. Hofmeister's laboratory in physiological chemistry at Strassburg." Dr. Stookey is also studying pathology under Prof. von Recklinghausen, pathological physiology under Prof. Krebel, and pharmacology and toxicology under Prof. Schmideberg. Dr. Stookey has written quite a number of papers and monographs upon physiological and allied subjects, which have appeared in the *American Journal of Physiology, Medical News, Journal of Medical Research,* and foreign journals. He will devote himself exclusively to the work of teaching and laboratory research.

EDITORIAL NOTES.

Delta Chapter of the Phi Rho Sigmas gave their annual picnic at Terminal Island on Saturday, May 6th.

The American Institute of Homeopathy will hold its annual meeting in Chicago June 19-24, inclusive.

Dr. L. M. Powers, health officer of Los Angeles, has urged the Board of Health to appoint a meat inspector.

Dr. G. W. Peck of Sawtelle, Los Angeles county, graduated from Rush Medical College, Chicago, in 1890.

Dr. J. L. Dryer of Santa Ana was re-

cently called professionally to San Francisco.

Los Angeles was recently visited by Charles H. Fletcher of New York City, the manufacturer of Castoria.

Dr. J. E. Elder of Albuquerque was recently called professionally to Rockford, Illinois.

On Saturday, April 10th, Dr. Curtis M. Beebe of Los Angeles was married to Mrs. Elsie R. Masters.

Dr. A. W. Olcott was recently appointed Health Officer of Tucson, succeeding Dr. H. E. Crepin.

Drs. W. S. and J. W. Thorne of San Francisco have removed their offices to the Dana building, 218 Stockton street.

Mr. W. L. Rohrer, manager of the Agnew Sanitarium, San Diego, was in Los Angeles looking through our local hospitals, a few days ago.

Dr. Clarence G. Toland of Pomona recently had his office destroyed by fire, and almost all of the contents were ruined.

"A Case of Ethics and True Mole," by E. S. Goodhue, M.D., of Honolulu, Hawaii, is an interesting monograph received from the author.

At the April meeting of the San Bernardino County Medical Society Dr. D. C. Strong of Redlands read a paper on "Appendicitis."

Drs. Livingston and Broughton of Oxnard have dissolved partnership, and the gentlemen have each taken separate offices.

Dr. W. S. Galbraith, chief surgeon for the Cananea Copper Company, was recently appointed United States Consulor Agent at Cananea, Mexico.

The American Anti-Tuberculosis League, which recently had a meeting in Atlanta, Ga., will hold its annual meeting of 1906 in El Paso, Texas.

The Training School of the Riverside Hospital recently graduated its first class of nurses. Dr. W. W. Roblee delivered the address.

Any physician who has a second-hand microscope that he wishes to dispose of would do well to correspond with D. D. S., 1920 East Fourth street, Los Angeles.

Dr. A. C. Pratt, well known in Los Angeles, has signed a three years' contract as physician and surgeon at the Arrowhead Reservoir plant in Little Bear Valley, San Bernardino county.

Dr. West Hughes, a prominent physician and capitalist of Los Angeles, is interesting himself in establishing a sanatorium for the tuberculous in Tucson, Arizona.

Dr. G. W. Tape, formerly of Portland, Ore., is showing great enterprise in building the sanatorium at Arrowhead Springs. The work is progressing rapidly.

Dr. Henry Pickering Bowditch, professor of physiology of the Harvard Medical College, and a native of Boston, has been visiting Los Angeles, San Diego and Pasadena.

At a recent meeting of the Board of Supervisors at Kingman, Ariz., Dr. A. E. Ealy was appointed County Health Inspector and Dr. A. M. Cowie County Physician.

Dr. Ramon Guiteras, the secretary, and Dr. John H. Musser, the president of the American National Committee, announce that the 15th International Medical Congress will be held at Lisbon, Portugal, in April, 1906.

Dr. Thomas Canfield Pounds of Redlands was married to Miss Marian Ashley, daughter of Mr. and Mrs. Peter Montague-Ashley of Toronto, Canada, on Thursday evening, March 28th, in Pasadena.

Dr. George Wall, a graduate of Rush Medical College, formerly of Oregon, has located in Los Angeles and has his offices with Dr. A. D. Houghton in the Mason building, corner Fourth and Broadway.

The new York School of Philan-

throphy, located at 105 East 22nd street, will have a summer session beginning June 19th and ending July 29th. This is certainly a very important and timely work.

Dr. J. H. Spence, formerly of Cumpas, Sonora, Mexico, recently spent two or three weeks in Los Angeles before locating in Searchlight, Nevada. He was obliged to give up his residence in Mexico on account of his health, the district there being so full of malaria.

"A Clinical Study of Two Hundred and Sixty-one Cases of Pulmonary Tuberculosis, Treated at the Winyah Sanitarium, Asheville, N. C., 1903 and 1904, by Karl von Ruck, M.D., and Silvio von Ruck, M.D.," is the title of a very valuable monograph.

The medical fraternity of Dona Ana county, New Mexico, have organized a medical society with the following officers: Dr. B. E. Lane of Las Cruces, president; Dr. J. H. Johnson of Organ, vice-president; Dr. R. E. McBride of Las Cruces, secretary and treasurer.

At the meeting of the Council of the Los Angeles County Medical Association held April 11th, the following were elected to membership: Drs. J. K. Swindt, Pomona; D. W. Hunt, Glendale; W. L. Zuill and D. S. Green, Pasadena; A. L. Kelsey and F. P. Cave, Los Angeles.

Any person in Southern California who desires to be put in correspondence with a possible purchaser of a practice, or any physician who needs an assistant or partner will, by sending his name to the Southern California Practitioner, 1414 South Hope street, Los Angeles, be given the address.

Mr. Lindon W. Bates, an engineer of international reputation, has presented to President Roosevelt a new plan for building the Isthmian Canal, by which he proposes to save $85,000,000. This plan is attracting a great deal of attention and is revolutionizing all former ideas.

Drs. Harold Sidebotham and Philip S. Chancellor of Santa Barbara have accepted plans for a sanatorium in that city. Dr. Chancellor says: "The plans are all that we could wish; they were drawn upon suggestions that should make the sanatorium one of the best appointed that could be built."

Dr. D. C. Barber, County Physician, has appointed Dr. Dudley Fulton as pathologist at the County Hospital. Dr. Fulton holds weekly autopsies at the hospital, which the students of the Senior class attend. Dr. Fulton has as his assistant in this work Dr. Donald Frick.

There has been quite a contest before the Board of Supervisors of Ventura county as to who should be the county physician. The candidates were: Dr. John H. Love, the incumbent; Dr. Thomas E. Cunnane and Dr. F. H. Huning. After three ballots Dr. Huning was elected. The salary is $100 per month.

Dr. David Gochenauer, county physician of San Diego county, reports that in treating the one hundred and forty-six patients in that hospital during the month of March the drugs only cost $50.50; that is, at the rate of 35 cents per patient per month; less than 1 1-3 cents per patient per day. This record ought to satisfy even Professor Harry Brook of the Times Magazine.

We are in correspondence with a physician thirty years of age, who has had four years experience in hospital work and who is thoroughly versed in microscopical and analytical work, and who desires a hospital position. His wife is a trained nurse. Any person interested can be placed in communication with the doctor by addressing the Southern California Practitioner, 1414 South Hope street, Los Angeles.

The California Public Health Association held its fourth annual session at the Glenwood Hotel, Riverside, under the presidency of Dr. William LeMoyne

Wills. There were papers by Drs. Foster, Blue, Baird, Woods, Hutchinson, Coff and Browning. Dr. Edward von Adelung was elected president, and Dr. William Simpson, vice-president. Dr. N. K. Foster, secretary of the State Board of Health, was elected secretary and treasurer.

D. Appleton & Co. expect to publish at short intervals a translation of Deutscheklinik. This work will be translated and edited under the general supervision of Dr. Julius L. Salinger of Philadelphia. The first volume on "Infectious Diseases" was published May 3, 1905, and is edited by Dr. J. C. Wilson, professor of medicine at the Jefferson Medical College. The second volume on "Constitutional Diseases and Diseases of the Blood" will appear shortly.

The annual report of Dr. W. W. Hitchcock, Supreme Medical Director of the Fraternal Brotherhood, contains much that is of interest. In the course of the report the doctor soars into poetical regions as follows:

"We must revere our sires; they were a famous race of men,
For every glass of port we drink, they nothing thought of ten,
They lived above the foulest drains, they breathed the closest air,
They had their yearly gout, but little seemed to care."

On Thursday, March 21st, Dr. S. A. Knopf delivered a lecture in Detroit, Mich., before the Detroit Society for the Study and Prevention of Tuberculosis, entitled "How to Combat the Great White Plague, or Lung Tuberculosis." There was a large and enthusiastic audience, and the eloquent speaker presented urgent arguments in favor of a State sanatorium for the tuberculous poor. He said: "I affirm that Michigan's climate is as good as any to be found on this continent for the cure of tuberculosis." After the lecture there was a reception in Dr. Knopf's honor, which was attended by the elite of the city.

At the annual meeting of the San Diego County Medical Society, held April 7th, the following officers were elected for the ensuing year: President, Dr. James M. French; vice-president, Dr. W. N. Smart; secretary and treasurer, Dr. Thomas L. Magee. Delegates to the State Medical Society, Dr. F. R. Burnham, Dr. Fred Baker. Alternates, Dr. James M. French, Dr. Thomas L. Magee. After adjournment an elegant supper was given at the Brewster by the retiring president, Dr. P. J. Parker. Following this, speeches for the "good of the order" were made by several members.

Many of the visitors to the State Society from the North received social attention while passing through Los Angeles. One of the most exquisite affairs was a dinner given by Dr. J. H. McBride, who, with Drs. M. B. Campbell, Norman Bridge, H. G. Brainerd and Walter Jarvis Barlow, owns Las Encinas, the recently established sanatorium for nervous diseases. This dinner was given on the evening of April 26th in honor of Dr. Woods Hutchinson of Portland, Oregon, secretary of the Oregon State Board of Health. The following well-known members of the profession were present: F. F. Rowland, Adalbert Fenyes, Stanley P. Black, H. H. Sherk, J. M. Radebaugh, F. C. E. Mattison, W. H. Roberts, Norman Bridge and F. M. Pottenger.

Dr. Walter Jarvis Barlow is spending a few weeks in the East, and will attend the Osler banquet and the Tuberculosis Congress. Just before leaving Los Angeles, the doctor very generously arranged for two prizes to be given each year at the commencement of the College of Medicine of the University of Southern California. The first is to be known as the "College Senior Prize," and is to be a cash prize of $100 to be awarded to the graduate who has main-

tained the highest standard during the Senior year. The second is to be known as the "College Sophomore Prize," and is to be a cash prize of $50 to be given to the student who has maintained the highest standard during his Sophomore year. The prizes are to be awarded by three members of the faculty to be appointed annually by the dean.

The medical profession of Los Angeles are fortunate in having Dr. A. D. Houghton in the City Council, as he is always looking carefully after the sanitary interests of this city. One of his steps that has met with unanimous approval is the issuing by the city of a button which consists of the Geneva Cross in red enclosed in a circle of white with gold letters. This button is issued to all practitioners who are registered in the city. It gives the wearer the privilege of going through fire lines, going above the speed limit and going through processions on his way to visit an urgent case. This is especially advantageous to physicians with automobiles and carriages. The wearer of this button has always with him the proof to the police or any other officials that he should be given these privileges. It is a question in Los Angeles which is the most popular, the Houghton Button or the Murphy Button.

The Illinois State Board of Health has issued a circular on "The Early Diagnosis of Pulmonary Tuberculosis."

It is a very useful pamphlet, and the author starts out by saying: "Every suspected case should be treated as a suspected case, and examined accordingly."

In speaking of the symptoms which should invariably lead to a most careful and complete examination of the patient, we quote the following:

"(1) Malaise, (2) sense of exhaustion, upon moderate exertion, (3) loss of appetite, (4) impaired digestion, (5) slight rise of temperature in the evening (6) night sweats, (7) progressive anaemia, (8) slight cyanosis of the finger ends, (9) hemoptysis or (10) pulse rate which is persistently above the normal in frequency. It is the latter symptom, more than any other, which gives rise to the suspicion of the existence of pulmonary tuberculosis."

This State Board of Health, under the presidency of Dr. George W. Webster, is doing a most valuable work in this, as well as in many other directions.

THE ATTITUDE OF SCIENTISTS TOWARD RELIGION.

Editor Southern California Practitioner—Dear Doctor: It is not my purpose to appear in the role of theologian or religious poseur, but to indicate what I believe to be a common mistake of learned men, i. e., failure to discriminate between helpful and harmful teachings. Scientists often forget that religion has its mundane, biological uses as well as those of a celestial nature. Speaking in a biological sense only I would state the function of religion thus: To conserve individual vitality and direct it in channels of usefulness to the human species. To be more specific—religion benefits the species biologically in three ways:

First. It increases the birth rate by frowning upon abortion, prostitution and divorce.

Second. It makes life possible for a larger number of individuals—

(a) By fostering the altruistic virtues—(benevolence, patriotism, respect for property rights, etc.)

(b) By inspiring hope under conditions of material adversity.

Third. It decreases the death rate directly—

(a) By creating fear of suicide and murder.

(b) By discouraging institutions and practices which have a deleterious physical effect—(alcoholism, licentiousness.)

The proper aim of science also is to increase the efficiency of the race, but science supplies no motive and her discoveries may be devoted to evil ends as well as to good. Since the aims of science and religion are so similar there should be no clashing among their votaries. If there is any incompatibility between them it is a "chemical" and not a "physiological incompatibility." They should not be combined in the same prescription. Sulphur and potassium chlorate are both good for sore throat, yet no one but a novice would mix the two in a mortar.

In gatherings of a purely scientific nature I believe the discussion of religion to be out of place. On the other hand, in meetings of laymen, discussion of the conflict between science and religion is unprofitable and injurious, because it brings into collision two powerful human instincts—love of truth and fear of the supernatural.

Before science can displace religion she must demonstrate and teach to the masses the following propositions:

Existence is not a misfortune.

It pays to be unselfish.

Virtue is not her only reward.

Yours fraternally,

FRANK GORDON.

April 27, 1905.

LOS ANGELES COUNTY MEDICAL SOCIETY.

Minutes of a special meeting of the Los Angeles County Medical Association, held in the Blanchard Building April 7th, 1905, at 7:45 p.m.

The president stated the purpose for which the special meeting was called, the amending of Article V of the constitution. It was moved and seconded to amend the constitution as follows:

ARTICLE V.

Section 7. Special societies, by vote of the Council, may be recognized as sections of the Los Angeles County Medical Association. *Provided,* that no section admit to active membership any physician who is not a member in good standing of the Los Angeles County Medical Association, or of the recognized County Medical Society of the county in which he resides.

Section 8. All sections shall have full power to make their own constitution and by-laws, and to formulate all rules and regulations governing the election of officers, amount of dues, qualifications for membership, etc., subject only to the restriction provided for in section 7 of this article.

Section 9. Each special society recognized as a section of, or as in affiliation with, the Los Angeles County Medical Association, shall elect annually one Councilor from among its members, to serve one year and until his successor is duly elected.

Section 10. The programmes and time and place of meetings of all sections shall be published in the Official Bulletin of the Los Angeles County Medical Association, and all members of the Los Angeles County Medical Association shall be permitted to attend as guests the scientific part of the meeting of any section.

Section 11. The Los Angeles County Medical Association shall not be responsible for any of the debts incurred by any of the sections.

The motion was carried.

Moved and seconded to adjourn. Carried.

A regular meeting of the Los Angeles County Medical Association was held in the Blanchard Building April 7th, 1905, at 8 p.m.

Minutes of the previous meeting were read and approved.

The following papers were read:

PROGRAM.

A Symposium on Syphilis.....
Arranged by Dr. Ralph Williams

1. History .....Dr. Ralph Williams
2. Primary and Secondary Lesions.. .....Dr. R. Wernigk
3. Insontium and Moral Aspects.. .....Dr. G. MacGowan

4. Syphilis of Nervous System... .....Dr. Ross Moore
5. Syphilis of Eye and Upper Air Passages.....Dr. H. Bert Ellis
6. Syphilis of Ossius System..... .....Dr. Joseph Kurtz
7. Syphilis of Placenta..... .....Dr. T. J. Coffey
8. General Treatment..... .....Dr. Chas. Lockwood

Discussion.—Dr. W. T. MacArthar. The true Hutchinson teeth usually have only one notch and three little dents, and the upper central incisors are badly formed. These must not be confounded with deformed teeth due to other causes. These usually have two notches and three dents.

Dr. Elbert Wing. The second class Dr. MacArthur speaks of are usually those teeth that appear first after the infectious diseases. In the unusual cases of syphilis, the treatment must be kept up for an unusual length of time, generally longer than the patient is willing.

Dr. Fleming. Most of the syphilitic lesions that present themselves to the rhinologist are tertiary. Often the only symptoms that are noticed in the third stage are in the nose. The point for perforation of the septum is usually between the cartilage and the bone. Perforation from syphilis usually involves the bone.

Dr. Dudley Fulton described syphilis of the spinal cord.

Dr. Wernigk, in speaking of the treatment, spoke of the very satisfactory results he had obtained by the intravenous injection of mercury.

Dr. MacGowan spoke briefly of the treatment.

Dr. Lockwood: In making a diagnosis of abdominal conditions, syphlitic myocitis of the abdominal muscles must not be forgotten. This condition has been mistaken for abdominal tumor. I think that for the best results in treatment great care must be given to details.

Dr. Leon Roth read a brief report of the treatment of cerebro-spinal meningitis with massive doses of diphtheria anti-toxine, with apparent good results in three cases.

The request of the Outdoor Art Section of the Civic Federation for an indorsement of their petition to the City Council for the night collection of garbage was referred to the Council for action.

Adjourned.

STATE EXAMINATIONS.

The following is a list of the questions that were asked by the California State Board at their San Francisco meeting, April 4-6, 1905:

PATHOLOGY.

1. Describe in detail the pathology of uterine fibroids.
2. Describe the lymphatic involvement in cancer of the tongue.
3. What laboratory methods may be of service in the diagnosis of cancer of the stomach?
4. Describe the lesions in perforation of the intestine in the course of typhoid fever.
5. What are endotheliomata?
6. What methods may be of service in the diagnosis of surgical nephritis?
7. Describe a test for diacetic acid, and state under what circumstances acetonuria may occur.
8. Examination of gross pathological specimens.
9. Examination of miscroscopic specimens (histological.)
10. Examination of miscroscopic specimens (pathological.)

BACTERIOLOGY.

1. Describe the bacillus of typhoid fever.
2. Describe the diagnosis of antinomycosis.
3. Give the morphological characters of the anthrax bacillus: First, in blood; second, in bouillon.
4. Give the distribution of typhoid bacillus in the body during typhoid fever.
5. Define explicitly the following terms: First, pathogenic bacteria; second, saprophytes.
6. Describe the bacillus aerogenes capsulatus.
7. What micro-organisms are most frequently related aetiologically to the development of surgical septicaemias?
8. Describe the hanging drop method.

9. Examination of cultures.

10. Examination of miscroscopic specimens.

PHYSIOLOGY.

1. Locate the motor cortical areas of the brain.

2. Describe the paralysis resulting from a destructive lesion which involves the posterior limb of the internal capsule.

3. Where are the trophic centers for the skeletal muscles?

4. Describe the distribution and function of the trigeminal nerves.

5. State what you know of the suprarenal bodies; the thyroid gland.

6. What are the functions of the red blood corpuscles and what is their relative number to the white corpuscles?

7. Describe the pulmonary circulation, gross and histological.

8. What is the average quantity of urine voided daily? What is the specific gravity? What is urea?

9. Name the ferments concerned in the digestion of foods.

10. Define: 1, diapedesis; 2, chemotaxis; 3, atelectasis; 4, eupnea; 5, crystalloids; 6, hybrids; 7, proteids; 8, parturition; 9, phylogeny; 10, emmetropia.

CHEMISTRY.

1. Define and illustrate the terms, acids, bases and salts.

2. Name the elements included in the calcium group and give their general characteristics.

3. Describe in detail the various allotropic forms of carbon.

4. Describe various compounds of iron made use of in medicine and give their formulae.

5. What is meant by the term organic synthesis? Give examples.

6. What is salol?

7. Describe the processes of the manufacture of ethyl and methyl alcohols and give their chemical properties.

8. Discuss ptomaines and leucomains.

9. Give the test for diacetic acid. When is diacetic acid found in the urine?

10. Name and describe the bile pigments.

MATERIA MEDICA AND THERAPEUTICS.

1. State origin, dose and physiological action of each of the following: Agaricin, Eserine, Hyoscyamin, Pictrotoxin, Pilocarpine.

2. Define "massage." Mention four methods (or movements) of performing massage and state the purpose of each.

3. State origin, symptoms and physiological effect of (a) ethyl alcohol; (b) methyl alcohol.

4. Name five counter-irritants. Of each state (a) method of use and (b) therapeutic application.

5. What is glycerine? State (a) dose and physiological action when administered internally; (b) effect when applied to mucous membranes.

6. Define the three terms, "galvanic," "faradic" and "static" electricity. Describe the therapeutic sphere of each variety.

7. Mention five acids frequently prescribed. State dose and therapeutic uses of each.

8. Mention five classes of cathartics. Of each class give an example, with dose and especial therapeutic application.

9. Name four general anesthetics. Of each state (a) the danger to be apprehended from its use; (b) the symptoms indicating danger; (c) the proper methods of combatting such symptoms.

10. Name five potassium salts commonly used in medicine. State dose and therapeutic use of each.

1. Discuss the pathology of multiple neuritis, and enumerate the more common causes.

2. What are the four characteristic symptoms of exophthalmic goitre? Give the supposed etiology.

3. What are the causes of fat-embolism other than fracture? Explain the cause of respiratory manifestations.

4. What would be a rational diagnosis in the following case: A young woman previously in excellent health, good family history, becomes ill, with headache, nausea and symptoms of catarrhal jaundice; a few days later she develops temperature and somnolence and shortly after becomes comatose and the jaundice becomes extreme, liver area diminished, urine dark, scanty, and contains casts, albumen, bile leucin and tyrosin?

5. Describe the physical signs of empyema, left chest with perforation into bronchus.

6. Give the diagnostic signs of insufficiency of the pulmonary valves.

7. What are the clinical symptoms that differentiate gout from arthritis deformans?

8. Give the physical signs of pelvic cellulitis.

9. Write a prescription for the relief of urgent symptoms arising in a case of arterio-sclerosis with mitral insufficiency, albumen and casts in the urine.

10. Describe and name two syphilitic skin lesions.

OBSTETRICS.

1. Give signs of pregnancy up to and including fourth month.

2. What dangers are liable to arise in breech presentation, and how avoided?

3. How would you deliver an adherent placenta?

4. Assuming the necessity of premature delivery at seventh month, how would you accomplish it?

5. What is meant by "face presentation," and how corrected?

6. What do you understand by extra-uterine foetation? What procedure is required in any one variety?

7. Describe the mechanism of a normal labor, giving detail of each stage.

8. What may cause sudden death during or immediately following labor?

9. What may cause asphyxiation of a new-born babe, and how treated?

10. Discuss pregnancy, enumerating the conditions liable to be manifested, and make suggestions for the general welfare of one in such a state.

ANATOMY.

1. (a) Give location of linea aspera. (b) Describe great trochanter. (c) Give attachments of ilio-femoral or Y-ligament.

2. Mention articulations of cuboid bone; also of scaphoid or navicular bone.

3. Describe dorsal or posterior surface of scapula.

4. Give origin and insertion of supraspinatus muscle, also infraspinatus.

5. Give names and locations of four sets of valves of heart.

6. Give origins of right and left gastro-epiploic arteries.

7. Describe briefly the axilla with contents.

8. Mention four veins connected with portal circulation.

9. Illustrate by drawing or otherwise general scheme of optic nerves, tracts and chiasm.

10. Give origin and main terminal branches of great sciatic nerve.

11. What is meant by motor or Rolandic area of cerebrum. Define terms: decussation, arborization, neuraxon, dendrite and neuroglia.

Answer ten questions only, numbered as above.

RESULT OF EXAMINATION HELD APRIL 4, 5, 6.

PASSED.

Coll. P. & S., S. F., Cal., 1904—75, 80 8-9; 1905—79 1-9, 80 1-9, 75 8-9.

Copper Med. Coll., Cal., 1904—82 2-9, 82 1-9, 82; 1905—88 2-9.

Hahnemann Med. Coll. of the Pac., Cal., 1903—75 4-9; 1904—81 5-9.

Univ. of Cal., Med. Dept., 1904—88 8-9; 83 6-9, 81 1-9, 79 1-9.

Albany Med. Coll., N. Y., 1892—82 5-9.

Am. Med. Missionary Coll., Ill., 1904—84 1-9.

Coll. of P. & S., Ill., 1902—76.

Coll. of P. & S., Edinbourgh, Scotland, 1893—80 3-9

Coll. of P. & S., N. Y., 1902—87 3-9.

Faculty of Med., Paris, France, 1905—86 8-9.

Harvard Univ., Mass., 1898—77 7-9.

Howard Univ., Med. Dept., 1896—80 3-9.

Jefferson Med. Coll., Pa., 1885—84 2-9.

Johns Hopkins Med. Sch., Baltimore, Md., 1899—82 8-9.

Ky. School of Med., Ky., 1885—76 5-9.

Marion-Sims Beaumont Coll. of Med., Mo., 1903—83 3-9.

Northwestern Univ. Med. Sch., Ill., 1890—83 5-9; 1901—89; 1903—80 6-9.

Rush Med. Coll., Ill., 1903—87 3-9.

Trinity Univ., Canada, 1904—80 3-9.

Univ. of Georgetown, D. C., 1898—75 8-9.

Univ. of Mich., 1901—75; 1902—87 3-9.

Univ. of Minn., 1901—78 2-9.

Univ. Med. Coll. of Mo., 1904—75 1-9.

Univ. of Vt., 1904—77 4-9.

Wash. Univ., Mo., 1903—75.

FAILED.

Coll. P. & S., S. F., Cal., 1905—71 6-9; 1904—72 7-9.

Cooper Med. Coll., S. F., Cal., 1903—70 4-9.

Hahnemann Med. Coll. of the Pac., Cal., 1903—68 4-9.

Univ. Southern California, 1904—57 3-9.

Am. Med. Missionary Coll., Ill., 1900—67 6-9.

Bennett Med. Coll., Ill., 1895—51 3-9.

Central Col. P. & S., Ind., 1886—64 7-9.

Coll. of P. & S., Ill., 1901—68 2-9.

Harvard Univ. Med. Sch., Mass., 1887—68 1-9.

Hering Med. Coll., Ill., 1897—63 5-9.

Ky. School of Med., Ky., 1890—43 6-9.

Laura Memorial Woman's Coll., Ohio. 1903—62.

Long Island Coll. Hosp., N. Y., 1885—63 4-9.

Rush Med. Coll., Ill., 1880—42.

Univ. of Mich., Med. Dept., Mich., 1872—43 8-9; 1892—57 3-9.

Univ. of Penn., Dept. of Med., Pa., 1899—64 1-9.

Coll. P. & S., S. F., Cal., 1904—2 passed; 1 failed; 1905—3 passed; 1 failed.

Cooper Med. Coll., Cal., 1903—0 passed; 1 failed; 1904—3 passed; 0 failed; 1905—1 passed; 0 failed.

Hahnemann Med. Coll. of the Pac., Cal., 1903—1 passed; 1 failed; 1904—1 passed; 0 failed.

Univ. of Cal., Med. Dept., 1904—4 passed; 0 failed.

Univ. of Southern California, 1904—0 passed; 1 failed.

The following candidates were granted certificates: Adams, Jesse Lee, Jr.; Avery, Ralph W.; Balsiger, J. A.; Baumeister, E. E.; Bissell, Nelson C.; Blackman, Ernest L.; Brinkerhoff, Emile; Carvin, C. LaVerna; Castlehun, Paul; Chappelle, C. C.; Davis, Frank C.; Davis, T. G.; Dawson, Thos.; Diddle, F. F.; Erb, C. M.; Fisher, Jas. T.; France R.; Gibbons, Sherman S.; Hatton, Sarah J.; Kearney, W. B.; Linscott, Louise A.; Luton, Geo. R.; MacLafferty, N. C.; Martin, E. E.; Mead, L. D.; Newell, Edw.; Oldham, John T.; Palamountain, W. B.; Richardson, W. W.; Ricon, Joseph; Sandholdt, John P.; Saylor, B. F.; Simon, Ernest G.; Simpson, James; Thompson, E. H.; Thorpe, T. F.; Tourtillott, W. W. Wiley, E. H.; Wilson, J. M.

BOOK REVIEWS.

LEA'S SERIES OF MEDICAL EPITOMES. Edited by Victor C. Pedersen, M.D.

ALLING AND GRIFFIN'S DISEASES OF THE EYE AND EAR. A Manual for Students and Physicians. By Arthur N. Alling, M.D., Clinical Professor of Ophthalmology in Yale University, Department of Medicine, New Haven, Connecticut, and Ovidus Arthur Grffiin, B.S., M.D., late Demonstrator of Ophthalmology and Otology, University of Michigan, and Oculist and Aurist, University Hospital, Ann Arbor, Michigan. In one 12mo volume of 263 pages, with 83 illustrations. Cloth, $1.00 net. Lea Brothers & Co., Publishers, Philadelphia and New York. 1905.

An excellent presentation of essentials. The arrangement giving questions at the end of each chapter cannot help but be useful to the student if he will use them. And no student or practitioner who masters these questions need fear the college or State examination on ophthalmology.

THE EYE, MIND ENERGY AND MATTER. By Chalmers Prentice, M.D., Chicago, Illinois, U. S. A. Published by the author, 1905.

An exceedingly interesting description of an ophthalmological theorist's version of the cause and cure of drunkenness.

The first part of the book is popular rather than scientific, but is essential to the elaboration of the theory. The author believes that drunkenness may be cured by eye-glasses; and that tuberculous patients are aided toward a recovery by a consecration of energy in the relief of eye-strain through the use of glasses.

Though the ideas are extreme and radical the work is one well worth a careful reading.

A MANUAL OF OPHTHALMOSCOPY for Students and General Practitioners. By J. E. Jennings, M.D., (University of Pennsylvania.) Author of "Color-vision and Color-blindness," A Practical Manual for Railroad Surgeons; Formerly Clinical Assistant Royal London Ophthalmic Hospital, London; Fellow of the British Laryngological and Rhinological Association; Member of the American Medical Association; Member of the St. Louis Medical Society, etc. With 95 illustrations and 1 colored plate. Published by P. Blakiston's Son & Co., 1012 Walnut street, Philadelphia, Pa. 1902.

Professor Jennings has given, in this book, to the medical student and the beginner in ophthalmological research, a most excellent and concise work, both as to theory and practice. Information, brought into small compass, which would otherwise have to be picked out here and there from large text-books on Diseases of the Eye.

THE URINE AND FECES. A PRACtical Manual on the Urine and Feces in Diagnosis. By Otto Hensel, Ph.G., M.D., Bacteriologist to the German Hospital, New York, and Richard Weil, A.M.,

M.D., Pathologist to the German Hospital, New York, in collaboration with Smith Ely Jellliffe, M.D. Ph.D., Instructor in Pharmacology and Therapeutics, Columbia University; Visiting Neurologist, City Hospital, New York. In one octavo volume of 334 pages, illustrated with 116 engravings and 10 colored plates. Cloth, $2.75, net. Lea Brothers & Co., Publishers, New York and Philadelphia. 1905.

This work by Dr. Jelliffe and his collaborators is a handy volume for the general practitioner and the internist.

In speaking of polyuria they state: "It is common to two diseases—diabetes mellitus and chronic interstitial nephritis —but in either case a clear explanation of this symptom does not exist.

Pancreatic Reaction: In diseases of the pancreas the urine very frequently contains glycerine. Chapter XII is devoted to urinary diagnosis, from which we abstract as follows:

minished. Sometimes acetone is present and in very severe infections, hemoglobin or bile pigment. In typhoid, tuberculosis and measles, the diazo reaction.

Tumors.—Sometimes acetone present, and in carcinoma of the stomach, indican excessive.

Diseases of Stomach.—In an- and hypochlorhydria, indican, skatol and phenol increased. In an- hypo- and hyperchlorhydria, chlorides diminished.

Diseases of Intestines.—In obstruction of small intestines and increased intestinal putrefaction, indol, skatol and phenol increased. In ulcerative lesions, albumose sometimes present.

Diseases of Liver.—Bile if severe, or biliary passages obstructed. Urea diminished and with serious lesions (acute yellow atrophy, etc.), ammonia increased and leucin and tyrosin present.

URINE IN RENAL DISEASE

	AMOUNT	COLOR	SPEC. GRAV.	ALBUMIN	BLOOD	SEDIMENT	UREA AND SALTS
ACUTE NEPHRITIS.	Diminished.	Pale red or dark red, turbid.	Increased.	Abundant.	Abundant.	Red and white blood cells, casts of all kinds, urates.	Urea, chlorides and phosphates reduced.
CONGESTION OF KIDNEYS	Diminished.	Dark red.	Increased.	Moderate am't varying considerably.	Generally absent	Few red blood cells, hyaline casts, urates.	Absolute am't of urea slightly diminished. Chlorides normal.
CHRONIC PARENCHYMATOUS NEPHRITIS.	Somewhat diminished.	Pinkish, turbid.	Normal or increased	Abundant.	Generally present.	Red and white blood cells, casts of all kinds.	Diminished excretion of urea and salts.
SECONDARY CONTRACTED KIDNEY.	Normal or increased.	Pale.	Slightly dim'ished	Moderate.	Often a slight am't	Many casts of all kinds.	Diminished excretion of urea and salts.
PRIMARY INTERSTITIAL NEPHRITIS.	Very abundant.	Pale.	Dim'ished	Scant.	Generally absent.	Generally only hyaline casts.	Urea and salts much reduced.
AMYLOID KIDNEY.	Normal or increased.	Pale, yellowish.	Normal or dim'ished	Abundant, rarely absent.	Absent.	Few hyaline and granular or waxy casts, few leucocytes	Generally normal

URINE IN RENAL DISEASE.—URINE IN OTHER CONDITIONS.

Fevers.—Dark, of increased acidity and specific gravity. Oliguria at first, folowed by polyuria during convalescence. Urea, uric acid and sulphates increased, chlorides and phosphates di-

Diabetes Mellitus.—Pale, of high specific gravity, diminished acidity and increased in amount. Urea, phosphates and ammonia increased, chlorides and other salts diminished. Glucose and sometimes other sugars present, in severe cases, acetone, diacetic, *B*-oxybutyric

and a crotonic acids. Urine may possess property of dissolving gentian violet.

Diabetes Insipidus.—Pale, low specific gravity, increased amount. Urea, chlorides and other salts diminished.

Gout.—Acidity increased, uric acid and xanthin bases increased or diminished.

Leucemia.—Uric acid and xanthin bases increased.

Suppurations.—Indican increased, albumin present, chlorides often diminished.

Bone Tumors (especially multiple myelomata).—Sometimes Bence-Jones bodies.

Cystitis.—Urine faintly acid or alkaline, contains mucus, pus cells and bacteria.

Pyelitis.—Urine generally acid, contains less pus than in cystitis, and may show caudate cells.

Suppurative Nephritis.—Urine may contain pus, pus casts and sometimes bacterial and other casts.

About one-half the space is devoted to *The Feces*, macroscopically, microscopically, bacteriologically and chemically considered.

STUDIES IN GENERAL PHYSIOLOGY. By Jacques Loeb, formerly of the Department of Physiology, now Professor of Physiology in the University of California. Two volumes. Cloth, $7.50, net. Chicago: The University of Chicago Press. 1905.

This is a collection of Professor Loeb's papers on general physiology. The professor says "a single leading idea permeates all the papers of this collection, namely, that it is possible to get the life-phenomena under our control, and that such a control and nothing else is the aim of biology.

"I have tried to find the agencies which determine unequivocally the direction of the motion of animals. I consider a complete knowledge and control of these agencies the biological solution of the metaphysical problem of animal instinct and will.

"In taking up the problem of regeneration, I started out with the idea of controlling these phenomena, and considered it my first aim to find means by which one organ could at desire be caused to grow in the place of another organ.

"As far as the problem of fertilization is concerned, it seemed to me that the first step toward its solution should consist in the attempt to produce larvae artificially from unfertilized eggs in various classes of animals."

In speaking of the heliotropism of animals, i.e., the movements of protoplasm under the influence of light, he compares it to the heliotropism of plants—"Animal movements depend upon light in the same way as the movements of plants. Animals, when light falls on them, move toward the source of light, like the moth, or move away from it like the earth worm." The conditions which control the movements of animals toward light are identical, point for point, with those that have been shown to be of paramount influence in plants.

Hetermorphosis is the replacing at will—in an animal—of a lost organ by a typically different one—different not only in form, but in function.

Prof. Loeb says he has succeeded in finding animals in which it is possible to produce at desire a head in the place of a foot, without injuring the vitality of the animal.

Prof. Loeb bids fair to be to animal life what Luther Burbank is to vegetable.

These pages describing his experiments read like fiction, but bear the stamp of true science.

HAIR TONIC.

Aromatic spts. ammonia	4 ozs.
Tr. cantharides	4 ozs.
Glycerin	4 ozs.
Bay rum	52 ozs.

Mix and filter through talcum.

THERAPEUTICAL HINTS.

LIQUID DEPILATORY.—(W. G.) The following formula for a "liquid depilatory, by Dr. W. E. Dreyfus, chemist to the Department of Public Charities, New York city:

Sodium sulphide.....25 to 35 parts.
Glycerin .... 25 parts
Water enough to make...100 parts
Oil of nutmeg, q. s. to perfume.

Dr. Dreyfus stated that aromatic vinegar is one of the best applications for the skin following the use of a depilatory. It neutralizes the caustic action of the base and possesses valuable antiseptic properties.

The following from the *Pharm. Post,* and which we give for what it is worth, is also a formula for a liquid depilatory:

Tincture of iodine ..... 6 parts
Oil of turpentine ..... 6 parts
Castor oil ..... 8 parts
Alcohol .... 48 parts
Collodion ....100 parts

To be used once or twice daily for three or four days. The film formed is then pulled off rapidly, so as to take the hair with it.

The Antikamnia Chemical Company state that the codeine used, combined with antikamnia, is specially prepared and purified; is non-constipating, and does not induce a habit, in the harassing cough of phthisis, or the pain of pleuritis, and in the painful sensation accompanying bronchitis. The blending of the two drugs, antikamnia and codeine, will give results gratifying to the patient and to the medical attendant.

The California Hospital of Los Angeles opened its doors June 9, 1898, and during the balance of that year had 414 patients; 152 males, 262 females. During 1899 the hospital treated 819 patients; 302 males and 517 females. During 1900 there were admitted 1136 patients; 492 males, 644 females. During 1901 there were admitted 1263 patients; 564 males and 699 females. In the year 1902 there were 1568 patients; 699 males, 869 females. The next year there were 1809 patients; 769 males and 1040 females. In 1904 there were 1882 patients admitted; 770 males, 1112 females. Making a total of 8891 patients, 3748 males and 5143 females for the six and a half years of the history of the California Hospital, ending December 31, 1904.

The Training School for Nurses during those six years graduated:

1899.....	4	1902.....	19
1900.....	17	1903.....	22
1901.....	10	1904.....	31

Making a total of 103 nurses who have graduated from the Training School of this institution.

The *Journal of the American Medical Association* is perfectly correct when it states editorially in its issue of April 8, 1905, that its own observation of medical literature indicates that echinacea is being used far more than formerly, as echtol (formula: each fluid drachm contains 28 grains echinacea augustifolia and 3 grains thuja occidentalis) has grown into almost universal use among physicians of all countries since it was first introduced to the profession some five years ago. Discussing echinacea in a recent issue of the Louisville *Monthly Journal of Medicine and Surgery,* Dr. C. S. Chamberlain of Cincinnati writes as follows: "In my own experience, the results atending the use of echinacea have convinced me that there is no remedy of so great value in the treatment of cases of septic infection, and I have repeatedly used it in the cases of septicemia following wounds of the extremities, which I am confident, by any other means of treatment, would have

resulted in the loss of the limb and possibly of the life of the patient." He further recommends it to eliminate toxins and to alter conditions which favor suppuration and inflammation, as in the case of abscesses, ulcers, gangrenes, bites of venomous insects and reptiles, tonsillitis, the exanthemata, eczema and psoriasis.

J. B. Lippincott Company announce that they will publish during the present year a translation by Dr. Albion Walter Hewlett of the Third German Edition of the "Principles of Clinical Pathology" by Dr. Ludolf Krehl, with an introduction by Dr. William Osler of Johns Hopkins University. The work is well known in this country and in Europe as an authority upon the subjects treated, and has been copyrighted in the United States under Interim Copyright Act.

Acetozone is a valuable germicide, as demonstrated by its effects upon typhoid bacilli and cholera vibrios in river water, through the experimental work of Freer and Novy as reported in a recent number of *Medical Research*. In each experiment the cholera germs were destroyed completely in five minutes and the typhoid germs in fifteen minutes by an extremely small quantity of acetozone. From these experiments the authors draw the conclusion that pathogenic organisms are destroyed by extremely small amounts of acetozone. They also suggest the practicability of this agent for the purification of contaminated waters, especially in connection with military operations. From other experiments it was found that even sewage can be rendered almost sterile by the addition of relatively small amounts of acetozone.

Therapeutically acetozone is being very widely used in the treatment of typhoid fever, intestinal diseases, notably summer diarrhoeas in children, in gonorrhea, suppurating wounds and infectious processes generally. It is prescribed in the saturated aqueous solution which is prepared by adding 15 grains of acetozone to a quart of water, shaking thoroughly and setting aside for a couple of hours to hydrolize. Messrs. Parke, Davis & Co., who prepare acetozone, are sending out printed matter to physicians containing reports of very gratifying results from the use of this interesting compound. Any physician who has not received a brochure can obtain one on request.

PROSTATECTOMY.

In the weakest and most run-down cases M. B. Tinker, Ithaca, N. Y., (*Journal A. M. A.*, February 11), has employed permanent suprapubic drainage. This is rapidly performed under eucain, and he thinks it is safest of all procedures. Except in absolutely desperate cases, he believes prostatectomy under local anesthesia is safe compared with the operation under general anesthesia. The use of adrenalin with the ordinary local anesthesia greatly prolongs and adds to its efficiency, prevents the pain and congestion following, and renders the operation almost bloodless. The knowledge of the nervous anatomy of the parts is, of course, absolutely essential, and the course of the pudic nerve and the long pudendal nerve close to the base of the tuberosity of the ischium are important. He favors the use of Young's tractor, and recommends allowing sufficient time for the anesthetic to act before making the incision. With sensitive or nervous patients he finds it often better to use a little nitrous oxid gas or primary ether anesthesia, as the infiltrating solution can not reach the parts involved in the deeper enucleation. These parts, however, are supplied by the hypogastric plexus of the sympathic and the discomfort is not necessarily great. He reports a case in which he thinks this method of operation was directly life saving.

IDYLLWILD BUNGALOW.

THE IDYLLWILD SCHOOL OF FORESTRY.

THIRD ANNUAL SESSION,

Under the Patronage of Hon. Gifford Pinchot, Forester, Washington, D. C., and President Benjamin Ide Wheeler, University of California.

WEDNESDAY, JULY 12 TO WEDNESDAY, AUGUST 2 (inclusive), 1905.

The new profession of forestry is one in which all should have an intelligent interest. The protection of our forests and the conservation of our water supply is a matter that has a direct effect upon the health of the people of Southern California, Arizona and New Mexico.

The third annual session of the Idyllwild School of Forestry will begin in Idyllwild, San Jacinto Mountains, on July 12th and last for three weeks. This school is under the patronage of Hon. Gifford Pinchot, Chief Forester of the Bureau of Forestry, and President Benjamin Ide Wheeler of the California State University. The lectures will be illustrated by electric stereopticon views and by study trips through the surrounding forests. The lectures will be by Mr. Avery T. Searle, A.B., M.F., a forest assistant in the Bureau of Forestry in the United States Department of Agriculture. Mr. Searle is a graduate of the School of Forestry of Yale College, and has devoted his time to Forestry in the Hawaiian Islands and Southern California. Mr. T. P. Lukens, who is an agent of the Bureau of Forestry, and who has a national reputation in his forestry work; Professor A. V. Stubenrauch, of the College of Agriculture of the University of California, and whose work in establishing the horticultural sub-stations is well known. Professor Stubenrauch's lectures will be devoted especially to acacias, eucalyptus and other kinds of Australian and New Zealand trees and shrubs which seem promising for California conditions. Prof. Stubenrauch will deal with the characteristics of the trees and shrubs and their economic value in California. He also hopes to have a lecture on the "Influence of Forests on Climate." His lectures will be given July 12, 14, 18. Miss Belle Sumner Angier will deliver a lecture on the flora of the San Jacinto Mountains. This lecture will be given on July 20. The lectures will be as follows.

7:30 p.m., Wednesday,	July	12th—	Prof. A. V. Stubenrauch.
7:30 p.m., Thursday	"	13th—	Mr. T. P. Lukens—"Water Conservation." The importance of forests for the conservation of water. (Illustrated with electric stereopticon.)
7:30 p.m., Friday,	July	14th—	Prof. A. V. Stubenrauch.
7:30 p.m., Saturday,	"	15th—	Reception, music and dancing.
11:00 a.m., Sunday,	"	16th—	Religious services.
7:30 p.m., Sunday,	"	16th—	Concert.
7:30 p.m., Monday,	"	17th—	"Forest Botany," by Mr. A. T. Searle. The simple cell. The structure of the growing and of the mature stem. Methods of transportation and nutrition; methods of reproduction, and the structure of a seed. (Illustrated by electric stereopticon.)

7:30 p.m., Tuesday,	July 18th—	Prof. A. V. Stubenrauch.
7:30 p.m., Wednesday,	" 19th—	Mr. T. P. Lukens—"Forest Protection." The elements of destruction and means for prevention and cure. (Illustrated by electric stereopticon.)
7:30 p.m., Thursday,	July 20th—	"The Flora of the San Jacinto Mountains," by Miss Belle Sumner Angier.
7:30 p.m., Friday,	July 21st—	Mr. A. V. Searle—"Silviculture." The silvicultural methods for natural and artificial regeneration as practiced in Europe.
7:30 p.m., Saturday,	July 22nd—	Reception, music and dancing.
11:00 a.m., Sunday,	" 23rd—	Religious services.
7:30 p.m., Sunday,	" 23rd—	Concert.
7:30 p.m., Monday,	" 24th—	Mr. T. P. Lukens—"Reforestation." The species best suited to the work of reforestation, and the methods of working for its accomplishment. (Illustrated with electric stereopticon.)
7:30 p.m., Wednesday,	July 26th—	"Forest Botany." Continuation of the subject of Monday, the 17th. (Illustrated by electric stereopticon.)
7:30 p.m., Thursday,	July 27th—	Mr. A. T. Searle—"Measurement of Forests." The methods computing the volume of single trees, of standing forests, and valuation surveys.
7:30 p.m., Friday,	July 28th—	Mr. A. T. Searle—"Management of Forests." The management of forests in Europe, regulation yield and working plans.
7:30 p.m., Saturday,	July 29th—	Reception, music and dancing.
11:30 a.m., Sunday,	" 30th—	Religious services.
7:30 p.m., Sunday,	" 30th—	Concert.
7:30 p.m., Monday	" 31st—	Mr. A. V. Searle—"Forest Law." The Federal laws directly affecting the forests.
7:30 p.m., Wednesday,	Aug. 2nd—	Mr. T. P. Lukens—"Forests of the Pacific Coast." The general forestry of the Pacific Coast and the identification of species. (Illustrated with electric stereopticon.)

The days will be devoted to field work and to excursions through the surrounding forests.

The Idyllwild Mountain Resort Company has in the heart of the San Jacinto Mountains five thousand two hundred and fifty acres of forest and meadow traversed by mountain streams. Surrounding this Idyllwild property the government owns seven hundred thousand acres, making a grand and extensive natural park. This is an ideal location for a School of Forestry.

Recently the government has purchased all of the Southern Pacific sections of the San Jacinto Forest Reserve and taken all of these lands off of the market. The Board of Supervisors of Riverside county have adopted an ordinance prohibiting the killing of deer for three years, while the State law prohibits the killing of tree squirrels. These wise provisions are strictly enforced by forest rangers. Permits for carrying guns in the forest reserve can be secured of the forest ranger at Idyllwild, and the coyotes, wildcats and foxes will furnish sport for those who are inclined that way.

RATES AT THE IDYLLWILD BUNGALOW.

Rooms and Board—

Reduced rates where two or more persons occupy the same room.

Tent with meals at the Idyllwild Bungalow—

$ 2.50 per day,

$15.00 per week.

Where two or more persons occupy the same tent the rates are—

$ 2.00 per day, or

$12.50 per week each.

Furnished Tents for Housekeeping—

$4.00 per week for 1 person.

$6.00 per week for 2 persons.

$7.00 per week for 3 persons.

$8.00 per week for 4 persons.

Above prices include one tent (size to depend upon number to occupy same), board floors with rugs or matting, table, chairs, washstand, lamp, double or single bed and bedding, towels, stove and complete cooking outfit. Fuel is sold and awnings and hammocks rented at reasonable rates.

Furnished Cottages for Housekeeping—

$25.00 to $50.00 per month.

Camping ground for 50 cents per week will be furnished persons desiring to bring their own tents, providing they conform to the rules of the Idyllwild management in regard to sanitation and neatness.

In making reservations for accommodations at The Idyllwild Bungalow, please state number in party, number of beds required, number of tents wanted, and whether you wish to board or do your own housekeeping. Also give exact date of your arrival, allowing three or four days, if possible, for your letter to reach us.

The Santa Fe Railroad sells an excursion round-trip ticket between Los Angeles and Hemet on Tuesdays, Thursdays and Saturdays for $5.00. The trains on these days make close connection with the stage at Hemet.

The round-trip stage fare between Hemet and Idyllwild, $3.00.

Trunks, round trip between Hemet and Idyllwild, $1.50.

Hand baggage, telescopes, etc., from 25 cents to $1, according to size and weight.

Trains leave Los Angeles—La Grande station—at 7:30 a.m., Tuesday, Thursday and Saturday, making close connection with the stage at Hemet.

Tents and Cottages for rent for housekeeping all year round.

Idyllwild Bungalow opens June 15, closes September 30.

Sincerely yours
George Dock

SOUTHERN CALIFORNIA PRACTITIONER.

VOL. XX. LOS ANGELES, JUNE, 1905. NO. 6

PHYSICIAN AND PATIENT.*

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Mr. President, Mr. Dean, Members of the Medical Faculty, Members of the Graduating Class, Ladies and Gentlemen:

For the honor and pleasure of being asked to take part in this most interesting and most important event, I beg you to accept my sincere thanks.

I realize that I do not appear among you as a stranger—your hospitality is too warm for that, but still I am aware that I come in a capacity not without its terrors—as a tenderfoot. I know that although it was formerly supposed that wise men came from the East, yet now, since you have irrigation, kerosene and Burbank, you have changed all that, and the man who cannot conceal his wonder in a land where rivers run underground or in pipes, where men dig firewood out of the ground instead of chopping it off a tree, where the north temperate and the torrid zones are separated only by the width of a street, needs all your forbearance.

But I am encouraged by the fact that though I am a tenderfoot by force of geography, I have followed for some years the trail that our young friends here, who should have the center of the stage, have so happily begun.

"Our own trail, the out trail, where life runs large on the long trail, the trail that is always new," and so I can put myself in their place, and I am glad of the chance of bidding them Godspeed in their chosen careers.

It is said of the great surgeon, Abernethy, that as his eyes fell upon a new class in his lecture room, his warm heart burst forth in the words, "God help you, young gentlemen; what is going to become of you?" I think of this often when I see a new lot of medical students, but never with the feeling of regret and pity that is sup-

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posed to have been in the mind of Abernethy. Far from commiserating, I feel that such people are to be congratulated, if not envied. For surely no one can take up a more interesting, a more satisfying occupation in this most interesting age. And, while the career of medicine is rarely the means of acquiring vast wealth, so that its votaries need have no fear of dying rich, it rarely fails of a competence if one has health, avoids time-consuming dissipations and mind-destroying habits, and is not cursed with the curse of unstaunched speech.

It is true that you have not yet taken the final step into medicine. You have not penetrated the mystery of practice. Until you have done that and have passed the ordeal without drooping you cannot be said to be perfected in the art. You have taken merely the preliminary steps. Notwithstanding the perseverance, the industry, the overcoming of weaknesses, that you must have had to reach the place you now occupy, you are still to be tested in the light of the answer given by John Muir to the frivolous person who asked whether the toils of mountaineering were adequately rewarded: "If depends on how much you love it." For unless you love your chosen career, no material return can raise it above the level of a trade, and a trade with many functions that excite pity in the hearts of outsiders. According to the history of all previous medical classes, a certain proportion of you will not stand this test. But for those who drop out it may be some comfort to know early that the study of medicine is no disadvantage in any vocation. Men afterward successful in many callings have testified how the lessons in observation, in manual training, in reasoning in the laboratory and by the sick bed, have been of great assistance in other occupations apparently most distinct from medicine.

For those who shall go on in medicine, however, we are now most concerned. I know you are feeling happy in the belief that your days for listening to lectures are over, but the position I momentarily occupy raises admonition as a flame attracts straw, and I shall ask you to bear with me in the consideration of one part of medicine—the relation of physician to patient. You will receive many kinds of advice and many recommendations regarding your careers, and I would not minimize the importance of any of a number that are more or less regularly given out at such times. Thus you will hear of the importance of physicians taking an active part in public life, but I do not think it necessary to preach on such a topic. Physicians have always been quick to offer their services to the public or the commonwealth, and in peace and war, in pestilence and flood, have shown that they can not only play well their own part, but even take up and carry on with skill and fidelity other duties requiring the highest qualities of mind and body. So I have every reason to think that you, too, will not fail in showing that you appreciate the responsibilities of citizenship in a republic, no matter what may be required of you.

Physicians have also always been ready to give the special knowledge they possess in regard to questions of sanitation and in the construction of laws bearing on health, and in this respect I think it may be asked whether they have not gone too far—not only for their own welfare, but for that of the causes they were trying to further. Consider the enormous labor that has been given to the investigation of water impurities, and the exact information that has been made available in regard

to the prevention of typhoid fever, or the self sacrificing efforts to lessen the spread of tuberculosis. Is it not possible that expert medical advice has been given too freely, and that it has met the fate of a good deal of other gratuitous advice? No doubt this is partly true, but there is another reason less depressing to our pride—the difficulty with which such information finds its way into the minds of those who should apply it. So the indifference to securing pure drinking water for most of the large cities of the country, the backward condition of our facilities for treating tuberculosis, are due to the same influences that permit a large loss of life from insufficient safeguards on railroads, in factories and elsewhere, and probably remotely to the same causes that lead to the production of so large a number of homicides.

All these topics you will have to consider, and there is no need of enlarging upon them now.

I wish to speak more in detail of another idea, often advanced, to the effect that the first duty of the physician consulted by a sick man is a public one. In other words, some look upon the physician as an assistant to the authorities for the placarding of houses in which persons with contagious diseases happen to be, or as collectors of data to be used by some one of a statistical turn of mind, with only secondary interests in the health and comfort of the sick man.

Now I do not object to either the placarding of such houses, or the collection and use of such data. I think the latter is a most important matter, and needs the aid of all good citizens. Even placarding has certain advantages, and if the meaning and results are clearly understood need cause no hardship. But have we worked out the details of these functions as well as they should be worked out in order to get results of value and in order to avoid hardships? Do we not need a more perfect understanding, a fuller agreement between the citizens and the authorities? I think this need is obvious if we remember the consequences of our sanitary laws as generally administered. We are all agreed that if a Mexican or a Chinaman is found to have leprosy the laws should be strictly enforced, but if one of our own families gets a disease quite as dangerous and sometimes as horrible, say tuberculosis or syphilis, we are by no means so thoroughly convinced of the necessity of notification, placarding and isolation. If an unknown boy in the back street gets diphtheria or smallpox it is easy to let the law take its course, but when the child of our best friend gets a similar disease is it quite the same?

Here then I think is a subject on which all good citizens might let their minds play, and with many advantages to every class. With a proper understanding of the dangers of the various diseases, with adequate facilities for caring for the sick, unhumane treatment and unmanly fear could be abolished.

But at present the young doctor beginning his life-work may with advantage be reminded that physicians exist because there is a desire on the part of many people at all times and of all people sometimes, to use the special knowledge the former are supposed to possess. Without this there would be no great medical schools and not even the primitive instruction that prevailed before medical schools came into existence. Perhaps I may be reminded of the large scientific element in medical study, of the large part of the medical school of today that is devoted to research, as an apparent contradiction to my statement, but I must adhere to it, for these are only details

that have developed logically out of the study of medicine. Research and investigation have always existed as long as people began to wonder how results were obtained in disease. They have grown up most notably along with the clear recognition of the fact that the study of disease is simply part of the study of nature. But all this could go on just as well without the training of physicians as did the work of Roentgen that led to such momentous discoveries, or to go back farther, the work of Pasteur or Aristotle.

So real is the relation of physician to the individual sick man as I have put it that a contract has been recognized existing between them, and the terms of the contract have over and over again been made clear by courts of law. According to this, the physician who undertakes the medical care of another is expected to give the best knowledge and skill that the existing state of the art of medicine permits. The service is a personal one to the patient, and while the physician is under an obligation both moral and legal not to endanger others or to permit them to be jeopardized by the sick man, his first duty is to the latter. This is so far misunderstood that one can hear reports—I hope they are not true—of doctors taking a glance at a sick man and then hastening off to report him as a contagious case to the Board of Health. Laws must be obeyed, contagion must be prevented, but surely all of these can be done without breaking down the traditions of loyalty, of devotion to the suffering, that have always been enjoined upon and rarely wanting among physicians.

From the nature of the relation it also follows that constant advance in knowledge is required of the physician, an unremitting effort to keep abreast of the rapid current of special discovery. This is not the time for discouraging statements, but it may be of some assistance if I remind you that great as is the fund of knowledge you have mastered, the graduate of next year may have a greater one. You in turn have a certain advantage over those who have gone before, but these differences become leveled as time passes and much more depends upon the kind and extent of your future acquisitions. Even your superior advantages are not yet appreciated by the world in general, and you will do well if you show the possession of wisdom as well as knowledge, by not disclosing an impatience quite natural in the face of seeming neglect. There is a Sicilian proverb which advises him who builds a house to lend it the first year to his enemy, the next year to his friend, and only then to live in it himself, and it has been suggested that the principle involved might be applied to physicians. Fortunately for the race, as well as the doctors, the proverb is neither widely known nor generally followed, but the lesson of self-improvement it contains is one of universal and perpetual value.

Having then considered some of your duties, let us now pay attention to another phase of the medical career. You will not go far before you hear dismal accounts of the practice of medicine as a bread-winning occupation. Perhaps you have already heard of the Passing of the Family Physician, of the Decline of the General Practitioner, of the specialization of medicine, or rather its differentiation into a large number of minute and unrelated functions. There is, and always has been, a tendency to specialization in medicine as in other arts, but a refinement such as is sometimes mentioned is not essential and most of all is not brought about by the patient, who was not, I think, at least willingly or knowingly, caused the idea of the passing of the general practitioner

to obtain currency. There is no more reason to think that the function of the general practitioner has been abolished by new methods of work than it would be to think that surgical instruments are no longer needed because saddle bags have gone out. The field still exists, but it is a different field in that it requires more intensive and more modern cultivation. It requires an adaptation of advances that make it more difficult, but also more interesting than before, just as all the details of agriculture are more difficult but also more interesting than those of the Indian, and the young physician, just out of school, has only himself to blame if he does not make for himself in this large domain a position as honorable, as useful and as well remunerated as it was before. But in order to do this he must be ready to furnish more than was expected before the days of the microscope and the test tube, of John Hunter, Laennec, Virchow, Pasteur, Koch and Laveran. He need not be a skin specialist, but he must know whether the baby has eczema or smallpox; nor an ear specialist, but he must know how to recognize the acute and common diseases of the ear, just as his father had to before him. But he should also be blood specialist enough to discover a leucocytosis or a pernicious anemia, and other things besides. But just here is one of the most interesting paradoxes of modern medical education. A large number of more or less specialized topics are brought to the attention of the student, but from them two men of equal brain power and application get diametrically opposite results. One becomes fascinated by the attractions of a certain course and begins as a specialist in that line, often with ultimate success. The other looks upon the branch as beyond his abilities or facilities, neglects it altogether, or in case of unusual need sends for a specialist. Both attitudes are wrong. Each has caused the failure or deterioriation of promising men. The truth is that the graduate should look upon his education as only begun, the single thing he has wholy mastered being the knowledge of how to work, that is, of methods. He should feel that he knows how to discern disease, that he is prepared for the numerous emergencies and can undertake with confidence the care of the sick or injured, but that the greatest facility can only be attained by constant practice, constant study and constant self-criticism.

The man who now enters general practice and who utilizes thoroughly the methods he has been taught lays broad and deep the foundation of knowledge and reputation. If his tastes so incline he may become a genuine specialist, making use of the hands, eyes and brains of others in carrying out many details, but he can hardly use these aids with satisfactory results unless he has had the routine and the practice himself.

There is of course another class of specialists—men who from the beginning devote themselves to a limited range of work with the view of attaining the utmost proficiency, and if the plan is a broad one and the training sound, the results will be good, but this is a matter that does not concern us now, since we are not interested in the study or practice of specialists but of the general practitioner.

The kind I have outlined is not an imaginary picture. I have seen him, in the country as well as in the town. His patients rely upon him not because of a blind confidence or an inability to change, but because of a tried conviction of his care, his foresight and his knowledge. So long as he adheres to the methods that made him respected

he does well. One of his most dangerous sources of weakness arises from unavoidably frequent association with his patients, often tempting to a wrong conclusion as the result of hasty reasoning. It may seem unlikely that the man we see daily and who looks so robust has a gall-stone, or an incipient tuberculosis, or that the chronic complaints of another are due to gastric ulcer, but unless we apply to our friends when they consult us, the same objective methods of examination, the same logical interpretation of findings that we apply to strangers, the unexpected may happen, with disappointment if not worse.

Permit me to consider another question that often disturbs the equanimity of physicians, old as well as young—the existence and extent of medical quackery, with its exploitation of the health and money of the population. This is a problem well worth the careful study of thoughtful well-wishers of the race. It happens that physicians have a better chance to see its ravages than have others, and yet we are obviously not in the best position always to make an impartial study. In regard to the extent of quackery, I think we allow ourselves to be influenced by certain things that make judgment difficult. It is natural when we think of the oceans of nauseous and often poisonous stuff called patent medicines, but neither patented nor medicinal, annually swallowed in the pursuit of health or strength or beauty; when we see the extent to which our daily paper has to be expanded in order to proclaim the virtues of the wares and to set forth the features of those so miraculously rid of so many and varied diseases, to conclude that matters never could have been worse. When we see the growth of a sect like that of the Christian Scientist, often supposed to rival the world conquering career of the followers of Mahomet in vigor though so different in method—when we consider the wide diffusion of osteopathy or the influence of Dowieism, we are tempted to think Haslam was not far wrong when he said that asylums are built in order to make those on the outside believe that they are not insane.

But I think we are inclined to let ourselves be overcome by the nearness of the vision, and the blatancy of the means of publication. The phenonena are only modern examples of errors that have existed as long as civilization, and while there are doubtless waves or cycles of increase it is probable that they are not worse now on the whole than at many times in the past. Such a wave has for some years been rising over Germany, where the outcome must be watched with great interest. Modern methods of advertising, which consist, as has been said, in making people buy what they do not want; modern methods of diffusing information; and modern ingenuity which suggests an imitation of every invention of value—all assist in magnifying the proportions of the object. Another fact that seems reassuring is that other forms of quackery, financial, philanthropic and religious, are not as extensive or destructive now as they have been in the past. Great as certain financial delusions have been in recent times, I think it clear that bearing in mind the difference in means of advertising, the Mississippi Bubble and the Tulip mania have not been approached. Among medical delusions neither Eddyism, Dowieism nor osteopathy has been known long enough to warrant predictions as to their duration, but we may surely doubt that they are relatively as flourishing as was homeopathy in its palmy days. As for indiscriminate dosing, a glance through the news-

papers or the almanacs of the last century will lead one to conclude, I think, that it also is not as bad as it has been. On the whole, I am of the opinion that people in general are more enlightened on medical affairs, and more willing to follow real knowledge than they ever have been before. Any other conclusion must raise serious doubts as to progress in other lines of thought.

Those who imagine that quackery has reached a greater extent than ever before may take a melancholy satisfaction in reading the extent of the abuse in the 16th century, so graphically described by John Hall in his "Historiall Expostulation. Against the Beastlye Abusers, Both of Chyrurgerie and Physyke, in Oure Tyme. 1565." Those who fear the combination of religious and medical quackery so conspicuous at present can take heart, I think, by a brief investigation of the life of one of the most picturesque and most successful of all the motley array. This was Alexander the False Prophet, indirectly the pupil of the more remarkable but less accurately known Apollonius of Tyana. We are fortunate in knowing about Alexander through the account of "the cleverest man who was alive on this planet in the second century"—Lucian, "first of the moderns," who interviewed the prophet in his temple and wrote up his life and doings with all the interest of a scientist in a rare and interesting specimen. As Froude says (A Cagliostro of the Second Century. The XIX Century, Sept., 1879), "Aesculapius, the god of healing and therefore the most practically useful, had become the most popular of the heathen divinities. He alone of them was supposed to remain beneficently active, and even to appear at times in visible form in sick-rooms and by sick-beds." Alexander performed his exploits in that same Asia Minor where St. Paul not long before found need of his ripest culture and keenest logic. In the town of Abonoteichus he buried some brass plates bearing an inscription stating that Apollo and Aesculapius were about to visit the land and that Aesculapius would appear in bodily form. Having caused the plates to be conveniently discovered and interpreted, it was easy to do the rest, as Joseph Smith demonstrated so long afterwards. A temple was joyfully prepared for the god. A goose egg, containing a young snake, placed in the temple, was soon hatched out and the small snake quickly succeeded by a monster full-grown one, made more portentous by a linen mask painted to imitate a human countenance. This was quite enough to prove to willing minds that Aesculapius had indeed become manifest in the very emblem of wisdom. First from the immediate locality, then from all parts of Asia Minor, from every corner of the Roman world, even from the Imperial City itself, came crowds of people, asking for health, for fortune and for favor. The opposition of heathen philosophers and of the Christian believers only added to the zeal of the fanatics. The sick were healed; the dead raised. As a very modern touch Lucian tells us that the most powerful and noble were the most enthusiastic, and heading these was Rutilianus, friend of the emperor and of great influence among the highest people in Rome. Failures to cure did not retard the movement any more than they do now under a Schlatter or a Dowie. The exposure of a mistaken prophecy that had led to the deaths of a number of innocent slaves, given to the wild beasts, only caused the stoning of the man who made the mistake. An attempt upon the life of the influential Lucian himself, who tricked

the prophet, was not only unpunished, but the influence of the impostor was greater than ever. And so the great charlatan kept up his spells to the end of his life, and even his death at about seventy years instead of the one hundred and fifty he predicted did not break the faith of his victims.

It is easier to discuss and even to explain the causes of such phenomena than to exterminate them. They lie at the very roots of human nature. Bacon, with his usual keenness, expressed the matter poetically when he recalled the myth according to which Aesculapius and Circe were "brother and sister, both children of the sun." "For in all times," he adds, "in the opinion of the multitude, witches and old women and imposters have had a competition with physicians. And what followeth? Even this, that physicians say to themselves, as Solomon upon a higher occasion: 'If it befall to me as befalleth to the fools, why should I labor to be more wise?'" The resort to quackery is due to the same feelings that take the sick man to the physician—Hope, Fear and Faith, the sources of so many other human actions. The sufferer often does not know that there are differences in knowledge and in aims and motives, and it is of course chiefly in aims and motives that quackery differs from honesty.

Not only that—there are in many forms of quackery elements that remind us of errors of commission and omission of our own, and that might well be utilized for our greater improvement. Consider the quantities of products of polypharmacy that make the fortunes of a Hartman, a Warner or a Pierce. These are only survivals of a form of treatment long made respectable by physicians. Are we in fact free from it now, and do we never give it with as little effort to adapt remedy to disease as does the quack? The success of the osteopath is closely related, I think, to the failure of the profession to utilize massage as fully as it should be used. Of course a great deal of the vogue of this species of charlatanry depends upon the fantastic diagnoses, the names of which sound so plausible, but so fearful, but a great deal of it came from the reiteration of the use of massage, a refined or ultrascientific massage, perhaps, but still a set of manipulations long reputed to be useful, carried out by physicians in many other countries, but almost neglected in the land of osteopathy.

The so-called psychologic or metaphysical methods of healing depend upon measures used by physicians as far back as medical history goes, in the same classes of cases that now claim to represent "New Thought," and these methods also are too frequently neglected in this anatomic and physical age.

But even if we are convinced that the extent of quackery is overrated now, and that it is not as great as at former periods, it is still certain that it is a serious source of evil. If all the methods were harmless one could not object so seriously, but we all know that liquor laws are a mockery as long as alcohol can be bought freely in the form of patent medicines, that narcotics can be bought in the same way, and that even the least harmful foster the delusion that sins against the body need not be expiated, but may be washed away by decoctions with weird but euphonious names. Then, too, there are the numerous cases of sacrifice of the innocent. One may think that it is useless to try to keep the fool from his folly, but no one can hear without indignation of the neglect of helpless children, suffering unnecessarily and even dying under the crazy logic of one "healer," or the awkward manipulations of another. Such events, and they are not rare, should force us to devise some remedy for such abuses, but the remedy is by no means easy of solution.

A favorite suggestion at the present day is organization of the medical pro-

fession, with the view, among others, of making a campaign against quackery. Now we live under the sign of organization, and organization is good in itself. For mutual benefit; for carrying out desired ends inside the profession; for elevating the standard of medical education and improving the administration of medical institutions, organization would be of immense value. But from a campaign against quackery by medical organizations alone I fear that more harm than good will come. Opposition does more to nourish all such manifestations than anything else. This depends upon psychologic laws that apply perhaps more strongly to the Anglo-Saxon temper than to others—the sympathy for the weaker side. Moreover, it would be impossible to convince an impartial but skeptical world that no class antagonism, no self-seeking, is involved in such a contest. Most of all, the subject is too long lived, too extensive and too protean, the vested interests too great, to be successfully met by an organization that must be limited in number and in capital. After convicting all known transgressors there would soon be others, just as active.

If flagrant dishonesty can be shown, if laws for the regulation of the sale of alcohol or other poisons are infringed, there are legal methods at hand that do not or should not require organized or individual efforts of physicians. There seems to be no more reason why physicians should prosecute quacks than that miners should ferret out and indict gold brick swindlers, or bankers do the same for counterfeiters. In both the latter cases and that of the quack expert knowledge may be utilized with advantage, of course, but this is a different matter.

One thing physicians can do in order to lessen the extent of quackery is to carry out their work in such a way that the contrast between themselves and pretenders will be most striking, so that those in pain or disability will go to them with a confidence as strong as faith in the unknown or the supernatural. In this advance and with the diffusion of more accurate knowledge of health and disease among all classes the physician of the future should take an active part. If I have been able to direct your thoughts along the line indicated and have encouraged you to devote some of your energy and enthusiasm to the problem, I shall have the greatest satisfaction that can come to a teacher, and shall feel assured that you will reap the rewards of the well-deserving.

THE HISTORY OF MEDICINE.*

PART SECOND.

BY J. P. WIDNEY, A.M., M.D., LOS ANGELES.

THE ALEXANDRIAN ERA.

Pass over the long years of two centuries. Two centuries in which the subtle Greek mind, which in the fourth and fifth centuries before Christ had made Athens the intellectual head of the ancient world, wasted itself in idle disputation, and lost itself in skepticism; two centuries in which the Greek arms after rolling back the tide of Asiatic invasion from its shores, in turn became invader, and the Macedonian Phalanx, with locked shields and bristling spears, pierced the heart of the Persian empire. Alexander, after the battle of Issus, and the long siege of Tyre, turn-

*Presidential address before the Los Angeles County Medical Association, delivered Friday evening, February 1, 1878.

ing to the conquest of Egypt, founded upon the shore of the Mediterranean, at the mouth of the west branch of the Nile, the city in which the second great step was made in the advancement of the science of medicine. Alexandria became not only the center of wealth and of trade of the ancient world for the three centuries preceding the birth of Christ, but also the center of its intellectual life. It was still the after-flowering of the same fruitful Greek mind which had made, in the centuries before, of Athens an art gallery and a school of philosophers. The best blood of Greece, its talent, its genius, its energy, had followed the tide of Macedonian conquest, and had finally settled here under the shadow of the pyramids to again stamp its mark indelibly upon the history of the ages. Here was founded the great Alexandrian "Museum," which, under the wise care of the Ptolemies, became a vast university, with a library of 700,000 volumes, and its four colleges of Literature, Astronomy, Mathematics and Medicine. Here, by the wisdom of the government, ample arrangements were made for dissection, and the study of anatomy was so diligently prosecuted that many of the terms which we now use in our text-books were there first given to the various organs of the body. This, the Alexandrian era in the history of medicine, might be appropriately termed the anatomical era, as it was especially marked by advancement in the department of anatomy. Lectures upon medicine and surgery were delivered daily to crowds of students, and the studies carried on clinically in connection with hospitals. Many of the most important operations of surgery were performed.

It was enough for a physician to say that he had studied at Alexandria to give him standing and influence anywhere in the then known world—and all this, strange as it may seem, is not a record of today, nor of our own land; it was twenty centuries ago; under the Orient sun, on the banks of the ancient Nile. Strange mutations of time! The blue waters of the eastern sea still wash the shores of the land of the Ptolemies, and the palms wave by the banks of the great river, while the ships still come and go in the port of Alexandria; but the library which grew up under the enlightened care of those old Kings, seven centuries later, fed the fires of conquerors too ignorant even to suspect the priceless value of what they destroyed. The great "Museum," with its colleges, ceased to be; and now, after two thousand years, in all that land can scarcely be found a school of the lowest class. And to our shame, be it said, less wise than those old Kings, the place of whose burial, even, the world has forgotten for twenty centuries, today, in many of the States of our own land, restrictions are placed by law upon the practical study of anatomy, such that the dissection of a human body is almost a crime.

It seems the working of some immutable law of nature that in the intellectual world, even as in the vegetable, the season of flowering and fruitage is ever followed by the sere and yellow leaf, the torpor, the decay. Beyond the mountain crest begins again the descent. Nature at the summit of her great peaks has few tablelands. No sooner does a race reach its maturity, its manhood, than, as in the individual, comes old age; and as though the earth, too, were exhausted, and must rest, the new life, the new civilization, spring up not on the seat of the old, but away beyond, in the new lands. And so the human race moves ever on, and on, leaving only ruins, and death, and old graves behind.

The Alexandrian era was drawing to a close. All the while that Herophilus searched curiously into the anatomy of the human body, and students followed the daily rounds of the professors in the

clinical lectures through the hospitals; while Eratosthenes was measuring the length of a degree of the great circle upon the level sands of the desert, and Timocharis determined the motions of the planet Venus; all the while that the gay citizens of Alexandria jested, and jostled and wrangled in the busy streets of that metropolis of the eastern world, away across the sea, upon the banks of the Tiber, history was again preparing to repeat herself. The old and unchanging law of the empire was again working itself out. Wealth and luxury had slowly sapped the groundwork of the civil structure in Northern Africa; and Rome, which in the third Punic war had finally crushed out, with fire and sword, her last great rival, was grasping from her seven hills at the dominion of the world.

With the waning of political power in Alexandria a blight seemed to fall upon the institutions of learning. The schools were broken up; the students scattered. In the first few centuries after Christ the degeneration was rapid. The mongrel population, which had gradually been drawn together, grew daily more corrupt, more vicious. Greek and Jew, monks and infidels, priests of the gods and the profligate rabble, that knew no god, all the seething, restless elements of her polyglot population fought and rioted through her streets in almost daily encounter, while the haughty Roman troop looked on in scornful indifference, uncaring so long as the populace killed each other, but raised no hand against the eagles of Rome.

In the midst of it all, is it any wonder that the schools died out; that the great libraries slowly wasted? Philosophy and culture perished in the seething mass. Learning became a thing of little worth. Creeds, and colors, and bloods, and through all fanaticism, bitter, unrelenting, hating to the death, rent the heart out of the old cultured life of the city of the Ptolemies, and the hope of the world abandoned it and moved on; and lo! humanity had left behind it one more of its innumerable graves.

The character and tastes of the dominant race give type and color to the civilization of its age. The diversified, mutually balanced nationalities of modern times render it impossible for any one nation to so wield this preponderating influence. Eighteen centuries ago it was not so. The world was not large enough for more than one such power at a time. The subtle, ingenious Greek mind had stamped itself indelibly upon the thought of the eastern Mediterranean for the five centuries preceding Christ, and even for two or three centuries folowing. The Greek mind was eminently philosophical in type. The Roman, which now succeeded it, as the dominant mind of the world, was martial and judicial. Its work was different. The Greek had taught man to think, to investigate, to question. The Roman was now to teach him to obey. The one had been the poet, the artist of the world. The other was to be its lawgiver. The one left to posterity the Parthenon, the other the Pandects. But the Roman mind, strong, practical, orderly, was deficient in the finer feelings and was deficient in the taste for philosophical investigation. It founded no great schools. Under it science languished and learning wasted.

Medicine felt the universal depression. The four centuries following the decadence of the Alexandrian school were singularly barren in medical advancement. The Romans produced no great physicians; they have left no noted works. The practice and the literature were unmistakably mediocre. Roman physicians shone by the reflected light of the great men who preceded them. Indeed, much of the practice lay in the hands of slaves and freedmen. The true Roman, when he shed blood, preferred

the sword to the lancet. Of the physicians living and practicing in Rome the most noted were Greek by birth and education. Among these, in the second century after Christ, was Galen, an Asiatic Greek, who has left a name second only to that of Hippocrates in the annals of ancient medicine. His writings, which are marked by much ingenuity, have been handed down in a fair state of preservation. His theories of disease, however, although they wielded an unbounded influence in the middle ages, were not marked by the soundness of judgment displayed by his great predecessor.

(To be continued.)

IS THE MOSQUITO A DISSEMINATOR OF MALARIA.*

BY J. M. HURLEY, M.D., SAN BERNARDINO.

These are the days of fads in all lines and the medical profession is no exception to the rule. Among the many new things offered the medical profession and theories advanced upon the etiology of disease some have just enough color of truth to attract the attention of the minds of thinking men, while others have only hypothesis for a basis of belief. Among the many fads in the medical profession today that has been accepted by a large per cent. of the profession is the theory advanced in the last decade that the anophele is the means of the distribution of the plasmodium of malaria. I have followed the literature of the day upon this subject and not one writer has furnished any positive evidence of his assumption, except that some investigators have found the plasmodium of malaria in the jaws of the mosquito. That this germ may be found there is quite reasonable, as I shall show later on that malaria is a water-born complaint and the mosquito a water-born insect. I shall show by statistics that malaria is a water-born complaint and that it exists where it would be impossible for anopheles to exist except where he is prepared to carry his supply of water with him in case of his migration. That malaria does exist where it is impossible for the mosquito to exist is made certain by the following facts: Quoting from the *Journal of the American Medical Association,* May number, page 737, of 1895, in an article by Dr. William B. Quine, in which he cites forty clinical examples which occurred from November, 1894, to March, 1895, that originated in the south side of Chicago, in a densely populated portion of the city. This, too, at a time when the ground was frozen most of the time and covered with ice and snow and the thermometer registered as low as 10 degrees below zero. He says it is not known how many cases were overlooked, that only cases which furnished the best symptoms were subject to blood test and in these the blood was found teeming with the protozoa of malaria.

I, myself, can recall many cases of malarial fever during the winter months while I practiced medicine in Northern Missouri. But, that you may have reversed conditions where it would be impossible for the mosquito to exist for want of water, I refer to the U. S. Army Post established in what was known as the Gadsden purchase, now a part of Arizona. The post was known as Fort Breekenridge and was situated in the foothills of the Santa Rita Mountains, a sterile, barren country which was selected in consequence of its being a hiding ground for savages at that early day, the water for the garrison being piped a long distance from high up in

*Paper read before the San Bernardino County Medical Society, May 12th, 1905.

the mountains and meager in quantity. Soon after the establishment of this post, the garrison was stricken with malarial fever and continued until it become a necessity to abandon it.

Again, the U. S. Army Post known as Fort Hancock, in Western Texas, was situated upon a mesa that had only greasewood on it, the water for this garrison being pumped a long distance from the Rio Grande River. This place also became uninhabitable on account of malaria.

If any other incidents were necessary to show that malarial fever does exist where mosquitoes do not and could not live, I could multiply such almost infinitesimally, but deeming what I have offered as proof positive that the mosquito is not the means of contaminating the various animals with malaria (I say animals, for the dumb brutes suffer from malaria almost as much as man) I will offer proof that malaria is a water-born complaint. My mind was first called to this during the Civil War, at Fort Pike in Louisiana, which is situated on a strait connecting Lake Pontchartrain with Lake Born in the marshes. The water all around is salt. The garrison depended largely upon rain water caught in cisterns and tanks, etc. While using this water there were hardly enough well men in the garrison to care for the sick ones. During one season they had a long drought in which the cistern water gave out and the garrison resorted to a condenser for water—distilled water, for domestic purpose. A short time after beginning the use of distilled water malarial fever disappeared and the health of the post was good until the cisterns refilled from the rains, when the fevers returned. While this incident is my own observation, I will refer to the report of the Surgeon General of the Army for the fiscal year ending June 30th, 1890, which summarized the statistics of sickness at various military posts during the calendar year of 1889. I quote from page 37, in which he says: "If Fort Brown, Texas, was expunged from the list of our military stations the number of cases of malaria fevers would be greatly reduced." He further says in a report that Fort Brown has not been abandoned, but his malarial record later on had been expunged. He says that during the calendar year of 1889 the fort had admission rate for malarial diseases of 1676 cases and a no-effective rate of 38.58 per thousand of strength of the garrison. During the year of 1891 the corresponding rates were 16.13 per thousand or near this. This change practically altered the status of Fort Brown from one of the most unhealthy posts in the United States to that of one of the most healthy garrisons in the United States.

He further says that "this condition was brought about by the use of pure water for domestic use, which was the result of the introduction of an ice machine which enabled the garrison to use distilled water with ice." While formerly the water supply was obtained by pumping from the Rio Grande River. At date of that report water for sewerage, etc., was still pumped into setting tanks from the river, but he attributes the extraordinary change to the use of distilled water. He says that in all other ways the sanitary condition of the post remains as it did during the years of unsalubrity.

Fort Ringold, another post on the Rio Grande River, underwent the same changes as to health when the supply of drinking water was changed from river water to that of distilled water. The Surgeon General makes mention of other garrisons that were similarly treated with the same gratifying results.

I can multiply incidents if necessary, but will refer you to some very able statistics on this subject, viz., in *American Journal of Medical Science*, 1878, pages 17-43, where it is discussed and

full statistics furnished to establish the facts (*not supposition.*) I will also refer you to reports of the Committee on Water Supplies of the American Public Health Association. Also in the article "Malaria and Water" in Wood's Handbook of the Medical Sciences.

Now, gentlemen, in all of my assertions that malaria is a water-born complaint, I have offered nothing that I did not back up with facts and statistics from eminent authority. That I have established the fact that malarial fevers are due to the supply of water to the animals or human beings is true.

The first question comes uppermost in your mind, "What is prophylaxis for it?" Simply seek a pure water supply and the end is acomplished.

In closing this paper, I desire to give just a few incidents on this subject, one that came under my own observation in California in the year of 1886. I had occasion to visit Bakersfield, Kern county, this state. I was with the superintendent of the various irrigating canals. Among the places we visited was the head of the Kern Island canal, where he had a large number of laborers at work and a hospital tent in which he had a number of cases of severe malarial fever of the variety known in Southeast Texas and Louisiana as Denguea. He was treating them in a routine way of his own. The men had all the typical symptoms of breakbone fever prominent among which is an irritable stomach, vomiting, etc. The sick consisted of Americans and Mexicans. There were as many Chinamen almost as both Americans and Mexicans in the camp. After I had examined some of his cases and gave general directions as to management ot the same, we went out. I observed there were no Chinamen in his hospital and asked where his sick Chinamen were. He replied: "I have none." "How do you account for that?" "Well," he says, "I account for it upon the grounds that Chinamen never drink water if they can avoid it. They always drink tea." I said that accounts for their immunity from malaria, the water is boiled that they make the tea of and thus kills the spores of malaria.

I can relate many other incidents of immunity from malaria by using boiled water, but deem what I have said sufficient to demonstrate the fact. The treatment for malaria is not one for discussion here.

TREATMENT OF ERYSIPELAS BY STREPTOLYTIC SERUM.*

BY WM. S. SMITH, M.D., PRESCOTT, ARIZ.

On presenting this paper to you for your consideration I am going to make it as practical as possible and cite clinical cases and their absolute results. Erysipelas is regarded by some as only a trivial disease that runs a certain course and resolves itself in a cure. The reason for such remarks is, they claim that the streptococcus erysipelatous is short-lived. But I wish to call your attention to the fact that I had a case of erysipelas migratory that started from the frontal bone of the head and extended to the knees, and was six weeks duration, and in this case I gave a very unfavorable prognosis, but the patient recovered. I wish also to bring before your notice another case of facial erysipelas, that died in two weeks. Living, as we do, in an age of research, many scientists have devoted much of their time to determine a specific cause of this disease, which is now generally accepted as the streptoccocus erysipelatous.

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True enough it is not the only cocci present, as we also have the staphylococcus pyogenes albus and aures, and the streptococcus pyogenes. Morpholigacially this streptococcus and the streptococcus erysipelatous are nearly identical, only the cocci of erysipelas are somewhat larger and yet smaller than the staphyloccocus pyogenes. Fehlasen has described this special streptococcus and regards it as the cause of the disease, and to prove it he has taken from the bullae and blood of such inflammatory conditions and inoculated lower animals and produced similar conditions, in this way establishing that it is contagious. If we were to make a comparison between the blood of a diphtheritic patient and that of an erysipelas patient, we would also find from our diphtheritic patient other organism present besides the Klebs-Leoffler bacillus—as the streptococcus pyogenes, and the staphylococcus albus and aures, and yet none of us doubt the specific cause of diphtheria. In both diseases we have a decided leucocytosis and a slight diminution of the red corpuscles. These cocci, and especially the streptococcus erysipelatous, are found abundantly in the lymph spaces and the zone of spreading inflammation. The manner of invasion may be a small abrasion, a wound, blister or in fact any breach of continuity of the skin or mucous membrane. Idiopathic erysipelas does not exist, as every case of erysipelas must have a focus of infection, which might be through the mucous membrane (as after a case of tonsilitis or severe pharyngitis.) Obstetricians recognize the danger of exposing puerperal women to the infection, which might emanate from erysipelas patients.

Erysipelas, like most acute diseases, has no well-marked premonitory stage: the attack begins suddenly, and the period of incubation is from 15 to 60 hours. It generally ushers itself in with a chill, nausea and vomiting, followed by fever, which at first is slight, but gradually reaches 104° Fahr. The fever assumes a continuous type, and in uncomplicated cases the difference between morning and evening temperature is slight. Headache, thirst and complete loss of sleep are also distressing symptoms. The patient complains of an itching or burning sensation and a tightness over the inflammatory area. Personally within six months I have treated ten cases of erysipelas, and in every case I have used Stean's streptolytic serum and in from 12 to 24 hours the temperature has dropped for 104° Fahr. to 98.6° Fahr., the pulse slower and headache relieved.

CLINICAL CASES.

Case No. 1.—Name, W. T.; white; female; age, 17. Diognosis, erysipelas following tonsilitis. Dec. 19th, redness and swelling on right cheek; temperature 100° Fahr. Dec. 20th, swelling increased, temperature 100° Fahr. Dec. 21st, swelling spread across the face; temperature 104° Fahr.; pulse 132. At this visit 10 c.c. of Stean's streptolytic serum given; 12 hours later another 10 c.c. used. Dec. 22nd, temperature 100, pulse 96. I gave another 10 c.c. of streptolytic serum; though the inflammation spread, the headache was relieved; temperature 99 Fahr., pulse 80, and in 2 days swelling subsided.

CASE NO. 2.

Erysipelas following rheumatism.

Patient, X; white; male; age, 42. Jan. 2nd, temperature 101. Swelling on left cheek and extended across the face. Jan. 3rd, temperature 103, pulse 120. Swelling extended. Jan. 4th, both eyes closed; temperature 104.2° Fahr., pulse 130. I gave 10 c.c. of streptolytic serum and repeated the same 6 hours later. Jan. 5th, on returning, temperature 90° Fahr., pulse 80; headache relieved and in 12 hours the swelling began to subside. The patient received no local treatment except carbolized vaseline to allay itching.

CASE NO. 3.

Erysipelas of the penis.

Patient, Y; male; age, 36; married. Dec. 12, called; penis edematous, red and painful; temperature 100. Dec. 13, temperature 103° Fahr., pulse 110. Swelling extended to scrotum and perineum. At this visit I gave 10 c.c. of Stean's streptolytic serum; 6 hours later I repeated the dose. Dec. 14th, patient relieved of nausea and vomiting relieved, headache relieved, temperature 98, pulse 80. Although swelling still present at this visit, yet in 12 hours it began to subside. No other medication except tonic treatment.

CASE NO. 4.

Facial erysipelas.

Patient, Z; male; age, 30. Feb. 27th, called; swelling across face; temperature 103° Fahr., pulse 130; patient semi-conscious; urine examination showed albumen; complete loss of appetite; on afternoon of same day I gave 10 c.c. Stean's streptolytic serum; 6 hours later I repeated the dose. Feb. 28th, next morning, temperature 100° Fahr., pulse 86; patient slept well; semi-conscious condition cleared up, but swelling had spread in textr. auditory meatus; at this visit I repeated the does of 10 c.c. of serum. March 1st, temperature 98.6°, pulse 80, and swelling began to subsile.

I could go on and give the other cases that received the same treatment, but I mention these cases to show the decided action of the serum. Personally before using the serum, my cases would run a certain course. The headache could only be partially relieved; sleep could very seldom be produced, and I would have to tell my patients that the disease would run a certain course and then get well. These cases would last nearly a week in spite of all medication. I ask you what treatment has afforded us such promise as the serum. I dare say that every known application has been used. Take for instance ichthyol ointment. We all have used it, and in every case it has not had a decided action. It has been a great annoyance to the patient as it is filthy and has caused the attending physician much annoyance. Tincture iodine at one time was used very much around the zone of spreading inflammation, but I consider it is harmful, because it destroys the superficial cuticle and exposes the patient to infection. I could mention many other applications, but they would only take up too much of your time. Osler says, "that local applications are many, but as good an application as any is cold water, which was highly recommended by Hippocrates." If you will excuse me for referring to the fore part of my paper, where I mentioned the case of migratory erysipelas, I will say that at that time I did not use the serum, and for six weeks my patient laid in a semi-conscious condition in spite of all local and internal medication, and if the patient did not have unusual vitality she would have died, and I can assure you nothing was more discouraging to me than to see my patient suffer, and I could only wait until at last she recovered. We are all too familiar with the action of antitoxin in diphtheria, and it produces the same effect as streptolytic serum does in erysipelas, as it lowers the temperature, the pulse slower and inside of 24 hours the diphtheritic patches begin to disappear.

Now in conclusion, streptolytic serum has a decided place in the treatment in erysipelas, as in every case it shortens the attack, reduces the fever, the pulse slower, headache relieved, and although the swelling is present, it will begin to subside in 24 to 48 hours. It reduces the fever because it is caused by the action of the streptococcous erysipelatous in the tissues, and thus a toxin is produced, and when we use the anti-streptolytic serum, it at once has an

anti-toxin effect on these toxins. I beg of you to use it, and I am certain that your convictions will be just as strong as mine in favor of the serum treatment of erysipelas.

Bashford Building.

TESTS OF PUBLIC SCHOOL CHILDREN — IMAGERY — REACTION TIME — MEMORY TESTS.

BY PROFESSOR GEORGE L. LESLIE, HEAD SCIENCE DEPARTMENT, LOS ANGELES PUBLIC SCHOOLS.

The *fundamental workings* of every normal mind are the same. The parts played by various groups of processes differ greatly.

Differences between minds are shown by the response given to outside influences, stimuli. The sense organs and sensory impulses give the mind material out of which it forms and shapes its *imagery*.

All of us exhibit in all our actions and work some predominant *type of imagery*.

One person is eye-minded. He will describe best in visual terms, will remember in terms of sight, recognize persons and things by their looks, remember his lesson best from the printed page; will be best gotten at, interested, started into action by visual stimuli.

Another person is ear-minded. He will be best gotten at, reached, interested, started into action, best remember through auditory stimuli. Another is strongly motor; is set into action readily by sensation qualities that come through skin, muscles, tendon, joint.

Some pupils write their lessons in order to remember them; best express what they know by writing.

Most minds are of a mixed type, but the mind is rare that does not exhibit some predominant *type of imagery*, visual, auditory, motor. All ideas can be expressed in words. *Verbal imagery* is visual, auditory or motor.

The visual-verbal mind sees, the auditory-verbal hears, the tactual-verbal feels the words he is to speak or otherwise express in motor terms.

The ideas of the eye-minded will pass most readily into the *visual word* form. Those of the ear-minded into the auditory word form; those of the motor or tactual mind into one of the motor-word forms. Each type of mind is best appealed to, gotten at, started into action by its own individual stimulus.

All this everybody knows, but in practice it is not real enough—does not keep us from wasting time and effort—does not stimulate us to take advantage of opportunity.

It is highly important to get at boys and girls most effectively—develop their best working power. Life is too short for anything else.

REACTION TIME. — TO WHAT STIMULUS DOES A PUPIL REACT BEST.

1. *Visual Stimuli.* — *Materials.* — A screen with hole in center two or three inches in diameter. A number of cards upon which are letters, colors, figures, words, etc. Pencils in hands of pupils.

Tell the pupils to tap with the pencil the instant a certain card, e.g., the card marked with a blue A, is shown behind the screen. Show the cards at random. Make large number of tests at different times and observe the pupils closely. Time may be registered with a stop watch if it registers without a click, but by observation one can readily classify the pupils as quick and slow.

Many false reactions indicate instability of motor centers—lack of motor control. Rapid, accurate reactions show good motor control and power of response.

Have the pupils fix their attention upon the movements to be made, then tap as a certain card is exposed. If the attention is actually given to the movements made, the reaction lines will be rapidly shortened to a minimum at which they will remain constant.

Power of concentration and control over attention may be tested by asking the pupils to fix their attention upon a card to be shown and to think about the movement.

Choice Reaction.—Tell the pupil to tap the pencil to a red square and the finger to a blue one. Note the results. Choice reactions may be varied to suit the progress of the experiment and the type of mind of the pupil under examination.

Repeat the same series of tests, using auditory stimuli instead of visual.

If there are children of markedly defective vision, it is of value and interest to compare their visual and auditory with their tactual reaction times.

By combining simple experiments as above with observation of school work, much may be learned as to the best ways of getting at individual pupils, both normal and defective.

A large number of illustrations of the effect of training on reaction time, thought time and association time are found in school work.

Dull school exercises can be made most attractive by training the pupils to perform associations as quickly as possible.

Training them in slow methods at a time when they are most susceptible is *losing time rapidly* for the child beyond recall.

TYPES OF MEMORY.—TESTS.

Visual Memory.—Arrange a number of series of digits on cards; 4 digits for younger pupils, increasing the number to 6 or 8 for the more mature minds of the higher grades.

The digits should be printed on cards in plainly legible type and should be exposed at such a distance from the pupils that they can be easily read.

Expose each card two-thirds of a second for each digit.

After an interval of five seconds, the pupils reproduce the digits on test papers.

Regulate the time of exposure by a metronome beating 90 times a minute.

Record age, sex, grade, etc., of each pupil.

Auditory Memory.—Read to the pupils a series of digits, consisting of different memory spans, as indicated above, at a uniform rate of speed. The pupils write the digits as heard.

Audio-Visual Memory.—A simultaneous appeal to sight and hearing is made by showing the cards and at the same time reading the digits. Pupils write from memory after the five second interval.

Audio-Visual-Articulatory Memory.—The digits are exposed and the pupils read them aloud, the rate of articulation being regulated by the metronome. The series is then reproduced in writing.

Audio-Visual Hand Motor Memory.—Dictate the series at the established rate, the pupils writing the digits on slips of paper.

At the close of the writing, the slips are turned downward and the pupils reproduce the series from memory on test papers.

The above tests are essentially those given in the Chicago schools. Seven tests are made during the day, an hour intervening between tests. All the pupils of a room are tested at once.

Some Results of Testing.—Sight, hearing and motor tracts and centers are all active during these tests.

In visual tests pupils move their lips and throats, etc.

As a rule, until the age of 9 or 10, auditory memory is the stronger—later the visual.

Auditory memory develops rapidly up to about 14 years of age—slowly in later years, visual memory to 15 or 16 years.

The audio-visual memory is stronger than either the auditory or visual. A simultaneous appeal to both sight and hearing saves time for the child.

The more senses we can appeal to, the richer and more usable and more lasting will be the impression.

DEVELOPMENT — GROWTH OF MOTOR POWER AND FUNCTION.

The best scale on which to measure all normal growth of muscle structure and function is in the development of the fundamental and accessory muscles.

The fundamental muscles are those which move the trunk and large joints, neck, back, hips, shoulders, knees and elbows. Those which man has in common with the higher and larger animals. They function early in life and represent an early state of evolution.

The accessory functions and movements are those of the hand, tongue, face, articulatory organs; those used in writing, talking, piano playing and skilled work.

These muscles are smaller, more numerous than the fundamental. Their functions develop later in life and they represent a higher standpoint of evolution.

They are associated chiefly with psychic activity which plays upon them continually, changing their tensions if not causing actual movement. In school training it is of the highest importance that these muscles are employed in the order of their functioning as far as possible. The fundamental movements mature earlier than the accessory, work which employs the accessory system prematurely is a positive injury to future development. Again, if the accessory system is not used when it functions, development, otherwise possible, is lost.

Tests.—The greatest number of taps that can be made in a brief interval of time shows the degree of development of *accessory muscular control.* The time between two successive taps, the time between two like simple volitional contractions, is the best index we have of *will time.*

Normally it is about that of clear, rapid articulation of successive syllables. From four to six times as great as the time between two successive sound waves which the ear can distinguish before they blend into a tone.

This interval of time may be readily determined by experiment, the pupil tapping as rapidly as possible with a metallic pencil upon a platinum or copper plate, the number of taps being recorded by an electrical register.

A simpler method is to have pupils make marks in squares. The time required to make 100 marks, for example, being noted. The rate of movement is an elementary test, both of physical and mental ability.

Brighter pupils have much better control than dull pupils; those above grade than those below grade.

Precision and Accuracy of Movement. Precision and accuracy of movement marks the volitional control of the will, marks the inhibition of irrelevant, spontaneous, reflex and automatic movements. The same movements performed with precision by the reflex centers are performed very imperfectly at first by the higher conscious and self-directed powers. Exactness results from skill and practice and indicates higher mental development.

To require work of pupils in which greater exactness is necessary than they are naturally ready for, is to bring on *precocity* and *fatigue* and to lessen

power or capacity for future development.

Some of the Results of Experiment.—As pupils gain in accuracy from 6 to 12, nearly half the gain occurs in the first two years, 6-8 or 9. Puberty has seemingly a retarding effect. Development comes in waves and periods of increase in strength alternate with those of control. Precision and control seem to follow a different law from growth in strength and speed.

Motor activities involving accuracy which may be employed in years preceding puberty should yield, then, to activities which involve the fundamental movements more largely than the accuracy.

Hill-climbing, out-of-door recreation—in manual training, such as work, involves large movements rather than close, finer adjustments.

Strength.—Strength of grip is the most generalized form of hand power. In the testing of children, it is used to mark degree of development.

Cline says that the available power of a sudden squeeze is in proportion to habitual vigor and energy of mental power and activity.

Tests.—In testing the strength of grip of right or left hand, a dynamometer is used, which is adjustable to the hand. Each pupil is given several trials of strength. The best results are recorded.

Some results of school testing (Chicago:)

Twelve-year-old pupils in the second grade show but 70 per cent. of the strength of grip exhibited by pupils of the same age in the eighth grade. In the third grade, 80 per cent.; in the fourth grade, 83 per cent.; in the fifth grade, 87½ per cent.; in the sixth grade, 92 per cent.; in the seventh grade, 94 per cent.

When you compare these results of experiment with the statements—civilized man has greater strength of grip than savage, the educated man than the uneducated (Hall)—the school and civilization seem to tally fairly well.

Shaking hands, we say, "You have a good grip;" mentally, as well as physically, we compliment our friends.

ENDURANCE—FATIGUE—THE ERGOGRAPH.

Fatigue is due to the reduction of the amount of energy in the nerve cells, to the effect of toxic waste products in the blood.

All work requires energy. Fatigue is inseparable from work and is proportionate to the amount of work and reduces the capacity of the individual for further work.

By testing this capacity before and after any task a measure for the amount of fatigue produced by the work may be approximately found. To find some means by which the degree of fatigue can be quickly and accurately measured has been the problem attacked in various ways.

An instrument in wide use for measuring a specific form of fatigue is the ergograph. The measurement of fatigue with the ergograph rests on the theory of attention. Attention consists in the co-ordination of muscles. It means concentration and inhibition of movements.

Fatigue in the muscles shows itself in the love of power of attention and fatigue from mental work can then be measured in terms of muscular fatigue.

The laws of fatigue in voluntary muscles are for the most part the laws of nerve fatigue and brain fatigue, which shows itself in variation in the power of concentrating attention.

The ergograph shows in graphic form the individual curves of muscular fatigue. Each person seems to have his own individual curve.

Ergograph.—This instrument gives a graphic record and a measure of the work done under certain fixed conditions by a single group of muscles.

The arm is fastened firmly to a fixing board, allowing free movement to one finger of the right hand. To this finger a cord is fastened. This cord passes over a pulley and is attached to a weight. The weight usually used is 7 per cent. of the weight of the individual. In flexing the finger, the weight is lifted and on extending the finger the weight returns to its original place.

A kymograph registers the distance the weight is lifted during a certain interval of time. The flexions and extensions of the finger are made at regular intervals. The time is kept by a metronome. The person tested works for 90 seconds, lifting the weight 45 times.

Some Results of Experiment and Study.—The extremes of strength between the weakest and strongest pupils are almost as great in the two upper grades as in the lower, showing an increased range in individual variation in early puberty. This is equally true for vital capacity and resistance to fatigue as shown on the ergograph.

In vital capacity, still more in strength and, most of all, in endurance as tested by the ergograph, the difference between extreme individuals increases very rapidly up the grades, sometimes becoming five to six times as great in the seventh and eighth grades as these differences were in the first grade, and showing much greater differentiation than between extremes in height and weight.

Vital Capacity.—The vital capacity (amount of air expired after a forced inspiration) of pupils in connection with size is an index of the rate of metabolism. It increases and decreases with one's activity, and when below normal is a matter to be seriously considered by parents and teachers.

Tests are made with a wet spirometer. Several tests are given, and the best effort recorded. In considering the physical balance and training of children it is an important factor. Nothing is more convincing of the right physical training in this regard than a comparison of the efficiency of adults having broad chests with that of those whose chests are narrow. A broad chest is one of the best guarantees of success in life. An ill-developed, narrow, pigeon-breast is a handicap on hard work and often little better than a death trap. No part of the body responds so readily and surely to systematic exercise.

Measurements.—Height (standing and sitting,) weight.

These measurements show rates of growth and are an index to development of pupils. The data obtained show extremes of size in any grade. A sufficient number of adjustable desks can then be placed in the rooms to meet the needs of the various pupils. An ill-fitting desk impedes circulation, brings about unhealthful postures, muscular strain, fatigue, and spinal curvature. Where these measurements have been taken, the percentage of adjustable desks found necessary is given at from 15 per cent. to 25 per cent.

Rate of Growth. — Healthy growth conforms to a settled plan. Variations occur at settled periods. Extremes are always at hand. Typical healthy growth is uniform during school life, with two exceptional periods, a period of retardation from 11 to 13, a period of accelleration from 15 to 17 (boys;) 14 to 16 (girls.)

While the average growth is important, each pupil or class of pupils has his individual rate. Short people grow less rapidly than tall and nationality has its influence.

The average boy grows about 2 inches per annum. The nearer he keeps to this standard, the stronger he is likely to be. During the period of retardation he may not reach more than half of this rate. In the start at puberty this rate may be doubled.

Increase in circumference of chest is quite uniform—about half an inch for every 2 inches of growth. Failure

of the child to maintain his own rate of growth in this regard is unfortunate and calls for attention.

Weight.—At 5 years of age a child weighs about as many pounds as he is inches high (40 inches.) Rate of increase, 2 lbs. to 1 inch of growth.

Excess of weight over height is a favorable sign—a deficiency, unfavorable. Many children "outgrow their strength." For these variable conditions, some allowance must be made by the home and school.

The rate of increase for the two sexes is fairly uniform until puberty is reached. Then the change is more marked in girls than in boys, but is shorter. "The transformation of a girl into a woman is a more abrupt, more rapid and more exhausting process than the change of a boy to a man."

Other measurements are many times important, especially those of the beat of the heart. Undue variations here show physical weakness. The average heart beat of nine-tenths of the boys in the Kansas City High School was 84, a result far too high for the best health and the best work.

Again, feebleness of brain function is caused by poverty of the blood in red corpuscles (anemia.) The corpuscles in a given quantity of blood can be readily counted. The degree in which they fall short of the standard of health can be estimated. Anemia, however slight, is incompatible with good brain work. It is quite possible that physicians may be able to establish a minimum number of corpuscles in anemia beyond which no educational work should be attempted. (Browne.)

Other illustrations abound.

Physical and Mental Development.—Physical balance of a child: Mental development, as a whole, depends upon the healthy, normal development of the body. The physical development being poor, the mental work must be arranged accordingly.

The work required of the pupil of average strength cannot be done by the pupil of less than average strength without injury. Physical condition should be made a factor in the grading of pupils, and in the arrangement of their work. The pupil who is not well balanced, physically, should receive a different mental training as compared with the well-balanced child.

Illustration.—A certain pupil is found to be 95 per cent. of the average in height, 60 per cent. in weight, 60 per cent. in strength, 30 per cent. in endurance, 20 per cent. in vital capacity. This pupil needs special training.

In this work, physical measurements do not replace, but give precision to personal observation. It is, then, of the highest importance that the teacher observe intelligently the physical, as well as the mental, development of pupils and corollate them.

Normal and abnormal development are continually exhibited in every schoolroom. Physical handicaps, wrong physical conditions and the effect upon development and work are at every turn.

Children showing delayed development or precocity abound.

Children have common characteristics, but in their rates of development they differ. Their physiological or psychical machinery differs in many ways.

Development comes in waves. Periods of partial rest alternate with periods of marked activity. The nascent periods of childhood, with their transition periods, have their physical and mental characteristics more or less definite.

Again, the physical make-up of the child may be an index to excellence on the one hand, or degeneracy and crime on the other.

School work, as a whole, is a vital part of the subject matter of anthropology. Dr. Hall's new work on "Adolescence" opens up this field admirably.

Pedagogy and Medicine.—Pedagogy,

school hygiene and medicine are united in the school.

School hygiene is not less the special field of the teacher than pedagogy. The right environment and the right working condition of the pupil are first in order. Methods and work are second.

School hygiene is common ground between pedagogy on the one hand and technical medicine on the other, involving parts of both. The teacher should be especially well at home in this work. The mission of the physicians here is to help the teaching force by giving technical knowledge where necessary.

In pedagogy, the *child-study laboratory* stands out as a reference work shop for practical work all along the line and a research laboratory. Its equipment provides for the scientific study of both normal and defective children.

Its purpose and work cannot be better stated than as given in the report of the Child Study Laboratory of Chicago schools:

a. Collecting anthropometric and psycho-physical data for the purpose of establishing norms, and for determining such relationships as may be of service in pedagogy.

b. Applying accurate, scientific methods to specific pedagogic problems, particularly methods of teaching and determination of the pedagogic value of various studies.

Examination of individual pupils with a view to advising as to their pedagogic management.

Instructions to teachers in child study and psychology.

Medical Inspection.—Medical inspection has its most immediate mission in detecting disease in its most incipient stages, isolating infectious diseases and thus preventing the spread of disease. Medical aid has its highest mission in preventing disease, in giving technical aid where necessary to all concerned in education with reference to both health and disease.

In this work the more co-operation we have of all concerned—teachers, supervisors, superintendents, physicians, Board of Education—the greater the progress at hand.

In many of the eastern cities daily medical inspection has been established, either voluntary or upon small pay. Good results are reported. Different methods are employed.

In no case should inexperienced physicians be employed. The schools are worthy of the best a city can give. A system involving good nurses, with one or two excellent physicians, is far better than the employment of a dozen physicians, other than the best. One report states that "young, though competent, members of the profession would be glad of the opportunity at a comparatively small salary." This we protest against, unless these physicians have attained to excellence in their work and are broad in training and culture, or are working under the direction of men of experience and ability.

Give the school the best medical service the city has at a minimum—one physician for general health and disease and one specialist in eye, ear, nose and throat troubles. Let these men devote a part or all of their time to the work as may be necessary. To them all cases of disease can be referred with confidence. Establish a good system of nurses. Make the department of school hygiene strong by giving the teachers of the city every opportunity and require efficiency in this regard.

Let pedagogy and medicine co-operate in the work and far better results will be reached.

Child Study Laboratory, Los Angeles City Schools.

Dr. J. W. Harpster of the Sierra Madre Villa Sanatorium for Mental Diseases has recently paid $25,000 for a valuable property adjoining his institution.

DISEASES OF WOMEN AND CHILDREN.

WILLIAM A. EDWARDS, A.M., M.D., EDITOR.

EDITORIAL COMMENT.

INFANTILE SCURVY.—Since the essential cause of scorbutus is dietetic it of course may be found in all communities, our own included, and within the last five months two cases have occurred in this vicinity, one in Los Angeles and one in Redlands, in the practice of the editor of this department.

The general practitioner, however, is apt to overlook the diagnostic factors and arrive at an erroneous conclusion. Of the three recent cases that we have seen, but one was recognized by the attendant; the other two were considered to be rheumatism; one of the cases was sent to Denver with that diagnosis. By close attention to the symptoms it is almost impossible to make this error or mistake it for paralysis, rickets. ostitis or purpura, conditions with which it has been confounded.

To the English belongs the main credit of our understanding of the disease. The article by Thomas Barlow of London in our Cyclopædia of the Diseases of Children (I) is a classic. Northrup brought the matter before the American profession as early as 1894 and he has continued his studies almost to the present date. It is only, however, within the last fifteen years that infantile scurvy has found a place in medical literature, although Cheadle's paper appeared in the *Lancet* November 16th, 1878.

The symptom which seems to be the most confusing is the hyperaesthesia about the legs. This may be most acute and is generally an early symptom. The pain is made evident by motion or pressure, otherwise, early in the disease, the child is comfortable. The inability, or better, the disinclination, to move the legs leads to the suspicion of paralysis, but the disability is due to pain and not to paralysis. A little later the diagnostic mouth symptoms appear, hemorrhagic gingivitis, and in very young babies discoloration of the mucous membrane about the teeth soon appear. In older children the gums are often so swollen that they cover the teeth and bleed easily. If the case is still unrecognized and allowed to progress, the large joints, more particularly the knee and ankel, swell and become ecchymotic, the ecchymosis is not, however, confined to the joints, but may appear at any part of the body. The collection of blood in the tissues is most apt to be about the shaft of the femur, beneath the periosteum. Some of our Philadelphia hospital cases, which were usually neglected, destitute foundlings, had hemorrhages from the mucus surfaces, the mouth, nose, stomach and bowels. One case bled from the kidneys. Morse has recently (J. A. M. A. Dec. 17, 1904) shown that haematuria may be the earliest symptom of infantile scurvy, and for a time perhaps the only symptom. Uncomplicated haematuria in infancy is usually caused by scurvy.

Still later in the disease a general cachexia and marked anemia with soft flabby muscles occurs. The signs of rickets can now be recognized, but we must not consider it as a different form of the same disease. Scorbutus and rickets may be associated in the same baby, but they are separate and distinct entities.

Infantile scurvy is due, and due alone, to prolonged errors in diet, either some of the proprietary foods or condensed milk, or, as is usually the case, a com-

(I) Cyclopaedia of Diseases of Children—Keating & Edwards, J. B. Lippincott Co. 1889. Third edition. 1901.

bination of the two. The addition of a small amount of cow's milk to either of these will not protect the child.

A very interesting point in the occurrence of scurvy is that it is seen most usually in private practice and among the wealthy classes and in the country as often as in the city.

In the American Pediatric Society's collective investigation of Infantile Scurvy in North America, 83 per cent. of the cases occurred in private practice. In 303 cases the hygienic surroundings were described as good or of the very best. The inevitable conclusion from this report is that the influence of bad hygienic conditions upon the etiology of the disease is extremely limited.

The wealthy are unfortunately able to buy the commercial artificial foods and it is these foods in the majority of cases that cause the disease. Sterilized milk does not produce scurvy, unless the heating is prolonged and the temperature very high. In many instances the sterilizing has been blamed when the formula was at fault, in others the milk was combined with a proprietary food, and the omission of the latter cured the condition. Scurvy is rare in nursing infants, although one of Northrup's fatal cases was a foundling wet-nursed by a woman whose own child thrived on her milk, and Southgate's case was a nursling exclusively breast fed. The conclusion is inevitable that scurvy may be produced by the continued use of any food which either lacks the elements of nutrition or furnishes them in a form that the child cannot assimilate.

There is no more striking picture in all medicine than the marvelous change produced in these babies, or young infants, by the proper regulation of the diet. The discontinuance of all proprietary foods and condensed milk and the exhibition of abundance of fresh cow's milk, pasteurized if necessary, beef juice and fruit juices makes this Alladin-like change in from three to five days. Rarely are drugs indicated at all.

A return to improper feeding may cause a recurrence of the symptoms. Such an instance is recorded by Holt; the child was eighteen months of age at the time of the second attack, the previous one having developed four months before. In the first attack recovery followed in a week upon a diet of sterilized milk and beef juice, no fruit juice being given. The second attack, following the return to the diet of proprietary food, was fatal, the child dying eight days after coming under observation.

REVIEW OF LITERATURE.

LESIONS OF THE KIDNEY IN DIPHTHERIA.—In only 22 children was it possible to measure accurately throughout the illness the amount of urine passed. In half these cases the amount was normal, in the other half it was diminished. This diminution was not usually very great. In 4 cases out of more than 300 there was suppression of urine, and all 4 proved fatal. The diminution in the amount of urine varied irregularly, and sometimes returned after normal quantities had been passed for several days. In 10 of the 11 cases oliguria was accompanied by albuminuria, and when the urine became more plentiful the albumin showed a tendency to disappear. Usually a diminution in the amount of urine was accompanied by a still better marked increase in specific gravity.

Mario Flamini, the author of this paper, Il Policlin., Sept., 1904; *British Medical Journal*, Nov. 19, 1904, thinks that the increase was due to an excess of urea, chiefly from the administration of antidiphtheria serum, due to the serum itself and not to its antitoxin.

Phosphaturia was very frequent. Albumin was present in 32 of the 70 cases, in which a systematic daily search was made for it. Usually appeared on the 4th day, but sometimes as late as the 17th day. It lasted several days. Twenty of these albuminuria cases were those with seven toxemia. Seven cases without albuminuria were rare, so also were slight cases with albuminuria. Less cases will have albumin if the serum treatment is used extensively. The albumin frequently disappeared from the urine the day following the serum injection. Acetone was found in 20 out of 30 cases in which it was systematically looked for. In many it was abundant. There may be acetonuria for as long as 16 days, or it may be present only once. Like albuminuria, acetonuria has a tendency to diminish or disappear very soon after the injection of the antidiphtheria serum.

Great importance is attached to the examination of the urinary sediment. The presence of morphological elements in it is the distinguishing characteristic of the urine of those suffering from diphtheria. In the 70 cases studied, only 8 failed to show these elements. They were present in 32 out of 38 cases in which there was no trace of albumin from first to last, as well as in all the 32 cases in which albumin was found. These elements were usually renal epithelium and leucocytes were frequent; rarely granular or hyaline casts could be found.

The leucocytes may appear in masses of varying size and number; they were granular and often without a nucleus. The renal cells are usually seen well preserved, but may be granular and swollen.

The author thinks that these findings are pathognomonic of diphtherial urines and are practically never found in other diseases. They last about a week, or even a month.

The author further adds that the kidneys are almost always injured in an attack of diphtheria, and that the degree of the renal change depends on the severity of the attack rather than on the stage which it has reached. The renal changes are very strictly proportional to the severity of the intoxication. The changes fall mainly on the renal parenchyma, where the epithelial cells are swollen and granular, and the nuclei stain badly. Sometimes there is a leucocytic infiltration of the parenchyma, not usually of a very severe nature.

Hæmorrhages are very rare. In very mild cases (fatal through some accident, such as laryngo-stenosis) changes may be confined to the epithelium of the convoluted tubles. In more severe cases the change involves also, first, the ascending limbs of Henle's loop, and in the most severe cases the glomeruli also may be involved. The collecting tubules almost always remain unaltered. The diphtheria toxin has a special predilection for the renal epithelium, and leaves the renal vessels almost immune.

These microscopical observations on the kidney agree with the results previously described which the author arrived at by examining the urinary sediment, Probably it is mainly by the epithelium of the convoluted tubules that the toxin is excreted. The author suggests, since the toxin is excreted by the epthelium of the tubules, probably the glomerular changes noted in some severe cases are not caused directly by the diphtheria toxin, but by some non-dithptherial micro-organism circulating in the blood.

SPINA BIFIDA. — Secord finds that there are no absolute contra-indications to the operative treatment of spina bifida. The worse the case the more marked becomes the futility of other than operative measures, and the greater

the probability that the child will die if let alone. Paralysis, hydrocephalus, and marasmus, often spoken of as contra-indications, should not be so considered. Each has been, and may be improved.

As to method, in meningocele, opening of the sac, after dissecting up the skin by a pair of lateral incisions, suture of the neck, and removal of redundant tissue. In myelomeningocele and syringomyelocele, the same method combined with loosening of the nerve cords, and return of the same to the canal.

As the prognosis, meningoceles, with more extended experience, should yield practically uniformly favorable results. In cases of syringomyelocele and myelomeningocele, owing to oft-present nerve involvment, the results will not be so encouraging. Paralysis may be relieved.

As to technique, absolute asepsis, combined with as little handling of nerve tissue as is essential, will give the best results. Loss of cerebrospinal fluid in moderate amounts is not of importance. Operating on an inclined plane is not necessary, and the use of bony flaps is rarely, if ever, essential.—*Monthly Cyclopaedia of Practical Medicine,* Jan. 1905.

BIRTH FRACTURE OF THE SKULL.—Nicoll in the *Annals of Surgery,* December, 1904, surveys the literature, which appears to warrant the following conclusions:

The statement made by a number of authors to the effect that, in the majority of cases, depressed greenstick fracture of the skull in infants rectifies itself if left alone, lacks substantiation. It is certainly no more true of the traumatic (as opposed to the parturition) greenstick fracture of the skull than it would be if made of any other greenstick fracture in the body. In regard to the parturition cases it may be true of some, viz.: the slighter cases of indentation, which may spontaneously disappear within a day or two of birth. In the more marked cases the writer regards such a statement as misleading. In cases over a month old, after the deformity has become "set," its spontaneous obliteration must be regarded as problematical, and as being, at best, both slow and partial.

In the case of greenstick depressed fracture of the skull in infants and children which have not, when recent and soft, been remedied by Munro Kerr's method, operation is justifiable even if only for the correction of deformity. The excision of a nævus of the face or a small keloid scar from the neck is an everyday surgical procedure. The deformity of a cranial depression is quite as unsightly as either, and is the cause of much more anxiety to the parents, who attribute any little real or imaginary eccentricity of the child to his "queer head," while the operation for its correction is no more serious than is the removal of the nævus or the keloid. The twenty-three cases on which the author operated recovered without a death, many of them as hospital out-patients.

Of the two methods available, elevation and inversion, the latter is decidedly the better, alike in the freedom from risk and the perfection of the result obtained.

APPENDICULAR PAIN IN THE PNUEMONIA OF CHILDREN.—Cavatorti, *Archives of Pediatrics,* May, 1905, reports the case of a girl aged 10 years, who was seized with all the symptoms of appendicitis, and in two days later developed pneumonia. During the pneumonia the pain did not disappear entirely, and some of it remained even after the pneumonic process had resolved. Praudi thought that the ab-

dominal symptoms were due to ordinary intestinal disturbances, which are so common in children. Cavatorti, however, considers the intestinal pain in this case to be due to the specific germ of pneumonia, the bacillus of Fraenkel. In other words, there was an appendicitis due to the same germs that produced the inflammation of the lungs. There were two distinct diseases caused by the same micro-organisms.

PRESCRIPTION FOR KILLING THE BABY WITH PNEUMONIA.—W. P. Northrup of New York, than whom we have few more careful students, says that the following is a sure method: Crib in far corner of room with canopy over it. Steam kettle; gas stove (leaky tubing); room at 80 degrees F. Many gas jets burning. Friends in the room, also the pug dog. Chest tightly enveloped in waistcoat poultice. If child's temperature 105 degrees F. make a poultice, thick, hot and tight. Blanket the windows and shut the doors. If these do not do it, give coal tar antipyretics and wait.

REVIEW OF BOOKS.

THE PRACTICAL MEDICINE SERIES OF YEAR BOOKS, comprising ten volumes on the year's progress in Medicine and Surgery. Issued monthly, under the general editorial charge of G. P. Head, M.D. Vol. II. General Surgery, edited by John B. Murphy, M.D., Professor of Surgery Northwestern University Medical School. Series 1905. Pages, 545. Price, $1.50.

This series is published primarily for the general practitioner. The arrangement, however, in several volumes enables those interested in special subjects to buy only the parts they desire. A very careful reading of this little volume of 545 pages leaves nothing but commendation to report. It is surprising that so much that is valuable has been presented in so small a space. It is also pleasing to note that the distinguished editor, Dr. John B. Murphy of Chicago, is the editor in fact, and his frequent comments do much to add to the volume which reflects his surgical acumen in selecting the best from current literature.

The book is well indexed, which is somewhat unusual in works of this class.

The abstracting is brought sharply up to date, again an unusual feature in these year books.

To a busy man unaccustomed to research work, or to one denied access to the larger medical libraries and to those young practitioners who are unable to purchase a complete file of current surgical literature this year book of the progress of surgery may be unhesitatingly recommended. W. A. E.

DEPARTMENTAL

DEPARTMENT OF TUBERCULOSIS.

CONDUCTED BY F. M. POTTENGER, PH.M., M.D.

THE NATIONAL ASSOCIATION FOR THE STUDY AND PREVENTION OF TUBERCULOSIS.—The first annual meeting of this association was held in Washington, D. C., on the 18th and 19th of May. If one may be allowed to judge from the meeting, the National Association success is already assured. Such earnestness as was manifested here is rarely shown in connection with national organizations. Men and women gathered at this meeting from all sections of the United States. The leading specialists of the

country were there. California was represented by Dr. N. K. Foster, Secretary of the State Board of Health, and the writer. All regretted that Dr. Bridge, who had been honored by being made chairman of the Clinical and Climatological Section, could not be present.

The program consisted of three sections: Sociological, with Homer Folks of New York as chairman; Clinical and Climatological, Dr. Bridge as chairman, and Pathological, with Dr. M. P. Ravenel of Philadelphia as chairman.

These chairmen of these various sections are to be congratulated on the excellent papers which were prepared. The only criticism that could be offered was that owing to the fact that two sections were in session at the same time, it was impossible for one to hear all the papers. We shall await the publication of the transactions with great interest.

Owing to ill-health, it was feared that Dr. Trudeau would not be able to be present, but it was a source of great satisfaction to see him in the President's chair. Trudeau has not only been the pioneer in the study, cure and prevention of tuberculosis in the United States, but he has also been the heart and soul of the work. His appearance and every utterance during the meeting was welcomed. All felt that for a time, at least, they were near the master. The action of the board of directors in making the dinner given on Friday night a tribute to Dr. Trudeau met with universal approval, and it was a source of great disappointment that Dr. Trudeau was unable to be present, and especially because his absence was made necessary on account of the state of his health. It is to be hoped that he may still be spared for many years, to carry on his good work and to inspire others in this great field.

This meeting marked the last appearance of Dr. Osler before embarking for England. His presence on the platform was very welcome.

The Pathological Section was a rare treat. The introductory address was was given by Dr. Welch, whose subject was "Channels of Infection in Tuberculosis." This was one of the clearest presentations of this subject that could be given. The elements which make for infection, the sources whence infectious material may come, and the channels by which it gains entrance into the body were all carefully discussed in a very entertaining and instructive manner.

The principal papers in this section consisted of reports of the work which is being done in the Saranac Laboratory by Trudeau, Baldwin and their associates, and that of the Phipps Institute under Flick, Ravenal and those associated with them. A spirit of pride was manifested at the work done in these laboratories, and it was recognized that a debt of gratitude that can never be repaid is owed to these men who are devoting their lives to this work.

All Americans should be aware of the fact and proud of it, that the first successful immunication of animals against the tubercule bacillus was done by Trudeau at Saranac Lake.

In the Clinical Section a thorough discussion of the modern treatment of tuberculosis took place, and much attention was given to the institutional treatment of this disease. It is not only surprising but gratifying to see how the idea of state and municipal aid in the prevention of tuberculosis is gaining ground. Those institutions which have been the pioneers in demonstrating the curability of this disease were represented, and their reports were istened to with great enthusiasm. The work done by Bowditch at Rutland stands out as an example and stimulus to others. The State sanatorium is a success, and has come to stay until the ravages of tuberculosis are checked.

The papers by Folks, Devine and Baldwin in the Sociological Section were earnest, thoughtful presentations

of the sociological problems, and should be carefully read by the medical profession.

Dr. Bracken of St. Paul read a valuable paper on "Infection in Transportation." Several great transportation companies manifested sufficient interest to send representatives to the meeting. A committee was appointed to endeavor to devise some means of cleansing cars in a satisfactory manner. Dr. Vaughn is a member of this committee and it is expected that something practical will be done.

The meeting was a grand success, and while our National Association is one of the youngest of the national organizations, it certainly has sprung at once into power and influence.

This organization not only needs but merits a strong support. The dues are $5 a year, which entitles one to the transactions and other publications of the association. It is to be hoped that California will do her duty and that she will give a hearty support to the national organization.

HARELIP AND CLEFT PALATE.

G. V. I. Brown, Milwaukee, (*Journal A. M. A.*, March 18), after a classification and description of the varieties of these defects, condemns the radical operation in the young infant on account of the high death rate, the danger of meningitis, the unsatisfactory cosmetic results at that age, the risk of too great approximation of the turbinates, occluding the nasal passage and producing mouth breathing, etc. If conditions are favorable he would use adjusted strips to prevent the action of the lower jaw from forcing the maxillary bones apart and to cause an opposite effect when the child laughs or cries. Of course the child should be mouth fed; the sucking habit should be overcome. The proper age is after the full eruption of the deciduous teeth and before the speech habit has been fully acquired. He would then use a screw appliance, which is illustrated, to approximate the bones, and would also use proper treatment for the diseased oral surfaces. In young patients this will probably be sufficient, in older patients some crushing operation may be required. It is most desirable to bring the anterior portions into direct contact so as to allow freshening, not only of the soft borders, but the bony tissues as well, thus securing complete circulation to nourish the flaps when the final muco-periosteal operation is performed. He emphasizes the importance of having needles selected with curves suiting each part of the operation. The fuller details of the technic of his method are left for a future article. The importance of after-treatment is especially dwelt on, and he particularly mentions singing as one of the best practical aids to speech improvement. The patients are often neurotic and the complicating neuroses must be considered in the treatment. With his method he thinks the restoration of the palate in its nearly perfect form can be obtained. The difficulties of oral asepsis are noticed, and he says his post operative sheet anchor for the mechanical cleansing of the part is dioxogen, which, with a 2½ per cent. of carbolic acid solution, should be used alternatively each hour during the day and at least four times at night. For this he uses a hospital syringe and injects with force enough to dislodge little particles of debris, but not enough to do injury. Wiping with cotton wool applicators is required also three or four times a day, and nebulizing some of the oil preparations are used as supplementary after the washings throughout the course of treatment. The article is elaborately illustrated.

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EDITORIAL.

ADOLESCENCE.*

This subject appeals strongly to every physician and sociologist. The author develops his treatise on the theory that adolescence is a new birth. The voice changes, vascular instability, blushing and flushing are increased. Sex asserts its mastery and works havoc in the form of secret vice and sends many thousand youth a year to quacks because neither parents, teachers, preachers nor physicians know how to deal with its problems. Never has youth been exposed to such dangers of both perversion and arrest as in our own land today. No country is so precociously old for its years as America. If our population had been unreplenished from abroad for the last century we should today be not merely stationary, like France, but retrogressive. He wisely sounds a warning as to the kindergarten, saying: "In education our very kindergartens, which outnumber those of any other land, tend to exterminate the naivete that is the glory of childhood. We coquet with children's likes and dislikes and do not teach duty or the spirit of obedience. Churches, charities, missions abound, but our slums are putrefying sores whose denizens are lower in the moral and intellectual scale than any known race of savages. The author believes that as a race Americans are growing and says that the Yale men of today average nearly an inch taller than those of twenty years ago, also that they are heavier and more muscular.

In the chapter on growth in height and weight it is stated that the pedigree of the horse is now pretty well traced

*HALL.—ADOLESCENCE: Its Psychology and Its Relation to Physiology, Anthropology, Sociology, Sex, Crime, Religion and Education. By G. Stanley Hall, Ph.D., LL.D., President of, and Professor of Psychology and Pedagogy in, Clark University. Two volumes. Octavo; 1373 pages, gilt edges. D. Appleton & Co., New York. Cloth, boxed, $7.50 net.

from the polydactylous hippos, the size of a rabbit. The period from ten to fifteen is charactertized by the most rapid increase in height and weight and is also that in which the fewest deaths occur. A note of warning is sounded anent the early habituation to the theater, the dance, and society, which leaves youth indifferent to more innocent pleasures. In speaking of the incorrigible he quotes Rylands to the effect that "enforced habits of regular industry are the panacea." "To flog wisely should not become a lost art. . . . In conquering ignorance we do not thereby conquer poverty or vice. . . . Youthful crime is an expression of educational failure. . . . Judicious and incisive scolding is a moral tonic, which is often greatly needed."

The chapter on "Sexual Development" is intensely interesting. He maintains that spontaneous emissions are as universal for unmarried youth as menstruation for woman.

The criticism we have on this great work is that it is too prolix and that the author's wonderful vocabulary often obscures the meaning. The following are a few of his favorite terms: Cloudscapes, claustrophobiac, knismogenic, ineluctable, algodenic, demiurgic, spatial, oikotropic, genetophobia, archeopsychisms, noetic, nephelopsychoses, dight, heroology, morosophs, soteriological, illation, gelogenic, solipsistic, burgeon, meristic, dotatious, stoichological, ephebo, phalocript, propaideutic, oikofugic, telluric-chthonic, circumnutates, agoraphobia.

This work will be of great value to every writer and speaker on sociological, medical, or pedigogical subjects who may be its fortunate possessor. For the general reader it should be rewritten in Addisonian English and condensed into one volume.

MEDICAL COLLEGE UNIVERSITY SOUTHERN CALIFORNIA.

The College of Medicine of the University of Southern California has closed its twentieth year most successfully. There are twenty-two young men and one young woman in the graduating class. There were the usual dinners, fraternity receptions and social events preceding the commencement exercises, the chief preliminary event being the dinner given by the Faculty to the Class. There were about one hundred and twenty-five guests and it was a most delightful affair. The chief speakers of this banquet were Prof. George Dock of the University of Michigan; Rev. Baker P. Lee, rector of Christ Church; Lucius Johnson Huff, on behalf of the class; Doctor W. W. Beckett, professor of gynecology, on behalf of the Alumni; Dr. William A. Edwards, professor of pediatrics, on behalf of the Faculty; Dr. George F. Bovard, president of the University; Dr. Walter Lindley, dean, and president of the evening, and Dr. Granville MacGowan, toastmaster, and professor of G. U. in the college. The music and menu were delightful.

On Tuesday evening, June 13th, the commencement exercises were held in the Simpson Auditorium, which was crowded. The following is a list of the graduates: Walter Alonzo Bayley, John Colville Brown, Leander William Burtt, Joseph Octave Chiapella, Frank Fenton

Clair, John Lebert Cooke, Charles Winfield Fordyce, Otto Christian Gaebe, Joseph Harvey Hall, Loren Duncan Hollingsworth, Lucius Johnson Huff, Charles William Lawton, Duncan Donald McArthur, James Henry McKellar, Joseph Elbert Pottenger, Charles Henry Carle Remondino, John Karl Suckow, Derk Anthonie Thieme, Harry Martyn Voorhees, Edna Myrtle Wellcome, Philip Leonard Wise, Clifford Harvey Wood, Albert Frank Zimmerman.

Dr. George F. Bovard, president of the University, conferred the degrees, and Prof. George Dock of the University of Michigan, delivered the oration, which appears in this number of the Southern California Practitioner.

It was announced that the following graduates had received hospital appointments:

Edna Myrtle Wellcome, Women and Children's Hospital, San Francisco.

Clifford Harry Wood, Southern Pacific Hospital, Sacramento.

Charles Winfield Fordyce, German Hospital, Boyle Heights, Los Angeles.

Frank Fenton Clair, Emergency and General Hospital, Los Angeles.

John Lebert Cooke, Albert Frank Zimmerman, Sisters' Hospital, Los Angeles.

Harry Martyn Voorhees, Charles William Lawton, California Hospital, Los Angeles.

Walter Alonzo Bayley, Joseph Harvey Hall, Duncan Donald McArthur, James Henry McKellar, Los Angeles County Hospital.

The college senior prize of one hundred dollars cash for the best general standard for the four years, was awarded to ——— ———— ———. The college sophomore prize for the best two years'standard was awarded to ——— ——— ———.

The alumni, students, faculty and all interested in the college were stirred with feelings of gratitude toward Dr. Walter Jarvis Barlow, professor of clinical medicine, who has during the year made provision for the annual presentation of the two cash prizes amounting to one hundred and fifty dollars per annum, and who has also thoroughly equipped, at his own expense, the medical clinic rooms in the outdoor department of the college, and who has just made arrangements to equip a room thoroughly with shelving, drawers, glassware and chemicals for a museum. This work is in the hands of a committee, who will co-operate with Dr. Barlow in fitting up this much-needed department of instruction. The committee in charge of the museum consists of: Prof. William A. Edwards, Prof. Stanley P. Black and Prof. Claire W. Murphy.

Greater than all of these gifts, it was announced that Prof. Barlow had purchased a piece of property on Buena Vista street, just opposite the college, upon which he proposed to erect a suitable building and present it to the college for a medical library. The library committee consists of: Prof. Barlow, Prof. George L. Cole and Prof. Stanley P. Black.

The great aim now of the Medical College is to secure an endowment and we have no doubt but this will be accomplished.

The additions during the year to the Faculty of Dr. William A. Edwards, formerly of the Faculty of the University of Pennsylvania, as professor of pediatrics; Dr. F. M. Pottenger, who is

a national authority on tuberculosis, as professor of Clinical Medicine; Dr. E. A. Bryant, the well-known railroad surgeon, as professor of Clinical Surgery, and Dr. Lyman B. Stookey, now at the University of Strassburg, as professor of Physiology and physiological Chemistry, together with the appointment of several additional instructors and clinical assistants, greatly strengthens the working power of this well-known institution.

MRS. EDDY ALIVE—THE COUNTRY SAFE.

To settle the question whether Mrs. Mary Baker G. Eddy was alive or dead, a reporter for the New York *Herald* went to Concord, N. H., and his experience makes an interesting story.

He established the fact that she is alive, and secured this statement for publication:

PLEASANT VIEW, Concord, N. H.,
Saturday.

Editor New York *Herald*, New York:

Dear Mr. Editor: A representative of the *Herald* called today to inform me of the rumor that I had deceased some three months ago. This is an oft-repeated falsehood. I granted him a moment's interview, hoping you would refute this rumor in the next edition of your paper. I am in my usual good health, drive out every day and attend to my regular business.

MARY BAKER G. EDDY.

The reporter's actual meeting with Mrs. Eddy is thus described:

"The electric bell at the oaken front door is answered with considerable promptitude by a white-clad, becapped maid, who smilingly makes the usual inquiries as to whom the visitor wishes to see, etc. I asked for Mr. Frye.

"'I do not know that even I can see him,' the maid replied, 'but I will see.' A letter explaining my reason for calling and addressed to Mrs. Eddy was given to the maid. She took it and started to close the door.

"'I would like an answer, please,' I said. The girl's face expressed doubt, and again she said: 'I do not know that I can see Mr. Frye.' She closed the door and left me to wait on the porch. In a few minutes the door opened and an elderly man, in clerical garb, bade me enter. I entered the vestibule and then the hallway. It was bright and cheerful, and withal homelike and comfortable in its oaken finishings.

"I was ushered into the costly but not extravagantly furnished parlor at the right. My host invited me to be seated, and, drawing up a chair, faced me. He did not say so, but I knew he wanted to know about my mission. No, I was not speaking with Mr. Frye. I asked his name, but it was not given to me.

"Then I explained the persistency of the rumor of the death of Mrs. Eddy, and the *Herald* had determined once and for all to either prove or disprove the truth of the report. We were discussing the matter when another man walked in upon us. It was Mr. Frye, a very pleasant-faced man, with hair slightly tinged with gray and with a short gray mustache. Delightful of manners, easy and graceful, Mr. Frye has a bright, smiling eye.

"He greeted me cheerfully and said that he had read my letter to Mrs.

Eddy, and that she would see me in her library for a few minutes. It was stipulated that there was to be no interview for publication, and I acquiesced. In a few minutes, possibly three, Mr. Frye said Mrs. Eddy was ready to see me, and I followed him up the front stairs, where at the left the library door stood open. I let Mr. Frye precede me to the door, and in a few seconds Mrs. Eddy came toward me and extended her hand in greeting.

"As Mrs. Eddy spoke, her face lighted sweetly, a motherly expression, and the brightness of the large, full eyes bespeaking the owner's mental activity. Her tall figure was exquisitely gowned in black silk of becoming and modish cut. Her welcome was cordial, but withal I could not but feel that the exigencies of my quest for facts had not been without their exactions in thus compelling Mrs. Eddy to stand before me to prove that she still lived. But her grace and charm softened the difficuty and hardship of that visit, and I left Pleasant View with a mind filled with peculiar thoughts.

"Mrs. Eddy still lives and apparently is enjoying the normal health of one of her years."

The preliminary investigations of the reporter were caused by a statement that reached the New York *Herald,* "from a source that could not be questioned as to reliability," that Mrs. Eddy died last fall. In Concord and Boston this report was circulated, and it was added that a "dummy" was put in the carriage and driven about the streets of Concord, and that the coachman had been seen "winding up" this dummy.

The reporter, however, saw persons in Concord who had seen Mrs. Eddy recently; found that bank checks had been signed by her and paid for expenses she had incurred, and, finally, he saw and talked with Mrs. Eddy herself.

JACQUES LOEB FERTILIZER.

In a bulletin sent out from his laboratory in the University of California on May 22, Prof. Loeb says:

"According to the method described in my two previous notes, the unfertilized eggs of the sea urchin were first submitted for two hours to hypertonic sea water and were then treated with acetic or formic acid in order to produce a membrane. Since in the process of fertilization by sperm the membrane is formed immediately after the spermatozoon enters, it seemed to me that in the case of a complete imitation of the fertilizing effects of the spermatazoon by chemical means the membrane formation should also constitute the first in the series of events.

"I had, however, met with the difficulty that when the membrane formation is caused first, and the eggs are submitted for two hours to the hypertonic sea water afterward, they will not as a rule develop into larvae. I have since found that this difficulty can be overcome and that the last postulate of a complete imitation of the process of fertilization by chemical means can also be satisfied—namely, that the order of events should be the same in both cases. It is only necessary to submit the eggs which already possess a membrane for a considerably shorter period than two

hours to the hypertonic sea water—between twenty-five and fifty minutes—according to the temperature and difference in the eggs of different females.

"My method of procedure is as follows:

"The eggs are first treated with one of the acids which cause the membrane formation. For this purpose a solution of a fatty acid—that is acetic, propionic, butyric or valerianic, etc.—are added to 50cc of sea water. The eggs remain in this solution from one-half to one and a half minutes, and are then put into a mixture of sea water and Na Cl solution for twenty to fifty minutes.

"If we proceed in this way the first segmentation of the eggs occurs (at a temperature of 19° C.) in about an hour and ten minutes after they are transferred from hypertonic into the normal sea water. The segmentation is in a certain percentage of the eggs perfectly normal from the beginning, and remains so throughout. The formation of micromeres occurs in these eggs just as in the fertilized eggs, and the rate of segmentation and development is also the same as in the fertilized eggs of the same female, and at the same temperature. The blastula cavity forms in these eggs as early and in the same way as in the fertilized eggs, and the blastulae begin to swim and rise to the surface as early as those developing from fertilized eggs. When the larvae which rise to the surface are collected and kept in a watch glass it is difficult to distinguish them from the larvae produced from the fertilized eggs. They develop into gastrulae and plutei at the same rate as the larvae that are produced from eggs fertilized by sperm."

THE OSLER DINNER.

One of the highest tributes ever paid to a medical man was paid to Dr. Osler, when five hundred representative physicians from all parts of the United States assembled at the Waldorf-Astoria on May the 2nd to do him honor. It was a memorable occasion and one which those of us who were fortunate enough to be present will long remember. It was a great tribute to a great man, that five hundred brother practitioners, many of whom were from distant cities, should leave their busy practices to attend this farewell dinner given to Dr. Osler on the eve of his departure for his new field of work.

Among those who were at the guest table were Welch, Weir, Mitchell, Janeway, Jacobs, Keene, Musser, Billings, Delfield, Trudeau, Tyson, Roosa and J. C. Wilson, while scores of men of high professional standing were seated at the other tables. James Tyson acted as toastmaster, F. J. Shepherd, J. C. Wilson and William H. Welch spoke feelingly of the work of Dr. Osler in Montreal, Philadelphia and Baltimore, while Dr. Jacobs spoke in a very happy vein of Osler as author and physician.

As a token of friendship and appreciation, in behalf of those present and the medical profession as a whole, the committee arranged to give Dr. Osler a rare copy of Cicero de Senectute. The volume was an early translation in this country and was printed by Benjamin Franklin. S. Weir Mitchell made the presentation speech in words which none but a master could choose.

While this was a great honor, it was

well deserved, for what man of our generation has made a more profound and lasting impression on American medical thought than he? What man has had the welfare of the rising generation of physicians at heart more than he? All who came in contact with him felt his magic touch and were stimulated to greater efforts. There seemed to be something about him which awakened a scientific spirit and love for research. Those who studied under him once were sure to return.

We hope that he may carry that same energy and magnetism to his new field and that the profession of England may learn to know, love and honor him as we do in this country.

F. M. P.

EDITORIAL NOTES.

Dr. A. M. Tuthill of Morenci, Arizona, has been visiting in Los Angeles.

Phoenix, Arizona, is to have a contagious hospital.

Dr. H. Bert Ellis of Los Angeles is traveling in Europe.

Dr. A. P. Macleish of Los Angeles is spending a few weeks in New York.

Dr. Robert W. Haynes has returned from an outing in the mountains.

Dr. J. E. Adams of Flagstaff, Arizona, who has been visiting in Los Angeles, has returned home.

Dr. A. F. Maisch of Globe, Arizona, has been spending a few weeks in Southern California.

Dr. P. J. Cornish of Albuquerque has been elected president of a New Mexico medical society.

Dr. and Mrs. Henry Gibbons of San Francisco have been taking a vacation at Santa Barbara.

Dr. G. E. Wilson of the State Hospital at Patton has recently been the guest of Trustee McGonigle in Ventura.

Dr. W. T. Strothers has located for the practice of his profession in North Pasadena.

Dr. W. G. Shadrach of Albuquerque, New Mexico, has been appointed oculist and aurist at that point for the Santa Fe Railroad.

Dr. Lee Symington of Santa Monica was married to Miss Grace Goodrich of Redlands on June 7th, at the residence of the bride's parents.

Dr. Marcia Gilmore, who has been making an extended tour of the world, has recently returned to her home in Pasadena.

The Fullerton Hospital Training School for Nurses held its graduating exercises June 2. Miss Rebecca Alberts is the very able superintendent.

Dr. H. E. Bogue, formerly of Tustin, California, succeeds Dr. George E. Bahrenberg as assistant surgeon of the Soldiers' Home at Santa Monica.

During the absence in the East of Dr. Ray Ferguson of Nogales, Ariz., Dr. A. C. Kingsley, formerly of Buffalo, N. Y., will have charge of his practice.

Dr. G. E. Bahrenburg, recently on the surgical staff of the Soldiers' Home at Santa Monica, has located in Sawtelle, and will devote himself to private professional work.

Dr. A. L. Kelsey and Dr. W. D. Dilworth have taken offices together to practice their specialties of eye, ear, nose and throat, in the H. W. Hellman building, Los Angeles.

Mr. Henry J. Bostwick, assistant superintendent of the Clifton Springs Sanitarium Company, Clifton Springs, New York, has been taking his vacation in Los Angeles.

Drs. B. F. Church and J. Y. Oldham of Los Angeles have become associated and have their offices in the Grant

Building, corner of Fourth and Broadway.

The graduating exercises of the Los Angeles County Hospital Training School for Nurses took place at Blanchard's Hall, Thursday evening, June 1st. Eleven young women received diplomas.

Dr. C. W. Blaney, of the medical staff of the Los Angeles County Hospital, who has been very low from infection due to a scratch at an autopsy, is now convalescing.

Dr. Edgar L. Colburn and Dr. Margaret N. Peebles, who have been professional partners for some years, became matrimonial partners on May 14th at the First Christian Church of Los Angeles.

Six nurses received diplomas at the graduating exercises of the Pacific Hospital Training School for Nurses on the evening of May 18th. Dr. J. Lee Hagadorn delivered an eloquent address.

The New Mexico Medical Society, of which Dr. G. H. Fitzgerald of Albuquerque is the secretary, will begin June 15th publishing a quarterly journal in the interests of the profession of New Mexico. We wish our neighbor every success.

Dr. L. D. Hockett of Whittier, California, died May 13th. The doctor was 51 years old, and had been living and practicing in Whittier, California, for several years. His funeral at the Methodist Episcopal Church was attended by a great concourse of people.

Ten nurses received diplomas at the graduating exercises of the Training School of the Pasadena Hospital on May 19th. Rev. A. W. Lamport of the First Methodist Episcopal Church and Dr. Henry Sherry and Mrs. Robert J. Burdette participated in the proceedings.

"Professor" Robert Norfleet of Long Beach, Cal., was fined $250 for practicing medicine without a license. The judge in pronouncing sentence said that the method of a highwayman was philanthropic as compared with Norfleet's method of fleecing sick people.

Dr. and Mrs. D. H. Carns entertained the members of the Bernalillo medical board at dinner Tuesday evening. Present were: Dr. W. H. Wroth, Dr. P. G. Cornish, Dr. W. G. Hope, Dr. W. W. Spargo, Dr. J. W. Elder, Dr. George McLandress, Dr. Cutter, Dr. E. Osuna and Dr. M. K. Wylder.

"Professor" Joseph Fandrey, an alleged truss specialist in Los Angeles, was fined $250 for practicing medicine without a license. It was shown that he had sold six-dollar trusses for one hundred dollars, and dealt in other little philanthropic specialties for which he has been notorious.

Dr. G. W. Harrison of Albuquerque, president of the New Mexico Board of Health, recently attended a meeting of the Committee on "Education" of the American Medical Association, and the annual conference of the Confederation of Medical License Board; the former at Chicago and the latter at Indianapolis.

Gray—the anatomy we all studied—will be out in a new and revised edition in a few weeks. As of yore, it will be published by Lea Brothers & Co. under the editorship of J. Chalmers Dacosta. There will be many improvements and additions. Gray has always been graphically illustrated, but this edition will have 400 additional plates.

It is stated that in order to secure a location for the National Fraternal Sanitarium for consumptives in Las Vegas, New Mexico, the Santa Fe railroad gave the Fraternities one million dollars and ten thousand acres of land. We understand they are offering the railroad company quite a bonus to take back the land.

Dr. Solon Briggs of Pasadena, who graduated from the Albany Medical

College in '69 and from the Medical College of the University of Michigan in '75, is president of the Los Angeles County Mutual Building and Loan Association. He recently gave a dinner to the directors at a leading hotel in Pasadena.

Dr. Henricus Wallace Westlake died at his home, No. 817 Burlington avenue, Los Angeles, on May 12th. He was born in Canada, forty-eight years ago. He was a graduate of McGill and Toronto. He located in Los Angeles seventeen years ago, and by diligence and intelligence in his professional work and judicious investments he had become quite wealthy.

Dr. Albert Soiland, instructor in Electro-Therapeutics and Radiology in the College of Medicine of the University of Southern California, starts on a scientific trip abroad May 20th. He will be gone four months, and will devote this time to work in Finsen's laboratory, Copenhagen, and to special work in his chosen field in Vienna, Berlin and Paris. Dr. P. H. Sunde of Chicago will have charge of Dr. Soiland's business during his absence.

The California Homeopathic Medical Society met at Santa Barbara, concluding its work on May 12th. Dr. H. M. Bishop of Los Angeles read a paper emphasizing the superiority of variolinum to vaccination in curtailing, stamping out and preventing smallpox. He was gently sat upon by his brethren. The papers generally were interesting, and the concluding banquet was a sumptuous affair, at which Dr. W. J. Hawkes of Los Angeles acted as toastmaster, and our own Dr. E. C. Buell gave them a vocal solo. The next meeting will be in San José. The following officers were elected: Thomas G. McConkey, M.D., of San Francisco, president; H. L. Stambach, M.D., of Santa Barbara, first vice-president; Maria B. Averill, M.D., of San Diego, second vice-president; Guy E. Manning, M.D., of San Francisco, re-elected secretary; Charles Lewis Tisdale, M.D., of Alameda, re-elected treasurer.

The San Bernardino County Medical Society held its regular meeting on Tuesday, May 9th, in the city of San Bernardino; Dr. Scott, the vice-president, in the chair. The secretary, Dr. J. M. Hurley, presented a paper on "The Mosquito as a Carrier of Malaria." Dr. H. W. Mills presented a case of prostatectomy on which he had operated. Drs. C. E. Ide, J. A. Shreck, Wesley Thompson and others discussed the papers. Dr. C. C. Browning presented his resignation as president, as he was leaving San Bernardino County to associate himself with Dr. F. M. Pottenger in Monrovia, Los Angeles county. The resignation of Dr. Browning was accepted and a vote of thanks tendered him for his able administration. Dr. Hoell Tyler of Redlands was unanimously elected president. There being no further business the meeting adjourned.

Dr. M. A. Schutz, a graduate of the College of Medicine of the University of Southern California, who has lived in Long Beach for several years, has undertaken in that city the founding of a new race. The doctor has bought a tract of land near Long Beach and erected a house there where he and his wife are taking in children of whom they will form a colony. He has now a Korean and another waif, an American child two years old, and his own little son and daughter. All the worldly possessions of the doctor, who is a man of considerable wealth, will go to the joint estate of the colonists, his blood children sharing in the same proportion as the others. No law but the law of love will be used to govern the children. They will be given a sound schooling, and also taught trades and occupations. Only babies being fresh and untainted

from nature's hand are eligible for training for this perfect race.

To accomplish this great scheme of human evolution, it is Dr. Schutz's intention to rear under his own personal care, babies of the several nationalities and to permit them to intermarry.

"Marriage shall not be forced upon any one of them," the doctor explained. "Selections will be made through pure affection. This will be entirely possible, for all money consideration will be eliminated from this colony I am about to establish, as well as abnormal animalism, the two things that have kept the race back in its higher development under the present system. Abnormal animalism is directly due to the stimulating foods men take into their system, especially in form of flesh. Our children shall be raised as vegetarians.

"What has made Americans the foremost race upon the earth?" asked the doctor. "Why, it is intermarrying. It is a scientific fact that certain crossing in breeds, both in animals and plants, is the means of developing higher types. No, God in dividing humanity into different races did so with a divine purpose. He did not mean that one should be chosen above the other. The feeling of race prejudice is not inherent, but the result of our modern system. Take a negro and a white child and they will play together just as happily as two children of one family. Let them grow up without having this feeling of equality and brotherhood disturbed and if their affections attract them to marry, there should be no law or custom against it."

In spite of all this some people call Dr. Schutz a crank.

CRYOSCOPY AND SKIAGRAPHY.

The Los Angeles County Medical Association held a regular meeting in the Blanchard Building, Friday evening, May 19th, 1905, at 8 p.m.

The minutes of the previous meeting were read and approved

The first regular paper was read by Dr. Charles D. Lockwood and was entitled, "The Diagnosis of Surgical Lesions of the Kidney."

The second regular paper was read by Dr. T. Perceval Gerson, and was entitled, "A Case of Cystic Degeneration of the Chorionic Villi."

Discussion—

First Paper.—Dr. Lobingier: I think that the conservatism with which cryoscopy and some of the newer methods of diagnosis have been received has been justified. These methods have not yet proved themselves. I have not found skiagraphy as definite and reliable a diagnostic measure as I had hoped. It is a valuable aid, however, but its use must not lead us away from the older clinical methods which are yet our main dependence. In my experience the Cathelin segregator has proved the most satisfactory although I have found the Harris instrument to do good work especially in women. I have never favored the catheterization of the ureters except as a last resort. I am satisfied that much damage may be done by this method. With all our means of diagnosis, there are yet some surgical conditions of the kidney that are very difficult to diagnose.

Dr. Witherbee: It is certainly very important to ascertain the condition of the secretions from both kidneys before operating. I am satisfied that much damage is done to innocent kidneys by neglecting this point. I feel that an exploratory operation is sometimes advisable. I operated upon a case not long ago, which had been under observation for some time, in which the symptoms all pointed to stone and in which I expected to fine stone. No stone was found and the only thing done to the kidney was to anchor it. This was followed, to my surprise, by a complete disappearance of the symptoms.

Dr. Day: Von Jaksch thinks that the microscopic examination of the epithelium from the sedimented urine is of practically no value in determining the location of the lesion. Cryoscopy is much trouble and rather difficult to do even if the results were reliable. I think it is generally conceded that the use of the Luys segregator is more satisfactory than the catheterization of the ureters.

Dr. Lockwood: I think it will very rarely occur that a diagnosis cannot be made if all the measures mentioned tonight are carried out. In the event of the diagnosis being uncertain, then probably an exploratory operation is justifiable. In my own experience the findings of the miscroscope have proven very valuable, especially when the examinations extend over a long period of time.

Second Paper.—Dr. Ferbert: I have seen two cases. One was only discovered upon the operating table. I think that dilatation and curettment is the proper treatment for these cases.

Dr. Hastreiter: This condition was first described by Velpeau in 1827. If diagnosis of mole is made, the best line of procedure is to clean out the uterus at once. It is better to use the finger than the curette as the mole has at times a tendency to thin the uterine wall to such an extent that the use of an instrument would be dangerous.

Dr. Lockwood: I have seen two of these cases. I was struck by the appearance of anemia and the edema in both.

Dr. P. R. McArthur: I saw a case several years ago in which the mole was expelled at about the third month. It is best not to use the curette on account of the danger of perforation. All cases of vesicular mode should be watched for subsequent malignant trouble.

Dr. Davis: I saw one case followed by a decidua malignum.

Dr. Gerson: The term decidua malignum is a misnomer. The proper term is chorion carcinoma.

Adjourned.

LOS ANGELES COUNTY SOCIETY.

A regular meeting of the Los Angeles County Medical Association was held in the Blanchard building, Friday, May 5th, 1905, at 8 p.m. Minutes of the two previous meetings were read and approved.

The first regular paper was read by Dr. Dudley Fulton, and was entitled, "The Clinical Course of Arteriosclerosis and Chronic Vascular Hyper-tension."

The second regular paper was read by Dr. Ross Moore, and was entitled, "A General Medical Library for Los Angeles."

DISCUSSION—FIRST PAPER.

Dr. Collins: There are four elements that go to determine and make up blood pressure—the impulse from the heart, the volume of blood, the peripheral resistance and the elasticity of the vessels.

The blood pressure is much less affected by arteriosclerosis in the large vessels than in the small ones. The disease in the splanchnic vessels raises the pressure most of all. General arteriosclerosis is accompanied by rise of blood pressure.

In our investigations in the laboratory at the medical college we have observed that the administration of nitroglycerine is usually followed by a slight increase in the pulse rate. In one case it was followed by a rise of pressure, then by a fall.

Dr. Wernigk: As to treatment, I am much in favor of repeated blood letting. The iodides sometimes act favorably, also do salines and proper diet.

Dr. E. Wing: We used to consider that arteriosclerosis, calcification of the arteries and high-blood pressure were almost synonymous terms. In the light of our present knowledge this seems almost ridiculous. The calcification of the accessible arteries is of almost no value in diagnosis, and it may be misleading. The use of a blood-pressure apparatus may show when many men should stop the use of tobacco. Of the toxic causes of this disease I should include auto-intoxication. Evidently nitroglycerine is not of much value in the treatment of these conditions. I am disposed to think aconite will prove of value.

PRESCOTT, ARIZ., May 9, 1905.

Editor Southern California Practitioner, Los Angeles, Cal.—Dear Doctor: I take the liberty of addressing you on a matter of business. I am very pleasantly and healthfully located in the pines of West Prescott. I have several suites of rooms I purpose offering to healthseekers who desire to try the air

and conditions of Prescott. The diet I offer consists largely of fresh eggs, raw, or cooked; milk, cream, gruels and cream, broths, fresh fruits, etc., in addition to three well-cooked meals a day. My references are Dr. Sawyer, Dr. McNally, Corgin & Bask, and W. H. Timeshoff, druggists, and D. Levy & Co., merchants; J. L. Gardner, merchant.

If you will call attention of anyone desiring to come here to these accommodations, I shall feel greatly obliged.

Respectfully yours,

MRS. MARY T. CHANEY,

115 N. Willow St., Prescott, Ariz.

BOOK REVIEWS.

LEA'S SERIES OF MEDICAL EPITOMES. Edited by Victor C. Pedersen, M.D.

ARNEILL'S EPITOME OF CLINICAL DIAGNOSIS AND URANALYSIS. A Manual for Students and Practitioners. By James R. Arneill, A.B., M.D., Professor of Medicine and Clinical Medicine in the University of Colorado, Physician to the County Hospital and to St. Joseph's Hospital, Denver. In one 12mo volume of 244 pages, with 79 engravings and a colored plate. Cloth, $1.00 net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1905.

This useful series will comprise twenty-two volumes, of which this is the seventeenth.

A REFERENCE HAND-BOOK FOR NURSES. By Amanda K. Beck, graduate of the Illinois Training School for Nurses. Philadelphia and London. W. B. Saunders & Co., 1905. Bound in flexible morocco; $1.25 net.

Very useful to the student, nurse and to the graduate nurse.

DIETETICS FOR NURSES. By Julius Friedenwald, M.D., Clinical Professor of Diseases of the Stomach in the College of Physicians and Surgeons, Baltimore, and John Rurah, M.D., Clinical Professor of Diseases of Children in the College of Physicians and Surgeons. Baltimore, Philadelphia and London. W. B. Saunders & Co., 1905. Price, $1.50 net.

This volume of 363 pages should be in the hands of every graduate nurse, and it would have a most beneficent effect if placed in every household. It would assist the physician materially. Many physicians are remiss in not thoughtfully considering the books on hygiene, physiology and diatetics to recommend to the families in which they practice. This work on dietetics is one that should be heartily commended to the laity.

MATERNITAS. A Book Concerning the Care of the Prospective Mother and Her Child. By Charles E. Paddock, M.D., Professor of Obstetrics, Chicago Post-Graduate Medical School; Assistant Clinical Professor of Obstetrics, Rush Medical College. Chicago: Cloyd J. Head & Co., 40 Dearborn Street. Price, $1.25.

The aim of this work is to aid the prospective mother during her pregnancy, and to guide her in those trying days and weeks after the baby has come and the trained nurse has been dismissed. It is a safe guide, and will be to the mother a real comfort and true friend.

A HAND-BOOK OF NURSING. Revised Edition for Hospital and General Use. Published under the direction of the Connecticut Training School for Nurses connected with the General Hospital Society, New Haven, Connecticut. Philadelphia and London, 1905.

This is a technical text-book for the pupil nurse. On the first page the author says: "Avoid perfumes, ornaments and ribbons. It is better to be neat than picturesque. There is nothing more offensive than a bad breath, which so often accompanies neglected teeth, disordered digestion or catarrhal affections." The work is practical and reliable throughout.

HEALTH AND DISEASE IN RELATION TO MARRIAGE AND THE MARRIED STATE. A manual contributed to by Privatdozent Dr. Med. G. Abelsdorff, Privatdozent Dr. Med. L. Blumreich, Privatdozent Dr. Phil. R. Eberstadt, Geh. Med.-Rat Prof. Dr. T. Eulen-

burg, Geh. Med.-Rat Prof. Dr. P. Furbringer, Hofrat Prof. Dr. Med. M. Gruber, Dr. Med. W. Havelburg, Geh. Med.-Rat Prof. Dr. A. Hoffa, Prof. Dr. Med. et phil. R. Kossmann, Geh. Med.-Rat Prof. Dr. F. Kraus, Dr. Med. R. Ledermann, Met.-Rat Dr. A. Leppmann, Geh. Med.-Rat Prof. Dr. E. V. Leyden, Prof. Dr. Med. E. Mendel, Dr. Med. A. Moll, Geh. Med.-Rat Prof. Dr. A. Neisser, Geh. Med.-Rat Prof. Dr. J. Orth, Dr. Med. S. Placzek, Prof. Dr. Med. et phil, C. Posner, Privatdozent Dr. Med. P. F. Richter, Prof. Dr. Med. H. Rosin, Dr. Med. W. Wolff. Edited by Geh. Medizinairat Prof. Dr. H. Senator and Dr. Med. S. Kaminer. The only authorized translation from the German into the English language, by J. Dulberg, M. D., of Manchester England. Volume 11. Rebman Company, 10 West 23rd Street, New York; Rebman Limited, 129 Shaftesbury Avenue, W. C., London.

The first volume of this work under the editorship of the great Senator was reviewed by the Southern California Practitioner for September, 1904, and we are glad to have now before us the companion volume.

Professor Neisser of Breslau says: The object and purpose of marriage:

(1.) The legitimate gratification of the sexual desire.

(2.) The procreation of offspring.

(3.) An increase of reciprocal happiness by a close companionship and sharing of all joys and sorrows.

In speaking of gonorrheal diseases in relation to marriage he makes the following strange statement, which does not hold good in the United States: "It is certain that those belonging to the better and richer circles (merchants, officers, students, etc.) are attacked in proportionately far greater numbers than those belonging to the lower strata (workmen, soldiers, etc.) Workmen, soldiers, and so on, can more easily find non-prostitute girls of their own class willing to enter into amorous relations with them which result in sexual intercourse, and they are therefore less exposed to the danger of infection than those who have recourse almost exclusively to prostitutes who lend their charms for gain."

Somewhat inconsistently he says on the next page: "Now, with regard to the poorer and lower classes, it is noteworthy that many girls belonging to them undoubtedly enter the married state in an infected condition, acquired previous to marriage." About 40 to 50 per cent. of all barren marriages owe their sterility to gonorrhoic diseases. About 30 per cent. of all cases of primary stirility of women is due to gonorrhoic infection.

As a prophylaxis Neisser believes the man and woman proposing to marry should each present a health certificate from an expert showing an entire absence of any venereal disease. He also urges the general inculcation of knowledge of the dangers of gonorrhea. This is a great work, by the most distinguished European specialists, and deserves a place in every well-equipped library.

THERAPEUTICAL HINTS.

AMOUNT OF INFANT'S FOOD.—The way in which Frenchmen figure out the ration for an infant is shown in a thesis by Jouve, noted in the *Journal de Medicine et de Chirurgie.* He believes the amount should be proportioned to the weight, not the age of the child, and concludes that till the age of seven months is reached a child needs every day a ration which shall yield him 75 to 80 calories per kilogram of his weight. This seems simple, but when he further suggests that this may be obtained by mixing 55 grammes of cow's milk with 55 grammes of 6 per cent. sugar of milk solution, we are halted. This seems to imply that equal parts of milk and water with added

sugar of milk makes a suitable food for all young infants. This blunder is by no means corrected by the statement that 65 grammes may be demanded and that different races demand different coefficients. But it serves to indicate how far behind Frenchmen are in the study of infant feeding.—*Annals of Gynecology and Pediatry.*

ERGOAPIOL—(Smith) may be implicitly relied upon to promptly relieve amenorrhea, dysmenorrhea, menorrhagia, metrorrhagia, or, in fact, any disturbance of the menstrul function arising from a disordered condition of the organs of regeneration. It is an emmenagogue of incomparable excellence.

CHILDREN'S HOSPITAL.—The Children's Hospital, corner Alpine and Castelar streets, has recently been remodeled and enlarged and is now ready to receive patients. The institution is non-sectarian and for charity purposes. The children receive the best of attention and are under the care of graduate nurses day and night. Any physician in good standing may take his patient there and retain the case whether entirely charity or whether they pay a nominal charge. Physicians are cordially invited to inspect the institution.

OBSTETRICS. By J. Harold Lail, M.D., Ingalls, Ind.—The most important cases that I find necessary for the use of Glyco-Thymoline in are confinement cases where there is a tendency to septicemia, using well diluted with the ordinary fountain syringe. I generally direct the nurse to use one ounce of Glyco-Thymoline in one quart of water, injected well up to uterus each night and morning, and I am always gratified to see inflammatory conditions pass away. In case there is any foreign substance left in the uterus, I always inject the agent direct into uterus with uterine douche.

No more healthful, stimulating and generally beneficial application can be made to a diseased mucous membrane than Kennedy's Pinus Canadensis.

OLD URIC ACID.

Since one Doctor Haig has started a raid
Against our old friend, uric acid,
The laity's fears have lengthened by years
Their faces that once were as placid.

He interdicts meat, some things that are sweet;
Says drugs must be purely antacid;
That starches are best to put under the vest,
If one would escape uric acid.

Hence, medicine-makers are working like shakers,
In cellars, and storerooms, and attics,
To supply the demand, as we understand,
Of searchers for anti-rheumatics.

The fact still remains, whatever one's pains,
There is really no reason to doubt it,
That a man at his best, in action or rest,
Can never be wholly without it.

San Diego. F.

ASEPTIC SURGERY.—Except under the most favorable hospital surroundings, aseptic surgery is dependent upon the employment of proper antiseptic precautions. Since the introduction of antisepsis innumerable agents have been used by the profession—many only temporarily, a few with lasting satisfaction. Comparatively few antiseptic agents can be conservatively described as a *reliable, non-poisonous, non-irritating and germicidal.*

Campho-Phenique has stood the test for over thirty years and is now in greater favor with exacting surgeons than ever before. Campho-Phenique not only destroys bacteria, but renders sterile the soil in which they would otherwise develop, and combats bacterial toxins while promoting the healing process by stimulating granulations—not by cauterizing them.

All the advantages of Campho-Phenique have been carried into Campho-Phenique powder, so that when a dry dressing is desired this powder can be used in preference to the liquir form of this superior antiseptic.

THE IDYLLWILD BUNGALOW.

THE IDYLLWILD SCHOOL OF FORESTRY.

THIRD ANNUAL SESSION,

Under the Patronage of Hon. Gifford Pinchot, Forester, Washington, D. C., and President Benjamin Ide Wheeler, University of California

WEDNESDAY, JULY 12 TO WEDNESDAY, AUGUST 2 (inclusive), 1905.

The new profession of forestry is one in which all should have an intelligent interest. The protection of our forests and the conservation of our water supply is a matter that has a direct effect upon the health of the people of Southern California, Arizona and New Mexico.

The third annual session of the Idyllwild School of Forestry will begin in Idyllwild, San Jacinto Mountains, on July 12th and last for three weeks. This school is under the patronage of Hon. Gifford Pinchot, Chief Forester of the Bureau of Forestry, and President Benjamin Ide Wheeler of the California State University. The lectures will be illustrated by electric stereopticon views and by study trips through the surrounding forests. The lectures will be by Mr. Avery T. Searle, A.B., M.F., a forest assistant in the Bureau of Forestry in the United States Department of Agriculture. Mr. Searle is a graduate of the School of Forestry of Yale College, and has devoted his time to Forestry in the Hawaiian Islands and Southern California. Mr. T. P. Lukens, who is an agent of the Bureau of Forestry, and who has a national reputation in his forestry work; Professor A. V. Stubenrauch, of the College of Agriculture of the University of California, and whose work in establishing the horticultural sub-stations is well known. Professor Stubenrauch's lectures will be devoted especially to acacias, eucalyptus and other kinds of Australian and New Zealand trees and shrubs which seem promising for California conditions. Prof. Stubenrauch will deal with the characteristics of the trees and shrubs and their economic value in California. He also hopes to have a lecture on the "Influence of Forests on Climate." His lectures will be given July 12, 14, 18. Miss Belle Sumner Angier will deliver a lecture on the flora of the San Jacinto Mountains. This lecture will be given on July 20. The lectures will be as follows.

7:30 p.m., Wednesday,	July	12th—	Prof. A. V. Stubenrauch.
7:30 p.m., Thursday	"	13th—	Mr. T. P. Lukens—"Water Conservation." The importance of forests for the conservation of water. (Illustrated with electric stereopticon.)
7:30 p.m., Friday,	July	14th—	Prof. A. V. Stubenrauch.
7:30 p.m., Saturday,	"	15th—	Reception, music and dancing.
11:00 a.m., Sunday,	"	16th—	Religious services.
7:30 p.m., Sunday,	"	16th—	Concert.
7:30 p.m., Monday,	"	17th—	"Forest Botany," by Mr. A. T. Searle. The simple cell. The structure of the growing and of the mature stem. Methods of transportation and nutrition; methods of reproduction, and the structure of a seed. (Illustrated by electric stereopticon.)

7:30 p.m.,	Tuesday,	July 18th—	Prof. A. V. Stubenrauch.
7:30 p.m.,	Wednesday,	" 19th—	Mr. T. P. Lukens—"Forest Protection." The elements of destruction and means for prevention and cure. (Illustrated by electric stereopticon.)
7:30 p.m.,	Thursday,	July 20th—	"The Flora of the San Jacinto Mountains," by Miss Belle Sumner Angier.
7:30 p.m.,	Friday,	July 21st—	Mr. A. V. Searle—"Silviculture." The silvicultural methods for natural and artificial regeneration as practiced in Europe.
7:30 p.m.,	Saturday,	July 22nd—	Reception, music and dancing.
11:00 a.m.,	Sunday,	" 23rd—	Religious services.
7:30 p.m.,	Sunday,	" 23rd—	Concert.
7:30 p.m.,	Monday,	" 24th—	Mr. T. P. Lukens—"Reforestation." The species best suited to the work of reforestation, and the methods of working for its accomplishment. (Illustrated with electric stereopticon.)
7:30 p.m.,	Wednesday,	July 26th—	"Forest Botany." Continuation of the subject of Monday, the 17th. (Illustrated by electric stereopticon.)
7:30 p.m.,	Thursday,	July 27th—	Mr. A. T. Searle—"Measurement of Forests." The methods computing the volume of single trees, of standing forests, and valuation surveys.
7:30 p.m.,	Friday,	July 28th—	Mr. A. T. Searle—"Management of Forests." The management of forests in Europe, regulation yield and working plans.
7:30 p.m.,	Saturday,	July 29th—	Reception, music and dancing.
11:30 a.m.,	Sunday,	" 30th—	Religious services.
7:30 p.m.,	Sunday,	" 30th—	Concert.
7:30 p.m.,	Monday	" 31st—	Mr. A. V. Searle—"Forest Law." The Federal laws directly affecting the forests.
7:30 p.m.,	Wednesday,	Aug. 2nd—	Mr. T. P. Lukens—"Forests of the Pacific Coast." The general forestry of the Pacific Coast and the identification of species. (Illustrated with electric stereopticon.)

The days will be devoted to field work and to excursions through the surrounding forests.

The Idyllwild Mountain Resort Company has in the heart of the San Jacinto Mountains five thousand two hundred and fifty acres of forest and meadow traversed by mountain streams. Surrounding this Idyllwild property the government owns seven hundred thousand acres, making a grand and extensive natural park. This is an ideal location for a School of Forestry.

Recently the government has purchased all of the Southern Pacific sections of the San Jacinto Forest Reserve and taken all of these lands off of the market. The Board of Supervisors of Riverside county have adopted an ordinance prohibiting the killing of deer for three years, while the State law prohibits the killing of tree squirrels. These wise provisions are strictly enforced by forest rangers. Permits for carrying guns in the forest reserve can be secured of the forest ranger at Idyllwild, and the coyotes, wildcats and foxes will furnish sport for those who are inclined that way.

RATES AT THE IDYLLWILD BUNGALOW.

Rooms and Board—

Reduced rates where two or more persons occupy the same room

Tent with meals at the Idyllwild Bungalow—

$ 2.50 per day,

$15.00 per week.

Where two or more persons occupy the same tent the rates are—

$ 2.00 per day, or

$12.50 per week each.

Furnished Tents for Housekeeping—

$4.00 per week for 1 person.

$6.00 per week for 2 persons.

$7.00 per week for 3 persons.

$8.00 per week for 4 persons.

Above prices include one tent (size to depend upon number to occupy same), board floors with rugs or matting, table, chairs, washstand, lamp, double or single bed and bedding, towels, stove and complete cooking outfit. Fuel is sold and awnings and hammocks rented at reasonable rates.

Furnished Cottages for Housekeeping—

$25.00 to $50.00 per month.

Camping ground for 50 cents per week will be furnished persons desiring to bring their own tents, providing they conform to the rules of the Idyllwild management in regard to sanitation and neatness.

In making reservations for accommodations at The Idyllwild Bungalow, please state number in party, number of beds required, number of tents wanted, and whether you wish to board or do your own housekeeping. Also give exact date of your arrival, allowing three or four days, if possible, for your letter to reach us.

The Santa Fe Railroad sells an excursion round-trip ticket between Los Angeles and Hemet on Tuesdays, Thursdays and Saturdays for $5.00. The trains on these days make close connection with the stage at Hemet.

The round-trip stage fare between Hemet and Idyllwild, $3.00.

Trunks, round trip between Hemet and Idyllwild, $1.50.

Hand baggage, telescopes, etc., from 25 cents to $1, according to size and weight.

Trains leave Los Angeles—La Grande station—at 7:30 a.m., Tuesday, Thursday and Saturday, making close connection with the stage at Hemet.

Tents and Cottages for rent for housekeeping all year round.

Idyllwild Bungalow opens June 15, closes September 30.

For Literature address:

R. A. LOWE,
Idyllwild, Cal.

WOODS HUTCHINSON, A.M., M.D.

SOUTHERN CALIFORNIA PRACTITIONER.

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THE ORIGINS OF MEDICINE.*

BY WOODS HUTCHINSON, A.M., M.D., PORTLAND, OREGON.

The study of origins is always interesting, but often not particularly flattering to our pride. Proud humanity has always hated to acknowledge its descent from the mud fish. Just as a too nice inspection of the pedigrees of our most illustrious colonial dames reveals that their revolutionary ancestors were drummer boys or hostlers in Washington's army, so the following back of the pedigree of even our most impressive and illustrious institutions is apt to land us in the very humblest of antecedents. But there is nothing whatever to be ashamed of in these as long as they were doing their best in their time and place, and the chastening reflection will occur that our own descendants will probably be ashamed of us as we are of our humblest ancestors.

These considerations are peculiarly apropos with the study of the origins of that noble and illustrious science of which the nurse and the physician are alike devotees. This, though tracing us back to such an antiquity as is wrapped up in the deepest mystery, like the ancestry of the very elusive Jacques De la Pulche—shows three distinct roots or stems. The first of these is for medicine proper as distinguished from surgery, whose earliest prototype is clearly enough that grotesque but picturesque individual known to this day among our own local aborigines as "The Medicine Man," "The Shaman," "The Voudoo." But we have not to bear the shame of our descent alone, for another even more proud and illustrious profession—the clergy—are equally descended from the same amusing individual; in fact, science and religion are descended from one common ancestor, which is probably the reason they hate each other at times so cordially. The practice and therapeutics of this remarkable individual had at least the merit of being perfectly simple. They were based upon his pathology, which consisted in the belief that diseases were due to the possession by evil spirits, a remnant of which belief nearly persisted as late as the days of Jesus of Nazareth, when epileptics and the in-

*Address delivered at the seventh annual commencement of the Training School for Nurses of the California Hospital, Los Angeles, June 7, 1905.

sane were described and treated as possessed with devils. . . .

Naturally the simplest thing was to make it so uncomfortable for the spirit that he would promptly quit the premises. This is the explanation of the beating of drums and incantations and sounding of trumpets which were the chief reliance of the primitive Medicine Man, and what has persisted to a later day: the administration of bitter, nauseous and otherwise abominable messes to the patient. You think that has all died out in the twentieth century, but did you ever hear of cannon being fired to raise the body of one who had been drowned? This is purely and simply to scare away the water spirit, or Nixie, who has pulled the drowned man under, to make him release his hold; although we have invented a pseudo-scientific, modern explanation on the ground that the jar of the explosion loosens the body from beneath the snag. Of the bitter and nauseous medicine superstition we have, alas! abundant survivals, as most of us past forty years of age can testify from painful personal experience. Almost anything that tastes nasty is supposed to be good for medicine. Household medicine, of course, is in that stage as yet, and the horehound and boneset and camomile and other abominable teas, whose sole virtue consist in their bitter and abominable taste, are clear survivals of demonism, as anyone who has ever tasted them will cheerfully testify. Their real curative value consists in the large quantities of hot water with which they have to be washed down, and the profuse perspiration which this induces. But the original plan on which they were selected were precisely that described by one of Frank Stockton's never-to-be-forgotten heroines, who said she had tried almost every possible yarb and other remedy for the cure of her husband's favorite ailment, and had only found one which was a certain cure, and that one always worked. "No matter how bad he might be when he tuk it, within twenty minutes afterwards he did not know there was anything the matter with him, 'ceptin' a bitter taste in his mouth." And, while I would not dare say so in public, yet to so highly and scientifically trained an audience as this I don't mind confessing, privately, as it is coming to be an open secret in the profession, that most of our so-called bitter tonics, like quassia, gentian, strichnia and quinine (elsewhere than in malaria) have their sole virtue just about where the good lady's yarb tea had; namely, in their bitter taste. If anyone can tell me of any other I shall be greatly obliged to him. They are supposed to give one an appetite, but I frankly believe that that is only by making anything else that comes afterwards taste good by contrast.

There is another survival of the magical in medicine which is to me of considerable interest, and that is the curious sign which you see placed at the head of a prescription. We have now mutilated it and rationalized it into a capital R with a stroke across its last flourish, and we glibly inform the neophyte in medicine, as also in nursing, that it stands for the Latin "recipe," which is being interpreted—"Take"—of the following ingredients so and so much. This, however, is pure invention, and if any of you will take the trouble to look up a German or English prescription blank, or even an American one of more than thirty years ago, you will find that this character bears no real resemblance to any letter whatever, but is a purely arbitrary sign; and if you will turn to your astronomies you will find that it is simply the zodiacal sign of the God Jupiter, the patron deity of physicians, whose blessing is invoked thereby upon the following prescription. And God knows that some of the prescriptions I have seen need this divine assistance badly enough. In fact,

our whole edifice of even modern medicine is riddled through and through with traces of its origin from pure magic, and nothing but a reasonable regard for your patience prevents me from giving a dozen other illustrations. However, fortunately, we long ago turned over the magical spirit to the other branch of our common ancestry, the clergy, and are now, in name at least, upon a rational basis. I think I hear my surgical brethren of the audience chuckling to themselves. "Oh, yes. That is quite true of the medical man pure and simple; he is a hoo-doo, of course; we always knew it, but we have sprung full armed, like Minerva, from the head of Jove, and we are purely modern, a strictly rational product."

Who do you suppose was the original ancestor of that proud corrector of the mistakes of Providence, the modern surgeon? No more and no less an illustrious individual than the common barber and corncutter. In fact his name, which comes from the French Chirurgeon (meaning 'hand-worker") is not only of the same derivation but of common ancestry with chiropodist. For a long time he was regarded as an inferior caste in the profession itself, and to this day in England the surgeon proper is not allowed to call himself "doctor," but is confined to the plain title "Mr." In the complicated code of British society the doctor is regarded as a gentleman, while the surgeon is not necessarily so. I dare say many of you will recall reading in any of the old biographies or plays that when any blood-letting or anything of that description is to be carried out the barber or the leech is called. But even from such a purely day-laborer origin as this surgery has not entirely escaped its priestly and magic origin. The ancient and abominable blood-letting which used to be practiced, with and without reason, on every possible occasion, is a pure survival of the idea that something must be done to render unattractive the further residence of the evil spirit in the body of the patient. The barber-bleeding and cupping were pure survivors of demonism, ghastly, degrading and utterly harmful superstitions, and it is simply absurd, if not positively hypocritical, to attempt to defend them on any rational grounds. They did harm, and little else but harm, and as many lives have probably been sacrificed upon their bloody altars as upon those of any other religion. The ancient Chirurgeon emphatically believed that without shedding of blood there is no remission, and the laity are sometimes unkind enough to say that he has not quite escaped from a slight influence of that belief even at the present day.

These two curious origins will go far to explain the singular terms of contempt or dislike with which the medical man is almost invariably referred to in dramatic and historic literature until within the last fifty years. Moliere, you will remember, pours the bitterest vials of his seathing sarcasm upon the medical charlatan, whom he evidently regards as the dominant type of the profession. Shakespeare seldom refers to the leech or the surgeon except in such terms as might be applied to a footman or groom. Indeed, in many instances, he evidently regards them as only impostors dealing in charms and spells, and practicing upon the credulity of the people. This attitude towards the profession in literature is one of the most painful and humiliating things to the educated physician of today, his only comfort being that the profession is not treated much better. One thing, however, has always been to the credit of surgery, and that is that its antiquity was emphatically that typified by the narrative of the good Irishman which has its capital in Sydney Smith's "that he had to be shown." He is [illegible] credulous as the [illegible] to stand for a stranger [illegible]

purely scientific spirit. I sometimes think that his rationalism, however admirable though it be, is carrying him today a trifle too far, and that he is using his scalpel to save his brains. In diseases, particularly of the abdomen, we are getting much into the habit of saying: "I will make no diagnosis, except that there is trouble in the northeast or southwest quadrant, as the case may be, and I will go in and find what it is." First taking a roving commission from the patient to abate any nuisances which he may discover in the course of his investigations. One of my medical friends who had been recently submitted to a serious gastro-intestinal operation informed me, in strict confidence, in which same spirit I hand it on to you, that in his mind surgeons were getting to be little better than intestinal plumbers, but I am sure his judgment was too harsh. However, I fear that if the present trend of affairs persists it will be quite possible after death for the expert neurologist to distinguish between the brain of the surgeon and that of the physician by simply turning to the cerebral center of the reasoning powers and noting the bump that is present in one case and the depression which exists in the other.

Finally, after the errors of barbarism and the ignorance of the ages have been slowly shed off, scale by scale, the third and highest source of origin of our illustrious joint profession emerges, and that is the department of trained nursing. Here it is just as true as in Burns' celebrated lines on The Garden of Eden, that

"When Nature first began to plan
  Green grew the rashes, oh!
Her prentice hand she tried on man,
  And then she made the lasses, oh!"

Time's noblest product is here, as usual, the last, and while your profession was not fully recognized as the peer of the other until comparatively recent years, it has an antiquity that goes back farther than any of them, and a nobility which throws them both in the shade. Just as soon as the light of maternal affection dawned in the kindling eye of the earliest bird or the most primitive animal as she gazed upon her triumph—the new-born young—there was born the spirit of the nursing profession. Long before there was a doctor there was a nurse, and to her is due more than to any other influence the survival of the human race, in spite of both the medicine man and the surgeon. Based upon the purest and most self-forgetful feelings, the longing of the mother to comfort her sick child, and the father to restore his wounded young. It is alike the highest, the purest, the sanest and freest from excesses and errors of every sort, of any of the branches of the great healing art. The nurse alone in the art of healing has culled no deadly poisons from dew-covered herbs by moonlight, has brandished no bloody scalpel, but has relied upon the gentle, soothing, rest-giving forces of nature, which in the long run are infinitely more powerful. It is no mere coincidence that the development of the trained nurse was absolutely contemporaneous with the advent of the rational, respect-for-nature spirit in medicine. No longer is nature to be dosed and carved and deprived of her natural demands in the way of water and coolings in the time of fever, but her indications are to be watched and, as far as possible, followed. In other words, Nature is to be trusted instead of hated and despised with a puritanic vigor. Rest, food, the open air, the sunlight, the sparkling water, internally and externally, are to be substituted for calomel, Jalap, aloes, and henbane. After centuries upon centuries of fighting nature under the impression that she is trying to land our beloved ones in their graves we have swung round to recognize that her tendency is towards recovery if we will only not interfere with her. Some-

one has put in the mouth of an applicant for licentiate's degree, in answer to what was the first duty of the physician, the words: "To find out what will harm the patient, and then not give it," and it is not an inapt description of the attitude of modern medicine. Instead of indiscriminate drugging, bathing; instead of bleeding, feeding; instead of piling on blankets and shutting the windows tight in fever, cool packs and throw wide the sash; in other words, we are endeavoring to intelligently work with and assist nature instead of fighting against her. Not that I would by any means decry the use of drugs and the resort to the knife. Far, far from it. One is indispensable, the other absolutely necessary. By the intelligent use of both the recovery can be hastened, pain diminished, injurious effects minified, and the recuperating powers of nature assisted and strengthened in every way. It is merely that instead of feeling when we are called into a case that we must instantly jump in and do something to save the patient's life, we quietly inquire into the natural history of the disease, what nature is doing to improve the condition, and limit the damage and then fall in with her suggestions as completely as possible. For fevers, packing, bathing, sponging and, wherever we possess them, the use of those supreme remedies of nature which she manufactures in the tissues of every patient in sufficient amounts if she can; the antitoxins, or healing serums. Nowhere is to be found a more brilliant illustration of the way we are now taking leaves out of nature's book and endeavoring to fight the battle with her own weapons than the use of these wonderful and most valuable weapons, the antitoxins. The medical profession, balanced upon two feet—namely, medicine and surgery—while it has done some yeoman service, still stood uncertainly. The third foot, Nursing, places it upon a tripod and makes its stand as firm as that of the [illegible].

So much for the past. Now, what development may we look for in the future? It goes without saying, of course, that our patient study into the causes of things is going to [illegible] enormously increased connections [illegible] in the realm of preventive medicine. It certainly is not too much to expect that while bacteriology may be restricted in the explanation of the [illegible] active power of our own tissues against infection and their products, the antitoxins, bacteriology will soon discover for us other bacterial organisms inimical to those of disease. This just as in the kindred realm of horticulture whenever bacterial pest is found search is made immediately for another bacterium or insect which will attack and destroy the first. Striking illustrations in point are the discovery of the little Japanese beetle, or ladybird, which destroys the larvae of the deadly San Jose scale, and in more recent years of the little black ant of Central America—the Kelp—whose favorite meal is the larvae of the cotton-ball weevil. May we not hope that bacteriology may one day find a bacterium or mould capable of destroying the tubercle bacillus in our tissues, or another protozoa capable of destroying the hematozoon of malaria. There are those who are sufficiently light-minded to demand of bacteriology excursions into other fields than those which she now occupies. For instance, one profane jester has declared that he thinks that it is the duty of our laboratory men to, if possible, discover a microbe with which the early morning train can be inoculated in such quantity as to make it so infectious that one cannot help catching it, for this is possibly a trifle beyond their powers. In the realm of surgery it seems not improbable that we shall continue to remedy the oversights of the Creator and make good his absent-mindedness by the prompt removal of a number of odds and ends—

bargain counter remnants, so to speak, which have been carelessly left in the modern human body long after they have survived their usefulness. It does not seem improbable that at some not distant day every child born of intelligent parents will be submitted to a sort of surgical housecleaning; say at about the age of seven or eight years. Have his tonsils trimmed out, his appendix removed, his gall bladder excised, and, in the case of a female, the entirely superflous fifth digit upon the foot amputated for the purpose of enabling the fashionable type of shoe to be worn without pain. The removal of the gall would certainly be a great improvement to many adult individuals of our acquaintance, and if at the same time something could be done to correct the excessive mobility of the lingual organ of the gentler sex the surgeon would lay the human race under a lasting debt of gratitude. Metchnikoff has gone even further than this, declaring that the whole large intestine is a survival of former herbivorous days, and is no longer of value to the human organism, and might be with benefit removed. On the other hand, the gastric juice is little more than the fermentation basin in the course of the alimentary canal. The same line of argument will equally apply to the teeth, which are mere grinders and tearers, now rendered almost entirely superfluous by the introduction of the steel roller, the carving knife, the hash machine, and last but not least, the breakfast food. Suppose we were to have all these three sets of superfluous organs removed, and thus be rid at one stroke of toothache, stomach ache and colic, what a heaven upon earth this old world would become. In the meantime, while waiting for these really radical and important reforms to be carried out, all we can do is to correct the few of the minor mistakes and inconsistencies that remain, and in these the nursing profession is both our most dreaded critic and our most valued assistant. There was a time when we doctors were monarchs of all we surveyed. The patient, of course, could not talk back, because we could tell him at once that he was not a judge of his own symptoms. The family could only judge of our competence to handle the case by the gross results, of whether the patient got better or died. The outside world either praised us for recoveries which we knew we had nothing to do with, or, on the other hand, denounced us for having lost cases which the Archangel Gabriel himself could not have prevented passing to the Kingdom Come, and we were so often equally unjustly praised or unjustly blamed—either we could raise the dead or we were not to be trusted to "doctor a cat," we came to have a fine disregard for popular opinion. But another influence has entered on the scene. Quiet, low-voiced, left-handed, light-footed, but with the other quality which invariably accompanies this rather feline group—an eye that nothing escapes. This person is the only one in the sickroom and its entire entourage that we are afraid of—the nurse. She does not say much, but her look can express volumes. When we have made a fool of ourselves in a case she knows it, and we know she knows it, although she never says a word. If she has confidence in us we have to do the very best we know how in order to continue to preserve her approval; if she has not, though she may never manifest this by either word or sign, we know it just the same. When it occurs we will strain our last bronchiole in order to retain her skilled approval. When the nurse says we have done well in a case we know we have, but when she maintains a polite reticence as to her views upon the manner in which it has been conducted we shudder to our very back bones. It has only one drawback, it places us under the dominion of the only master that we are

really afraid of. The only god that man never really worshiped, woman, It has long been an open secret under whose hopeless domination we unfortunate males are within the haven of our own homes, but we now find ourselves under that gentle and beneficent but relentless sway in our profession. We cannot even escape from it in our offices, for there our stenographer rules us to our own benefit with a rod of iron, and the nineteenth century closed and the twentieth century is dawning with a more devoted and hopeless subjugation of man than is dreamed of even upon woman suffrage platforms. Our only appeal to you is to use your power gently. Don't be too stern with us and we will do the best we can to come up to your level. In the meantime, there are a few suggestions for our own protection, and we sincerely believe, for your welfare, which we would hesitatingly and haltingly suggest. First of all, don't be too sure of your diagnosis. All human knowledge is imperfect, and if we were both to assume in our attitude to certain doubtful cases that represented in the case sheets of one of the great London Hospitals, it would be better for both ourselves and our patient. A recently appointed surgeon to the hospital found the case sheets of the patient sent into his ward marked, usually, with a rough preliminary diagnosis made by the interne in the receiving room. This, in most cases, would indicate whether the case were medical or surgical, abdominal or thoracic, etc. Most of them were easy to decipher, but he found not infrequently case sheets in which the blank space for diagnosis was filled in with the letters G. O. K. He puzzled considerably over this for some days, and did not like to ask what was the meaning of it, thinking it was some contraction for or initials of some well-known disease which he ought to be able to recognize, like the contractions in common use there of "T. D." for Tabes Dorsalis; "D. T." for Delirium Tremens; "G. P. I." for general paralysis of the insane, etc., but G. O. K. would not fit any known disease or combination, and finally he put his pride in his pocket and asked. "Oh!" said the interne, "that is a little way that has been in vogue at this hospital for a number of years. I don't know who started it, sir. Whenever we cannot make out for the life of us in the short time at our disposal what is the matter with a patient we simply write on the sheet G. O. K.—'God Only Knows'—and leave it to you, sir." Next, do not be too precise. Precision, of course, is the soul of discipline, and obedience, you have been told, is the chief virtue of a nurse. As a matter of fact it is not. Intelligence and good judgment are worth ten of it, and every doctor will thank you to do your own thinking and as much of his as he finds you ought to be trusted to, but this absolute Chinese, Russian drill sergeant idea of precision may easily be carried to extremes. I have known both nurses and patients to be seriously distressed because medicine which was to be given every three hours happened to be administered on one or two occasions four and a half or even five minutes after the hour. The solicitude for the remedy to be administered just at the precise stage of the moon or sun indictated upon the case sheet reminds me of a story which is told of the good lady traveling through Central New York, who no sooner had got fairly settled with all her wraps and bundles in the train than she beckoned to the conductor and begged him to be sure and let her know when they came to Poughkeepsie. "Oh, yes!" answered the conductor, "do not worry. I will let you know in plenty time." After an hour passed she again beckoned him and urged him not to forget to let her know when she got to Poughkeepsie. This

was repeated four or five times during the morning, much to the poor conductor's bewilderment, but, as such things sometimes go, when they got to Poughkeepsie there were important orders waiting which he had to leap from his train to secure, and got back barely in time to blow the whistle for its departure, and he forgot all about the old lady until the train had gone half a mile down the track beyond the town. He was so mortified when he recollected that he promptly rung the bell and backed up to the station again. Then he slipped through to the old lady to tell her that at last they had reached Poughkeepsie, and couldn't he help her off with her package. "Oh, thank you," said the old lady, "but I am not going to get off. The doctor told me to take a pill when I got to Poughkeepsie."

THE TRUE NURSE.*

BY JOHN RANDOLPH HAYNES, M.D., PH.D., LOS ANGELES.

Mr. President, Ladies and Gentlemen:

It is my very pleasant task to extend on behalf of the directors of the California Hospital and the faculty of its training school, greetings to you, its seventh graduating class, and to express good wishes for your future success and happiness. In their name I thank you for your untiring efforts during your undergraduate days, to save life, to bring back health to many weary sufferers, whose cares you have borne, whose pain you have assuaged and whose days of trial and tribulation you have in a hundred ways made more endurable through reason of your patient and gentle ministrations. I most heartily echo the sentiments of the eloquent gentleman who who has just spoken, that there is no nobler profession than yours.

When in the distant years it shall be your time to pay that great debt to nature common to every living being, may your mind be cheered by the knowledge that your life work has been one of unceasing benefit to mankind.

As I look upon the intelligent faces of this class I can hardly believe that any advice that I may offer you tonight will be necessary; but inasmuch as I am a physician and hence giving advice is a second habit, I must follow my natural bent. If you would attain the most in life let your ideals be high, even though you stumble as you look upward. Be ambitious, strive for the very best that is in you and the best that you see in others; although you may never reach the goal, you will gain in breadth of mind and skill and will be better for the striving. "Hitch your wagon to a star," and even though the fierce and mighty blasts of titanic storms overwhelm you, you will still have heard the glorious music of the spheres. But to descend to earth. Tonight you are passing from your hospital halls to the world's broad field of battle. Bear in mind that if your life's work is to be a success, if you are to develop the highest that is within you, if you wish to grow in knowledge and skill, if you wish the respect, love and admiration of those about you, you must have a devotion to duty comparable only to that sense of obligation that the heroic Japanese bear to the spirits of their countless dead and to their country, personified in their Mikado. The woman or man who enters into life's work without a keen sense of duty is like a ship without a rudder, tossing aimlessly about upon a stormy sea and accomplishing nothing and only menacing other crafts.

*Address delivered at the seventh annual commencement of the Training School for Nurses of the California Hospital, Los Angeles, June 7, 1905.

First and foremost is your duty to your patient, which is to save life, alleviate suffering, cheer the mind and restore to health as quickly as possible. Be honest and natural. Let your desire to do your whole duty to your patient, be he rich or poor, dark skinned or white, queen or scullery maid, saint or sinner, Christian or infidel, be so great that honest intention, single mindedness of purpose and genuineness be an indelible mark of your personality and actions. Remember that the placing of a record of temperature upon your record sheet when the temperature has not been taken or the giving of a dose of morphia at the urgent solicitation of a patient and without the doctor's knowledge and failing to record the same, and numerous other flagrant acts that I have known to occur, are not the most culpable. Not to do the very best you know how in every detail of your work is the rankest dishonesty of all.

To fail to boil your hypodermic point, to disinfect the skin and to carelessly neglect the hundred and one other minor precautions that you know so well to be of great importance is criminal.

Do not gossip. Do not mention the name of your last or any other patient. Do not mention the nature of the illness, even though you do not give names. In thirty-two years' experience the best, most popular and capable nurse I have known, who for many years nursed for me more than one-half the time, never, in her most confidential moments, informed me where she had been nor told me the nature of the case she had been attending nor the name of the physician in attendance. Upon one occasion to test her, I said, "Miss Blank, I have not seen you for two months, and I have needed you badly. Where have you been?" "With a very distressing case, Doctor," she answered. "What was the matter?" I asked. "A complication of troubles, Doctor." "Who was the physician?" "The patient had two or three, Doctor." "Was the case skillfully handled?" "The physicians undoubtedly thought so, Doctor." "What do you think?" I asked. "I have no opinion, Doctor," she replied. Let your communication be along the same lines. Two months ago I called to see a patient, who during a previous sickness had been attended by a California Hospital nurse. I said, "You need a nurse; I will telephone for Miss 'X' at once." "No," the patient replied, "do not send for Miss 'X', because she talks too much. She is capable and conscientious, but, Doctor, I know the history of every family in which she has nursed since she left the hospital, and I do not wish the skeletons taken from my closet to be dangled in my neighbors' houses."

Be cheerful but not frivolous. When your patient is very ill, speak but little. At all times let your voice and touch be gentle, but especially when life is hanging upon a thread, then let your voice upon your patient's ears as softly fall as "petals from blown roses on the grass or night dews on still waters between walls of shadowy granite in a gleaming pass," and your touch as gently fall "as tired eyelids upon tired eyes."

If you do not read well, cultivate that talent, for it is exceedingly important in a nurse. Read to your patients (and they generally allow you to select the literature) not the wretched trash of the day, but philosophize with the gentle author of Pendennis, roam with Sir Walter in the far east and in the wilds of the Hielands, wander with Romola in the Streets of Florence. Listen to the "Call of the Wild," the masterpiece of modern fiction, and revel in the beauties of Stephen Phillips—pick out from the current magazines the most cheerful of short stories and divert your patient's mind from the petty and sordid trivialities that occupy so much of life.

Be calm and hopeful, move quietly and always with a purpose, know what to do, and how to do it, and anticipate the wants of your patient. Wear rubber heels, and clothes that do not rustle.

Be tactful. Some one has said "tact is a quality not easily defined. It means literally 'touch' the touch of skill and experience. It has a wide significance. It includes the mental touch, something more complete than the other; not a touch merely, but a grasp—the grasp of the situation; the comprehension of a difficulty, the grasping of it on all sides so that it disappears in your hands."

Be loyal to your physician, and aid him in every deed, action and suggestion. Do not gossip about him with other doctors. Do not compare the relative merits of the different physicians that you know. If you believe the physician in attendance to be a demi-god, let his actions speak for him. If you believe him to be incapable and disreputable, it will be found out without your telling. I acknowledge that it sometimes occurs that the question of loyalty to patient and loyalty to physician conflict, then you must decide that your first duty is loyalty to your patient. Upon one occasion a physician drove up to a house, tied his horse, without gloves upon his hands, and came to the bedside of an obstetrical case. The nurse—a California Hospital graduate, by the way—had in readiness three basins with green soap and antiseptic solution. She said, "Doctor, here are the water and soap." "I will use those after I get through with the case," he replied. What would you do under such circumstances? This nurse said, "Stop, Doctor, you or I must cease in attendance upon this case, and the patient shall decide." The nurse then stated to the patient and to the patient's mother the danger arising to the patient from unwashed hands, and they decided the doctor must go. I believe the nurse was absolutely right. She could not stand by and see her sister ruthlessly slaughtered through false ideas of loyalty to the doctor. If in the conduct of a case the nurse becomes cognizant of gross and criminal mismanagement, then the nurse should go to the physician, enter her protest and retire from the case.

Again, if you know, or believe that you know, from some previous experience, the nature of the illness or the cause of certain symptoms in a given case, it is perfectly proper to state what you believe to the doctor, of course alone. For example—a patient in the California Hospital, two or three days after an operation, became covered with an eruption that resembled scarlet fever—there was some fever and redness of the throat. The physician was entirely at sea. The nurse, after the doctor had left the bedside, said to the doctor, "I believe that is an idoform eruption; I saw a large number of cases in blank hospital." The doctor had never met with a case. The diagnosis was correct. The iodoform dressing was removed and the eruption soon disappeared.

Be pure in mind, then lave your hands in muddy waters without contamination. Take care of your health. You cannot succeed as a nurse unless you are well. Insist, tactfully of course, upon your daily exercise in the open air. Insist, tactfully of course, that time should be allotted you for a fair amount of sleep. You know there are many cases where it is impossible for two nurses to be in attendance, and yet the patient is so ill that your proper amount of sleep is much abridged. Get a substitute occasionally. Go home and go to bed and stay there twenty-four hours if necessary, until you thoroughly recuperate, and then return to your post. After a very long, exhausting case, go home and go to bed and remain there for 24 or 48 hours. Then go to the seaside or to the country and rest until restored before accepting another case. Remember that the working time of the average

nurse's life is 8 years from the time she enters the training school. Were the advice followed that I have just given you, I believe many years would be added to your useful lives.

If you do not know how, learn to cook, and cook well. During your idle days and idle weeks learn as much as you can of the art of massage. I know it is entirely too exhausting for a nurse to give daily massage treatment to a patient and perform the other duties necessary, but occasionally there are cases that require little attention from the nurse but do need gentle massage, and if you have a fair knowledge of it such cases you can attend to, with benefit and profit to yourself and patient.

Be economical. For some reason or other the majority of nurses are extravagant, and it is but the very small minority who manage to lay up anything for a rainy day.

Form a book club and subscribe for magazines on nursing, and exchange them. One of the magazines that appeals to me most is "The Trained Nurse," published by the Lakeside Publishing Co., New York.

The Nurse's Journal of the Pacific Coast, a most excellent journal, is published in San Francisco.

Remember your education is not finished—it is only commencing—and remember that the first day on which you learn nothing new is the day when you should stop nursing. Take and wear a model a student of a well-known medical college in olden days when they graduated in medicine after two courses of five months each the second course being an exact repetition of the first. This student, after examination, came rushing into the lobby from the dean's office, and said to his fellow students, "Hurrah, boys, I've passed! 'Tis true, by the skin of my teeth, but I've passed." He went to the bulletin board—tacked up a sign "For sale—Gray's Anatomy, Marshall's Physiology and Biddle's Materia Medica," the only books he had. His education was finished; he had received his diploma.

Cultivate the aseptic habit and conscience. No more fondle a dog or cat than you would a floor mop or broom. Touch unclean things only when duty demands.

Now, young ladies, the time has come to say farewell. God speed you in your coming toil. A toil, I hope, that is dear to you, for yours is the task

"To lure into the air a face long sick,
To smooth the brow that from its dead looks up,
To shine on the unfortunate of this world;
With slow, sweet surgery restore the brain,
And to dispel shadows and shadowy fear."

THE HISTORY OF MEDICINE.*

PART THIRD.

BY J. P. WIDNEY, A.M., M.D., LOS ANGELES.

THE ARABIAN ERA.

And now, after four centuries of rest, rather we might say of stupor, the human mind was again preparing for a step in advance, but this time it was neither Greek nor Roman. A people unknown to fame, almost unknown to history, were to be the moving power in the next great wave of progress. In the southwest of Asia, bordering upon the

*Presidential address before the Los Angeles County Medical Association delivered Friday, February 1st, 1878.

Red Sea, lies a land around which for thousands of years the nations of the earth have been born, had lived, and warred, and had died; and the place of their habitation knew them no more, but the land was strewn with the fallen columns of their ruined palaces, and the crumbling walls of their great cities. Persia, Assyria, had ceased to be, and those more ancient peoples of the times so old that tradition only vaguely tells of their dim shadows. Yet it remained. The armies of Alexander, of Cambyses, marched by it, but the tramp of their cohorts and the rumble of their chariot wheels never came to break the solitude of its desert sands. The wandering caravan with its patient camels; the clump of waving palms by the spring of living waters; and the hush of the lone night, with the solemn stars looking down through all its silent watches;—Arabia, and the Hebrew! Ishmael and Jacob! Lo, God has kept His word. It was the Arabic mind, which like the century plant had lived on, and on, through all the years, with the bud of its blossoming dormant, that was next to awaken to life, to burst into bloom, and to bear fruit. Out of its ancient polytheism arose a cry, verily a *"Vox clamantis in deserto."* "There is but one God!" and to it the practical corollary, "and Mohammed is his Prophet." It was not the cry, but it was the fact that a race had reached the time for its regeneration, that aroused the land from the green valleys of Arabia Felix to the uttermost bounds of the desert. The cry was only the signal for the awakening. Within a century from the death of the Prophet, Mohammedism had swept from the banks of the Ganges to the far-off shores of the Atlantic, and had built up an empire that was no mean successor to Rome. Persia, Syria, Asia Minor, Arabia, Egypt, Northern Africa, and Spain were united under its sway, and for a period it seemed that the Crescent, and not the Cross, was destined to dominate the world. In the first years of propagandism and conquest, with the human race to subject, and the delights of paradise awaiting the faithful, no time could be spared for science. And indeed, ignorance and fanaticism give no desire. Quick upon the message of the Amrou to the Caliph Omar, "I have taken Alexandria, the great city of the West," came the order to destroy its library, and the precious manuscripts, the accumulation of centuries, fed for months the fires of the public baths. Soon, however, the Caliphs recognized their mistake; and from that time on, everything possible was done to foster learning. Two points especially became noted for their schools, Bagdad, the seat of the Caliphate, and Cordova in Spain. Literature, mathematics, astronomy and medicine again rallied around them the brightest minds of the age, and again the poet, the philosopher, the physician, became the honored guests and chosen companions of kings. The writings of the Greek philosophers and physicians were translated into Arabic. It would be interesting, did time permit, to recount somewhat of the discoveries and advancements in general science, and give a picture of the elegant, the refined civilization which sprang up in Granada, upon the banks of the Guadalquiver—a civilization of order, of gentle courtesy, of music, of laughter, and of song; and this too when the undrained forests of England and Germany and France were as yet scarcely more than the haunts of half-clad savages But time will not permit, and these pleasant topics must pass until some more convenient season.

At Bagdad, in the 8th century, a medical school was founded by the Caliphs, which speedily became the center of the science for the Eastern world. Libraries were accumulated, public hospitals and pharmacies established, an authorized dispensatory for the preparation and prescription of medicines published by

the government, and the most stringent laws passed to prevent the adulteration of drugs. The professors in the medical schools received regular salaries from the government. All candidates for license as physicians were required to appear before them for examination as to their qualifications; and so careful were the authorities of the welfare of their people, that no person was permitted to practice medicine unless he had been so examined and licensed. In this connection it is of interest to remark that we have just failed to enforce such a law in California, and that the most ignorant man in the land has, under the law, just as much right to take upon himself the responsibility of human life, as the accomplished physician, graduated after long and arduous study from the best of schools.

The Caliphs of Bagdad, in the eighth and ninth centuries, were more careful of the lives and health of their people. Among the writings of the school at Bagdad may be especially noted works upon smallpox, upon measles, and upon stone.

In Granada the most noted school was at Cordova, although flourishing schools also grew up at Seville, Toledo, Saragossa, and other places. The school at Cordova had, in the tenth century, a library of 224,000 volumes. Dissection of the human body being contrary to the precepts of the Mohammedan religion, they had to depend for their knowledge of anatomy upon the translated works of the Alexandria school. The departments in which they especially excelled were pharmacy and chemistry. To this Arabian era we owe the first knowledge of alcohol, the corrosive chloride, and the red oxide of mercury, nitric, and nitro-muriatic acids, camphor, jalap, arsenic, borax and iron. Among many writers may be mentioned Avicena upon medicine, Averrhoes upon medicine and philosophy, Albucasis upon surgery, and Ebn-Beithas upon materia-medica.

In the eleventh century came the irruption of the Mongol Turks, overrunning southwestern Asia, and ruining the Caliphate. The Turk of today is the true son of the Turk of the eleventh century, bigoted, fanatical, filled with contempt for learning, respecting only arms. A race of the sword, of the horse, of war. The Turk settled like a cloud upon the fair regions of Asia Minor, and schools of learning and light died out; and from that day to this the sleep of death has rested upon all that land. Knowledge struggled on for two or three centuries later in Granada, the western end of the old Mohammedan empire, but the gradual encroachments of the Spaniards, and finally the expulsion of the Moors by Ferdinand in the 15th century, broke up the schools; the libraries were destroyed, and the Arabian era in the science of medicine came to an end.

During the latter part of the Arabian era the leading physicians of the courts of Europe were Jews. This seems to have been the only time in the history of the Hebrew race when the science of medicine received, to any great degree, their attention. The peculiarity of their relation to other races no doubt accounts for this. They, alone, kept upon terms of free intercourse with all lands. This gave them access to the schools of the Mohammedans, where they acquired a knowledge of medicine, and then, in their journeyings, they had abundant opportunity to make this knowledge available, and pecuniarily profitable in the less enlightened courts of Europe.

Allow me for a moment to recall a remark made in the early portion of this address. It was this: That in ancient times the type of mind of the dominant race gave stamp and color to the world during the age of its ascendency. This rendered possible in science the great, well-marked eras which have been described—the Greek, the Alexandrian,

the Arabic. But with the growth of modern civilization no one race has gained such undue prominence. Different races have developed more nearly contemporaneously. As a consequence, modern science is more diversified in its development, and takes type or color from no special blood. The great eras ceased with the Arabian. From that time on various nationalties helped in the development of medical science. For a while it seemed that evil days were again about to settle down upon the human mind. But schools gradually grew up in France, in Italy, and later in England and Germany, and the science of medicine, taking no backward step, has gone on, culling from the wisdom and experience of the past, investigating diligently, unweariedly, for itself; impressing into its service all other branches of human knowledge which may be made to contribute to its work, and filled with a just hope that the future may reveal to its questioning much now unknown, and throw light upon points now involved in obscurity.

It may possibly be asked, Why so much stress is laid upon the history, the labors, of the past, when our work lies in the present and the future? The reasons are these: The history of the theories, of the labors of our predecessors, shows many a fruitless field which they have tested, and abandoned as profitless; we need not go over it again. Again, the tale of their patient toils, with only the feeble help of other sciences, yet in their infancy, may teach us patience in our work. Again, a better acquaintance with the labors of the great men of the past may teach us a just and proper humility in estimating our own work. We, too, shall often be tempted to exclaim: "Is there anything whereof it may be said: See, this is new! Lo! it hath been already, of old time, which was before us." And when we read of the great advancement really made, and of the inefficient means with which those old men too often had to labor, we, too, shall feel that, "There were giants in the earth in those days." One other thing we learn; that these men were not simply physicians. They were more. They were men of wide attainments in all departments of science and philosophy, leaders of the thought of their age. Apart from the duty of a physician, as a well-read man, to know the history of his profession, I believe that he who knows only the writings of his own age, and to whom the works of his predecessors are as sealed books, can never become so competent, nor so thorough a physician. And then, it is a matter of just and honorable pride to know that one's chosen profession *has* a past; to feel that a heritage of great deeds and noble names is ours by right. It makes better men of us; it is like having good blood in one's veins. Gentlemen, it is no light thing to know that we are the inheritors, in the direct line of descent, of thirty centuries of professional labors and professional honor.

RETROSPECT, RESPECT AND PROSPECT.*

BY LUCIUS JOHNSON HUFF, M.D., LOS ANGELES.

Mr. Toastmaster, Members of the Faculty, Ladies and Gentlemen:

When the president of the senior class notified me that I had been selected as the victim of the evening to represent them before this most august body I felt that this was about the limit. The strenuous life of the last month, the agony and suspense of the days following our last examination and pending

*Response to toast, "The Class of 1905," at a banquet given by the faculty of the Medical College of the University of Southern California to the graduating class.

the meeting of the faculty, the joyous relief which followed our good friend McKinnie's announcement and the cheerful fact that the worst is yet to come, made me sigh and almost yearn for Bullard, the Baldite, and his vapors, that put to sleep. Looking backward over the past four years that we have been under your guidance and instruction we recall many pleasant incidents, and a brief history may not come amiss. During our first year, by a process of molecular cleavage and hydrolysis, with sime peripheral resistance, we endeavored to make Dr. Colliver's life one long dream of bliss, and by the way he lost flesh that year I think we succeeded. But your time came when, like lambs being led to the slaughter, we sedately took our seats in the Hendryx laboratory and tried to bluff Stanley P. into the belief that each one of us had been cut out for a world-renowned pathologist, and all the time we were more intent on watching them break horses in the next lot than we were on looking in our microscopes. Then when we climbed the Golden Stairs and sat spellbound by the wonderful tales of Murph. and his famous "Now, don't you see?" is it to be wondered at that when one of the students told him the fallopian tubes went through the acqueductus fallopius, and another that the rectum was a foot and a half long, we believed him? With our second year came good old H_2 S O_4orme and his subject-matter, hygiene. I think he said the text-book that year was Rohe. This hour was noted for its quiet (?) and the dignified behavior of the students? Why, you could hear a pin drop—provided it was a coupling pin.

However, one morning word was passed around to go in and act decently. We quietly took our places and the lecture began. The good old doctor read for about ten minutes, and not a sound was heard. Suddenly he looked up from his notes and burst out with "My God, gentlemen, are you all sick?"

With this year also came our introduction to Billie Wills. The flower he always wore in his mouth was not intended as any bouquet for the class. Oh Fighting Billie, your teachings are like the library you usually carried around with you, rare old editions, but full of golden truths.

The next year we tackled Haggy, or rather he tackled us, and the rich, racy stories that came from the Chair of Medicine were largely responsible for our getting what every other class has got since Haggy came: "You are the rottenest bunch that ever came into the school." At the close of this year we tried to get the best of that dear soul, the most beloved member of the faculty, Aunt Elizabeth. We gave her the customary party upon the date set for her examination, but arranged to have it out of town, knowing the evening would be well nigh gone ere we had reached the place and the refreshments served. Everything went lovely, and the scheme worked to perfection, and she had only asked about two questions of each one when it was time to go back to the city. All the next day we shook hands with ourselves over the easy way we had passed children's diseases. But the next day the mumps hit that class when the notice was posted on the board that Dr. Follansbee would continue her examination at her office, and the chief conspirator got all that was coming to him in that exam., but the students never had a better friend that that good woman. Long may she live.

This year found us grinding in obstetrics under that masterly teacher and thorough gentleman, Dr. M. L. Moore. Who of us will ever forget his heart-rending tale of the young medical student at his first confinement case, who, after delivering the mother, sat by her bedside holding back the placenta, and upon the arrival of his preceptor, who had been hastily summoned, when asked

what the trouble was, with sweat pouring down his face said he had got the baby all right, but her damn liver was trying to come out.

This retrospect would be incomplete did I not refer to our professors of surgery, and I am sure we will all of us have at our tongue's end those three cardinal symptoms of fractures: Deformity, Preternatural Mobility and Crepitus, and in our surgical work we will be "Quick as lightning" and "You can't deny it."

Now, just a word of respect. For us at times the way has been rough and rugged. For you we doubt not that many, many times you have been sorely tried and vexed beyond measure with us, but the little clouds that have now and then gathered (as they always do) have drifted away, and tonight as we near the time when we must say farewell to our beloved Alma Mater we assure you we take with us pleasant memories only of our college days and feelings of esteem and love for you, our teachers, who have so patiently and kindly labored with us, and we, the Class of 1905, thank you for your confidence in us in granting us degrees, and our hope and belief is that you will never have cause to regret that confidence. As to our future, we aim high and beyond the Alps lies Italy.

DISEASES OF WOMEN AND CHILDREN.

WILLIAM A. EDWARDS, A.M., M.D., EDITOR.

EDITORIAL COMMENT.

THE FIGHT AGAINST CANCER OF THE UTERUS.—Early diagnosis is the sole hope that we have of waging a successful campaign against the encroachments of the subtle enemy. The various obstacles to early diagnosis and early operation are many, but they are not insurmountable. The first and most important is to impress all physicians with the necessity of an early, careful, painstaking examination of all doubtful or suspicious cases.

It has been shown that 14 per cent. of the physicians who attend patients during the early and curable days of the disease, fail to make any internal examination whatever. In other words, all chances for radical cure are lost through the culpable neglect of the medical attendant. The early recognition of uterine carcinoma by means of microscopic examinations is now or should be, imperatively demanded of us all. These may be specimens from curettage or a small piece of the suspected growth may be excised for study. Carcinoma often becomes inoperable while it is being observed in an effort to establish the diagnosis. The employment of the microscope should be a routine practice.

As Winter says, the public must be educated to the importance of early diagnosis. False modesty, fear, and the lack of either time or money must all be met by the medical profession with skill and tact, else dangerous delay will arise in establishing the diagnosis.

Radical operation should follow diagnosis immediately. In Winter's work 90 per cent. have been operated upon within two weeks after the first consultation. In order to be successful the case must be operable at the time diagnosis is made.

Women should be educated to know that their chance for life depends on early recognition of the disease and early radical operation. All medical men should feel it their bounden duty to so educate the public. We will then all be spared the shocking sight of a hopeless cancer victim slowly but surely going to her inevitable doom, a doom that modern surgery can prevent in over 67 per cent. and mitigate and

alleviate in all cases. Perhaps the symptom of carcinoma uteri that is least understood by the public is hemorrhage The woman recognizes that the amount of blood that is lost is increased and that the duration of her menses is longer than formerly, but she attaches no importance to the change.

Again, she may note intermenstrual losses of blood and she will then think perhaps that her menses are occurring several times a month, particularly should the loss of blood not be large enough to be considered a hemorrhage. The attendant without an accurate diagnosis, may resort to intra-uterine or vaginal packing and either diminish the flow or perhaps cause it to cease entirely for a time and thus lull all fear and lose all chances for early operation. In those cases in which the necrobiosis is at its highest intensity, the cauliflower variety of neoplasm, a long walk, fatigue or a rough vaginal examination is sufficient to lacerate the tissues and cause hemorrhage and its significance should be known by both the patient and her attendant.

The presence or absence of any of the classic symptoms should be utterly disregarded by the physician. The diagnosis is to be based alone on the objective examination, some cases of grave advancing carcinoma occur without symptoms that alarm the woman at all, pain is not any early or significant symptom and hemorrhage that is associated with the menopause is never physiologic.

As Olshausen aptly says the neoplasm should be treated at its debut, so that hysterectomy will be easy, rapid, require little handling and cause little loss of blood.

REVIEW OF LITERATURE.

TO PREVENT INCLUSION OF SPONGES IN THE ABDOMEN.—*Calmann, Muench, Med. Woch,* Dec. 13, 1904, suggests that each compress or sponge has a long tape fastened to it. The ends of these tapes are taken up and tied around the leg of the table nearest the instrument tray at the head. This resembles Rossels' plan.

INFECTION AFTER LAPAROTOMIES.—Petit, *Rev. de. Gynecol*, Tome VIII, No. 4, in fifteen cases of infection after laparotomies, of grave character, poured about thirty grammes of heated horse serum into the pelvis after the toilet of the peritoneum and the drainage of the vaginal and abdominal wounds was effected. Only one death occurred, the patients re-acting promptly to the serum, the pulse and respiration improving and a tranquil condition replacing the anxiety.

BONE TRANSFERENCE.—Huntington of San Francisco in the *Annals of Surgery*, February, 1905, reports a case in which a boy, aged seven years, had a deficiency of almost the entire diaphysis of the tibia as a result of acute infectious osteomyelitis. The fibula was sawn across the opposite lower end of the upper fragment of the disorganized tibia, and inserted into a cup-shaped depression therein, union taking place and becoming solid in six months. The other end of the fibula was three months later attached in like manner to the lower portion of the tibia, bony union occurring in this case also. A good recovery followed, with the result that the lad had a firm leg, three-quarters of an inch short, but strong, and only a slight limp.

HERNIA IN CHILDREN.—De Garmo formulates (*Medical Record*) the indications for operations thus: (1) Strangulation; (2) when not controlled by truss; (3) recurrent protrusion with threatening strangulation; (4) when truss is painful; (5) when regular attention is impossible; (6) all femoral

hernias in children over seven years. His prejudice against operation in very tender years is lessening, still ninety per cent. of hernias in subjects under three years may be cured mechanically. Strangulated hernia is less serious in children than in adults, and taken under an anesthetic usually effects reduction.

THYROIDISM AS A SEQUEL TO CURETTING.—Brooks H. Wells reports in the *Medical News* the case of a woman, aged fifty-three, in whom curetting was followed within six hours by flushing, tremulousness, nervousness, volubility, rise in pulse and temperature, enlargement of thyroid with perceptible thrill, throbbing of the heart and large arteries. The conditions increased in severity and death seemed imminent when on the twenty-fourth day improvement set in and a return to the *status quo ante* ensued.

OPERATION FOR CANCER OF THE BREAST.—J. Collins Warren, *Annals of Surgery*, December, 1904, recommends the following: An incision is made from the anterior and outer margin of the axilla running a little above its upper border and the line of insertion of the pectoralis major muscle around the lower border of the breast to a point on the boundary line of the inner and lower quadrant. A second incision is made, beginning at the middle of the anterior axillary fold, diverging from the first incision as it approaches the breast, and sweeping around the upper and inner margin of the organ, meets the first incision at its terminal point. This the doctor calls the preliminary racket-shaped incision. In case there is infection of the cervical region, an additional incision should be made from the middle of the upper half of incision number two along the posterior border of the sternocleidomastoid muscle, to expose the clavicle and the posterior cervical triangle. This incision, if necessary, is not to be made until a later stage of the operation. The second step of the operation is the dissection of the integuments freely on all sides, the axilla included, from the subjacent adipose tissue. Above this, superficial dissection should be carried up, so as to expose the clavicle. When the skin is reflected back on all sides, a cone with a broad base is exposed, the apex of which is the nipple, the pectoral muscle, and the surrounding adipose tissue. The removal of these structures *en masse* constitutes the third step of the operation.

PAINFUL STUMPS IN UTERINE OPERATIONS. — Sadovsky considers the pain to be due to inflammatory changes due to the method of suturing. He therefore clamps the stumps and dissects out the structures, catches each ovarian vessel in artery forceps and removes the clamps; all vessels are then ligated separately with small catgut ligatures. The pressure of thick ligatures in the abdomen is thus avoided, the stumps are smooth and will not adhere after they are closed over with peritoneum by a continuous fine catgut suture.

TREATMENT OF URETEROVAGINAL FISTULA.—Luigi Garrovi, *Gazz. Med. Ital.*, Feb. 25, 1904, describes Boari's method and reports a successful case of his own with it. Margarucci showed that the ureter depended on a small offshoot from the renal artery for its chief blood supply, which by its course and ramifications, renders the ureter independent of the supply from the spermatic and vesical arteries. Laparotomy is performed, the ureter cut down on, ligated below the wound, and severed above, gauze compressed in Douglas' pouch catching any extravasated urine. A spring button is then inserted in the free extremity of the upper portion of the ureter. A purse-

string suture encircles the point on the bladder where the implantation is to be practiced, and an incision is then made into the bladder sufficient to allow of the insertion of the button. The button is then fixed *in situ* by tightening the pursestring suture. The spring dilates the ureter and keeps it in contact with the bladder all round. The pericystic and periureteral tissues are then stitched together, and the joint is further strengthened by taking two small flaps from the muscular tissue of the bladder and carrying them up the sides of the ureter. This procedure also gives an oblique direction to the entrance of the uterer into the bladder, as in the normal condition. The button subsequently frees itself and is removed.

PALLIATIVE TREATMENT OF UTERINE CANCER BY LIGATION OF THE HYPOGASTRIC AND OVARIAN ARTERIES.—Kroenig, in the *Centralbt f. Gynaek,* recommends bilateral ligation of the hypogastric and ovarian arteries, in preference to curetting and cauterization, in case of uterine cancer. He ties the hypogastric with silk at its exit from the common iliac, and the ovarian where it enters the broad ligament. He also ligates the artery of the round ligament, so as to obviate the establishment of collateral circulation. Hemorrhage is usually promptly checked.

THE RADICAL CURE OF HERNIA IN CHILDREN.—Bull & Coley report (*Med. Rec.,* March 18, 1905) the results of 1500 operations for the radical cure of hernia in children, performed at the Hospital for Ruptured and Crippled, New York, between 1891 and 1904.

The mortality in this series of 1500 operations was only 4, or less than 3-10ths of 1 per cent.

It has been the authors' custom to treat all cases of hernia in children, with certain exceptions, for a period (usually one or two years) with a truss before advising operation. The exceptions are: (1) Strangulated hernia, or cases in which strangulation has occurred or reduction has been effected by taxis; (2) hernia with reducible hydrocele or fluid in the hernial sac; (3) irreducible hernia; (4) femoral hernia, which is practically incurable by truss treatment. Operation is rarely advised under four years of age, as the chances of cure by truss are much greater in these cases.

Methods of Operation.—Bassini's operation was generally performed in *inguinal* hernia, except that absorbable sutures were substituted for non-absorbable. In most cases, also, an extra suture was placed above the cord, to prevent any widening of the new internal ring upward. The technique is as follows: After the sac has been tied off well beyond the neck at a point where it has begun to widen out into the general peritoneal cavity, the deep layer of sutures is placed as follows: With a small tape the cord is held up, and first suture is placed so that it just touches the lower border of the cord when the latter is brought vertically to the plane of the abdomen; three to four more through the internal oblique and Poupart's ligament will suffice to close the canal to the symphysis pubis. Then the suture above the cord is inserted. The incision in the aponeurosis is then closed from above downwards by a small, continuous suture of kangaroo tendon, and the skin with catgut. No drainage is used, and the wound is dressed very carefully with sterilized gauze and cotton and spica bandage. A plaster spica is used in children under 14 years of age. The wound is dressed on the seventh day, and the patients are kept in bed two weeks, and allowed to go out in two and a half to three weeks, wearing a muslin spica bandage until four weeks have elapsed, after which no support is worn.

The pursestring method for *femoral* hernia, as employed in the authors' cases, is as follows: Thorough freeing of the sac well beyond the neck; high ligation of the sac and closure of the canal by means of a pursestring suture of chromicized kangaroo tendon. The suture is introduced through Poupart's ligament or the inner portion of the roof of the canal or crural arch, from where it passes downwards into the pectineal muscle, or floor of the canal, then outwards through the fascia lata overlying the femoral vein and upward through Poupart's ligament or roof of the canal, emerging about one-fourth of an inch from the point of introduction. On tying the suture, the floor of the canal is brought into apposition with the roof, and the femoral opening is completely obliterated. The superficial fascia may then be closed with catgut or fine tendon, and the skin either with catgut or silk. This method of closing the femoral canal is much simpler than Bassinni's, and, from the results obtained, the authors are inclined to give it the preference. They credit Cushing of Boston with the introduction of the pursestring in such cases, but their method of using it differs from his. They insist on the importance in all operations for femoral hernia of thoroughly freeing the canal from all extraperitoneal fat.

Among other subjects dealt with by the authors are hernia of the cæcum, the cæcum and the appendix, the appendix and sigmoid, hernia associated with undescended testis, direct hernia in children, interstitial hernia, strangulated hernia in children, tuberculous hernia or tuberculosis of the hernia sac, umbilical, ventral and epigastric herniæ.

The authors study the question of relapses closely, having had 6 relapses after 1311 Bassinnis, and 5 in 125 cases in which the cord was not transplanted. They are confirmed in the opinion that the majority of relapses after any operation for inguinal hernia occur during the first six months.

The question of suture material they consider most important. Since 1891 they have used an absorbable suture—kangaroo tendon—chromicized sufficiently to resist absorption for about four to six weeks. They emphatically re-assert their objection to non-absorbable sutures, insisting from experience that buried non-absorbable sutures frequently cause abscesses, with the formation of sluggish sinuses, that usually persist until the offending sutures have been removed by the surgeon or extruded by nature. More than thirty such cases have come under their observation. The sinus may not develop until three years after operation. Their experience emphatically confirms that of Sir William Macewen (*Lancet*, Aug. 6, 1904) that besides asepticity "a further requirement which the ligature should possess is that it will remain in the tissues for a time sufficient to effect its purpose, and will then be capable of rapid elimination. The same desiderata are for sutures."

THE PRESENT STATUS OF THE TREATMENT OF CONGENITAL DISLOCATION OF THE HIP.—The interest in the treatment of congenital dislocation of the hip, during the past two years, warrants a review of what has been done and a few words as to the present status of treatment, and Wisner R. Townsend in an editorial in the *Archives of Pediatrics* for June, 1905, brings our knowledge up to date.

Until Prof. Lorenz of Vienna came to this country, in the fall of 1902, no general interest had been shown by the large majority of practitioners or by the laity, although orthopedic surgeons had been studying the subject for many years. Buckminster Brown of Boston had faithfully tried recumbent traction. Braces or ambulatory traction had been tested, hips had been reduced by the manipulative procedures advocated by Bigelow,

Pacci and Lorenz. The operations of Hoffa, Lorenz and others have been fairly tested. The head of the femur had been nailed to the acetabulum to produce a stiff joint and the head of the femur had been excised, and in some cases the excised bone placed in the acetabular cavity, in others left free.

Although occasional cures by various methods had been reported, the percentage of failures was large and the dangers of some of the manipulative and operative procedures were so great as to deter any but the most experienced in continuing the work.

Lorenz demonstrated that in the hands of skillful operators more force could be used than any other operator had ever dared resort to, and thus some hips were reduced that surgeons had thought could not be reduced. He also showed the advantages of replacing the bone by leverage rather than by traction, and introduced new ideas as to the dressing to be applied after reduction, and the position in which the limb should be placed. No accurate record was kept of the number of operations done by him in this country by his socalled "bloodless method," but it exceeded one hundred. His work was not free from accident. Nor can anyone who will perform many reductions hope to escape from an occasional fracture of the femur in the shaft or in the neck, from an occasional case of paralysis of the leg muscles, or from the more serious complications of gangrene of the lower extremity, due to tearing the femoral artery or to pressure of the femoral head against the vessel. Two deaths have been reported in America from this complication. The head of the femur has also been forced through the acetabulum and into the perineum. Sepsis is a rare cause of death in the Lorenz method, but serious abscesses have occurred, as the result of bruising of the tissues by the manipulative procedures, and subsequent infection.

With greater experience the accidents are becoming less numerous and the number of cures increasing, and this is largely due to the interest taken by the profession and laity in the subject. The diagnosis is made earlier and the patient presented for treatment at an earlier and more favorable age than was formerly done, as most physicians, until recently, believed the condition incurable.

As no accurate record was kept of the patients operated upon, so no accurate deduction can be made upon the ultimate results of Lorenz's personal work. In a very large majority of the cases an anterior reposition resulted and but in a small percentage was there a true anatomical reposition as proven by X-ray and careful examination by competent observers two years after the reduction. The large percentage of failure to place the femoral head in the acetabular cavity, and retain it there, has resulted in restricting this method to young children, as the accidents occurred in older cases and the percentage of cures was greatest in the young. The age limit is variously placed, but the bloodless operation should probably be restricted to those under six or seven years of age.

This age limit may be increased as the result of the very clever mechanical device, now in use at the Children's Hospital, Boston, devised by Mr. Bartlett. It fixes the pelvis during the manipulation, and applies traction to the limb and pressure where needed. It is the best of all such devices that has so far appeared and its use may increase the percentage of successes by the "bloodless method."

The age limit is not the only restriction, cases with much distortion of the neck of the femur do not yield good results, nor will the reduction succeed if there is no femoral head or a faulty and much filled-in acetabular cavity. It is the operation of choice in the very young, but if it is not possible to replace the head of the femur in the

acetabulum, or if it does not remain in place, recourse should be had to the operation of Hoffa, which consists in cutting down to the joint, dividing the capsule and any and all obstructing tissues and replacing the head of the bone in the acetabulum, with or without gouging it out or deepening it. The operation is a difficult one, hemorrhage is frequently severe and a thorough knowledge of the technic and the anatomy are necessary. Sepsis is the only complication to be feared. Good results follow the operation in many cases and it is indicated when other measures have failed or where the non-bloody method is contra-indicated.

The report of the orthopedic staff of the Boston Children's Hospital on "Congenital Dislocation of the Hip," reprinted from the *Boston Medical and Surgical Journal,* Vol. CLI, states in conclusion, and it is the view of most other observers: "From the experience gained at the Children's Hospital it appears, also, to the writers of this report that stretching the tissues by an efficient machine gives in resistant cases an unquestioned advantage, and permits better reduction with less risks and in older patients, than if operative manipulation alone is employed.

"There is a certain analogy between the treatment of congenital dislocation of the hip and that of club-foot. In the simpler cases, manipulation under an anesthetic is sufficient. In the more resistant cases, correction is helped by mechanical aid; in the oldest and complicated cases incision and osteotomy are often needed to perfect the cure. The present condition of the treatment of congenital dislocation of the hip may seem to illustrate that the world advances by impossibilities achieved. Twenty years ago, cure of this deformity was considered impossible. This in many cases is now easily accomplished."

REVIEW OF BOOKS.

WELCH & SCHAMBERG ON ACUTE CONTAGIOUS DISEASES. A Treatise on Acute Contagious Diseases by William M. Welch, M.D., Consulting Physician to the Municipal Hospital for Contagious and Infectious Diseases; Diagnostician to the Bureau of Health, etc., Philadelphia; and Jay F. Schamberg, A.B., M.D., Professor of Dermatology and of Infectious Eruptive Diseases, Philadelphia Polyclinic; Consulting Physician to the Municipal Hospital for Contagious and Infectious Diseases, and Assistant Diagnostician to the Philadelphia Bureau of Health, etc. In one very handsome octavo volume of 781 pages, illustrated with 109 engravings and 61 full-page plates. Cloth, $5.00 net; leather, $6.00 net; half morocco, $6.50 net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1905.

This book is published only after the authors have enjoyed years of exceptional opportunity to study their special cases. Indeed one of the authors was for thirty-three years in charge of a large hospital devoted exclusively to the type of diseases under consideration.

The Philadelphia Municipal Hospital offers almost unlimited opportunities for the consideration of Contagious Diseases, and the work is based upon the personal study of the many patients who come daily under the charge of the authors; thus there have been studied nearly ten thousand cases each of smallpox, scarlet fever and diphtheria in addition to the very many cases of the other diseases discussed, such as vaccinia, measles, chicken pox, rubella, typhus fever, and others.

At this time the book should prove of great local interest as Southern California, more particularly Los Angeles city has for some years had an unusual number of cases of the diseases considered.

One hundred and thirty-four pages are devoted to vaccinia, and the article is a classic and will last for many years as the standard in its class. It

represents a great deal of painstaking personal work and the collection of an enormous amount of valuable statistics. It is not only of interest to student and bibliophile, but to all municipal health officers, vaccine physicians and boards of health. If municipalities would place this book in the hands of all such officers, it would do much to reduce the prevalence of many of the contagious diseases.

As we would suppose a large portion of the work is devoted to smallpox, one hundred and seventy-one pages, and it is a most careful presentation of the entire subject, to its minutest detail. It is complete from its earliest history, sharply up to the present moment.

Chicken pox, too, receives full study and is a thoroughly reliable resume of our knowledge with the addition of the valuable experiences of the authors. What we have said about the chapter on variola applies with equal force to those on scarlet fever and measles.

It is pleasant to note that these experienced observers not only do not use the term roetheln, but that they state that rubella is a specific entity, unrelated to either measles or scarlet fever, and protecting only against future attacks of the same affection.

Much of the confusion in regard to the disease has arisen from an embarrassment of riches in the various designations applied to the disease. While Homans of Boston was the first physician to describe the disease in America in 1843, fifteen large epidemics have been recorded. The reviewer in 1882-3 studied a very extensive epidemic of over 200 cases in the Philadelphia Hospital and recorded the study in the Cyclopedia of the Diseases of Children in 1889. The ground then taken that rubella is a distinct entity is now generally accepted, although the argument at times has been warm and pointed and it is a pleasure to see these authoritative authors accept the statements made by myself and other writers during the last two decades.

No better article has been written on rubella than is given to us in this book.

After a full consideration of typhus fever, the final chapter is devoted to diphtheria and it is a fitting ending to a very worthy book. The book is fully and unusually well illustrated, the pictures are graphic and instructive and do much to elucidate the text; they are not introduced for the sake of padding.

The index is full and complete, a great desideratum.

On the whole, the book is not only a practical guide to the practitioner but will be of help to the student and to the municipal health authorities. We commend it without reservation.

W. A. E.

DEPARTMENTAL

DEPARTMENT OF INTERNAL MEDICINE.

BY DUDLEY FULTON, M.D., LOS ANGELES.

Reisman (*American Medicine*, April 22, 1905) remarks that the timing of heart murmurs, particularly in the region of the apex, is often very difficult. He questions the accuracy of palpating the carotid pulse, which is not always possible to locate with precision, and of timing the murmur by means of the radical pulse, as the pulse of the wrist occurs perceptibly later than the cardiac systole.

1. Reisman recommends auscultation through one of the hands placed on the precordia. The heart sounds and murmurs may be heard with surprising distinctness in this manner. He has

Remarks on physical diagnosis: 1. Transmanual auscultation.

found that almost equally good results can be obtained by placing a finger, flexed at a right angle, on the apex beat, and then resting the stethoscope lightly upon it.

2. Ulnar Palpation: The prevailing method of ascertained tactile fremitus is to lay the flat of the hand on the chest while the patient is speaking. It must be evident that the hand, when laid on flat, will often cover an area much larger than the seat of the disease. What is actually felt in such a case is an average fremitus produced by a combination of the fremitus of the diseased area with that of the surrounding healthy areas.

The "ulnar palpation" consists in laying the ulnar side of the hand in each interspace successively, while the patient counts or speaks. The hand must be firmly pressed in the interspace at a right angle with the chest. The ulnar side is really a part of the palm. It is hairless and has a very relicate sense of touch.

TREATMENT OF CHRONIC DYSPNEA.—Foxwell in the Birmingham *Medical Review*, August, 1904, says that the causes of this symptom are five in number, and in order of frequency as follows:

1. Disordered metabolism.
2. Vascular degeneration.
3. Renal cirrhosis.
4. Cardiac.
5. Pulmonary.

It is evident from the above order of procedure that diet plays an important part in the treatment.

The author usually gives some such pill as this:

Pulv. rhei., gr i to ij.
Hydrarg. subchlor., gr 1-20 to 1-10.
Ext. hyoscyami, gr i to ii.
One once or twice a day.

If the patient is run down strychnine may be added to the above.

2. Ulnar Palpation.

If there is much gouty tendency, the capsules of colchicin and oil of wintergreen are used. One should be given six times a day for a week, and afterward three a day for two or three weeks.

Patients in feeble health should rest both before and after meals. As to diet, the two things of paramount importance are to insist upon no alcohol and very little animal food. Vegetables, milk foods, bread and butter should be the staple diet. Should nocturnal dyspnea be the tendency, then midday dinner must be insisted upon, and the evening meal be light. Cases of metabolic asthma are generally due to increased arterial tension, hence some vasco dilator drug is of much temporary service .

The second, third and fourth causes—vascular and renal cirrhosis—are intimately connected with the one just considered, being induced by it. Long-continued exertion, physical and mental, must be avoided, and any evidence of disturbed compensation of the vascular system and urgent dyspnea be followed by absolute rest until the heart can regain its strength. The most important indication is to keep the arteries constantly dilated by scrupulous attention to metabolism along the lines indicated above. In addition the author advises the following prescription:

Liq. strychninæ, m v.
Tinct. strophanthi, m x.
Liq. trinitrini, m ii.
Sodii bromide, gr x.
Tinct. cardamomi co., m xxx.
Aquæ q. s. ad., ℥ i.
Take in one or two divided doses.

The author declares that with increasing experience the role played by the cirrhotic kidney in inducing dyspnea seems to become more important. If there be no albumin in the urine it is often overlooked. Nothing short of carefully studying the eliminating

powers of the kidney for several consecutive days will suffice in arriving at a diagnosis. And it must be borne in mind that it is not the morbid anatomy of the organ we desire to know, but the state of its functioning. If the renal excretion be deficient and the deficiency be due to organic degeneration then we must insist upon the patient's living down to the level of his damaged kidneys so that the waste products of his metabolism never exceed the excretory power of these. This is the fundamental law in renal dyspnea.

A NEW TEST OF GASTRIC EFFICIENCY.—The *Medical Record* (May 20, 1905) in commenting editorially upon the recent studies of Sahli of Bom, says that the latter's initiation of new methods of investigation will serve in many ways to clarify our conceptions of the physiology and pathology of the gastric functions.

It is well known that the ordinary methods of using the stomach tube to remove the gastric contents in a specified time after the test meal is eaten, and the fact that the meal is usually one which probably fails to stimulate the flow of gastric juice to the fullest degree, has led to much dissatisfaction with the procedure, especially in timid, nervous patients, whose fears more or less inhibit the gastric functions.

Sahli, describes (*Correspondenz-Blatt fur Schweizer Aerzte,* April 15 and May 1, 1905) the steps by which he considers it possible to study the actual efficiency of the gastric digestive powers, uninfluenced by disturbing outside influences. The principle involved is somewhat similar to that made use of in his methods of estimating intestinal digestion by administering an agent like iodoform which is easily recognized in the urine, in capsules composed of material readily soluble in the pancreatic ferments, but resistent to the gastric juice.

But the problem of securing a material which would be easily digestible in the stomach but able to withstand the intestinal juices and also putrefaction was most difficult. The method finally adopted consisted in the use of a pill containing a small amount of either iodoform or methylene blue, which is enveloped in a small bit of the rubber dam used by dentists, the neck of the little bag formed being tied off with the finest raw catgut. Such a pill is given at the end of the ordinary noon meal and the urine passed at stated intervals in the afternoon and evening and examined for the first appearance of the drug used in the pill. The appearance of the iodoform or of the methylene blue reaction indicates satisfactory gastric digestion, the information, according to Sahli, being a sufficient index as to the combined activity of the hydrochloric acid and the pepsin. A negative result indicates the reverse.

This test does not merely indicate the length of time required by the stomach for the digestion of raw catgut, but it affords a reliable criterion of the degree of digestion undergone under undisturbed conditions.

THE RELATION BETWEEN SYSTEMIC DISORDERS AND SKIN DISEASES.—Winfield (*Brooklyn Medical Journal,* December) says the skin faithfully portrays the health or the disease of the whole economy; any disorder or irregularity of the nervous system, the intestinal tract or the pelvic organs are sure to manifest upon the skin in some form of blemish or disease.

The relationship is markedly shown by the eruptions of the acute eruptive fevers.

The author has seen a peculiar eczematous eruptions on the face following the ingestion of fish that had been frozen. Eight to twelve hours after the onset of gastric symptoms the skin of

the face and neck became red and swollen, followed shortly by the appearance of vesicles and pustules.

When the functions of the kidneys and liver become impaired and the skin endeavors to assist these organs, it becomes irritated. Acne, rosacea and the chronic eczemas are quite common results.

Pelvic disorders in either sex produce acne, as is well known, and eczema affecting the face is constantly met with in females who have some uterine disorder. The "hot flushes" of the menopause is undoubtedly due to some disorder of the sympathetic nervous system. This simple erythema long continued is often the forerunner of rosacea. Uricaria is another essentially neurotic affection of the skin reflex from gastro-intestinal or pelvic irritation.

The pruritus, furuncles and other cutaneous manifestations of diabetes cover a considerable range.

The pruritus of jaundice and eczema and purpura occurring in nephritics and those with liver and gall-bladder disorders often yield after attention has been directed to the organ affected.

Every practitioner has observed purpura, erythema and other cutaneous manifestations during the course of rheumatism.

A TEST FOR CONSTIPATION.—Grant (*London Lancet*, Dec. 31, 1904) states that many persons complain of constipation when this condition is not really present, and that other individuals are constipated who believe that their bowels are in good condition. He believes that if the morning motion consists of food debris consumed the previous day, constipation does not exist. On the other hand, if the debris of food consumed several days previously forms the stool, constipation does exist. In many cases this is an important matter to determine. The writer suggests giving a tablespoonful of animal charcoal to doubtful subjects and noting the length of time required for it to appear in the stools. Normally it appears in 24 hours. In one of Grant's cases it was delayed a week. This patient went to stool every morning and therefore thought she could not be constipated. This test is valuable in suspected intestinal obstruction. By it, also, it is possible to convince mothers that their children do not need castor oil every night.

DEPARTMENT OF TUBERCULOSIS.

CONDUCTED BY F. M. POTTENGER, A.M., M.D., PROFESSOR OF CLINICAL MEDICINE, MEDICAL DEPARTMENT OF UNIVERSITY OF SOUTHERN CALIFORNIA.

RALES IN TUBERCULOSIS.—In the diagnosis of early tuberculosis, the moist rale is of great importance. It is not necessary to find rales in the chest in order to make a probable diagnosis of tuberculosis, for this can be made by the changes in the respiratory note alone, but if they are found especially located in one apex, they are very suspicious.

In order to detect these fine moist rales in early tuberculosis, the chest should be bare. It is useless to undertake to find them through clothing. If they are not found on ordinary respiration, they may be found by causing the patient to take a deep breath, and in instances where they fail to be elicited by deep breathing alone, they may be brought out by a cough, or a cough followed by deep inspiration.

Early tuberculosis is often designated a bronchitis, either from a fear of telling the patient the truth or from an error in diagnosis. It should be remembered that the rale in bronchitis is

a dry rale, while that of tuberculosis is moist.

Another problem in diagnosis presents when we find fine moist rales over an area which is the seat of both a tuberculous and pleuritic process. In many lungs which have been the seat of extensive trouble, accompanied by pleurisy, although the tubercular process has cleared out, these fine pleural crepitations remain and are sometimes mistaken for rales in the lung.

Excellent diagnosticians are often perplexed by this condition. If these rales are heard both on inspiration and expiration, and if they seem to be immediately under the ear, they are most probably of pleural origin. Another thing which has been an aid to the writer is to have the patient breathe deeply and watch carefully the respiratory murmur. The rale will seem to be entirely separated from the respiratory sound, if it is of pleural origin. These are among the difficult points in diagnosis, but very important in determining the exact condition of the chest.

DRY AND MOIST RALES.—These rales are of great interest to those who are called upon to diagnose conditions in the chest, whether of an acute or chronic nature. While they are of interest, they have always been confusing, and this confusion has resulted partly from a burdensome nomenclature, which has been imperfectly understood and but partially followed.

The usual division of rales into moist and dry is important, because of the difference in the manner of production of these two varieties. Beal (*New York Medical Journal and Philadelphia Medical Journal,* May 20, 1905) says that rales heard in the lung should be divided into but two divisions, and that it is as easily possible to differentiate between moist and dry rales as it is to tell the difference between the sound of a violin and a piano.

Moist rales are of all sizes, from those heard in the finest air passages to the large gurgles of pulmonary cavities. Dry rales likewise have the same characteristics. Beal mentions as the distinguishing characteristic the element of duration:

"The great point of distinction between a dry and a moist rale is simply this: a dry rale has always some duration, while a moist rale is always instantaneous. By looking a little into the causes of these rales, I think I can prove my premises. A dry rale is caused by air going at a given rate of speed through a smaller sized tube than it normally does, thereby raising the pitch of the sound produced, on the same principle that we pucker our lips to whistle, instead of opening our mouths widely. At a glance one can see the commoner causes of dry rales: mucus stuck so tenaciously on the side of the bronchus that the breathing does not move it will lessen the calibre of that bronchus; any condition, acute or chronic, that would thicken the lining membrane of the bronchus; any pressure from without, or any foreign body or growth within that would encroach upon the size of the air passage; and, finally, any nervous phenomenon that would spasmodically cause the bronchi to lessen their calibre would give rise to the same condition. In any case, you will notice that the adventitious sound produced must and does possess some prolongation or duration, and its pitch or size may be from the loud, large, stertorous breathing of the dying to the very high, fine, hairlike whistlings heard in the bronchial pneumonia of the infant.

The moist rale, on the other hand, is caused in one of two ways; either by the pulling apart of moist, adhering surfaces, or by air passing through an accumulation of fluid that is sufficiently liquid to allow it to bubble through. Its size may be caused by the breaking

apart of the adhering surfaces of the finest air vesicle or to that of the pulling apart of the walls of a collapsible cavity; or the air may break through a collection of thin mucus filling a bronchus; or, again, a cavity may be more or less filled with fluid, and entered below the surface of that fluid by a bronchus. The air entering through the bronchus will bubble up through the liquid, but the sound produced will always be instantaneous, as may be proved by blowing through a rubber tube that is inserted to the bottom of a vessel filled with water. It will be noticed that no matter how steadily the air is forced through the tube, its breaking to the surface of the water will be by a series of bubbles or gurgles, each instantaneous in character. I deem it almost superfluous to state that while the sound produced by the fine air vesicle and that of the cavity whose walls collapse at each expiration, are both instantaneous, yet there is, technically speaking, some apparent difference in their duration; on the same principle that the duration of the sound produced by the discharge of a twelve-inch rifle is greater than that produced by a paper cap pistol, yet the brevity of the former is surely infinitely greater than the latter.

I cannot approach the various pathological conditions in which these two rales are pathognomonic, but will only say that, very broadly speaking, the moist rales are of far graver significance than are the dry. The dry rales, or those with duration, are the whistlings heard perhaps in their greatest profusion and purity in bronchitis, more especially chronic, emphysema, and asthma; while the moist rales, or the clicking, crackling, snapping sounds without duration, are most typical in pneumonia and tuberculosis pulmonalis. To the latter disease, especially, would I most earnestly call attention, for it is here, in its earliest stages, and while there is yet every hope of successful therapy, that we hear on deep inspiration the little, fine hairlike cracklings, instantaneous in character, which may be so easily overlooked or mistaken for the rubbing of the hair against the examiner's ear, but which tell, as loudly as they can, the beginning invasion of the tubercle bacillus."

LOCOMOTOR ATAXIA.

J. W. Rhein, Philadelphia (*Journal A. M. A.*, February 25), reports a case of locomotor ataxia with typical clinical history, save that there appeared with or soon following the appearance of the tabetic symptoms a fine rhythmical tremor in both hands and arms. This was quieted by voluntary motion, but afterward increased. No other symptom suggesting paralysis agitans was present and the pathologic findings at the autopsy were those characteristic of well-developed tabes. The case is of interest on account of this occurrence of tremor, which is not usually observed as a symptom of tabes. The author suggests that it may possibly be a case of this disease associated with paralysis agitans. The arterial conditions were not such as are usually associated with senile tremor.

We have received Vol. I, No. 1, of the *Journal of the New Mexico Medical Association,* published quarterly at Albuquerque, New Mexico, under the direction of the council; G. H. Fitzgerald, M.D., editor; G. W. Harrison, M.D., associate. The profession of New Mexico, and, in fact, all the profession of the far Southwest, should be proud of this neat, clean and well-edited publication. It will do much for the profession in New Mexico, and should have their hearty support. This number is teeming with news of the profession, and contains several papers of a high standard.

Dr. J. A. Duff of Aztec, New Mexico, recently made a trip to Santa Fe and Albuquerque, and also, incidentally, took in the races at Duke City.

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EDITORIAL.

EL PASO'S BOOKLET.

The El Paso County Medical Society, through a committee consisting of Drs. Brown, Crouse and Rawlings, are issuing a booklet setting forth the virtues of El Paso as a health resort and a city of business opportunities. The book starts out with the following verses by Dr. Hugh Crouse:

A charming little city
  In a sunny valley set,
Where the sun is always shining,
  Where the ground is never wet.

Where the open window beckons
  In a health-inviting way,
Through the nights of northern winters,
  Or the heat of summer day.

PATRIOTIC ANCESTRY.

Dr. Elizabeth Follansbee of Los Angeles, Great Grand-daughter of Signer of Declaration.

Probably not many Angelenos are aware that a descendant of Roger Sherman, one of the signers of the Declaration of Independence, is a resident of Los Angeles. Dr. Elizabeth A. Follansbee is a great grand-daughter of this renowned revolutionary patriot who was one of a committee of five, with Thomas Jefferson as chairman, who drafted the Declaration of Independence.

In Dr. Follansbee's reception room in the Laughlin Building hangs a fine copy of the celebrated painting by Rothermel of these five famous men—Thomas Jefferson, John Adams, Benjamin Franklin, Roger Sherman, Robert Livingstone. In the large painting by Turner in the rotunda of the capitol at Washington, and which was once reproduced by *The Times*, Roger Sherman stands between Adams and Livingstone just back of Jefferson who is presenting the Declaration to John Hancock. Dr. Follansbee has in her possession many rare relics of revolutionary times, as she comes from

a long line of patriotic ancestry. Roger Sherman was descended in the fourth generation from Rev. John Sherman, an eminent minister of the gospel in Massachusetts. He was a member of every Congress from 1774 to 1793 when he died a senator. He was one of the committee which reported the articles of confederation, of the convention that framed the National Constitution and a signer of these three charters of American liberty.—*Los Angeles Times.*

SANTA BARBARA, CALIFORNIA.

Dr. Amos Graves of San Antonio, Texas, grows enthusiastic when speaking of Santa Barbara as a health resort. He said, in part:

"I know of no climate in the world that is better for tubercular and hepatic troubles and the nervous complaints incidental to them. The low altitude makes it beneficial for those affected with heart trouble, as the air here is cool in the summer without being dried out by strong winds. I have in my own experience had several cases of catarrhal diseases of the stomach and bowels entirely cured by living here.

"I recommend outdoor life as much as possible. When people are strong enough to get out at all, they should do so. And you would be surprised to know how quickly this climate and its atmospheric conditions act upon the human system. Many patients who in their southern homes refused medical treatment for indigestion, upon coming to Santa Barbara were cured, and have returned entirely well.

"If the people of the south were better acquainted with the advantages of this climate, many of them who are accustomed to go to Canada for cool weather in summer would come here instead. I attribute the advantages of this climate to the contour of the mountains and coast. The high mountains cut off the winds from the north and from the northwest, and the coast line running east and west gives a southern exposure to the ocean and the sun, and at the same time the half circle of mountains about the city retains the ocean gases and the ozone, and protects this district from too much ocean moisture.

"I have a dozen patients coming here from Texas this summer. One of them has been here every year upon my advice for the last ten years, and I expect he will keep on coming now without encouragement from anybody."

MEDICAL JURISPRUDENCE.

We believe that, as a rule, our medical colleges fail to have a sufficiently comprehensive course in medical jurisprudence; in fact, there seems to be a general lack of understanding as to what the subject really implies. The following questions were submitted to the senior class of the Long Island College Hospital at their recent final examinations:

1. Give a definition of medical jurisprudence, and point out the distinction between medical jurisprudence and legal medicine.

2. What are the implied obligations of a medical practitioner in undertaking the treatment of a patient?

3. To what extent does the law impose upon a medical practitioner the

obligation of keeping secret the ailments of his patient?

4. State some of the matters in regard to which the opinions of medical expert witnesses are receivable in evidence in courts of justice?

5. State generally the rules of law prevailing in the United States and England in regard to the disposition of the bodies of the dead.

6. Under the law of the State of New York, what are the circumstances which justify a coroner in holding an inquest?

7. Under what circumstances and to what extent is it lawful to perform an autopsy?

8. Under what circumstances is it lawful in the State of New York to induce an abortion?

9. What defects of reason excuse a person from criminal liability on the ground of insanity?

HON. CHARLES W. BUSH, M. D.

Dr. Charles W. Bush, graduate of the Cleveland Medical College, 1854, died in Los Angeles on June 8, 1905.

Dr. Bush was born in Strasburg, Pa., November 16, 1824. He came to California in 1849, being seven months on the road. He located in Los Angeles in 1861, and has been a citizen of this place ever since. In 1872 he served two terms in the California State Senate. He was the author of the first medical practice bill introduced in California. He was a prominent member of the Masonic Order, and led a quiet, conservative life.

The Doctor left an estate valued at $150,000. He was a bachelor, and in his will said:

"In view of the systematic confiscation of estates through manipulation of courts under hypnotic influence, perjury, handwriting experts and professional bribers, I have deemed it expedient to meet contingencies, and, therefore,

"I further will and direct that each and every woman that shall cause to be established by judicial evidence, that she was my wife at the time of my death, or is entitled, as wife, to take or inherit any property of my estate, I give and bequeath the sum of one dollar.

"Also, unto every person by whom, or in whose behalf, it shall be shown by judicial evidence that he or she is my surviving son or surviving daughter, whether legitimate or illegitimate—to each and every such person I give and bequeath the sum of fifty cents."

He left about $3000 to nephews and nieces, $5000 to Acacia Chapter Order of the Eastern Star, to be used for worthy members in distress, and a large sum of money to the Los Angeles Masonic Board of Relief. His telescope, in which he took great pleasure, is left to the Los Angeles Astronomical Society. After all bequests are paid the Los Angeles Masonic Relief Board is made the residuary legatee.

SENIOR AND SOPHOMORE PRIZES.

As we noted in the Southern California Practitioner for June, Dr. Walter Jarvis Barlow has provided a fund for the payment annually of $100 cash to the member of the graduating class who showed the best general average for his four years' work in the college, and to be known as "The College Senior Prize." Also $50 cash to be given to the sophomore who has shown the best

general average during his two years' course, and to be known as "The College Sophomore Prize." At the commencement exercises of the College of Medicine of the University of Southern California the following report of the committee was read and the prizes were awarded to Dr. H. M. Vorhees and Mr. P. O. Sundin:

"To Dr. Walter Lindley, Dean, Medical College, University of California:

"Your committee on awarding prizes have the honor to report they have unanimously awarded the Dr. W. Jarvis Barlow prize of $100, gold, to Dr. Harry M. Vorhees for attaining the highest degree of excellence of the graduating class, with honorable mention to Dr. D. A. J. Thieme, Dr. J. O. Chiapella, Dr. J. H. McKellar, and with special honorable mention to Dr. O. C. Gaebe for his high standing for the single Senior year.

"They have awarded the Dr. W. Jarvis Barlow prize of $50, gold, to Mr. P. O. Sundin for attaining the highest standing for the first two years, and honorable mention to Mr. C. A. Wright and Mr. C. L. Lowman.

(Signed)

SUMNER J. QUINT,
TITIAN J. COFFEY,
RANDALL HUTCHINSON,
Chairman."

OUR SUN-KISSED SISTER.

At the banquet of the Arizona Territorial Medical Society, recently held at Prescott, Dr. Frank W. Sawyer of Prescott responded to the toast "Arizona," and spoke enthusiastically as follows:

"From the time it became my duty to leave behind me the scenes of childhood days, to leave old New England, which is rightly called the Mother of States, to come to Arizona, the youngest and most rugged of our country, almost as large in area as all New England and New York combined, with noble mountains, fertile valleys, and with mines so rich and so plentiful that one is occasionally disposed of to our eastern friends, it began to dawn upon me that I was in a new country. Not a country of puritanism and ancestral traditions, but one where the doors of success are marked 'push' and 'pull,' where every man stands on an equal footing, where the mountains slope to either sea, and in their shadowy depths we find not only hidden wealth, but inspiration and incentive to high thought and noble living.

"Here we will find the men of pluck and courage, pioneers in a new land laying deep foundations of a young commonwealth; they turn the furrows in a virgin soil and from the seed which they plant there grows, renewed and strengthened each succeeding year, an undying devotion to the country they now call their home, and which they expect will harbor and nurture their children and their children's children for generations to come.

"Arizonans are earnest and generous; they are doing their part in extending the boundaries of civilization. The educational institutions stand high, and the people are proud of them. The commercial interests are growing greater year by year. The granite hills are producing more wealth year by year, and in the near future the vanquished opposition to single statehood will realize

Arizona's strength, not only in finance and commercialism, but in a population of men and women who will make up the *vertebrae prominens* in the backbone of the country. The west has been rightly called the Almighty's reserve ground, and as the world is filling up He is turning even the old arid plains and deserts into fertile acres and sending there the rain as well as sunshine.

"Last but by no means least, the health-giving powers of the Arizona climate are a part of her stock in trade, a resource that has been fully developed without the aid of mankind, a sure dividend to those who will but invest their time, and an everlasting crop for the healthseeker to reap and harvest.

"Arizona has natural laws and climatic conditions that are distinctly her own. The atmospheric conditions are truly wonderful, and in some parts of her boundaries can be found the varied degrees of climate, the lessened barometric pressure, that are so essential in producing the general physiological effects which are of the greatest therapeutic value.

"Ariona has been rightly named a 'Land of Sunshine.' The meteorological record kept at the Castle Creek Hot Springs for a number of years shows the greatest percentage of sunshine and clear days and a lower percentage of humidity for the surrounding conditions than I have been able to find on record. When the invalid whose thin blood and low vitality cause him to dread the period of icy blasts and snows, seeks refuge from the sharp cold of winter, Arizona has to offer all the elements of climate that are essential.

"So here's to Arizona!
"May the winds waft the wealth of all nations to thee;
And thy dividends flow like the waves of the sea."

EDITORIAL NOTES.

Dr. Isaac A. McCarty of Corona is doing post graduate work in Chicago.

Dr. Robert L. Doig of San Diego has just returned from an eastern trip.

Dr. W. B. Wall of Santa Ana has recently returned from an eastern trip.

Dr. P. G. Cornish of Albuquerque is now in the East.

Dr. E. A. MacDonald of Redlands is doing post-graduate work in the East.

Dr. Jennie E. Williams has again located in Riverside, Cal.

Dr. Geo. W. Lasher of Los Angeles was recently called professionally to Flagstaff, Ariz.

Dr. J. C. Hearne of San Diego was recently married to Miss Bernice Krouskop at Fort Collins, Colo.

The American Surgical Association opened in San Francisco July 5th with an attendance of thirty-five.

Dr. Ralph Hagan of Los Angeles is doing post-graduate work in New York city.

Dr. H. Lee Chilson of Winslow, Ariz., is spending a few weeks doing post-graduate work in the East.

Dr. L. B. Coblentz has located at Santa Maria and formed a partnership with Dr. William T. Lucas.

Dr. John F. Groover of Norwalk was recently considerably injured by a runaway horse.

Dr. and Mrs. C. D. Ball of Santa Ana have been entertaining Dr. and Mrs. R. C. Blackmer of St. Louis.

Dr. Alfred J. Murietta, the Salt Lake surgeon at Daggett, recently spent a few days with friends in Los Angeles.

The Board of Health of the city of

Los Angeles have adopted plans for a detention hospital, to cost $50,000.

Dr. M. A. Bennettee of San Bernardino has been spending a few weeks in San Francisco.

Dr. G. W. Green of 1296 E. Ravenswood Park, Chicago, paid Los Angeles a visit on his way to the Portland meeting.

Dr. T. E. Presley of Roswell, N. M., has gone to New York to spend six weeks in hospital work in his specialties of the eye, ear, nose and throat.

On July 7th a special train of three cars left Los Angeles loaded with physicians and dentists bound for Portland.

Dr. Hazen Avery, chief interne in St. Elizabeth's Hospital, Chicago, has been spending his vacation with his parents in Pomona.

Dr. Coyle J. Tracy of Pasadena was married on June 28th in Los Angeles to Miss Helen Nevenhuysen. They took a bridal trip to Coronado.

Dr. E. W. Fleming of this city has left on a visit to Japan. He went on the Manchuria with Secretary of War Taft and party.

Dr. W. W. Beckett and family have been traveling in Alaska. The doctor attended the American Medical Association at Portland on the way home.

Dr. Bim Smith, U.S.C., 1899, of Hermosillo, has recently come with a patient to Los Angeles, and is spending a few weeks in Southern California.

At the June meeting of the Redlands Medical Society Dr. C. C. Browning of Monrovia read a paper on "Tubercular Meningitis."

Prof. Dr. Ernst Schweninger, formerly Prince Bismarck's medical adviser, has been taking a shot at the surgeons recently.

Dr. J. C. Bainbridge of Santa Barbara succeeds Dr. L. A. Perce of Long Beach as member of the State Board of Examiners to represent the Eclectic school.

Dr. P. C. Remondino, besides owning the Corona Lithia Springs, is principal owner and director of the Rancho Guahome Health Company.

At the meeting of the San Bernardino County Medical Society, held June 14th, Dr. Fred H. Moore of Redlands read a paper on "Tuberculosis in Children."

Dr. H. H. Stoner is the originator, owner and medical director of Palm Lodge, a well-known tuberculosis resort adjoining Phoenix, Arizona.

Dr. T. P. Martin of Taos, New Mexico, reports that that city and country are in a most prosperous and healthful condition.

The mayor of San Diego recently appointed Dr. T. C. Stockton and Dr. F. R. Burnham as members of the board of health of that city.

Dr. G. E. Schuldt of the City of Mexico had the misfortune to run his automobile over Juan Mendoza. The man was not seriously injured but the doctor was arrested.

Dr. D. W. Edelman was recently elected President of the Civil Service Commission of the City of Los Angeles, and Dr. John R. Haynes was chosen vice-president.

Dr. Edward Grove, the new president of the board of health of the city of San Diego, recently entertained the members of the board with a dinner and theater party.

Dr. John Harris, formerly of Salt Lake City, has located in Anaheim, Cal., and succeeds Dr. A. W. Bickford, who, owing to poor health, has retired from active practice of his profession.

Dr. Robert Wallace Craig, surgeon in charge of the Southern Pacific Hospital at Phoenix, was married in Santa Barbara July 5th to Mrs. Maud Ward, daughter of Dr. J. C. Davie of Victoria, B. C.

Dr. Albert W. Moore, U.S.C., 1904, has just returned from Philadelphia, where he has taken an addendum degree from the University of Pennsylvania. Dr. Moore will immediately begin practice in Los Angeles.

Dr. H. Bert Ellis of Los Angeles was elected chairman of the Western Section of the American Laryngological, Rhinological and Otological Association at its eleventh annual meeting at Boston on June 7th.

Dr. Whitmore and Dr. J. W. Lennox have recently opened out new offices. Dr. Whitmore has had quite a fad of collecting rare minerals, and his extensive collection has recently been placed in the Chamber of Commerce, Tucson.

E. C. Dunne, manager of the commissary department of the Holmes Supply Company at Flagstaff, Ariz., committed suicide on July 1st. He directed that all money remaining after his funeral expenses were paid be sent to the Dr. Barlow Sanitarium at Los Angeles.

Dr. B. L. Saeger of Nordhoff, Ventura county, has gone to Philadelphia for a three months' visit. During his absence Dr. H. A. Putnam, formerly resident physician of the Los Angeles County Hospital, will attend to his practice.

The June meeting of the Ventura County Medical Association was held at the residence of Dr. T. E. Cunnane in Ventura. An interesting number of the program was an elegant dinner given by Mrs. Cunnane. It was a most enjoyable occasion.

Loma Linda Sanatorium, located near San Bernardino, has been sold to the Seventh Day Adventists, and will become one of their great chain of sanatoriums. The price paid was $40,000. Loma Linda is beautifully located and has many substantial improvements.

The governor has appointed Dr. W. V. Whitmore of Tucson a member of the Arizona Territorial Board of Medical Examiners, to succeed Dr. H. W. Fenner, who recently tendered his resignation. Dr. Whitmore is of the class of 1890, U. S. C.

Dr. P. C. Remondino, the well-known physician and author of San Diego, is one of the principal owners of the Corona Springs, which is being put upon the market with the legend, "The World's Best Lithia Water" upon the bottles.

Dr. Randolph W. Hill of Los Angeles, formerly president of the State Board of Health, is traveling in Europe. Dr. Hill comes from an historic family. His father was General E. H. Hill of the Confederate Army; his uncle the renowned General Stonewall Jackson.

Dr. O. L. Mahoney, who has been a resident of Phoenix, Ariz., for a quarter of a century, has bought property at Paducah, Ky., where he spent his boyhood, and hereafter he will live in his old Kentucky home during the summer and spend his winters at his residence in Phoenix.

The Society for the Study of Inebriety and Alcohol held a memorial service to the life and work of Dr. N. S. Davis in Atkinson Hall, Portland, Ore., on the evening of July 11th. The memorial address was delivered by Dr. Henry O. Marcy of Boston, and other addresses by Dr. G. W. Webster and others.

The College of Physicians and Surgeons of Los Angeles held their first commencement exercises on Thursday evening, June 29th, and graduated a class of six. Following are the graduates: Newbern Nuckolls Brown, Newell Jonathan Brown, Jr., Luther Mason Cain, Jean Marion Martin, William Fred Stahl and Thomas Senn Wasson.

Dr. William E. Parkhurst of Roswell, New Mexico, died on June 14th of hemorrhage of the lungs. Dr. Parkhurst was born in Boston, Mass., Dec. 4, 1860. He was president of the Chaves

County Medical Society, second vice-president of the New Mexico Territorial Medical Society, and a prominent Mason.

There have been, during the past few weeks, quite a number of visiting physicians from the East on their way to the American Medical Association at Portland, Or. These passing guests have been treated to many quiet social dinners and excursions by members of the profession in Los Angeles, and we all say—"Come again."

Dr. Woods Hutchinson of Portland, Ore., will move to Redlands, Cal., in September, and will be the chief consulting physician of the Arrowhead Hot Springs resort. Dr. Hutchinson is a brilliant man with a national reputation, and the medical profession wish him success in the great enterprise with which he will be connected.

Dr. Harriet W. Carman of Los Angeles says that co-education is responsible in a large measure for the busy days in the divorce courts and the numbers of run-away boy and girl marriages. She says there is too much sweethearting among children in the schools when they should be devoting their undivided attention to their lessons.

The second ward in the City of Mexico is called "The No Lunger Ward." The deaths from consumption in that ward during 1904 were 1016, while the total number of deaths in the City of Mexico during 1904 were 3610. It is said that in the second ward the houses are dark, damp, badly ventilated and that often a dozen persons are found huddled into one little room. This shows that it takes more than mere altitude alone to ward off consumption, as the altitude of the City of Mexico is about 7000 feet.

While in Los Angeles recently, Dr. Roswell Park, Professor of Surgery in the Medical Department of the University of Buffalo, and Director of the New York State Pathological Laboratory of Buffalo, made a careful inspection of the California Hospital under the guidance of Dr. Granville MacGowan. Dr. Park's surgical text books are probably today the most popular authority with the medical profession.

Dr. C. C. Valle of San Diego was appointed County Health Officer by the Board of Supervisors, at a salary of $50 per month. The District Attorney claimed that the supervisors did not have the power to appoint, and on his advice the auditor refused payment. Dr. Valle brought suit and it was decided against him, but on appeal to the Supreme Court the judgment of the Superior Court was reversed and the case comes back to San Diego for trial.

There has been great anxiety in Los Angeles about Dr. Charles Foster, a graduate of the College of Medicine of the University of Southern California, 1903, now resident physician in the Good Samaritan Hospital at Guanajuato, Mexico. The recent floods there washed out a large portion of the city and drowned many people, and it was a week after the flood before word got through to the anxious parents at Los Angeles, saying: "All are safe, and no damage to hospital."

At a recent trial before Judge Trask in the Los Angeles Superior Court, the attorney for the plaintiff asked a continuance in the proceedings yesterday, saying that his chief witness was ill and unable to come. "I can get a doctor's certificate to that effect," said the attorney. "Yes, I suppose you can," responded Judge Trask. "It seems that anybody who wants a doctor's certificate can get one. I do not mean to say anything against the physicians, because in their minds everyone has something the matter with them. It is their business to think people are sick. However, I will grant a continuance in the case."

The Riverside County Medical Society held its June session at the residence

of Dr. H. R. Martin in Roubideaux Heights. Dr. C. Van Zwalenburg read a paper on "The Repair of Certain Lacerated Wounds." After discussion the society was invited to the spacious dining room where Mrs. Martin presided over an elegant dinner. Dr. W. W. Roblee, the president of the society, proposed a toast to the bride and groom of less than a year. Before dispersing Dr. A. D. Walker moved that a vote of thanks be tendered to the hostess. This motion was carried with great unanimity.

The Los Angeles County Medical Society has had some special privileges recently. At the meeting in the middle of June Prof. George Dock of the University of Michigan, read a paper on "Vaccination," illustrated with stereopticon slides. On Friday evening, June 30th, the society had another meeting, at which Dr. E. E. Montgomery of the Jefferson Medical College read a paper on "Difficulties of Abdominal Diagnosis from the Standpoint of a Surgeon," and he was followed by an address on "Diagnosis from the Medical Standpoint," by Prof. Alfred Stengel of the University of Michigan. At both of these meetings the hall was crowded, and votes of thanks were given to the distinguished guests. Dr. Joseph M. King, the President of the Los Angeles County Medical Society, deserves credit for his enterprise in securing the services of these visitors.

Dr. John R. Haynes gave a notable dinner at the California Club on Saturday evening, July 1st. The guests of honor were: Dr. E. E. Montgomery, Professor of Gynecology in the Jefferson Medical College; Dr. George Dock, Professor of Clinical Medicine in the University of Michigan; Dr. Alfred Stengel, Professor of Clinical Medicine in the University of Pennsylvania. Dr. Haynes invited fifty of the members of the medical profession of Los Angeles to be his guests at the dinner to do honor to the gentlemen from the East. There were brief talks by the guests of honor and numbers of the local members of the profession. It was an evening of goodfellowship and unalloyed enjoyment. It is a good deed to bring the profession together under such auspices, and to give them an opportunity to thus greet the leading men of the profession east of the Mississippi Valley.

Among other plans for the work of the College of Medicine of the University of Southern California for the coming year the educational committee have appointed Dr. F. C. Davis as instructor in Animal Experimentation. Dr. Davis will do considerable work during the summer in collaboration with Professor Edwards. Dr. Davis received the degree of A.B. from Amherst College in 1895, and of M.D. from Johns Hopkins in 1899. In 1903 he received the degree of A.M. from Amherst for original work on the analysis of the negro pigment skin. He then spent two years in Europe, fourteen months of which was in connection with the clinic of Prof. Kocher of Berne, Switzerland, and in the medical clinics of Vienna and Berlin, three months with Prof. Micholitz of Breslau. The doctor was also pathologist at the Bay View and Pauper Asylum, which is a part of Johns Hopkins' Hospital, and has spent two years with Drs. Will and Charles Mayo in Rochester, Minn. He is an enthusiast in regard to animal experimentation, and it is expected that his work in that line will be of great advantage to the students of the college.

New Mexico has just practically completed a miners' hospital at Raton. The buildings have thus far cost about $15,000. The government set aside 50,000 acres of land to be sold to raise a fund for this institution, and as soon as some more land is sold there will be two additional wings erected, to cost $30,000. As the hospital now stands

there are twenty-nine rooms, finished in hard wood. It is located on a ten-acre plot of ground just outside the city limits, and occupies a sightly position on the slope of the mountain. The buildings will stand on a plot 350 by 350 feet, located in Chavez canyon, in the northwestern part of the city. They will be of frame construction with non-absorbent floors, and consist of an administrative building, to contain kitchen and dining rooms for patients, rooms for physicians and nurses, and machinery and laundry rooms for the general use of the hospital. There also will be two ward buildings, with separate bath rooms and a diet kitchen; six cottages of three rooms each with separate baths and diet kitchens; three isolation huts; an ambulance building, with quarters for two drivers and stalls for four horses; a disinfecting building, and a morgue. A quarantine station two stories high, with room for twenty-four beds and eight bath rooms will complete the system.

The Arizona Territorial Medical Society held its thirteenth annual meeting at Prescott on June first and second. The meeting was in every way a creditable and successful one. The following were elected as officers for the ensuing year:

President—Dr. J. W. Coleman of Jerome succeeding Dr. W. H. Ward of Phoenix.

First Vice-President—Dr. A. W. Olcutt of Tucson succeeding Dr. E. F. Burton of Tucson.

Second Vice-President—Dr. O. E. Plath of Phoenix succeeding Dr. E. B. Ketcherside of Yuma.

Third Vice-President—Dr. Early of Kingman succeeding Dr. C. E. Yount of Prescott.

Secretary—Dr. J. W. Foss of Phoenix succeeding himself.

Treasurer—Dr. R. F. Palmer of Roosevelt succeeding Dr. J. W. Coleman of Jerome.

Counsellors—Dr. C. E. Yount of Prescott, one year, northern district; Dr. Ancil Martin of Phoenix, middle district, two years; Dr. H. W. Fenner of Tucson, southern district, three years.

The next annual session will be held in Phoenix.

FROM DR. SOILAND.

Ombord i
Dobbeltskrue Postdampskibet,
"Oscar II."
Den 16th June, 1905.

Dear Doctor Lindley.—We are eight days out of New York, on the most northern trans-Atlantic route. Rockall, that dangerous reef upon which numerous ships have met destruction, lies on our starboard side and about four miles south of the course over which we are now steering. This reef is in the extreme western group of rocky islands surrounding the northern coast of Scotland, and these islands present a beautiful view from our steamer. Tomorrow the mountains of Norway will be visible and by night we will land at the dock in Christiansand. I was agreeably surprised to find such fine, large boats on this line. They make the trip direct from Norway to New York in 9½ days. The boats are 515 feet long, 11,000 tons register, twin screw, and run 16 or 17 miles per hour. The food is good and there is plenty of it. The most interesting person on the boat, however, is Her. Dr. Ost, the ship's doctor. Dr. Ost is a Dane and was well acquainted with the late Dr. Finsen, both having attended the same college. Dr. Ost has promised to conduct me personally through the Finsen institute with which he is entirely familiar, so I consider myself very lucky at having made his acquaintance. One thing struck me as peculiar and at the same time very logical. The ship's doctor has nothing to do officially with the steamship company or its officers. He is placed on board by the Scandinavian government and cannot be removed from that posi-

tion without the government's consent. He has thus absolute authority over all sanitary matters pertaining to the ship. He inspects the kitchen and its employees, looks after all the foodstuffs and personally tastes the food issued to the steerage passengers, to determine its palatability. The hospital has accommodations for forty patients over which a trained nurse presides. The doctor's operating room is situated well forward, where the vibration from the machinery is least noticeable. This, together with the apothecary, is a model of cleanliness and completeness. At first thought it would seem that there would be little for the doctor to do beyond treating seasickness, yet when we realize that there are 1000 souls on board we can readily understand that the doctor has something to do. I was surprised to learn that next to seasickness, the most numerous were cases of mental disturbances, running all the way from simple hysteria to acute mania. This the doctor explained was due in a measure to the stress under which many passengers traveled, and from fear and homesickness.

I do not know whether or not you can use any of this for the *Practitioner*. It is the best I have, and anyway I have to eat most of the time—there goes the "grub gong" again, so good-bye.

Sincerely,

ALBERT SOILAND.

LOS ANGELES COUNTY MEDICAL SOCIETY.

The Los Angeles County Medical Association held a regular meeting in the Assembly Hall of the Chamber of Commerce Building, Friday evening, June 16th, 1905, at 8 p.m.

The minutes of the previous meeting were read and approved.

The regular paper of the evening was read by Dr. George Dock of the University of Michigan, and was entitled "Vaccination." The paper was illustrated by numerous lantern slides.

The President announced a special meeting for the 30th of June, at which the assocation would be addressed by Dr. E. E. Montgomery of Jefferson Medical College, Philadelphia, Pa.

It was moved and seconded that a vote of thanks be given Dr. Dock. Carried unanimously.

The telephone committee reported progress. It was moved and seconded that the report be accepted and the committee continued. Carried.

The Los Angeles County Medical Association held a regular meeting in the Blanchard Building Friday evening, June 2nd, 1905, at 8 p.m.

First Paper, "Circumcision," Dr. George E. Abbott.

Second paper, "Albumen in the Urine of Apparently Healthy Children; Renal and Cardio-vascular Changes in Children, as Seen in Southern California," Dr. William A. Edwards.

Third paper, "The Tuberculosis Problem in Los Angeles," Dr. Geo. H. Kress.

Discussion—First Paper. Dr. Lazard. I question whether there is ever such a thing as a normal prepuce. I do not believe in the splitting operation. All circumcisions should be complete. The complete circumcision is an important measure in reducing the chances of syphilitc infection, and should be performed early in life on all males. The development of a true skin upon the glans is the important thing. I have seen quite a number of the ritual circumcisions, and the instrument generally used is a good one.

Dr. L. D. Johnson. In putting in the sutures I use several interrupted catgut sutures, and leave the ends about two inches long; these ends are used when the dressing is applied to hold it in place. A strip of gauze is carried around the penis along the line of the incision, and the catgut ends are carried one end on either side of the gauze strip and tied about it. On the fourth day the sutures are snipped and the whole dressing removed.

Dr. Cole. The prophylactic result of this operation, as mentioned by Dr. Lazard, is a very important feature. The prophylaxis is more efficient for syphilis than for gonorrhœa. On the ground of prophylaxis alone perhaps we are justified in making all operations complete. My experience has been that stretching the opening of the prepuce is very unsatisfactory.

Dr. Day. I have used the method of dressing described by Dr. Johnson and find it quite efficient, but in adult patients it is necessary to use a longer strip of gauze than is actually needed to encircle the penis, otherwise in case of erection occurring it may be too tight and cause constriction; the strip should be left a little redundant between the stitches.

Dr. Emerson. The Mohammedans do this operation on all males at about the eighth day. The midwife or any one handy does it, and the results are good. I think all parents should be advised to have their boys circumcised a week or ten days after birth. There are many reasons for doing it at this time;

no anesthetic is needed, there is usually a competent nurse in charge at that time to attend to the dressing, and the results are good. I have seen a case in which the child was born without a prepuce.

Dr. Ferbert. A few years ago I saw a case of natural circumcision.

Second Paper: Dr. Elbert Wing. It is certainly easy to become confused by the intricacies and complexities of some of the newer methods of diagnosis. I believe that there is such a thing as too great refinement of methods for every day use. In testing urine, the old and simple methods are the best for most of us. I am inclined to believe that these cardio-vascular troubles come to children and adults from two principal causes, first, poisons from the infectious diseases and from medicines, and second, from chemical poisons from food products and as the result of perverted digestion. The neurotic element that has been referred to is something beyond my ken.

Dr. Black. I have wondered for many years as to the real value of urinary examinations as generally done. The urine must be perfectly clear in order to test for albumin.

Dr. Day. I believe the tri-chlor-acetic acid test a good one. While it does precipitate mucin, it does not do so immediately. The albumoses are found usually with the infectious diseases or with returned pus.

Dr. Wernigk. I believe a certain amount of nitrogenous food can be given to these patients with benefit. The urea test is useful in keeping track of the amount of nitrogenous food that is proper. Distilled water on an empty stomach, I am satisfied, will cause catarrh of the mucous membrane.

Third Paper: Dr. Harris Garcelon. The Health Office of this city has at present three methods of estimating the number of tubercular cases in the city, all of them very imperfect. First, notification by physicians, which is most incomplete, a very few cases being reported; second, sputa sent in for examination; and third, death reports.

In the matter of preventing the spread of this disease to the healthy there are three things in which the Health Office is especially interested; first, the destruction of the sputa; we have an anti-spitting ordinance in force in this city at present, but it is almost impossible to properly enforce a good ordinance of this kind unless proper spitoons are provided on the streets and in all public buildings and places; second, proper segregation of these cases, and third, registration of lodging and rooming-houses and regulation of the size of rooms and the number of occupants allowed to each, regulations regarding light, ventilation, care of bedding, etc., and the care of dishes, towels, napkins, etc., in restaurants and barber shops.

Regarding fumigation, most of it is done with formaldehyde gas at present; the dry sulphur fumigation is not effective, and we have no means of using the steam-sulphur method. This city needs badly a portable steam autoclave for this purpose, and an ordinance compelling people to fumigate or requiring them to allow the city to do it.

Adjourned.

MRS. EDDY AND SIBYL WILBUR.

There is nothing more interesting than the vagaries of mankind in religion and medicine. Eddyism takes in both. The mystery with which Mrs. Eddy surrounds herself is one of the most impressive features of this cult. We believe this great organization, which appears so grotesque to us and so sacred to many others, will be a thing of the past by 1825, but time only will tell.

This interview was obtained by Miss Sibyl Wilbur of the Boston *Herald* staff after some little diplomacy and effort, as the time of Mrs. Eddy, who is a lady of over eighty years, and a very busy woman, is fully occupied with her great work and she objects to interviews, especially where the object is simple curiosity. The desire of the Boston *Herald* managers to obtain an interview was to set at rest the many rumors which have been spread broadcast as to her physical and mental condition and in report of her visit, Miss Wilbur bears full testimony on these points. "Mrs. Eddy is alive and well," as she writes. "She is in full possession of her mental and physical powers. She has no visible physical malady; she is a beautifully poised, physically etherealized, exquisitely fashioned woman of advanced years. Her mind is clear and energetic, marvelously alert and delicately attuned. Her eyes are radiant, her voice like a bell. In a word, Mrs. Eddy seems to have reached an adjustment between her physical and spiritual powers which promises to carry her existence through many years to come."

Of her meeting with Mrs. Eddy, Miss Wilbur writes:

"We went up stairs to Mrs. Eddy's study. Mrs. Sargeant left me at the

door. I saw a lady with white hair standing in the window with her back to me. She stood there quietly for a few seconds and then turned and came towards me. She held out her hand cordially and spoke my name. She was the rarified image of the painting in the room below which I had studied so carefully, and every feature was the feature of the photograph which all the world is familiar with, as the picture of the founder of the Christian Science. Her hair was perfectly white and rippled softly away from her face. Her skin had the delicate bloom of a dear old lady's, and, though it was fine and almost transparent, it was in no way artificially touched. The hand which she gave me in greeting was very small and well formed. In stature she must be about five feet five inches.

"'All this fuss to see poor little me,' said Mrs. Eddy, looking at me with radiant eyes, and smiling upon me benignantly.

"'I feel greatly honored at the privilege granted.'

"'But why should you, my dear child? Why do so many people wish to see me?'

"I could not answer. I felt some way overwhelmed.

"'All that I ask of the world now,' continued Mrs. Eddy in a voice which had the sweetness of a silver chime about it, 'is that it grant me time to assimilate myself to God.'

"Again I was silent, for there was force and decision in every word so gently uttered. The force was like a command from a mind accustomed to be obeyed.

"'Are you satisfied now that you have met me personally, and now that I have acceded to all your requests?'

"'I am satisfied,' I replied.

"'I would that I could satisfy every one who wishes to see me,' went on Mrs. Eddy. 'I would that I could entertain them all, take them all to my heart. But I cannot do it. I can only say to those who cherish this ambition, "Look on Truth and forget my personality." All that I ask of the world is time.'

"I lifted Mrs. Eddy's delicate hand to my lips and bowed in assent to her apparent desire to terminate the interview. She touched my forehead with her fingers and lifted her hand as though to bless me as I withdrew from the room. My last glimpse of her was as she stood there, erect as youth, dominating in expression, and yet gentle, flower-like, and very lovable. Her last gesture was a wave of her uplifted hand."

Miss Wilbur left a number of questions, the answers to which were added by Mrs. Eddy and sent to her to complete the interview. In addition Mrs. Eddy sent her the following:

"My recent interview of a few moments with Sibyl Wilbur of the Boston *Herald* was prolific. I confess to having yielded reluctantly to meet the occasion for quieting the billows of public opinion while constantly signaling it as to my course and hoped-for haven. But what a grand, calm call was hers; what a short time it took for us to talk when touched by the truth of an honest purpose. By speaking less and feeling more we parted reciprocally blest. Will Miss Wilbur accept my thanks for her kind courtesy, for leaving me with not one hour less in which to put my mite with hers into the vast treasure-troves of eternity, to draw the interests on deposits gained from minutes, till we receive the principal whereof God keeps account. May she, because of her goodness, broaden her wide range of usefulness; and I work on to widen mine into paths of peace; till the burden and heat of the day are done, the eventide is past, and bird and blossom wake in the sunshine.

"MARY BAKER EDDY."

BOOK REVIEWS.

We have received from the author, C. Van Zwalenburg, M.D., of Riverside, reprint entitled "The Relation of Mechanical Distension to the Etiology of Appendicitis."

CONSERVATIVE GYNECOLOGY AND ELECTRO-THERAPEUTICS. A Practical Treatise on the Diseases of Women and Their Treatment by Electricity. By G. Betton Massey, M.D., attending surgeon to the American Oncologic Hospital, Philadelphia; Fellow and ex-President of the American Electro-Therapeutic Association; Member of the Societe Francaise d'Electrotherapie, American Medical Association, etc. Fourth edition, revised rewritten and greatly enlarged. Illustrated with twelve (12) original, full-page, chromo-lithographic plates and twelve (12) full-page half-tone plates of photographs taken from nature, and numerous engravings in the text. Philadelphia: F. A. Davis Company, publishers, 1905.

It is with some hesitancy that one reviews a book of this character. To one who is inclined to be enthusiastic concerning the use of electricity in the treatment of pelvic disorders, there is such a tendency to make it a cure-all for these troubles; thus allowing cases that are easily cured by surgery in the early stages to drag along to a period in which they are inoperable, that there has come to be a general prejudice against electricity in these disorders, and yet in going over this work carefully, the reviewer must say that he is confident that this criticism does not apply to this work if taken up with the spirit in which it is presented by the author.

The first chapter is on "The Nature and the Predisposing Causes of the More Common Affections of Women," and is followed by a chapter on "The Examination of Patients with Reference to the Propriety of Employing Conservative Methods of Treatment." It seems to the reviewer that this chapter should be carefully considered before consulting the balance of the book. Later on in the work, the Apostoli treatment for fibroid tumors is considered at great length. We are pleased to see that the author is careful to state, what in his opinion, are suitable cases for this treatment, and that he gives the contra-indications for the treatment. This spirit seems to pervade the whole work, and it is this feature which places it upon a higher plane than many works of the kind. To be sure it will seem to some of us that the puncture of the fibroid tumor through the abdominal wall for the purpose of applying electricity should be condemned. Still the author claims that it is a safe procedure when followed out by the safe-guards which he endeavors to throw around it.

That good results have been obtained in this method, there can be no doubt, and that unfortunate results have followed purely surgical procedures likewise there can be no doubt. These are matters in which the personal equation must always be a strong one, and the result will depend very largely upon the good judgment used by the man in charge of the case.

In reporting cases of fibroid tumors, which is done at great length, on page 166, the statement is made: "of these 101 cases, 75 were practical successes, and 26 practical failures. But the teaching of these statistics seem to be therefore that 75 per cent. of all cases treated by the Apostoli treatment will be permanently cured by it, but that it will be of no permanent benefit in the remtining 25 per cent."

It will be noticed that the words "practical successes" and "practical failures" lends a somewhat uncertain value to the conclusions. On the other hand when contrasting it with surgical procedures and claiming a mortality of 25 per cent., in the most skilled hands it seems that the author is a little bit unfair in presenting this side of the case.

A chapter toward the end of the book is devoted to the Roentgen rays and

DOCTORS' BABIES

Raised On

ESKAY'S FOOD

WE HAVE ROOM FOR ONE CLINICAL REPORT ONLY . .

I put my own babe on Eskay's Food after all other foods had failed, and was very much pleased and surprised at the improvement. She is a strong, healthy child now. I believe it the best food made. I have several babes on Eskay's now and all are doing nicely. Dr. . . . . ,
Appleton, Wis.

We could quote hundreds of similar letters if space permitted — TRY IT FOR YOURSELF — Samples cheerfully furnished free upon application to

SMITH, KLINE & FRENCH CO.
PHILADELPHIA

contains some practical suggestions. In summing up the opinion of the reviewer, it is an admirable work to be placed in the hands of the skilled gynecologist, but that by the novice who attempts to find in electricity a sure cure for all ills of the pelvis and abdomen is liable to be abused.

ARMY OF NURSES—FOUR HUNDRED ADDED TO RANKS IN FEW YEARS IN LOS ANGELES—THIS SUMMER'S LARGE REINFORCEMENT—NEW FEATURES OF THE TRAINING.

Among the girl graduates who come flocking from high school, college and university at this season, there has arrived within the past few years another troop of graduates who offer no commencement essays, wear no gauzy gowns of floating ribbons, but just plain white uniforms with prim little caps perched above their sweet, serious faces—the nurses who come out from the training schools of the hospitals to receive their diplomas entitling them to enter upon a service that appeals to all humanity.

More than seventy such white-robed, white-capped graduates have within the past two weeks received their diplomas in this city. Their training has led them along the pathway of pain, and has lifted before their young eyes the veil of tragedy and suffering that underlies the world of joy and pleasure.

THE ARMY OF THEM.

It is only ten years ago that the first training school for nurses was established in Los Angeles at the County Hospital, and sixteen young women entered the class. Since that time over four hundred have passed through the course of training laid down in the half dozen leading hospitals in the city. The pioneer work toward establishing training schools here was done in the medical college, and grew out of the need for nurses in the hospitals and sanitariums for the sick that were just coming into existence here. A board of lady managers was appointed to cooperate with the physicians of the medical college, Mrs. Eleanor T. Brown being the president and the other officers Mmes. F. T. Griffith, Walter Lindley, E. P. Johnson, M. L. Moore and Miss Fannie Wills. In June, 1897, a class of twelve was graduated, and two years later the California Hospital presented diplomas to its first class. Since then, this institution alone has graduated 129 nurses.

These training schools have revolutionized the care and treatment of the sick, and opened a new calling for women which offers thorough preparation without expense other than time and service. The applicant is required first to serve two months on probation in order to determine her fitness and adaptability for the profession. If she passes satisfactorily this term of probation she is accepted as a pupil and adopts the hospital uniform. No charge is made for tuition and she is given room and board from the date of her entrance. During each of the three years of her training she is given a small monthly allowance to cover the cost of uniforms, laundry, text-books and other incidental expenses, the allowance being slightly increased each year as the pupil advances and her services become of value to the hospital. The time of training has recently been extended from two to three years, and gradually grows more rigid.

NEW NURSE LAW.

A recent act passed by the State Legis-

lature to promote the better general education of the trained nurse provides for the issuance of certificates of registration by the board of regents of the University of California. Under this act no nurse, after January 1, 1910, shall be eligible for registration unless she can furnish satisfactory evidence of having substantially completed the course of studies pursued in the grammar schools of the State, or an equivalent course.

The text of the bill was submitted to a number of attorneys and prominent physicians and received their approval. It is generally considered an excellent and progressive measure, tending to elevate the standard of nurses, and is receiving wide attention all over the country, many States having adopted the same requirements.

The hospital training, too, has grown more rigid in that the lecture system is giving way to the regular class recitation, and in at least one hospital here student nurses are required to recite their lessons five evenings in a week. This, with the practical training in the wards during the day, fits them thoroughly for their profession.

The real educated nurse began with Florence Nightingale, but the first training school for nurses in this country was inaugurated but little more than thirty years ago at Bellevue Hospital, and now it is an essential feature of every important hospital in the land. Twenty-five years ago there were no special text-books on nursing, and now there are at least 250 volumes on the ethics and science of nursing in all its departments. Trained nurses have been introduced into the public school system, and visiting nurses are employed by the board of health in many cities. In New York and Chicago the visiting nurse is a civic force, working in the crusade against tuberculosis, and with the school boards in caring for children who are sent to school in poor physical condition by careless and ignorant parents. In San Francisco visiting nurses have recently been appointed by the Board of Health as auxiliary health inspectors, and neighborhood settlements have been established for their headquarters in four different parts of the city. New York City in her public school system employs one trained nurse for every four school buildings. Last year Los Angeles inaugurated the plan, and the visiting nurse is a feature of our own public schools, the education of the patient and family going hand in hand with the nursing care. Mothers are taught how to care for their sick children, and, best of all, how to keep them in health, how to appreciate the value of proper food and clothing, cleanliness, work, play, sleep and sunshine. Indeed this relation of the visiting nurses to public philanthropies has assumed such an important attitude that a national conference in regard to this phase of the social problem is to be held next month in Portland, Ore.

The hourly nurse is another new feature of the profession, and it is quite possible to obtain her valuable services in Los Angeles, which is never slow to inaugurate useful innovations. Although the hourly nurse has but just made her appearance in Boston, she has, for some time, been the established fact in our own city. In cases where the constant care of a professional nurse is not needed, the services of the hourly nurse can be had. She holds herself ready for call at all times for one, two, three or twenty-four hours, as the case demands, going daily for an hour or two, if necessary, and making it easy for the family to care for the patient for the remainder of the day.

WISE MAN OF THE NORTH.

Dr. Woods Hutchinson, who came down from Portland, Or., last week, expressly to make the commencement address before the graduates of the California Hospital Training School

for Nurses, said some wise as well as witty things. "With the advent of this third branch of our profession—the trained nurse," he said, "medicine becomes more of a science. While it may not be strictly her business to revise and improve upon the doctor's diagnosis, at the same time if he makes a mistake she knows it, and he knows that she knows it. He may conceal the blunder from the patient and from the patient's family—but never from the professional nurse, hence he will do almost anything rather than make a second mistake. Another thing that this third branch of our profession has taught us is to rely more upon nature and nursing and less upon drugs—to work with nature instead of fighting against it."

Dr. Hutchinson, who by the way is a nephew of Dr. Jonathan Hutchinson, the great London surgeon, inoculated his speech throughout with a vein of kindly humor that kept his auditors in an almost constant gale of merriment, as he turned loose his brilliant witticisms at the expense of his professional colleagues—especially the surgeons. It is seldom that one finds a medical man who can make a good speech. As a rule they are poor orators, their genius running in another direction, but this genial doctor from the north proved a rare exception to the rule. In personal appearance he resembles Rev. G. Campbell Morgan—the same long, lean face, irregular features and tall, gaunt figure, which mark the personality of the great preacher who was heard here last year, and in point of eloquence is not far behind this noted divine. After paying his respects to the medical branch of the profession, he turned his good-natured sarcasm, clever and keen as their own lancets, toward his surgical brethren and broadly insinuated that they were growing inclined to let their scalpel do their thinking.

"If there is trouble in the northeast or southwest corner of the abdomen," he said, "You say, 'I will go in there and see what is the matter,' and I am afraid the result of all this free-handed surgery lowers the reasoning power of the surgeon. You are too eager to make good the oversights of Providence and correct the mistakes of the Creator. Indeed I hear that the Legislature of the State of Indiana has attempted to legally check this too ardent desire on the part of surgeons to amend the work of the Almighty, by providing a closed season for appendices. If the science of surgery progresses I fear the time will come when it will be the custom to submit each child, when it shall have attained the age of seven or eight years, to the surgeon to have its superfluous organs removed—such as the gall-bladder, the appendix, the large intestine, to have its tonsils trimmed up and rents taken in its stomach.

"When I was in one of the London hospitals," went on the orator, "I was told a very good story, which well illustrates the frequent futility of the doctor's diagnosis. In looking over the charts describing the diseases of the patients, a physician who had just come to the hospital to practice, found the mysterious initials 'G. O. K.' constantly recurring. Now, as you nurses and doctors know, and I will inform you laymen, that it is the custom to indicate certain diseases on these medical charts by initials, as, for instance, 'D. T.' means delirum tremens, etc. But this combination of letters was entirely new to this distinguished doctor and he was too proud to ask, so it went on for several weeks and he continually found upon the charts submitted to his inspection these mysterious letters—'G. O. K.' Finally his curiosity got the better of him, so he put his pride in his pocket and asked an attendent their meaning. 'Well, sir,' said the attendant, 'it has become the custom in this hospital in cases where the diagnosis is doubtful to use these initials, which mean 'God only knows.'"

ADVICE TO YOUNG NURSES.

There is nothing that illustrates quite so well the standard of right and duty as administered in these training schools as that given before a class of nurses in a Los Angeles hospital by a physician who has thoroughly lived up to the noble vows if a noble profession. "There is one thing," he said in the opening lecture of the course, "that I wish to impress upon you in relation to your patients. See that you pay careful attention to the old, the feeble, the broken. You deserve no credit for caring for the young and attractive patient, whom it is a pleasure to do for, but when you go to the old, the decrepit, the withered, where the magnetism of life has vanished, where the fire of ambition has long since died out and only the cheerless coals of a flickering vitality still exist, then is the time to test whether you are, in your own soul, really a true nurse. Whenever you are tried by the aged and infirm, think of some other nurse who may be brought to care for your mother or father or your own grandparents, when they have become diseased and disabled. How proud I feel of the young woman who can show an enthusiasm in caring for those in whom there is no hope."

With such lofty sentiments as these held up before her, no nurse can lightly assume the obligations of the profession.—Los Angeles Sunday Times.

THERAPEUTICAL HINTS.

CASTRATION OF IMBECILES.—Pennsylvania has passed a law making it compulsory for institutions having in care idiots and imbeciles to have specialists upon their staff who shall have the right to perform such operations as is necessary to prevent procreation. This is not done, however, unless the case remains in the institution one year and shows no tendency to improve.

The Medical Corps of the Army consists of a Surgeon General with the rank of brigadier general, eight Assistant Surgeons General with the rank of colonel, twelve Deputy Surgeons General with the rank of lieutenant colonel, sixty Surgeons with the rank of major, and two hundred and forty Assistant Surgeons with the rank of first lieutenant, mounted, for the first five years, and the rank of captain, mounted, thereafter, until promoted to major.

At a meeting of the Council of the Los Angeles County Medical Society held June 15th, the following were elected to membership: Drs. James T. Fisher, Andrew J. Berry, Harris Garcelon, and M. D. Carter of this city, and Allen L. Bryant of Glendale.

CARBUNCLE CURED.—Dr. Geo. E. Bahrenberg, Soldiers' Home, Cal., in writing of his good results with Campho-Phenique upon wounds, says: "A man came to me with a bad carbuncle on his breast. Non-surgical treatment, in past experience, has proven unsuccessful. Somewhat perplexed what to do, I struck upon the idea of using Liquod Campho-Phenique. I applied it full strength and was agreeably surprised, after the second day, to find the sore entirely disappeared, its progress arrested and a healthy wound remaining. I continued the same treatment and after eight days discharged the patient cured."

Samples and many more such testimonials supplied upon request to the Campho-Phenique Co., St. Louis, Mo.

DR. LEON WATTERS, in an address on food adulteration before the

Chemical Section of the American Association for the Advancement of Science, states that "Pure Olive Oil was not to be had in the market, except from a few high-class dealers." It is a well-known fact that even pure oils imported in bulk, are bottled after importation, and sold under foreign labels as pure olive oil. These facts are clearly shown up in government reports. Practically *all bottled oil* is put up here. A positive *assurance of absolute purity* will be found in oil imported in *sealed tin cans,* and sold in the *original package.* As *each importation* has to pass *government inspection absolute purity is insured.*

The "STAR OF ITALY" brand is thus sold in *original packages* exactly as imported, in ¼, ½ or 1-gallon cans. A neat pamphlet on the therapeutic value of *Pure Olive Oil* showing results of experiments by numerous practitioners in the treatment of specific diseases, *with sample of the oil,* will be sent *free* to any physician, on application to ACHILLE STARACE, Importer, 76 Pearl street, New York city.

"What is genuine shall posterity inherit."—*Goethe.*

Notwithstanding that a host of imitators have sprung up to reap the benefit of the reputation created by Hayden's Viburnum Compound as a remedy *par excellence* in the treatment of diseases of women, this valuable product has steadily increased in popularity and has met every requirement of the most exacting clinician. In obstetrical practice H. V. C. has a wide range of usefulness. On the nervous system it has a sedative effect. In delayed labor, owing to a rigid os, it is particularly efficient and preferable to chloral, as it is not a narcotic, and in post-partum work it enjoys all the advantages of ergot without the dangerous actions of the latter drug.

"ELIXIR OF LIFE."—The Benedictine monks displayed rare tact and religious fervor in preserving the secrets of medicine during the dark ages, while Paracelsus and the alchemists of old were searching relentlessly for alcahest, the panacea, the philosopher's stone and the "elixir of life." It remained however, for latter day investigators to discover the real elixir of life. Recent text-books call attention to the most important of modern physiologic discoveries—cell life and lecithin, the phosphorized extract of animal and egg-cell activity. Phospho-Albumen (syrup di-oleyl-lecithin) contains lecithin in such proportions as to commend it to the thoughtful practitioner, who will readily recognize its great usefulness in rachitis, neurasthenia, lymphatism in the cachexias, anemias and all conditions arising from fatty metabolism and malacia. Physicians who are not familiar with this product, which is the pioneer of the animal extracts, will be cheerfully furnished with samples sufficient for a careful trial. Address the Phospho-Albumen Company, Station M, Chicago, Ill.

It has been shown by Novy and Freer of the University of Michigan that nascent ozone, even in weak solutions, destroys bacillus pyocyaneus, bacillus coli, bacillus typhosus, baccillus diphtheriae, vibrio cholerae, staphylococcus pyogenes aureus, and streptococcus pyogenes, in less than one minute. These writers say that "While the strong solution kills everything almost instantly, the weaker solution (1:3000) destroys the vegetating germs, as a rule, within one minute." At the same time solutions of 1 to 1000 strength are given internally without the least harmful effect. The good results accruing from the use of this remedy in the summer complaints of young children are early and unmistakable; the discoloration and putridity of the stools disappear; the diarrhea is checked; the temperature falls; pain and inflammation subside; the vomiting is controlled; and the condition of anguish and irritability is consequently greatly dispelled.

THE IDYLLWILD BUNGALOW.

THE IDYLLWILD SCHOOL OF FORESTRY.

THIRD ANNUAL SESSION,

Under the Patronage of Hon. Gifford Pinchot, Forester, Washington, D. C., and President Benjamin Ide Wheeler, University of California

WEDNESDAY, JULY 12 TO WEDNESDAY, AUGUST 2 (inclusive), 1905.

The new profession of forestry is one in which all should have an intelligent interest. The protection of our forests and the conservation of our water supply is a matter that has a direct effect upon the health of the people of Southern California, Arizona and New Mexico.

The third annual session of the Idyllwild School of Forestry will begin in Idyllwild, San Jacinto Mountains, on July 12th and last for three weeks. This school is under the patronage of Hon. Gifford Pinchot, Chief Forester of the Bureau of Forestry, and President Benjamin Ide Wheeler of the California State University. The lectures will be illustrated by electric stereopticon views and by study trips through the surrounding forests. The lectures will be by Mr. Avery T. Searle, A.B., M.F., a forest assistant in the Bureau of Forestry in the United States Department of Agriculture. Mr. Searle is a graduate of the School of Forestry of Yale College, and has devoted his time to Forestry in the Hawaiian Islands and Southern California. Mr. T. P. Lukens, who is an agent of the Bureau of Forestry, and who has a national reputation in his forestry work; Professor A. V. Stubenrauch, of the College of Agriculture of the University of California, and whose work in establishing the horticultural sub-stations is well known. Professor Stubenrauch's lectures will be devoted especially to acacias, eucalyptus and other kinds of Australian and New Zealand trees and shrubs which seem promising for California conditions. Prof. Stubenrauch will deal with the characteristics of the trees and shrubs and their economic value in California. He also hopes to have a lecture on the "Influence of Forests on Climate." His lectures will be given July 12, 14, 18. Miss Belle Sumner Angier will deliver a lecture on the flora of the San Jacinto Mountains. This lecture will be given on July 20. The lectures will be as follows.

7:30 p.m., Wednesday,	July 12th—	Prof. A. V. Stubenrauch.
7:30 p.m., Thursday	" 13th—	Mr. T. P. Lukens—"Water Conservation." The importance of forests for the conservation of water. (Illustrated with electric stereopticon.)
7:30 p.m., Friday,	July 14th—	Prof. A. V. Stubenrauch.
7:30 p.m., Saturday,	" 15th—	Reception, music and dancing.
11:00 a.m., Sunday,	" 16th—	Religious services.
7:30 p.m., Sunday,	" 16th—	Concert.
7:30 p.m., Monday,	" 17th—	"Forest Botany," by Mr. A. T. Searle. The simple cell. The structure of the growing and of the mature stem. Methods of transportation and nutrition; methods of reproduction, and the structure of a seed. (Illustrated by electric stereopticon.)

7:30 p.m., Tuesday,	July 18th—	Prof. A. V. Stubenrauch.
7:30 p.m., Wednesday,	" 19th—	Mr. T. P. Lukens—"Forest Protection." The elements of destruction and means for prevention and cure. (Illustrated by electric stereopticon.)
7:30 p.m., Thursday,	July 20th—	"The Flora of the San Jacinto Mountains," by Miss Belle Sumner Angier.
7:30 p.m., Friday,	July 21st—	Mr. A. V. Searle—"Silviculture." The silvicultural methods for natural and artificial regeneration as practiced in Europe.
7:30 p.m., Saturday,	July 22nd—	Reception, music and dancing.
11:00 a.m., Sunday,	" 23rd—	Religious services.
7:30 p.m., Sunday,	" 23rd—	Concert.
7:30 p.m., Monday,	" 24th—	Mr. T. P. Lukens—"Reforestation." The species best suited to the work of reforestation, and the methods of working for its accomplishment. (Illustrated with electric stereopticon.)
7:30 p.m., Wednesday,	July 26th—	"Forest Botany." Continuation of the subject of Monday, the 17th. (Illustrated by electric stereopticon.)
7:30 p.m., Thursday,	July 27th—	Mr. A. T. Searle—"Measurement of Forests." The methods computing the volume of single trees, of standing forests, and valuation surveys.
7:30 p.m., Friday,	July 28th—	Mr. A. T. Searle—"Management of Forests." The management of forests in Europe, regulation yield and working plans.
7:30 p.m., Saturday,	July 29th—	Reception, music and dancing.
11:30 a.m., Sunday,	" 30th—	Religious services.
7:30 p.m., Sunday,	" 30th—	Concert.
7:30 p.m., Monday	" 31st—	Mr. A. V. Searle—"Forest Law." The Federal laws directly affecting the forests.
7:30 p.m., Wednesday,	Aug. 2nd—	Mr. T. P. Lukens—"Forests of the Pacific Coast." The general forestry of the Pacific Coast and the identification of species. (Illustrated with electric stereopticon.)

The days will be devoted to field work and to excursions through the surrounding forests.

The Idyllwild Mountain Resort Company has in the heart of the San Jacinto Mountains five thousand two hundred and fifty acres of forest and meadow traversed by mountain streams. Surrounding this Idyllwild property the government owns seven hundred thousand acres, making a grand and extensive natural park. This is an ideal location for a School of Forestry.

Recently the government has purchased all of the Southern Pacific sections of the San Jacinto Forest Reserve and taken all of these lands off of the market. The Board of Supervisors of Riverside county have adopted an ordinance prohibiting the killing of deer for three years, while the State law prohibits the killing of tree squirrels. These wise provisions are strictly enforced by forest rangers. Permits for carrying guns in the forest reserve can be secured of the forest ranger at Idyllwild, and the coyotes, wildcats and foxes will furnish sport for those who are inclined that way.

RATES AT THE IDYLLWILD BUNGALOW.

Rooms and Board—

Reduced rates where two or more persons occupy the same room

Tent with meals at the Idyllwild Bungalow—

$ 2.50 per day,

$15.00 per week.

Where two or more persons occupy the same tent the rates are—

$ 2.00 per day, or

$12.50 per week each.

Furnished Tents for Housekeeping—

$4.00 per week for 1 person.

$6.00 per week for 2 persons.

$7.00 per week for 3 persons.

$8.00 per week for 4 persons.

Above prices include one tent (size to depend upon number to occupy same), board floors with rugs or matting, table, chairs, washstand, lamp, double or single bed and bedding, towels, stove and complete cooking outfit. Fuel is sold and awnings and hammocks rented at reasonable rates.

Furnished Cottages for Housekeeping—

$25.00 to $50.00 per month.

Camping ground for 50 cents per week will be furnished persons desiring to bring their own tents, providing they conform to the rules of the Idyllwild management in regard to sanitation and neatness.

In making reservations for accommodations at The Idyllwild Bungalow, please state number in party, number of beds required, number of tents wanted, and whether you wish to board or do your own housekeeping. Also give exact date of your arrival, allowing three or four days, if possible, for your letter to reach us.

The Santa Fe Railroad sells an excursion round-trip ticket between Los Angeles and Hemet on Tuesdays, Thursdays and Saturdays for $5.00. The trains on these days make close connection with the stage at Hemet.

The round-trip stage fare between Hemet and Idyllwild, $3.00.

Trunks, round trip between Hemet and Idyllwild, $1.50.

Hand baggage, telescopes, etc., from 25 cents to $1, according to size and weight.

Trains leave Los Angeles—La Grande station—at 7:30 a.m., Tuesday, Thursday and Saturday, making close connection with the stage at Hemet.

Tents and Cottages for rent for housekeeping all year round.

Idyllwild Bungalow opens June 15, closes September 30.

For Literature address:

R. A. LOWE,
Idyllwild, Cal.

E. E. MONTGOMERY, M.D.

SOUTHERN CALIFORNIA PRACTITIONER.

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CASES ILLUSTRATING SOME OF THE DIFFICULTIES IN ABDOMINAL DIAGNOSIS.*

BY E. E. MONTGOMERY, M.D., OF PHILADELPHIA, PROFESSOR OF GYNECOLOGY, JEFFERSON MEDICAL COLLEGE.

Lawson Tait, who was justly considered a genius in the field of abdominal surgery, in a lecture before the faculty and students of Jefferson Medical College, said, "As I feel this table, I can tell that it is wood, but without removal of the cloth I can have no idea of the character and quality of the wood. So it is in abdominal surgery, we can recognize that there is a tumor within, but frequently we cannot determine the kind of tumor until the cover has been removed by the abdominal incision." While this statement was true at the time it was made, our increased familiarity with the characteristics of such growths obtained through frequent removal of the cover enables us to be more precise and determinate in our diagnosis.

The errors of today are more frequently the results of careless habits of investigation and failure to utilize all the means at our command to illuminate the subject under consideration. The larger the experience of the investigator the less can he afford to be slothful in his method of information. Just so surely as he fails to employ every means for his study of the patient he will himself be caught napping when he least expects, and will make a mistake which his subsequent analysis of the case will demonstrate as entirely inexcusable. I propose to test your indulgence by citing some cases which illustrate the difficulty of acquiring a proper diagnosis and will indicate later how such errors can, in the greater majority of cases, be avoided. These illustrative cases may be divided into those in which the solution has, 1, to do with the existence or non-existence of pregnancy; 2, where an ovarian tumor may be in question; 3, where the condition may make us doubtful as to the existence of a myoma, and 4, as to other growths.

The first class presents cases which must be of especial interest to both the specialist and the general physician, be-

*Read before the Los Angeles County Medical Society, Friday, June 30, 1905.

cause of the frequency and variety of the variations from the normal in the case of pregnancy, which can come under observation. In April, 1894, a patient entered my service at the Jefferson Hospital. She said she had missed her sickness two months, and became convinced that she was pregnant. In February, 1893, she had a discharge of blood attended with cramp-like pain, large clots and shreds of tissue which she and her attendant regarded as an abortion. Much to her surprise, she later found that her abdomen was enlarging, and in a few months she noticed what she believed to be fetal movements. She went into labor in October, but after some days of severe pain and convulsive movements all symptoms subsided. When she came under my observation, fifteen months had transpired since the first symptoms. Menstruation had returned after the cessation of the symptoms in October. The abdomen was as large as a woman at full term. The enlargement was a little more marked upon the left side. Palpation disclosed an apparently thin-walled sac with fluid contents, as fluctuation was quite distinct. By conjoined manipulation, the uterus, somewhat enlarged, could be felt adherent upon the anterior surface of the cyst. The deeper portion of the mass was more resistant, but permitted no special determination of its contents. To add to the difficulty of diagnosis, while the sac afforded fluctuation, percussion over the summit of the tumor gave resonance. My explanation of this series of phenomena was that this woman had had a rupture of an ectopic gestation, instead of an abortion, that the fetus had not perished, but contiued to grow, and had finally perished in October at the time of spurious labor. The resonance in the sac was due to maceration of the fetus and the development of gas as a result of the degenerative process. The subsequent operation, which was followed by recovery, verified my diagnosis. In May, 1899, a patient was referred to my service at the Jefferson by my assistant, Dr. Fisher. She had been told over a year ago that she was pregnant, and when labor failed to occur that it was an ectopic gestation. Her abdomen was enlarged the size of a woman at the sixth month of pregnancy. Fluctuation was indistinctly recognizable. By pressing suddenly upon the abdomen a mass could be felt to recede and come back against the hand—well defined ballottement. Vaginal examination disclosed the cervix large, above it in front a mass separated by a cleft which felt like bones of a fetal skull separated by the suture. Several physicians had diagnosed an abnormal pregnancy. Notwithstanding these views which were made known to me, I announced that the woman was suffering from myomata, and that the ballottement was stimulated by a subperitoneal growth which had a rather thick pedicle. Greater freedom of movement was permitted by an accompanying ascites. A subsequent operation confirmed this diagnosis.

2. Next to pregnancy ovarian growths probably afford opportunities for error. In this class may be cited the following: Mrs. MacP., aet. 34, entered Jefferson Hospital October 26, 1899. She had had two labors at full term without accident. In April, 1899, she had a severe attack of illness which her physician pronounced inflammation of the stomach. It was characterized by pain, tenderness, rigidity, nausea, vomiting and distention. She was confined to bed for a period of nine weeks. Following this the abdomen became enlarged. The menses were absent. Upon her admission to the hospital her abdomen was as large as that of a woman pregnant at full term. The symmetrical contour and conditions of fluctuation and resonance were such as

to leave no doubt as to its character, so in the hurry of other work no pelvic examination was made. The abdomen was opened, the sac emptied of straw-colored fluid by a trocar, and the sac partially drawn out. With it, and apparently adherent to it, was intestine. In attempting to separate the latter, it was found that it tore off from its mesentery. Examination revealed that the apparent cyst was continuous above with the diaphragm. Inspecting it below disclosed that it did not dip into the pelvis and that the ovaries were not enlarged. Further investigation showed that it was apparently an accumulation of fluid in the lesser peritoneum, which in its development had spread out the mesentery, forming a collection behind the latter, which distended the entire abdominal cavity. The opening was stitched to the abdominal wound and drained with a wick of gauze. The portion of separated intestine was excised and an end to end anastomosis done. Recovery was rapid. She was discharged well, two months subsequent to the operation. For several weeks subsequent to the operation a large quantity of serous fluid drained from the sac. A careful bimanual examination would have rendered certain the non-ovarian character of the growth, as both ovaries were readily accessible to touch.

The following case illustrates another difficulty: September 15, 1893, Mrs. F., aet. 48 years, underwent an abdominal operation in my service at St. Joseph's Hospital. She gave the following history: Married at 20 years, she had given birth to six children. After the birth of her first child, 18 years before, an enlargement of the abdomen was noted, which gradually increased. The enlargement was not painful, and was symmetrical. It caused no inconvenience except from its weight. Some eight years before I saw her she consulted Dr. Goodell for prolapsus uteri. He advised an operation, to which she would not consent. Six weeks before her operation she was seized with a severe attack of vomiting, attended with high temperature and frequent pulse. The elevation of temperature continued and when she came to me she was pale, emaciated, with a frequent pulse, a temperature of 103°, and the abdomen presenting a tumor slightly more prominent upon the left side. Fluctuation was distinct over the entire surface. Resonance was absent over the greatest distention and distinct and somewhat metallic at the sides, apparently from the colon. The diagnosis was a single ovarion cyst with thick walls. An incision, instead of disclosing the pearly, glistening surface of an ovarian cyst, revealed a thickened peritoneum covering a cystic tumor. Supposing the growth to be an intraligamentary ovarian or broad ligament cyst, a trocar was thrust into it, and some twenty-eight pounds of a dirty yellow fluid evacuated. The decrease in the size of the abdomen permitted its exploration, with the hand, when it was found the tumor was a retroperitoneal one. The opening in the peritoneum made by the trocar was enlarged, and the tumor gradually enucleated without tying a vessel. Upon sponging out the cavity bleeding was occurring directly over a mass upon the left side above the brim of the pelvis. A couple of cysts projecting from this mass were opened and found to be the calices of a dilated kidney. As the pelvis of the kidney was greatly distended, its calices had been opened, and bleeding was taking place from its surface; its removal seemed the wisest proceeding, and was done. The entire left side of the abdomen, from the diaphragm to the pelvis, had been occupied by the growth. The parietal and visceral layers of the peritoneum were united, a gauze drain inserted into this cavity and brought out at the abdominal wound. The patient was greatly shocked, but rallied and ultimately made

a good recovery. The solid portion of the cyst weighed eighteen pounds, and with its fluid contents already noted, comprised a growth of nearly fifty pounds.

3. Myomata.—The symptoms, resistance and relation render the diagnosis in the majority of cases readily determinable. The following case presents an unusual difficulty: Mrs. H., colored, aet. 26 years, was admitted April 13, 1905, to the Jefferson Hospital, with a large, solid growth on the abdomen, which extended to the ensiform cartilage. She had been married seven years, and had been pregnant four times, twice reached full term. Seven years ago she noticed a small tumor in the abdomen, which has steadily increased in size, growing very rapidly in the last year. The tumor was very firm, not movable, and by bimanual examination was apparently loosely connected with the uterus, leading one to think that it had arisen from the anterior surface. During operation, April 18, the tumor was found to have originated from the muscle wall of the right side of the abdomen and had grown intto the abdominal cavity, pushing the peritoneum before it. The peritoneum was firmly adherent over its surface. The entire muscle wall of the right side of the abdomen was removed with the growth, from above the umbilicus to the pubes. The left side was utilized to close the opening. The tumor weighed nineteen and one-half pounds, and is the largest dermoid tumor so far reported.

4. Irregular tumors often present difdifficulties, as in the following: October 20, 1899, Mrs. L. J. F., aet. 52 years, upon whom I had done a double ovariotomy some six years before, exhibited a tumor upon the left side of the abdomen, which extended from the ribs to the crest of the ilium; from bevond the median line it filled up the lumbar region. Over its anterior surface resonance was distinct. As my notes showed that at the former operation malignancy was suspected, I proceeded to operate, in doubt whether it was a sarcoma of the descending colon or a tumor of the corresponding kidney. An incision external to the left rectus was made over the surface of the tumor and unexpectedly opened between the layers of the mesocolon into the colon. This wound was sutured and the incision carried backward, expecting to open the kidney, but a collection of brownish fluid was evacuated and found to have been a localized peritoneal collection. The kidney was free from disease. The collection had apparently originated in a mesenteric gland, as others were present containing similar fluid.

While all the cases here cited present difficulties, they demonstrate the certainty with which diagnosis can be effected when the symptoms, subjective and objective, are carefully elicited and analyzed. Errors in diagnosis can, in the great majority of cases, be traced to neglect to investigate the cases.

VENERAL DISEASES.

George M. Kober, Washington, D. C., (*Journal A. M. A.*, March 11), points out the terrible prevalence of venereal diseases among the general population. He quotes statistics showing that in large cities from 12 to 15 per cent. of the population are afflicted with syphilis, and a still larger proportion with gonorrhea. While he does not think that public regulation of the evil is advisable in this country, he maintains that the state should enforce laws against solicitation and seduction, and that health boards should recommend the enactment of sanitary regulation of all occupations by which extragenital syphilis may be conveyed, and special examinations should be made of wet nurses, etc. He believes that these measures would be of great educational value and suggests that a general educational campaign be instituted against these disorders.

THE EVILS OF INSTITUTIONAL CHILDHOOD—A SOCIOLOGICAL STUDY.*

BY WALTER LINDLEY, M.D., LL.D., LOS ANGELES, DEAN OF THE COLLEGE OF MEDICINE OF THE UNIVERSITY OF SOUTHERN CALIFORNIA, PRESIDENT BOARD OF TRUSTEES OF THE WHITTIER STATE SCHOOL.

There is something in the suffering, hardships and poverty of the small child that appeals forcibly to mankind.

This has ever been so, but Nerva, the Roman emperor, A.D. 67, was probably the first to aid the poor child systematically from the public funds. His great aim was to aid poor parents to care for their children. In other words, this benevolent ruler, wise in his day and generation, thought to maintain the integrity of a private home was better than to proclaim the celebrity of a public institution. The coins of 67 represent Nerva sitting on his throne stretching out his right hand to a boy and girl. He also actively encouraged people of wealth to personally assist poor parents to clothe and educate their children.

There is an important lesson to be learned from this bit of history.

The best thing the state can do to help the children of our land is to foster the home and the home spirit.

There should be some systematic, organized effort by the state to assist poor widows who are left with children to preserve the integrity of their homes by aiding them in securing some kind of employment at or near their homes, and by paying, if necessary, a cash allowance while the children are small. The great majority of children in our orphanages are half orphans How often, oh how often, I have seen worthy managers trot out with pride the little tots from two to ten in "successful" institutions. These boards of managers are, as a rule, composed of generous and intelligent women, who are doing the best they can for those little ones under the existing laws. In my heart I cannot keep down the cry "Oh! the pity of it all!" The wholesale evensong, the wholesale prayer, the wholesale bath, the wholesale "Good Morning," and the wholesale meal. It is true, there may be love in the management of that institution, but it is a wholesale love.

The public institution is a necessity, but it should be utilized as little as possible. Children from a public institution are like plants from a hothouse; unless carefully shielded they will be destroyed by the first adverse wind. It takes the individual home to develop in the child strength and individuality.

At the session of the National Conference of Charities and Correction of 1899 a report, drawn up by Hon Thos. L. Mulry of New York, president of the St. Vincent de Paul Society of that city, was presented, which took the ground that many children now in institutions "might well be placed in good homes, provided the families were of the same religious faith as the child," and that the earlier they are placed in such families the better it is for the child, as the motive which induces one to take a child of tender years is apt to be more disinterested than when they are old enough to be utilized as help. The report concludes: "There are homes in abundance throughout our cities, our towns, our farming sections, for every orphan child, if the people would but open their hearts and brighten their homes by studying in what way they may best show their love for their less fortunate fellow beings."

There are three methods of caring for children: The first and best is in the

*Address delivered before the National Conference of Charities and Corrections, Portland, Oregon, Tuesday, July 18, 1905.

child's own home, the state aiding, if necessary, the parent or parents. Second, and second in efficiency, placing the child in a family home, the state paying from $1.50 to $2.50 per week where the family cannot afford to keep the child free. The third and dernier resort is the institution.

California and New York are the limit on the institution idea, while New Jersey, Massachusetts, Minnesota and Michigan are the noteworthy states in practicing the family home plan. In regard to especially fostering and preserving the home, there is no state that has yet reached the advanced ideas of that Roman emperor, 67 years after the beginning of the Christian Era.

The dependent children of New Jersey are under the care of the State Board of Children's Guardians. This board does not maintain any orphanages, but each dependent child is placed in the care of some family within the state, and this family must be of the same religious faith as the child's parents. This probably means Catholic children with Catholic families, Jewish children with Jewish families, Protestant children with Protestant families, as the requirement doubtless does not extend to the numerous fine subdivisions for which we Protestants have become notorious. June 1, 1904, the New Jersey Board of Guardians had in their charge 531 children, of whom 350 were with families that were being paid for their board, while 181 were being kept free of charge. Taking the average total number of children thus in the care of the state, boarding and free, the per capita cost per annum of maintenance is $60.15. That is, the state of New Jersey, with a population of 2,000,000, is paying out per annum for her dependent children about $40,000. The children are visited by an agent at least four times a year; a monthly report is required from the child's school-teacher, giving not only the educational progress of the child, but also its general condition and appearance. A quarterly report is also sent in from the priest or minister of the church which the child attends. There is thus a particular clergyman interested in each individual child.

Massachusetts, with a population of 3,000,000, has no institution for dependent children supported in any way by public funds. This state believes emphatically in the home family plan, and had, June 1, 1904, 1300 boys and girls under ten years of age boarded out at $1.50 per week, with an allowance of 50 cents per week for clothing. These children are carefully visited by eight paid women visitors, one being called visitor-at-large and the seven assistants.

At that time there were 217 neglected and dependent boys in Massachusetts over ten years of age, and they were boarded in families, the state paying at the rate of from $1.50 to $2.00 per week. When these children are old enough to make their own way the state quits paying their board, but still maintains an assiduous care of them. June 1, 1904, there were 2000 of these self-supporting children. These 2000 children are visited and aided in securing positions by three men who give all their time, and six men who give part of their time, to this work, while the self-supporting girls are visited and aided in the same way by a woman visitor-at-large, four paid women assistants and an unpaid auxiliary board of sixty women.

The system of finding family homes for children was put in operation in the state of Michigan in 1874, and in 1900 child dependence had decreased in ratio to the population 400 per cent. A few years ago it was carefully figured out and it was found that Michigan had 1 dependent child to 10,000 of her population; in 1904 this was reduced to 1 to each 12,500; Ohio 1 dependent child to every 1000 of her population; New York 1 to each 268 of her population, while California had 1 dependent child to each

250 of her population. The comparative ratio is practically the same today.

In Michigan, June 1, 1904, with a population of 2,500,000, there were 161 children supported by the state in public institutions and 1486 in family homes under state supervision. The cost to the state of Michigan for the twelve months, ending June 1, 1904, approximated $42,822.

Minnesota in 1885 followed the example of Michigan, securing the service of Mr. G. A. Merrill, of the latter state, to carry out the plan.

Minnesota is having all of the success in this work that has been achieved by Michigan, and these two great states of the Northern Middle West are laudable examples for the civilized world.

Now we come to California. With a population about the same as Minnesota and about two-thirds that of Michigan, California had, June 1, 1904, in orphanages 922 orphans, 3859 half orphans, abandoned children 412, foundlings 201, total dependent children in California institutions 5394, at an approximate annual cost of $349,307.09.

In addition to this, there are in California, under the supervision of the state, through the County Boards of Supervisors, 154 orphans, 2169 half orphans and 84 abandoned children, towards the care of which the state paid for the year ending June 1, 1904, $105,475.04.

This makes the number of dependent children cared for by the state of California for the year ending June 1, 1904, 7801, at a cost to the state of $454,872.94.

LOOK AT THIS TABLE.

State.	Population.	Dependent Children.	Annual Cost.
Minnesota	2,000,000	760	$ 29,800
Michigan	2,500,000	1647	42,822
California	2,000,000	7801	454,872

In order to prevent any correction of this lamentable condition the legislature creating the California State Board of Charities carefully provided that men should not have the right to inspect the orphanages.

The direct money cost should not be considered, but manhood manhood and womanhood should be considered.

Every child placed in a good home with a good family stands at least ten times the chance of proving a useful independent citizen than the child covered in the institution has.

Everything that is said here in regard to the advantages of the family home over the orphanage applies with equal force against keeping young children in reformatories. There is very rarely a child under twelve in a reformatory but should be and could be placed in a good home.

I ask you, members of the Conference, to do all you can to educate and arouse the public conscience of California and get it turned toward the solution of this problem that means happy, useful future for the unfortunate.

California needs you and your experience.

Yet I must not leave you tonight with a dark impression of California.

God forbid! This is only a temporary blot on her escutcheon put there by man's misguided hand.

California, with her snow-capped peaks ever mirrored on the placid surface of this earth's greatest ocean, California, with her giant redwoods—the largest and oldest living things on the globe, gently shading the delicate ferns composed of the most beautiful lace that ever came from Nature's loom, California, with the oil from her olives that leads man away from his carnal appetites, and with the oil from the bowels of the earth that furnishes the motive power for our mightiest engines, California, with her magnificent metropolis seated on the seven hills at the Golden Gate, and her wonderfully prosperous city that is growing like magic along

the orange groves of the South; California, with her gold and silver mines that bless the earth and make their owners rich, and with a system of irrigation that fills the marts of the world with her oranges, her raisins and her wines.

Oh, California, glorious, erring California, "with all thy faults I love thee still."

LOS ANGELES HEALTH DEPARTMENT—HISTORY.

BY L. H. SCHWALBE, AUDITOR OF THE CITY OF LOS ANGELES

The first record we find referring to the sanitation of the City of Los Angeles is as follows:

To the Honorable Town Council.

It being one of the principal duties of any municipal body when it sees that an epidemic begins to attack the community, to enforce cleanliness, fumigation and similar measures, I respectfully suggest that you instruct the Syndic to spend three or four dollars in causing all the heads and remains of cattle as well as the dead animals that can be found, to be gathered into a heap in the borders of the town and set on fire at the hour of six in the evening, to be thoroughly consumed and the air purified. Also that you admonish the people to keep their premises clean and sweep in front of their houses and on no condition to throw any garbage, filth or offal of the cattle they slaughter in the streets. Also that the work on the zanja be pushed to an early completion, because our citizens who live further below are suffering greatly for lack of water, which is also one of the causes why the epidemic lasts so long. In making these recommendations, I beg of you to give them your immediate consideration.

Los Angeles, March 27, 1847.

Signed: JULIAN CHAVEZ.

Los Angeles, March 29, 1847.—The foregoing proposition having been submitted to the Honorable Town Council, at its meeting held today, it was resolved that the Syndic be authorized and instructed to make the expenditure as suggested for the purpose of cleaning the city.

JOSE SOLAZAR,
Ygnacia Coronel, Secretary.

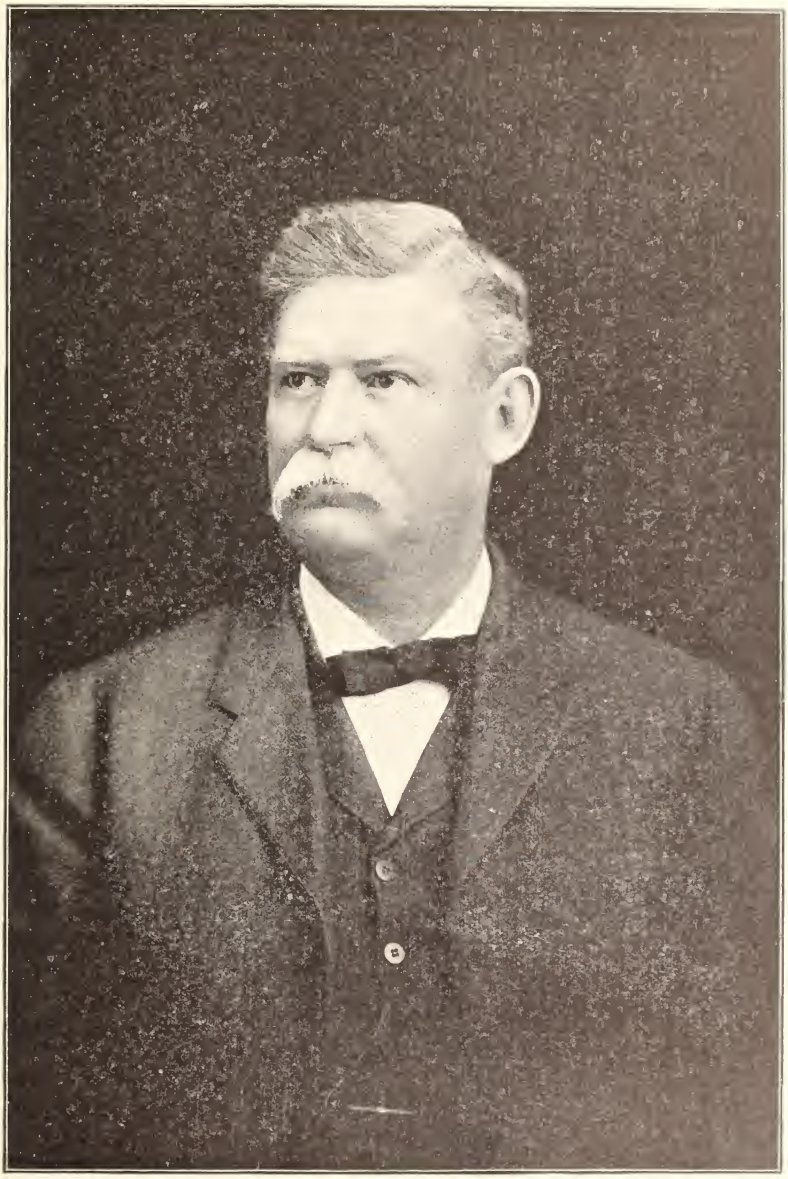
Again we find in city records for July 27, 1850, a resolution of the Common Council declaring it the duty of the police to attend to everything touching the comfort, health and adornment of the city. On August 8, 1850, under police regulations we find the following:

Article 6. On Saturdays every householder shall clean the front of his premises up to the middle of the street, or for the space of at least eight varas.

Article 7. No filth shall be thrown into zanjas, carrying water for common use, nor into the streets of the city.

On April 2, 1853, the City Council passed an ordinance concerning the making of bread, requiring the use of good and wholesome flour, and uniform size of the loaves, etc.

On February 28, 1855, the Common Council passed an ordinance regulating the conduction of a city slaughter-house or corral, and requiring a monthly fee or rental for the use of the same and the disposal of the offal in such a manner as not to be offensive. Also created the office of stock and meat inspector, who was to give a bond of $500.00 and to receive fees for inspecting stock as follows: For neat cattle, 50 cents per head, and for sheep, goats and hogs, 75 cents.



L. M. POWERS, M. D., HEALTH OFFICER

In 1868, when the county hospital was only in name and the Sisters of Charity were paid per capita for the care of the indigent sick, and the police force consisted of the Town Marshal and one policeman, and the Board of Health, the Mayor and two Councilmen, appointed by the president of the Council, an epidemic of smallpox occurred and Dr. H. S. Orme was appointed Health Officer at a salary of $10.00 per day, to care for smallpox patients and look after the sanitary conditions of the city.

In July, 1868, the main building now existing in Chavez Ravine and known as the pest house, was built jointly by the city and county, for a smallpox hospital. Smallpox was quite prevalent, many cases occurred among the Indians who were employed to pick grapes in the city and vicinity. These Indians when first attacked with the fever would often plunge into the zanja or river, and then lie around the banks until they were picked up in a critical condition or perhaps dead. The mortality during this epidemic was great. The Sisters of Charity with self-sacrifice and regardless of their health, rendered most faithful and efficient service during this epidemic. Vaccination was enforced as thoroughly as possible and the disease was ere long eradicated.

In 1869 Dr. Orme resigned. Here is the following resolution:

Mayor's Office, City of Los Angeles,
June 30, 1869.

Dr. H. S. Orme.

Sir: I am instructed by the Board of Health of the City of Los Angeles to return to you from the Board of Health, their warmest thanks for the efficient manner in which you discharged your duties as Health Officer and attending Physician at the City Smallpox Hospital.

Respectfully,
W. G. Dryden, Secretary.

It seems from 1869 that Drs. Pigne Dupuytren, T. C. Gale and J. H. McKee, served as health officers at different times. Dr. J. H. McKee was elected Health Officer on June 25, October 15 and again December 31, 1874.

On April 11, 1873, the City Council passed an ordinance creating the Board of Health to consist of the Mayor, President of the Council and two members of the Council to be appointed by the President of the Council. The salary of the Health Officer was $50.00 per month, and he was to be appointed by the Board of Health, subject to the approval of the City Council.

On August 9, 1874, the City Council passed an extensive sanitary ordinance providing for free vaccination, reports of births, deaths and contagious diseases, etc., and another resolution regulating the prevention of nuisances and providing for the public health, etc., including a section prohibiting the sale of adulterated milk.

On June 22, 1876, the Council passed a resolution fixing the Health Officer's salary at $75.00 per month. March 1, 1877, the Council passed an ordinance repealing ordinances of July 11, 1873, and August 1, 1874, pertaining to the creation of the Board of Health and prescribing the duties of the Health Officer, etc.

In 1877, a report was made to the Council that one Mrs. Dominguez had broken quarantine because of the want of food. The Council authorized the Health Officer to supply food to families in quarantine for smallpox.

Again in 1878, the Common Council passed a resolution relating to the health of the City of Los Angeles, to prevent the spread of contagious diseases by providing quarantine regulations for the incoming trains, etc.

On January 2, 1879, Dr. Walter Lindley was elected Health Officer; at that time there was no Board of Health and

the City Council elected the Health Officer. Dr. Lindley inaugurated the system of free vaccination of children attending the public schools and succeeded in securing the passage of an ordinance prohibiting the handling of swill and garbage through the streets between the hours of 9 a.m. and 5 p.m. He established the system of registering births and deaths, and secured a sewer system for the main streets, he also made an annual report of the transactions of the office. Dr. Lindley's report made November 13, 1879, for the ten months previous to November 1, 1879, shows estimated population to be 16,000, number of births 223, and number of deaths 175, including still births.

Dr. J. B. Winston served as Health Officer in 1880-81-82, and made annual reports of transactions of the office with tabulated reports of deaths, births, etc.

In 1883 and 1884, Dr. T. C. Gale was Health Officer and made annual reports of the work performed in the office and tabulated reports of deaths and births, etc.

In 1885 and 1886, Dr. J. S. Baker served as Health Officer, making several reports of smallpox and diphtheria outbreaks, also an annual report for the year ending November, 1886, in which he recommends the building of a filth crematory. The number of deaths during this year was 454, and the number of births 438. Of the 454 deaths, 120 were caused by consumption, 12 died from typhoid fever, 15 of scarlet fever, 7 of diphtheria and 14 of pneumonia. The report shows the amount of sanitary work performed during the year, and accompanying the report is a tabulated report of deaths.

In 1887 the City Board of Health consisted of the Mayor, W. H. Workman, President of the Council, L. N. Breed, and J. Lovell, J. Frankenfield and M. T. Collins, members of the Council. Dr. Martin Hagan was elected Health Officer; Dr. George L. Cole was Assistant Health Officer and Acting Police Surgeon. When the city was on a boom, rapidly increasing in population and extending its territory, an epidemic of smallpox set in. The Health Officer reports that vaccination was vigorously enforced, and as many as 30,000 people were vaccinated within a period of four weeks.

In 1888, the Board of Health consisted of the Mayor, W. H. Workman, President of the Council, J. F. Humphrey and James Hanley, M. T. Collins and E. A. Gibbs, members of the Council. Dr. J. W. Reese was elected Health Officer, Dr. J. J. Choate, Dr. Fenner and Dr. Thompson were the assistants. During this year the epidemic of smallpox was stamped out. The Health Officer made an annual report of work performed and recommended the appointment of at least three additional sanitary inspectors, a market inspector and a plumbing and drain inspector.

In 1889 the new charter went into effect. Drs. Martin Hagan, J. H. Davisson and Joseph Kurtz, and Mr. H. E. Wright were elected members of the Board of Health, and Dr. Granville MacGowan was elected Health Officer. During this term they obtained an office in the City Hall, with the necessary furniture, etc. They established the system of monthly reports, adopted sanitary rules, and obtained the passage of a number of sanitary ordinances; established the system of placarding houses for diphtheria, scarlet fever and smallpox, and also took measures toward the betterment of our water supply by forcing the water companies to use covered mains between the sources of supply and the city.

In 1889, this board took much interest in securing park facilities. Dr. MacGowan succeeded in securing the passage of a plumbing ordinance, which was to be enforced by the Building Superintendent.

In 1890 the Health Officer, in addition to attending to the duties of Health Office, acted as Police Surgeon; at this time all cases of accident were taken to the Police Station and were cared for in the large open room in which the prisoners had their bunks. Dr. MacGowan succeeded in getting an appropriation of $600.00, with which he changed the old battery room into an operating room, by having a cement floor put in, a large skylight made and the walls tinted. He also had an operating table and other necessary apparatus put in. This room though small made a very comfortable room for this purpose. Dr. E. A. Bryant assisted Dr. MacGowan in his duties as Police Surgeon.

After a great deal of trouble, and against great opposition, the Board of Health succeeded in establishing a regular system of collection of garbage, under the contract, and a crematory for the burning of the garbage was built.

In 1891, Dr. MacGowan succeeded in having two new cottages built and the old pest house building repaired, so that it was storm proof and fairly comfortable. The Health Officer was instrumental in causing the construction of an outfall sewer, etc., to be built.

In September, 1892, Dr. MacGowan prepared an ordinance including the provisions of all ordinances which was twice recommended by the Board of Health.

In January, 1893, Dr. Granville MacGowan and Dr. W. W. Hitchcock, Dr. Joseph Kurtz and Dr. C. F. Gillingham were elected members of the Board of Health. Dr. L. M. Powers was elected Health Officer for the ensuing two years. The inspection of public buildings, including schools, was systematically conducted and reports made of the same. The office of meat inspector was created and the system of meat inspection installed. During this term, a new plumbing ordinance creating a Board of Examiners was passed and a plumbing inspector to act as assistant building inspector was appointed. This ordinance was revoked in November, 1893.

The inspection of the water and ice supply to the city which had been conducted by Dr. Granville MacGowan was continued.

The Board of Health adopted for the first time, written rules governing the reporting of contagious and infectious diseases, regulating the quarantine of the same, etc. Also secured the passage of an ordinance requiring the registration of physicians, dentists and pharmacists, midwives and medicine vendors.

A new plumbing ordinance was passed by the City Council. The old ordinances regulating the sanitary conditions of the city being imperfect and inadequate, a new ordinance, No. 2888, was passed by the City Council, including a new milk ordinance. During the fall a room in the attic of the City Hall, a part of the room used by the library girls for their lunch apartment, was secured for the purpose of a laboratory for the examination of milk. Dairy inspections and milk analyses were made by the Health Officer.

In January, 1895, the first case which received the antitoxin treatment for diphtheria was Thomas Hanlon, of 147 Hayes street, a patient of Dr. M. M. Cannon. The antitoxin which was secured from the Pasteur Institute in New York City, was administered by Dr. L. M. Powers.

In January, 1895, Drs. S. S. Salisbury, E. R. Smith and Carl Kurtz, and M. L. Moore were elected members of the Board of Health, and Dr. F. W. Steddom was elected Health Officer.

During this year the meat inspector was made also milk inspector. In the annual report the Health Officer says: "There was 152 cases of diphtheria reported to the office, twenty-eight of which proved fatal, showing the percentage of deaths to be 18.42; under the lim-


EX
HEALTH OFFICERS
Dr. F.W. Steddom
1895-6
Dr. Granville MacGowan
1889-92
Dr. J.W. Reese
1888
Dr. Martin Hagan
1887
Dr. Walter Lindley
1879-80
Dr. H.S. Orme
1868-9

ited used of antitoxin, the death rate has been reduced from 25.03 per cent. last year, to 18.42 per cent. this year. Enough antitoxin has been used to prove conclusively that it has saved the lives of many of our children." According to the reports obtained, antitoxin was used in about 50 per cent. of the cases reported.

In the report of dairy inspection, we see that there were five cows condemned and killed because of tuberculosis. The Health Department secured the passage of an anti-expectorating ordinance.

In 1897, Dr. J. E. Cowles, Dr. John R. Colburn, Dr. M. L. Moore, and Dr. S. S. Salisbury were elected members of the Board of Health; Dr. L. M. Powers was elected Health Officer.

The inspection of milk and meat was continued under difficulties. The first eight months much of the time was consumed in settling the question as to who had the right to the appointment of the sanitary inspectors, the Board of Health, or the City Council. For three months pending the decision of the court, we had two sets of inspectors calling at the office every morning, and there was also much trouble in securing the proper control of the street sweeping. During the fall a new inspector was appointed for street sweeping. The meat and milk inspector having resigned, one of the sanitary inspectors was appointed milk inspector and a practical butcher was appointed meat inspector, thereby creating two offices.

In the fall of 1897, Prof. A. J. Maclatchie who was connected with the Academy of Sciences gave the department much encouragement and aid in inspecting milk.

In 1898, with an appropriation from the Council of $50.00 and apparatus owned by Dr. Powers, a bacteriological laboratory was established in the attic of the City Hall building, and by February with the kind assistance of Dr. S. P. Black, the department was fully prepared to make diphtheria cultures and from that time on, serum tests for typhoid fever and examinations of *sputum* and various other examinations for diseases in stock were made, and also bacteriological examinations of water supplied to the city were made from time to time.

In the latter part of this year an epidemic of smallpox was started in the city by a number of tramps or other persons infected in some of the railroad camps, and with the concealment of a case of smallpox in the family of a grocer. Tents and new cottages were constructed on the pest house grounds in order to accommodate the patients. The number of cases occurring during this epidemic and which lasted into 1899, were 121, of which 22 died. The most severe form of smallpox existed, being of hemorrhagic nature.

In 1899, Drs. J. H. Davisson, E. R. Smith, Wm. LeMoyne Wills and S. S. Salisbury were elected members of the Board of Health. Dr. L. M. Powers was elected Health Officer. During the spring the epidemic was stamped out. Dr. R. V. Day and Dr. W. H. Fox assisted in this work. In 1900, but three cases of smallpox were reported during the year.

In 1901, Dr. E. R. Smith, Dr. J. H. Davisson, Dr. W. W. Beckett and Dr. S. S. Salisbury were elected members of the Board of Health; Dr. L. M. Powers was elected Health Officer. During this year a number of cases of mild smallpox were reported. Dr. S. J. Quint was appointed Assistant Health Officer.

In many cases the milk was found to contain formaline and other preservatives, and the department prosecuted many violators of the milk ordinance. Through the aid of the court during the year 1901-1902, the nefarious practice of adulteration and substitution for milk was more or less stopped.

In 1901 when the plague was creating much excitement in San Francisco, the

Health Department of Los Angeles City, to protect the city from an invasion of the dread disease, made thorough inspections of Chinatown for sick Chinamen or suspected cases of plague, and autopies were made on all dead Chinese. Dr. S. P. Black being employed to make bacteriological examinations in all cases. This kept up during the year of 1901, and at various times after that by the department and Dr. S. P. Black and Dr. E. L. Leonard.

In 1903, Dr. W. W. Hitchcock, Dr. S. S. Salisbury, Dr. Milbank Johnson and Dr. R. V. Day were elected members of the Board of Health. Dr. L. M. Powers was elected Health Officer, with Dr. S. J. Quint as Assistant Health Officer.

In 1903, the City Council made a contract with Messrs. Koebig and Fosdick, chemists, and a more vigorous enforcement of the pure food laws was undertaken, convicting parties for coloring olives and using preservatives in meats, etc.

The services of the Settlement Nurse was commenced in the public schools in April, 1903. In 1904, the office of Bacteriologist was created, Dr. E. L. Leonard was elected bacteriologist.

In 1904, the City Council appropriated money to build an annex to the City Hall for the occupation of the Health Department. The office of City Chemist was created in 1904. Dr. R. V. Day was elected as such. On resignation of Dr. Day as member of the Board of Health, Mr. A. S. Petterson was elected a member of the board. The office of School Nurse was created in September, 1904. The number of employees in the Health Department during this term reached 25.

In 1905, Dr. Carl Kurtz, Dr. E. M. Pallette, Dr. E. C. Manning and Dr. S. S. Salisbury were elected members of the Board of Health, Dr. L. M. Powers being elected Health Officer, and Dr. Harris Garcelon Assistant Health Officer. Dr. E. L. Leonard was elected Bacteriologist.

NAMES OF HEALTH OFFICERS.

Dr. H. S. Orme, Appointed in . . 1868-1869
Dr. P. Dupuyteen. 1869-1874
Dr. T. C. Gale. 1869-1874
Dr. J. H. McKee. 1869-1874
Dr. Walter Lindley. 1879
Dr. J. B. Winston. 1880-1882
Dr. T. C. Gale. 1883-1884
Dr. J. S. Baker. 1885-1886
Dr. Martin Hagan. 1887
Dr. J. W. Reese. 1888
Dr. Granville MacGowan. 1889-1892
Dr. L. M. Powers. 1893-1894
Dr. F. W. Steddom. 1895-1896
Dr. L. M. Powers. 1897-1898
Dr. L. M. Powers. 1899-1900
Dr. L. M. Powers. 1901-1903
Dr. L. M. Powers. 1903-1905
Dr. L. M. Powers. 1905-1907

NAMES OF MEMBERS OF BOARDS OF HEALTH FROM 1873 TO 1905 INCLUSIVE.

In 1873 the City Council passed an ordinance (approved July 11th, 1873.) creating a Board of Health to consist of the following city officers, to wit: The Mayor, President of the Common Council and three members of the Common Council; these officers constituting the different Boards of Health until 1889.

Board of Health, 1889-90.

Henry Hazard, Mayor.

E. T. Wright, C.E., appointed by Mayor.

Martin Hagan, M.D., appointed by Mayor.

Jno. H. Davisson, M.D., appointed by Mayor.

Joseph Kurtz, M.D., appointed by Mayor.

W. W. Robinson, Secretary.

Board of Health, 1891-2.

Henry Hazard, Mayor.

E. T. Wright, C.E., appointed by Mayor.

BOARD OF HEALTH

Martin Hagan, M.D., appointed by Mayor.
Jno. H. Davisson, M.D., appointed by Mayor.
Joseph Kurtz, M.D., appointed by Mayor.
W. W. Robinson, Secretary.

Board of Health, 1893.

T. E. Rowan, Mayor.
C. F. Gillingham, M.D.
W. W. Hitchcock, M.D.
Granville MacGowan, M.D.
Joseph Kurtz, M.D.
W. W. Robinson, Secretary.

Board of Health, 1894.

T. E. Rowan, Mayor.
H. Nadeau, M.D.
W. W. Hitchcock, M.D.
Granville MacGowan, M.D.
Joseph, Kurtz, M.D.
W. W. Robinson, Secretary.

Board of Health, 1895-6.

Frank Rader, Mayor.
S. S. Salisbury, M.D.
Everett R. Smith, M.D.
M. L. Moore, M.D.
Carl Kurtz, M.D.
Walter F. Parker, Secretary.

Board of Health, 1897-8.

M. P. Snyder, Mayor.
S. S. Salisbury, M.D.
J. E. Cowles, M.D.
M. L. Moore, M.D.
Jno. R. Colburn, M.D.
Robert A. Todd, Secretary.

Board of Health, 1899-1900.

Fred Eaton, Mayor.
S. S. Salisbury, M.D.
J. H. Davisson, M.D.
W. LeMoyne Wills, M.D.
E. R. Smith, M.D.
George M. Trowbridge, Secretary.

Board of Health, 1901-2.

M. P. Snyder, Mayor.
W. W. Beckett, M.D.
J. H. Davisson, M.D.
S. S. Salisbury, M.D.
E. R. Smith, M.D.
Wm. H. McGill, Secretary.

Board of Health, 1903.

M. P. Snyder, Mayor.
W. W. Hitchcock, M.D.
Milbank Johnson, M.D.
S. S. Salisbury, M.D.
Robert V. Day, M.D.
Wm. H. McGill, Secretary.

Board of Health, 1904.

M. P. Snyder, Mayor.
W. W. Hitchcock, M.D.
Milbank Johnson, M.D.
S. S. Salisbury, M.D.
Mr. A. S. Petterson.
Wm. H. McGill, Secretary.

Board of Health, 1905.

Owen McAleer, Mayor.
Carl Kurtz, M.D.
Edward M. Pallette, M.D.
S. S. Salisbury, M.D.
E. C. Manning, M.D.
Wm. H. McGill, Secretary.

MULTIPLE NEURITIS.

Wharton Sinkler, Philadelphia (*Journal A. M. A.*, February 25), after discussing the various causes of multiple neuritis, such as alcohol—by far the most frequent—coal-gas poisoning, carbon disulphid, metallic poisons, white lead, copper, phosphorus, mercury, etc., calls attention to the use of patent medicines containing alcohol as a possibility. He reports a case due to the use of arsenic as a medicine in a child treated for chorea, and refers also to the epidemic traced to arsenic in the glucose used for making beer, which was reported in England in 1899. He also refers to infectious diseases as a cause of this condition and reports four cases from an apparently hitherto unrecorded cause, namely, puerperal septicemia. In conclusion he reports a case of unknown origin, one of a class that is rather difficult to diagnose from Landry's disease, except by the later involvement of the bulb in the latter affection.

DISEASES OF WOMEN AND CHILDREN.

WILLIAM A. EDWARDS, M.D., EDITOR.

EDITORIAL COMMENT.

VARICELLA GANGRENOSA.—Gangrenous dermatitis, of which varicella gangrenosa is a type, of the same class as ecthyma gangrenosa and pemphigus gangrenosa, is an infrequent disease, usually confined to early infancy, and generally occurs in the poorly nourished children of the overcrowded districts of the larger cities, but even then it is rare. In my experience during my service in the Philadelphia, University and St. Joseph's Hospitals, and in two asylums for infants and children in Philadelphia I had the privilege of seeing but two instances of the condition which is now under consideration, and these were both cases of varicella gangrenosa, and terminated fatally.

Gangrenous varicella may be looked upon as an unusual complication of a very simple disease; it seems to bear no definite relation to the severity of the eruptive fever. It seems to be due to an overwhelming invasion of pathogenic organisms, the streptococcus and staphylococcus, and in some instances it seems, as Rotch thinks, to have some connection with the gangrenous processes which certain individuals show a tendency to develop.

As a rule, this form of varicella attacks the ill-nourished and poorer members of the population. It may occur among the well-to-do class, but the child can usually be considered scrofulous under the older nomenclature, and in the sense that Ashby uses the word scrofulosis in my edition of the Cyclopedia Diseases of Children, Vol. v, page 317. Many of the recorded cases are in the scrofulous. Ashby and Wright report such a case with photograph. The child, aged two years, had an attack of varicella gangrenosa, and two months later died of tuberculosis. These observers find varicella gangrenosa not at all uncommon in the out-patient's room, and lay special stress upon its association with tuberculosis. They endorse the statement of Payne that in all fatal cases of this affection tubercle has been found postmortem. Attention has also been called to the frequency with which acute tuberculosis follows varicella. This is more particularly noted among the writers of England and the Continent.

The one fact that stands out very clearly in the study of varicella gangrenosa is its almost constant clinical association with tuberculosis, but as far as I know no studies have as yet been made to demonstrate the presence or absence of the tubercle bacillus in the skin lesions. A review of the cases in the literature makes this association very striking, particularly so if we remember the relationship of scrofulosis to tuberculosis, and that the former term has been abandoned by most writers (Pye-Smith Lumleian Lectures on Etiology, Royal College of Physicians, 1892) and that the presence or absence of the bacillus determines the nature of the so-called scrofulous cases; but we must also remember that much that is called scrofulous is not tubercular in the sense that the specific bacillus can be demonstrated, but we all concede that while the mucous membrane catarrhs, the enlarged tonsils, adenoids, the skin eruptions, and the like are not necessarily tubercular processes, they are often, as Ashby says, precursors of tuberculosis, and occur in children who are liable to become tubercular. If then we include the cases of "strumous or scrofulous" children that have been the subject of varicella gangrenosa, the evidence is overwhelming that the association is close, indeed, it may be causative. To accentuate this interesting point, we cite the report of Andrew (Trans. Clin. Soc., Lond., 1890,

Vol. xxiii, page 82.) of a strumous boy, aged nine, with varicella gangrenosa of such a severe type as to produce septicemia.

Barlow in discussing Hutchinson's paper (Gangrenous Eruptions with Chickenpox and Vaccination) before the Royal Medico Chirurgical Society (*Lancet*, London, 1881, page 751) stated that none of the cases of which he had notes were healthy children, there often was lung disease and in six postmortem examinations, tubercle was present; of course, tubercle was very commonly associated with many affections, so that he did not wish to lay stress upon the association in this case. During the same discussion Stokes said that he was of the opinion that the cases occurred in healthy children; many London children are tubercular and delicate; but he believed that the tubercle was simply an adjunct and not a predisposing cause of the gangrene, though the fatal cases might be tubercular.

That varicella gangrenosa is in some instances due to infection is again most conclusively proven by the experience of Kojukoff (*Arch. f. Kinderh.*, Bd. xxvii., Hefte, 5 v 6) who saw an infant aged fourteen months who had many ulcers at the site of the vesicles, most numerous on the trunk, but the largest were on the labia majora. They all secreted a bloody pus. Cultures from the ulcers gave a growth of diphtheria bacillus, either alone or with cocci. Cultures from the pharynx were negative. The bacillus was found to be very virulent to guinea pigs. The child died in a few days. The author inclines to the belief that the diphtheria bacillus circulating in the blood and lymph found in the varicella blebs a spot of lowered resistance and so produced its effect.

All of the vesicles may not become gangrenous. In the fatal case of a girl aged four, recorded by Buchler (*American Journal of Medical Sciences*, Philadelphia, 1889, Vol. xcviii, page 265), the majority of the efflorescences took the usual course of the varicella vesicle and then dessicated but about eighteen or twenty of them on the chest, back and buttocks became filled with a greenish yellow pus and were surrounded by a broad phlegmonous areola; by the fourth day these were deep gangrenous ulcers covered by a blackish green detritus. No bacteriological study was made.

Hoesslin (*Munch. Med. Woch.*, April 29, 1902) had a somewhat similar experience.

Kiefer's recent case in N. Y. *Medical Journal*, July 1, 1905, was a sixteen months' girl, who, one the second day of the rash, developed severe constitutional symptoms and several of the vesicles on the front of the chest and abdomen presented the appearance of a badly infected vaccination sore. In twenty-five hours the areas involved were covered with black, speckled crusts. The process extended, and it seemed that in one place the abdominal wall would be perforated. The child, however, recovered, but the deep ulcers did not heal for four weeks.

Careful bacteriological examination showed only the streptococcus pyogenes and the staphylococcus pyogenes aureus. No other organisms were isolated.

Holt considers that for the production of the disease two factors are necessary; first, a weakened constitution, as in those suffering from marasmus in institutions; and, second, the entrance of pyogenic germs, usually the streptococcus pyogenes.

Plart thinks that tuberculosis, rickets and inherited spyhilis seem to exercise a predisposing influence. He rather agrees with the dermatologists in classifying varicella gangrenosa as a variety of dermatitis gangrenosa infantum, similar to vaccinia, pemphigus and other (discrete) pustular lesions which may take on gangrenous changes. Of the pathology of varincella gangrenosa,

Plant thinks that but little that is definite is known. It is reasonable to state, however, that it is a secondary infection in the milder cases, probably with the ordinary pyogenic organisms, but the more malignant cases seem to have a different pathology.

Eustace Smith has this to say: "Death is often hastened by some inflammatory lung complication and many of the children are the subjects of acute tuberculosis."

Goodhart inclines somewhat to the belief that tubercle underlies the occurrence of varicella gangrenosa, but we may have to fall back to the suggestion of special idiosyncracy, or, as he expresses it, we may say that what rupia is to syphilis, cancrum oris to measles, vaccinia gangrenosa to vaccinia, so gangrene is to some cases of varicella, a risk that it shares with other exanthems.

Ashby and Wright are strongly in favor of the causal relation of tuberculosis to the graver forms of varicella gangrenosa. They have also seen several cases of acute tuberculosis follow varicella. Hatfield (*Medical Standard*, Vol. xxii, No. 9; ARCHIVES OF PEDIATRICS, March, 1901, page 236) says that the so-called gangrenous form is due, partly, to secondary infection with pyogenic cocci. The author has seen epidemics of gangrenous chickenpox in overcrowded orphan asylums. In certain cases the secondary infection may cause ordinary sepsis.

In conclusion, then, it would seem that varicella gangrenosa is often seen in the tuberculous, but even here it is probably due to an infection with the usual pathogenic organisms. The gangrenous eruption may occur in the tuberculous on account of their well-known lack of resistance to infections of all kinds, and, also, because they may have streptococci and staphylococci present in the respiratory tract before the varicella infection occurs. The fact remains, let the explanation be what you will, that varicella gangrenosa is often seen in association with tuberculosis in some of its forms.

REVIEW OF LITERATURE.

ADENOMA HEMORRHAGICA.—Persistent hemorrhage occurring and recurring after curetting, and after all treatment, is the chief symptom in these cases. The hemorrhage may not be so great as to threaten or destroy life, but it is enough to keep up a condition of invalidism.

The size of the uterus and the curettings may present nothing pathological.

William Alexander has recorded five such cases in the British *Gynecological Journal*, Feb., 1905. All the patients were over 34 years of age, and all had hysterectomy performed with good results. The study of the uterus after removal was instructive. They all presented very distinct and uniform features in a thick, semin-gelatinous, semi-fibrous membrane, running into folds or polypoid masses, affecting the whole mucous membrane of the uterus and beginnings of the fallopian tubes. There seemed to be not the slightest doubt that it was a precancerous condition.

OVARIOTOMY.—This is a careful review of the literature, and deals with the age limits of the operation; that is, patients from 10 to over 70 years are studied. Weil (Johns Hop. Hosp. Bl., March, '05) conclude thus: (1) Age is no contra-indication to operation. (2) The prognosis is extremely favorable in those of advanced years, even in the most aged. In the very young it is not so favorable, but it is very good. (3) Malignant ovarian tumors are rare in the aged, but more common in the young, this greater frequency accounting for the greater mortality. The most frequent ovarian tumors in the aged are benign cysts, particularly the multilocular variety.

These tumors are comparatively rare in the young. Ovarian dermoids and sarcomata are the most frequent ovarian tumors in the young and the rarest in old persons. The writer reports a case of adenocarcinoma of the ovary, successfully operated upon, occurring in a patient 5 years old.

A LARGE FAMILY IN ONE YEAR.—The Munich *Neuste Machrichten* is authority for the statement that a certain Frau Hilgen of Trostberg, in Bavaria, has borne no less than six children in one year. She was delivered of triplets in January, 1904, and bore triplets again the following December. *Med. Rec.*, July 8, 1905.

THE SURGICAL TREATMENT OF TUBERCULAR CERVICAL LYMPH—NODES.—Dowd of New York studies one hundred cases submitted to operation. *Annals of Surgery*, July, 1905. The disease is a serious one, and often leads to tuberculosis of the lungs or other parts of the body. The records from thorough removal of the nodes are better than those from their partial removal from palliative measures. The prognosis is better in children than in adults.

Demme, in reviewing the first twenty years' work of the Jenner Children's Hospital in Berne, gives the following results from 692 patients, treated non-surgically:

	Cases.		Per ct.
Developed tuberculosis of lung	145		21.00
" " intestine	24		
" " pia mater	25	57	8.20
" " kidneys	6		
" " epididymis	2		
Total			29.20

Fischer has tabulated the results of 1273 cases, 1 to 16 years after operation, as follows: Cured, 57.65 per cent.; local recurrences, 21.84 per cent.; died from tuberculosis, 13.51 per cent. Almost all operators of large experience advocate thorough operation, although there are differences in their conceptions of what constitutes thoroughness. That the prognosis is better in children than in adults is very generally acknowledged. Wohlgemuth's, Poore's and Dowd's results in operated cases under 15 years of age are particularly favorable. Roux and Schuller call particular attention to the much better prognosis in children than in adults. In Karewski's 128 cases under 10 years of age, followed 1 to 6 years, had only 3 deaths from tuberculosis.

Summary.

1. Tuberculosis of the cervical lymph-nodes is apparently due to infection received from the fauces, pharynx or nasal mucous membrane, in the great majority of cases (86 per cent. in this series).

2. The disease shows a tendency to extend to the lungs and other internal organs. Statistics indicate that such extension occurs in one-quarter to one-half of the cases from whom the nodes are not removed.

3. Entirely apart from its tendency to infect other organs, the disease is very tedious, causes great discomfort and disability, and leaves disfiguring scars.

4. The thorough removal of the diseased nodes by operation has given better results than any other method of treatment which the writer finds recorded.

5. The records of operations justify the following assurances: (a) In favorable cases: Safety of operation (many operators reporting more than one hundred cases without mortality); a scar which is hardly to be seen; probable confinement to bed of two or three days, the wearing of a bandage or dressing from one and a half to three weeks; freedom from recurrence in about 75 per cent., and ultimate recovery in about 90 per cent. of the cases.

(b) In less favorable cases: Safety of operation; less disfigurement from scars than discharging sinuses will cause; freedom from recurrence in 50 to 55 per cent., and ultimate cure in 70 to 75 per cent. of the cases.

6. Transverse incisions, either in the neck creases or parallel to them, are usually to be used. They should be so placed that the fibers of the facial nerve will not be cut. A vertical incision back of the hair-line is occasionally helpful. Extensive incisions are necessary for the far advanced cases.

7. Every precaution should be taken to preserve the normal structures of the neck.

8. It is not feasible to divide the cases into groups, some suitable, others unsuitable for operation. Every case with tubercular cervical lymph nodes should be operated upon unless there is a particular reason to believe that the operation would not be endured.

GASTRIC ULCER IN CHILDREN. A review of the literature shows gastric ulcer to be fairly common, especially between the ages of 20 and 30 years, but rare in children. Rokitansky never saw a case under 14 years. Collin collected 279 cases of duodenal ulcer with a few gastric ulcers, 42 of which were under 10 years of age; 17 in the first year. Fenwick, in 1897, collected 19 cases of ulcer in children and infants, and Stowell, *Medical Record*, July 8, 1905, adds 35 others, including a case of his own. This case was a girl aged 8 who died in collapse from the perforation of two ulcers on the posterior surface, about two inches from the pylorus on the lesser curvature. The prognosis does not depend on age. Three-quarters of these will recover upon proper treatment. Cruveilhier thinks that simple ulcer of the stomach tends essentially to a cure, but Dreschfeld states that on the other hand, however, gastric ulcer may dispose to tuberculosis. Hematemesis happens at all ages, but rarely causes death, except from exhaustion. When a large artery is eroded enough blood may be lost to cause collapse. Infants die in this manner but older children have perforation. Perforation in acute ulcers is usually sudden in symptomatology and resulting death. Hourglass contraction and other scar deformities are not mentioned in any child cases thus far reported. If the operation for acute perforation is done within the first 12 hours the mortality is as low as 16.6 per cent. (Keen); 1.3 per cent. is the operation mortality in clinic cases (Moynihan).

ETIOLOGY AND CLASSIFICATION OF THE SUMMER DIARRHEAS IN INFANCY.—The present state of our knowledge of the summer diarrheas in infancy is largely due to the recent studies of the role of the bacillus dysenteriæ as an organism infecting the intestine, the results of these studies being embodied in the recent Report on the Diarrheal Diseases of Infancy from the Rockefeller Institute for Medical Research. Through the work of Flexner, and the men working under his direction, the pathogenicity of this organism or group of organisms has been definitely established. Various organisms, isolated in various localities, which differed in certain minor cultural characteristics from the original Shiga bacillus, and which were at first regarded as pseudodysentery bacilli, have been shown to be merely varying closely related types of one group, having important cultural characteristics in common, common pathogenic powers, and the power of producing common agglutinins in the blood of infected animals. This organism or group has been proved to be the specific cause of the acute dysentery of adults.

In regard to the infantile diarrheal diseases, it has been shown that out of 412 cases examined during the summer of 1903, the bacillus dysenteriæ in its varying types was present in 279, or 63.2 per cent. of all the cases examined. Undoubtedly the variations in the percentages obtained by the various investigators were due in part, as pointed out by Flexner, to variations in the skill and methods of the several individual investigators.

In studying 620 cases in Boston during July, August and September, Charles Hunter Dunn (Archives of Pediatrics June, 1905,) arrives at this summary of conclusions:

Summary of Conclusions.

1. The diarrheal diseases of infancy occurring in the summer months differ in no way, either clinically or anatomically, from the diarrheal diseases occurring in the cooler months, except in their much greater frequency.

2. Classification on an anatomical basis, as, for example, into functional and organic, or noninflammatory and ileocolitis, is not convenient for etiologic study, owing to the variety of lesions found in cases of similar etiology and similar clinical course, and to the lack of correspondence between anatomical and clinical picture.

3. The following clinical classification is suggested:

(a) Acute Nervous Diarrhea, characterized by loose stools of normal color and odor, without abnormal constituents.

(b) Irritative Diarrhea. Acute intestinal indigestion of the irritative type, characterized by the absence of persistent fever, and by the presence of curds and undigested masses in the discharges.

(c) Fermental Diarrhea. Acute intestinal indigestion of the fermental type, characterized by the absence of fever, and by green stools of a foul or sour odor.

(d) Infectious Diarrhea, characterized by the existence and persistence of fever, and by the tendency toward early signs of ileocolitis, as shown by the presence of blood, and excess of mucus in the discharges. When a specific organism, the bacillus dysenteriæ, is proved to be the cause, the case may be further particularized by the term infantile dysentery.

(e) Rare cases occur, corresponding to the known description of heat exhaustion, and cholera infantum.

4. Of the above differentiated types, the indigestion, including the irritative and fermental cases, is by far the commonest.

5. The chief or primary cause of all the above types is the increased heat of the weather occurring during the summer months, which probably acts in the noninfectious cases by producing functional disturbance either of the nervous system or of the digestion; and which acts in the infectious cases by producing in the intestine conditions more favorable to the occurrence of infection. The name Thermic Diarrhea can be given to the entire group.

6. Bacteria are the secondary cause of a certain number of cases, such cases being mainly, if not wholly, of the type classified clinically as infectious.

7. Infection occurs by the introduction of bacteria from without, or by autoinfection with bacteria already in the intestine. The latter is probably the usual method.

8. The bacillus dysenteriæ is a cause of most of the infectious cases. Whether it is the sole cause remains to be determined.

9. The bacillus dysenteriæ can often be found in the intestine in cases where it probably has no casual relation with the pathologic process. Such cases are usually clinically of the noninfectious type.

10. Other organisms are probably a cause of some infectious cases.

11. The anatomical changes of various kinds included under the term ileocolitis may occur in any of the above clinical types, except the acute nervous. Anatomical changes of some kind probably occur in all infectious cases.

REVIEW OF BOOKS.

FINDLEY'S GYNECOLOGICAL DIAGNOSIS. A Treatise on the Diagnosis of Diseases of Women. For Students and Practitioners. By Palmer Findley, B.S., M.D., Assistant Professor of Obstetrics and Gynecology, Rush Medical College in affiliation with the University of Chicago; Assistant Attending Gynecologist to the Presbyterian Hospital, Chicago. In one octavo volume of 588 pages, illustrated with 222 engravings in the text and 59 plates of colors and monochrome. Cloth, $4.75 net; leather, $5.75, net Lea Brothers & Co., Publishers, Philadelphia and New York, 1905.

The reviewer's task becomes a pleasant one when such a book as this comes in the day's work. We in America are a little too apt to neglect the factors that make for successful diagnoses, our national characteristic of hurry frets at the time required to completely study each case before it comes to the operating table, and we are only too apt to depend for the final diagnosis upon the findings at the actual operation, thus approaching our operations without full and accurate knowledge of what may be demanded of us during its execution.

Findley has blazed the way along the trail which should have been a beaten track for this many a year. Medical literature in the English language, as far as we know, does not include a similar work, and as the foreign literature is well culled, the book will be of further service to those who do not have access to this literature. One who knows the pathology of the pelvic organs has, to a large extent, already made the diagnosis, hence the author has presented a thorough study of the morbid anatomy, both macroscopic and microscopic, and has carefully applied this knowledge to the clinical indications.

How true is his statement that without the microscope a diagnosis is not always possible; he who follows this dictum will make but few mistakes. The present volume is a second edition, issued in a comparatively brief period, and shows a substantial growth in our knowledge. One hundred pages in the text and many new and original illustrations and plates have been added. As the book now stands, it consists of nearly 600 pages, with 222 engravings in the text and 59 plates in colors and monochrome. The illustrations are a distinct addition to the value of the text.

It is pleasant to read these two sentences: Since the bimanual method of examination has been largely practiced, the use of the sound has been materially restricted. It is seldom necessary to pass the sound in the consultation room; up to the present time the sound has been used too freely and not without danger. Also is it pleasant to note that the curette is considered a formidable instrument, and that curettage is not to be referred to as a minor operation and without danger; he ventures the assertion that not one operator of large experience has escaped the misfortune of perforating the uterus with this instrument. The author accepts Fliess's nasal dysmenorrhea, that is a definite reationship between the mucous membrane of the nose and the genitalia in women. Cauterization of these "genital spots" on the nasal septum and inferior turbinate will often afford permanent relief.

The chapter on examination of the blood is timely. That a book on gynecology should require such a chapter emphasizes the advance in our knowledge in the last two decades. In the Presbyterian Hospital of Chicago, no gynecological case is operated before a blood examination is made. We wish

this were true of the Pacific Coast Hospitals.

Note this paragraph and see its importance. "In routine clinical work the examinations of the blood are of no less importance than the analysis of the urine. In a large percentage of cases no additional information will be afforded, but in those cases where the responsibility is greatest these examinations become of the highest value. Without a blood examination the author would have submitted one patient with 17 per cent. of hemoglobin to an operation for hemorrhoids, and another patient with 20 per cent. of hemoglobin to abdominal hysterectomy for uterine fibroids. In all probability the results would have been fatal from what is called 'surgical shock.'" The reviewer's experience is fully in accord with the author, who states that in general it may be said that a protracted operation should not be done with the hemoglobin below 60 per cent., and the red cells count less than 2,000,000. There are exceptions to this rule, but all such cases must necessarily be hazardous. These are the cases that sometimes give us the shocking calamity of sudden and unexplainable death several days or perhaps several weeks after an abdominal or pelvic operation.

Chorioepithelioma malignum, the incorrectly called deciduoma malignum—because we now know that the tumor is of foetal origin although occupying maternal tissues and that both the syncytium and Langhan's cells take part in its formation—receives very careful study in the text and in the macroscopic and microscopic illustrations, both as growths within the uterus, without the placental cite and as primary and secondary growths in the vagina.

The clinical importance of Kraurosis Vulvae would seem to merit more full consideration than the author accords to it. Some years ago the disease was looked upon as peculiar to women of advanced years, but since so many young women have been subjected to the removal of the ovaries, it has been found that the lesion not infrequently follows such operations; we hoped that the author would give us some tables as to the histological and pathological changes which cause and follow this distressing condition in young women. It is a most unfortunate sequel of abdominal surgery.

The proof reading is not always as careful as it might be, and the reading matter accompanying plates XLI and XLII has been transposed.

The cases of congenital split and erosion of the cervix uteri as described by Leopold, Trans. Gesellschaft fur Geburtschulfe, Leipsig, July 15, 1872, and Fishel, Arch. fur Gynakologie, 1880, Bd. xvi, S. 192, do not find a place in this book. These cases of congenital histological ectropion, as Klotz calls them, are becoming more widely known and we hope that the author will incorporate the latest knowledge in regard to them in a future edition.

Findley is in line with the advanced views, when he states that fibroids of the uterus are by no means the innocent tumors that former writers would have us believe. Sturmdorf has recently in the Medical News, February 11, 1905, expressed the danger very aptly as follows: Treacherous calms will ultimately reveal themselves as incubation periods of serious potentialities, and a grave responsibility rests upon those who counsel delay, until, what earlier would have been a safe operation of choice, has become, as a result of their counsel, a dangerous undertaking of necessity.

The book is a credit to both author and publisher, and is of distinct value to the medical profession, both student and practitioner, particularly to the latter, whose chance for research may be limited and whose library and reference books may be meager.

W. A. E.

DEPARTMENTAL

DEPARTMENT OF SURGERY.

CONDUCTED BY ANDREW STEWART LOBINGIER, A.B., M.D.

ANASTOMOSIS OF THE COMMON BILE DUCT.—William J. Mayo in the July *Annals* details seven cases out of one hundred and fifty-nine operations on the choledochus, in which loss of continuity of the duct has been restored, either by direct anastomosis of the divided ends of the duct or by union of the common duct with the duodenum. Some of these cases were carcinoma of the choledochus requiring resection. Others dense and inseparable adhesions in which it was necessary to sacrifice a portion of the duct. The seventh case was a stricture and practical obliteration of the common duct following cholecystectomy and choledochotomy for stone. The choledochus was so far destroyed that obstruction again occurred, and at the second operation, some six months later, it became necessary to attempt to anastomose the *hepatic* duct with the released and elevated second portion of the duodenum. This was carefully done, and the patient made an excellent recovery. The lesson learned was that, if possible, cholecystectomy should be avoided in obstruction of the common duct. The gall bladder may be needed then or later to serve as a common duct and to be used as such in the operation of cholecystenterostomy.

Another lesson gained from these cases was emphasized by unfortunately placing the gauze of a cigarette drain over the line of suture. Its removal broke down the union so nicely established between the choledochus and the duodenum, and the patient died eight weeks later from leakage, sepsis and exhaustion.

Dr. Mayo summarizes: "First the common duct may be united, end to end, by through and through cat-gut sutures. It is essential that a few supporting sutures be placed in the surrounding tissues and that a portion of the circumference of the line of union be left open for the relief of tension and drainage.

Second, the common, and in certain cases the hepatic duct may be implanted into the duodenum provided a peritoneal covered portion of the intestine be chosen for the purpose.

Third, to facilitate these operations the second portion of the duodenum should be loosened and drawn to the right and held by fixation sutures, preventing tension on the duct suture line.

Fourth, drainage, if necessary, should be pliable, covered with rubber tissue and placed as distant to the suture line as will serve the purpose of protection against leakage.

SURGICAL TREATMENT OF CHRONIC MUCOMEMBRANOUS AND ULCERATIVE COLITIS.—J. E. Summers in the same number of the *Annals* reviews the recent views of contributors on this procedure, and relates his personal experience.

Reference is made to the comparatively recent efforts, chiefly during the last decade, directed toward correction of obstinate cases by surgical measures, and to the skepticism of such clinicians as Boas and others to surgical remedy.

Halsted was among the first to operate in this country; the patient one of Osler's.

To Deaver belongs the credit of pointing out the influence a diseased appendix had in the production of colitis. Shoemaker, in 1898, called attention also to the connection between mucous stools and appendicitis. Sir William Macewen

has written exhaustively on the interference with the appendix and the mucous colitis following. In his recent lecture before the Charing Cross Hospital Medical School a case was cited in which, through a fistulous opening, Macewen was enabled to observe the changes occurring in the movements and secretions of the cecum during digestion. Some pretty theorizing is indulged in respecting the function of the vermiform appendix, and some very suggestive views as to the importance as a digestive organ of the cecum and colon.

These views should lead us to consider carefully any measure which looks toward the exclusion of the cecum and colon from the digestive economy. Cannon's Roentgen Ray studies of peristalsis and antiperistalsis are discussed at some length. Antiperistalsis has been shown to be a constant factor in the digestive process in the cecum and large intestine.

Summers recognizes three varieties of colitis of surgical interest.

"First, the inflammatory, due to some specific organism and mostly confined to the colon.

"Second, an inflammatory condition secondary to inflammation of the appendix.

"Third, an inflammation induced by mechanical interferences with the peristaltic, and especially the antiperistaltic waves of the colon. The surgical treatment of colitis, if carried out in recognition of these causes, will be successful. And to be successful the type of operation must be selected with a view to meeting the pathology."

Gibson's cecal fistula is recommended in the neurasthenic type (Deaver) of appendicitis. Maisonneuves technique will answer for mucous colitis. But Monprofit's "exclusion with drainage into the intestine" will prevent the regurgitant flow backward to the cecum, and should be preferred. Hartman defines sequestration of the intestine as unilateral and bilateral—the operation of Sotzer. In *unilateral exclusion* we divide above the portion we wish to exclude; the superior end is anastomosed into the bowel below the portion we wish to exclude

In bilateral exclusion two divisions of the intestine are made, one above, the other below the part excluded, the divided ends, peripheral and central, are anastomosed. Two points of anastomosis may be done with a purse string occlusion between. It is more quickly done. Summers has had eight cases, with one death.

SUTURE OF THE FEMORAL ARTERY.—Francis T. Stewart (who, with Richard Harte, in 1902, successfully sutured the spinal cord recently severed in a man) again surprises us by suturing the femoral artery successfully. Details of his case were recently described by him before the Philadelphia Academy of Surgery.

Reported in July *Annals:*

"The patient was a young, robust man, whose femoral artery had been injured by a flying piece of steel, resulting in the formation of a large traumatic aneurysm. At the operation instead of applying the tourniquet he made an incision directly over the sac, and the hemorrhage was controlled by pressure on the vessel. The sac was opened and communication with the vessel was sutured. Suppuration did not occur, nor any other outward post-operative effects. The leg was kept elevated for two weeks. Pulsation in the artery was immediately restored and continued until the patient left the hospital. The length of time between the date of injury and the operation was eight days. (Dr. Harte mentioned this case to the editor, and several others equally brilliant, done since this report was made before the Academy, by this brilliant young surgeon.)

DEPARTMENT OF TUBERCULOSIS.

CONDUCTED BY F. M. POTTENGER, A.M., M.D., PROFESSOR OF CLINICAL MEDICINE, MEDICAL DEPARTMENT OF THE UNIVERSITY OF SOUTHERN CALIFORNIA.

DEFENSE OF THE ORGANISM AGAINST TUBERCULOSIS.—It has long been observed that the human organism offers a certain resistance to infection, yet, until recently, we knew very little about this resistance. The modern study of immunity, however, has revealed very much of interest, and the various experimental laboratories are now explaining to us the manner in which the organism wards off the attacks of the invading germs.

In tuberculosis, we have long spoken of a predisposition. This simply means that some people are relatively less immune to the invading tubercle bacilli than others. While it must be regarded that those who are disposed and those who are not are both subject to exposure to bacilli, yet there is something which protects the one, while the other becomes infected. This protection must come through overcoming the virulence of or destroying the bacilli.

No sooner have the bacilli gained entrance to the tissues than the fight for mastery begins. The leucocytes rush to the scene, surround the invaders and attempt to destroy them. If the number of bacilli is not too great, or they are not too virulent, the leucocytes will destroy them. However, if this fails to be accomplished, the bacilli increase in number and the infection spreads.

A very interesting paper by Markl (Centralblatt fuer Bakteriologie, Parasitenkunde, und Infections-Krankheiten, XXXVIII Bd., Heft I) reviews cursorily the work of others and details the result of his own investigations into the role of the leucocyte as a protective agency.

Metchinkoff noted, as far back as 1888, that tubercle bacilli degenerate in the interior of leucocytes. By injecting bacilli in the fore chamber of the eye, where their actions could be watched, he found that as soon as the bacilli gain entrance they are taken up by the leucocytes.

This action of the leucocytes has been confirmed by Borrel, Borden, Dembinski and others, while Kostenich and Wolkow failed to note any phagocytic action whatever.

Markl used several virulent cultures of human and one of bovine bacilli in his experiments, which were performed on guinea pigs. The animals were inoculated intra-peritoneally, and from time to time peritoneal exudate was removed by a glass pipet for examination. Three hours after infection, a marked leucocytosis was present and the polynuclears were actively phagocytic. Some leucocytes contained many, others few bacilli. Those bacilli which were not within leucocytes were deeply stained and were grouped near leucocytes.

Six hours after infection, phagocytosis was more general. Those bacilli which were not within the leucocytes were not well stained.

Twenty-four hours after phagocytosis was still active. The bacilli without the leucocytes were swollen, unstained and showed granular forms.

After forty-eight hours the leucocytes began to decrease in numbers. Only a few showed normal appearance and contained well-stained bacilli. Most of the bacilli took the stain poorly, lost their natural contour and appeared degenerated. Those without the leucocytes were swollen, only well stained in the centers, and showed bright, round granules with red points in centers.

After seventy-two hours the mononuclear leucocytes appeared in the specimen, and the nuclei of the polynuclears

stained very poorly. The bacilli within the leucocytes were well stained only seldom. Those without were much swollen, stained a diffuse rose-red or were even a diffuse blue at the periphery. Various shapes and peculiar groupings also were seen. Bacilli of normal form and color were rarely found.

After ninety-six hours a mixed leucocytosis was present, the polynuclears showing very active phagocytosis. The phagocytes again showed numerous, well-stained bacilli. Without the leucocytes, bacilli of normal form and color again appeared.

After one hundred and twenty hours the phagocytes began to decrease again, and in the next few days wholly disappeared from the field.

From these experiments one sees: "The polynuclears come into action first, taking up the bacilli and so influencing them that they no longer take the characteristic stain and are reduced to a granular condition. During this procedure, the phagocytes themselves are severely injured. Their nuclei take the stain poorly, and their protoplasm is strewn with remnants of destroyed bacilli. In a word, the phagocytes degenerate. In the place of these fallen soldiers come others, the mononuclear and new polynuclear phagocytes, and the battle is continued until all the war material is exhausted.

The author says, besides the action of the cell elements, there are still other powers in activity, and calls attention to the fact that in the first few hours after infection, while phagocytosis is in full force, those bacilli outside of the phagocytes become swollen and lose their staining qualities.

OPSONINS.—In connection with the subject of phagocytosis, the contributions of Wright and Douglas (Proc. of the Roy. Soc., 1903, 72, p. 357 and 1904, 73, p. 397 and The Lancet, Oct. 22, 1904, 2, p. 1138) are very instructive.

These investigators find that there is a certain substance in the blood serum, which, acting upon the bacteria, sensitizes them and renders them susceptible to the action of the leucocytes. This substance they have called opsonin, from the Latin *obsono* or *opsono*, "I prepare food for."

The action of opsonins has been studied also by Hektoen and Ruediger (Jour. of Infect. Dis., Jan., 1905, p. 128) and by Baldwin (paper read before the National Association for the Study and Prevention of Tuberculosis, Washington, May, 1905). The opsonic power of serum is destroyed by heating to 60° or 65° and gradually disappears from standing serum.

Bacteria, when treated with normal serum, are so sensitized by the opsonins that the leucocytes readily take them up and digest them. Under the microscope, the leucocytes are seen in the process of destroying the bacteria. Sometimes one leucocyte will contain many germs. "In the case of anthrax bacilli it is difficult, if not impossible, to count the number of bacilli taken up by the leucocytes."

This is another chapter added to our knowledge of immunity. It is a comforting fact to know that nature has not only provided the leucocytes to protect us from disease grems, but also has taken double caution and provided a substance which will render these germs easy of destruction.

The American Anti-Tuberculosis League, which held a much-heralded meeting at Atlanta, Ga., and decided to hold its next meeting at El Paso, is having troubles of its own. The president has resigned, and Dr. Hugh N. Crouse, the secretary of the local committee at El Paso, has resigned, and it was discovered that the league had no legal existence. Dr. W. N. Vilas, the secretary, says he knows nothing of the nature of the organization.

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EDITORIAL.

A HALF DAY IN SURGERY AT THE A.M.A.

The first afternoon in the section of surgery at Portland, July 11th, was of unusual interest.

The first on the program was the chairman's address by Maurice H. Richardson of Boston. In this address he mentioned some of the errors and difficulties that may enter into the work of the experienced surgeon commanding a large city practice. He mentioned some of the pitfalls that stand in the way, and that fail of recognition. Concerning these he spoke as only a strong, manly surgeon, heroically accepting grave responsibilities, can speak. He spoke strongly of the preparation necessary at the present time for the younger surgeon. He emphasized also the importance of a long period of work as an assistant, as a means for qualification. He paid tribute to surgeons located in smaller cities and towns as illustrated by the work of the Mayos. It was an address of the master mind, showing the rare combination of dignity and honesty of purpose combined with the humility that stamps a great Puritan character.

Then came the grand old war horse, with his years of experience in herniotomy, Henry O. Marcy of the same city. He spoke of the necessity of recognizing the value of reconstructing the inguinal canal in its *length* and *obliquity*, so that pressure from within may be brought against a ring. He mentioned the superiority of absorbable suture material, and cited cases of failure after repeated operations, in other hands, that finally came to him, in which he found silk sutures, to which he attributed at least a portion of the cause of failure. He also emphasized the importance of closure without drainage, and sealing with collodion and a few threads of cotton. He also had something to say of the

unnecessary cruelty (in his opinion) of confining children in a plaster of paris dressing as a part of the after treatment; a little good-natured criticism of New York by the Hub.

The greeting with which A. J. Ochsner was received in presenting his paper on "Clinical Experiences with the Use of the McGraw Elastic Ligature," should have shown him in what esteem he is held by the members of the surgical section, and would produce egotism in one less modest. The fact alone that he has used this procedure in 118 cases shows the confidence of a great surgeon in its utility.

But the climax of cordiality was shown in the reception of W. J. Mayo when he presented his paper on "Ulcer of the Stomach and First Portion of the Duodenum With Especial Reference to the Operative Treatment." Part of this enthusiasm possibly came from the fact that he was to become the President-elect of the A.M.A. He gave interesting statistics of this condition in post mortem findings in London, on the Continent and in some American cities, and mentioned the low percentage with which clinical diagnosis had been made. He then spoke briefly of 67 cases of ulcer of the duodenum that had been found in 215 cases in which he had done a gastrojejunostomy, and drew some conclusions from these cases. He divided the ulcer clinically into two varieties, one the surgical, in which all the coats of the stomach are involved, and which can be plainly seen without opening the intestinal tract, and the other the medical ulcer, which cannot be located without opening the cavity.

In addition to these important papers was a very interesting and instructive one by A. D. Bevin of Chicago on "Acid Intoxicaion and Late Poisonous Effects of Anesthetics." This showed a great deal of surgical work, and brought up the literature of similar cases giving the neurologic report by Dr. Patrick, and the post mortem examinations of cases by Professor Hektoen, and reported some laboratory experimental work. The main moral of the paper was another evidence of giving ether rather than chloroform, unless there is some contraindication for it.

There were three more papers presented, all of which were exceedingly interesting. One by Dr. H. D. Niles of Salt Lake City, on "The Early Diagnosis of Gastric Ulcer." Another by Dr. Chas. A. Powers of Denver on "Fibroid Growths of the Abdominal Wall," and a paper by Dr. Jas. E. Moore of Minneapolis on "Splanchnoptosis from a Surgical Standpoint."

These papers are here given less consideration than the ones first mentioned, not because of their character, but because the space will not permit a longer consideration.

On the whole it was one of the most interesting and instructive half days that the writer has ever spent in any medical association, not excepting the British. G. L. C.

CALIFORNIA STATE EXAMINATIONS.

We have not yet heard the full report from the State Board of Examiners, but have received by telephone the following in regard to the applicants from the California colleges:

	Passed.	Failed.
Cooper Medical College	23	3
University of California	5	3
University of Southern California	10	9
College of Physicians and Surgeons of Los Angeles	0	4
College of Physicians and Surgeons of San Francisco	0	2
Hahnemann Medical College, San Francisco	0	1

Cooper, evidently, has the only record of which to be very proud, and we congratulate her and wish her the same success in the future.

We know that the position of examiner on our State Board is a hard one to fill. It requires strong character and determination. We are glad to see our State Board maintain firmly a high standard. The California colleges must be thorough and equal to any. While this makes it hard personally on many worthy people, it benefits the profession at large and is a boon to the sick of the land. The members of faculties of our medical colleges do a great injustice to their students when they pass those about whom they are in any way doubtful. We know of some of the best teachers who are always easy in their examinations, whether final or during the course; this is not right, and is a very mistaken kindness. We trust that all California colleges, whether regular, eclectic or homeopathic, will be stimulated to do thorough work and make these Pacific Coast institutions the equals of those of the highest class on the Atlantic Coast. Let us not spend our time picking flaws in State examinations, but let us devote our energies to improving our own colleges.

From unofficial sources we learn that a committee was appointed at the recent meeting to codify the rules of the Board. The board anticipate advantageous results from this work when completed. They will then have definite standards and rules of procedure. Owing to the great expense and to the inherent difficulties, the board decided not to hold special examinations during the coming year. The last special examination cost $800.00. Dr. Claypole was ably represented by an attorney from Los Angeles, and her case was carefully considered. The board unanimously agreed "that she must complete her full course of medicine" before her certificate can be issued. The attorney for Dr. Aldrich of Los Angeles will submit a brief in her defense. The board will probably decide this case at its next meeting. One license was revoked for the offense of advertising "grossly improbable statements." No doubt the board will be sued. Ex-Attorney-General W. H. H. Hart appeared in behalf of four men who have been convicted and fined by the Superior Court for advertising means of producing abortion. As these men had all appealed to the Supreme Court, the board postponed action pending the result. Much other business was transacted, and upon all questions the board was unanimous. Forty-five per cent. of the applicants passed. A majority of the failures were on the practical branches—practice and materia medica. No one failed on one branch alone. Although 75 per cent. was required to pass, the board raised to the passing grade all who made over 74 per cent.

The diplomas from the College of Physicians and Surgeons of Los Angeles did not arrive until after the adjournment of the session at which grades were computed and envelopes opened. Contrary to their rule, the board had allowed the gentlemen from that college to take the examination without filing diplomas, because the faculty claimed those documents had been delayed by the printer. As they did not arrive until too late, the board could do nothing but throw out the papers of their owners, and this was fortunate for the applicants, because not one of them passed, and if they choose they can take another examination in ten days instead of waiting six months.

A. M. A.

The fifty-sixth annual session of the American Medical Association is a thing of the past. The profession of Portland were profuse in their hospitality. There were numerous receptions to all, and many special attentions to the ladies accompanying the members of the association. A most delightful excursion was given on the Columbia River to 3000 guests. This great body of people were taken in steamships to a beautiful grove where a most bounteous dinner was served. Beautiful Portland was at her best. The weather was delightful and everybody was happy. The scientific work of the Association, from all we could learn, was well sustained in every section. The section on surgery maintained a particularly high standard. There were 1743 physicians in attendance on the meetings. Southern California, Arizona and New Mexico were well represented, the following having registered: R. W. Craig, J. W. Foss, H. A. Hughes, W. H. Ward of Phoenix, C. H. Jones of Tempe, and F. W. Sawyer of Castle Hot Springs, Arizona; B. D. Black, W. R. Tipton, H. M. Smith of Las Vegas, J. A. Rolls of Watrous, and B. S. Roseberry of Gardner, New Mexico; D. C. Barber, W. W. Beckett, H. G. Brainerd, Norman Bridge, William Brill, E. A. Bryant, R. T. Bullard, George L. Cole, J. C. Ferbert, J. R. Haynes, J. H. Johnson, J. M. King, George W. Lasher, W. M. Lewis, Walter Lindley, W. T. McArthur, J. H. Martindale, R. W. Miller, W. W. Murphy, C. W. Pierce, L. M. Powers, W. W. Richardson, A. C. Rogers, J. de Barth Shorb, C. F. Taggart, J. W. Trueworthy, L. G. Visscher and O. O. Witherbee of Los Angeles; J. H. McMcBride, Stanley P. Black, Solon Briggs, W. E. Hibbard, C. L. King, C. D. Lockwood, F. C. E. Mattison, A. T. Newcomb, W. H. Roberts, H. H. Sherk of Pasadena; C. C. Browning of Monrovia; Fred R. Burnham, T. Butler, J. M. French of San Diego; T. E. Cunnane of Ventura; E. A. Dial, S. B. P. Knox and C. Stoddard of Santa Barbara; S. F. Davis, F. W. Thomas and Frank Garcelon of Pomona; H. S. Gordon of Santa Ana; N. H. Hamilton of Santa Monica; W. Hutchinson and J. E. Payton of Redlands; W. R. McNair of Glendora.

THE LAUGHING HABIT.

Dr. John A. Wyeth of New York City, reports in the Journal of the American Medical Association for July 1st a case where a man 50 years old, a sculptor by occupation, in good health, in

a fit of laughter dislodged and swallowed an artificial plate of vulcanized rubber, to which two false upper incisor teeth were soldered. This plate, crescentic in shape, measured from point to point along the arch 2½ inches. The direct diameter between the two points of the crescent was 1½ inches. This happened in Cincinnati, and six weeks later he came to New York, where Dr. Wyeth operated, and found the plate deeply embedded in the walls of the esophagus. He carefully loosened and tilted the plate upward, and in that way dislodged and brought up lengthways to the wound and extracted without any further difficulty. The wound in the esophagus was left open while the upper portion of the superficial wound was closed with four or five silkworm sutures. The deeper wound was filled with a light pack of sterile gauze. There was no vomiting during or after the operation. After the operation the patient was placed in bed on the back, the foot of the bed elevated about twelve inches in order to facilitate drainage upward and away from the mediastinum. Every four hours he received six ounces of normal salt solution by the rectum for the first-twenty-four hours. After this the quantity was increased to eight ounces, and in the interval two nutritive enemata were given. Dr. Wyeth then speaks of alimentation by the colon as a feature of surgical practice, and recommends where the bowels are irritable that the milk be prepared by the warm process, using Fairchild Bros. & Foster's peptonizing tubes. He also says: "I have used their Panopepton in rectal feeding with much satisfaction. It should be diluted in two or three parts of lukewarm water, or, preferably, normal salt solution." In this patient nothing passed in the esophagus for four days; on that day a tube was introduced through the mouth and esophagus, and sixteen ounces of milk were carried into the stomach. This was repeated on the next day. On the following day, being six days after the operation, he began to swallow liquids, and of sixteen ounces of milk given four ounces leaked out through the wound. This leaking gradually diminished until twelve days after the operation, when the esophageal wound was entirely healed.

PREVENTION OF DISEASE AMONG THE POOR.

The address of Dr. Norman Bridge at the National Conference of Charities and Corrections at Portland, Oregon, on the above subject attracted a great deal of attention, and was followed by an interesting discussion. In part, Dr. Bridge said:

"The influences that are potent in causing disease and death among the poor are not numerous and are easily catalogued. First is the bad ventilation of houses in cold weather. Most of even the rich people, and whose coal bills need not terrify them, live with insufficient ventilation. More than 1000 cubic feet of fresh air per hour for each person should enter the house for even fair ventilation. Not one house in a thousand in cold weather fulfills this condition, or a quarter of it, and hardly a single house among the poor, unless it is unavoidable by reason of cracks that cannot be stopped. The rule is to batten up every crack; weather strips are wrongfully supposed to be a neces-

sity in every house to keep out every current of cool, fresh air. The bad air causes disease in several ways, chiefly by first producing debility and lessened physical power. Then easily follow colds, indigestion and all its attendant ills, and the several infectious diseases seize the body most easily. The weather strips are, as usually employed, an enemy to the race. The contagious diseases are more prevalent as well as more fatal in cold weather because the poison producing them is concentrated in unventilated rooms and the victims take in larger doses thereof. It is safe to say that the breathing of bad air produces more diseases among the poor, directly and indirectly, than all other influences combined. Perhaps the second most important cause is the danger from disease germs coming in water, milk and other foods. Flies and mosquitoes often carry disease to people. Flies carry typhoid germs on their tangled feet from infected excretions of the body to our food supply. They also carry tuberculosis in the same way. Doors and windows should be screened in the summer time. A fourth cause of disease is poor food, often poorly or even foolishly prepared; and too much stimulation.

HISTORY OF MEDICINE.

The three installments of Dr. J. P. Widney's paper entitled "The History of Medicine" that appeared in the May, June and July issues of the SOUTHERN CALIFORNIA PRACTITIONER have attracted most favorable attention. One of our most prominent physicians, who is a man of great culture himself, writes us as follows:

"Editor of the Southern California Practitioner:

"I have just finished reading your reproduction of Dr. Widney's beautiful address, 'The History of Medicine.' Really, Doctor, beside its value as an historical sketch, I consider it a literary gem. The language is so chaste and beautiful, the periods so harmoniously rounded. For one, I thank you for its reproduction, for I have enjoyed it so much. That address will be living when many of us are dead and forgotten."

ESCAPE OF DR. HOBART A. HARE.

On Saturday night, July 22nd, the yacht Narketa, owned by Dr. Hobart A. Hare of Philadelphia, was capsized and hurled upon Brandywine Shoals below Lewes, Delaware, and her crew of four men drowned. Dr. Hare and Lucius S. Landreth, his guest, a Philadelphia lawyer, were saved by the merest chance, being picked up by another yacht. We congratuate the eminent physician on his escape from a watery grave.

EDITORIAL NOTES.

Dr. H. Z. Gill of Long Beach has been quite seriously ill.

Dr. J. Will Graham of Lompoc has been visiting in the North.

Dr. C. W. Girdlestone of Riiverside is spending a few weeks in the East.

Dr. Hulbert Fuller has located at 130 Pier Avenue, Ocean Park, California.

Dr. G. H. Mosher of Globe, Arizona, has been spending a few weeks in Los Angeles.

Dr. Garrett Newkirk of Pasadena was recently elected president of the Audubon Society of that city.

Dr. John T. Rankin and Dr. Caroline Rankin have located in the Braly Building, Los Angeles.

Dr. Edward W. Hibbard of Pasadena has been in Boston and New York for the past two weeks.

Dr. Robert A. McLean has removed to 386 Sutter Street, corner of Stockton, San Francisco.

Dr. James Jackson and his bride have returned to their residence in Hemet, after spending two weeks at Catalina.

A new hospital is to be built at Mayer, Arizona, and will be in charge of Dr. E. A. Hall.

Dr. N. McFarlane of Daggett, California, has been having a disagreeable time with the Santa Fe Railroad.

Dr. H. E. Crepin, of Tucson, has been spending a few weeks in Southern California.

Dr. W. H. Stokes has purchased the office fixtures and leased the office of the late Dr. L. D. Hockett in Whittier.

Dr. James A. Masse of Santa Fe, New Mexico, is taking a post-graduate course in Ophthalmology in New York City.

Dr. L. C. Kinney of Los Angeles has been doing post-graduate work at Rush Medical College, Chicago.

Dr. Samuel McCurdy, recently from Napa County, has located in Perris, Riverside County, California.

Dr. A. J. Chandler of Phoenix, Ariz., has been spending a few days in Los Angeles.

Dr. James Jackson of Hemet has been appointed Registrar of Vital Statistics for Hemet and vicinity.

Dr. H. G. McNeil of 1315 So. Figueroa Street, Los Angeles, has been spending a month on Puget Sound.

Dr. T. E. Pressley of Roswell, N. M., has returned from Chicago, where he took a post-graduate course in the eye, ear, nose and throat.

Dr. G. Denison Keeler has been appointed Sub-Registrar, to record births and deaths, in Thermal, California, and vicinity.

Dr. D. C. Barber, superintendent of the Los Angeles County Hospital, has been, with his wife and son, spending a short time in Alaska.

Dr. J. B. McNally of Prescott, Arizona, was recently thrown from his horse and painfully but not dangerously injured.

Dr. J. M. Diaz of Santa Fe, New Mexico, has been doing hospital work in Chicago, and while there purchased a new electric outfit.

The Medico-Pharmaceutical Journal of New York City has removed its office of publication to 45 West 128th street.

Dr. Ernest Sargeant Pillsbury has removed his offices to the million-dollar Hellman Building, corner Fourth and Spring streets, Los Angeles.

Dr. Dumont Dwire has been recently reappointed for the fourth time County Health Officer of Ventura County at Oxnard.

Dr. Henry Walter Gibbons of San Francisco recently spent a vacation with friends at Sierra Madre, Los Angeles County.

Dr. George W. Harrison of Albuquerque, N. M., has been traveling overland with his son, and taking a vacation at the Jemez Hot Springs.

Health Commissioner Darlington of the city of New York has been given $17,000 with which to kill mosquitoes on Staten Island.

Dr. Albert W. Moore, University of Southern California, 1904; University of Pennsylvania, 1905, has opened offices in the Wilcox Building, Los Angeles.

Dr. Albert L. Gustetter, United States physician at Nogales, Arizona, has been

spending a vacation in Southern California.

Dr. Hoell Tyler of Redlands is spending the summer at Manhattan Beach, and at the same time doing laboratory work in Los Angeles.

Dr. Francis T. B. Fest has just returned to his home in Las Vegas, New Mexico, after a trip to Truxillo, Spanish Honduras.

Dr. Ella Whipple Marsh of Long Beach is making a six weeks' trip to her old home, Vancouver, Washington. While away she will also visit the exposition at Portland.

Dr. John Harris of Anaheim, California, has been offered a position as physician to a large mining corporation northwest of Phoenix, Arizona, with a salary of $350 per month.

Dr. Charles Lee King, the well-known practitioner of Pasadena, has been entertaining his distinguished brother, Dr. Henry Churchill King, president of Oberlin College.

Dr. Harry M. McClannahan of Omaha, Neb., Professor of Diseases of Children in the University of Nebraska, visited friends in Los Angeles after attending the A. M. A.

The second annual meeting of the California State Nurses' Association was held at Cooper Medical College, San Francisco, on Wednesday, August first and second.

Dr. J. O. Monahan, late of Steubenville, Ohio, has leased the Santa Fe Springs, which are located about twelve miles south of Los Angeles, and will run them as a resort.

Dr. H. G. Burton, for nine years assistant surgeon at the Soldiers' Home at Santa Monica, California, has accepted the position of chief surgeon for the Veterans' Home at Yountville.

Dr. John W. Foss of Phoenix, Ariz., is spending a week camping at Camp Brodie, near Fort Whipple. He is assistant surgeon of the National Guard of Arizona.

Dr. Stanley P. Black, professor of Bacteriology and Pathology in the College of Medicine of the University of Southern California, has been elected health officer of the city of Pasadena.

Dr. Winfield Hall, Junior Dean and Professor of Physiology in the Medical College of the Northwestern University, Chicago, has been visiting his parents at Santa Paula, Ventura Co., Cal.

General R. M. O'Riley, Surgeon General of the United States army, recently visited Southern California, escorted by his friend, Dr. F. K. Ainsworth, Chief Curgeon of the Southern Pacific.

Dr. C. N. Lord of Santa Fe, New Mexico, has been spending a few weeks in his old home at Sackett's Harbor, New York. During his absence Dr. E. Almon Leonard of Boston attended to his patients.

Dr. Carl Kurtz, Dr. E. M. Pallette and Mayor McAleer, of the Board of Health of Los Angeles, have been making a personal investigation of the dairies of this city. Their work will prove of great benefit.

Dr. B. Sassella, a well-known Los Angeles practitioner, was thrown from his buggy on August 1st, and suffered from a fractured right arm and severe bruises. At last accounts he was rapidly improving.

Capt. Henry Burton, assistant surgeon United States Army, retired, was appointed to the army in 1876. He served at various posts until, owing to disability acquired in the line of duty, he was, in 1892, placed on the retired list.

The Board of Education of the city of San Diego on July 17th unanimously instructed the Committee on Rules and Regulations when making its report to eliminate the section making vaccination compulsory on the part of the pupils.

Dr. Amourette Beecher, a cousin of Henry Ward Beecher and Harriet

Beecher Stowe, has located in Santa Barbara, California. She is 83 years old, and noted as lecturer, teacher and physician.

Dr. Alvah H. Shelton of Long Beach died of apoplexy at his residence on July 26th. He was a native of Bloomfield, Iowa, was forty years of age, and a graduate of Cincinnati Medical College.

The International Journal of Surgery announces that Dr. H. Edwin Lewis is its managing editor. The doctor has for ten years past been editor of the Vermont Medical Monthly, of which he was the founder.

Johns Hopkins Hospital Medical College now has a woman as professor. Dr. Florence R. Sabin, a graduate of Smith's College and later of the Johns Hopkins Medical School, has been elected associate professor of anatomy in the Johns Hopkins Hospital.

The Ohio State Medical Journal, published by the Ohio State Medical Association at Columbus, Ohio, Vol. I, No. I, is just at hand, and contains the usual data that is expected to be found in these state journals. It presents a very neat appearance.

Dr. A. W. Brayton, a distinguished physician of Indianapolis, has recently been visiting in Southern California. He was the guest of Judge W. S. Brayton, his brother, in Long Beach, California. Dr. Brayton is editor of the Indiana State Medical Journal.

"Baby" is the title of a monthly magazine devoted to the care of babies and children; medical, moral, mental, physical. Published by the Baby Publishing Co., 400 E. Kentucky street, Louisville, Ky. It is a beautiful little publication and contains just the sort of thing that it is well to have mothers read.

The Lane Medical Lectures at the Cooper Medical College, San Francisco, have become a noted professional feature of the Pacific Coast. They are being given this year by Sir Patrick Manson, K.C., M.G., F.R.S. This subject will be "Tropical Diseases." The lectures will began August 14th.

Dr. William W. Grant of Denver, Colo., President Board of Commissioners of the State Insane Asylum, one of the trustees of the American Medical Association, and President of the Colorado State Medical Society, spent a few days in Los Angeles recently following his attendance at the American Medical Association at Portland.

"Dr. John S. Dobbs of Indianapolis, Indiana, 1809-70, the Father of Cholecystectomy" is the title of a very interesting monograph by Alembert W. Brayton, A.M., M.D., editor *Indiana Medical Journal.* The preservation of historical facts contained in this pamphlet is very commendable. This booklet makes a valuable contribution to the history of American medicine.

The American Surgical Association closed a most interesting session in San Francisco on July 8th, and elected the following officers: Dr. A. Vandervere of Albany, N. Y., president; first vice-president, Dr. G. A. Moore of Minnesota; second vice-president, J. G. Munroe of Boston; secretary, D. P. Allen of Cleveland; treasurer, G. P. Flower of Brooklyn; recording secretary, R. H. Harte of Philadelphia.

Prof. F. Hirschberg, oculist in the University of Berlin, recently visited Los Angeles and was entertained by the Ophthalmological section of the Los Angeles County Medical Society. He was given a Spanish dinner at a suburban resort, at which Dr. W. D. Babcock of Los Angeles acted as toastmaster. In speaking of Los Angeles, Dr. Hirschberg said: "I have visited every city of any consequence north of the equator but none has combined beauty, perfect climate and modern conveniences as Los Angeles. It is the nearest to perfection that I have found yet. What is

more, my reception here has been far more cordial than in any other city, though I must say that the people of the United States are much more gracious than those of other countries. At Portland, where I was the guest of the association, I was warmly received and treated magnificently."

Dr. Wm. Henry Ellery Masser, well known in Los Angeles, died in that city on July 18th. He was born in Sunbury, Mass., May 20, 1852, and graduated from Annapolis in the class of 1871. While in service in the Navy in the southern seas he was in a bitter engagement with pirates, and was thrust through the thigh with a spear. He was knocked off the forecastle and fell, breaking his leg and receiving other serious injuries which caused him to retire in 1876. He then took up the study of medicine and graduated from the University of Pennsylvania in 1879. In 1885 he came to Los Angeles and commenced the practice of dentistry. As a retired naval officer he was subject to call in time of war, and was called into active service on the breaking out of the Spanish-American War, and served during that period. He then purchased a villa near Los Angeles, and has led there a quiet life, devoting himself especially to astronomy and other sciences. He was a thirty-third degree Mason. A widow and son survive him. Dr. Masser was a quiet, thorough gentleman, and, while he had some close friends, led a very retired life.

The Phoenix, Arizona, *Republican* says Dr. R. F. Palmer, the government physician at Roosevelt, Arizona, is a gentleman whom it is a pleasure to meet. Easy money nestles gently in the pockets of Dr. Palmer, who is separated from it without the use of a crowbar, dynamite or other extreme measures frequently employed in overcoming adhesiveness. To prove this we present the following correspondence:

"Roosevelt, Ariz., July 12.

"To The Republican:

"Gentlemen—Sunday night with a gentleman from Phoenix whom I remember by the name of Jack, I got on the train at Iron Springs. It so happened that Jack did not have the price of a sleeper, so I very kindly loaned him the necessary $2 in return for which he gave me the enclosed order. Owing to Jack's standing in the community I thought him entitled to full confidence and put the order in my pocket without reading it. Will you kindly ascertain through the columns of The Republican just where Jack keeps the account mentioned in the order so that I may present the paper to the proper person or persons?

"Yours very truly,
"R. F. Palmer."

Here is a copy of the perplexing order to which the doctor makes reference:

"Pay to R. F. Palmer Two (2) Dollars and charge to my account.

"Jack."

If the publicity given the foregoing results advantageously to Dr. Palmer in disclosing the whereabouts of the credit referred to the doctor will be charged the very reasonable rate of ten cents a line. This paper has taken the matter up on a contingent fee.

The Bennington disaster, by which at least sixty-five sailors lost their lives, called out the sympathy of the nation. San Diego did nobly, and the following resolutions show that the medical profession did their full duty:

"Be it resolved, that the professional services of the physicians present at the Agnew Sanatorium (whither all the injured were conveyed on the morning of the accident) on the day of the Bennington disaster be gratuitously offered to the government, and that no bills for the same be rendered: and be it further

"Resolved, that we desire to express to the ladies of the city, who so nobly responded and so faithfully labored among those trying scenes, our appreciation of the help rendered under circumstances which would have tried the nerves and the composure of the most hardened.

"[Signed:] Dr. Marie B. Averill, Dr. Charlotte Baker, Dr. E. A. Butler, Dr. Condon, Dr. R. L. Doig, Dr. Claire Foster, Dr. B. V. Franklin, Dr. Goff, Dr. D. Gochenauer, Dr. Edward Grove, Dr. W. L. Kneedler, Dr. Lewis, Dr. Lewis (his wife), Dr. T. L. McGee, Dr. W. W. McKay, Dr. Mead, Dr. A. Morgan, Dr. H. C. Oatman, Dr. P. J. Parker, Dr. P. C. Remondino."

These resolutions were adopted by the San Diego physicians and surgeons and forwarded to the acting Secretary of the Navy.

The following physicians came in one party to Southern California recently and spent some time in Los Angeles, Riverside, Redlands and other Southern California cities: Dr. H. K. Rogers, Mrs. W. C. Hancock, Dr. J. W. Crosky, Philadelphia, Pa.; Dr. J. V. Kelley, Dr. H. M. Russell, Dr. D. D. Castor, Monayaunk, Pa.; Dr. and Mrs. J. W. Ellenger, Master Ellenger, Harrisburg, Pa.; Mr. Glatfelter, Jr., Mr. and Mrs. W. L. Glatfelter, Spring Forge, Pa.; Dr. E. W. Evans, Easton, Pa.; Mr. Gable, Jr., Dr. and Mrs. I. G. Gable, Dr. and Mrs. G. E. Holtzapple, Miss Holtzapple, York, Pa.; Dr. Ella N. Ritter, Williamsport, Pa.; Dr. and Mrs. J. G. Zern, Leighton, Pa.; Mr. and Mrs. S. L. Wiggins, McKeesport, Pa.; Dr. and Mrs. F. W. Frankhauser, Reading, Pa.; Dr. and Mrs. C. L. Stevens, Athens, Pa.; Dr. and Mrs. William Witter, Norwich, Conn.; Dr. and Mrs. Dexter C. Ashley, Dr. Thomas F. Reuley, Dr. E. Franklin Smith, Dr. J. Riddle Goffe, Dr. and Mrs. John T. Nagle, Mrs. J. E. Houghton, Dr. Frederick Holme Wiggin, Manhattan, New York City; Dr. William Francis Campbell, Dr. John W. Parish, Dr. and Mrs. L. Grant Baldwin, Brooklyn, N. Y.; Dr. C. L. French, Dr. J. J. Goodwin, William A. Fuller, Clinton, Mass.; Dr. and Mrs. A. C. Forman, Mr. and Mrs. Charles Landell, Bayonne, N. J.; Dr. and Mrs. Marcus F. Squire, Harrison, N. J.; Gilbert Brown, Allan H. Brown, Dr. and Mrs. F. Fewsmith, Miss Fewsmith, Dr. Sarah R. Mead, Dr. and Mrs. W. F. Seidler, Newark, N. J.; Dr. and Mrs. C. E. Cuddeback, Port Jervis, N. Y.; Dr. E. W. Baker, Ithaca, N. Y.; Dr. and Mrs. G. J. Clark, Dr. and Mrs. O. F. Kistler, Wilkesbarre, Pa.; Dr. and Mrs. Michael Lucid, Dr. and Mrs. Charles D. VerNooy, Cortland, N. Y.; Dr. J. Orley Staraham, Rome, N. Y.; Dr. and Mrs. E. F. Hurd, Bronx, N. Y.; Miss Harriet B. Hill, Dr. Mary A. Dunning, Dr. and Mrs. C. E. Townsend, Newburgh, N. Y.; Dr. E. H. Hollingshead, Mrs. E. H. Hollingshead, Mrs. Rebecca S. Price, Miss Martha J. Austin, Pemberton, N. Y.; Miss Mary M. Kistler, Langsford, Pa.; Dr. Nathan H. Meyer, and Dr. Ernest Wells, Hartford, Conn.

They were a jolly party and seemed to be having the time of their lives. The delegation was in charge of Dr. Frederick Holme Wiggin of New York City.

The State Medical Board held their annual examination in Los Angeles on July 19th. There were 61 candidates. The examiners present were: Drs. L. A. Perce of Long Beach, J. C. King of Banning, E. C. Buell of Los Angeles, and Dudley Tait of San Francisco. The following is a list of the questions:

MATERIA MEDICA AND THERAPEUTICS.

1. Record the therapeutic uses and methods of application of (a) heat, (b) cold.

2. Name three hypnotics. Of each, state (a) origin, (b) dose, (c) physiological action.

3. Name three salts of Bromine used in medicine, giving dose of each. (b) State therapeutic uses of the bromides; (c) describe bromism.

4. (a) Define "materia medica" and (b) "therapeutics." (c) May non-official preparations be properly included in the materia medica? (d) Is it legitimate for physicians to prescribe medicinal preparations of which one or more ingredients, or their relatve proportions are unknown? If so, why?

5. Describe the physiological action of the nitrites. Name two nitrites. Of each state (a) dose, (b) mode of administration, (c) therapeutic uses.

6. What is the origin of Ichthyol; the dose; the therapeutic uses?

7. State the common name of Hydrastes canadensis. Name its principal alkaloids, What are its medicinal uses?

8. Mention the dose and therapeutic uses of oil of wintergreen. What is the relation of methyl salicylate to oil of gaultheria?

9. State the origin of cinchona. Name the principal alkaloids derived from it.

10. Compare the physiological action of digitalis, strophanthus and cactus. State the dose of each, in tincture.

JOHN C. KING.

BACTERIOLOGY.

1. By what laboratory methods would you recognize positively tuberculous lesions?

2. Describe in detail the bacteriological diagnosis of glanders.

3. Describe in detail the technique and state the value of blood cultures.

4. In what diseases, other than typhoid, do agglutination reactions occur.

5. Give the bacteriological findings in conjunctivitis.

6. Describe briefly Erlich's lateral chain theory.

7. What is the natural habitat of the bacillus aerogenes capsulatus, and by what practical laboratory method would you determine the presence of this bacillus?

8. Discuss the role of concurrent infections in pulmonary tuberculosis.

9. Examination of cultures.

10. Examination of microscopic specimens.

DUDLEY TAIT.

PHYSIOLOGY.

1. (a) Explain the cardiac cycle. (b) Give the factors in the production of heart sounds.

2. (a) At what parts of the thorax can bronchial breathing be normally heard? (b) What is meant by the vesicular murmur.

3. (a) Describe the movements of the stomach. (b) Give in detail the digestion which takes place in the stomach.

4. Where are the following centers: Respiratory, vomiting, visual, defecation, parturition.

5. Give the histology of a spinal nerve.

6. What nerves are concerned in taste?

7. Describe the paralysis resulting from a destructive lesion which involves the posterior limb of the internal capsule?

8. Classify the nutritive substances necessary to maintain normal metabolism in the human being.

9. Describe the portal circulation—gross and minute.

10. Define; (a) Dyspnea, (b) tenesmus, (c) plasmolysis, (d) rigor mortis, (e) alexins, (f) astigmatism, (g) dendrites, (h) colostrum, (i) corpus luteum, (j) endosmosis.

EXAMINATION IN ANATOMY.

1. Give articulations of temporal bone.

2. (a) What is the utility of the zygomatic arch? (b) What muscles are attached to same?

3. Give general use of striped and several locations of unstriped muscular tissue.

4. Give origin and insertion of sternocleidomastoid muscle.

5. Locate acromion, coracoid, olecranon and ulnar coronoid processes, with attachment of one muscle to each.

6. Describe briefly ankle joint.

7. Describe the common iliac artery, also the right common carotid artery.

8. Give principal branches of distribution of internal carotid artery.

9. Mention fissures of cerebrum. What does each separate?

10. Location of fourth ventricle of brain. What nerves originate in its floor. How do first and fifth cranial nerves emerge from skull?

11. Mention briefly circulatory changes which occur at birth.

Answer ten questions only, numbered as above.

J. B. MITCHELL, M.D.

OBSTETRICS.

1. Define natural, difficult, preternatural and complicated labor.

2. Describe the several stages of a natural labor.

3. In a slow, tedious labor, with an unyielding os, how would you proceed?

4. Under what conditions would you be justified in using forceps, either long or short?

5. When are the pulsations of the foetal heart first perceptible, where most commonly heard and how distinguished?

6. How would you treat a case of of postpartum hemorrhage?

7. What structures form the umbilical cord? give their relation to each other.

8. How would you treat a case of convulsions in the early hours of labor?

9. Name the sutures and fontanelles of the foetal head, and give their situation in a left occipito-anterior position.

10. Describe a good working outfit for a general obstetrical proctice, giving each article, and their use.

L. A. PERCE, M.D.

SURGERY.

1. Define congestion and inflammation. How do they differ?

2. Give the indications for trephining the skull.

3. How would you recognize and treat rupture of the deep male urethra?
4. What is the surgical treatment of varicose veins?
5. Give causes and treatment for ischiorectal abscess.
6. Give the diagnostic points of a colles fracture.
7. How would you treat a dangerous chloroform narcosis?
8. Name the different varieties of malignant tumors.
9. How is carcinoma and sarcoma disseminated?
10. Give the technic of a Gastro-Enterostomy—any one method.

EXAMINATION IN MEDICINE.

1. Give the differential diagnosis of acute appendicitis and intussusception of the small intestine.
2. Give pathology of pseudo-leukemia (or Hodgkin's disease.)
3. Give symptoms and pathology of rachitis.
4. Tetanus. Differentiate symptoms from strychnin poisoning; give modes of infection.
5. Differentiate between acute follicular tonsilitis and diphtheria.
6. Give clinical history of lobar pneumonia.
7. Give differential symptoms of pathologic icterus neonatorum and physiologic icterus neonatorum.
8. Give physical signs of ovarian cyst and ascites.
9. What is pyeliti? Give some of the causes.
10. Differentiate between smallpox and chickenpox.

CHAS. A. DOZIER, M.D.

CHEMISTRY.

1. Define and illustrate (a) chemical affinity, (b) osmose, (c) alkali, (d) anhydrids, (e) combustion.
2. When sulphur is burned in the air what is the product, give formula, and what are its uses?
3. Give the names and formulas of three sodium salts.
4. Give the chemical names of the ingredients of a seidlitz powder and state the reaction resulting from a mixture of these ingredients.
5. Give the Farhenheit and the centigrade degree of (a) the freezing point, (b) boiling water, (c) normal temperature of man.
6. Give the names and formulas of the various compounds capable of producing anesthesia.
7. Differentiate chemically sucrose, glucose, lactose and maltose.
8. Give the characteristics of (a) diabetic urine, (b) nephritic urine, (c) cystitic urine.
9. State the normal chemical reaction of (a) urine, (b) saliva, (c) blood, (d) tears, (e) synovial fluid.
10. Give tests and treatment for poisoning by Aconite.

MATERIA MEDICA.

Homeopathic.

1. What is Materia Medica, and Therapeutics, and their relations to each other?
2. Name three remedies prominent in treatment of typhoid fever, and give three characteristic symptoms of each.
3. Give differenting symptoms of Arnica, Bryonia, Colchicum and Rhus. tox. in rheumatism.
4. Give distinguishing symptoms of Ignatia, Lachesis, Sanguinaria and Sulphur about the climacteric period.
5. Give characteristic symptoms of Arsenicum, Argentum Nitricum, Nux Vomica and Pulsatilla in affections of alimentary tract.
6. Give four unfailing symptoms of Lycopodium.
7. In acute colds, or coryza, what symptoms would decide you to give Aconite, Gelsemium, Arsenicum or Allium Cepa?
8. Give five marked symptoms of Sepia.
9. Name four remedies prominent in the treatment of Cholera or Cholera Morbus, and give the symptoms which would determine each in preference to either of the others.
10. Name four remedies for Amenorrhoea, and give distinguishing symptoms.

MEDICINE.

Homeopathic.

1. Give diagnosis and symptoms of chronic interstitial nephritis.
2. Give diagnosis and treatment of acute Gastro-Enteritis.
3. Give diagnosis and treatment of lobar pneumonia.
4. Give local and constitutional symptoms of diphtheria. Give treatment.
5. Differentiate Measles, Scarlet Fever and Smallpox.
6. Diagnose, give causes and treatment of Arthritis deformans.
7. Diagnose and give treatment of diabetes mellitus. What complications might you expect in the aged?
8. What is meant by crisis in disease? Give an illustration.
9. Give cause, diagnosis, prognosis and treatment of Cerebro-Spinal Meningitis.
10. Give causes and diagnostic symptoms of cardiac dilatation.

NEW MEXICO BOARD OF HEALTH.

The regular semi-annual meeting of the New Mexico Board of Health was held in Santa Fe on June 5, 1905.

The following members were present:

B. D. Black, Las Vegas.
W. D. Radcliffe, Belen.
J. H. Sloan, Santa Fe.
G. W. Harrison, Albuquerque.

This was the first meeting of the new Board, and the following officers were elected for two years:

President, G. W. Harrison, Albuquerque.

Vice-President, T. B. Hart, Raton.

Secretary, B. D. Black, Las Vegas.

Treasurer, W. D. Radcliffe, Belen.

The following persons were licensed to practice medicine in New Mexico:

E. C. Bakes, Santa Rosa, University Louisville, 1903.

C. B. Ackley, Clayton, Northwestern University, 1900.

J. F. Rudolph, Santa Rosa, Western Reserve University, 1903.

C. D. Stofer, Gallup, Ann Arbor University, 1904.

H. H. Dally, Folsom, Rush, 1902.

Mary P. Hunter, Albuquerque, Ann Arbor University, 1897.

H. D. Garwood, Madrid, Johns Hopkins, 1904.

C. T. Ellerbrock, Deming, Baltimore Medical, 1900.

J. F. Aldrich, Roswell, Rush, 1897.

E. Parry, Farmington, Medico-Chirurgical, Philadelphia, 1903.

G. P. Stoker, Artesia, Hospital Coll., Louisville, 1902.

S. H. Murphy, Eclectic Institute, Cinn. Artesia, 1896.

J. H. Whittaker, Fierro, University Medical, K. C., 1901.

J. F. Richardson, Artesia, Miami, Cinn., 1882.

K. D. Wood, Santa Rita, Syracuse University, 1903.

A. J. Caldwell, Clayton, Ky., School of Medicine, 1892.

W. W. Penn, Portales, Ky. School of Medicine, 1878.

C. J. Amble, Manzano, Illinois Medical, 1904.

F. J. Patchin, Albuquerque, Columbus (Starling), 1881.

The Secretary was instructed to issue licenses to several other applicants who are graduates of Colleges in good standing, if their professional and moral character and conduct are found satisfactory after thorough investigation.

The following Colleges were added to list of Colleges in good standing:

Kentucky School of Medicine, Louisville, Ky.

University of Southern California, Los Angeles, Cal.

Illinois Medical College, Chicago, Ill.

Bennett College of Eclectic Medicine, Chicago.

Syracuse University, College of Medicine, Syracuse, N. Y.

Starling Medical College, Columbus, Ohio.

The following physicians were appointed and confirmed Health Officers, and as Representatives and Executive Officers of the Territorial Board, in their respective counties:

Bernalillo, G. H. Fitzgerald, Albuquerque.

Taos, T. P. Martin, Taos.

Valencia, W. D. Radcliffe, Belen.

Colfax, T. B. Hart, Raton.

Socorro, C. G. Duncan, Socorro.

Dona Ana, R. E. McBride, Las Cruces.

Luna, S. D. Swope, Deming.

Otero, J. R. Gilbert, Alamogordo.

Eddy, C. M. Whicher, Carlsbad.

Lincoln, T. W. Watson, Lincoln.

Mora, J. A. Rolls, Watrous.

San Miguel, B. D. Black, Las Vegas.

McKinley, E. Clayton, Gallup.

Quay, W. C. Klutz, Tucumcari.

Santa Fe, J. H. Sloan, Santa Fe.

Guadalupe, R. J. Thompson, Santa Rosa.

San Juan, O. C. McEwen, Farmington.

Grant, Carl Hagen, Silver City.

Rio Arriba, J. R. Haynes, El Vado.

Roosevelt, T. C. White, Portales.

Union, N. E. Charlton, Clayton.

Sierra, F. J. Given, Hillsboro.

Chaves, W. T. Joyner, Roswell.

Torrance, J. L. Norris, Estancia.

Sandoval, S. C. Clarke, Bernalillo.

BOOK REVIEWS.

THE PHARMACOPOEIA OF THE UNITED STATES OF AMERICA, Eighth Decennial Revision. By authority of the United States Pharmacopoeial Convention, held at Washington, A. D. 1900. Revised by the Committee of Revision and Published by the Board of Trustees. Official from Sept. 1st, 1905. Philadelphia agents, P. Blakiston's Son & Company. For sale by Fowler Brothers, 221 West Second street, Los Angeles, Cal.

COMMITTEE OF REVISION OF THE PHARMACOPOEIA OF THE UNITED STATES OF AMERICA, 1900-1910.

LONGPORT, N. J., July, 1905.

To the Editor of the Southern California Practitioner:

Dear Sir: I have directed J. B. Lippincott Company to forward to you a copy of the new United States Pharmacopoeia, which is just off the press. I especially desire to call your attention to the changes in strength of Tincture of Aconite, Tincture of Veratrum and Tincture of Strophanthus, which are as follows:

The strength of Tincture of Aconite has been reduced from 35 per cent. to 10 per cent., and that of Tincture of Veratrum from 40 per cent. to 10 per cent. The strength of Tincture of Strophanthus has been increased from 5 per cent. to 10 per cent.

These changes have been made in order to conform to the standards adopted by the International Conference on Potent Remedies held at Brussels in September, 1902, the object being to make uniform the strength of potent remedies in all parts of the world.

Kindly insert a special notice in your journal, in order that all of your readers may be informed as quickly as possible of these changes, which will officially go into effect on September 1, 1905.

Faithfully yours,

JOSEPH P. REMINGTON,
Chairman of the Committee of Revision.

This volume of 700 pages is all that a Pharmacopoeia should be. It is a most necessary reference book.

ANNUAL REPORT OF L. H. SCHWAEBE, Auditor of the City of Los Angeles, California. For the year ending November 30, 1904.

This volume of 400 pages is a valuable historical document. For all time this book will be a useful work of reference. We quote from it the chapter on the history of the Health Department. Second only in imptrtance to making history is the honest recording thereof.

MODERN CLINICAL MEDICINE. A translation of "Die Deutsche Klinik," which is now being brought out in parts in the German language. The articles upon the various diseases have been written by the most eminent men in Germany. Professors Layden and Klemperer are the editors of the German work, and the articles are written by such well-known authorities as Leube, Ewald, Boas, Laginsky, Liebermeister, Eichhorst, Strumpell, Jurgenes, Ehrlich, Grawitz, Binz, Nothnagel, Gerhardt, Loeffler, Krafft-Ebing, Hoffa, Ortner, Kaposi, and many others whose names are as familiar to you as the above mentioned. It is the plan to publish this work in several volumes, the entire work to be translated and edited under the general supervision of Dr. Julius L. Salinger of Philadelphia, Pa. Each volume in the series will have a special editor. The first volume of this extensive work has just issued from the press of D. Appleton & Company, New York and London. It is entitled,

INFECTIOUS DISEASES,

Edited by J. C. Wilson, A.M., M.D., professor of Medicine in the Jefferson Medical College, Physician-in-Chief to the German Hospital, Philadelphia; Physician to the Jefferson and Pennsylvania Hospitals, etc. An authorized translation from "Die Deutsche Klinik," with two colored plates and sixty illustrations. Cloth, 925 pages.

Dr. Wilson says: "It is no disparagement of others to say that the Deutsche Klinik, the sum of the collective labors of the master minds of medicine in Germany, stands as a summary of existing knowledge and as a permanent record of the medical science of our times in the foremost rank."

The author says: "With the exception of individual rare cases which appear to be endowed with a congenital personal immunity against the disease, recovery from an attack furnishes the only immunity to measles. This immunity commonly lasts for the entire life.. Measles has sometimes occurred several times in the same individual, but this belongs to the greatest rairities, and does not vitiate the rule."

The sections on Prophylaxis of malaria and immunity to malaria are intensely interesting. Smallpox is taken up exhaustively, and the author particu-

larly emphasizes his ideas in regard to the importance of keeping the patient clean and cool. In speaking of diphtheria, this statement is made: "The action of antitoxin is the more intense and more certain the earlier it is used after the onset of the disease; four or five days after the onset of the disease it loses its action in a great number of cases." That we have not as yet a definite method of treating pneumonia is acknowledged. "Nevertheless the therapy of pneumonia is based today upon a much firmer foundation than ever before, and consists of well-tried, scientific medications." The chapters on the plague and ameba enteritis are of special interest to the profession of the Pacific.

STIMSON ON FRACTURES AND DISLOCATIONS. A Treatise on Fractures and Dislocations. For Students and Practitioners. By Lewis A. Stimson, B.A., M.D., LL.D., Professor of Surgery in Cornell University Medical College, New York; Surgeon to the New York and Hudson Street Hospitals, etc. New (4th) edition, thoroughly revised. Octavo, 844 pages, 331 engravings and 46 full-page plates. Cloth, $5.00, net; leather, $6.00, net; half morocco, $6.50, net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1905.

That a work should reach its fourth edition in so short a time, is in itself sufficient evidence of its worth but in these days of epoch-making literature in medicine and surgery it is difficult to keep a popular book sharply up to the time.

The author has, however, succeeded well in giving us all the new matter that has proven of value. The more extended use of the X-rays has enabled clearer description of obscure injuries, more particularly those in and about the joints, and has added an element of certainty to those rare and obscure lesions that formerly was lacking. This has enabled the author to present a more systematic classification and description of bone and joint injuries, thus the chapter on fractures and dislocations of the carpal bones is much more readily understood, and that on fractures of the lower end of the humerus in the young is particularly aided by the X-ray studies.

A note of warning is sounded in the ambulatory treatment of fractures. We must discriminate sharply between the different form of fracture and select only these for this plan of treatment that will not be open to possible injury from the motion of the injured limb or extremity. The open treatment of fracture is not unhesitatingly recommended, indeed, the author seems very cautious in that respect; he rather feels that the dictum to cut down on all fractures if accepted, would lead to disasters far more serious and numerous than the disadvantages that would follow failure to reduce the displacements. We are glad to note that this opinion is somewhat modified by adding that the probability that such an operation in experienced hands and under proper precautions would be followed by disaster would be small. The author thinks that the worst that can follow in fracture of the shaft by neglecting to cut down and reduce fragments to their proper position and remove muscle, tendons, periostium or blood clots from apposed surfaces is failure of union or union with disabling deformity and both of these conditions he says may be relieved by a later operation. This hardly seems to be in accord with the present consensus of surgical opinion.

In articular fractures he is more ready to cut down, as if anything is to be done it must be while the injury is still recent. If operation is done within twenty-four hours from receipt of injury danger is no greater than operating a primarially uninjured tissue and primary union will usually be obtained.

In vertebral fractures Stimson's inclination is strongly toward reliance upon traction and the plaster jacket. In regard to the reduction by open operation he has this to say: A large number of cases have been operated upon

during the last few years, and apparently with marked benefit in some. It is admitted by all that the operation can do good in only a small proportion of cases, and it is probable that even that proportion is less than is indicated by the statistics because it is not clear that the improvement which has sometimes followed was the result of the operation; similar improvement has been noted in apparently identical cases not operated upon, some of them probably cases of haematomyilia. He admits that the operation is not likely to do harm and that occasionally it discloses an important condition which could not otherwise be recognized and corrected. We ask then why not cut down in all cases? We would have been pleased to see the author endorse this dictum of Burrell's of Boston: "Unless it is perfectly clear that the cord is irremediably damaged an open operation to establish the condition of the cord and to relieve pressure is imperative as soon as surgical shock has been recovered from." No mention is made of the recent cases of suture of the spinal cord, reported by Harte of Philadelphia and others, in which return of some function and ultimate cure, as regards life, resulted after suture of the cord. The author seems to consider that many of the symptoms that arise after vertebral injuries are due to traumatic haematomyilia and not to lesion of the cord per se.

The suggestion for the treatment of old unreduced dislocations are truly valuable and very useful.

All the modern and very interesting work on gunshot fractures finds but meager space in this work, in fact but two pages and four lines are devoted to this very important subject, notwithstanding the marked opportunities which have recently occurred the world over for its study, advantages which the current surgical literature shows have not been overlooked. It may be said in explanation of this omission that civil surgery deals largely only with pistol shot wounds, which to a certain extent is true, but the pistol of today is apt to be a weapon of much higher execution than the rifle of twenty years ago. The author has had a vast experience in his chosen field. His hospital appointments have enabled him to study all the ordinary forms of injury and most of those that are rare. Stimson was the first to observe and describe a number of these rarer lesions. On this account the book is more a personal contribution to surgery without the usual extended quotations and of opinions based on but single cases. The bibliographical references, however, are full, so the book is of value to both the practitioner and the student of surgery. The author has endeavored to adapt his work specifically to the needs of the practitioner, particularly in the sections on diagnosis and treatment. He has succeeded well and the book is representative and valuable.

W. A. E.

MESSAGES AND PAPERS OF THE CONFEDERACY. A Compilation of the Messages and Papers of the Confederacy, Including the Diplomatic Correspondence, 1861-1865. Published by permission of Congress. By James D. Richardson, a Representative from the State of Tennessee, Compiler and Editor of "Messages and Papers of the Presidents." In Two volumes. The Washington Post.

These two volumes make a valuable addition to a working library. They cover a period of the most intense interest. Congressman Richardson had previously enriched our accessible historical literature by compiling the "Messages and Papers of the Presidents."

HANDBOOK OF ANATOMY. Being a Complete Compend of Anatomy, Including the Anatomy of the Viscera, and Numerous Tables. By James K. Young, M.D., Professor of Orthopoedic Surgery, Philadelphia Polyclinic; Clinical Professor of Orthopaedic Surgery, Woman's Medical College of Pennsylvania; Instructor in Orthopaedic Surgery, University of Penn-

sylvania; Fellow of the College of Physicians of Philadelphia; Fellow of the Philadelphia Academy of Surgery; Fellow of the American Orthopaedic Association; Member of the American Medical Association, etc. Second edition, revised and enlarged. With 171 engravings, some in colors. Crown octavo, 404 pages, extra flexible cloth, rounded corners, $1.50 net. F. A. Davis Company, Publishers, 1914-16 Cherry street, Philadelphia.

Changes in the Pharmacopoeia of the United States of America, Eighth Decimal Division. Official form, September 1, 1905. By Reid Hunt and Murray Galt Motter, Treasury Department Public Health and Marine Hospital Service of the United States. Walter Wyman, Surgeon-General, Washington, D. C. Government Printing Office, 1905. This bulletin will be sent without charge to any physician who may send in a request to the Treasury Department. It will help the practitioner to a better understanding of the significance of some of the changes, when such changes are discussed as are of interest to physicians; such, for example, as changes in the strength of preparation, in the name, the additions, etc. There are 117 additions in the eighth decimal division of the United States Pharmacopoeia.

We have received from the author, Hunter Robb, M.D., Professor of Gynecology, Western Reserve University, the following reprints: "The Streptococcus in Gynecological Surgery;" "The Early Diagnosis of Cancer of the Fundus, with Reports of Cases;" "Conservatism in Pelvic Surgery."

THERAPEUTICAL HINTS.

Dr. John A. Hill, of Alto Pass, Ill., in a recent number of the *Medical Herald*, speaks very highly of ERGOAPIOL (Smith). In the non-surgical treatment of gynecological cases he says that Ergoapiol (Smith), judiciously, consistently and determinedly ministered will prevent much mutilation by affecting a cure.

A GIRL'S IGNORANCE IS BLISS. Dr. A. J. C. Skene in his Medical Gynecology, says "up to the time preceding the first menstruation a girl should be left in ignorance of her sexual organs and all that pertains to them." . . . "To teach anatomy and physiology to girls is baneful."

THE SEWAGE OF PARIS.—The entire sewage of Paris is used for irrigating and fertilizing the formerly partly barren tracts of land at Acheres and Pierrelay, where the cabbage, etc., now grow in rank profusion. The last great intercepting sewer emptying into the Seine was formally closed with appropriate ceremonies, July 8, and the black flood diverted to the pumping works where it is raised to the height of 35 meters and then distributed, the water finally draining clear and odorless into the river. In the addresses delivered a glowing tribute was paid to several physicians—Bourneville, Cornil, Proust and others, who in the Senate Chamber and City Hall so materially forwarded the great work now brought to completion.

A very simple procedure will remove moles without having recourse to the knife. Shave a match or sliver to as fine a point as possible, dip in carbolic acid, and lightly touch the mole, care being taken to prevent the acid touching any other portion of the skin. Apply this every three or four days, and the mole will gradually disappear, leaving its space clean and heathy.

Lester W. Day of Minneapolis (*Journal A. M. A.*, July 22, 1905) reports an interesting case of poisoning from potas-

sium chlorate. The patient, a man aged 30, purchased at a drug store a bottle containing fifty 5-grain tablets of potassium chlorate. Though the printed directions were to dissolve one tablet in the mouth, every hour or so, the patient used the entire fifty between March 10 and April 1. On April 2 the patient complained of itching, and on April 6 the thighs, legs, ankles, trunk, forearms and wrists were seen covered with innumerable reddish macules; there were also numerous petechæ. There was no nausea, diarrhea, or headache. The patient made a slow but uneventful recovery.

UNCINARIASIS. — The eighteen cases in which Pepto-Mangan (Gude) was used in the treatment of the anemia of uncinariasis, were especially selected by the Commission appointed for the study and treatment of anemia in Porto Rico on account of their extreme severity, and thus these cases represent the most crucial test to which any iron preparation can be subjected.

The results attained with this treatment were extremely gratifying. In nearly all the cases we find such notes as these: "Excellent condition;" "Color of the skin, good;" "Completely cured," etc., at the end of the history; while the contrast between the low percentage of hemoglobin and the low red blood cell count on the one hand, and the normal, or nearly normal, findings at the conclusion of the treatment, on the other, offers a reliable criterion for gauging the efficacy of the medication employed.

Of course, iron occupies but a part of the battlefield in the rationale of the treatment of uncinariasis, with its parasitic anemia. The use of thymol, purges, etc., as noted in the histories, formed an indispensable element in the treatment. Yet, while thymol kills the parasites, and the purges remove their bodies from the intestines as well as diminish the amount of toxines in the system, these remedies only clear the blood which is needful for the restoration of the extremely anemic patient to health.

SANMETTO IN PROSTATITIS, CYSTITIS, GONORRHEA AND URINARY IRRITATIONS.—I have been an extensive prescriber of Sanmetto in cases of prostatitis, cystitis, gonorrhea and general urinary irritations, and look upon it as one of the surest remedies in that class of troubles I have ever seen. I shall continue to use where indicated.

Dayton, Ohio.

A. R. Moist, M.D.

Sal Hepatica is the original effervescent saline laxative, hepatic stimulant, uric acid solvent and eliminant of irritating toxines in the alimentary tract. It is manufactured under the direct supervision of J. Le Roy Webber, Ph. G., its originator, and only at the laboratories of Bristol-Myers Co., Manufacturing Chemists, 277-279 Greene avenue, Borough of Brooklyn, New York City.

HEPATIC INSUFFICIENCY AND PREGNANCY.—Prof. J. Clinton Edgar, M.D., in the *Journal of the American Medical Association*, April 8th, 1905, says:

"Certain women show sufficient evidence of a predisposition to hepatic insufficiency as to render the occurrence of grave symptoms of toxemia, at the outset of pregnancy, a foregone conclusion.

"Many of our patients evidently suffer from hepatic insufficiency. I see it almost daily in my practice. Possibly there is a family history of biliousness, and this will often show itself in the character of the pregnancies of the patient's immediate family relatives.

"The teaching of Charcot was that hepatic insufficiency is pre-eminently an hereditary state."

The proof of this is manifest in the persistent disturbance of the stomach that almost invariably occurs with the onset of pregnancy and which yields permanently only when functional activity of the liver is restored.

The important part played by the liver in the many serious complications of pregnancy and its culmination is coming to be generally recognized by the best authorities, and is timely.

The difficulty heretofore encountered in these conditions has not been so much the failure to recognize the foregoing truths as to find a reliable remedy for hepatic insufficiency that could be given without injury for a sufficient length of time to produce the desired result, viz.: Restoration of hepatic function when such insufficiency is hereditary, or of long duration.

In Sulpho-Lythin, however, a new double salt (non-effervescent), we have a true and reliable hepatic stimulant, which, if administered intelligently, will restore functional activity of the hepatic cells, and which may be taken continuously, when necessary, without objectionable or injurious action.

That this preparation has been found to permanently overcome the persistent vomiting of pregnancy, in many cases, as reported by reliable observers, is the best evidence of its efficiency.

This product is presented exclusively to the medical profession by the Laine Chemical Co., 55 Liberty street, New York, who will gladly furnish further information and complimentary trial sample upon request.

N. B. Shade, M.D., late editor *North American Review,* Washington, D. C., says in a recent number of the *Medical Examiner and Practitioner*:

Papine is derived from the concrete juice of the unripe capsules of Papaver somniferum, U. S. Pharmacopoeia. Physicians who have tested the virtue of papine in their practice have given evidence that it contains all the medicinal value of opium, with all its bad qualities eliminated. Papine has none of the bad after effects of opium, morphia, laudanum.

VERY OLD FOGIES.—More people over one hundred years old are found in mild climates than in the higher latitudes. According to the last census of the German empire, of a population of 55,000,000, only 78 have passed the hundredth year. France, with a population of 40,000,000, has 213 centenarians. In England there are 146; in Ireland 578, and in Scotland 46. Sweden has 10, and Norway 23; Belgium 5; Denmark 2; Switzerland none. Spain, with a population of 18,000,000, has 401 persons over one hundred years of age. Of the 2,250,000 inhabitants of Servia, 575 have passed the century mark. It is said that the oldest person living is Bruno Cotrim, born in Africa and now living in Rio de Janeiro. He is 150 years old. A coachman in Moscow has lived for 140 years.—*Indian Medical Record.*

Sunbrights California Food contains no dried milk and no sugar except that normally made from the barley of which it is chiefly composed. Sunbrights is the ideal modifier of cow's milk.

Children's Hospital, corner Alpine and Castelar streets, Los Angeles, Cal. This is the only hospital devoted especially to the care of children, south of San Francisco. It is non-sectarian and is open to any accredited school of medicine. The children are under the care of graduate nurses day and night. If parents can pay anything, they are charged a nominal sum; otherwise the child is admitted and receives the same careful attention.

SOUTHERN CALIFORNIA PRACTITIONER.

VOL. XX. LOS ANGELES, SEPTEMBER, 1905. NO. 9

DISEASES OF THE SKIN—A CLINIC.*

BY L. DUNCAN BULKLEY, A.M., M.D., PHYSICIAN TO THE NEW YORK SKIN AND CANCER HOSPITAL, CONSULTING PHYSICIAN TO THE NEW YORK HOSPITAL, ETC.

Gentlemen and Ladies:

I need not tell you how pleased and gratified I am at being asked to address you, and to give a clinic before the society; especially when I remember the distinguished gentlemen who have preceded me on such occasions.

I have always endeavored to present dermatology in its practical and useful light, as far as possible, and I hope that this evening I may be able to say something which may be of real, practical benefit to some of you.

I may say that for thirty or more years I have been accustomed to giving clinical lectures before practicing physicians at the New York Skin and Cancer Hospital and elsewhere, and have always gladly welcomed any questions or suggestions that might be made. I therefore ask that if at any time what I say is not perfectly clear, or if there is some matter which any one would like developed more fully, I shall feel personally grateful for the interruption.

Will you allow me to say a few words first in regard to dermatology as a branch of medicine. From long observation I am fully convinced that there is no one special line of medical thought and study which is of greater or even equal service to the general physician, in his ordinary line of practice. There is no other branch that at one time or another may be of more importance, and often it will occur frequently that the practitioner has the necessity of regarding the condition of the skin in connection with many diseases. I need hardly remind you of its great importance in connection with the exanthemata and syphilis, and also in relation to drug eruptions, while the ordinary skin affections are continually coming under the observation of the general practitioner. It is therefore exceedingly important that all should be able to recognize and treat all the lesions which may occur in this organ, the skin.

I may here remark that on a number of occasions, physicians have said to me that they regarded the particular attention which they had given skin diseases as one of their most important efforts in

*Clinic given before the Los Angeles County Medical Society, August, 1905.

medicine. The habit of very close attention, often to minute details, which study and practice in this class of affections necessitates, is of the greatest service in training the mind in regard to analyzing other diseased conditions.

Allow me here to throw out the suggestion that in examining a lesion on the skin, you should always use a magnifying glass, even though one has very good eye sight. It certainly reveals features and points which cannot be otherwise noticed. This is not my view alone, but from repeated observations in European clinics I have found that physicians there all follow the same practice.

I have mentioned syphilis casually, and allow me to say that while this is a disease always to be thought of in connection with eruptions on the skin, it must not be given too much prominence, for remember that in most of the statistics from various skin clinics, only about ten per cent. of all the cases have this origin; and while I am speaking in regard to general matters, I may also remind you that only about five per cent. of all cases are found to be due to parasites, whether animal or vegetable; leaving over eighty per cent. of all cases, which have other causation, and many of them with the most important relations to disease and disorder of other organs of the body.

So important do I consider this last statement that I beg to enlarge upon it for a moment, and I will state that in a large majority of all eruptions on the skin which come to me, I place the greatest importance upon these constitutional relations; and I beg that you will remember that after all in most of them it is far more important to rightly study and understand the conditions of the system which may lead up to eruptions, than to know exactly the right and best local applications to be made to them. And I may say further, that if the choice were given to me between confining my practice to the exclusively local treatment of this class of affections, or to treating them by various other means, including diet, hygiene, and proper internal medication, I should most surely choose the latter, leaving the former either to remedies which had already been suggested by others, or to such measures as the ordinary intelligence might suggest. I would not, however, underestimate the value of local treatment. It is indeed important to do just the right thing locally, and to avoid the wrong; but remember, that all this local treatment is but temporary and partial, and that no particular success can be obtained in a majority of skin affections without the most vigilant, earnest, and faithful investigation of the deep-seated and constitutional causes, which may have led up to the same.

There is of course very much more which I could say in general terms about dermatological matters, but some of these items may appear in the course of our consideration of the patients which Dr. Ralph Williams of Los Angeles has kindly brought for our inspection and study this evening.

Case I. This first patient is an unmarried lady of twenty-nine years of age, who has, as you will see, an ulcerated condition on the left side of the nose, upon the ala. Dr. Williams tells us that about a month ago there was an inflammatory mass, boil-like, within the nostril, which broke and discharged, after which ordinary disinfectants were applied. The ulceration which she now has beneath the crust, has formed after the inflammation. There has been no very active treatment, such as cauterization or the like, and apparently the ulceration has been the process, which began at the time mentioned, or followed soon after.

You see now a good part of the left ala is the site of a rather superficial ulceration, perhaps three-quarters of an inch in diameter either way, pretty clearly outlined, with a raised border.

Just at present there is little that can be called active ulceration, for most of

the surface is dried over, under a superficial dry dressing. The edges of this, as you see, are a little raised and sharply cut, and Dr. Williams has said they have been more undermined than at present. The affair is rather painful, as you saw that she winced considerably when I handled it, as I thought, rather lightly. There is also some pain, deep seated, on the right upper side of the nose.

The question now arises what is the nature of the present condition? It is of course not simply a boil, but there is some deeper or more important process at work to produce this ulceration. There are several things which this condition now present might suggest to our minds. Always remember the possibility of having extra-genital chancre develop from accidental infection. While I would not overestimate the importance of this possibility, I must remind you that these do occur, not at all uncommonly even in the best of society, and I myself have seen upwards of two hundred cases where syphilis has been innocently acquired, with the primary lesion on various portions of the body, and even in this very locality. In my book on "Syphilis Insontium," I have quoted a very large amount of material from literature, citing thousands of cases where this did occur; chancres are recorded as having appeared from accidental inoculation on almost every portion of the body, in different cases.

The next suggestion for diagnosis might be that it is one of the later manifestations, or a *tubercular* or *gummy syphilis*. Again, I believe that the diagnosis of *lupus* has been given to this case. We might also think of *epithelioma* and *sarcoma*. Other than these, I cannot now think of any lesion which would be suggested. I will exclude of course, rhinophyma and rhinoscleroma, which present quite different features (later on one of the audience suggested the possibility of actinomycosis, but this present quite different features from those here present).

Let us now take up these possible diagnoses in turn.

First, as to *chancre*. While this sometimes gives just such a history as we have here, I can hardly reconcile the present lesion which we see, with this diagnosis. A chancre does not present this appearance, and the surface is raised instead of being depressed; it would be pretty certain to be quite circular in outline and not in irregular shape as here, and there would surely be enlarged glands in front of the ear or below, on the same side, which are indicative of early infection.

Let us next take the suggestive possible diagnosis of *lupus vulgaris*.

First I must say that the lupus is exceedingly rare in this country, and while quite frequently in many places abroad, it seldom comes to our clinics, even in New York City. In Copenhagen, summer before last, I had the opportunity of observing about one hundred cases of lupus in one day, and over one hundred and fifty while I was there, attending and following out the work at the Finsen Light Institute.

Lupus when irritated, and in an old case may exhibit ulceration, but could not possibly present such an appearance as we see here. Moreover the history is quite other than that of lupus. The age rather excludes the disease, as lupus is far more apt to develop in childhood. When do we ever find lupus developing thus rapidly, in a month, from an ordinary boil-like lesion? To attain this size lupus would require several months at least.

Epithelioma might very properly be suspected in this case. But on the other hand the rapidity of the development, from an inflammed condition, is quite other than the history which we ordinarily have of this disease, which to attain this size would require months of duration and active irritation, which this has not had.

Nor do the physical features presented answer at all to epithelioma, as we see it at clinics every day. The slightly elevated margin is not that of epithelioma, when we examine it with a lense. There are certainly none of the pearly tubercles or rolled edges, and the base within the margin is not irregularly granular, as we see it in this disease. Moreover, the tenderness on handling is quite different from the indolent state belonging to the disease under consideration. I cannot see in it any features which would suffice to make the diagnosis epithelioma. Nor do I believe it to be *sarcoma*, for somewhat the same reasons.

There remains only one more of the five possible diagnoses to consider, and that is, one of the later manifestations of *syphilis* of a *gummy* or *tuberculus nature*. From having seen very many of these cases presenting sores very much like this, I really have no hesitancy in expressing my conviction that the trouble before us is of this nature. We know that ulcerations of this kind continually occur after a local injury or after an inflammation, as in this case.

The rapidity of the development of it also looks very strongly in this direction. The tenderness on pressure and some pain in the other side of the nose likewise confirm the opinion. The margin is very much that seen in this condition, as well as the ulcerated portion beneath. You will notice that the edge of the ala is already considerably eaten away. This destruction is, of course, permanent, and there will be a material scarring there when all is healed, as I believe it will be before very long under appropriate treatment. But Dr. Williams says that there has been no history of syphilis, and as the patient is an unmarried woman, we are not as likely to suspect this occurrence. But do not forget here, that in women it is not at all uncommon to find the history of syphilis imperfect, and do not forget the possibility of innocent infection, as already mentioned.

Let us now look into the mouth, to see if we can find any corroborative evidence, for you will remember that syphilis always sooner or later affects some of the mucous membrances during its course. On examining the back of the throat, I find nothing indicative of its presence, but let me tell you that among thousands of cases which, at one time or another, have passed under my observation, I have not found the evidence of the disease far back in the mouth with the frequency which might be expected from what has been written on the subject. Nor do I find syphilitic lesions on the sides of the mouth, but as we ask her to put out the tongue you will see here, very distinctly, some more or less pearly, sharply defined, white patches, which, I am happy to say, quite confirm our diagnosis.

Do not, of course, believe that all such lesions in the mouth are syphilitic, for leucoplakia may occur, especially in smokers, independent of syphilis. But these cirular, or oval, white, shiny, rather sharply defined plaques are really distinctive and pathognomic.

We have no time now to go fully into the history of the case, to learn if there have been possibly other syphilitic manifestations. But let me tell you that in multitudes of cases which I have seen, the clinical history has often been so imperfect, or important particulars so entirely wanting, that one has to lean entirely upon the careful diagnosis by exclusion of the skin lesion, rather than upon the general evidence of the disease. Especially is this true in females, as Fournier has pointed out. I believe therefore that beyond a question this lesion upon the nose, which is already pretty serious, and which, if unchecked, will tend to destroy a very large amount of tissue, is dependent upon the past occurrence of syphilitic inoculation in some manner or another, how or when we may never know.

Our time will not permit us to fully investigate all the possibilities by means of which this has occurred, but let me remind you of what I said in my opening remarks in regard to the occurrence of extra-genital syphilitic chancres, and in this case it could of course be possible that the poison relates to hereditary influences. Examining the teeth, however, we find absolutely none of the appearances presented by hereditary syphilis. There is no notching or pegging of the incisor teeth, nor do I find any haziness of the cornea, nor the marks at the corner of the mouth, which Hutchinson believes to be common in these cases. Nor is the forehead affected with bosses on the sides, but is of a natural roundness. It is of course quite possible that she may have acquired the disease through vaccination, although that is a far less common method now than in former days. Or she may have had a tonsillar chancre, of which I have seen many examples.

I think it would be a waste of time to endeavor to investigate all these matters now, and I must pass on, asking that Dr. Williams give this woman the benefit of full and proper anti-syphilitic treatment, believing that in a short time the lesion will heal by this means, with very little local treatment, other than some mild sedative ointment. I do not think that there is any necessity of mercurial treatment locally.

In regard to the treatment of such cases as this, I beg to say that I am a firm believer in the use of both mercury and iodide of potassium, preferably in one mixture, with iron, nux vomica, and other tonics, even to the end of the disease. In giving such a mixture I am very apt also to give the patient a laxative, once or twice a week, and that laxative of a peculiar kind; and I should be glad if this patient could have, say, every Thursday and Saturday nights, for some little time, a pill or a couple of pills containing 5 grains of blue mass and 5 grains of compound extract of colocynth, and a grain of powdered ipecac, each of these nights.

Understand, of course, that I do not mean that mercury and iodide are to be given in every case of syphilis from the beginning, for you all know that in the very early stages, mercury is the drug which controls the disease; and I have come very largely to use Hutchinson's treatment, of one grain of mercury and chalk every two hours, about eight in a day, for the first few months. Iodide of potassium, as you know, is mainly of service in removing actual lesions or in procuring the absorption of effused products. But in late syphilis, as I believe this to be, certainly five to twenty years after infection, the iodide is necessary, combined with the mercury, not only until the sore has entirely healed, but for some period afterward.

Case II. The next case which I show you, by the courtesy of Dr. Williams, is this boy, aged nineteen, who has an extensive eruption of the scalp, which the doctor tells me is of a couple of months duration.

It began as an inflammatory affection, after washing the scalp, rapidly spreading until all the top of the head was affected; the hair was matted together with pus, exuding freely from the many pustules which formed. At present, of course, you see it in a later stage. The crusts have largely been removed by washing and the hair somewhat cut.

We have now a red, glazed, and scaly area in place of a crust, covering the top of the scalp, from the front margin of the hair well to the back of the head, and extending from ear to ear; beneath the hair on either side we can see a certain amount of eruption, with adherent crusts. He tells us that during the whole period there has not been much itching of the scalp, but a great deal of general burning. The disease is evidently on the decline, although if I mistake not it may remain in the present condition, or somewhat such, almost

indefinitely, unless removed by adequate treatment.

Now, while very few of us would have any question in regard to the diagnosis of *eczema* in this case, it is well always, in connection with diseases of the skin to study minutely the lesions and to consider carefully what eruptions it might at all simulate. You will remember that upon the scalp we may have several varieties of *seborrhea*, also *dermatitis seborrhoica, psoriasis, ringworm* and *favus;* likewise *syphilis* and *erythematous lupus* may effect this region. But I hardly think it necessary to go critically into the differential diagnosis between these affections and the present condition, for in this instance the reddened surface, glazed in places, the moderately adherent scaling and crusting, together with the stiffening of many of the hairs by the sticky exudate, are all quite sufficient to assure the diagnosis of eczema. You may perhaps question it when you recall that he said that it did not itch; but let me tell you that many cases of acute eczema of the scalp, especially of the crusted variety, as this was, do not itch, although itching is commonly a very important feature in most cases of this eruption in other localities.

To hasten on, what shall we do to give relief to this case? I will deviate from my ordinary rule, and speak first of the local treatment, although I said in my opening remarks that constitutional measures are commonly of far greater importance in the majority of cases of eczema, and many other skin diseases. For very many years I have used, with the very best results, preparations of tannin to the scalp, and this instance I suggest that Dr. Williams employ the following prescription:

℞. Acid carbolic .....grs. v
Pulv. acid tannin ..... ʒi
Glycerit. tannin ..... ʒi
Ung. aquae rosae ..... ℥i

This should be well prepared, grinding up the tannin with the glycerite of tannin before adding the ointment and carbolic acid.

The scalp is to be pretty thoroughly covered with this ointment morning and night, and oftener if necessary. To keep it under this influence the scalp need not be covered up, except at night to protect the pillow.

After two days some of the ointment is wiped off gently, and the scalp washed with a tincture of green soap.

℞. Saponis viridis ..... ℥ii
Alcohol ..... ℥i

This is to be squirted upon the scalp with a hair-dropper or pen-filler, hot water being added with the fingers, and rubbed until a lather is formed; the scalp is then rinsed off with the hot water, and afterwards with very cold water, thoroughly dried with hot towels, which have been baked in the oven, so as to dry the scalp very quickly, the ointment is then to be reapplied and kept on. The next washing may perhaps be in three or four days and then again four or five days later, the ointment being kept on thoroughly in the meantime. I should expect this to control eruption, and the scalp should be in a very good condition by the end of the days mentioned.

Now while we can do a great deal with local treatment, I believe for the proper cure of this case, the most accurate and pains-taking investigation should be made of the general health, and proper internal treatment constantly given for some period, even after the eruption has all disappeared.

I wish I had time to go into the subject more fully, but it is quite impossible. I may say in the main, however, that I believe most cases of eczema to be associated with, and dependent upon a greater or less hyperacidity of the system; there is also some debility which is to be met by iron, strychnia, phosphates, arsenic and other tonics, generally combined. Mention has been made of arsenic, and I may be allowed a word on the subject, which will per-

haps surprise some of you. Very little arsenic is used by those best acquainted with diseases of the skin and their proper treatemnt; and yet most patients who have skin lesions have been submitted to arsenic, and arsenic alone, by physicians who have treated them previous to their coming under the care of dermatologists.

I find in my notes of cases, almost daily reference to the fact that about the only treatment which has been previously suggested has been some drops of arsenic.

Case III. The third case I have the pleasure of presnting to you through Dr. Williams, is a Mexican man, thirty-five years of age.

On stripping him we find a pretty general eruption over the back, chest and limbs. This he complains of as being very itchy and we can see many signs of its being scratched. It is not of a very long duration, only two or three months, and is now somewhat modified by the treatment which he has had, of tar ointment, one dram in an ounce.

Looking carefully at this eruption we find that while it is generally pretty papular, there are many vescicles here and there. The eruption, you see affects rather the extensor surface than the flexors. The back is far more covered than the chest; the backs of the arms than the front, and the same is true elsewhere. Indeed you see the flexors, to the elbows and hands remain entirely spared. This would rather militate against the suggestions of simple eczema as the diagnosis, (which attaches the flexor surfaces) and might point to an acute lichen. But on examining him very carefully we find peculiar features in this eruption to which I wish to call your attention, as being indicative of the possibility of the existence of one of the rarer diseases, known as *dermatitis herpetiformis,* which, as you know, has been largely recognized through descriptions given by Dr. Duhring.

Not to dwell too long upon the peculiarities of this case, as the hour is late, I beg of you to bear in mind the possibility of this diagnosis. Where the eruption is localized as I have pointed out, and especially where there is a certain amount of more or less marked circinnate grouping of the lesions, as seen in this case, you must always suspect this diagnosis; for you know that Duhring based the name given to the eruption, *herpetic* from the characteristic grouped or circinnate disposition of the lesions, as in herpes. It is extremely difficult to make this diagnosis when the eruption is rather recent, as in this case for perhaps you will remember that in most of the cases which have been described there has been a history of the recurrence of the eruption, often many times over a period of many years; perhaps a year or so from now the diagnosis will be more clear.

Such cases were previously called eczema, but we now recognize them to be instances of this eruption, which is quite distinct from eczema and is certainly neurotic in its nature.

To hasten on, I will simply indicate the line of treatment for this eruption, should it prove to be dermatitis herpetiformis, which I believe will be the case. Prolonged, active and vigorous anti-neurotic treatment internally gives us the best prospects for the permanent cure of this eruption. Arsenic, cod liver oil, perhaps quinine, strychnine, phosphates, and very many other nerve tonics and tissue builders may be required.

But as I said in my opening remarks, every case of skin disease requires a special study, careful and prolonged, in order to determine correctly the application of the proper treatment to the condition found. I wish I could be more explicit in regard to this matter, but experience has taught me that no one line of treatment can ever be laid out in advance for a case, which may not have to be altered from time to time to suit the conditions present, or which may develop.

In regard now to local treatment, I think he will find relief from the calamine and zinc lotion, such as we use in very large quantities in the New York Skin and Cancer Hospital. I would like to give you the formula which we use at the hospital:

℞. Acid carbolic ..... ʒss-ʒi
Pulv. calaminæ prep..... ʒi
Zinc oxidi ..... ʒii
Glycerini ..... ʒiii
Aquæ calcis ..... ʒiv
Aquæ rosæ ad.....℥iv

This lotion should be poured into a saucer and sopped on the skin repeatedly, so as to leave a coating of the sediment upon it. If there is much itching which is not relieved by this, I think he will find it yield to a watery solution of ichthyol, 10 to 25 per cent. This may be sopped over the surface first and when it has dried the calamine and zinc lotion may be applied. Either of these may be repeated as often as necessary. I would say that this treatment is used in many forms of acute and sub-acute inflammatory eruptions, at the New York Skin and Cancer Hospital.

Allow me to mention one more antipruritic remedy which might be of use in this case, and that is a two per cent. watery solution of permanganate of potash, sopped or wiped on or wiped over, in the same way, and followed by the calamine and zinc lotion, if necessary.

In closing let me thank you for your kind attention and apparent appreciation of my attempt to give you some hints, which I hope may be of value to some one present in recognizing and relieving some condition of the skin.

A CASE OF ACROMEGALY.

BY JOHN C. KING, M.D., BANNING, CAL., MEMBER STATE BOARD OF EXAMINERS.

John Craig, age 37; native of Scotland; resident of Los Angeles; stone mason; height, 5 ft. 5 in.; weight, 115 pounds; married 10 years, wife has two children by him, youngest 5 years old; one parent died of pneumonia, the other of chronic bronchitis; family history otherwise unimportant. His wife claims that even prior to marriage his hands were clumsy and large. Some years ago, perhaps four to six, he suffered intense pain in hands, accompanied by pain, enlargement and stiffness of fingers; also transitory, shifting but severe pain in various parts of the body.

Diagnosis: rheumatism. Treatment: unavailing. Claims that Dr. J. E. Cowles rejected his application to the Equitable some five years ago on account of rheumatic history and irregular heart action. After a time the swelling, numbness and stiffness of his fingers interfered with his work and, finally, two years ago he was obliged to renounce his trade. His wife claims that a diagnosis of myxaedema was made, and that he was given thyroid tablets for six months without effect, other than increased irritability of the heart. The wife is a very intelligent woman who had nursed her mother through many years, to a fatal termination, for Grave's Disease, and who, therefore—and from reading also, became familiar with symptoms of thyroidism. This familiarity may have led her to emphasize such symptoms as they appeared in the husband. Indeed, there is a marked similiarity between myxaedema and acromegaly. In their early stages or in atypical cases it may be impossible to differentiate between lesions of the thyroid and of the pituitary glands as I record symptoms. I will note, in parentheses, those which indicate myxaedema and which are not common to both diseases.

Condition of patient at first examination, Aug. 14, 1905: Mentally, a trifle

sluggish. His wife claims he forgets events, is obstinate regarding plans he makes, yet has a remarkably sweet disposition. She fears he is becoming a little childish. Neither skull nor scalp seem thickened. The hair is abundant and appears healthy. Patient denies but his wife asserts that, at one time, the hair fell out and was scanty, dry and brittle (myxaedema). Has suffered much from headache, but is free from pain at present. The forehead is wrinkled transversely, but thickened folds or rolls are absent. The eyes appear normal, but I am incompetent to use the opthalmoscope. Ears are thickened, seemingly the cartilages, which are stiffer than normal. The skin over the rim peals off as if—patient's own simile—frost bitten. No tinniters (as is usual in acromegaly). Hearing good. The nose is stiff, but not much swollen. Nasal catarrh, but no spurs nor hypertrophy of turbinates. The face is oval rather than round; somewhat egg-shaped, owing to enlargement of the lower part. From the eyes down it is smooth, unwrinkled, yet a certain delicacy of feature is retained, the jaws not being massive. The wife claims that, at one time, the face was more swollen, rounder than at present, and the lips and nose thicker (myxaedema). His lips are now somewhat thickened but not prominent, apparently because the whole lower face is symmetrically enlarged. The tongue is somewhat swollen and stiff, a point hitherto unnoticed by the patient. The gums recede. The teeth are not separated as they would be if the jaw was greatly enlarged. Larynx normal, epiglottis, perhaps, a trifle thickened. Thyroid gland apparently normal. Appetite and digestion good. Bowels regular. There is complete impotence. Patient claims his sexual instincts are unimpaired, but erection has been impossible for two years. The penis seems thickened and it is very difficult to retract the foreskin. Urine—Urine clear, amber, urinous acid; 32 ounces in 24 hours; 1028 solids, gr. 985; a slight uric acid ring; phosphates, chlorides and sulphates normal; no albumin, sugar nor indican. Lungs normal save a little roughness in anterior left apex. No cough. Respiration natural. Heart normal except for a certain nervous irritability due, may be, to the examination. Pulse 92. Temperature 97. The wife claims that at one time he was very pale and white, anaemic, and was given large quantities of iron. At present the blood is normal, 8720 whites, 6,480,000 reds. (I was interrupted during the red count which was completed by my daughter, a girl of 17, who may have overcounted, although I have heretofore found her accurate.) Haemoglolim 100 per cent. (Talquist.) Differential white count (of 500) polymorphonuclears 76 per cent., small lymphocytes 19.6 per cent., large lymphocytes or monsnuclears 1.4 per cent., cosniophilis 3.2 per cent. The chest wall seems enlarged. Each rib is quite broad and the chest has a peculiar square appearance. Fairly well marked kyphosis, as the wife puts it, "his spine runs clear into him." Shoulders and arms seem unaffected. Forearms enlarge toward the wrists and, patient claims, are more hairy than formerly. Wrists are thickened. The fingers are thickened evenly from the base to near the tip where they expand slightly. They are sausage shape. The enlargement is chiefly of the bone; there does not seem to be a mucoid deposit beneath the skin. The fingers and hands are numb and stiff; tactile sensibility is greatly impaired. Movements of fingers and hands are clumsy, he cannot well button his clothes, nor can he well scrape the wooden fruit trays in the drier—although little finger motion is required for that work. The nails are markedly short, perhaps two or three times as broad as long, and are brittle. The skin over the hands and fingers is very dark, like the skin of Addison's disease, while over and between the knuckles it is white.

The hands perspire and are clammy. Patient claims he has always sweat too profusely, but the wife asserts his skin, at one time, was dry and harsh (myxaedema). Both agree he is much better in hot than during cool weather (myxaedema). The ankles, feet and toes are enlarged but less so than his wrists, hands and fingers. His gait is clumsy, but not atoxic. He can walk a straight line with closed eyes. This patient was sent to me for examination and opinion. I gave the latter as follows:

Diagnosis: acromegaly. Prognosis: indefinite prolongation of life with fluctuating yet increasing disuse of body and, probably, of mind. Death from some inter-current affection. Treatment: useless, except as adapted to some occasional distressing symptom.

I know the tablets of pituitary extract have been prescribed for this disease, but I do not know with what result. The pathology of acromegaly seems to involve hypertrophy of the pituitary body. Hypertrophy, of course, may affect the connective tissue only and, thereby, compress or destroy the glandular element. Presumably, however, the glandular structure is hypertrophied and its secretary function increased. Acromegaly is probably based upon undue accumulation in the body of pituitary secretion. Theoretically, therefore, the administration of additional pituitary extract would be contraindicated. Analagous disease of the thyroid sustains this theory. Myxaedema, dependent upon destruction or degeneration of thyroid tissue, is ameliorated by administration of thyroid extract. Exophthalmic goitre, dependent, presumably, upon hypertrophy of thyroid tissue and consequent increase of secretion is aggravated by that treatment. This has been my experience in a number of cases which corroborate the view generally held by the profession. A disease characterized, pathologically, by atrophy of the pituitary would, probably, be benefitted by pituitary extract. Many diseases are important owing to their frequency. Acromegaly is interesting on account of extreme rarity and because of its relation to undiscovered physiology. This patient has been observed by several Los Angeles physicians, any one of whom may be better prepared than I to present an account of his disease. No doubt the same, or other, Los Angeles men will follow the future development of his affection. If so, I respectfully suggest supplementary reports from time to time.

THE DIAGNOSIS OF SURGICAL LESIONS OF THE KIDNEY.

BY CHAS. D. LOCKWOOD, M.D., PASADENA.

Careful diagnosis is rapidly eliminating the obscure things in medicine.

One region after another has been illuminated by the masters of the profession until now many medical terms of twenty-five years ago are obsolete. Now, when a patient complains of indigestion, every well trained physician instantly thinks of a possible gall bladder or appendical infection. Only the most superficial are satisfied with a diagnosis of gastralgia, dyspepsia, etc.

Likewise the respiratory organs are comparatively an open book, so far as diagnosis goes, and few mistake the common affections of the thoracic cavity.

The average physician has not yet so thoroughly familiarized himself with the diagnosis of kidney lesions apart from the different forms of nephritis and it seems to me a fruitful subject for discussion.

The affections of the kidney which are most commonly overlooked are, renal calculus, septic infection, pyelitis and tuberculosis. These conditions are relatively uncommon and yet in the aggregate they constitute a good percentage of obscure cases, as my own records and those of other men, will show. In a majority of these cases attention is not directed by the patient to the true source of his trouble; and it is only by keeping these conditions in mind and by routine examination for them, that correct diagnosis are made.

Methods of Diagnosis.—1. Careful history taking. In our enthusiasm for the newer diagnostic resources we are prone to forget the older and well-tried methods. Diagnostic short cuts often lead to dangerous pitfalls, and this I have found especially true in kidney lesions. A few well-directed questions will rarely fail to give the right cue, e. g., a patient of mine from whom I later removed a renal calculus, came complaining of pain in the back, lassitude and nervous exhaustion. These symptoms had persisted for ten years and he had been treated for Bright's Disease, lumbago, spinal trouble, nervous prostration, et cetra. The following questions and answers suggested the correct diagnosis:

1. Place of residence? India.

2. Hematuria? Many years ago, accompanied by pain in the groin and at head of penis.

3. Pain? Most severe when active and on his feet.

2. The second diagnostic measure of value is the physical examination. A surgical affection of the kidney will rarely fail to reveal itself to skillful palpation. Israel was the first to emphasize the great importance of this procedure and taught us how to best to practice it.

Tumefaction, tenderness on pressure, pain referred to groin and head of penis, and increased soreness for several days following examination are the important facts bearing upon diagnosis.

3. The next step in the diagnosis of a suspected kidney lesion is the urinalysis. Both a 24-hour and a fresh catheterized specimen should be secured. The former will be used for the ordinary qualitative and quantitative tests, the latter for microscopic and bacteriologic investigation.

Careful microscopic examination of the thoroughly centrifugal specimen is of the very greatest importance, for it will rarely fail to clarify the diagnosis.

It will reveal not alone the nature of the kidney lesion, but also, in a majority of cases, its location. In acute suppurative nephritis or septic infection of the kidney, the clinical symptoms are often so vague that a positive diagnosis is possible only through microscopic examination of the urinary sediment.

The microscopic features are: an enormous number of pus cells, many kidney epithelia, red blood corpuscles, especially abundant in acute abscesses, and connective tissue showing destruction of kidney structure. Thus far our diagnostic procedures have established the fact only of a kidney lesion with no attempt at differentiation or estimation of functional activity. Our next step is to determine whether one or both kidneys are involved and the functional activity of each. This necessitates the use of the ureteral catheter or some form of segregator which will collect the urine separately from either kidney.

Undoubtedly the catheterizing cystoscope is the most accurate and in many cases the *only* accurate means of differentration; but its employment requires much skill and patience and this few men have time or opportunity to acquire. We have in the Harris segregator and the Luys urinary separator, instruments which are practical substitutes for the ureteral catheter in the majority of cases and their employment is practicable for men of average skill. If the observation cystoscope is em-

ployed as a preliminary to segregation the bladder as a source of error can be eliminated and the data is then at hand for accurate conclusions.

Separation of the urine is coming to have a wider field of usefulness than was at first anticipated. It has been found that nephrites is often a unilateral disease and a much more favorable prognosis can be given when the degenerative process is limited to one kidney.

The estimation of the functional activity of either kidney comes next in our diagnostic scheme. This phase of diagnosis cannot be too seriously considered when operative interference is contemplated.

It is time to have done with indiscriminate operations upon the kidneys without previous careful estimation of functional activity.

Cases operated without adequate preliminary investigation are still too commonly reported, often accompanied by post-mortem records.

Recent investigations by Albarran, Kapsammer and others go to show that both kidneys do not perform equal functions even in a healthy individual. Nevertheless we can determine with sufficient accuracy the functionating power of either kidney to serve as a safe basis in operative work.

Of the various methods suggested for estimating functional activity the following are worthy of mention:

1. Determination of urea output from either kidney for a definite period of time.

2. Quantitive estimation of sugar excreted for a definite period of time after the injection of phleridzin.

3. Measurement of time required after the exhibition of methylene-blue until its appearance in the urine.

The permeability of the kidneys to this drug is of some value in estimating functional activity as pointed out by Lepine and Patoir, French investigators. It is not, however, to be relied upon as an index to the permeability of the kidneys to normal constituents, although it bears a fairly constant relation to renal elimination.

4. Voelker and Joseph recommended indigo-carmine as an index to renal activity. A 4 per cent. solution in normal salt solution is injected into the glutial muscles. The time of its appearance at either ureteral orifice is observed through the cystoscope. The maximum excretion occurs thirty minutes after the injection. Delay in its appearance at either orifice indicates a corresponding degree of inactivity on the part of the kidney.

5. Cryoscopy or the freezing point of the urine as compared with the freezing point of the blood in the individual under observation.

This method has been elaborated by Koramje and Kimmwell, German surgeons. The latter reported 24 cases to the Congress of German Surgeons, showing the value of this method in estimating the safety of kidney operations. Later observers have not confirmed the earlier observations although the method undoubtedly has value when properly carried out.

The relative value of the different methods of estimating renal activity cannot be definitely stated at this time as too few observations have been made to justify positive conclusions. I have had considerable experience with the phloridzin test and have found it a very reliable index to renal activity. I have employed this agent in 12 cases to determine functional activity prior to operation. The results have been remarkably uniform and my confidence has grown with each trial. One-half hour before ureteral catheterization or segregation is begun phloridzin is injected deeply into the lumbar muscles.

I have found in my experiments that the normal kidney, after injection of the quantity named, excretes sugar for

from one to two hours at the rate of .42 per cent. The diseased kidney will vary from this standard in proportion to the pathologic changes in it.

If the limits of my paper would permit I could report a number of cases illustrating the great value of the above mentioned diagnostic measures and pointing out some of my own mistakes, but I shall only summarize briefly:

1. Accurate diagnosis is now possible in the great majority of kidney lesions.

2. Such diagnosis is *imperative* as a preliminary to all operations attacking the essential structure of the kidney.

3. The newer methods of diagnosis, and especially the estimation of renal activity, enables us to operate upon the kidney with precision and to forecast results with confidence.

THE DIFFERENT ALBUMENS OF THE URINE, THEIR DETECTION AND THEIR CLINICAL SIGNIFICANCE.

BY DUDLEY FULTON, M.D., LOS ANGELES.

The urine may contain the following albumens, singly or in combination: 1. The albumens of the blood plasma-serum albumen and serum globulin; 2. nucleo-albumen (mucin); 3. albumoses and peptone; 4. "Bunce-Jones albumose"; 5. fibrin; 6. histon and nucleo-histon; 7. hemoglobin.

(1.) SERUM-ALBUMEN AND SERUM-GLOBULIN.—The appearance of these albumens in the urine is always pathological. Every case of mineral albuminuria calls for frequent analysis of the urine to determine the character of the albuminuria. A guarded prognosis is called for, and the physician should constantly be on the lookout for the development of true nephritis. Quantities of over 1 pro mille always render the diagnosis nephritis justified even though unaccompanied at times by renal elements and unless extra—renal in origin; if renal elements are present the case is one of nephritis.

(2.) Nucleo-albumen (mucin).—Nucleinic and chondroitin-sulphuric acids are always present in minimal quantities in normal urine. If albumen enters such urine a portion of it unites with these acids to form "mucin."

Clinical Significance.—In desquamation of epithelia, with resulting degeneration of cell-nuclei, the nucleinic acid of the urine is increased; as destruction of renal epithelia is invariably accompanied by the exudation of some plasma albumen, we find the nucleo-albumen of the urine in all desquamative catarrhs of any part of the urinary tract. Hence, mucin may be of renal or extra-renal origin. If not accompanied by serum albumen or serum globulin or renal elements, then one is dealing with a catarrh of the lower urinary passages, such as prostatitis.

(3.) Albumoses and Peptone.—The albumoses and peptone which are the result of the action of the digestive ferments on the native albumen of the foods, are absorbed from the bowel, and somewhere in the intestinal wall undergo reconversion into more complex albumens, chiefly serum albumen. Normally, therefore, the blood contains neither albumoses or peptones. In a variety of lesions of the intestinal tract the normal reconversion does not occur, and albumoses and peptones enter the blood and thence the urine. It is quite definitely determined that there are, normally, in the lymph and blood, albumen destroying ferments. Their function is thought to be, to destroy the circulating albumen. They promote the dissimilation of degenerating and dead albumin-

ous tissues and fluids wherever they occur in the body.

Clinical Significance.—Albumoses and peptones therefore occur in the urine in a large number of diseased conditions, which it is not necessary to enumerate, when we consider the origin of them, as mentioned above. They occur in certain gastro-intestinal disturbances, and in the puerperium—here it is derived from subinvolution of the uterus and the absorption of dissimilating dead albuminous debris. To the same catagory belongs that form of albumosuria that accompanies the absorption of the exudate of pneumonia, etc. The most important and practical form, is the pyogenic. The presence of pus in an inclosed cavity almost invariably determines the appearance of albumose in the urine. Combined with a polynuclear leucocytosia this albumosuria is of the greatest value in establishing the diagnosis of "pus somewhere."

(4.) "Bence-Jones Albumose."—This occurs rarely: When found, in the urine, it should always direct attention to bone lesions.

(5.) Fibrin.—In hematuria fibrin coagulates are often found in the urine; here the interpretation of the fibrinuria is self-evident. In addition, however, there are cases of fibrinuria that are due to violent inflammation of the kidneys, ureters or bladder.

(6.) Histon partakes of the chemical characteristics of the albumoses. They are found in diseases accompanied by great destruction of white corpuscles.

(7.) Hemoglobin. — In hemoglobinuria, the blood pigment alone passes through the renal epithelia and enters the urine; this may occur in any disorder accompanied by great disintegration of circulating red cells.

THE TESTS OF THE DIFFERENT ALBUMENS OF THE URINE.

The following four tests are simple, rapid of execution and at the same time permit a ready differentiation of the urinary albumens: 1. The boiling test; 2. the nitric acid test; 3. the potassium-ferrocyanide test; 4. the biuret reaction test.

(1.) The Boiling Test is at the same time, the most popular and the least reliable of all. The urine must be acid in reaction; if not, a precipitate of phosphates may appear; when adding the acid to redissolve the phosphates, not more and not less than one or two drops of nitric acid should be added to each c.c. of urine.

Uric acid, urates, bile pigments and urinary products after the administration of balsams and resin all form very misleading deposits.

(2.) The Nitric Acid Test.—If nitric acid be allowed to trickle down the side of a test tube—tube which contains a few c.c. of albuminous urine, a white ring will form at the plane of contact of the acid and the urine; if the amount of urine is small, the white ring may not form for one or two minutes.

Other urinary bodies may form a nitric acid ring, but with care they can be distinguished from the albumen ring. Thus urates may form a ring; this, however, begins above the plane of contact and extends downward toward the acid. The urate ring, moreover, disappears on heating. Urea, if present in large quantities, may form urea nitrate and crystalize out in a zone above the acid; a miscroscopical examination will at once reveal the typical crystals. If the urine contains much pigment, multi-colored rings may appear below the albumen ring.

(3.) The Potassium Ferrocyanide Test.—The urine must be clear. The urine is acidified with acetic acid and a solution of 10 per cent. potassium ferrocyanide added drop by drop. Very small quantities of serum albumen will give a faint cloudiness; large quantities give a thick flocculent precipitate. In performing this test, a precipitate often forms on the addition of

the acetic acid; this may be due to the presence of mucin, globulin or urates, and should be filtered off before adding the potassium ferrocyanide.

(4.) The Biuret Reaction. — The urine is treated with a 10 per cent. solution of potassium hydrate and a solution of 10 per cent. cupric sulphate, added drop by drop. In the presence of serum-albumen and globulin alone the liquid turns a pure violet; in the presence of albumoses or peptone alone it turns rose; if several of the albumens are present together the urine assumes tints intermediary between violet and rose.

THE DIFFERENTATIONS OF THE URINARY ALBUMENS WITH THE AID OF THE ABOVE TESTS. —With the aid of these four tests the detection of the five important albumens of the urine is possible, viz., serum albumen gives tests 1, 2, 3 and 4.

Globulin also gives all four tests and is, moreover precipitated on the addition of acetic acid in test 3, but redissolves on the addition of more.

Nucleo-albumen does not give test 1, but gives tests 2, 3 and 4; like globulin, it is precipitated by acetic acid in test 3, but, in contradistinction to globulin, it does not redissolve on the addition of more acid.

Albumoses do not give test 1, but give tests 2, 3 and 4; the precipitate formed in the cold in tests 2 and 3 disappear on heating, only to reappear on cooling.

Peptone gives neither tests 1, 2 nor 3, but gives a biruet reaction (test 4) of characteristic color.

DISEASES OF THE TROPICS — THEIR EFFECT ON COMMERCE.*

BY SIR PATRICK MANSON, K.C., M.G., LONDON, ENGLAND.

I came here at the invitation of Cooper Medical College to deliver some lectures on tropical diseases. I gave an account of some of the recent remarkable discoveries in this department of medicine. Theory is an excellent thing, but not of practical value unless carried in to practice. As a first step toward attaining this result, in connection with the subject I was lecturing on, I suggested that Cooper Medical College or some similar medical institution should give practical effect to modern knowledge in tropical medicine by instituting a school of tropical medicine.

Within the last ten years great advances have been made in this field of knowledge. We now have means of preventing many of these tropical diseases anl also of checking their entry into sub-tropical communities such as your own.

HEALTH AND PROSPERITY.

The general public little realizes the enormous effect of health on prosperity. When an Englishman is sent into a tropical country he is paid a double salary. He expects a leave of absence for a year every four or five years. He is provided with servants and all sorts of luxuries in order to induce him to remain, and he is altogether an expensive servant and a serious tax on business. When he falls ill his sickness is almost a calamity to the house that employs him. When you send such expensive agents out into tropical countries you should take care that the medical men responsible for their health are really able to undertake this and are of the best quality.

Another thing not generally realized in the effect of the change of routes, such as the Panama canal will cause.

*Address delivered before the Merchants' Association of San Francisco, August 25, 1905.

The Suez canal changed the trend of commerce. It brought about a rearrangement of the commercial world. A similar revolution is in prospect with the completion of the Panama canal. If you open new commercial routes you introduce new diseases. Before the Atlantic Ocean was crossed by ships America was free from a great many diseases that now are common here.

The Isthmus of Panama, by forming a barrier between the Atlantic and Pacific oceans, has saved South Asia from the contagion of yellow fever. When the Panama canal is cut you will probably find that it will introduce yellow fever into Asia. The effect of this on the commerce of San Francisco is likely to be serious. You will find that a yellow fever scare will be worse than a bubonic plague scare. There is nothing so fatal to commerce as a quarantine, and quarantines are likely to be frequent if the yellow fever bogie is not laid.

Quarantines should never exist. They have none in England. The last great pandemic of cholera came to America, but it did not effect England in epidemic form, although a few cases were introduced there. There were no quarantines, but there was an elaborate system of health inspection which led to the isolation of suspected cases. All cases were reported and at once dealt with. As nobody was seriously inconvenienced, there was no temptation to conceal disease. The same method should be adopted here, so that when a case of contagious disease drops into port it can be promptly isolated. I understand you had Chinatown quarantined and roped off. It was a futile experiment. No rat (and rats are the principal carriers of bubonic plague) would care twopence whether he crawled out over a rope or under one.

You have quarantines against whiskey in this country, yet they are frequently run with great success. Any quarantine can be run if some unprincipled fellow with no regard for law is determined to do it. The only quarantine people should have is to get their houses in proper order and maintain regulations for keeping them in good condition.

RECOMMENDS A SCHOOL.

There is no question as to the necessity for a school of tropical medicine in the United States. I presume that the standard of medical education in this country is not much different from the standard in England and I know that an ordinary physician there fresh from a regular medical school knows nothing of the diagnosis and treatment of tropical diseases. To put him in a lonely place in the tropics and make him responsible for the lives of a few dozen white men and hundreds of natives is murder.

What I saw in China and other places has led me to take up this subject and see what could be accomplished, and they are quite unanimous in England now as to the desirability of the movement.

You will find the United States to-day well represented medically throughout the British and the American tropical dependencies. Very few young physicians are competent to take charge of bodies of men in tropical countries. It is to too much to expect of a medical man without a special education. I would as soon send a tinsmith to put up a steel bridge or a northern farmer accustomed to growing turnips and other green crops to grow cotton in a tropical country as to send a northern doctor without special study to treat tropical disease.

There are two schools of tropical medicine in England, one in London and one at Liverpool. The one at London was assisted by the Government. The one at Liverpool was established through the local patriotism of the merchants and business men of the place. I should think that here the proper

proceeding would be for some wealthy men of the State or town to undertake this matter. The Merchants' Association might take it up. If it succeeded it would soon be able to stand on its own feet.

PLENTY OF SUBJECTS HERE.

The opportunity in San Francisco is unique. It is far better than that of London. There is a local Chinese colony here of about 10,000, I understand, which should be able to supply a large number of cases for teaching purposes. You have plenty of Japaneses, Filipinos, Hawaiians and other tropical peoples, and you could draw upon them. Then you already have schools and hospitals established and all that would be needed in addition is a certain amount of organization, expansion in the hospitals and endowments for teachers and you have your school made.

A great deal has been said about studying diseases where they arise, but the tropics, where the steaming heat knocks the energy out of Europeans and where you feel inclined to sleep every hour of the day and can't look down a microscope without a drop of sweat obscuring the eyepiece, is no place for study. The place to learn tropical medicine is in a cool climate like this. Climate, clinical opportunities and organized schools combine to make San Francisco the best place, or one of the best places, in the world for this sort of study. I should say it was your duty and it certainly is your privilege to forward this idea of the teaching of tropical medicine. Cities do not live by bread alone and if San Francisco would establish a name and reputation for an undertaking so valuable to humanity it would be greatly to her advantage.

NEWFOUNDLAND—CLIMATE AND PHYSICAL GEOGRAPHY.

BY CHARLES M. SKINNER, M.D., BROOKLYN, NEW YORK.

It is with an out-of-the-world feeling that you go ashore in Newfoundland, unless, to be sure you put in at the one city of St. John's, and even that is not likely to superheat your system unless you sample too freely of the old port and sherries in his cellars. As a matter of fact the island is rather out of the world, although it is not so far north as England, and St. John's is about on a line with Vienna and Seattle. It is not latitude that makes the climate and weather in this world, however; it is isotherms, and these are the results of land configuration and ocean currents. Our side of the sea is cold, because of the flow of chilled water and ice from the Arctics, while the shores of Europe are warmed by what the British peasants called the Gulp Stream.

Newfoundland is nearly all wilderness and is a rude and lonely country, containing some beautiful and magnificent scenery, with a far better growth of vegetation than you would look for, but with a coast utterly barren and forbidding—one long reach of cliffs from a hundred to a thousand feet high. For miles there are no places where landings can be made in safety. Against this iron front the Atlantic heaves and whitens, and in storm the roar of its waters is heard through the coves by the people who huddle together in the fishing hamlets, but who brave it in all weathers in the frailest of fishing vessels. Newfoundlanders are born sailors and fishermen; they pull a good oar, they have no fear of fogs and ice, and indeed they have need to be of just this sort, for life is with them a struggle. It is struggle, not softness, that makes men.

Newfoundland is one of the oddest bodies of land on the globe, viewing it as a geographical exhibit. It is rude-

ly a triangle about 300 miles in each dimension, but it is almost cut apart in several places. White Bay and the Humber River all but meet and sever it from northeast to southeast; then, just a few miles under this water you come to the River of Exploits, so called because it doesn't perform any, and is by no means so animated as the Humber. The Exploits rises in the lower right hand corner of the island within a stone's toss of the La Poile, and flows northeast, contrary to the direction of the Humber, and except for the wee bit of standing room between its source and that of the La Poile, Newfoundland would be cut in two again. Working toward St. John's, we come next to the Gander River, that rises within a mile of the lakes that empty at Goblin Bay and flows on the opposite direction again all but cutting the island apart. Once again, you find the land almost disconnected by the Terra Nova River, for it all but joins the streams heading in the East Meelpaeg and flowing in the opposite direction. Placentia Bay on the west and Trinity Bay on the east all but cut the peninsula of Avalon from the rest of Newfoundland, and that peninsula in turn is nearly parted asunder by the Rocky River and Dildo Run. It also comes within two miles of another severance, for the Colinet heads only that far from the streams entering Collier Bay. The long points that jut out from the island to distances of a hundred miles and more are all but islands, the great arm that juts nearly to the Labrador coast being held to the rest of Newfoundland by only a nine-mile strip between Gold Cove and the west branch of the Humber.

The interior is partly wooded, but it is also intersected by immense "mosses," or barrens, where the elk feed and which are as impressive as the western plains. The mountains, everywhere in sight, are not always exciting by reason of height or Alpine form, for they usually lack sharpness, except in the case of the "tolts" or sudden granite uplifts, yet they reach an altitude of over 2000 feet in several instances and snow lies on them most of the year. These hills approach the coast and it is the suddenness of their breakdown that gives so much of dark and romantic beauty to the shores and makes so much of danger—a danger increased by the multitude of islands and sunken reefs that fringe the whole of Newfoundland and that make absolute labyrinths about Notre Dame and Bonavista bays.

Cabot found this land and it is the oldest of England's colonies. Considering that fact, it is strange that England has done so little for it, and that it has grown so slowly. It may be that it would grow faster if it would join the Canadian union, but you must not say so out loud, in Newfoundland, or you will get yourself disliked. Newfoundland is as absolutely severed from Canada as it is from India and Australia. It has its own governor, who is paid $10,000 a year to represent royalty at pink teas and do the heavy standing around; it has its own parliament; it makes its own laws, has its own custom service, coinage and postage, and one result of its isolation is that it costs five cents to send a letter to or from the states, whereas you can send from any part of Canada to our happy land for two.

The early settlers were people from Devon and Cornwall, and tokens of their residency are found in the names that attach to things and places, but later followed a large Irish immigration, and today the populace is about half and half Irish and English in its ancestry. The two elements had difficulty in mixing, and mixed it up in the streets once in a while, when they fell afoul of one another, but they now live on terms of seeming tranquility, and never—that is, hardly ever—go wrong. Newfoundland is as moral as Brooklyn, and moraller.

It is a matter of some pride with the natives, I think, that they have preserved so much of the old English speech. They claim to talk something as Shakespeare did but they surely talk with a bit of brogue, even the obviously British element. Some of their words are a trifle puzzling to the stranger. For instance, the new arrival has to be told that a mesh is a moss or marsh; that a brish is a dense undergrowth, or brush; that 'thwart the rudge means over the ridge, or hill; that when the defendant complains that he is fror, he means he is frozen; that a rowan is an ash; a starrigan, a thin, dry tree; a droke, a wood surrounding a clearing; a gould, a hollow; a copse, a wood; a dwigh, a shower or snow squall; a tolt, a steep peak; a tickle, a narrow strait; a linnay, a linny, an addition to a house (possibly a lean-to in the original); a steady, a quiet reach of water, and he might hesitate to eat bruise and vang till he learns that they are made of bread. Old French names applied by the early French explorers have been Englished, sometimes out of recognition, yet one understands that Carbonear was originally Carbinier; that Harbor Grace is an easy and natural transition from Havre de Grace; that Bay Despair meant just the opposite when the French called it Baie d'Espoir, or bay of Hope; that Sauker may have been Sacre; it is also alleged that Twillingate was originally Toile-en-gaie, for the practice of painting or tanning or dyeing the sails now prevalent may have begun with the French.

As an illustration of the way language is made, or supposed to be, take the name of the lovely little pink flower on a woody stem that grows all over Newfoundland and it is known as the gold widow, or, to use Newfoundland dialect, "goold widdy." It is alleged that originally this was the gouldwort, gould implying a hollow or sheltered place, and wort a plant, of which we have other instances in motherwort, miterwort, liverwort and St. Johnswort. There is nothing about the plant to suggest either gold or a widow, since the flowers grow in heads of four and seem to be happily married, so it may be that the name has evolved as they say.

But the town and stream and hill and cape names are a perfect joy. I wish we had the like of them in our country to supplant the pesky Scrudgevilles and Browntowns and James rivers and Jones hills. Just let me read off a few and see if they aren't rich: Gulsh, Funk, Rags, Renews, Spout, Noddy, Bay Bulls, Horse, Chops, Brigus, Tantam, Rantem, Motion Head, Hunch, Fogo, Ha-Ha, Perlican, Butter Pot, Topsail, Piper's Hole, Skerwink, Sauker, Cuckold's Head, Kelligrews, Gambo, Inch, Old Harry, Young Harry, l'Anse a l'Eau, Lance au Loup, Ma Jame, Burgeeo, Pudops, Sixty-fifth Mile, Mackerels, Open Hall, Haystack, Leading Tickles, Merasheen, Chouse, Snook's Brook, Ireland's Eye Pushthro Grand Bruit, Mull Face, Foisy Gulch, Esquoddes-a-wee-gospen, Happy Adventure, Bull Trim, The Bat, Nippers, Pincher, Hooping Harbor, Dunnage, Tizzard's, Lolly, Middle Bill, Thimble, Sop's Arm, Cloud Hills, Quirpon, Noggni Cove, Outer Cat, Keels, Grindstone, Dead Man's Island, Cutthroat, Robbers' Roost, Petticoat, Neddick, Ironskull, Galliboy, Margaree, Rushoon, Hare's Ears, Doughfig, Logie, Bell, Clapper, Wenjegumpeesh and Carroll's Hat. They say that Seldom-come-by got its name because the fishing schooners seldom came by without saluting the people on shore, and that Come-by-chance was called so because a vessel, hunting around for a landing in a fog, ran by chance into that safe harbor. But I would like to know what happened to occasion the naming of four settlements on Trinity Bay, Heart's Desire, Heart's Delight, Heart's Ease and Heart's Content. And, honestly, aren't names like that better worth

while than New York, Bensonhurst, College Point, Northport, Southport, Eastport, Westport, Newport, Oldport and Kansas City?

Newfoundland is about the size of Ireland or Virginia, while its population is about that of Jersey City, namely 220,000, with a population of 4000 on the Labrador coast, for Labrador is a dependency of Newfoundland. Out of the 40,200 square miles contained in the island nearly all remains as wilderness, the acres under cultivation numbering less than 100,000. Of this populace 76,000 are Catholics, 73,000 Episcopal, 61,000 Methodist, a few Baptists and Presbyterians, 1 Universalist and 1 infidel, the latter hiding in the woods. It is a religious island, and a rummy one, yet not gross in its use of liquor. And there isn't a public school. Every school is owned and managed by a church. Naturally there is a vast deal of illiteracy, but it doesn't affect folks' morals, and that sets you thinking about ours.

THE ACTUAL CARE OF THE SICK IN HOSPITALS AND CARE OF THE SICK IN THEIR HOMES.*

BY WALTER LINDLEY, M.D., LL.D., LOS ANGELES, CAL.

The actual care of the sick in hospitals and care of the sick in their homes is the very commodious title that has been assigned me.

For many generations there have been two varieties of hospitals, the charity hospital, maintained by municipality, State or Nation, and the semi-charity hospital, maintained by some religious body.

Later individual physicians established hospitals for their own patients. The maintenance of the last class of hospitals proved expensive and annoying, and from this fact developed the private hospital, designed, owned and controlled entirely by physicians. In other words, the physician and surgeon, instead of maintaining a hospital of which he has all care and responsibility, forms a co-operative business organization with his fellow practitioners, and they employ a physician to manage their establishment.

A little less than a decade ago fifty Los Angeles physicians did the pioneer work in this direction. They formed a corporation known as the California Hospital Company of Los Angeles. Then they made a mistake by starting out with a capitalization of only $25,000. They spent over $30,000 before they opened their doors. This institution has been a success from the beginning. The California Hospital now represents an investment of $250,000 and is capitalized for $400,000, about one-third of which is treasury stock. It steadily pays its stockholders a dividend of 5 per cent. per annum. Since the California Hospital has set the pace a similar organization has been formed in almost every desirable city in the United States. The advantages of a co-operative hospital owned and controlled exclusively by medical men are:

1. It secures harmony and a good fellow feeling in the profession by bringing them in close and frequent contact with each other;

2. It concentrates the doctor's work and he is thus able to pay closer attention to his patients without the great sacrifice of time that would be necessary

*Address delivered before the National Conference of Charities and Corrections, Portland, Oregon, July 20, 1905.

if they were in their own homes, or in various institutions.

3. They care for their patients very much more economically than could be done in small hospitals;

4. As patients are cared for in these co-operative hospitals at from $10 per week upwards, they discourage pauperism;

5. They are doing a great work in overcoming the prejudice that so recently existed against going to hospitals.

My remarks this evening are principally of a local nature. My professional life of thirty years in Los Angeles has given me, I fear, a provincial view.

From my standpoint there is yet room for another kind of hospital, and that is a place where working men and working women can be cared for at from $3 to $8 per week. We should do everything possible to give the clerk in the store, the laborer on the street, and the woman behind the sewing machine, good nursing and medical care without sending them to an institution that in anyway gives the idea that they are receiving something for which they are not paying.

In Los Angeles we have an institution of this kind, established through the wise philanthropy of Dr. Walter Jarvis Barlow, devoted entirely to the tuberculous. Dr. Barlow admits no person who is able to pay more than $7 per week. We on the Pacific Coast, from Seattle to San Diego, are overwhelmed with impecunious invalids who are sent to us by over-zealous friends and deeply sympathetic city and county officials.

Our Pacific Coast municipality and county institutions relieve distress where they find it without going into ancient history, but Dr. Barlow very justly provides that no patient can be admitted to the Barlow Sanitorium who has not lived in Los Angeles county at least one year.

In every city there is the clean, respectable, well managed, profitable hotel where board and room can be procured for $1 per day. The people who stop there are just as independent, just as worthy and just as far from being paupers as those who are patrons of the St. Regis in New York, the Bellevue-Stratford in Philadelphia, the Auditorium in Chicago or the hotel that bears the name of the beautiful city in which we are now meeting.

What we need is the dollar-a-day hotel for the sick—the independent, self-respecting sick.

In the California Hospital the average cost of maintenance per patient is $2.50 per day, but there is a telephone in the patient's private room, and unnecessary elaboration of diet, private baths connected with the various rooms and many other accessories that cost money, and yet do not add one whit to the chances of quick recovery for the patient.

By fitting up a dollar-a-day hotel for the sick on the same comparative general plan as the dollar-a-day hotel for the well, everything that is necessary for prompt recovery can be done for the patient and it can be made a business proposition.

The most irritating thing on earth is pity. It rasps the soul,—what the sick person wants is care, not pity, and he is almost always willing to pay for that care, even beyond what his means justify.

The submerged tenth must be cared for, but we had far better let that seething, writhing mass of distorted, ill-shapen, ill-begotten creatures forever sink than to allow one pure, independent soul to be added to that tenth.

Our greatest mission is to open the way to those who desire to maintain a laudable independence.

There are many who should, if possible, be cared for at home. For instance, the mother who, although ill, can keep her family together; and the little child who can, to a great extent, be cared for by the mother.

Wherever it is possible, in all homes, whether of the worthy poor or worthy rich, parents should not be encouraged to hand over the self-sacrificing care of their children to others.

The mother and father, by anxiously and actually caring for their children in times of serious illness and dire distress, fertilize their own souls.

The visiting nurse and the hourly nurse, who will be dwelt upon fully by others, are twentieth century missionaries, who go into the home, not to take the God-given responsibility from the parent, but to teach the mother and father how to fulfill the trust committed to them.

In Los Angeles we derive great benefit also from the nurse employed to visit our schools and inspect each child. This inspection leads both pupil and teacher to take an active interest in all hygienic measures and especially in avoiding contagious diseases of the eyes and the skin.

While thus advancing we must be careful and not become too paternal, as a government, in the care of the people.

It is very important that the individual parent should not be relieved by his national parent of any of his responsibilities.

Education, not care, should be, in a majority of cases, the chief work of visiting and hourly nurses.

DISEASES OF WOMEN AND CHILDREN.

WILLIAM A. EDWARDS, M.D., EDITOR.

EDITORIAL COMMENT.

HYDROCELE IN THE FEMALE. —The existence of a true hydrocele in the canal of Nuck has been frequently disputed. The French are particularly insistent that it is an anatomical impossibility because they deny the existence of a true vaginal process peritoneum, but the researches of Zuckerkandl, Niemann, Bergmann and Sachs all established the existence of a vaginal process beyond a doubt. Eisenhart in the *Muchener Med. Wochensch,* XLI, 164, 1894, has collected 48 cases of hydrocele in the female. Bergmann studied 158 female cadavers between the age of one month and three years and found the canal patulous throughout in five and partially open in 12. Sachs found it open in 37 out 150, Niemann in 28 out of 46.

Smith, *Brit. Med. Journal,* 1894, ii, 179, says that five cases were operated in four years at the Tottenham Hospital. A number of cases are recorded in the American literature from time to time; White of Philadelphia, recorded one in the *University Med. Magazine,* May, 1893, Edwards of Los Angeles, one in the SOUTHERN CALIFORNIA PRACTITIONER for December, 1895, and Halstead of Chicago, in the *Annals of Surgery,* May, 1905.

The Index Catalogue of the Library of the Surgeon General's Office, Vol. VI, p. 549, contains 23 references to hydrocele in females and one reference to a case of hydrocele of the round ligament mistaken for and operated upon as a strangulated hernia. Hart Amer. J. Obst. N. Y., 1871-2, IV 15-20.

Annual *Univ. Med. Scien.,* 1895, Vol. II, H. 8-9, contains four references.

So the disease is not as rare as we were formerly taught to believe, particularly those who accepted the researches of Valpeau and Duplay. The hydrocele may be one of several varieties.

1. That in which there exists a patulous canal of Nuck. The fluid is excreted from the peritoneal surfaces covering the ligament and is free to return within the general peritoneal cavity.

2. The sac may be entirely cut off from the abdominal cavity and dropsy occur in this closed sac. Such cases have been observed and recorded by Sacchi and Fleming (*Gaz des Hop.*, 1885, p. 21; Bush, Lc., 82-Winckel.)

3. The cellular tissue of the labium majus consists of two layers which are prolongations of the superficial abdominal fascia. These two layers which are considered the analogue of the dartos tunic and between them a serous tumor may form. This is considered by some to be the true hydrocele in a woman.

4. The substance of the round ligament itself may be the site of a cyst. The gubernaculum of Hunter in the foetus becomes the round ligament in the female. This foetal structure is at first hollow, as demonstrated by Weber, (*Centr. f. Gyn.* 1887, No. 21,) and as Staffel, (*Ueber Cysten der Canalis Nuckii, Centr. f. Gyn.* 1888, p. 273, Pozzi), states there may be a persistence of this foetal condition which allows the formation of a cyst within the round ligament itself.

The great importance of hydrocele feminina lies in its resemblance to inguinal hernia. In a number of instances its true nature has only been recognized after an operation was commenced for the cure of a supposed hernia. In some instances as in that of Halstead, the symptoms of incarceration or strangulation added to the objective signs of hernia and made the difficulty in diagnosis still greater.

Thierhuber and Chiari have had similar experiences.

If the sac of the hydrocele becomes infected, vomiting, abdominal distention and obstipation arise, all symptoms of intestinal obstruction, the danger of endeavoring to reduce an infected hydrocele with the thought that it is an incarcerated hernia is apparent to us all. If the possibility of hydrocele in the female is kept in mind, and the statement that it is not a very rare condition be accepted the true character of the abnormality about the inguinal region may be recognized without embarrassing mistakes.

ICTERUS NEONATORUM.

A very just question asked at the recent State examinations was upon Icterus Neonatorum and it proved how small a proportion of the candidates were able to answer this very fundimental question in medical knowledge. If the Board had asked for a demonstration of the candidates' knowledge on the general subject of "icterus" it might have met some just criticism on account of the dearth of our exact knowledge of the condition and the many theories that have been advanced from time to time to explain its existence. This does not apply at all to Icterus Neonatorum whose pathology seem to be well worked out and to have been generally accepted by all. Bile being a complex substance, icterus is a complex phenomena and it is difficult of interpretation. The term simply applies to discoloration of the skin, yellow or yellowish; it does not imply what this coloring matter is. The exact pathogenesis which underlies this condition is not known. The bile is directed into the lymphatic or venous channels instead of into the intercellular and intracellular biliary capillaries.

Hall tells us of a number of theories for the elucidation of the production of icterus.

The three most important are: Parapedesis of the bile, in which owing to alteration in its chemical composition the biliary substances pass through the wall of the bile capillaries into the lymphatic or venous channels. Mechanical obstruction at any point in the biliary channels, a consequent increase of pressure in bile

capillaries and an outpouring of bile into the vascular channels. Disturbance of the chrompoietic functions of the liver cells, due to a variety of causes. It is worthy of note that notwithstanding the variety of causes of icterus the symptoms are practically the same in all cases. We will not consider obstruction or mechanical icterus, which is the most frequently observed form in adults, icterus from polychromia or the excessive accumulation of the pigmentary substances from breaking down of hemoglobin, policholic icterus, the family cholaemia of Gilbert, the uroblin icterus of Gubler, Drefuss-Brissac and Stadelman, nor the infectious icterus or Weil's dlisease but rather do we wish to call attention to icterus neonatorum as it occurs in over three-quarters of all the new born soon after birth.

It may last from a few days to a week and its existence seems generally to be without appreciable effect upon the babe. Certainly this is true in the majority of cases of icterus neonatorum, but not so in Weil's disease in which the unknown pathogenic organism seems to have a selective morbid affinity for the liver and its chromogenic functions.

Icterus Neonatorum is due first, to the peculiarity of the babe's circulation in that a part of the portal blood passes around the liver and joins the vena cava directly through the ductus arantii. This blood of course receives no purification in the liver, hence it is highly charged with biliary matter, the meconium contains one per cent. The icterus secondly, is due to the active breaking down of red blood corpuscles which always occurs during the first days of life, throwing an excessive amount of pigments to the liver, icterus resulting from an inability of this organ to rapidly excrete the pigments and a jaundiced baby soon, unnecessarily, alarms the mother. Practically all these children recover.

REVIEW OF THE LITERATURE.

DELAYED CHLOROFORM POISONING.—Out of 3000 operations performed under chloroform in the in-patient department of the Royal Edinburgh Hosptial for Sick Children during the past five years there was the strongest evidence to show that three deaths (possibly four) were due to the after-effects of chloroform. Unfortunately the pathology and symptoms of delayed chloroform poisoning have, up to recently, been either overlooked or wrongly interpreted, so that the mortality cannot be estimated until the condition has become generally recognized by surgeons and pathologists. With one exception the cases recorded in that country have all occurred in children while under treatment either in the Paddington Green Children's Hospital, or in the Royal Edinburgh Hospital for Sick Children, these being two hospitals where special attention has been directed to the condition. In Germany, on the other hand, almost all the reported cases have been in adults, and the greater proportion of these have occurred after a somewhat severe operation for infective abdominal conditions, such as suppurative salpingitis, appendicitis, etc. The element of sepsis with which these cases are complicated render it difficult, in the present state of our knowledge, to say how far they help to solve the problem of delayed chloroform poisoning. If it could be shown that the critical condition (persistent vomiting of a more or less hæmorrhagic type; small, rapid, and often irregular pulse; extreme restlessness, collapse, etc.) in which we occasionally find patients forty-eight hours or so after operation is in any way brought about by degenerative changes set up by the chloroform, the question of substituting ether will have to be seriously considered even in the case of children. Unfortunately, however, the mortality in children from the effects of ether on the respiratory tract would probably be

as great, if not greater, than that due to the after-action of chloroform.

Details were given of six out of fourteen experiments performed on rabbits to ascertain the effect of chloroform on the tissues. In Experiments 1 and 2, 2 c.c. of chloroform were injected into the subcutaneous tissue, while in Experiments 3 and 4, 3 c.c. and 4 c.c. of ether were injected respectively. Both the animals injected with chloroform died on the fourth day after the administration of the drug. The liver was extremely fatty, and to a less extent the kidneys and heart. There were numerous petechial hæmorrhages in the gastric mucosa, a point of considerable importance, since it has been shown that hæmorrhagic vomiting is one of the most important and constant symptoms of the delayed toxic action of chloroform. Both the animals injected with ether recovered, and the post-mortem examinations revealed no fatty degeneration or other abnormality. Two experiments were performed on rabbits with the object of determining the action of chloroform on the liver, the drug being administered by inhalation in the ordinary way. As control observations, and in order to determine the condition of the liver at the time of operation, the experiments were begun by excising a small piece of liver under ether anæsthesia. A week later the animal was deeply anæsthetised with chloroform in the usual way for twenty-five minutes. The animal recovered, and was killed forty-eight hours after the administration. The piece of liver removed at the first operation (ether anæsthesia) showed a few small oil globules here and there; many fields, however, were entirely free from fat. The same liver examined, post mortem, after chloroform anæsthesia showed an extensive fatty change in the intermediate and central zones of all the lobules, thus corresponding exactly with what was found in the two children who died from delayed chloroform poisoning. The kidneys showed distinct cloudy swelling of the convoluted tubules, and here and there a distinct fatty change. The heart was not fatty. The sixth experiment was conducted on the same lines as the above, and gave similar results.

In discussing the causation of delayed chloroform poisoning a case was instanced which favored the view held by Guthrie. It was that of a boy who died on the fourth day after the administration of chloroform for the purpose of examining a stiff knee-joint secondary to syphilitic disease of the lower end of the femur. It was observed that the liver was considerably enlarged before the anæsthetic was administered. No incision was made, nor was any attempt made to forcibly straighten the limb. The patient came well out of the anæsthesia, but was very sick the whole day. On the day following the vomited matter was distinctly coffee-ground, and this persisted until death. At first the patient was very restless, but subsequently he became more and more collapsed, and died in a semi-comatose condition. The liver and kidneys showed the same fatty change as occurred in the two cases of delayed chloroform poisoning above described. So long ago as 1860, Symonds of Oxford drew attention to the danger of chloroform in patients suffering from fatty liver.—*British Journal of Children's Diseases, Vol. I, No. 6.*

INGUINAL HERNIA OF THE UTERUS.—Birnbaum, *Berliner Klinische Wochenschrift,* XLII, No. 21, gives a very careful report of such a case and says that he is able to find only 23 other cases in the literature. The woman had never menstruated, although married for eleven years; the genital organs were of the infantile type, and the hernia was first noticed when the child was but 5 years of age.

The ovary was included in the hernia, the whole mass was about the size of a

walnut and could be pushed into the labium.

OSTEOPERIOSTEAL LIPOMATA IN CHILDREN.—The Paris Surgical Society has devoted several meetings to the discussion of osteoperiosteal lipomata. Routier reported the observation of a boy 13 years old who had a subclavicular tumor; this was fluctuating, a little painful, and was fastened to the external third of the clavicle by a pedicle. The diagnosis of cold abscess was made but two successive punctures did not give any result. The tumor was removed. It was then seen that the growth was a lipoma which was attached to the clavicle by a pedicle, infiltrated with osteoid tissue and from which fibrous prolongations spread out in the shape of a fan.

Guinard called the attention of the society to a variety of osteoperiosteal lipoma of congenital origin; he had observed this tumor in a girl of seven months. It was situated in the subspinous fossa of scapula. It was interesting to note that recurrence took place three years after its removal. Grave symtoms developed in the evolution of the primary tumor, and in that of the recurrent tumor. Guinard thought that recurrence took place from a lobe of the tumor which had not been removed at the first operation. As to the occurrence of the symptoms, he thought this a mere coincidence, believing that the tumor had grown, in both cases, under the influence of a general intoxication. Nelaton, Broca, Delbet, Kirmisson and Monod reported personal observations of osteoperiosteal lipomata, after which Monod took up the discussion again. He thought that the name subperiosteal lipoma ought to be reserved for those tumors which are situated beneath the periosteum and in more or less extensive contact with the bone. Walther ended the discussion by an interesting observation of an osteoperiosteal lipoma of the thigh, very probably congenital, with trochanteric insertion, in a boy 15 years old.—*Paris Letter, Medical Record, July 29, 1905.*

THE TREATMENT OF HERNIA IN YOUNG CHILDREN.—P. Lockhart Mummery stated his conclusion to the London Society for the Study of Diseases in Children that the treatment of these cases in young children by the use of trusses is very unsatisfactory.

There are several reasons for this. In the first place, it is not an easy matter with a fat baby to obtain a truss which will remain in position and keep back a hernia without having one with a very strong spring, and this is apt to result in a short time in considerable soreness of the skin, which in infants is very ill adapted to withstand pressure.

The old wool or worsted truss, which is so much vaunted in all the text-books, and which is still used as a pitfall for the examination student, is, so far as his experience goes, absolutely useless. Its only value seems to consist in the fact that it enables the child to be taken home before the hernia comes down again. Even if the wool truss were capable of keeping up the hernia, it is quite useless as a curative agent, as it does not cause sufficient pressure upon the neck of the sac to have any chance of obliterating it.

The only cases in which the use of a truss can be expected to be of any real service in curing a hernia in a child are those cases where the parents are sufficiently well off to be able to obtain the services of a skilled nurse to look after the child, and to pay for the necessary trusses. Then, if the nurse is able to change the truss without allowing the hernia to come down, and is able to prevent the child's skin from getting chafed by the constant pressure of the truss, a satisfactory result may be sometimes obtained.

However, it will be necessary for the child to wear the truss constantly, night and day even then the time before a

cure of the hernia can be expected to take place is considerable. It is seldom, even under the most favorable conditions, that anything approaching a real cure of the hernia can be secured in less than a year, and in most cases it is two years or more before the truss can be dispensed with, while in many cases the use of the truss fails altogether to cure the condition. We must condemn the child to wear a truss constantly for a period of probably two years, and that even then we may quite fail to cure the hernia. If we are successful in effecting a cure of the hernia in the sense that it no longer comes down, we leave the child is in condition which in many cases predisposes to hernia in later life. The sac is left partly unobliterated, since in most cases the sac is congenital and cannot be returned into the abdomen. Should the abdomenal wall at any time give way, the hernia sac is ready to receive the hernia; in fact the child is predisposed to hernia in later life. The conditions found in a large number of cases of hernia in adults seems to show that this occurs much more commonly than is generally supposed.

A truss for the treatment of cases met with in hospital practice is very rarely of any use. The mother is seldom sufficiently intelligent to be able to change the truss without allowing the hernia to come down. As a rule the hernia constantly comes down behind the truss, and the latter simply presses upon the neck of the sac. It predisposes to strangulation.

The most satisfactory method of treatment of these cases is by operation.

The objection that surgeons had against operating upon young children is almost a thing of the past, and we now know that children stand operations almost as well as adults, providing always that certain precautions are taken.

The treatment of hernia by operation has two great advantages.

First, that it gets rid of the sac, and, secondly, that it enables us to cure the hernia in the space of about three weeks, and does not necessitate the wearing of an instrument by the child.

The operation which is performed in these cases, and which is a very suitable one, is a modification of Barker's operation. The usual incision is made, and the sac separated up to the internal ring. The sac is opened, and with one finger inside to act as a guide and to keep back the intestine, the neck of the sac is ligatured over the point of the finger as high up and as near to the internal ring as possible. The sac is then cut away on the distal side of the ligature. The peritoneum is separated slightly with the point of the finger from around the internal ring. One end of the ligature is threaded upon a hernia needle of suitable size, and the needle is passed into the internal ring and made to perforate all the thickness of the abdominal wall from the inside, so as to emerge about half an inch above the ring. The other end of the ligature is threaded and brought through the abdominal wall in a similar manner, so as to emerge a little distance from the first end of the ligature. Then, by drawing upon the ends of the ligature, the neck of the sac is drawn away from the internal ring, and the ends are tied together, so as to retain the neck of the sac in its new position.

The internal ring is not stitched up. In infants, it is neither necessary nor advisable to stitch up the ring; the tissues are very delicate and badly adapted for stitching, and if the cause of the hernia, namely, the congenital sac, is removed, the ring itself soon contracts and gets rid of any weak spot in the abdominal wall. Moreover, by not stitching up the ring a good deal of time is saved, and this is a matter of great importance when operating upon young children. In older children, or where the ring is very large, it is better to close the ring with one or two stitches. In many cases the operation may be simplified by not dissecting out the scro-

tal portion of the sac, but dividing it above.

This operation is very quickly performed, and this is a desideratum of the greatest importance in operating upon infants. The chief difficulty in the operating is in defining the sac, which is often extremely thin and delicate.

In all these cases the after-treatment of the case is a most important factor, and the chief point is, I think, the position in which the child is nursed.

The best position in which to nurse the child after a radical cure of hernia is with the legs slung up to a cross-bar.

Stirrups are attached to each leg by means of extension strapping, and both legs are slung up to a horizontal bar over the top of the cot, in much the same way as in treating a fracture of the shaft of the femur by Bryant's method.

This position has several advantages:

1. It is comfortable, and at the same time prevents the child from moving about to an undesirable extent.

2. It enables the child to be kept clean easily; a matter of no little importance in these cases.

3. It affords very valuable support to the inguinal rings, and prevents an undue amount of pressure being thrown upon them just after the operation by the child crying, etc.

4. It relaxes all the tissues in the neighborhood of the wound and so allows healing to take place rapidly and effectually.

There is no age limit.

The youngest child operated upon for hernia was six months old, though other surgeons have operated upon younger children.

It is seldom necessary, or even advisable, to operate upon very young infants for this condition. Apart from other considerations, the operation is rendered much more difficult owing to the smallness of the parts and the extreme delicacy of the sac, which is often very difficult to find.

The hernia can be safely left to itself, and so long as no truss is applied there is very little risk of strangulation. Later on, when the child is a year or eighteen months old, the operation can be performed and the hernia cured.

The risks of the operation are very slight. Mummery does not know of a single case which ended fatally, or in which there was any serious complication.

He has collected thirty-nine cases of radical cure of hernia in infants and young children, and among these was no case that ended fatally; very few cases in which there were any complications. Swelling and inflammation of the testicle, on the side on which the operation was done, occurred once. Haematoma in the wound occurred twice. In one case the wound suppurated.

Robert Campbell reports 114 cases of radical cures of hernia in young children without a single death, and with very few complications. So that the risks of the operation for radical cure in infants and young children do not seem at any rate to be greater than when the operation is performed upon adults, that is to say, very slight indeed, and certainly less than the risk which a child runs from strangulation when wearing a badly-fitting truss.

REVIEW OF BOOKS.

TAYLOR ON SEXUAL DISORDERS.—A Practical Treatise on Sexual Disorders in the Male and Female. By Robert W. Taylor, A. M., M. D., Clinical Professor of Genito-Urinary and Venereal Diseases in the College of Physicians and Surgeons (Columbia University), New York. New (3d) edition, enlarged and thoroughly revised. In one octavo volume of 575 pages with 130 engravings and 16 colored plates. Cloth, $3, net. Lea Brothers & Co., Philadelphia and New York. 1905.

If a book reaches its third edition in a short time it is sufficient evidence of its popularity and worth. Such a book is that under review; it has reached its third edition in five years.

This edition gives evidence of a careful review and revision, many chapters have been rewritten and some have been added, notably those that have to do with the sexual disorders in women. Many new and original illustrations have also been added. The book as its title implies considers the sexual disorders and abnormalities in both sexes.

A chapter of particular strength is that on the anatomy and physiology of the sexual apparatus. The field that the author covers is somewhat peculiar and has long been neglected in scientific medical literature. While some of the subjects are not especially pleasant to contemplate yet they have been handled with a delicacy and decency which is very commendable. It is practically the only work on the subject in the English language. The book is hardly complete in itself but must be read in conjunction with the author's more pretentious treatise—A Practical Treatise on Genitourinary and Venereal Diseases and Syphillis, published in 1904 at Philadelphia. This remark applies more particularly to the chapters on diseases of the urethra and prostrate gland, but these chapters occupy about one-fifth of the book. Until recently, as Taylor says, the whole basis of medical knowledge of sexual disorders might be summed up in the recital of various ill-defined symptoms, generally included under such phrases as sexual debility or irritability, seminal losses, functional disturbances or sensory and motor neuroses of the genital system. This book sets forth the fallacies of such statements and clearly details our advance in knowledge of the intimate structures and functions of the various parts of the urinary system and sexual apparatus.

The nature and course of the various morbid processes which attack these important systems are concisely stated. The results of extended personal investigations are incorporated in the book, and many new facts are detailed. In order to fully study these diseases, we endorse the author's contention that a well-grounded knowledge of physiology, general medicine and a general understanding of the anatomy, physiology and pathology of the nervous system are absolutely essential. The book has endeavored to supply this knowledge and has succeeded very well so that the diseases considered are discussed on scientific and practical grounds. The treatment of the various affections is placed on a scientific and satisfactory basis. The various forms of sexual disorders in women are fully and carefully considered. The factors which render a woman unfertile are well elaborated and the sterility of women is considered in a very general and satisfactory way.

This edition is fully up to the high standard of its predecessors.

W. A. E.

ATTITUDE OF THE MEDICAL PROFESSION TOWARD THE SOCIAL EVIL.

Howard A. Kelly, Baltimore, (*Journal A. M. A.*, March 4), makes a plea for more active personal endeavor on the part of the profession and of the public for good morals. Indifference, he says, has been the attitude of the past, and its result has been a riot of sin and disease, debauchery of police service, and corruption of the whole body politic. The alternative of government control, advocated by some, is a sanctioning of vice and an ignoring of the principles of morality which are the basis of all positive law. Experience, Kelly says, does not show that the legalization of vice is any step toward its abolishment; the effects of legislation in the degradation of the medical profession are deplorable. What is needed, he believes, is a moral cruside sustained by an intense sense of personal responsibility in this manner.

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EDITORIAL.

SIR PATRICK MANSON.

Sir Patrick Manson made a visit to Los Angeles during the latter part of August. He seemed particularly delighted to meet Dr. A. L. Macleish of Los Angeles, with whom he had been associated in China for several years. Dr. Jos. M. King, president of the Los Angeles County Medical Society, gave a dinner in his honor at the California Club, to which about a dozen members of the profession were invited. Sir Patrick proved a most delightful guest. In speaking of the resignation of Lord Curzon, he complimented him most highly, but at the same time said such men as Curzon and Kitchener were mere "flies on the wheel of progress." It was only such men as Stephenson, the inventor of the steam engine, and Jenner, the inventor of vaccination, who really counted for much in this world's history. Jenner, he said, had reduced the death rate thirty per cent. Some person suggested that the opponents of vaccination were increasing. "A good thing" said Sir Patrick, "we can spare that kind of people and smallpox will thus have a chance to remove an incubus. The world can well spare a thorough ass." He said that if they get to vaccinating thoroughly in China that people will overrun the world. He told of an instance when he was in China, about a Chinaman who was attached to the Military Station where he got to knowing something about vaccination. This fellow armed himself with a knife and a can of condensed milk and went out and vaccinated the people at a dollar a head making quite a little fortune. Notwithstanding this story, Sir Patrick is a great believer in the Chinese and thinks the United States makes a mistake in keeping them out of the country.

Sir Patrick makes his trip from London to Los Angeles and return in eight weeks. He devoted ten days to delivering the Lane Course of lectures in San Francisco.

He got lost in Chicago, which city he condemns in no uncertain terms. "The conditions I have seen in all the large American cities I passed through, are deplorably unsanitary; in London nothing like that would be allowed."

The Baronet is distinguished as a physician and parisitologist, and writer on tropical diseases. In 1894 he appeared as a vigorous supporter of the mosquito theory of the transmission of malaria as best calculated to explain the various conditions of the problem. He drew a parallel between the malarial parasite and the filaria Bancrofta which he had investigated very thoroughly. He suggested that the female mosquito fills herself with infected blood, deposits her eggs and dies beside them. The water in which she lies becomes contaminated with the spores developing in her body, and is then drunk by men, or the spores are inhaled with dust from dried puddles, or the larvae, after being hatched, feed on the dead body of the mother, and thus become carriers of infection, or the ground may become infected by the bodies of mosquitoes that die and fall upon it.

SURGERY TAUGHT WITH ANIMALS.

The *Boston Medical and Surgical Journal* editorially says:

The difficulty of teaching operative surgery to medical students has long been acknowledged. The use of the cadaver as ordinarily employed for this purpose has many obvious disadvantages in that it fails to reproduce the very essential element of the circulating blood. The plan also of reproducing human operations on animals has certain disadvantages from a humantarian standpoint which no doubt are less than the advantages gained, but still undesirable. In a recent number of the *Johns Hopkins Hospital Bulletin,* Dr. Harvey Cushing of Baltimore discusses the question in an introduction to an article on Comparative Surgery, written by four other contributors. Recognizing the imperfection of the generally accepted method of teaching surgery on the cadaver, about four years ago the method of operating upon animals was introduced into the Johns Hopkins Medical School. In these operations every effort was made to comply with the formalities of surgical procedure as if the animal were actually admitted to a surgical hospital ward. Histories have been kept on regular hospital history sheets, the effect of the anesthetic has been recorded, together with the details of operative preparation both of the staff and patient. If the operation proved fatal, a formal autopsy was performed and its results incorporated in the record. This method has proved a success and been adopted elsewhere, the object sought being to teach the proper use of the hands and the actual problems met with in surgical procedures. The method should make a student useful later in the hospital operating room and also make him an understanding spectator of the surgical work of others, which under ordinary circumstances is not the case on the part of those who have never themselves conducted operations.

Perhaps the most interesting outcome of this method has been the gradual establishment of what is likely to become an animal clinic. Learning of the benefit that might come to animals with various surgical diseases, owners of such animals have brought them more and more to this surgical clinic for treatment, naturally to the benefit of the patient as well as to the owner. From present appearances there is promise of a clinic which will soon obviate in great measure the need of using normal animals. A building is, in fact, being erected where accommodations and modern hospital care may be given the animals which, on account of the object to be attained, namely, the reproduction so far as possible of human conditions, will have better care than would be likely in veterinary hospitals.

A series of extremely interesting cases from a surgical and pathological standpoint follows these introductory remarks of Dr. Cushing, illustrating a large number of lesions which are common to man and animals. The value of the suggestion offered in this paper for the teaching of a subject which above all others demands the actual use of the hands and mind is sufficiently apparent The feasibility of the plan of establishing a model animal hospital has been demonstrated by the experience of the Johns Hopkins Medical School. It clearly affords the opportunity of greatly increasing the value of surgical teaching as well as providing for the surgical diseases of animals which under ordinary conditions would be neglected.

This plan has also been to a great extent adopted in the College of Medicine of the University of Southern California. Dr. W. A. Edwards of the Chair of Pediatrics in this Los Angeles School is particularly utilizing dogs in teaching surgical technique in his branch. Doctor Edwards illustrates the following operations in his course as indicated below:

Stenosis of the Pylorus in Infancy, with operations on animals.

Dilatation of the Stomach in Infancy, with operations on animals.

Infantile Intestinal Diverticula, with operations on animals.

Atresia Tractus Intestinii in Infancy, with operations on animals.

Intussusception in Infancy, with operations on animals.

Congenital Obstruction of the Bowels, with operations on animals.

Prolapse of the Rectum in Infancy, with operations on animals.

Imperforate Anus in Infancy, with operations on animals.

Ileus in Infancy, with operations on animals.

Polypus in Infancy, with operations on animals.

Esophageal Stricture in Infancy, with operations on animals.

Umbilical Hernia in Childhood, with operations on animals.

Appendicitis, with operations on animals.

Empyema, with operations on animals.

Decapsulation for Bright's Disease, with operation on animals.

Renal Calculus, with operation on animals.

Stone in the Bladder, with operation on animals.

Extroversion of the Bladder, with operation on animals.

Hypospadias, with operation on animals.

Retropharyngeal Abscess, with operation on animals.

Cerebral Hemorrhage in Children, with operation on animals.

Post Partum Meningeal Hemorrhage, with operation on animals.

Craniectomy for Idiocy, with operation on animals.

Spina Bifida, Meningocele, with operation on animals.

Tetanus, with operation on animals.

Vaccination, with demonstration on animals.

Gynaecology in Childhood, with demonstration and operation on animals.

Anaesthetics for Children, with demonstration and operation on animals.

EDITORIAL NOTES.

Dr. H. J. Rowell has located at Val Verde, Ariz.

Dr. A. J. Chandler of Phoenix, Ariz., has recently been visiting in California.

Dr. C. A. Conner of Phoenix, Ariz., has been visiting Southern California.

Dr. R. E. L. Sevier has moved from Monrovia to Pomona, Cal.

Dr. Will S. Smith of Phoenix, Ariz., has located in Santa Monica, Cal.

Dr. Ralph Hagan of Los Angeles has returned from a six weeks' visit to New York.

The people of Berkeley, Cal., who are opposing vaccination have established a private school for their children.

Dr. George C. Bryan of Alamogordo, N. M., has been visiting friends in Orange, Cal.

Dr. Oscar J. Kendall of Riverside has been spending a month with the Mayos at Rochester, Minn.

The erection of a cottage hospital in Nogales, Santa Cruz county, Ariz., is being agitated.

Dr. E. A. Osborne is Acting Santa Fe Surgeon at the Needles during the absence in the east of Dr. W. F. Freeman.

Dr. J. H. Sloan of Santa Fe is president of the Board of Trustees of the New Mexico Reform School.

Dr. W. J. Schlosser of Silver City, N. M., has just been visiting relatives in Louisville.

Dr. James Keeney, a prominent physician of San Francisco, has been taking a vacation in Southern California.

Dr. B. M. Williams of Las Vegas, N. M., has been taking a month's vacation at Long Beach.

Dr. J. S. Gowan, formerly of Los Angeles, has located in El Monte, where he will practice his profession.

Dr. J. A. Munk of Los Angeles has returned from a five-weeks' trip in Arizona.

Dr. C. M. Lindsay of Santa Monica has returned from a vacation spent in the mountains.

Dr. Lee McIntosh of Artesia, N. M., has with his family been taking a vacation in the mountains.

Dr. R. L. Bradley of Roswell, N. M., was recently called East on account of the death of his father, aged 77 years.

Dr. Bernard Shelton, formerly of Iowa, has located in Long Beach, Cal., for the practice of his profession.

Dr. Raymond G. Taylor has removed his offices to suite 236, Bradbury Building, Los Angeles.

Dr. J. A. Ketcherside of Yuma, Ariz., has been taking his vacation in Los Angeles.

Dr. Dudley Tait of San Francisco is in Europe and will return to California about the first of December.

Dr. Hugo A. Kiefer of Los Angeles has changed his office to 230 Fay Building, corner of Third and Hill streets.

Dr. G. W. Tape of the Arrowhead Sanatorium has installed $40,000 worth of furniture in that institution.

C. B. Nichols, M.D., of Los Angeles, was recently operated on for obstruction of the bowels. At last reports he was considered out of danger.

Dr. William Syer, a graduate of the Medical College of the University of Southern California has located in Anaheim.

It has been reported that Dr. Ward Rowland, the veterinarian of Pasadena, is suffering from glanders, but latest advices say that it is only neuralgia.

Dr. George W. Harrison of Albuquerque, N. M., has been inspecting some very rich mines, of which he is the chief owner, in Chihuahua, Mexico.

Dr. Edw. Ewer is now Health Officer of the city of Oakland, and Dr. F. L. Adams is President of the Board of Health.

Dr. Louis Weber of Los Angeles is now located in the fourth floor of the new Severance Building, corner of Sixth and Main streets.

Dr. T. D. Crothers of Hartford, Conn., has accepted an invitation to deliver the first oration in the Norman Keer Memorial Lectureship at London on October 10th, 1905; a merited honor.

On August 24th three Japanese, J. Tanaka, S. Akiyama and T. Shimuzu, were fined $100 each by a Los Angeles police judge for practicing medicine without a license.

Dr. C. C. Valle of San Diego, who had to sue the county for his salary as county health officer, has finally won after carrying the matter to the Supreme Court.

Dr. Philip L. Wise, graduate of the Medical College of the University of Southern California, has been appointed assistant surgeon of the Soldiers' Home at Santa Monica.

Dr. C. H. Blaney, graduate of the Medical College of the University of Southern California, has been appointed assistant superintendent of the Los Angeles County Hospital.

Lea Bros. & Co. of Philadelphia announce the publication this month of the "National Standard Dispensatory" by Hare of Philadelphia, Caspari of Baltimore and Rusby of New York.

Dr. Joseph E. Henry, University of California graduate "97," 502 Sutter street, San Francisco, Cal., has just returned from England, where he has been doing special hospital work.

Dr. John F. Pearce of Albuquerque, N. M., has been taking his vacation on the Pacific Coast, and while here placed his daughter in one of our California schools for young ladies.

The Jews of Los Angeles have taken the preliminary steps towards organizing a tent sanitarium for consumptives of their race. They are enforcing the open-air method of treatment.

Dr. Eligio Ortiz of Albuquerque, N. M., has just purchased a Stephens-Duryea automobile. This is the fourth automobile to be owned in Albuquerque.

Dr. George C. Keck, formerly of Fort Shaw, Mont., has located in Albuquerque, N. M., and taken up the duties of physician to the Albuquerque Indian School.

Dr. John S. Cullver of Los Angeles attended the meeting of the Railway Surgeons Association recently in San Francisco, and read one of the principal papers.

Dr. J. E. Jones, the well-known physician of Pasadena, received a serious shaking up in a trolley car collision at Pasadena, but at last reports he was recovering.

A physician who has a little money to invest in a residence can get into a good location in a town near Los Angeles. We shall be glad to put him in correspondence with the practitioner who is now there.

Dr. J. B. Murphy, the distinguished Chicago surgeon, has sent a check for $250 to Dr. Norman Bridge to be added to the endowment fund for the proposed appendicitis ward of the Pasadena Hospital.

Dr. H. H. Kneans of Tombstone, Ariz, has been spending his vacation with relatives in Los Angeles. On his return his partner, Dr. Bacon of Tombstone, came to Los Angeles to take his vacation.

Drs. Ernest B. Hoag and Edith J. Claypole have been designated as medical examiners for the Throop Institute, Pasadena. Hereafter, all students who wish to join athletic teams must submit to a physical examination.

Dr. A. W. Olcott of Tucson, Ariz., has been visiting in Los Angeles. He says that the ocean beaches near Los Angeles resemble Tucson, because of the large number of his fellow-citizens that he met there.

Dr. N. H. Morrison, Chief Surgeon of the Santa Fe Company, has been attending the Pacific Coast Association of Railway Surgeons at San Francisco. The doctor is president of that organization.

Miss Sophia Farmer of New York City, president of the Nurses' Examining Board of New York, and editor of the *American Journal of Nursing*, has been inspecting the training schools of Southern California.

Dr. F. M. Pottenger of Los Angeles and Dr. George H. Evans of San Francisco have been appointed delegates to the International Tuberculosis Congress, which meets at Paris October 2nd to 7th. Dr. Pottenger sailed from New York August 22nd.

The opening of the Arrowhead Sanitarium, San Bernardino, will take place about October 1st. Dr. Woods Hutchinson of Portland will arrive about September 1st. The furniture alone for this institution will cost about $40,000.

Dr. J. H. Reece died in Hemet, Riverside county, Cal., on August 22nd, and was cremated in Los Angeles on August 28th. He was born in Jamestown, N. Y., April 4, 1826, and practiced medicine twenty-three years in Joliet, Ill.

Dr. L. M. Powers, the health officer of the City of Los Angeles, reports that very few cases of typhoid fever develop in this city, showing that our water system and sewerage system are both in quite satisfactory condition.

Thomas H. Storey was on August 26th fined $500 and sentenced to 180 days' imprisonment by Police Judge Rose of Los Angeles for practicing medicine without a license. He claimed to be a chiropractic.

Dr. Ernest Pierpont died at his home in the Ojai Valley, Ventura county on August 26th. The doctor was 50 years old, and had been an invalid for a long time. He graduated from the Northwestern University Medical School, Chicago, in 1880.

Dr. Sara Fleming of San Diego died in Coronado on August 19th, aged 74 years. She received the degree of doctor of medicine from the Syracuse University in 1873. She was for years a practitioner in Washington.

Dr. J. C. Bainbridge of Santa Barbara, the eclectic member of the Board of Examiners, made himself famous at the coast meeting by rejecting 39 of the 42 applicants. Dr. Bainbridge had the examination in Obstetrics.

Dr. C. D. Cowles has been visiting his cousin, Dr. J. E. Cowles in Los Angeles. Dr. C. D. is a graduate of Johns Hopkins and now goes to Philadelphia to accept an interneship. There is talk of entering into the practice of medicine with his cousin in Los Angeles.

Dr. J. W. Trueworthy received serious injuries in an electric railway collision. A strange coincidence was that his wife was on the other car, but her injuries were much slighter. At last report there was every reason to hope that the doctor would entirely recover.

Dr. Henry Enos Tyler, secretary of the Mississippi Valley Medical Association, announces that the 21st annual meeting will be held at Indianapolis, October 10th, 11th and 12th, at which time there will be a very interesting program.

A College of Pharmacy is being organized in Los Angeles, which will be affiliated with the University of Southern California. It will be the only College of Pharmacy between San Francisco and New Orleans. Mr. L. N. Bruswig of F. W. Braun Co. is the chief factor in the organization.

In the editorial in the SOUTHERN CALIFORNIA PRACTITIONER for August, there was a brief report of the address of Henry O. Marcy in Portland on "Herniotomy," which should have read as follows: "He spoke of the necessity of recognizing the value of reconstructing the inguinal canal in its length and obliquity, so that pressure from within

may be brought against the side of a canal and not against a ring."

"Whilst meagre Phthsis gives a silent blow
Her strokes are sure, but her advances slow.
No loud alarms, nor fierce assaults are shown;
She starves the fortress first, then takes the town."

—*Garth, A. D.* 1699.

Dr. Sherwin Gibbons, A.B., Harvard, 1894, M.D., Harvard 1898, has located in Los Angeles. The doctor recently spent three months with Kerr & Jardine in Glasgow and six months in Edinburgh with Simpson and Ballatyre, devoting his studies particularly to Obsterics.

Dr. William A. Edwards, chairman of the Museum Committee of the College of Medicine of the University of Southern California, sends out a circular letter asking for pathological and histological specimens. This is a work that is for the advancement of the whole profession of Southern California, and should receive a prompt response.

Dr. J. W. Wood of Long Beach, Cal., essayed the other night to save quite a distance coming home from seeing a patient by driving his auto along the beach; the result was that he got stuck, and in trving to get the wheels out of the sand strained the ligaments of his back so that he was laid up for several days.

Our associate, Dr. F. M. Pottenger, accompanied by his wife, is abroad at the present time and will attend the International Tuberculosis Congress, which convenes in Paris October 2nd. The doctor is very much at home in Europe, having spent considerable time there. He will read a paper entitled "Clinical Study of Mixed Infection in Tuberculosis."

Dr. Dumont Dwire of Oxnard, Ventura county, Cal., passed through Los Angeles the latter part of August on his way to Vienna. He will be gone about eight months, devoting most of his time to the Austrian capital, but will also spend some time in Berlin and Paris. His family will remain at 1208 W. Eighth street, Los Angeles, during the doctor's absence.

The *Pacific Coast Advertising*, published in Los Angeles, in its August issue says: "Dr. Worthington Fordyce, who was in Los Angeles last winter, advertised nostrums for the eradication of wrinkles. His many letters attracted the attention of the Postoffice Department, and the preparation was analyzed, with the result that a fraud order was issued. The doctor has gone to Jamestown, N. Y., where the order is also in force."

A table has been prepared by Dr. Charles Louis Mix of Chicago showing the standing of the various colleges in examinations before state boards of medical examiners for the years 1903-4. In both years Harvard stood first on the list. In the first year Cornell stood second and Johns Hopkins third, and the Northwestern of Chicago sixth, but in 1904 the Northwestern stood second, Johns Hopkins third and Cornell seventh.

The convention of Railway Surgeons of the Pacific, held in San Francisco, closed on the evening of the 18th with a smoker at the St. Francis Hotel. Dr. N. H. Morrison of Los Angeles was the president during the sessions. The following were elected for the ensuing year: Dr. T. W. Huntington, San Francisco, president; Dr. T. C. McCleave, Berkeley, first vice-president; Dr. W. O. Spencer, Huntington, Or., second vice-president; Dr. Frank L. Adams, Oakland, treasurer; Dr. James P. Dunn, Oakland, secretary.

Dr. W. A. Edwards is doing a most excellent work in stirring up the profession towards aiding the Museum and the Library of the College of Medicine of the University of Southern California. Amongst other donations that have been

made is that by Dr. George E. de Schweinitz, professor of Ophthamology of the University of Pennsylvania, which consists of a full set of his books. Other prominent authors have promised to do the same. There is not a physician who reads this but could readily spare one good book for that library. Will you do it?

Dr. Henry Z. Gill of Long Beach, Cal., who has been very ill but is now recovering, was surgeon in the Ninety-fifth Ohio Regiment during the War of the Rebellion. In 1864 he was promoted to the rank of surgeon-in-chief of the First Division of the Twentieth Army Corps, serving in that capacity during Sherman's march from Atlanta to the Sea, and through the Carolinas, to the end of the war. The doctor is author of several works on medical and miscellaneous subjects, and is now spending the evening of his distinguished life in this new Italy.

Dr. J. H. Musser, Professor of Medicine and Dean of the College of Medicine of the University of Pennsylvania spent some time in Los Angeles with his daughters after the close of the A. M. A. in Portland. They were the recipients of many social attentions. Besides many smaller affairs, Dr. Musser was entertained at dinner at the California Club of Los Angeles by Dr. Joseph M. King, President of the Los Angeles Medical Society. There were twenty-five guests. He was also entertained at luncheon at the same place by Dr. J. H. McBride of Pasadena.

Dr. Charles W. Fordyce, assistant surgeon in the German Hospital, Boyle Heights, Los Angeles, and a graduate of the College of Medicine of the University of Southern California, class of 1905, was drowned in the Kern River on August 20th. The current was swift and treacherous, but Dr. Fordyce was a skillful swimmer and had every confidence in his ability. He had been in a few minutes when he was carried out of sight. He was about twenty-seven years of age, and an ideal young man with a most promising future. His funeral was held at the Presbyterian Church at Nordhoff, Ventura county.

The Board of Supervisors at Phoenix recently awarded the contract for the care of the County Hospital to Dr. W. J. Hynes, at $0.34 a day for each inmate, he to furnish everything in the way of supplies and provisions, excepting such as may be raised on the farm. The called-for bids specify that the contractor should give the work his personal supervision, either by daily visits to the institution or by residence at the Hospital. By the terms of the contract, Dr. Hynes agrees to live at the hospital and devote his entire time to the care of the institution. There are about forty-five inmates. The acceptance of that proposition by any doctor on any such terms is without rhyme or reason.

The Sterilization of Women.—The *Medical Record* for June 10, 1905, quotes the following from the *Zentralblatt fuer Gynaekologie* : "Reifferscheid says Kustner has recently reported two cases in which he performed vaginal fixation of the uterus, combined with sterilization by the excision of a short piece of each tube at its uterine extremity and shallow excision of the uterine stump. Notwithstanding these apparently radical procedures, both patients became pregnant, and, owing to the nature of the uterine operations that had been done, abortion had to be induced. The author's case was that of a woman at whose second Caesarean section a portion of each tube was similarly excised, but some years later she returned pregnant and indignantly presented a written statement given to her on her discharge from the hospital, to the effect that further conception would be impossible. It is apparently essential, in order to prevent such accidents, to remove the entire length of each tube and to excise a deep wedge from each uterine cornu."

LOS ANGELES POLICE SURGEON. HISTORY.

Hon. Louis H. Schwaebe, the Auditor of the City of Los Angeles, who collated the history of our Health Department, that appeared in the SOUTHERN CALIFORNIA PRACTITIONER for August, has also collated much data in regard to our Police Surgeon, which he presents in his Annual Report recently issued.

Mr. Schwaebe says the first salary allowed a Police Surgeon was in 1893, when on January 30th an ordinance creating the official position and title of Police Surgeon was passed, allowing a compensation of $30 per month. Prior to this time the position was a gratuitous one on the part of those that served in that capacity. Beginning with 1905, there were two Police Surgeons, each receiving a salary of $150 per month.

We present herewith the pictures of our Ex-Police Surgeons, and of those who hold the position at present.

HISTORY OF ORTHOPEDICS.

The history of orthopedics is coeval with medicine itself, but we find in the oldest source of medical investigation only sparse references to this subject. Among the Chinese, Egyptians and Hindoos the surgery of deformities is only a reflection of ancient tradition. The earliest writings upon the causes of congenital deformity, and massage of the body, are found in the Ajur-Veda of Susruta, about 800 B. C. In the writings of Hippocrates, 500 B. C., collected by Polybius, there are many references to this subject, especially to spinal deformities, and congenital dislocation of the hip and ankle-joint. He displayed an intimate knowledge of club-foot in his treatise "On Articulations," and described a method of correcting infantile deformity which is still employed. This celebrated Greek physician opposed the violent extension and counter-extension with pressure as practised upon hunchbacks, and he finally describes the spinal inflammation accompanied by pain—the "angina of Hippocrates." He employed gymnastics for the development of the muscular system and employed machines alone in the treatment of deformities.

Celsus, 13 to 75 A. D., also employed active and passive gymnastics for the relief of deformities, with massage before and after. He does not even mention children, for following the darkness and ignorance of the Middle Ages.

Soranus, 40 A. D., refers to the prevalence of crooked legs in Rome, and censures the women of his time for allowing children to walk too early.

Galen, 130 to 205 A. D., describes spine disease, improves the treatment of scoliosis, and differentiates this disease from tabes and syphilis, and refers in several places to knock-knee.

Caelius Aurelianus, 210 A. D., employed gymnastics and splints for paralysis; and Aurelius, about 400 A. D., performed tenotomy for contractures and ankylosis.

From the early Arabian physicians a few imperfect compilations, more or less interpolated, with almost no original work, are all that has been left to medical science. The earliest deformity discussed by them was excessive callus, and Rhazes, 852 A. D., in his "Continent," and Avicenna, 980 A. D., in the "Canon," repudiated the use of all rough and violent methods.

As medicine as a science advanced the radical cure of hare-lip described by Galen, Celsus and the Arabian physicians, became a common operation. The plastic art was well understood, and section of the sterno-cleidomastoid muscles for the relief of wry-neck was frequently performed.

During the Middle Ages cripples were considered as objects of Divine wrath, were regarded as subjects of ill omen, and were treated with horror and disgust. Superstition withheld aid from


EX
POLICE SURGEONS
James J. Choate
PRIOR TO 1890
N. H. Morrison
PRIOR TO 1890
C. W. Pierce 1901-3
Ralph Magan, 1897-1901
E. A. Bryant, 1890-97
Geo. L. Cole, Prior to 1890


POLICE SURGEONS
A. M. Smith M.D.
1905-7
Sumner J. Quint M.D.
1905-7

these unfortunates and forbade even the mention of their existence. Influenced by this belief in the displeasure of the divinities, and also desiring to avoid the baneful influence of the deformed upon the enceinte, the practice became prevalent, under the barbarous laws of Lycurgus, of allowing cripples to perish from want and neglect, or of destroying them by casting them into the Eurotas, as was done in Sparta.

This effort to preserve the fitness of races is mentioned by Cicero as existing among the Romans, and it may occasionally be observed among aboriginal tribes even at the present time.—From a Manual and Atlas of Orthopedic Surgery, Blakiston's, September, 1905.

DR. POTTENGER AT SEA.

Dampfer Friedrich der Grosse.
Nordideutscher Lloyd, Bremen.
Aug. 30, 1905.

Editor Southern California Practitioner:

Dear Doctor.—I neglected to tell you before leaving California that I was going abroad for a three-months' trip, but I suppose it is better late than never.

Mrs. Pottenger and I left Los Angeles on the 15th of August and were joined by Dr. Geo. H. Evans at New York. We have had a delightful voyage, not a single person so sea sick as to have reached the active stage. Our vessel, while not the fastest, is one of the best from the standpoint of comfort. It is the steadiest that I have ridden on and the service can not be excelled. We have nothing but praise for "Freidrich der Grosse."

During my absence I shall give the readers of The Practitioner a rest on tuberculosis, but may make it up on my return.

I expect to visit most of the prominent sanatoria, hospitals and dispensaries for tuberculosis on the continent and in Great Britain, and also to attend the International Tuberculosis Congress which meets in Paris from the 2-7 of October. When I return, I suppose I shall be a greater fresh-air crank than ever.

Regarding my lectures in the College of Medicine of the University of Southern California, I shall not be able to take up the work before December or the first of the new year.

With kindest regards, believe me,
Most sincerely yours,
F. M. Pottenger.

MARY EDIFIES SIBYL.

Sibyl Wilbur, the correspondent of the *Boston Herald,* left a number of questions with Mary Baker Eddy. The following are the questions with Mrs. Eddy's answers. What is it all about?

Is Christian Science a new religion? Yes, a new old religion and Christianity.

Does it stand in relation to Christianity as Christianity did to Judiaism? Somewhat.

Are you, Mrs. Eddy, an interpreter of Jesus' teaching, or have you presented that which is new to His teaching? An interpreter thereof.

Is the textbook of Christian Science the Word of God in the same sense as the Bible is? All Truth is of God and Christian Science is eternal truth, demonstrable, based on fixed principle and rules susceptible of proof.

Is Science and Health with Key to the Scriptures a fulfillment of the New Testament promises of a latter day revelation? It is.

Is Christian Science in antagonism to natural science? No, not to natural Spiritual Science. There is no material Science.

Does it (Christian Science) discourage the study of it or any portion of it? It is gained by study and rightness.

Does it (Christian Science) discourage the study of anatomy, physiology and hygiene? Not of spiritual hygiene.

Does it (Christian Science) deny the existence of disease germs, or merely

assert man's superiority over such forces? Denies the existence thereof.

Does Christian Science expect its followers to live immediately as though entirely spiritualized beings? No.

Is it proper for the Christian Scientist to disregard the laws of hygiene, or merely to disregard them if circumstances make it necessary? To disregard all that denies the Allness of God, Spirit, and His Laws.

May the Christian Scientist make use of physical culture, use especially nutritive foods, or make use of the fresh air treatment as aids to physical wellbeing? No, not necessarily.

Under any conceivable circumstances would the Christian Scientist make use of surgery? Yes, and no.

In case of infectious disease would the Christian Scientist yield himself to the customary treatment of isolation and disinfection? If the law demands it, yes.

Does Christian Science regard poverty as a manifestation of disease? No.

Is poverty a disease of society or the individual? Of both.

Can the individual, by use of Christian Science, overcome worldly defeat? Yes.

Is there a doctrine taught by Christian Science that evil can be willed against another as well as good? This doctrine is Hypnotism. Christian Science can only produce good effects.

Has an evil mind power against a spiritual life? Evil works against all good, if it works at all.

Do you regard death as the great world fear which the human race wills against itself? Yes.

If the world would abandon the study of disease and crime and devote itself to the study of wealth, health and love, would criminals, cripples and poverty cease to exist? They would.

Does Christian Science advocate the abolishment of philanthropic institutions as well as hospitals? No.

Could society exist without jails and almshouses? Not at present.

SKIN DISEASES IN BERLIN.

BERLIN, July 20, 1905.

Editor Southern California Practitioner:

The clinic on skin diseases conducted by Prof. Dr. Lassar in Berlin is one well patronized by students and visiting physicians. The doctor himself is a fine-looking gentleman and very kindly-mannered to all his patients, especially the children, most of whom come to him without fear. That however which we Americans appreciate is the distinct and clear manner in which his German lectures are given, thus enabling us who are not fluent German scholars to obtain the text of his talk intelligently. The method of teaching skin diseases here is both unique and forceful. A wax cast is made of every skin and tissue lesion possible and mounted on a black board, oftentimes enclosed in glass-covered box for permanency. This wax mould or cast of the diseased part is made by an expert who finishes the model up with paint and coloring matter to such a degree as to make it startlingly life-like and real, and a faithful reproduction of the original disease. These models are passed around to the students for examination and are used daily to note progress and course of disease as the patients present themselves from time to time for exhibition and treatment. Lupus is treated by the Finsen method and by galvano cautary when the lesion is small. A large 60-ampere Finsen lamp is employed containing four lens projectors which permit four patients to receive treatment at the same time. The technique employed is identical with that in Copenhagen, one hour exposures to each circumscribed area until a cure is effected. For small isolated epithelio-

mata radium is employed with success. It is, however, necessary to use a unit strength of at least 500,000 radio activity and to expose for an hour on alternate days until 8 to 15 applications are made. For ordinary epithelioma and some forms of sarcoma and corcinoma the Roentgen rays are used. A 12-inch induction coil of local manufacture with mercury turbine interrupter is operated for this purpose by one of the clinical assistants under Dr. Lassar's directions. This method of treatment is in no way different from that we use in America. The medicinal treatment, local and internal, for the various skin affections is similar to that employed in our own country also.

From Berlin I go to Vienna where I hope to find another instructive institutions. My regards and best wishes to yourself and colleagues.

Respectfully,

ALBERT SOILAND.

BOOK REVIEWS.

A TEXT BOOK OF PHYSIOLOGY, NORMAL AND PATHOLOGICAL.—For Students and Practitioners of Medicine. By Winfield S. Hall Ph. D., (Leipsig,) M. D. (Leipsig,) Professor of Physiology, Northwestern University Medical School, Chicago; Member of the American Physiological Society; Chairman of the Section of Pathology and Physiology, American Medical Association 1904-5; Fellow of the American Academy of Medicine; Member of the American Association for the Advancement of Science, etc., etc. Second Edition, revised and enlarged. Illustrated with 340 engravings and three colored plates. Lea Brothers & Co., Philadelphia and New York. 1905

This physiology will be of use to many of us—first to the medical student who will find a clearly defined exposition of physiology and its relevant facts from chemistry, physics and morphology. These are all so well expressed that they will be able to arrange their knowledge in an orderly manner and thus retain it in a practical form.

Second, students in literary or scientific institutions, who are preparing for the study of medicine or physiology as their life work, will find the book of distinct value.

Third, the practitioner will find it a most convenient book for study and reference and for an exposition of the clinical applications of physiologic facts.

We know of no better book for those older practitioners who desire to study for the purpose of passing an examination before the various State Boards.

The work represents a deal of original research on the part of the author and this second edition has been carefully revised and is much enlarged. The application of physiology to clinical medicine has been much amplified. The author has well covered the very important matter of pathologic physiology and he has well applied the laws of physiology to the symptomology of disease. This portion of the work has been materially enhanced by the collaberation of those specially qualified to contribute their quota to the elucidation of the subject. Mix has written on the physiology of the nervous system, normal and pathologic. Koehler on the pathologic physiology of the digestive system. Kurtz, pathologic physiology of the blood. Kinnear, pathologic physiology of the circulatory and of the respiratory systems. Hultgen, pathologic physiology of metabilism and of excretion.

We unhesitatingly and fully commend the book. W. A. E.

THE ELEMENTS OF HOMEOPATHIC THEORY, MATERIA MEDICA, PRACTICAL AND PHARMACY.—Compiled and arranged from Homeopathic text-books by Drs. F. A. Boericke and E. P. Anshutz. 196 pages. Cloth, $1. Postage 5 cents. Philadelphia. Boericke & Tafel. 1905.

Dr. Russell of the New York Post-Graduate Hospital now announces that he cures consumption by feeding the victim on a juice extracted from common raw vegetables, such as potatoes, onions, carrots, beets and celery. This juice is procured by grinding and squeezing, and two ounces are given after each meal. Next?

THERAPEUTICAL HINTS.

In the treatment of Tonsillitis glyco-thymoline frequently applied in a 50 per cent. strength w[illegible] hand atomizer produces a rapid dep[illegible] of the congested area through tis we[illegible]-defined exosmotic property, re-establishing normal passages of fluids through the tissues, promptly relieving the dry condition of the membrane and giving an immediate and lasting anodyne effect. As a gargle, a 25 per cent. solution hot, may be effectively used, providing the process does not cause undue pain. The external application of cloths dipped in hot water and glyco-thymoline in 25 per cent. solution greatly increases the venous circulation.

In a treatise "On Exodin as a Purgative for Puerperal Women," Dr. Otto Schmechel records an extensive experience with exodin in the clinic of Privy Councillor von Winckel at Munich. It was given to 100 subjects, mostly young and healthy puerpera whose confinements had been normal, but who had no passages were procured without any trouble They all took it without any trouble whatever. The dose of 22½ grains, how-swallowing the tasteless suspension. Never was there disgust or nausea.

The results were in accord with those of Prof. Ebstein and Dr. Stauder: passages for three days after delivery. whatever; there was no difficulty in ever, which they found to be always sufficient, gave some failures, and to assure certainty of effect in these puerperal cases it was necessary to give a dose of 30 grains.

The chief field for *antisclerosin* is prophylaxis—its use at the very beginning of difficulties that point to arterio-sclerosis. Fairly certain signs thereof are a peculiar indefinable feeling in the precardial region, slight dyspnoea, especially on walking, slight dizziness, temporal beating, frequent "going to sleep" of the extremities, tinnitus visual disturbances without lesion, and general gastric troubles. The age of the patient, the somewhat tense and hard pulse and the presence of symptoms of plethora, gout or rheumatism substantiate the diagnosis. It is in these cases that the prophylactic use of antisclerosin removes the subjective and objective manifestations.

I have never seen undesirable effects from it. Two tablets three times daily is the average dose, continued until subjective difficulties vanish. Then I stop it for two or three weeks before resuming. The reappearance of symptoms indicates the need for immediate renewal of the medication.

Achille Stearace, Importer, of 76 Pearl street, New York city, is the American representative of the Star of Italy Brand of Olive Oil and he sends free samples with pamphlet to any physician dropping him a postal. Olive oil is steadily gaining favor as a remedy in tuberculosis. Its general use should be encouraged.

DANIEL'S CONCENTRATED TINCT.—Passiflora Incarnata is a true calmative, and gives satisfactory results in quieting and toning the nervous system without the weakening after-effects that characterizes the opiates. Daniel's Passiflora is prepared from the green May apple, or is sometimes called May-pop, and embraces in concentrated form the medicinal properties of this plant. For nervous women, for teething babies and in hysteria, insomnia and neuralgia it exerts a soothing and curative influence.

THE CARABANA PRIZE.—The $50 prize recently offered by Mr. George J. Wallau for the five reasons best defining why physicians should and do prescribe carabana has been awarded to Dr.

J. L. Hatch, New York. Dr. Hatch's reasons. 1. First and foremost it is an ideal aparient water, comprising all the good qualities of other mineral waters without any of their objectionable features, its action being rapid but gentle, with no weakening after effects. 2. Because it contains more grains of the anhydrous mineral salts to the pint than any other mineral water analysis. 3. Because, besides being cathartic, sanguifacient, antiseptic and antipyretic, it is nutrifacient, a great boon to convalescents. 4. Because it can be given to patients suffering from disease of the genito-urinary tract where flushing is desired and other waters are contraindicated on account of the presence of ammonia-magnesian calculi. 5. Fifth, lastly and always, because it is agreeable as well as efficacious, and can be borne by the most delicate and sensitive stomachs, and also appeals to the most fastidious taste. "Qui pro sunt annibus."

TIME FLIES.

Mary had a little watch,
But swallowed it one day;
Now she's taking calomel,
To pass the time away.

DIPLOMAS NOT NECESSARY FOR ADMISSION TO MEDICAL CORPS OF ARMY AND NAVY.—A recent inquiry, says the *Medical Age,* has revealed the fact that no diploma is required of candidates who wish to enter the medical corps of the army and navy. The examinations are so rigid that there is no possible chance of any one passing who has not studied medicine for a number of years. This is a suggestion that might be copied with profit by the various State medical examining boards. Any one with sufficient attainments in medicine who can pass the required examinations ought to be given a license to practice whether he be a medical graduate or not. It would be far better to grant licenses to such individuals than to accept the diplomas of certain inferior medical colleges.—*The Medical Standard.*

Hysteria is the expressoin of one form of nervous debility. Celerina is thus peculiarly indicated because of its tonic effect on the whole nervous system.

Barker's method of effecting local analgesia by means of eucain-adrenalin solution gives most satisfactory results. Capt. J. W. Houghton of the English Royal Army Medical Corps says that he has used it for removal of a cystic tumor on the periosteum of the scalp; for removal of a fibroma on the posterior aspect of left trochanter; involving dissection from the bone; for opening a knee joint and removing loose cartilage; for excision of five varicose veins; for excision and ligature of external hemorrhoides in a case where chloroform was inadmissible; for opening and draining abscess of liver; for varicocceel; and for laparotomy for perforating enteric ulcer. In all these operations the patients were free from pain, save the one with scalp tumor which was probably insufficiently infiltrated. Some patients knew when the knife was cutting them, without, however, feeling it as pain.

Barker's formula is:

Beta-eucain	3 grains
Sodium Chloride	12 grains
Distilled Water	3½ oz.
Adrenalin Chloride (1:1000)	18 drops

The efficiency of Anti-Kamnia tablets in neuralgia is beyond dispute. It is also valuable in pain and pyrexia produced by exposure to the rays of the sun.

Eucalyptol manufactured by Sander & Sons has the distinction of being constantly in use in the household of the King of Italy, and at the same time the Prussian government through its analytical division has sent to the manufacturers a certificate in recognition of the purity and genuineness of their article, and the Australian government botanist pronounced it to be a most excellent preparation.

Hagee's Cordial of Cod Liver Oil Compound combining as it does palatability together with the most active tonic, alternative, reconstructive and digestive properties, it is well tolerated by the most sensitive stomach, and, in my experience, has never failed to produce a decided improvement in the digestive function in cases where serious disturbance was present.

FACULTY MEDICAL COLLEGE UNIVERSITY OF SOUTHERN CALIFORNIA, 1886.

1 D. C. Barber. 2 Le Moyne Wills. 3 Marion M. Bovard (deceased.) 4 John L. Davis. 5 Elizabeth A. Follansbee. 6 Walter Lindley. 7 H. G. Brainerd. 8 I. B. Hamilton. 9 Archibald Sampson. 10 Henry S. Orme. 11 H. Nadeau. 12 J. P. Widney. 13 A. F. Darling. 14 George W. Lasher. 15 —— Linn. 16 F. T. Bicknell. 17 H. H. Maynard. 18 Granville MacGowan. 19 Joseph Kurtz. 21 J. H. Utley.

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DR. WALTER LINDLEY, Editor.
DR. F. M. POTTENGER, Asst. Editor
DR. H. BERT ELLIS } Associate Editors.
DR. GEO. L. COLE }

COLLEGE OF MEDICINE OF THE UNIVERSITY OF SOUTHERN CALIFORNIA—AN HISTORICAL ADDRESS.*

BY WALTER LINDLEY, M.D., LL.D., LOS ANGELES.

Ladies and Gentlemen of the Faculty and of the Student Body of the College of Medicine of the University of Southern California:

When Gen. U. S. Grant was President of the United States there was a great deal of disturbance in the financial world; greenbacks were then almost universally in use; people generally felt that it would be better if the finances of the country were on a gold basis, but feared that there would be disaster following such a change. General Grant was a man of few words, and he said laconically—"The way to resume is to resume." Gold was then made the standard, and instead of causing trouble the change immediately benefited the financial condition of the country.

This morning in beginning the work of this college—the opening of the twentieth annual session of the College of Medicine of the University of Southern California—we feel that the way to resume is to resume, and, therefore, leave out the music, and with but a few words here and little delay we will begin the work of the year.

I have been asked to say something this morning in regard to the history of the college. It will probably be more interesting to those who were in that early history than it will be to you who are just entering the college; nevertheless, it will be just as well for you to listen and accept this as a lesson in the organization and development of an institution. Each of you will occupy places in the community in which you will locate where it will behoove you to take part in the beginning of things.

After many preliminary conversations, the first meeting for organization was held in the office of Dr. J. P. Widney, March 31, 1885. Fourteen physicians were present, and of that number Drs. Joseph Kurtz, George W. Lasher, H. S. Orme and Walter Lindley are still members of the faculty. Dr. Joseph P. Widney, who was the Dean of the College from the beginning, still lives in our city and is devoting his life to philanthropic work. Drs. F. A. Sey-

*Delivered at the opening exercises of the twentieth annual session, October 13, 1904.

mour, W. G. Cochran, W. V. Percival, F. T. Bicknell, and H. H. Maynard also live in Los Angeles, while Drs. A. F. Darling, J. S. Baker, and Andrew MacFarland have passed to the great beyond. At the next meeting, which was held April 22nd, our little band was joined by two energetic and able young men. One of them was Dr. LeMoyne Wills, and the other Dr. J. H. Utley. These two gentlemen have worked together harmoniously and enthusiastically for the good of this college since that evening, nearly twenty years ago. Dr. Wilis was a special protege of Dr. Widney, and the Dean was very glad indeed to have him in this band of hope.

On May 5th one of our most beloved professors joined us and is still with us —Dr. Follansbee.

We organized, and in the first announcement we got out, in fact in one of the articles of incorporation, we had this statement which shows the ambition that was within us at that time: "The standard of attainments for the admission of students into the said college of medicine shall be as high, the course of study as long, as varied and as thorough, and the requirements for graduation as rigid as in the recognized first class colleges of medicine of the United States." That was the foundation stone on which this school was established. At that time we had a three years' course, and there were but three other colleges in the United States that demanded as much.

You may realize the vicissitudes and difficulties through which this college passed in those early days from the fact that up to March 8, 1886 the students had paid into the college funds $412.00 while the faculty had paid $1294.00; but we kept moving right along.

Dec. 6, 1886 another very able young man came here from Philadelphia and joined our ranks. He had taken his degree in medicine from the University of Pennsylvania, and had spent several years in Vienna and Paris. I refer to Dr. Granville MacGowan. The Doctor was immediately elected Professor of Skin and Genito-Urinary Diseases, and has held that position with honor to the college and credit to himself, ever since.

Dr. George W. Lasher, with Dr. Joseph Kurtz, was in those days Professor of Surgery, and during the summer of 1886, while on his summer vacation, was taken ill in New York City and for a long time lay at the point of death in the Mt. Sinai Hospital. As soon as he could be propped up in his bed he wrote a warm letter of encouragement to the faculty, and, knowing that they were paying monthly assessments to establish this college, this dear friend, sick, near unto death, sent us his check for his full assessment. At a meeting of the faculty held Jan. 17, 1887 the following was unanimously adopted:

"Resolved: That the faculty of the Medical College of the University of Southern California extend to Dr. George W. Lasher, Professor of Surgical Anatomy, Histology and Microscopy, our sincere congratulations on his convalescence from his late dangerous illness.

Further: That we shall ever treasure his hearty good-fellowship and devotion to scientific investigation; that his readiness in performing his duties as a professor in this college will always be an example and incentive to us; and we hope and trust that he will soon return to our midst."

On April 4, 1887 another young man became Professor of Histology, Microscopy and Biology—Dr. D. C. Barber. And his course has ever been up to this day, that of a hard worker and a consistent friend of this college of medicine.

About the same time we had another gentleman join us, who, I think, next

to Dr. Widney, has had as much to do with maintaining a high standard for this college and insuring the success of of this school as any doctor connected with it, and that was Dr. H. G. Brainerd, Professor of Diseases of the Mind and Nervous System. While a glance at his long beard, as seen in a picture taken at that time, might lead you to think that he had populistic tendencies, I can assure you that is misleading and was the result of a desire to protect his throat in the cold climate from which he came.

During those days—which was no reflection on the faculty or on the students—our building was right opposite the big brewery on Aliso street. It has been insinuated that Dr. Joseph Kurtz had something to do with this location (!)

At a meeting of the faculty, Dec. 4, 1887 the Dean, Dr. Widney, notified us that he had purchased the building and that there would be no more rent to pay. This was very welcome news indeed, as we sorely needed more money for equipments.

Oct. 10, 1887 Dr. Walter Lindley resigned from the secretaryship of the faculty, and Dr. H. G. Brainerd was elected to that position.

In June, 1888 we graduated our first class, and it was in all respects a class of which to be proud. There was Dr. Frank Bullard, author, inventor and medical practitioner, who is now one of our faculty; there was Dr. Charles P. Bagg, surgeon in the U. S. Navy, who is now stationed at the Island of Guam; Dr. H. Bert Ellis, our Professor of Ophthalmology, and a man who has a national reputation in his special branch of professional work, and who is now President of the Board of Education of this city; P. J. O'Neil, a bright, witty, delightful Irishman, who died about five years ago; Lulu Ellis (nee) Talbot, retired after making an enviable record as a microscopist; Dr. Edward R. Bradley, a well known, successful practitioner in Los Angeles, who makes a specialty of diseases of children; Dr. W. W. Beckett, Professor of Gynecology in the faculty and one of the prominent surgeons of Southern California; Dr. Anthony C. Valle, a successful Los Angeles practitioner; and W. C. Thiele, who, on account of his health, retired from the profession and entered mercantile life.

Aug. 25, 1888 Dr. F. T. Bicknell resigned from the faculty, owing to press of private practice, and Drs. Francis L. Haynes and John R. Haynes were elected in his stead to jointly fill the chair of Gynecology.

About this time Dr. Horace B. Wing was elected to the chair of Medicine.

On May 31, 1889 Dr. H. G. Brainerd resigned the secretaryship and Dr. W. L. Wade, Professor of Materia Medica, succeeded him. Also on this date Dr. H. Bert Ellis was elected Professor of Physiology. Dr. Ellis was the first alumnus of this College to be elected to a professorship in his Alma Mater.

At this time we had a gentleman join our faculty with whom we were all glad to be associated, and he is still one of the faithful—Hon. Nathaniel P. Conrey, Esq., Professor of Jurisprudence.

April 14, 1891, Dr. W. W. Beckett, another member of our alumni, was elected chief of our out-door clinics. He soon put the clinics in a most flourishing condition.

At this time this college adopted the four years' course, being one of the very first to take this advance step. This College of Medicine has never tried to get students by making the work easy; it has only aimed to do good work and thereby attract students who were ready to assist in maintaining the standard.

At this time another of our graduates was elected to a position which is one of the greatest importance; that of demonstrator of Anatomy. This young man has become one of the ablest sur-

THE FIRST CLASS, MEDICAL COLLEGE, UNIVERSITY OF SOUTHERN CALIFORNIA, 1888.

1 Frank D. Bullard, author, inventor, medical practitioner, professor Medical College, U.S.C. 2 Charles P. Bagg, Surgeon, U. S. Navy. 3 H. Bert Ellis, Professor Ophthalmology, Medical College, U.S.C., President Board of Education, city of Los Angeles. 4 P. J. O'Neil, deceased. 5. Lulu Ellis, nee Talbot, retired. 6 Edward R. Bradley, practitioner in Los Angeles. 7 W. W. Beckett, Professor Gynecology, Medical College, U.S.C. 8 Anthony C. Valle, practitioner, Los Angeles. 9 W. C. Thiele, retired and entered mercantile life.

geons in this section and is frequently sent for in consultation by practitioners, many of them hundreds of miles away. I refer to Dr. Claire W. Murphy.

At this time Dr. Walter Lindley resigned as Professor of Obstetrics, a position which he had held from the beginning of the College. He was ably succeeded by Dr. M. L. More, who still fills that position.

Dr. W. W. Beckett resigned as chief of clinics, and Dr. W. D. Babcock was elected in his stead.

Dr. F. D. Bullard, another alumnus, was elected Professor of Chemistry, Jan. 27, 1893. This same day the Drs. Haynes, resigned from the faculty, and Dr. F. T. Bicknell again took the chair of Gynecology. Dr. Francis L. Haynes was a genius as a surgeon and an apostle of asepsis. He was thorough, painstaking and brilliant, but his rapidly failing health led him to give up this work.

June 1, 1893 Dr. Horace B. Wing, who had held a minor position, was elected Professor of Clinical Medicine.

Nov. 9, 1893 another young man joined this faculty, and he has been a great power in it ever since; faithful, devoted and true to his work. He was elected to the chair of clinical medicine. I refer to Dr. George L. Cole. At this same date Dr. E. A. Bryant was elected as Instructor in Anatomy.

Oct. 9, 1894 Dr. F. T. Bicknell again resigned the chair of Gynecology, and Dr. Walter Lindley was elected his successor.

July 11, 1895, Dr. Carl Kurtz was elected Associate Professor of Gynecology. Dr. Kurtz spent the early years of his student life in this college and then finished his education by devoting several years to his medical studies in Berlin and Vienna. While he is not an alumnus of this college we are proud of him just the same.

During these latter years the number of students had been steadily increasing and the college had outgrown the buildings on Alisio street. Finally, early in 1895, on motion of Dr. Brainerd, the faculty bought these lots on Buena Vista street, upon which the College is now located. They paid for the lots from their personal funds, and endorsed notes to borrow the money to put up this building. Some have questioned the advisability of locating the College in this part of the city, thinking it would be better on the hills or somewhere in the southwest. We are glad to say that the wisdom of this location has been thoroughly proven. While we want a medical college accessible to the students, we want it especially accessible to the poor of the city; for their own good, so that they can get the full benefit of the free treatment, and for the good of the students, so that we will be where the clinics are likely to prove most popular. It is also a great advantage to be so near the Sisters' Hospital, where Professor Bryant gives his excellent clinic at 8:30 every Thursday morning.

June 26, 1896, a vacancy having occurred in the professorship of Opththalmology through the death of Andrew F. Darling, Dr. H. Bert Ellis was elected to that chair.

Sept. 22, 1896, after eleven years service in the position, Dr. J. P. Widney resigned as Dean. His resignation was accepted with deep appreciation and regrets. Dr. H. G. Brainerd was elected as his successor, and we all know how faithfully and with what ability Dr. Brainerd steered this craft through many breakers.

Nov. 2, 1897 Dr. Stanley P. Black entered the faculty, taking in charge Histology, Pathology, and Microscopy. Dr. Black is not only a scholar but a natural teacher, and his faithful work has done much toward giving this institution a high scientific standing. He indeed brought about a great transformation in our work.

During all of these years the College was struggling and using whatever

funds were available for equipment, and Dr. Black in his department was doing nobly with the facilities at hand. About this time a gentleman who had retired from the practice of medicine and who was a personal friend of Dr. H. G. Brainerd realized our needs, and erected for this College the Hendryx Laboratory. This man who was our great benefactor is Dr. Wilbur A. Hendryx. His gift has done wonders for us. It has placed us upon a much broader foundation, and we feel that to-day along the line of Histology, Bacteriology and Microscopy we can offer just as good training as can be secured anywhere.

And to you, young men: I beg of you in the course of your connection with this college and after you have graduated from this college, help us in another matter; that is, to build up a library. We want to have a library here that will be the equal of any; we have already quite a nucleus. Dr. Black is taking especial interest in this also. If each one of you will do something practical (as you may all do) towards adding to this library we will soon make it of great benefit to the profession. Don't forget the library!

May 21, 1897 Dr. Milbank Johnson was elected Professor of Physiology. Dr. Johnson was an enthusiast in his work and gave liberally towards the equipment of that department and, at the same time through his great influence, secured valuable gifts from others.

July 12, 1898 Dr. O. O. Witherbee was elected Lecturer on Physiology. It is a pleasure to speak of the faithful and efficient work that Dr. Witherbee has done in that chair. Always prompt in attendance and by so doing secured the promptness and attention of the students.

Oct. 6, 1898 Dr. W. L. Wade, who had been secretary for several years, resigned and Dr. W. D. Babcock was elected as his successor. As you all realize, Dr. Babcock has done his work with great devotion. He has been the watch-dog of the treasury and has kept our finances in good condition. Sometimes you may have thought he was a little exacting, but it has been a necessity that he realized, and by no means a pleasure.

Oct. 6, 1898 Dr. George L. Cole was elected to the full professorship of Materia Medica and Therapeutics.

June 1, 1899 Dr. Walter Jarvis Barlow was elected to the chair of Physical Diagnosis.

April 7, 1900 Dr. F. D. Bullard resigned the chair of chemistry and Professor L. J. Stabler was elected to that position. Dr. Stabler is a professional teacher, and we all know that his work is thoroughly done.

Sept. 1, 1900 Dr. E. A. Bryant was elected to the lectureship on Abdominal Surgery.

August 3, 1901 Dr. F. D. Bullard was elected to the chair of Toxicology and Clinical Chemistry.

Oct. 12, 1901 Dr. O. O. Witherbee was elected Associate Professor of Physiology. At this same date Dr. Joseph King was elected Associate Professor of Materia Medica; Dr. King is another alumnus of whom we are all proud. He has probably as large a general practice as any man in the city of Los Angeles, is secretary of our County Medical Society and an ideal instructor. Dr. Sumner J. Quint, Instructor in Materia Medica; Dr. J. Lee Hagadorn, Associate Professor in Medicine; Dr. Hugo A. Kiefer, Instructor in Ophthalmology; Dr. Randal Hutchinson, Instructor in Medicine; Dr. Titian J. Coffey, Instructor in Surgery; Dr. J. A. Colliver, Instructor in Physiology; Dr. John L. Kirkpatrick, Associate Demonstrator of Anatomy; Dr. Ralph Williams, Associate Professor of Skin and Genito-Urinary Diseases.

Feb. 1, 1902, Dr. J. H. McBride was elected Professor of Neurology and Digestive Diseases.

July 26, 1902 Dr. H. G. Brainerd resigned as Dean, and Dr. J. H. McBride was elected as his successor.

Sept. 2, 1903 Dr. Walter Lindley resigned his position as Professor of Gynecology and Dr. Carl Kurtz was elected to that position. Dr. W. W. Beckett was elected Associate Professor of Gynecology, and a few months later Dr. Beckett was elected to the full professorship.

Sept. 2, 1903 Dr. Wills was elected Professor of Clinical Surgery; Dr. Claire W. Murphy, Professor of Descriptive and Surgical Anatomy; and Dr. John L. Kirkpatrick, Demonstrator of Anatomy. Dr. Randall Hutchinson was promoted to be Associate Professor of Medicine and Physical Diagnosis. Dr. E. L. Leonard was elected Lecturer on Histology, Pathology and Microscopy. This was done on nomination by Dr. Stanley P. Black; thus showing his confidence in one of his own pupils, who is a graduate of this college.

Nov. 14, 1903 Dr. J. H. McBride resigned as Dean, and Dr. Walter Lindley was elected his successor.

Dr. D. C. Barber and Dr. Walter Jarvis Barlow were each elected Professor of Clinical Medicine, April 16, 1904.

Dr. Titian Coffey resigned his position as Instructor in Surgery and was elected Instructor in Obstetrics. Dr. Coffey is another alumnus of this college who has done most excellent work. He has made it his business to secure indigent obstetrical cases and to give the students an opportunity to be present and carry on these cases under his direction. Such practical work as this is now open to every member of the Senior Class. By this method Dr. Coffey sees that the poor woman has the most careful treatment in her trying hour and the student gets the most impressive instruction.

At this same meeting Dr. Arthur Godin was elected Instructor in Materia Medica. Another alumnus who is winning laurels.

Sept. 8, 1904 was held one of the most important meetings in the history of the College. At this meeting our Health Officer of the City of Los Angeles, who has become distinguished in his specialty throughout the United States—Dr. L. M. Powers, was elected to the chair of Hygiene and State Medicine. Another man who is authority in his specialty was elected to the chair of Clinical Medicine; I refer to Dr. F. M. Pottenger. At that time, also Dr. W. A. Edwards, who is author of several of our most noted works on diseases of children, and who was a member of the faculty of the University of Pennsylvania, was elected to the chair of Pediatrics.

We have now over two hundred graduates from the College of Medicine of the University of Southern California, and we hope to see in those before us a graduating class in 1905 that will be as creditable as any who have ever left our portals. There is one point I want to suggest to you. I notice a large proportion of you are from the East, and I want to urge you to do your best to learn the Spanish language. If you will learn all the Spanish you can while in this college and while attending the dispensaries, you will then find you can readily secure good medical positions in Mexico, New Mexico and Arizona, where the people are principally Spanish speaking. You may have to employ a teacher, but I hardly think that is necessary. By the aid of a book and the Spanish speaking people whom you will meet in the out-door clinics you can get a practical knowledge of this beautiful language. Aside from Mexico, New Mexico and Arizona this country has now important, intimate relations with the Spanish speaking population of the Philippines, Porta Rico and Cuba, and

American young men should prepare themselves to enter upon the service in those countries. French and German are good to know, but if you have any spare time devote it to Spanish.

I have gone over this little sketch of the development of our College omitting many important things, I know, which would be of interest and of value, but I believe even what I have told you will admit you to the innermost points in the development of this school. We want to hand this over to the younger men who are coming along. Be ready! Be faithful! Be true! I see healthy ambition in the eyes of every student present. It has been said: "There is a divinity that shapes our ends, rough-hew them as we may." That sounds very well but still you must not think you can place the responsibility of your success or failure upon any person else, divine or human; the idea that you should bear in mind is contained in another quotation, which I leave with you, and that is:

There's the marble, there's the chisel;
Take and use them as you will.
Thou alone must shape thy future;
Heaven give thee strength and skill."

MEDICAL EDUCATION—YESTERDAY AND TODAY.*

BY GRANVILLE MAC GOWAN, M.D., LOS ANGELES, PROFESSOR OF DISEASES OF THE SKIN AND GENITO-URINARY ORGANS, COLLEGE OF MEDICINE OF THE UNIVERSITY OF SOUTHERN CALIFORNIA.

Yesterday in rummaging in one of the drawers of my desk I found a lot of card photographs of pleasant faced, bright-eyed boys; upon the back of each was the date of its taking—from 1876 to 1879. These were my schoolmates who with me sat or lolled upon the hard benches of the Amphitheatres of the University of Pennsylvania for three long years, endeavoring to catch up enough knowledge from the learned men who taught us to be permitted to legally practice medicine.

The method of dissemination of learning in vogue everywhere in America up to 1876 was for the professor of any particular branch to prepare a manuscript containing the best to be derived from the personal research and experience of the teacher, and read this to the class, laying special stress and emphasis upon what he regarded as being the most important things to remember. The text of these written lectures frequently remained almost unchanged for a decade, and quite considerable sums were paid for copies prepared by good penmen from shorthand notes. Two years of this endeavor to transfer their knowledge didactically to the student in as full a measure as the teaching ability of the individual could render clear to untutored and often illogical minds, or as the student in his varying earnestness to be instructed could absorb, were deemed sufficient to prepare a man for his doctor's examination.

The most potent reason for this laxity in preparation was due to the division of the fees paid in by the students among the full professors in even the oldest and greatest institutions. Desirous as the authorities of a few of the greater colleges were to increase the requirements both for admission to and permission to emerge a doctor from a medical school it was only in 1876 that my Alma Mater, Harvard, and I think the University of New York, were inspired by State Appropriations and private endowments to require attendance upon three courses of lectures instead

*Address delivered at the opening exercises of the Twenty-first Annual Session of the College of Medicine of the University of Southern California.

of two and increasing the length of the term of study each year to eight months in the place of five as had been customary up to that time. In addition, practical laboratory instruction in histology, pathology, chemistry and bedside instruction in Gynecology and General Medicine were provided for.

The class of which I was a member was I believe the first in the country to graduate under this new order of things. Yet such is the irony of fate, that I do not know of a single member of that class who has risen to general medical distinction or renown, while a number of the members of the two classes immediately preceding, have become truly great, their names being household ones in medicine and surgery the world over; and the classes immediately following produced men of great distinction in the medical profession at large.

I bring these matters to your attention so that you may understand how it is that the restrictions have grown up about the privilege to study medicine and be granted a license to practice it. Many of you may think that the requirements are too great and that the time occupied in the study is too long. You may point to the examples I have cited and state that two years of study is enough and the knowledge of the branches upon which they were examined is all that is necessary. There has always been learned and wise men in the medical profession, just as there have always been millionaires in the world, and the ranks of both have been filled from the same class,—ambitious, poor boys to whom work is a pleasure, and success a necessity for which no sacrifice of time or personal comfort is too great.

But to the student of to-day, twenty-five years removed from the boys who attended lectures with me, has accrued all of the unearned increment of that quarter of a century of marvelous development of scientific medicine under the stimulus of this higher ideal. You will start with a heritage that at the time of your graduation should place you on a plane beyond the vision of the lad of my time. But fail not to remember, if you would not waste your heritage, you must pay the price of success.

It comes not simply for the asking. You may not have it because you are the son of your father, or on account of the blood of your ancestors; nor shall it be denied to you because of lack of beauty or of great physical strength. The veins of gold bearing rock are found by the men who can endure disappointments and carefully note and remember little things. Nor need you think that a band of celebrated teachers is necessary to produce well prepared students. Our Medical School the faculty of which I have the honor to represent this morning, is organized upon the same educational plans as the greater institutions of America, and has the same requirements both for admission and graduation. Of this faculty, like my class, I may say that I do not know of a single member who has risen to general medical distinction or renown. There are no great men in it. But better yet, for you, there are many men in it who are as good teachers of their branches as any institution of medical education contains; and there is no person in it who does not know, and can teach to you many things which you can use in your future as medical men.

There never comes between the teacher and the one taught the shadow of a towering reputation to deter from further effort and like a poppy field to induce slumber. There are never so many to be taught that each cannot come close to the teacher. The Clinics are not so rich in gross material as those of the greater centers of learning, but a few cases carefully analyzed and followed are of much greater value to the student than amphitheatres crowded with the sick, the nature of

whose diseases you only learn superficially by a passing careless, long distance glance, or a hurried and imperfect explanation from the lecturer.

At the outset I want to make plain to you that this is at last an institution of learning; that there is no money profit derived by the members of the Medical faculty from the fees you pay into the Secretary; that any surplus is used in the establishing and sustaining of our dispensary and the betterment of the plant for the teaching of your selves; that salaries, and very meagre ones at that, are paid only to those who devote the greater part of their time to the branches which they teach, and thus are deprived from much or all of the emoluments of private practice; and further that of those who have the legal right to control and designate the manner of the expenditure of every dollar of income of the institution, the Trustees of the Los Angeles College Clinical Association, but one receives any salary and he only as Secretary of the Medical Faculty—merely an expense allowance.

You may understand from this that we are an earnest body that has made many sacrifices for the establishment and nourishment of this school. It is our fixed purpose to protect always what we believe to be its best interests. No organization can be successful without the co-operation of its various parts. To maintain a school it is necessary to have not only students, but those who are able and willing to teach. The part of the teacher is to faithfully so set before the scholar the subject matter of the teaching that its portent may be grasped by him for future use. To his teacher the student owes respectful obedience, and faithful effort, so far as in him lies, to comprehend, and demonstrate upon demand such comprehension of the branches taught. I have tried to set this before you so that you may understand your contract. I doubt if ever youth can comprehend advancing years, but age often times sees clearly in the lights of youth.

When I took the picture of myself from among those of my class, and gazed deep and long into my own eyes, the magic mirror of time so turned that its reflection threw beside me the boy Me, and then I saw with equal clearness from the benches and from the chair of instruction. We two talked it over, my Youth and my Now. We did not in all things see alike or think alike, but each could learn of the other.

Youth easily impressed by show and full of the worship of strength; quick to mock, and slow to follow the lead of age; prizing audacity in constructive work beyond the fully ripened power which comes only from long sustained and carefully directed effort. Youth, so prone to jeer at the physical imperfections and mental asterisks of those set over it. Youth, with its long sunny days each set with bejeweled pleasures which must be taken and worn when offered, or forever renounced. Idle youth, when to work is a burden, to play the only pleasure. Lawless youth, when all restraint is irksome and anarchy itself seems preferable to confinement of its will. Set over against this, is age which taking up at thirty the burdens of those who having passed before upon the trail of life, have fallen down its rocky cliffs of failure, been swept away by rushing torrents of moral disaster, wandered off into the vast plains of lack of effort and mired in the bog of neglected duty, or passed to the beyond over the heights of duty fulfilled. Age which with the mark of the burden strap upon its forehead, has come far on the path of "work for others," often forgets the restraints endured, the alluring glints of loveliness and joy which had to be passed, without raising the eyes from the trail, the easy places to rest, where forsaken burdens lay the thickest, and sees only the height it has attained on the mountain path leading

to success, hardens its heart to the boy who so thoughtlessly and confidently is preparing himself for the journey which he feels is too easy for one of his strength and fitness. Not rarely embittered Age jeers at youth and puts tacks in his burden strap, fleas in his pack and sand in his shoes, in the jealous endeavor to prevent the boy from attaining his goal.

But kindly Age and kindly Youth live together in contentment, each with profit to the other. It is good for one to know that all of his effort may not be lost, that he may make the way of another easier by teaching him how to avoid easy error and decide a way of action.

The meeting place is on the plaza of sympathetic work, where beneath the tree of knowledge, the lovely and loving relations of honored master and respected pupils may be seen each day of school.

INTERNATIONAL SOCIETY OF SURGERY.

BY LEMOYNE WILLS, M.D., LOS ANGELES, PROFESSOR OF SURGERY, COLLEGE OF MEDICINE, UNIVERSITY OF SOUTHERN CALIFORNIA.

Having been a visitor in Brussels during the meeting of the First Congress of the International Society of Surgery, and an interested attendant at its sessions, I thought that perhaps an account of this assemblage of noted men and famous surgeons from all parts of the world might interest your readers, and send this communication—I shall attempt to give an idea of the work accomplished at the meetings, without going into details—which will be published later in due form in Medical journals.

The 1st meeting of this new International society met here the past week and was a great success in every respect. This society was planned by an International committee and differed in several particulars from former medical and surgical congresses. The limitation of subjects on the symposism plan, with selection of subjects, reporters and appointment of men for the discussion of the agreed upon topics—presented subjects of great surgical interest from as many standpoints as there were authors—and made it possible to thrash out questions involving great differences of opinion. These questions were given to those selected for reporters, who presented their reports a year ago and those selected for discussion had thus had ample time for their papers upon the reports. Each national committee-man invited surgeons and authors to take part in congress and thus the international body was made up. Only one session for scientific work was held each day, at 2 p.m.—the mornings being devoted to clinics and demonstrations at the various hospitals—and the evenings to receptions, dinners and social entertainments of all kinds. The social side was recognized as of great value and was the most agreeable feature of the congress.

Almost every country of the civilized world was represented by one or more delegates, those nearest to Brussels, of course, sent the greatest number.

Several hundred were invited of whom about 200 were present, and participated in the meeting and discussion of these. Of 55 members from United States, 15 were present as follows:

John F. Binnie, Kansas City; E. H. Bradford, Boston; A. T. Cabot, Boston; Christel and Dennis, New York; Freeman, Denver; Gerrish, Maine; W. W. Keen, Philadelphia; Lutz, St. Louis; L. L. McArthur, Chicago; A. J. McCosh, New York; Mixter, Boston; M. H. Richardson, Boston; Roswell Park, Buffalo; Warren J. Collins, Boston.

Canada: Sir Wm. Hengston, Montreal, Shephard, Montreal.

England, 21; Germany, 23; France, 38; America, 17; Austria, 9; Hungary, 5; Switzerland, 15; Japan, 3; Belgium, 35; Roumania, 5; Spain, 5; Greece, 3; Norway, 2; Finland, 2; Denmark, 2; Italy, 1; Holland, 19; Servia, 2; Sweden, 4; Portugal, 2; Russia, 3; Egypt, 2.

The Congress was held under the patronage of His Majesty, Leopold, King of Belgium and that of his Minister of Agriculture, Baron VanDerBriggen, at the Palais des Academies, one of the fine Government buildings, opposite the part near King's palace.

1. The Inaugural session was presided over and opened by Minister Van DerBryggen at 2 p.m., Sept. 18th.

2. Next came an address by the President of Belgian Surgical Society, Prof. Depage, the Secretary General of the Congress.

3. A discourse by the President of Congress, Prof. Th. Kocher.

4. An address by Dr. Ch. Willems, in behalf of the Belgian International Committee.

5. Communication read by Secretary General, which closed the first general session. The large meeting hall was lined by immense paintings commemorative of epochs in Belgian history.

The first scientific session was held in same hall at 3 p.m. Subject for discussion being: "The Value of Examination of the Blood in Surgery," upon which papers were read by M. Dela Torre, (Madrid); Prof. Sonnenburg, (Berlin); Prof. W. W. Keen, (Philadelphia); Prof. Depage, (Brussels). The discussion was opened by Puessrs Puegniez, (Amiens); Rouffart, (Brussels); Legrand, (Alexandria and Gross Vancy), Taffier of Paris being absent.

Sept. 19th, (Tuesday), 2nd day—9 a.m., clinics by Brussels surgeons at St. Pierre and St. Jean's Hospitals.

2 p.m.—Subject for discussion "Treatment of Hypertrophy of Prostate." The reporters were Messrs. Rydygier, (Lemberg), Reginald Harrison, (London), Rovsing, (Copenhagen).

Discussion opened by M. Hartmann, (Paris) and continued by Messrs. Carlier, (Lillo), Reynea, (Marseilles), Frendenburg, (Berlin), Verhoogen, (Brussels), Klapp, (Binn), Kummell, (Hamburg), Albarran, (Paris), Jaffe, (Posen), and Giordano (Venice). Hartmann stated that he had only operated on 58 prostatics out of 658 who had come to him and that he considered total prostatectomy as the only efficient operation and preferred the transvesical route. He admitted 9 per cent. mortality. The opinions varied greatly as to the best method—but majority favored the suprapubic method. Kummel, Albarran, Jaffe and Giordano spoke with great force and eloquence. This disthusiasm and modest differences of thusiasm and the modest differences of opinions.

Sixth (6) Question: "The Diagnosis of Surgical Diseases of Kidney." The reporters were Messrs. Kummel, Albarran and Giordano. Discussed by Messrs. Bazy, Leguen, Kapsammer, Hannecart and Hartmann, the latter discussing the question at the greatest length.

Sept. 20th, Wednesday—9 a.m., clinics at St. Jean and St. Pierre Hospitals—Operations by Prof. Depage at St. Jean Fibroid uterus, Carcinoma of breast, Epithelioma of both lips.

Sept. 20th, 2 p.m.—3rd Question—Surgical treatment on non-cancerous affections of the stomach.—Reporters: Messrs. Monprofit, Rotgaus, May and Robson, von Eiselsburg and Jonuesco.—Discussed by Messrs. Hartmann, Lambotte, Garre, Cardenal, Sinclair, White, Ricard, Rovsing, Segond, Kocher, Herczel, Czerny, Rydygier, Lorthioir and Sonnenburg—There was greater unanimity of opinion in this matter than in the other questions presented.—The official stenographer stating "that the reporters congratulated themselves that

their conclusions were adopted by the majority of the orators." M. Segond caused great applause by his relation of a curious case.

Thursday, Sept. 21st—4th day, 9 a.m., M. Klapp, Bier's Assistant, presented some very interesting apparatus for passive movements and for forcible breaking up of adhesion in authentic joints.

2 p.m., 4th Question—"Treatment of Tuberculous Joints." Reporters: M. Klapp, presented report of M. Bier.—Messrs. Broca, Willems, E. H. Bradford, (Boston), presented their reports.

Dr. Bradford exhibited a large number of excellent photographs and skiagraphs, showing permanent cures, remaining cured 20 years after cessation of treatment. He insisted on the prime importance of extension combined with contiuous immobilization. His conclusions founded on his wide experience and proven by his x-ray pictures and photographs made a deep and favorable impression and made the Americans all feel proud. Dr. Bradford's pictures were a surprise, their excellence making all others look like diagrams.

Discussion by Messrs. Lebrum, Garre, Hoffa, Verneuil, Walther, White, Kocher, Dollinger, Quervain von Eigelsberg and Sir Wm. Hingston (Montreal).

Sept. 22nd, Friday 5th day—9 a.m.,—Presentation of various kinds of apparatus and instruments.—2 p.m. General session for reports, election of officers and selection of place of meeting. There was a warm canvas and much interest in election. Messrs. Czerny and Ferrier being candidates for next President and M. Czerny was elected, and Brussels was decided upon as next place of meeting.

Friday, Sept. 22, 4 p.m.—5th day—At Parc Leopold, in the Anatomical Institute of Medical College was held last sectional meeting.

Presentation of anatomical specimens and demonstrations of methods in the cadaver. This was a most interesting session, held in a beautiful anatomical amphitheatre, which contains dissecting rooms and a museum full of excellent specimens and both are models of cleanliness, elegance and practical science. The hospitality of Brussels is famous, and the members were kept busy with the profusion and variety of the entertainments, Several going on at a time The banquet Thursday night ended the entertainments, at which Dr. Roswell Park spoke for America.

Such distinguished surgeons and authors as Kocher, Czerny, Mays, Robson, Sonnenburg, von Eiselsburg, Keen, Park, Hoffa, Bradford, Hartmann, Kummel, Reverdin and many others, equally distinguished in one scientific body are a galaxy of stars and mark an epoch in surgical progress. May the next meeting be as successiul as the one just closed.

Brussels, Belgium,
September 24, 1905.

THE FAMOUS CONTROVERSY CONCERNING THE USE OF CANTHARIDES INTERNALLY—AN HISTORICAL SKETCH.

BY THOMAS LUTHER COLEY, A.B., M.D., PHILADELPHIA, VISITING PHYSICIAN TO THE METHODIST EPISCOPAL HOSPITAL.

Occasional references are found in the literature to the fact that John Greenfield, a London physician, was thrown into Newgate Prison in 1698, having been convicted of malpractice by the President and Censors of the College of Physicians for having administered cantharides internally.

The incident is unique in that Dr. Greenfield was himself a Fellow of the

College and a physician of excellent standing in the community. He was a Hollander by birth, a graduate of the University of Utrecht, and before settling in London he had been appointed "By the high and mighty states of Holland" (as he himself says) physician-in-chief to the Garrison at Grave. In 1677 he wrote a "Treatise on Stone and Gravel," and seems to have acquired considerable reputation as a lithotomist.

Shortly after his release from Newgate, Greenfield wrote in Latin a somewhat elaborate defense of his position, entitled "On the Safe Use of Cantharides Internally Administered." This work ran through several editions, both in Latin and English, between the years 1698 and 1706.

In the Library of the Surgeon-General there is a copy of the first edition of the Latin work (De Tuto Cantharidum in Medicina Uso Interno) printed by J. Taylor, London, in 1698. In the Lewis Library of our own Colloge* there is a well-preserved copy of an English translation of Greenfield's defense, by Mr. John Marten, chirurgeon. The writer also possesses a copy of the English translation.

It is interesting that there has come down to us an elaborate account of one side of this controversy—the vigorous protest of the victim that he had been convicted on grounds that were irrational and that he was given no opportunity to refute the baseless charges.

The incident was, after all, but a tempest in a teapot compared to the important world events of the period, but it created an intense furor in the medical circles of London and throws an important light upon medical thought and practice of the time.

The tract (which forms the subject of this sketch) is one of those apologies which have been by no means uncommon in the history of medical literature, and which have beome more and more unusual with the growth and consequent opportunities of modern medical journalism. Their avowed purpose has been controversial, and their popularity and merits have varied with the abilities of their authors. We cannot but be impressed on reading these pages with the force, earnestness, and sincerity of Greenfield's words. He had suffered a humiliating and degrading experience, and his pen was steeped in the gall of bitterness which such treatment would inspire, yet he marshals numerous authorities on his side, and arraigns his accusers for their narrowness and ignorance with more grace than many would have exercised under similar circumstances.

There is no doubt an interesting history connected with this event, and a glance at the history of the period in which this occurred may enable us to conjecture that politics within the College had something to do with the drastic treatment which Dr. Greenfield received.

The Royal College of Physicians was founded in 1518, fifty-seven years after the granting of the Charter to the Barbers and Barber Surgeons by Edward IV, and thirteen years after the acknowledgment of the Wardens and Fellowship of the Craft and Mystery of Surgery as a distinct body. Four years later this charter was confirmed by an act of Parliament. Dr. Linacre, the first president, was a believer in higher medical education, and his influence was so lasting that in the year 1674 Charles II was induced to send a mandate to the College ordering that no person should be admitted as a Fellow who had not been graduated from Oxford or Cambridge, a fact to which is attributed the high social position and the erudition of the Fellows of the College.

John Greenfield was graduated from the University of Utrecht in 1670 and was a successful practitioner in London. In 1683, despite the fact that he was not a graduate of Oxford or Cambridge, he was admitted to Fellowship

in the College. We may surmise that this was not without opposition and had a bearing upon subsequent events.

Greenfield's unhappy plight occurred, as we have said, in 1698. At this time King William was on the throne; the Bank of England was a lusty infant institution of four years. Sir Thomas Browne, who had discovered adipocere, and who always, as he tells us, carried a piece around with him, had laid aside forever his earthly toils in the quiet old town of Norwich just sixteen years before. Sir Isaac Newton had been for three years warden of the Mint, and John Locke, after his long sojourn abroad, was spending the glorious evening of his days in London approaching three score years and ten. Penn's thriving colony in Sylvania had been established sixteen years. John Dryden had just brought forth the famous second song for St. Cecelia's Day, and had two more years of a brilliant career before him.

A few months after John Greenfield's release from Newgate appeared his Latin work on the "Safe Internal Use of Cantharides." In 1706 this work was translated into English with the full approbation of Dr. Greenfield by John Marten, chirurgeon. It is a copy of this work we have before us. The translator eulogizes Dr. Greenfield in his preface, and there follows a laudatory poem, "In Praise of the Learned Dr. John Greenfield, Member of the College of Physicians in London, The AUTHOR, and the Ingenious Mr. John Marten, Chirurgeon, the TRANSLATOR of the Book Entitled A Treatise of the Safe Internal Use of Cantharides in the Practice of Physick." In this poem Greenfield is pictured as a seeker for the hidden depths in the rich mine of nature, and his envious Fellows of the College are depicted as a pack of dogs, dazzled by envy and in the undiscerning light of their folly, who in full cry drive fair hunted virtue to bay. The three concluding stanzas of the poem are interesting in the fact that they illustrate the height of this verse-maker's fancy, as well as showing us how self-complacent a gentleman Mr Marten must have been to have permitted the insertion in his own work of these commendatory verses:

Greenfield thus Conqu'ring in so just a Cause,
Like Cæsar his own Commentaries draws,
But oh! to make that Greenfield-Labour shine,
Marten, then generous Work of Glory's thine;
By a warm Patriot Zeal thy Breast inspir'd,
Thy Country's Universal service fir'd,
Thou the true great Lucina to this Birth,
T' a wider Orb of Light Bringst the fair Product forth.

Before the Jewel in the Casket lay,
And only Letter'd Trustees kept the Key:
Thou Kinder Marten with a publick Smile,
Dole'st the Rich Blessing round the Spacious Isle,
To every Eye dost the vast Mine unfold.
Let'st in all Gazers to the Bed of Gold.
Greenfield the Learn'd, but thine the bounteous Hand,
A grateful Nation does thy Debtor stand.

Thus, like a Marlborough, in this great Cause,
Thou drawst thy pen, as his kind Sword he draws:
That aiding Hand the Champion Marten bring,
As has new plum'd the shorter Greenfield's Wings,
To a more narrow Circle bound before,
Thou'st taught his German Eagle how to soar.

Greenfield dedicates his work to William, Earl of Portland, with whose

brother-in-law he sets himself forth to be a fellow student and countryman. He recites in this dedication the story of his woes with the fervent pen of a man who has been wronged. A portion of this dedication is worthy of repetition:

"Both the Author and this little Treatise most humbly beg your Lordship's Patronage, but more especially the former, as coming out of the midst of a Den of Thieves, a gang of Rogues, Villians and Parricides, and even out of the most notorious, the most infamous Gaol for Rogues and Villains of all sorts in the whole Kingdom, NEWGATE, yet Innocent and by no means conscious of Guilt, and therefore does not beg your Lordship's intercession for a Reprieve from the Gallows, or a Pardon for any Crime; for the Amnesty granted by his most excellent Majesty, by, and with the consent of the whole Kingdom, which indeed might and ought to have availed a real Convict, or one Condemn'd to suffer Death, could be of no effect to the Innocent; a horrible Crime indeed, not easily to be expiated, that I should prepare, Correct, and Administer with so great Success, a Medicine in Practice for so many ages past, approv'd and ratified by the Authority of the most celebrated Physicians, and by me published as an Arcanum Dignissimum & Laudiabile, I am convict upon the Raillery or Clamour of 3 old Women about the most abtruse Practice of Physic; and condemned without being so much as heard, or any Witnesses examined and Sentenced to perpetual Imprisonment, had their Wills past for Law; but lo, the sacred Authority of our Constitution steps in, and by unanimous Vote, my Jury who were my Judges, discharge the Innocent without Bail or Main-prise. What their Reason was, I know not, the most inveterate Enemies could not have done more, had they been implacable to a Foreigner, hateful to a Hollander, and resolv'd utterly to destroy a Man void of all Help, Patronage, or Protection, together with his Wife, Children and Family."

In this dedication Greenfield refers to the fact that twenty-five years before he had been appointed by the then Prince of Orange physician-in-chief to the garrison of the city of Grave, and he adds: "The so many Calumnies cast upon me on every side, force me even to have recourse to my own Testimonies, to support my Reputation, not but that I strongly hope I have still many that can, and Alacriously will vindicate my Fame, and even the Native English Virtue, Faith and Justice were sufficient to protect me, against the Rancour and Malice of my Enemies."

Having presented this dedication to the Earl of Portland, there is a second dedication to Sir Richard Blackmore, Dr. Francis Bernard, and Dr. William Gibbon, whom Greenfield addressed as the most celebrated Practitioners of Physick in London. These men were his sturdy supporters throughout his difficulty. Dr. B. Mandeville contributes a glowing tribute in Latin verse "Upon the Author, treating of the Internal Use of Cantharides." There also follows a translation of this poem; in this we read:

Now let the Sick-bed Sighs and Fears retire,
And the great Name their whole cheer'd Veins inspire.
Greenfield a Name that all Learn'd Tongues must Chant.

In 1698 the College of Physicians was housed in Warwick Lane, near Newgate Street. This site was not far from that Panyer Alley in which is the famous old tablet containing the figure of a boy sitting on something (says a squeamish writer) which may be described as a pannier. This is the inscription beneath:

When ye have sought the city round
Yet still this is the highest ground.
August, the 27th, 1688.

The history of Greenfield's trial and conviction may be learned from the extended preface of his apology. It seems that in 1692 he treated a woman suffering from ulcer of the bladder with cantharides "connected with camphor." The patient disobeyed orders and took cantharides alone, in consequence of which she was ill for some time, finally, however, recovering and being in better health than before. Greenfield was summoned to appear before the President and Censors at this time, and was exonerated; one of the body warmly championing his defense—Dr. Josias Clerk.

However, in 1698, "the bitterness of gall appeared and speedy vengeance was designed, occasioned," says the author, "by some sharp words that had passed between himself and Richard Torleffe, one of the Censors."

It is unquestionably to this now almost forgotten worthy that we owe the whole circumstance.

Greenfield having continued his practice of prescribing cantharides, always carefully corrected with camphor, was again summoned before the august body and offered his previous defense, further desiring to experiment upon two dogs in the presence of the President, Sir Thomas Millington, Knt., and the Censors.

To one of the dogs cantharides alone was given; to the other, cantharides to which camphor was added. He further offered to produce witnesses, in cured patients and fellow practitioners, but was not permitted to do so. "It was preaching to a dead Wall," says the author; "all was to no purpose, they refuse, reject, and disdain all that could be offered in my Defense.

And since no reason could be brought, with private
Fraud they make it out

"For they gave a particular and pleasing Attention and Credit to the Railings and Calumnies of three Women, Sworn clandestinely and privately in my absence, and deny'd me the liberty to hear their examination, or to make any reply thereto, tho' often requested, but sent me away wholly Ignorant of what was done.

"But about 14 Days after, summoned me to NEWGATE, the common Gaol for THIEVES and ROGUES, by VIRTUE of a certain WARRANT under their HANDS and SEALS, charging me guilty of MAL-PRACTICE.

"Lo, this is the truth of the Matter," exclaims Greenfield. And in view of all that can be learned to the contrary it would appear that the treatment to which he was subjected was unduly harsh, and savored of the star chamber.

"Must none but 3 or 4 judge of the MEDICINAL ART.'" exclaims Greenfield. "Certainly not unless such would be accounted Omnificient or Infallible, Remedies may be administered which they understand not, since many things are daily found out by the curious Enquirers into Nature, for the benefit of Mankind, which was condemn'd as hurtful by the ANTIENTS."

Here is a paragraph which will interest those who hold the bath treatment of disease to be modern: "For what," says Greenfield, "if a Physician should in the middle of Winter take a Patient out of his warm Bed, who is Sick of a Palsie or other Disease of the Limbs, and immerge him in cold Water (rendered yet more cold with the dissolution of Nitre), would they not call this mal-Practice? But let them have a care of that, for it is evident the most Learn'd and Skillful Practitioner, DR. EDWARD BAYNARD, hath by this means restor'd several, who are still alive, and in good Health: the Truth of which can be attested at any time. This very Method that most Worthy Physician communicated to me, and allow'd me to assert it in his Name in my Writings."

His concluding words form an admirable exordium:

"But tho' all other should approve, yet the Censors' opinion alone must needs, it seems, remain Infallible, and must not be call'd in question, for the other Members of our College (a few of these of lesser note, who fearful of the displeasure of the Censors, only excepted) agree with me, even all the Senior and most Eminent and Noted both for Learning and Practice of our College, the Men of Honour, Candour and true Christian Piety have Publickly, even to the Face of my Judges, espoused the cause of an injur'd Brother, and vindicated and confirm'd my Innocence from their own Experience.

"If, therefore, after all these Testimonies and Probations of the laudable and safe internal Use of Cantharides deduced from the Practice, both of the Ancient and Modern Writers, they remain stupid and obstinate, how horrible and amazing is such Ignorance?

"But supposing them conscious of these, things, good God how much greater is their Malice; I would appeal to the Throne, to the great Council of the Nation, the Parliament, the living Oracles and the Founders of our Laws to be my Judges, whether it be not an unaccountable Grievance, that such Men as these under the Name of Censors, should be endu'd with such power (as they boast they have) of committing Physicians to Gaol, at their own Will and Pleasure."

The body of this work proper is composed of a miscellaneous series of cases cured, or claimed to be cured, by the use of cantharides, and a ponderous collection of quotations from the authorities of the past.

This was not a time when a man could, like Emerson, "Skim lightly over the Storehouse of the past." They turned over the ponderous books of the masters and quoted verbatim, and with the credulity of unquestioned reference, all paragraphs bearing on the subject. For 1600 years Dioscorides was the authority before the awakening of the spirit of doubt, science taking nothing for proven. As a consequence advances were slow—methods were at fault, not men. The blending of philosophy and astrology, and in general full credence in the occult arts, were meshes that entangled those pursuing the vocation of medicine. It is a saving feature that occasioned lightning flashes appear through the all-enveloping screen of blackness.

As to the mode of action of cantharides, this book contains earnest inquiries as to the best method of preparation of the insect—whether the head, wings, and claws should be removed before maceration, or wherein exists the potent force. One authority holds that the power of blistering resides in the innumerable prickles with which the body of the insect is covered, which affect the skin as nettles do the hand, and therefore it may be supposed, we are informed, that the smaller the bodies of the cantharides are bruised or beaten before they are applied to the skin, the longer before they operate or raise a blister, by reason of their stings being too much broken in bruising. It is seriously advanced that the effect on the bladder is induced by the prickles of the insect being carried through the serum of the blister to the bladder, "which being more tender and less distended with native mucus than other parts of the body is stung, as it were."

The most learned and ingenious physician, Dr. William Cockburn, of the College of Physicians, is quoted to this effect as to the operation of a blister. He had employed microscopes to look on the fly in his effort to discover any sharp instruments, swards, daggers, or the like sort of armature in these warlike wounding creatures. "The fly," he says, "became very delightful but too large a survey for me, and the powder begot nothing for my sight but a dark cloud." He therefore retired to his laboratory and placed a half-pound of cantharides in a retort, when on appli-

cation of the slightest sand-heat there arose numerous quantities of bodies which are the wounding powers of the insect.

As to the camphor, there are given numbers of references as to its nature, source, and qualities. "Whether camphor be hot or cold is not to the present business," says the author. He quotes merely the virtues which have been demonstrated by his own experience.

The following lucid description is given. "Camphor is in its own nature wonderful, and its virtues are against Diseases in any part of the Body, like a Panacea." "Camphor opens, penetrates, attenuates, digests and promotes insensible transpiration, and upon the account of its subtle Particles, mixt with proper Medicines, removes (nothing more) the most intense, vehement and extreme Pains."

In discussing the value of a vesicatory in the treatment of gout, the use of the moxa is regarded as similar, and the description of Sir William Temple's experiments with the moxa on himself is given in full. Sir William, it will be recalled, was Dean Swit's patron and a brilliant diplomat and literateur, and the master of an excellent prose style. He died in the very year of this incident.

Boyle, the physicist, and Sir Thomas Browne are also called upon to support, in part, the author's views.

Dr. Francis Bernard, who was a supporter of Greenfield, died shortly afterward, and the author indulges in this quaint conceit of his friend: "This great Man did behave himself very Candidly and Learnedly (as other worthy Physicians did with him whose Names are expressed in this Treatise); he died as mentioned before, and that his Name may live forever, I made the following verses on his Memory, which I have taken care should be Printed in this Treatise." (The verses follow.)

The use of cantharides in medicine would form the fruitful source of an interesting study; such is however, not within my province in this paper. I am not concerned with the merits of this particular controversy.

Upon the authority of Hippocrates and hosts of his followers, it was employed internally for dropsy, apoplexy, and jaundice. In the course of time it lost favor, and at the time of Greenfield was but seldom employed.

In the sixth edition of the London Dispensatory of 1659 no mention is made of its use, and in a very rare work on Renal Diseases by D. Petro Foresto, 1596, from the Plantan press, the use of cantharides is not mentioned. Werthoff employed it in 1733, but its advocates have been few and far between.

John Eberle, of this city, writing in 1824, highly extols the use of cantharides in dysmenorrhea, incontinence, cystitis, gleet, impotency, dropsy with languid circulation, etc. He quotes Dr. Hosack as stating that Dr. Francis of New York was the first to suggest its use in this country.

As to the use of camphor, to no single drug has been ascribed such contrary properties in our empiric literature. It has been claimed that instead of attenuating the action of cantharides, strangury has resulted from the use of camphor alone.

NOTE.—This interesting article is here republished from an exchange. The editor of the "Southern California Practitioner" very much regrets that he has lost the name of the journal to which credit should be given.

Dr. Charles H. Hughes of St. Louis, Dean of the faculty and professor of Neurology and Psychiatry in Barnes University and editor of the "The Alienist and Neurologist," allowed the light of his countenance to shine in upon Los Angeles, a few days ago. Although Southern California is the land of sunshine, we always feel that there is a visible increase of that commodity when Dr. Hughes visits us. Among other social attentions that he received was a very delightful dinner given in his honor by Dr. H. Bert Ellis.

DISEASES OF WOMEN AND CHILDREN.

WILLIAM A. EDWARDS, M.D., EDITOR.

EDITORIAL COMMENT.

RENAL AND CORDIO VASCULAR CHANGES IN CHILDREN—Interstitial nephritis, now known to occur in children, may temporarily have a nonalbuminous urine; very occasionally it may be absent throughout the course of the case. Some clinicians still deny the common occurrence of chronic interstitial nephritis in little children. Too many cases will be seen by the careful worker to accept this dictum of the text books. Frequently I see children whose urine has a continued low specific gravity, albumin and tube casts, children who present uremic symptoms and who have an accentuated second sound, cardiac hypertrophy, increased tension, a train of symptoms that would seem to indicate, and indicate alone, the presence of chronic interstitial nephritis. Clemens sees many such cases. So also do I see a number of cases of chronic parenchymatous nephritis in young children, terminal cases from either measles, scarlatina, or diphtheria, children who are sent to California to convalesce from one or other of these maladies, many of whom recover. A number, however, do not, and pass into the chronic stage, dying from kidney lesions from the tenth to the twentieth year.

Nephritis following the acute exanthemata in children has of itself a tendency to recover. This recovery can often be made complete by a prolonged residence in Southern California. The acute form of nonsuppurative interstitial nephritis is in fact more often met with in children than in adults, because the infections which produce it are more often seen in children. It follows diphtheria, measles, cerebrospinal meningitis, varicella and pertussis.

I see many children who come to California to convalesce from acute attacks of rheumatic involvement of the heart who present serumalbumin in the urine; but all of these cases have not deranged kidneys, and will probably escape renal involvement if the condition is recognized soon enough. A class of little patients of whom much is seen in Southern California are the children who are sent to convalesce from a long run of one of the infectious fevers. Here the blood pressure has been high for some time and the long continued febrile state has probably set on foot structural changes in the renal epithelium and marked alterations in the circulatory fluid. The little ones come to us with albuminous urine, and in these cases again, if the condition is early recognized, the kidneys may be saved. It is never safe to consider albuminuria other than a symptom and not a proof of the presence of renal disease in the child, unless it is accompanied by the products of renal lesions—tube casts and epithelium. Furthermore, it is well to remember that albumin may occur in the urine from sources other than the kidneys. Also must we bear in mind that, in addition to the four proteids of the blood—namely, serumalbumin, serumglobulin, fibrin, and hemoglobin, seen in the urine in various conditions in the young child who has been allowed a too liberal ingestion of eggs, there may be egg albumen in the urine and, under certain further conditions, peptone, and also that proteoses, the more prominent of which are protoalbumose, deuteroalbumose and heteroalbumose, may be met with in the urine in pathologic conditions of early adolescence. To us, of course, serumalbumin is of the greatest interest and of the most significance, so that the simple fact, so often sent me with the notes of a referred child, that the urine contains albumin, is no longer satisfactory in the

light of our present knowledge. We must determine and record the form of albumin as well, else our record will be of little value in the clinical interpretation of the symptoms, the guidance of the case or the prognostic determination, which is of such great interest to the parents. With our present knowledge how little significance would there be, for example, to find an albumose in the urine of a child suffering from pneumonia or diphtheria, conditions which have presented this intermediate proteid; but how grave might it be if the finding was serumalbumin, and how unfortunate would it be to confound one with the other. Peptone, so well worked out by Kuhne and Chittenden, has been found in the urine of the child suffering from scarlet fever, mumps, empyema, psoas, abscess and tuberculosis, and here again must it be recognized from serumalbumin, else will the prognosis be too grave. Jaksch tells us of another reason for care in differentiating, as he insists that a diagnosis may be made between tubercular and epidemic cerebrospinal meningitis by the presence of peptonuria, which is absent in the former and present in the latter.

Maixner's law should be recollected; peptone is always present in the urine when pus is forming in the body. Globulin is nearly always associated with albumin in the urine, and its significance in the child is about the same as in the adult; in both periods of life it is nearly identical with an albuminuria. All the albumins, proteoses and peptone may be present in a single specimen of urine. It is unusual, but it does occur, and Halliburton's method of testing will differentiate for us. Pavy has shown that hemoglobin may be present in the urine without any of the corpuscles. I have seen this hemoglobinuria in children after extensive burns. In making up the prognosis in these serious cases it will be necessary to determine whether it is a hemoglobinuria or an albuminuria, which may be readily done by the Heller test; if hemoglobin is present, a mottled precipitate of albumin and hematin will be obtained. Reissner has shown that a mucinuria in the febrile state often precedes an albuminuria, and that while the albumin may disappear in a few days the mucin persists for some time. The significance of this knowledge in pediatric practice need scarcely be mentioned, but we cannot refrain from noting its importance in scarlatina and other acute infectious diseases of childhood, where its importance is twofold; not only does it put us on our guard against an impending nephritis, but a mucinuria may be mistaken for an albuminuria and an incorrect diagnostic and prognostic statement may be made to the parents. In conclusion, we must never forget the authoritative words of Councilman, uttered in 1897: "The chemical and microscopic examination of the urine, important as it is, does not give any sure information as to the character of the renal lesions."

But a few words in regard to the general plan that we have adopted for the past sixteen years of handling these children in this most suitable climate. First: The open air treatment is indispensable if we hope to deal effectively with chronic renal disease in a child. It is our main curative agent. Second: Never despair in treating a case of chronic nephritis in a child. Recovery often comes only after a long and weary struggle. We lay as much stress on the outdoor life for these children as the internist does with his cases of tuberculosis. In fact, this life in combination with dietetic and cardiac supervision and eliminative treatment is the only plan that offers a successful termination of our efforts.

Most of the waters of Southern California are too heavily charged with minerals to aid our purpose in these cases, so it has been our custom to for-

bid their use; among the wealthy to use Poland water, and among those of limited means distilled water, in large quantities for kidney flushing and elimination, recognizing, of course, the limitations of distilled water.

We always allow the growing child some nitrogenous food, sparingly, however, nor do we allow the child to suffer the pangs of hunger from too strict limitation of the diet. If they waste, more food is allowed. Milk, as in the adult, is the ideal food for the child, and is well borne in most cases; but we always, in addition, allow the light animal broths and the white meats and white fish. With active skin, bowels and lungs, our little patients will require but little, if any, drugging. The state of the heart and circulation is the great factor in prognosis. If we can strengthen and aid the left ventricle, relieve tension in the right ventricle and reduce the high arterial tension to or near the normal, we have done much to prevent the disease from becoming chronic and the little patient the subject of an advancing renal disease. We advise that these children should not be sent to Southern California unless they are prepared to remain two to five years, or perhaps permanently.

Caille would submit the tardy cases to inspection of the kidneys through lumbar incision, provided the nephritis was not secondary to cardio-vascular changes. If one or both kidneys should appear swollen and enlarged, he would split the capsule or decapsulate with the hope of preventing a nephritis which has persisted from six to eight months from becoming chronic. This observer believes that some of the virtues of decapsulation are due to massage incident to handling the infected organ. He reports the case of a girl who was four and a half years old at the time of operation, who had suffered from Bright's disease for two and one-half years previously, and who was at the time of the report seven years old, having been without demonstrable lesions for two years. As far as it is possible to determine, the child has perfectly recovered. Many children have now been operated upon, but the matter is all too recent to formulate definite results, and at present, in children at least, the procedure seems only to be justified in the presence of renal insufficiency, where observers seem to agree that the results are better from decapsulation than from medication.

RACHISTOVAINISATION.

Rachistovainisation is one of the established features of the pioneer surgery of the present period. MM. Kendirdjy and Bertaux contributed to La Presse Medicale of October 16, 1904, an article bearing the title: "L'anesthesie Chirurgicale par injection sous—arachnoidienne de stovaine." The issue of the same periodical of May 31, 1905, contains another communication dealing with the same subject by MM. Kendirjy and Burgaud. The former paper summarized the experiences of 64 cases, the latter 140. Throughout the whole series there was not a single failure, so that the value of the procedure may be regarded as a well established fact. The spinal injection of stovain as an anaesthetic preparatory to operation in this latter series of 140 cases responded successfully to the tests requisite for such a varied range of items as circumcision, amputation of the penis, removal of hemorrhoids, castration, epididymectomy, radical cures of inguinal hernia, of hypospadias, and of hydro cele, internal urethrotomy, operation on anal and urethral fistulas, etc. These observers consider that for operations of which the site does not reach above the level of the inguinal region, a 5cg dose may be regarded as a maximum; their own usual dose being 4cg. For operations of short duration fully satisfactory results were often obtained by 3cg., lumgar injec-

tions; of such they mention circumcision as a conspicuous example, and their recent series included 67 cases. If any failures or untoward results ever occur they must be, in the opinion of these observers, due to defective technique, and not at all to individual idiosyncrasy. A peculiar feature is the persistence of local anaesthesia when the more general effect has disappeared. A youth of 18 had had his tunica vaginalis injected with iodine as a radical treatment of hydrocele. Several hours after, when cutaneous sensibility and voluntary power of muscular movements were fully reestablished, he felt no pain in the scrotum, although the inflammatory redness and tumefaction had become very marked. In no single case was there appreciable modification of pulse or respiration produced by lumbar injections of stovain. In two instances there was some troublesome vomiting; in three others relaxation of the sphincters occurred; in one there was a "transpiration abondante." In some cases (12 in all), there was headache, of varying persistence of duration, noted after operation. No explanation was forthcoming, however, for a "ponction evacuatrice" made some hours after the injection or even on the following day, showed no modification whatever of the cephalorachidian fluid. With such a series of unvarying successes it would indeed seem—as these observers profess to anticipate, and as Sonnenberg had already prophesied—that the lumbar injection of stovain is a procedure which is destined to "revolutionize" the question of anaesthesia (Editorial Comment, *Amr. Med.*, July 8, 1905), Sonnenberg of Berlin in the *Deutschen Medizinischen Wochenschrift*, No. 9, 1905 fully endorses the drug as follows: "Not only am I convinced that spinal anaesthesia has been brought to a new and high state of development by STOVAINE, but I believe that the question of Narcosis in its entirety will be revised and perhaps revolutionized by the discovery of this product. I am quite sure that continued experimental work in this field, (Spinal Anaesthesia), will develop the fact that with STOVAINE we shall secure anaesthesia of the lower extremities, as well as of the abdominal cavity, and further, that every other part of the body may in future be influenced through lumbar injections. Anaesthesia by inhalation—always heretofore highly esteemed, must diminish in future because of the discovery of Dr. Fourneau, admitted by chemists to be an extraordinary one and of the greatest importance and value to surgery."

JACKSONIAN EPILEPSY IN A CHILD OF TWO RELIEVED BY OPERATION.—The patient was a girl, aged two years and eight months. The fits were of two kinds—one, a sudden dropping forward of the head, and the other a severe convulsive movement involving the left side of the face, the left arm, and leg. Between the fits there was paresis of the left side of the face not involving the eye, and after a severe fit the paresis extended to the left arm. There was no optic neuritis. The fits first made their appearance when the child was seventeen months old. After the first fit the child was paralysed down the left side of the body. There was no history of any fall or injury, and no history of syphilis or hereditary tendency to epilepsy. The fits gradually increased in frequency, with occasional quiescent periods up to the time of operation. Medical treatment was quite ineffectual in controlling the fits. At the operation the skull was trephined over the ascending frontal convolution. On removing the bone the dura mater was seen to bulge into the wound; when this was incised, a cyst containing clear fluid and which closely resembled a mucous polypus was seen. After evacuating the cyst, the dura mater was sewn up and the wound closed. The fits entirely stopped after

the operation, and the child appears to have made a complete recovery.—H. Muir Evans, *Brit. Med. Journ.*, May 14.

CONGENITAL LYMPHATIC CYST OF THE AXILLA—The case in point was an infant, aged 2 days, who was born with a tumour in his right axilla. The tumour was of the size of a fist. The skin over it was healthy. The tumour as a whole was firm and resistant, but at some points the wall was soft and fluctuating. No pulsation was noted, and pressure produced no alterations in volume. A diagnosis of lymphatic cyst was made. The cyst was aspirated, and 150 gr. of clear, amber-coloured, alkaline fluid removed, which contained a large quantity of albumin. The cyst rapidly refilled. After being aspirated on several occasions it was finally incised. It was now found to be a multioculated cyst with smooth, thick walls from which small septa projected. The bases of these were thickened, and felt like moderately firm gland tissue. There was no evidence of tuberculous or gummatous infiltration, nor of the presence of a new growth. The sac was washed out with sublimate solution and packed with guaiacol-iodoform-glycerine gauze. Complete recovery soon took place.

The fluid drawn off at first aspiration resembled closely the fluid which is obtained from the large so-called "hygromas" which are sometimes found in the neck. These cysts, however, have their origin in lymphatic vessels, whereas the cyst in the case above described was in relation to a lymph gland, or more probably a mass of glands. Cyst formation and hyperplasia must have occurred hand in hand, hence the large size of the cyst and the character of its walls. The rapid resolution which occurred after the operation negatives the possibility of a chronic inflammatory (tuberculous or gummatous) origin for the cyst, and still more of its origin in a sarcomatous or lymphomatous growth.

The writer is unable to offer a feasible explanation of the occurrence of the cyst. He believes that this curious condition must have existed from the moment of origination of the glands themselves. There may even have been some local source of irritation to produce the change. The suggestion of mechanical changes *in utero* cannot be maintained.—*British Journal of Childrens' Diseases from Deut. Aertz Ztg.*

CONCERNING OPERATIVE INTERVENTION FOR THE INTRACRANIAL HEMORRHAGES OF THE NEW BORN.—Harvey Cushing, (Baltimore), said that a few years ago upon studying new born children that had died suddenly, he found that in 50 per cent. of the cases, death was due to intracranial hemorrhage. The early lesion which presents itself later in life as sclerosis of the brain is little known and is probably very often due to hemorrhage at or about the time of birth. Many cases of intracranial hemorrhage early in life recover and we see its after effect in the form of birth palsies, which he considers are mostly of traumatic origin. The chief sympton is tense fontanel; asphyxia and early convulsions are important historic facts. The hemorrhage is always venous and is due to laceration in the veins over the cortex as they pass up to enter superior longitudinal sinus. Often there are no symptoms. Cushing has operated on four patients; the first was one of twins born in difficult labor, terminated by forceps. The child was asphyxiated. It was in very bad condition at the time of operation. The entire parietal bone was turned down and extensive hemorrhage was found covering the entire hemisphere, the clot being 1 cm. thick. The baby took the bottle subsequent to the operation, but died the next morning. Cush-

ing thinks that, contrary to the usual opinion, infants endure operation very well. The second patient was operated upon when 8 days old. Convulsions appeared on the sixth day of life and on the seventh day there were eleven convulsions. The hemisphere was exposed and an extensive clot was found. The child is now 18 months old and is perfectly well. The third case was very serious, the child having been born in forceps labor. There was slight cranial injury and the child was asphyxiated; it nursed for 24 hours and later became stupid, and the fourth day there was marked unilateral exophthalmos which led to the diagnosis of hemorrhage from the lateral sinus. Two days later Cushing saw the child and began operation, with the idea of removing the eye for the sake of appearance. He determined, however, to undertake the operation for hemorrhage. It was found that the hemorrhage had been from the lateral sinus, which later underwent thrombosis. He exposed the hemisphere on both sides to make sure that nothing would be overlooked. The child made a complete recovery. It is now 8 months of age and appears to be perfectly normal, although it is impossible to determine its exact mental condition. The fourth case was very much like the first, the child perishing soon after the operation. Cushing thinks that the way in which the hemorrhage does harm in cases that are not fatal is by pressure which interferes with medullation of the nerve fibers which occurs during the first ten days. The indications for operation are the same as for hemorrhage in the adult.—*American Neurological Association*, June, 1905.

THE MORTALITY OF OPERATIONS, OTHER THAN STRUMECTOMY, IN CASES OF EXOPHTHALMIC GOITER, WITH SPECIAL REFERENCE TO GYNECOLOGIC OPERATIONS.—Barton C. Hirst, (Philadelphia) said that to learn the collective experience of American surgeons with Graves' disease, complicating operations, 366 letters were dispatched to the members of the national societies of surgery and gynecology. Forty-three surgeons reported 69 cases. This number added to the 6 collected and reported by Sanderson made a total of 75. Of this number, 13 died. In eleven of these fatal cases, the cause of death was expressly stated to be acute thyroidism, with tachycardia to an extreme degree, and eventual heart failure. In one case of appendiceal abscess, the patient died of the combined effects of sepsis and thyroidism. In another case of pelvic abscess, the patient died under chloroform before the operation was begun. Excluding these two cases, the mortality from thyriodism, was 14.6 per cent., or including them 17.3 per cent. The character of the operation seemed to have made little difference in the results. The mortality of the minor operations was 16 per cent., that of the hysterectomies and myomectomies, 13.3 per cent. It appeared, therefore, that the existence of exophthalmic goiter added about 15 per cent. to the mortality of any operation performed upon the patient. In the first of the author's patients, there had been a distinct goiter and exophthalmos for years, but the tachycardia was moderate. The symptoms in this case were never very alarming, and soon yielded to treatment. It was not known that the second patient had Graves' disease until two days after the operation, when the pulse rose to 180; the eyes protruded, and the throat swelled. He then learned that since girlhood the woman had been subject to such attacks, but lately had been free from them. Although some improvement was shown after hypodermoclysis, purgation and heart stimulants, on the first day the symptons appeared, a rapid and complete recovery was secured in the next three or four days, apparently in consequence of the administration of suprarenal ex-

tract in 3-gr. doses every four hours.—*American Gynecological Society*, May, 1905.

VESICAL AND URETHRAL CALCULI IN CHILDREN.—Franco Crosti tells us that vesical calculi are quite frequent among infants and children. After puberty they decrease in frequency. They are more common among the poorer classes on account of the preponderance of vegetable foods. The principal symptoms are pain, often very severe and causing the child to masturbate for relief; slight hematuria, and disturbances of urination, such as frequent micturition, incontinuance, rebellious to treatment, and a sudden stopping of the flow during the act of micturition. Calculi are usually single, free, and occupy the fundus. The condition simulates tuberculosis of the bladder, and a bacteriological examination is needed to clear up the diagnosis. There should be an examination of the bladder with the sound under anaesthesia before the diagnosis is established.—*Gazetta Medica Lombarda*, May 29, 1905. *Med. Rec.* July 22, 1905.

TYING THE UMBILICAL CORD.—A practical way of tying the umbilical cord is to place an artery forceps on the cord near the umbilicus, and allow it to remain a few minutes, tightly clasped. On removing the forceps, a deep groove of hard, semi-transparent tissue can be seen. The ligature is placed in this canal, and tied with a jerk. It is then impossible for it to slip off.—*N. Y. Med. Jour.*

FUNCTIONAL KIDNEY TESTS.—Voelcher and Joseph presented a new method of functional test for the two kidneys separately without ureteral catheterization or the use of the segregator. It consists in injecting a stain, indigo carmine into the body, which stain is eliminated exclusively by the urine, is non-toxic and passes unchanged through the body. The technic preferred is to inject into the gluteal muscles 4 cc. of a fresh, warm 4 per cent. solution made with 4 gm. of indigo carmine in 10 cc. normal salt solution. Twenty to thirty minutes after injection a cystoscope is inserted and even a novice can see the jets of strikingly blue urine emerging from the mouths of the ureters.

Differences in the behavior of the two clouds from the two ureters can also be noted.

Mortality of kidney operations has diminished from 28 per cent. in 168 cases to 8 per cent. in 98 cases since the introduction of the new functional kidney tests in Kummell's clinic.

Kapsammer says the ureteral catheterization may bring about a reflux polyuria which may disturb the cryoscopy tests. He believes the normal average amount of urine is 5 cc. to each kidney per minute, and that in performing these tests the amount of urine should be observed and compared with the normal average amounts passed. He thinks that cryoscopy is not of great diagnostic value, but that it serves to suggest that something is probably wrong if the freezing point is a good deal below normal.—*Best. M. and S. Journal*, January 26, 1905.

THE CARDIAC AREA IN CHILDHOOD.—Dr. B. Guido makes the following suggestions:

1. Cardiac percussion in children should be light, trusting more to the resistance perceptible to the touch rather than to the ear.

2. In the very young the heart is very high (second space), its position and direction almost horizontal, the apex 1 to 2, or even 3, centimeters, outside the mid-clavicular line.

3. With increasing age the heart becomes lower (third space) and assumes a position and direction more vertical, the apex approaches the mid-clavicular

line, and about the seventh year coincides with the nipple subsequently it is found below and inside of it.

4. From birth to the second year of life the heart undergoes rapid enlargement, then moderately increases in size to the ninth or tenth year, when it undergoes a further rapid development on account of the ever-increasing exigencies of the organism in response to the development of the genital system which is initiated at this age.

5. The area of absolute dullness, which in the child is always relatively larger than in the adult, should be investigated in every case, together with the relative dullness; this method only giving reliable information.—*Post Graduate.*

GOAT MILK.

The condemnation of goat milk as an infant food has received an apparently much needed revision, at the hands of Bernard, Barbillion, Boissard, Lesage, Raimondi, Triboulet and others, who have analytically revealed a number of false deductions that have come from the older practitioners and from physiologic chemists generally.

Goat milk is said to be impractically rich in casein—for example, many authors stating that a finding of 40 grams to the liter is not unusual. The dictum because of this fact alone has been to restrict its uses to only a limited class of cases. In contradiction to the above, Barbillion has found the most remarkable variation to exist in different breeds of goats, certain breeds showing a constant percentage almost identical to that found in women's milk. These breeds, the authors urge, should be isolated and cultivated.

A most important feature lies in the fact that the ferments of goats' milk resemble the ferments of women's milk much more strikingly than those found in cows' milk; a subject that has been much discussed and with little or no benefit (vide *Course of Medicine*, November, 1904, "The Enzymes of Cow's Milk,") any modification of the last named being a matter of really great difficulty. While in the case of maternation of goats' milk it has been accomplished with great satisfaction in the living animal by intraperitoneal injection of mothers' milk in the goat; the inoculations being carried on for several months before the effect desired has been obtained. (Barbillion, Triboulet.)

There has been established in Paris for the past five years a goat dairy, in which are kept a hundred and twenty animals of the selected breeds, and from whose milk valuable clinical data have been obtained. A case of tuberculosis has never been found among the animals of this dairy.

Goat milk has been used with many advantages, outside its place as an infant food, in many dyspeptic cases, and especially where a milk diet is indicated. It has been found that fermentation by kefir grains produces a kumyss of greater value than in the case of their use in cows' milk.—*Jour. de Med. et de Chir.*

We have received as a reprint from the Archives of Pediatrics, June, 1905, "Albumin in the Urine of Apparently Healthy Children; Renal and Cardiovascular Changes in Children as seen in Southern California," by William A. Edwards, M.D. Also, from the California State Journal of Medicine, August, 1905—"Surgery (Immediate) of Perforated Typhoid Ulcer, with report of Case." By F. C. E. Mattison, M.D., Pasadena.

One of the neatest things we have seen is the aseptic drinking cup manufactured in Cambridge, Mass., by the Aseptic Drinking Cup Co. We have seen no price, but would suppose they would cost only a cent or two apiece.

ADMIRAL ROJESVENSKY.

Photograph presented to Dr. E. W. Fleming of Los Angeles by H. Totsuka, F.R.C.S., Eng., the Director of Sasebo Naval Hospital, Japan.

This picture is certainly the idealization of Dejection and Despair. When Dr. Fleming, who was a member of Secretary Taft's party, and was thus given especial opportunities, visited the Sasebo Hospital, the Admiral was very irritable and naturally depressed. Two days before Dr. Fleming's visit some necrosed bone had been removed from the skull wound. The admiral's complete recovery is only a question of time. The wounds are shell wounds received in the naval battle of the Japan Sea.

SOUTHERN CALIFORNIA PRACTITIONER'S NURSE DIRECTORY.

NAME.	QUALIFICATION.	STREET.	TEL.
ALBERTS, MISS R. C.	Graduate Nurse.	Fullerton	Long Distance
BARBOR, MISS E.	Graduate California Hospital	1035 S. Figueroa	Home 4804, Sunset M. 1400
BEVANS, MRS. ROSE A.	Graduate California Hospital	Hotel Minnewaska, 2nd and Grand	Main 2816, Home 6791
BOYER, MISS SARA	Graduate Nurse California Hospital	1006 W. 8th	Jefferson 6391
CAMERON, MISS KATHERINE	Graduate Grace Hospital, Detroit	395 Grand Ave., Pasadena	Black 471
CARDONA, MISS L. M.	Graduate Sisters' Hospital, L. A.	740½ S. Figueroa	Home 7537
CASE, MISS L. E.	Children's Hospital, San Francisco	542 Westlake Ave.	Jefferson 6393
CASEY, MISS MAE V.	Graduate California Hospital	719 Hope St	Red 239
CAYWOOD, MISS J. EVELENA	Graduate California Hospital	La Park	Suburban 64
CRAWFORD, MISS M. A.	Trained Nurse	1815 Normandie	Blue 4026
CRUMP, MISS ANNE L.	Graduate California Hospital	Hermosillo, Sonora, Mexico	
COOPER, MISS JESSIE	Graduate Fabiola Hospital, Oakland	2321 S. Flower	Home 5344
CUTLER, MRS. E. L.	Graduate California Hospital	1622 S. Hill	White 4661
FERN MISS DORA	Graduate California Hospital	1035 S. Figueroa	Home 4804, Sunset M. 1400
GORDON, MISS LILLIAN	Graduate California Hospital	46 Reulen Ave., Dayton, O.	
HARDISON, MISS CLAIRE L.	Graduate California Hospital	1340 S. Flower St.	Home 7621
HARDISON, MISS JUNE	Graduate California Hospital	1340 S. Flower St.	Home 7621
HOAGLAND, MISS M. J.	Graduate Bellevue Training School, N. Y.	312 W. 7th	Main 793
HOTZEL, MISS LILLIAN M.	Graduate California Hospital	345 So. Flower St.	Main 4567
JOHNSON, MISS EVA V.	Graduate California Hospital	5 Follen St., Boston, Mass.	
KINNEY, MISS J. A.	Trained Nurse	1337 S. Flower	Home 2491
KIRBY, MISS NETTIE	Grad. Hosp. of Good Samaritan	2675 Lacy Street	Phone Lake 344
KERNAGHAN, MISS	Graduate California Hospital	1035 S. Figueroa	Home 4804, Main 1400
LAWSON, MISS	Graduate Nurse	112½ E. 10th	Pico 2091
MILLER, MISS FLORENCE	Graduate California Hospital	1145 S. Olive St.	West 307
McNEA, MISS E.	Graduate Nurse	744 S. Hope St	Red 4856
McCLINTOCK, MISS CLARICE	Graduate California Hospital	1232 W. 9th St	Black 511
NAGEL, MISS A.	Graduate California Hospital	1035 S. Figueroa	Home 4804, Main 1400
OLSEN, MISS JOHANNA	Graduate Nurse	1207 W. 8th St	Telephone 4685
READ, BEATRICE	Graduate Fabiola Hospital, Oakland	28 Temple	Red 46
RUSSELL, MISS M. B.	Graduate Nurse, Edinburgh, Scotland	845 South Hill	Home 6851
SAX, MISS	Graduate California Hospital	1035 S. Figueroa	Home 4804, Sunset M. 1400
SERGEANT, MISS	Graduate California Hospital	2808 S. Hope	White 579
TOLLAN, MISS H.	Graduate California Hospital	423 S. Broadway	Home 2506
TOWNE, MISS LILLIAN	Graduate California Hospital	1035 S. Figueroa	Home 4804, Sunset M. 1400
WHEELER, MISS FANNIE A.	Grad. Hosp. of Good Samaritan	212 South Reno St	Main 1782, Home 4131
WEED, MISS E.	Graduate California Hospital	Calexico, Cal.	

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EDITORIAL.

SOUTHERN CALIFORNIA PRACTITIONER, COSMOPOLITAN, REVIEW OF REVIEWS.

We believe in our own magazine our first aim is to make it a history of the Medical profession of the Pacific Southwest. Its next object is to teach the science and practice of medicine through the brain and pen of our ablest men. Third to make the files of the Southern California Practitioner an authority on the climatology of Arizona, New Mexico and Southern California. Fourth to exploit the interests of the hospitals, sanatoriums and medical colleges of this section of the United States and fifth and last to intermingle with it all some of the good things of the masters of literature so that we shall feel the influence of the great intellects of the past.

These are a few of our aims. We cannot devote the time we should to this great work. It has been a cherished hope that possibly the time might come when we could devote all of our time to this magazine. That would be a condition of ideal felicity, meanwhile the years pass swiftly.

Next to sending our journal to the offices of physicians we enjoy sending good journals to their families.

The *Cosmopolitan* has been re-habilitated, transformed, energized.

The *Review of Reviews*, under the master hand of Albert Shaw, grows month by month and year by year in power and usefulness.

BEN JOHNSON'S MEDICAL IDEAS.

"Oh, Rare Ben Jonson!" is the phrase you usually hear when reference is made to this contemporary of Shakespeare. It is remarkable that a man whose stepfather was a brick-layer and who worked with a trowel himself and then served as a private in the war against

Spain in the Netherlands should, at twenty-two, be a man of mark as a Dramatist. He was England's first poet laureate and was Shakespeare's boon companion, surviving him more than twenty years. His dramas hold a place second only to those of the bard of Avon.

It is interesting to note the many references to medical subjects by each of these dramatists. At least two volumes have been written on the medical references in Shakespeare's plays.

Volpone; or the Fox stands at the head of Jonson's dramas. In it he says:

"I have brought him
An opiate here, from mine own doctor. I myself
Stood by while it was made, saw all the ingredients,
And know, it cannot but most gently work."
"He has no faith in physic; he does think
Most of your doctors are the greater danger,
And worse disease to escape. I often have
Heard him protest, that your physician
Should never be his heir,"
"Nor their fees
He cannot brook; he says, they flay a man
Before they kill him,
And then they do it by experiment;
For which the law not only doth absolve them,
But gives them great reward; and he is loth
To hire his death, so."
"It is true, they kill
With as much license as a judge,
Nay, more;
For he but kills, sir, where the law condemns,
And these can kill him too."

It is very fitting that the above conversation took place between two of the most consummate villains that were ever depicted in literature.

Then follows an inquiry about a paralytic.

"How does his apoplex?
Most violent.
His speech is broken, and his eyes are set,
His face drawn longer than was want.
His mouth
Is ever gaping and his eyelids hang.
A freezing numbness stiffens all his joints,
And makes the color of his flesh like lead.
His pulse beats slow, and dull.
And from his brain
Flows a cold sweat, with a continual rheum,
Forth the resolved corners of his eyes,
How does he, with the swimming of his head?
O, sir, 'tis past the scotomy; he now
Hath lost his feeling, and hath left to snort;
You can hardly perceive him when he breathes."

There is in this play a veritable Col. Sellers who is going to make a fortune fumigating ships from infected ports:

"My next is, how to enquire, and be resolved,
By present demonstration, whether a ship,
Newly arrived from Soria, or from
Any suspected part of all the Levant,
Be guilty of the plague; and when they use
To lie out forty, fifty days, sometimes,
About the Lazaretto, for their trial,
I'll save the charge and loss unto the merchant,
And in an hour clear the doubt.
First I bring your ship 'twixt two brick walls;
But those the State shall venture; on the one
I strain me a fair tarpauling and in that

I stick my onions, cut in halves; the other
Is full of loop holes, out at which I thrust
The noses of my bellows; and those bellows
I keep with waterworks, in perpetual motion,
Which is the easiest matter of a hundred.
Now, sir, your onion, which doth naturally
Attract the infection, and your bellows blowing
The air upon him, will show, instantly,
By his changed colour, if there be contagion;
Or else remain as fair as at the first."

Marriage or Suicide; occupies one of the dramatis personae:

"Marry, your friends do wonder, sir, the Thames being so near, wherein you may drown, so fall handsomely; or London bridge at a low fall, with a fine leap, to hurry you down the stream; or, such a delicate steeple in the town, as Bow, to vault from, or a braver height, as Paul's, or, if you affected to do it nearer home and in a shorter way, an excellent garret window into the street; or, a beam in the said garret, with this halter which your friends have sent, and desire that you would sooner commit your grave head to this knot than to the wedlock noose; or take a little sublimate and go out of the world like a rat; or a fly, as one said: anyway rather than to follow this goblin matrimony—"

We cannot quote farther. In fact we should have begun with the Alchemist one of Jonson's chief plays. In this play there is a graphic picture of the typical fakir of to-day. The quack who works on the superstitions and fears of the credulous.

Read the Alchemist if you wish to see a complete demonstration of the fact that "History repeats itself."

EDITORIAL NOTES.

Dr. Solon Briggs of Pasadena is in New York.

Dr. R. I. McKee of Globe, Arizona, recently made a visit to Los Angeles.

Dr. George Wall, recently of Los Angeles, has located in Oceanside.

Dr. J. B. Reynolds has located in San Dimas.

Dr. F. W. Miller, the oculist, has removed his offices to the million dollar Hellman Building.

Dr. D. S. McCarthy of Los Angeles has been spending his vacation at Idyllwild.

Dr. L. Goldschmidt, the Ensenada, Mex., physician, has been spending his vacation in Los Angeles.

Dr. C. F. Hawley, of Mesa, Arizona, has been spending a few days in Los Angeles and vicinity.

Dr. J. L. Norris, of Estancia, recently spent a few days in Santa Fe, New Mexico.

Dr. J. E. Janes of Pasadena was recently married to Miss M. M. Marvin of Monticello, Iowa.

Dr. Adolph Kraemer, the San Diego oculist, has just returned from a visit of several months in Germany.

Dr. Wm. H. Dukeman of Los Angeles has been taking his vacation in the mountains.

Dr. O. T. Pratt of Compton has been appointed surgeon of the Pacific Electric Company at that place.

Dr. John R. Haynes has been lecturing before the Pomona College students upon "Municipal Ownership."

Dr. E. A. Bryant and Dr. E. J. Dillon have opened a free dispensary at the Sisters' Hospital.

Dr. H. A. Putnam has located for the practice of his profession in Los Angeles.

Dr. B. L. Saeger of Nordhoff, has returned from three months' hospital work in New York City.

Dr. A. H. Sabin of Tombstone, Arizona, has returned from two months' eastern visit.

Dr. P. J. Parker of San Diego recently killed seven deer in the hills near Williams, Arizona.

Dr. F. P. Cave, so well known in Los Angeles County, has located in the Severance Building, corner Sixth and Main Sts., Los Angeles.

Dr. and Mrs. C. L. Caven of Bisbee, Arizona, after spending several weeks with friends in Los Angeles, have returned home.

Dr. P. J. Parker of San Diego has been visiting his brother in Williams, Arizona and spending a few days in the Grand Canyon.

Dr. F. W. Peterson, a graduate of the Medical Department of the Northwestern University of Chicago, has located in Calexico, Cal.

The Fresno County Medical Society have adopted resolutions against any member of the profession doing lodge practice.

The San Diego Union says that Dr. J. C. Hearn's private hospital, which will cost $25,000 will be completed and opened by November first.

At six o'clock Wednesday evening, September 13th, Dr. J. Oldsby Gable, of Roswell, N. M., was married to Miss Grace Hannah of Peoria, Ill.

Dr. Wm. Huff, nephew of Dr. L. J. Huff of Los Angeles, was married on September 22nd at Riverside, to Miss Fannie Elizabeth Shallish.

Dr. S. A. Milliken of Lordsburg, N. M., has resigned the position of health officer. The remuneration was not commensurate to the responsibilities.

Dr. E. A. MacDonald of Redlands recently had a fall and fractured three of his ribs. It is announced that he is rapidly recovering.

Dr. Alfred Stengel, of the University of Pennsylvania, is convalescing from an acute intestinal infection, at his home in Philadelphia.

Dr. John C. Sundberg, the well known orientalist lecturer and physician, of Santa Cruz, is convalescing from a serious illness.

Dr. Harry Garcelon, the assistant health officer, has been very busy getting the school children ready for the annual opening. He vaccinated 250 in one day.

Drs. Carl Kurtz and Pallette, of the Board of Health, are especially active in trying to force the dairymen to purvey pure milk.

Dr. George B. Nichols of San Luis Obispo, one of the most highly esteemed physicians of that section, died on September 22nd.

Dr. J. K. Swindt of Pomona, Cal. took a hurried trip to Denver, recently and returned with Mrs. Swindt. They were married on Oct. 8th.

Dr. James Jackson of Hemet proposes to establish a tent sanatorium for the tuberculous. Hemet is an ideal place for any person suffering from pulmonary troubles.

Dr. A. J. C. Saunier, recently of New York City, has established his offices at 2033 East Fourth Street, Los Angeles, and is devoting himself particularly to the treatment of neurasthenics.

It is announced that Dr. G. O. Pilgrim of New York City, and Dr. S. M. Strong of New Mexico are to establish a large sanitarium for the tuberculous in Deming.

The Anglo-Mexican Medical Association has been organized, and now it is proposed to admit all English speaking physicians residing in the Republic of Mexico.

Great head lines in the newspapers announce that surgeons Guthrie and Carroll, of Chicago, have discovered how to graft the heart to other vital organs of the dag. Graft seems to have entered everywhere.

Dr. Clarence Moore of Los Angeles was recently fined $20.00 for running his automobile above the speed limit. He had received an emergency call and was rushing to his office to get some special instruments that he needed.

Dr. Wm. Gray, aged seventy years, died in Pasadena on September 21st. He had been living in Pasadena for about twenty years. He graduated from the Eclectic Medical Institute, Cincinnati, O., in 1863.

Dr. J. T. M. Allen, formerly resident physician at the California Hospital, Los Angeles, has returned from fourteen months in Zapote, Mexico. The Doctor will probably locate in Los Angeles or vicinity.

Dr. Samuel McCurdy, of Perris, Cal., ex-army surgeon, aged fifty-six years, was knocked down by an electric car in Los Angeles on the 24th. He was severely injured, but at last accounts was rapidly recovering.

The physicians of Pasadena have been endeavoring to get an ordinance passed that would permit them in cases of emergency to go beyond the prescribed speed, but Dr. F. E. Rowland, former health officer, is strenuously opposed to it.

Dr. L. M. Powers, the health officer of Los Angeles, is taking steps to prohibit the use of the sewage from the city on vegetable farms. It is a great shame that all of this great amount of wealth both in water and fertilizer cannot be safely used.

"School Gardens for California Schools," a manual for teachers by B. M. Davis, has just been issued by the State Normal School at Chico, Cal. This is a very useful publication, and should be at least placed in the hands of every teacher.

Dr. G. W. Tape of the Arrowhead Hot Springs has the sincere sympathy of the profession on the death of his wife, which occurred September 15th. Mrs. Tape was a woman of rare culture and ability, and was in every sense of the word a helpmate and companion.

Dr. J. W. Trueworthy, President of the Library Board of the city of Los Angeles, who was so seriously injured a few weeks ago in a railway accident, has gone East to spend a few weeks, where he hopes to recover from the serious nervous condition that followed the accident.

We have received from John Uri Lord, the well known professor and author, scientist and merchant prince of Cincinnati, an interesting booklet, entitled—"The Pharmaceutical Still and its Development." We have no doubt that he would send a copy of this to any physician on request.

Dr. Hugh Ross of Santa Barbara has brought suit against the American Red Cross for $990.00 for services rendered for the Association in Manila, P. Is., from April first to October 31, 1900. The complaint relates that the plaintiff was employed as a physician and surgeon at Manila and that he also furnished the Association with drugs, medicines and hospital supplies.

The coroners are cheerful fellows. They had a banquet recently in Los Angeles, and as a centerpiece they had an angel cake made in the shape of a coffin. Dr. H. Pittman of San Bernardino was elected president, and Professor J. W. Summerfield of Los Angeles, secretary. Amongst other visitors were Dr. C. F. Dickson of Riverside and G. S. Smith of Santa Ana.

The Arizona Board of Medical Examiners, consisting of Dr. Chas. H. Jones, of Tempe, president; Dr. Ancil Martin, of Phoenix, secretary; Dr. W.

V. Whitmore, of Tucson and Dr. Chas. H. Hawley, of Mesa, was in session on October 2nd at Phoenix. Drs. F. H. Cartmell of Quartzite, C. B. Adams of Seligman, and M. M. Tidd of Cochise passed the examinations.

The quarterly meeting of the Ventura County Medical Society met September 1st in Saticoy at the residence of Dr. Charles Teubner, Secretary of the Society. Dr. Teubner read a paper on "Typhoid Fever," which was followed by discussion, after which Mrs. Teubner invited the members to the dining room where a delightful hour was passed.

The new sanatorium which is being erected in Santa Barbara by Drs. Philip S. Chancellor and Harold Sidebothan, will be of two stories in the shape of a letter E with two wings in the rear. It will have a frontage of 120 feet, and the two wings will have a length of 58 feet. A large, broad porch 78 feet in length sweeps the front. There will be a roof garden made beautiful with plants and vines. Drs. Chancellor and Sidebothan own four acres of land surrounding the building.

Just as we go to press we learn that the Claypole case is likely to be settled outside of the courts, and Dr. Claypole will thus receive her license. We hope this is true. There are too many unworthy people to fight and it is wasting valuable strength to contest licensing a worthy applicant on a technicality. Dudley Tait and Norman Bridge are two able, scholarly men, and we hope to see their forces united for the uplifting of the medical profession.

The Yavapai County Medical Society of Prescott, Arizona, through its committee, Drs. J. W. Flinn, Louis V. Fitzsimmons, H. V. Thomas and R. N. Rooney, has presented resolutions to the mayor stating that the water in the public well is not good and should not be pumped into the city reservoir and that a filtration plant should be established. Dr. W. E. Day, city health officer, says he has the same opinion in regard to the matter that the mayor has. What the mayor's idea is has not yet been announced.

State Board Journal of America, a monthly periodical devoted to the mutual interests of boards, students and colleges of medicine, dentistry and pharmacy, published monthly by the State Board Publishing Co., 921 Colorado Bldg., Washington, D. C.; annual subscription $1.00, single copies 25c, Vol. 1, No. 1, has just reached our desk. This journal will contain a great deal of valuable material relating to the questions of state examinations. It occupies a new field, and judging from this first number we believe it will do the work thoroughly.

Dr. LeMoyne Wills of Los Angeles has been devoting himself to hard work in New York and Boston during the months of May, June, July and August. He has devoted himself particularly to Orthopedics while not neglecting other lines of surgery. In company with Drs. Bradford, Richardson and Warren of Boston he attended the International Congress of Surgeons at Brussels on September 18th. After spending a week in Paris he is devoting some time to the hospitals of the continent, but will put in most of his time in London, and expects to be back in Los Angeles about the middle of November. Dr. Wills expresses great satisfaction at his experience in Boston, and says that is the most scientific place he was ever in. Dr. Wills has been elected chief of the Outpatient Surgical Clinics of the College of Medicine of the University of Southern California.

Saturday evening, Sept. 30, Mr. M. N. Eskey, founder of the Pacific Hospital and Loma Linda gave an elegantly appointed dinner at the California Club to those who have been intimately associated with him in those institutions. The guests present were: Drs. Charles

P. Wagar, W. V. VanNorman, H. G. Cates, F. S. Barnard, J. E. Cowles, S. S. Salisbury, W. M. Lewis, C. B. Dickson, E. A. Briant, W. E. Wadell, R. Wernigk, A. B. Bishop, G. L. Hutchinson, R. A. Campbell, Thos. McCoy, F. S. Kellogg, F. R. Frost, E. B. Buill, Charles Fish, R. S. Lanterman, Donald J. Frick, J. J. Still, F. Williams, John Bayless, W. H. Dukeman, C. E. Stoner, J. A. LeDoux, E. S. Pillsbury, L. W. Hazlett, G. A. Scroggs, F. O. Yost, W. C. Parker, J. Lee Hagadorn, S. L. Kistler, A. M. Smith, J. M. Armstrong, J. K. Carson, J. H. Seymour, A. J. Scholl, L. G. Visscher, J. S. Hunt, J. W. Pollard, I. J. Rowley, Hill Hastings, and Ralph Hagan.

A medical society has recently been founded in Los Angeles, the membership to it being limited to the younger members of the profession.

The name chosen for the organization is "The Medical Symposium Society." Monthly meetings will be held and as the name suggests, the programs of the meetings of the society will consist largely of discussions of medical subjects in symposium form.

It has been thought best, for the present, to limit the membership to thirty members.

The officers of the society elected at the first meeting are: Dr. H. G. McNeil, president; Dr. Raymond G. Taylor, vice president; Dr. Dudley Fulton, secretary and treasurer.

The first regular meeting was held at the Hotel Lankershim, Thursday, October 12th. This meeting was followed by a dinner.

The College of Medicine of the University of Southern California began its 21st annual session on Thursday, Oct. 5th. Dr. Granville MacGowan delivered the opening address, and Dr. Lyman Brumbaugh Stookey, who had just arrived from the University of Strasburg, made an interesting talk on "Recent Developments in Physiological Research."

The attendance this year is the largest in the history of the College, and yet the faculty are not as proud of that as they are of the fact that such a large proportion of the students have received degrees; either of bachelor of arts, bachelor of science or bachelor of philosophy. This college is strictly discouraging the attendance of all students who have not had a thorough preliminary training.

Plans of the library building, about to be erected and presented to the medical college by Dr. W. Jarvis Barlow, were submitted to the faculty by the architect, Mr. Farquhar. The elevation shows granite and pressed brick fire proof structure with a glass dome lighting both stories of the building. The internal arrangement is very satisfactory, and it will be a great boon to the college.

One of the Los Angeles papers has been exploiting the work of the State Board of Examiners. Among others it quotes Dr. E. C. Buell of Los Angeles, who says:

"A high standard for the medical profession of this state is absolutely necessary. Los Angeles has been filled with quacks, but the board is thinning them out. The same is true of San Francisco.

"We are trying to make it high enough and believe we have succeeded.

"As for Dr. Tait, who has borne the brunt of the attacks, I will say that he is a conscientious man and one who would not under any circumstances descend to trickery. He is a profound scholar and one of the best authorities in America on bacteriology and pathology.

"I do not believe that a single man thoroughly qualified to practice medicine has been turned down by the board. We have withstood innumerable suits, some of which have gone to the Supreme Court, but the law and our pro-

cedure under it have always been upheld.

Dr. H. Bert Ellis agrees with Dr. Buell. "Dr. Tait is better qualified to be on the State Medical Board than any other man in the State," said Dr. Ellis. "This is true because he is both a great scholar and has ample means to devote his time to its business."

Dr. H. E. Hasse, who recently resigned as surgeon-in-chief to the Soldiers' Home at Santa Monica, Cal., was assistant surgeon in the ninth Wisconsin Infantry from 1861 to 1862, when he was promoted to be surgeon-in-chief of the Twenty-fourth Wisconsin Infantry in which he continued until the close of the war. He practiced several years in Los Angeles, until in 1889 he was appointed to the position which he now resigns.

In his leisure hours, and different vacations, Dr. Hasse, who is a devoted student of botany, has, in his pursuit of this interesting science, added not a little to the general information, and more particularly the flora of Southern California. In the work of the Stanford University of California, on the flora of Los Angeles and vicinity, he is frequently quoted a discoverer, not of new varieties, but of new species. The discovery of several plants, among which are the "Hassanthus," the "stylophyllum Hassei," and others, are accredited to Dr. Hasse. He is also quoted in European works as a close student of the flora.

The doctor will make his home in Los Angeles, and take—he says, a long rest from labor.

The Hasse family in America is well known. Miss Adaline, one of the daughters, is the chief librarian at the Lenox Library in New York, while Miss Jessie, his second daughter, is first assistant at the same institution. Another daughter, Miss Hilda, is an artist in New York. The Doctor has a son, Al, who is in the engineering corps of the Santa Fe in Mexico. Dr. Hasse is 70 years of age.

CLAY MODELING IN ANATOMY.

William Francis Campbell, professor of Anatomy at Long Island College Hospital, Brooklyn, N. Y., in an article on the Teaching of Anatomy published by the Brooklyn Medical Journal, advocates the employment of clay modeling as an adjunct means of teaching anatomy.

In a medical education anatomy is the corner stone. In a medical curriculum, it is the pivotal point around which the other branches revolve and without which they cannot move. Anatomy therefore being fundamental, basic germane it should not only occupy a large portion of the student's time, but occupy it in such a way that the mere acquisition of anatomical facts will be secondary to the mental discipline and grasp which can be attained by proper anatomical teaching. The one idea which permeates the anatomy course at Long Island College Hospital is to teach the student to think anatomically. "Denke anatomisch, wenn Du Ein Arzt werden willst." If the student can be made to feel the significance of this, if his mind can be given an impetus in this direction, his torch has been well lighted; the remainder of the curriculum and his professional career will become luminous because of correct mental attitude. Froebel in his kindergarten system exploited a principle of education not alone applicable to the child mind, but of equal utility in educating the adult mind. We can learn through the exercise of one sense or of a combination of the senses. The most comprehensive knowledge is acquired through a combination of the senses. We can get some perception through the ear, but how much better when the eye and ear act together, and still better when the hand is added to the eye and ear. We learn best by doing. The stu-

dent will learn some anatomy by the lecture, quiz, recitation. He will learn more when the picture is shown, the demonstration made; he will learn most when he can take the human body apart and examine its component parts by dissection, or construct the various parts in clay or other kinds of models. The best method of knowing a machine is to take it apart and put it together. The ideal course in anatomy would require the student to take the human machine apart and put it together. This task accomplished, the student becomes the anatomist. This ideal method being impossible, that course of anatomical study is best which most closely and practically approaches this basic principle. Lectures, recitations, quizzes are useful, but they are subsidiary; they have a place in the teaching of anatomy, but it is a minor one. The teaching of anatomy by oratorical efforts has been consigned to the medical junk-shop to share the fate of the lance, the poultice and the carbolic spray. The eloquence of anatomy speaks in the wondrous mechanism of the human body, and reveals itself to him who wields the scalpel in a spirit of reverence and humility. The course in anatomy at Long Island College Hospital we divide for purposes of description, into three parts: Didactic, analytic, and synthetic.

Clay modeling of the bones or the brain is of inestimable value for teaching purposes. When the student reads about a bone he gets some faint conception of it. When he sees a picture he gets a better idea, but his idea is limited to two dimensions, length and breadth. The student must handle the bone to comprehend it in three dimensions and when he reproduces an accurate model of the bone in clay he has a minute and lasting impression of the bone. The same is true of the brain, and it is doubtful if a student ever gets a correct idea of the brain until he builds a brain. But clay modeling has its limitations and can be utilized only in a limited field. We feel, however, that this idea of making models of parts of the body is of such inestimable value in teaching, that we have extended the work still further and require our students to make models out of various suitable material. Here we depend largely upon the ingenuity of the individual student, simply suggesting the general lines on which the model is to be constructed, allowing him to display his originality. The general plan is the following:

The structure to be modeled is announced, and the general plan discussed before the class. Two weeks is usually allowed, at the end of which time the models are presented and criticized. To illustrate: We model the muscles of the abdomen and the inguinal canal by the use of a wooden frame, different colored muslins, and rubber tubing. The sinuses of the brain are modeled by the use of cardboard, cut to represent the falx and tentorium, and rubber tubing properly attached, the various sinuses. The uterus and appendages can be modeled by the use of an open frame box, in the center of which is suspended the uterus in its broad ligaments of muslin, with ovaries and round ligaments properly attached. The triangles of the neck, the gall bladder and ducts, and other viscera, are merely suggestive of what can be done in this line. The important relationship of veins, arteries and nerves by the use of different colored rubber tubing is a very simple but effective means of teaching.

The above is simply a resume of the present course in anatomy. That it is effective is attested by the satisfactory results obtained and the uniform approval of the student body. To take the dryness out of anatomy and give it vital meaning; to put the spirit of play in the work; to make the study recreative and not a grind—shall we not resort to kindergarten methods if they accomplish the results? After all, the business of the teacher is to teach the

student to teach himself. For the teacher is not merely a purveyor of facts, but he is the creator of an atmosphere in which thought grows, endeavor is stimulated, and ideals inspired.—*Medical Standard.*

BOARD OF MEDICAL EXAMINERS OF THE STATE OF CALIFORNIA. AUGUST, 1905.

OBSTETRICS.

1. Give the process of the fertilization of the ovum and development of the foetus.
2. Give the length of the Fallopian tubes. ovarian, round and broad ligaments.
3. Give Hegar's and Braxton-Hicks' signs of pregnancy, and when appreciable.
4. Give the size, shape, weight and circulation of the placenta.
5. Give the size and weight of the unimpregnated uterus and the same at full term and the blood supply.
6. What is the difference between insemination, fertilization, impregnation, conception and pregnancy?
7. What is the cause of Eclampsia and the principles involved in its treatment?
8. Give diagnosis and management of L. M. P.
9. What effect, if any, does Doderlein's bacilli have on septic infection?
10. Describe Sanger's operation for Caesarean section.

J. C. BAINBRIDGE, M.D.

BACTERIOLOGY.

1. Describe in detail the tuberculin reaction.
2. Describe in detail the bacterial findings in puerperal septicemia.
3. Describe in detail the animal inoculation test for tuberculous material.
4. State where the smegma bacillus is found, and give mode of differentiating it from the bacillus of tuberculosis.
5. Describe 4 modes of administering antitetanic serum.
6. Describe the mode of making cultures on potato.
7. Describe the pneumococcus, and give its characteristic experimental reaction.
8. Discuss the role of the colon bacillus in infectious processes.
9. Examination of cultures.
10. Examination of stained specimens.

PATHOLOGY.

1. Enumerate the varieties of goitre, and describe the relations of cystic goitres to the neighboring parts.
2. Describe in detail the usual mode of making a postmortem examination of the brain.
3. Give the pathology of cancer of the lip.
4. Name 5 nematodes.
5. Name the characteristic parasite in each of the following diseases: favus, tinea versicolor, thrush.
6. State the significance of albuminuria.
7. Give the distribution of arterio-selerosis, and describe its characteristic lesions.
8. Examination of gross pathological specimens.
9. Examination of microscopical specimens (histology.)
10. Examination of microscopical specimens (pathology.)

PHYSIOLOGY.

1. Describe the secreting structure of the kidneys, and name the more important of the excrementitious products found in urine.
2. Name the salivary glands and give their structure and function.
3. Discriminate between the corpus luteum of pregnancy and the corpus luteum of menstruation.
4. What is the chemical reaction of blood, urine, sweat, uterine secretion, vaginal secretion?
5. Locate the following centres: auditory, visual, speech.
6. Describe the nervous control of the heart.
7. Mention the nerves concerned in taste.
8. Name the cranial nerves, and state whether motor, sensory or special sensation.
9. Define: (1) reflex action; (2) protoplasm; (3) neuron; (4) neuroglia; (5) osmosis; (6) ovulation; (7) leukocyte; (8) diastole; (9) emmetropia; (10) astigmatism.
10. Discuss the signs of death.

MATERIA MEDICA AND THERAPEUTICS.

1. Mention three animal extracts used in medicine, and state the therapeutic sphere of each.
2. Define the distinction between waters and solutions, and between tinctures and spirits.
3. State the chemical difference between calomel and corrosive sublimate; and the proportion of mercury in hydrargyrum cum creta.
4. State (a) the physiological effects of gelsemium, (b) its therapeutic uses and (c) dose of its tincture.
5. State the (a) origin, (b) physiological action and (c) therapeutic uses (other than obstetric) of Ergot of Rye.
6. Name the official preparations of copper and their application in medicine.
7. How many grains of a drug should be in a 10 per cent. solution of it?
8. Name three arsenical preparations and give dose of each. Give symptoms of acute arsenical poisoning and methods of combatting it.
9. Of apomorphia state (a) its origin, (b) dose and (c) therapeutic uses.
10. What remedy would you prescribe to effect the expulsion of (a) Taenia solium, (b) ascaris lumbricoides, (c) uncinaria doudenalis?

MEDICINE.

1. Differentiate pleurisy with effusion from lobar pneumonia.
2. Give etiology, pathology and diagnosis of acute endocarditis.
3. Give etiology, morbid anatomy and symptoms of facial erysipelas.
4. Differentiate cerebral haemorrhage from acute alcoholism, and uraemia.
5. Give etiology and symptoms of cholelithiasis; differentitate from renal colic.
6. Discuss causes, symptoms and treatment of intestinal obstruction.
7. Give pathology, symptoms and medical treatment of gastric ulcer. Differentiate from carcinoma of stomach.
8. Give morbid anatomy, symptoms and diagnosis of epidemic cerebro-spinal meningitis.
9. Give morbid anatomy and symtoms of locomotor ataxia.
10. Give symptoms and treatment of
    acute poisoning by
    carbolic acid;
    arsenic;
    corrosive sublimate;
    opium;
    rattle snake bite on the foot.

SURGERY.

1. (a) Define term inflammation.
(b) Mention 3 terminations of same.
2. Define terms: Ulcer, abscess, fistula, necrosis, granulation.
3. Mention 3 conditions demanding trephining.
4. Give caution to be observed and 3 structures to be avoided in hysterectomy by abdominal route.

5. Define simple, compound, complicated and comminuted fractures.
6. Mention symptoms of fracture of skull at base of brain.
7. Describe method of reducing subcoracoid dislocation of humerus (Kocher's preferred.)
8. Give diagnosis and clinical features of stone in the bladder.
9. Mention symptoms of appendicitis demanding immediate operative measures.
10. Give management of case of fracture of patella.
11. Describe treatment of chronic ulcer of leg.

Answer ten questions only, numbered as above.

J. B. MITCHELL, M.D.

CHEMISTRY.

1. Name each of the following: H_2SO_7; H_2SO_3; H_2SO_4; $H_2S_2O_3$.
2. Give the sources of the following acids: Citric, lactic, tartaric, acetic, butyric.
3. Distinguish chemically between hard water and soft water.
4. Give the antidotes applicable in iodine poisoning.
5. Explain the methods of administering oxygen to a patient in bed.
6. What is the fever thermometer? How is it made and graded?
7. What is fermentation, and how is it produced? What are enzymes?
8. Give the comparative constituents of cows' milk and human milk.
9. Give the chemical difference between the blood in the pulmonary artery and the blood in the pulmonary vein.
10. Mention secretions of the body that contain cholesterine, pepsin, trypsin, ptyalin.

ANATOMY.

1. Describe and locate the vermiform appendix.
2. Describe the thoracic duct. Where does it empty?
3. Describe an ovary and fallopian tube.
4. What are synovial membranes?
5. Describe the alimentary canal.
6. Describe Poupart's ligament.
7. Name the bones of the corpus and tarsus.
8. Give the position and relations of the tricuspid and mitral valves of the heart.
9. Name the ductless glands.
10. Locate and describe the pancreas.

MATERIA MEDICA—HOMEOPATHIC.

1. Give the characteristic symptoms for hepar sulphur, phosphorus and tartar emetic in cough.
2. Give the symptoms for sulphur and for nux vomica in constipation.
3. Give the characteristic symptoms calling for gelsemium, cupreum and ammonium carb in acute coryza.
4. Compare bryonia and rhus tox. in rheumatism.
5. Give special symptoms for arsenicum, merc cor and phosphorus in diarrhoea.
6. Compare squills and senega in acute laryngitis.
7. Name three remedies, giving long course treatment, for cases of corn, for headache.
8. Describe the skin, fever and sweat of antimonium tartar.
9. State the indications, skin, fever and the toxicodendron that can be safely administered, of antimonium, arsenicum, sulphate, phosphorus, calcarea, bromide and strychnine.
10. How would you distinguish and antidote poisoning by carbolic acid and by cocaine?

MEDICINE—HOMEOPATHIC.

1. What do you understand as malaria? Give leading symptoms indicating malarial infection.
2. What is exophthalmic goitre? Give four marked symptoms.
3. Is dropsy a disease? Name the causes of dropsy.
4. What are the most common sequelae of measles and of scarlatina?
5. Give the symptoms, treatment and prognosis of cirrhosis of the liver.
6. What is disease? What is endemic and what epidemic disease?
7. What does the urine reveal as to color, specific gravity, voided quantity, voided and abnormal constituents in diabetes mellitus?
8. What would auscultation and percussion reveal in congestion of the lungs?
9. Differentiate between an hysteric and an epileptiform paroxysm.
10. Give the leading symptoms of acute articular rheumatism.

BOOK REVIEWS.

THE NATIONAL DISPENSATORY. Containing the Natural History, Chemistry, Pharmacy, Actions and Uses of Medicines, including those recognized in the Pharmacopoeias of the United States, Great Britain and Germany, with numerous references to other foreign Pharmacopoeias. In accordance with the United States Pharmacopoeia, eighth decennial revision of 1905, by authorization of the Convention. By Hobart Amory Hare, B. Sc., M.D., Professor of Therapeutics in the Jefferson Medical College, Philadelphia, Member of the Committee of Revision of the U.S.P.; Charles Caspari, Jr., Ph.G., Phar. D., Professor of Pharmacy in the Maryland College of Pharmacy; Baltimore, Member of the Committee of Revision of the U.S.P.; and Henry H. Rusby, M.D., Professor of Botany and Materia Medica in the College of Pharmacy of the City of New York, Member of the Committee of Revision of the U.S.P. Imperial octavo, 1858 pages, 478 engravings. Cloth, $7.25 net; leather, $8.00 net. Thumb index, 50 cents extra. Lea Brothers & Co., Publishers, Philadelphia and New York, 1905.

When Robinson Crusoe was cast away upon that island if he had been a physician and had had a good medical dictionary, "Gray's Anatomy," and "The National Standard Dispensatory," he might have got along very well without any other medical authorities; still, if he had been cut down to where he could only have one book he might have kept up very well in his profession by simply having the "National Standard Dispensatory." This ponderous volume is full of valuable matter from page one to page 1858. The 478 engravings add

much to the value of the text. A general index of about 90 pages contains full reference to every page in the text, making it a repertory of the world's knowledge of drugs, while the therapeutical index of about 40 pages contains under the name of each disease, reference to all the medicine employed in its treatment. It contains a full exposition of all the changes brought out in the new edition of the U. S. Pharmacopoeia.

A SYSTEM OF PHYSIOLOGIC THERAPEUTICS, edited by Solomon Solis Cohen, A. M., M.D., Philadelphia. P. Blakiston's Son & Co. 1905.

Vol. X., Pneumotherapy including Aerotherapy and Inhalation Methods and Therapy. Dr. Paul Louis Tissier, one-time Interne of the Paris Hospitals, assistant consulting physician to Laeunac and Lariborsiere Hospitals, Chief-of-Clinic. In the Faculty of Medicine of the University of Paris.

Pneumotherapy means the use of respired gases for therapeutic purposes, directly, or as carriers of medicinal agents; *aerotherapy* is a branch of pneumotherapy, dealing with atmospheric air.

The author enters very fully into the Therapeutic use of condensed and rarefied air, entering particularly into the etiology and symptoms of mountain sickness. The effects of Ozone Inhalations and the apparatus necessary, together with the methods of administering oxygen occupy an important section of the work. The Therapeutics of Terebinthinate Inhalations will particularly appeal to the general practitioner.

Vol. XI, *Serum Therapy,* by Joseph McFarland, M.D., Professor of Pathology and Bacteriology in the Medico-Chirurgical College of Philadelphia. *Organotherapy,* by Oliver T. Osborne, M.A. M.D., Professor of Materia Medica and Therapeutics at Yale University. *Radium, Thorium and Radioactivity,* by Samuel G. Tracy, B.Sc., M.D. Radiologist, New York Skin and Cancer Hospital; Assistant Neurologist, Vanderbilt Clinic, Columbia University, New York City. *Counter Irritation, External Applications, Bloodletting* by Frederick A. Packard, M.D., late physician to the Pennsylvania Hospital. *An Outline of the Principles of Therapeutics With Especial Reference to Physiologic Therapeutics,* by the editor with addendum on X-Ray Therapy and an index-digest of the complete system of eleven volumes. Illustrated. Philadelphia, P. Blakiston's Son & Co., 1012 Walnut street, 1905; Cloth, price for the eleven volumes, $27.00. With this volume is brought to a creditable conclusion the broad conception of a noble work that has occupied the distinguished editor's thoughts for twenty years.

This work marks an epoch. Drugs are a necessity but the medical profession are struggling to minimize their use. The young man who will study these volumes closely and become as familiar with these procedures as he is with digitalis, quinine and opium will prove to be the physician the people are looking for.

The physician is probably not justified in procuring a decree of absolute divorce from the druggist, but, if progresisve, he will soon become immeasurably more independent of the knight of the mortar and pestle than he is at present. Then, like Don Quixote de la Mancha, the pharmacist will become the modern Knight of the Sorrowful Figure. Eleven large volumes on Therapeutics without a word about drugs! The world moves onward.

MANUAL OF THE DISEASES OF THE EYE, FOR STUDENTS AND GENERAL PRACTITIONERS. By Charles H. May, M.D., Chief of Clinic, and Instructor in Ophthalmology, College of Physicians and Surgeons, Medical Department Columbia University, etc. Fourth edition, revised, with 360 original illustrations, including 21 plates, with 60 colored figures. New York, Wm. Wood & Co., 1895.

Not too little nor too much, but just the best selection for student and general practitioner has been the aim of the author; so pleased has the reviewer been with his success in so doing, that he has adopted this manual for his classes. The color plates which represent the external diseases of the eye and have been added to this edition, are of merit and aid not a little in the elucidation of the text.

Any work of this size must be selective in subject matter, and May chooses wisely. The tincture of iodine which he recommends for corneal ulcer (page 119), the writer has found to be quite efficient. The use of nitrate of cocaine, instead of the hydrochlorate, for producing anesthesia before the use of nitrate of silver might be instanced as a nicety in therapeutics (page 364), thus obviating the stain which would be left by the silver chloride precipitate.

The use of iodine the reviewers have found to be effective for deep seated pain (page 370). It will be seen that this little work is kept thoroughly up to date and can be relied upon by the general practitioner to give the latest and well proven methods.

THERAPEUTICS, ITS PRINCIPALS AND PRACTICE. By Horatio C. Wood, M.D., LL.D., (Lafayette, Yale, Pennsylvania), Professor of Materia Medica and Therapeutics in the University of Pennsylvania; member of the National Academy of Science. Twelfth edition, thoroughly revised and adapted to the eighth (1905) edition of the United States Pharmacopoeia, by Horatio C. Wood and Horatio C. Wood, Jr., M.D., demonstrator of Pharmcodynamics in the University of Pennsylvania. Philadelphia and London; J. B. Lippincott Company. 1905. Cloth, $5.00.

There is little that need be said concerning a book which has reached its twelfth edition. This fact alone is a mark of commendation which could not be exceeded by anything which a reviewer might have to say. However, it is but just to add that this edition was delayed somewhat in order that it might be made to conform with the last revision of the U. S. Pharmacopoeia, which has recently appeared.

In this edition over seventy new drugs have been added to those former discussed. Among these seventy are included such as anaesthesin, argyrol, bismuth subiodide, creosotal, thiosinamine, lysol, urotropin and veronal.

A very good feature of the work is that some of the less important drugs, which are of such novelty and character that they do not particularly concern the student, are discussed in small type. It is a work which, while primarily intended for the student, and which will doubtless retain its popularity as a text book, is nevertheless a very satisfactory work of reference for practitioners.

Volume XII. No. 3. Whole number 27. Progressive Medicine, a quarterly digest of advances, discoveries and improvements in the medical and surgical sciences, edited by Hobarty Armor Hare, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College, Philadelphia, assisted by H. R. M. Landis, M.D., Assistant physician to the Out-patient Medical Department of the Jefferson Medical College Hospital. September 1, 1905. Lea Brothers & Company, Philadelphia and New York. Six dollars per annum.

This work comes to us replete with the advances, discoveries, and improvements in the medical and surgical sciences which have taken place in the last quarter.

To one who wishes to keep abreast with present day methods, the work is invaluable, the present volume being well up to the standard which has been placed by preceding ones.

Under diseases of The Pleura, on page 45, considerable space is given to Grocco's Paravertebral Triangle of Dullness.

Under the head of Litten's "diaphragm phenomenon," Wm. N. Berkeley has contended that it is better to

speak of the "phrenic wave" as descriptive of the "phenomenon" than to speak merely of Litten's "sign." While it is not an important matter, one cannot help but feel that the term "wave" in connection with the word "phenomenon" is more descriptive and that it should be used in place of the term Litten's "sign."

On page 132 concerning Lupus Vulgaris occurs this statement: "Finsen light is most applicable where the extent of the disease is small, as it otherwise takes too long. Radiotherapy is quicker, and, therefore, more suitable for large areas. Excision and transplantation can be used when there is a single area properly located for them."

The study of the blood during pregnancy even by the more modern methods have not been uniform in its result. This fact has led Thompson to endeavor to clear away some of the doubtful points. The conclusions as recorded on page 191 are interesting and are as follows: (1) "A moderate decrease is observed in red-blood corpuscles rather early in pregnancy, remaining subnormal throughout the middle month to rise again to normal at the end of pregnancy. This, however, is not true in all cases. (2) There is a low percentage of haemoglobin which is constant throughout the first seven months and rapidly approaches normal as pregnancy draws to a close. (3) A slight absolute leukocytosis exists in every case of pregnancy, but this slight leukocytosis does not support the theory that it is due to any positive chemotaxis. (4) There is no variation from normal in the different forms of colorless corpuscles, the leukocytosis affecting all forms of white cells alike. (5) The specific gravity is high at the outset of pregnancy, diminishing by progressive steps to reach its lowest level in the middle months, and rising to normal at term."

GREEN'S PATHOLOGY. Tenth edition. A text-book of Pathology and Pathological Anatomy. By T. Henry Green, M.D., F.R.C.P., Consulting Physician to Charing Cross Hospital, London. New (10th) edition. Thoroughly revised by W. Cecil Bosanquet, A.M., M.D., F.R.C.P., Assistant Physician to Charing Cross Hospital. Octavo, 606 pages, 348 engravings, and a colored plate. Cloth, $2.75 net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1905.

A text book which has reached its tenth edition stands in no need of introduction. Its vigor and vitality bespeak a quality which has won the favor of students and professors alike, namely, a simple, clear and adequate presentation of this groundwork of medicine. Pathology has undergone a transforming growth during the present generation and Green has followed its revisions so frequent that its pages might always be consulted for the recent position of its science. This is equally true of the new edition which now carries this sterling work forward. The pages of this work have, therefore, always been consulted for the recent advances and condition of its science, and the diction of the work is so clear, so directly to the point, so easy of understanding, that the popularity of Green throughout the student world, and equally as a quick reference for the busy practitioner, is not to be wondered at.

On page 214, under the head of Thrombi, in the paragraph of Softening, appears the following: "That thrombi can disappear and leave the lumen of the vessel pervious is certain; for when it was the custom for venesection to be performed at regular intervals, the repeated bleedings were frequently effected from the same vein. In modern times also, re-establishment of the circulation is known to have occurred through spermatic veins and through the superficial veins in the leg, in cases where thrombosis had undoubtedly taken place. The process by which this occurs is not known, but in a large number of cases it is probably the result of some form of softening process."

On page 314, under the head of Rheumatism, in speaking of the different organisms found in the blood occurs the following sentence: "The specific nature of these organisms and their relation to Rheumatism must at present remain undecided." Hence according to Green we have the question of the infectious nature of rheumatism still left undecided.

On page 321, in speaking of the Paratyphoid Bacillus, he says: "It is capable of producing a disease almost exactly resembling enteric fever, from which it is distinguished mainly by the failure of the patient's serum to exhibit the agglutination reaction with typhoid bacilli." Two varieties of the organism are described.

In discussing agglutination on page 299 occurs the following: "The nature of the process of agglutination is not known. It is possible that a precipitate of some kind is formed, which entangles the organism in its meshes. The substances which produce the reaction are called *agglutinons*: there is evidence to show that the interaction of two bodies analogous to the alexin and copula which produce haemolysis, is necessary for the process of agglutination."

The article on Immunity is a very interesting one. In speaking of immunity of negroes from yellow fever we have the following: "The complete immunity of the negro to yellow fever is generally accounted for by supposing that those who could resist the disease best, would by living longest and having most children, be most likely to hand on their peculiarities to the succeeding generation; and further, that the degree of immunity thus gained would be strengthened by the intermarriage of those already partly immune." Under this same head of immunity, and in this connection is mentioned the case of two medical students who paid almost daily visits to scarlet fever wards for several months, and failed to contract the disease; but late one afternoon, on entering the wards much exhausted by severe exercise and a fast of five hours, both took the disease in a severe form, and one died.

The charming way in which the whole subject is presented, undoubtedly has added much to the popularity of the work.

THERAPEUTICAL HINTS.

Battle & Co., 2001 Locust St., St. Louis, have just issued the seventh of their series of twelve illustrations of the intestinal parasites, which they will send free to physicians on application.

Marchand's Glycozone is a standard preparation that all intelligent physicians appreciate and value. The medical profession is very indignant at the confusion which has been intentionally created by the manufacturers of Liquozone, a very questionable preparation. The editor of the New England Medical Monthly, in order to test the amount of confusion there is on this important point, called at a drug store in Mt. Clemens, Michigan, and asked for a bottle of Glycozone and the clerk handed him a bottle of Liquozone. A recent editorial in the Louisville Monthly Journal of Medicine and Surgery, also calls attention to this danger. Dr. D. F. Ragan, health officer of San Francisco, says that Liquozone is a pernicious and unsafe drug, and that it should be removed from the shelves of all dealers.

In the treatment of alcoholism and dipsomania, Antikamnia and Codeine

Tablets are reported to have a most beneficial effect. The cardiac pains subside, the tremor, anxiety and morbid vigilance give way to rest, quiet and calm peaceful sleep.

Dr. W. H. DeWitt, in the Lancet Clinic of Cincinnati, says: "After trying several of the foods in common use, together with milk treated in various ways, with absolutely no success, it occurred to me that the simplest thing in the way of infant feeding, one that would create the least disturbance and leave the least intestinal residuum, would be that of a combination of barley water and egg albumen in proper proportions according to the age of the patient. The first case that I tried it on was a child four weeks old that was rapidly emaciating from lack of assimilation and frequent vomiting and diarrhoea. In twenty-four hours from the time I began administering the food, vomiting and diarrhoea had ceased and the child presented unmistakable evidence of general improvement. The little patient gained rapidly in weight, and all of my cases treated subsequently by this method have responded in the same characteristic manner. I have one important suggestion to make in the preparation of the barley water. The barley meal should invariably be used instead of the whole grain. Again; in the preparation of this food, the albumen should simply be thoroughly incorporated with the barley water by stirring, never by beating the egg as in the preparation of cakes.

Parke, Davis & Co., have recently introduced a new liquid antiseptic of considerable power, called Cresylone. It contains 50 per cent. of Cresylic Acid and forms clear solutions with water in all proportions.

A two-per-cent. solution of Cresylone is not only an excellent disinfectant for instruments and hands, but a valuable detergent and lubricant, too. It is said not to injure metallic or rubber instruments, though celluloid articles are apt to become friable under its action.

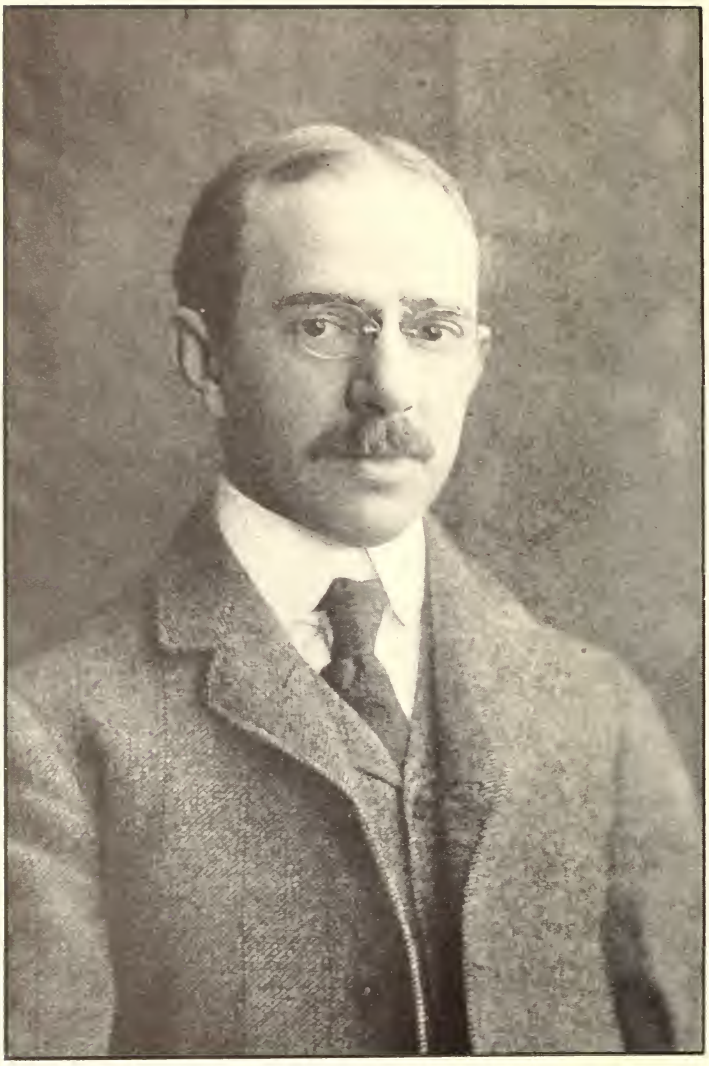
In the treatment of wounds a one-per-cent. solution is usually employed, and a two-per-cent. solution may be used in profoundly septic cases when more vigorous measures are indicated.

Cresylone completely arrests the development of pus organisms and is, therefore, indicated in the various suppurations with which the general practitioner has to contend. In the treatment of otorrhea, irrigation with a ½ per cent. solution is said to be of benefit. A solution of the same strength is of value in the treatment of ozena.

As it removes odor, it may prove of service in gangrene. In cancer of the servix uteri the application of gauze saturated with a solution of Cresylone will remove the odor that accompanies this disease. For disinfecting sputa and stools Cresylone commends itself in the sick-room, hospital ward, schools, prisons, etc.

Therapeutically, the use of Cresylone has been sugested in various pathologic conditions, notably in the treatment of gonorrhea, lupus, tonsillitis, eczema, and systitis of the female.

PHARMACEUTICAL HINTS.



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AIMS AND METHODS IN MEDICAL DIAGNOSIS.*

BY ALFRED STENGEL, M.D., PHILADELPHIA, PROFESSOR OF CLINICAL MEDICINE, UNIVERSITY OF PENNSYLVANIA.

For the first time in the history of medicine, physicians may lay just claim to having a more or less scientific pursuit. Some of us, no doubt, were inclined to resent the classification of medicine as a utilitarian science in Mr. Melvil Dewey's System, but on reflection one must concede that with the exception of some of the fundamental branches, particularly pathology and physiology, medicine is not so exact as might be desirable, though it is certainly erroneous to say that it is in any sense unscientific. It was asserted very positively at the recent Congress of Arts and Science at St. Louis that medicine as a whole should not be classified among the exact natural sciences. Though we may question the wisdom of so radical a departure from precedence as well as from our desires, it is practical wisdom for the profession to accept this situation. The claim to a place among the exact sciences has been attacked on the ground of the uncertainties of diagnosis, prognosis and therapeutics. There is little doubt that a far greater degree of exactness is desirable in these branches than has yet been manifested. It cannot, as I shall presently point out, be of advantage to us to arrogate to ourselves a position which our performances do not fully justify Nothing could more speedily bring upon the profession criticism and even ridicule, and I am convinced that in the past the loss of respect shown among some, and not always the ignorant, among the laity, has been due to the fact that our fulfillments have not been commensurate with our promises.

Diagnosis, more than any single branch of medical work calls for utilization of the best on the scientific side of medicine and for the highest cultivation of that part which is, and always must remain, an art,—the application of scientific principles in the changing conditions caused by the individualities of human constitution and human nature. It is impossible to reach perfection in diagnosis without the most thorough-going knowledge of the scientific branches and particularly of pathology. In my own experience those who have shown themselves most capable in

*Delivered before the Los Angeles County Medical Society, Friday evening, June 30, 1905

diagnosis have been those who were most fully equipped in their knowledge of the manifestations of disease, objective (pathology) as well as subjective (symptomatology). This foundation, however, alone would not avail. Perfection requires that cultivation of senses and that refinement of intellectual processes which alone enable the physician to recognize in different individuals and in changed conditions manifestations of perhaps the same fundamental pathological process. It is impossible to eliminate the human element in medicine; it is futile to attempt to make of it a purely objective science. It is, and it must always remain, in part an art, and cultivation of the highest sort will always be essential to the diagnostician. Experience is not a quantitative question. A few cases thoroughly studied and a comparatively short training in accurate methods outweigh in value a relatively enormous material imperfectly and improperly utilized. Personal equation too must play a part, for there are eyes that see not.

Granted a knowledge of pathology, the next step in the diagnostician's development is the cultivation of methods of examination. As my experience widens and my intercourse with members of the profession in various places increases, I am becoming more and more convinced that faulty diagnoses more often result from slovenly methods and carelessness than from ignorance. The student must be trained and must cultivate a method of procedure which will eliminate the danger of over-looking discoverable things through inattention. If the practice of examining every case objectively, without reference to the chief complaints, is begun in student days, the danger of error will be greatly reduced. A patient is admitted with a complaint of giddiness or buzzing in the ears; it is discovered that he has carcinoma of the liver. Another complains of unsteadiness in his gait, and it is discovered that he has aortic valvular disease. A third gives a history of shortness of breath and his real disease is an inflammation of his kidneys. Such actual instances of discrepancy between the primary complaint of the patient and the usual symptoms of the disease from which he is suffering might be multiplied indefinitely. Diagnosis based upon subjective examination alone could not in such cases be thorough or reliable. Sometimes we are disposed to be proud of a correct diagnosis arrived at by some mysterious deductive or inductive process (guessing?) that we can hardly explain and perhaps in the face of material facts which would have led to a different and perhaps an erroneous opinion. It is far better that we should proceed methodically and if the facts obtained after an honest effort do not lead to a proper diagnosis, it is more commendable to have erred than occasionally after insufficient examination to arrive at a proper diagnosis by jumping at conclusions. I am reminded of the reproach heaped on poor Goldsmith by Samuel Johnson when Goldsmith was exulting at the correctness of his conclusions. "Proceeding, Sir, from faulty and ridiculous premises" said Johnson, "and reasoning like a Scotchman you have somehow stumbled upon the truth." This is precisely the error made in diagnosis in some cases and the result is not one which should cause gratification even though like Goldsmith, the physician finds his conclusions correct. "Some rise by Sin and some by Virtue fall."

It is not the aim of diagnosis to find names for given cases of disease. The botanist has laid down schemes of classification which permit even the beginner to identify an unknown plant by a process of elimination and exclusion and the diagnosis in this case is the name found at the end of the process. The same method cannot apply to medicine.

Plants of the same species are after all always the same plants, but no two cases of disease are or can be alike and it does not suffice in diagnosis to learn only the name of the principal trouble. One knows very little when one is told that John Smith has typhoid fever and the therapeutist would be little aided by this single item of information. It is, however, much to know that John Smith has typhoid fever of two weeks duration, that his intestinal conditions are of such and such a character, that the kidneys show evidence of intense infection, and consequent degeneration, that the heart muscle has suffered some degeneration and in short that John Smith suffering with typhoid fever has this or that grade of disease with such or such complicating conditions. The inadequacy of mere nominal diagnosis is still more glaring in the case of organic diseases such as heart troubles, nephritis, etc., in which wide variations occur in different cases. We are inclined to smile at the Teutonic method of recording in the diagnosis every pathological condition, however trivial, discovered in the examination of the patient. Sometimes the diagnosis occupies almost as much space in a case report as does the history and the record of the physical examination. I freely admit that it is possible to carry precision to a ridiculous extent, but the purpose of such minuteness of record is to establish uniformity of method and completeness of investigation so that nothing may be over-looked. The master may allow himself privileges based upon a large experience and may omit that which seems irrelevant, but the beginner should faithfully record everything abnormal that is seen or found until his experience has grown and until he himself may become a master.

We have all heard the layman's view that Doctor So-and-so has such keenness of penetration that a mere glance suffices to reveal the nature of a case. It is true that increasing experience tends to train the senses and habits the mind to a certain class of operations that results may be arrived at with accuracy though so rapidly as to seem doubtful. I have often marveled, as I have watched Oriental jugglers, at the wonderful development of muscular co-ordination which enables them to catch with unerring accuracy fire-brands, sharp weapons, and all the curious objects used. If so lowly organized structures as the muscle and its nervous mechanism are capable of this development, how much more may the specialized (intellectual) nerve cell develop in certain lines from constant repetition of similar operations. I have no doubt that we all of us acquire a certain sixth or medical sense, but it would be unfortunate to place too much reliance on this. No matter how skilled or experienced we may be, diagnosis requires painstaking examinations and earnest thought. Naturally problems differ in difficulty but error can be avoided only by constantly applying a uniform method of thorough investigation.

Fortunately greater precision of diagnosis has been rendered possible by a wider knowledge of the correlation of pathological processes. The interdependence of diseases or more properly of organic disturbances is recognized by practical physicians and the pathologist is constantly adding to our knowledge of the relationship existing between morbid processes often seemingly distinct from one another. The "complication of diseases" of which one heard so much in older days has been relegated to the vernacular of the layman. Nowhere is the dependence of one group of conditions upon another more evident than in the case of renal and cardiac affections. The development of secondary disease of the heart-wall following renal disease or the establishment of chronic congestion and consequent induration of the kidney as a result of long standing

cardiac failure are well known and generally promptly recognized. Recently the role of arterial disease in the development of various organic affections has come to occupy a far more conspicuous place in the thoughts of the practicing physician. When Gull and Sutton first drew attention to the far-reaching importance of arterio-capillary fibrosis, the practitioner regarded their contribution as one of importance only in refined pathological discussion and little thought that their view would soon come to occupy a prominent place in every-day practical medicine. Doubtless the importance of general vascular disease is even greater than many of us at the present day are willing to admit and our diagnoses are frequently incomplete because we recognize only the end-results of this underlying condition. It must, of course, be understood that arterial disease is often a result of pre-existing organic disease though it may in the end become the secondary cause of much more extensive organic derangements. Diagnosis in chronic diseases is insufficient when the importance of such a generalized disorder is not taken into account. Here then is one of the directions in which the pathologist has opened up to the clinician a better conception of the problems that confront him.

Another direction of improvement in diagnosis is that which owes its origin to the labors of physiologists, and is incidentally an evidence that accurate knowledge of disease is not always the contribution of the pathologist alone. If one traces the history of diseases of the stomach one will find that the views of the profession were first purely clinical and treatment was more or less empiric. Next came an era in which all views were based upon notions of pathologic change in the mucous membrane. Succeeding this, for a time, the physiological chemist occupied the ground and impressed his views of the nature of gastric disease and its treatment upon the profession. In the second of these periods, remedies were administered with the thought that a diseased mucous membrane required astringent tonics or other treatment for its restoration. In the third period most of the efforts at treatment were guided by the principle of correction of imperfect secretion. More recently physiological experimentors have shown that certain animals (dogs) thrive and even grow fat despite the fact that the stomach has been wholly removed and the esophagus joined directly to the small intestine. Surgeons operating in cases of serious disease of the stomach (cancer and other tumors) have demonstrated the fact that even in the human-being removal of the stomach, in large part or wholly, does not of necessity preclude the possibility of continued existence and even an improved state of health. At the same time those who have made special studies of the diseases of the stomach have learned that in a large group of affections a conspicuous feature has been the loss of motility of the organ. As a result of these experiments and investigations taken in conjunction with the undoubted fact that chemical treatment of gastric disease (that is the mere administration of elements supposedly needful in digestion) has proved of little value, the conclusion is warranted that the most important function of the stomach is that which depends upon its motor capacity, that is, its ability to comminute food and move it forward into the intestines in an orderly fashion. When this function is impaired, derangements of digestion follow and treatment of gastric disease at the present time is largely directed towards the end of strengthening the motor power. Not infrequently, I think, we deceive ourselves in supposing that a remedy given with a certain thought in view has accomplished good by fulfilling the purpose of its

administration whereas in truth the good achieved was due to some quite different cause. For example, we administer nitrate of silver with the purpose of correcting a disease of the mucous membrane of the stomach to which we have attributed the digestive disturbances present or else with the same thought we practice lavage at regular intervals. The patient improves and we ascribe the improvement to the remedy and believe that this has acted in the manner expected, whereas possibly the drug or the lavage has been effective simply by stimulating the stomach to improved motility.

We might go further in the consideration of the wider conceptions of morbid processes based upon ampler knowledge of physiology and pathology, and in particular might review the modern views of certain nervous diseases like neurasthenia, hysteria, etc., in relation to organic diseases. Enough, however, has been said to illustrate my point that there is a better knowledge of the interdependence of diseased conditions and of the proper role of certain structures and organs in physiological processes.

The direction in which most of us would consider that diagnosis has had a modern advance is in the perfection of certain methods of investigation and the introduction of new principles derived from the laboratory. I cannot do more than hastily consider some of these in the scope of this brief discussion. To enumerate, let me call your attention to improvements in physical diagnosis and in the study of chemical changes in secretions and excretions, to the help derived from the study of the blood and to the various tests based upon bacteriological methods, to serum diagnosis, cyto-diagnosis, and to the data obtained from the application of certain principles of physics, such as are useful in determining blood pressure, the freezing point of liquids, etc. Not the least important of these methods, though not so modern as some of the others, is that of ophthalmoscopy.

Physical diagnosis is no longer a refinement of the few, but has become the habitual aid of every practicing physician. With increased knowledge of pathology, the results of physical diagnosis have grown more and more accurate. One sees this particularly in the study of tuberculosis of the lungs. Perhaps no recent advance has been more notable or more beneficial to humanity than the general recognition of the early physical signs of pulmonary tuberculosis. Still greater improvement is desirable in this direction, but the beginning has been made. In diseases of the heart, too, a decided advance in the direction of a more certain discrimination of myocardial and valvular cases has been accomplished.

Chemical studies have given us a better knowledge of the significance of sugar and albumin in the urine and methods for determining the danger signals in diabetes. It has materially improved our knowledge of the processes of gastric digestion and to a certain extent has cleared the way for an ultimate solution of the obscure problems involved in the study of metabolic diseases.

The study of the blood has had a varied career. Beginning with the memorable contributions of Ehrlich on the character of the blood corpuscles and with the introduction of his more accurate methods of staining, there has been a course of advance and retrograde movement, the importance of blood conditions sometimes undoubtedly being over-estimated as at other times it has been under-valued. The truth seems to be that a careful analysis of the blood by modern methods is often helpful in distinguishing between superficially similar conditions. Confusion has been caused by those who have sought in blood examinations pathogno-

monic signs of various diseases. Nothing is more fallacious and more harmful to real progress than this futile search for such signs or symptoms. It has filled the history of medicine with a succession of unjustified hopes and unnecessary disappointments. Not the least regrettable feature of the attitude of mind that constantly searches for pathognomonic signs is that it prevents careful routine examination of the clinical conditions as a whole.

Certainly the demonstration of malarial and other parasites in the blood must rank among the great achievements of modern medicine and with equal certainty a more accurate knowledge of diseases of the blood has resulted from the routine examinations of this fluid though in individual cases much confusion may still exist.

Bacterial Diagnosis. The demonstration of diptheria bacilli in the throat and in pseudo-membranes; the discovery of tubercle bacilli in the tissues, the sputum or other excretions; the cultivation of typhoid bacilli from the blood or excretions and other like examinations have done much towards aiding in practical diagnosis, and still more perhaps in establishing the exact pathologic status of certain conditions not hitherto accurately determined, such as membraneous laryngitis, lupus and scrofula, para-typhoid infections, etc. While this method of diagnosis is not available to the average practitioner, in almost every centre of population, the public authorities, private institutions, or individuals have established laboratories which in puzzling cases may be called into requisition.

Sero-diagnosis is the natural outcome of the application of bacterial methods. The agglutination reaction in typhoid fever is one of the most conspicuous and practically useful additions to the means at the command of the practicing physician. Sometimes its usefulness is overestimated, sometimes through conditions which are not as yet fully understood the results are wholly disappointing; but taken as a whole the Widal reaction has been enormously beneficial in practical medicine. How much agglutination or similar reactions may contribute to a clearer diagnosis of other infectious diseases remains for the future to determine.

Of cyto-diagnosis I need say little. At best this is but an occasional aid to other methods.

Little also need be said of the methods based upon the principles of physics. I have found instruments for determining blood pressure of practical use in measuring the effects of treatment and even in determining diagnosis in arteriosclerosis and some other conditions. Cryosocopy unfortunately has not thus far proved a very satisfactory method. So many factors enter into the accuracy of the result and on the whole the method is so difficult of performance that for the present its application to practical medicine must remain limited. The use of electric currents for diagnosis is one of the older means which needs only passing mention.

Ophthalmoscopy is perhaps the earliest as it is the most reliable of the physical tests. Its full value is hardly appreciated by practitioners, who, I think, as a rule regard it applicable only to occular, renal, and certain nervous diseases. As a matter of fact a trained ophthalmoscopist often aids in recognizing cardiovascular diseases, diabetes, diseases of the blood and even certain phases of infectious diseases as tuberculosis.

Ultimate Aims in Diagnosis: Accuracy in diagnosis is desirable on its own account but is, of course, especially necessary if our therapeutic efforts are to be in the direction of proper remedial measures. In addition to these uses every practical physician will recognize the importance of accuracy in diagnosis in the formation of a reliable prognosis, one of the most difficult of the physi-

cian's duties. Finally, the aid which prompt and certain diagnosis gives to the timely establishment of prophylactic measures, particularly in certain contagious diseases, establishes its relationship with preventive medicine. Knowledge is undoubtedly desirable for its own sake even though no utilitarian purpose be in view. Refinements in diagnosis are sometimes decried because they serve no useful end. This attitude of mind would block all progress in scientific work and is besides short sighted in that it fails to recognize how frequently apparent useless knowledge has become of great practical value when its relations to other facts has been established. It is certainly advantageous always to know precisely the nature of disease. Only in this way can we establish useful classifications, test the effects of treatment in individual cases or different types of disease, and obtain reliable data regarding prognosis.

The relation of diagnosis to treatment is necessarily a near one. I remember in my earlier medical days a physician connected with one of the hospitals, who was quite generally recognized to have as little knowledge of medicine as a self-respecting community could tolerate, but was said by some of his friends to be "wonderful in therapeutics." It seemed to me then and it has continued to impress me as ridiculous that one whose knowledge of diagnosis was absolutely primitive could by any chance treat disease otherwise than in a slovenly fashion. The very nature of the problem indicates that if treatment is to be of any use and to have any standing as a scientific pursuit it must be based upon a recognition not alone of the broader outlines of disease, but of the very essence of each individual case. Polypharmacy and rambling, changeable medication owe their origin to uncertain diagnosis. The careful physician attempts to determine the fundamental conditions in every case and direct his efforts towards these. He does not forget, of course, that simultaneously with attempts at correction of underlying troubles relief of secondary conditions or symptomatic manifestations is desirable. Indeed, the mere relief of pain or other symptoms sometimes is a *sine qua non* in the ultimate cure of disease.

While careful diagnosis aids in the direction of therapeutic measures, it has the further advantage that it prevents unnecessary drugging. Therapeutic nihilism has no place in the rational medicine of today, but undoubtedly in its time it represented a not wholly undeserved reaction from the rediculous therapeutics of the past.

Prognosis is one of the most difficult problems of medicine, depending as it does not only upon a broad and accurate knowledge of disease, but upon close observation of the reaction of the individual and of the changing conditions arising from day to day. To a certain extent unfortunately the temperament of the observer often has an effect upon his views of prognosis. The scientific foundation for a forecast of the probable course of a particular case must be the observer's accurate knowledge of the exact conditions in that case and of the usual course of such pathological processes.

In addition to that which I have said regarding the value of accurate diagnosis to preventive medicine, it will be observed that the recognition of the first cases of contagious diseases is of utmost importance in the prevention of epidemics and that the cause of hygiene is aided by the discovery of obscure sources of dissemination of infectious disease through masked or larval forms.

Finally let me say a few words regarding the advantage of a more thorough and general appreciation of the scientific character of our calling in the

extermination of empiric methods of treatment. A perfectly clear determination by us of what is and what is not definitely known and a greater degree of candor toward the public in our statements of what may or may not be accomplished by treatment will do much to increase the confidence of the layman in our reliability and to deter him from seeking among irregular practitioners relief from maladies that are incurable. Of course, one must recognize the tendency of men to try every means, however unpromising when disease and suffering continue unabated, but it is through cases of the lesser and often functional ailments that charlatans succeed in establishing a following. To some extent the profession is itself responsible for the prevalence of new and strange systems of therapeutic empiricism. If we were less disposed to concealment of the things that cannot be accomplished by medicinal or other treatment, if we were less often guilty of running after strange gods in the form of new fledged drugs lauded in inspired publications, and if we showed in every relation of practice a constant disposition to hold only to principles of treatment that have a sure foundation, the public as a whole would respect us more highly and would accept our word as final. Such a platform of frankness requires of us the widest knowledge of the science of medicine and a high cultivation of diagnosis, for only he that has mastered the former and who seeks precision in the latter is justified in pretending to determine what may or may not be accomplished by treatment. Without these prerequisites, the practitioner is of necessity driven to solvenly therapeutics and lowers his own station as well as the standing of the profession as a whole. It must be admitted that we are delinquent to a large degree and we cannot, therefore, be too critical if the public hesitates in accepting ours as the final word in determining the possibility of relief. When we have failed is it any wonder that the layman runs to fads and quackery? The day of systems of treatment is done and the more intelligent of the public know it, but it rests with us to so order our attitude that even the ignorant will have full confidence though they lack in intelligence and judgment.

THE RELATION OF OUR COUNTY MEDICAL ASSOCIATION TO THE PUBLIC HEALTH OF LOS ANGELES.*

BY GEORGE H. KRESS, B.S., M.D., LOS ANGELES, CAL.

To allow a preventable disease to insinuate itself into the body of man and then attempt to cure it is not nearly as noble a work as that of applying one's knowledge of etiological factors, to the end of entirely thwarting its development.

It is a grand thing, of course, to be able to relieve physical suffering and pain, be this accomplished through physiological therapeutics, by means of drugs or by recourse to the knife. But when one contemplates the almost inconceivable amount of disease annually due to conditions that are distinctly preventable; when one considers how large a proportion of these uncalled-for victims of disease become greater or less invalids because of such preventable illness, and when one remembers the vast annual mortality from such conditions, one can come to no other conclusion, that, however noble and worthy of the best efforts of medical

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practitioners, disease therapy, *per se* may be, this therapeutical work cannot compare in importance, and certainly not in altruistic scope, to the great work of disease prevention.

The importance of the prophylaxis of disease is acknowledged by nearly all individual practitioners of medicine and is generally emphasized in the constitutions of most medical organizations.

For instance, the American Medical Association has, in its *Journal*, called attention again and again, to the importance of this work and one of the regular sections of the organization, that on Hygiene and Sanitary Science concerns itself especially with problems bearing on the public health. A strong effort was made during the last session of the United States Congress to induce that body to pass a measure that would give to the A. M. A. the privilege of national incorporation and the bill which was favorably reported upon in Committee from the House of Representatives, stated that "The object and purpose of such corporation shall be *to promote* the science and art of medicine and *the public health.*"

The Medical Society of the State of California holds its charter from the American Medical Association and in its constitution reiterates the above thought, though in different language, as follows: "The purpose of this Society shall be * * * to *enlighten and direct public opinion in regard to the great problems of state medicine* so that the profession shall become more capable and honorable within itself, and more useful to the public, in the prevention and cure of disease, and in prolonging and adding comfort to life."

The old constitution of the Los Angeles County Medical Association gave as its third object: "*The Promotion of the Public Health.*" The new constitution under which the Association is now working, and which cannot in any manner contradict the constitution of the State Society, states that "The purpose of this association shall be * * * to *make effective the opinions of the profession in all scientific, legislative and public health affairs.*"

There is no excuse then, so far as written declaration in the constitution of the organization is concerned, for this Association to ignore a consideration of the many problems vitally concerned with the public health of the community from which it draws its members, and from which community those members gain their livelihood.

It is a curious state of affairs, indeed, that a society so strong and powerful as our own, should busy itself almost from one year's end to the other with what, at times, could be termed purely academic discussions of topics bearing on pathology, diagnosis and treatment, with little or no thought, certainly precious little action, so far as co-operation with the proper authorities in the carrying out of commendable hygienic laws, or the obtaining of the necessary legislation for better laws on sanitation, is concerned.

In this patent neglect of matters which are vitally connected with the public health of Los Angeles, our County Society, it seems to me, is not only disregardful of an article in its constitution, as well as being oblivious of the individual views of the majority of its members, but is guilty of a shameful breach of trust to the community in which it has its being. If Los Angeles has not a right to expect the medical practitioners of the community, through their most representative society, the County Medical Association, to take an active interest and part in the solution of the public health problems of the City, to whom, pray, is the City to turn? Is it right for us to direct the municipality, when it seeks

advice in such matters, to our lay political organizations, partisan and otherwise, or to the corps of officials who hold forth at the City Hall?

To the shame of the Los Angeles County Medical Association be it said, that the Municipal League, the Merchants' and Manufacturers' Association, the Women's Clubs and similar lay organizations have taken a far greater interest and active part in working for a pure water supply, in striving to prevent unnecessary loss of life by street railroads, in laboring for a proper solution of the garbage question and other problems, than has this Association, of which we who are here tonight, have the honor to be members.

We would not for a moment, advocate that a county medical association take a partisan interest in local measures bearing on the public health, or descend to low political purposes and methods, but we would urge, and that most forcibly, that it is the duty of this County Medical Association to do some of the work that the new system of government of the American Medical Association, intends that it should do; would contend that it should strive to do that work which the local constitution of the Association explicitly states is one of the obpects of this organization, and which object, we as individuals. must endorse or be false to the traditions and highest teachings of our guild.

To turn now from the abstract to the particular, let us review briefly some of the problems bearing on the public health of our City, in which it would seem this Los Angeles County Medical Association should be interested.

There is the *water supply of the city,* a topic just now before the lime-light of public interest. It looks almost as if the entire project may be locked up for a time at least, in charge of that distinguished public body, the members of which are known as the City Fathers. These gentlemen, if report be true, were much worried, before the plans had been presented to them, as to the purity of the Owens River water and the number of germs it might contain. Now that the City Fathers are to be placed, through the lack of other legislation, in charge of this important work, they may, owing to their many other duties, have less time to worry about the item of purity and at this juncture a committee of physicians might be of some value to them and to the community, by giving this item its attention. As a pure water supply means freedom to the city from water-borne diseases, the topic is one of considerable importance.

It is said that the water from the Owens River valley, will have a fall sufficient to create electrical energy, that will be more than ample to *light all the streets and alleys of the city.* Sociological experts, who have given much study to crime, assert that ample light in dark streets and alleys materially reduces the need of policemen, and so lessens the burdens of taxpayers. With well lighted streets there is not only less crime committed, but good morals are conserved in other ways also. The Los Angeles record of almost nightly hold-ups will continue in all probability, even though the number of policemen be increased, so long as our miles of dark streets and alleys make hold-ups safe and easy. But would these hold-ups continue, if the streets and alleys were as light as day? No, for crime and immoral living ever seek the dark. If, therefore, it be true, that the Owens River plan may be made to create enough electrical energy to make Los Angeles one of the best lighted cities in the country; that is, one of the most moral cities in the country, this Society, which represents a profession that is supposed to labor, not only for the body but somewhat for the

soul, owes it to the community of Los Angeles, to do its part in preventing so beneficent a preventive of crime and immoral living, from being sold for a song by our political rulers, to the wealthy power and lighting corporations, by them in turn to be dealt out in small lots to the citizens at enormous prices and profits to themselves. Since crime and immoral living are responsible for much bodily disease, this possible means of making the streets and alleys of Los Angeles as light by night as during the day, has an intimate relation to the subject of disease prophylaxis.

The Garbage Question. The Board of Health regularly recommends that our garbage collector be fined for non-performance of duty and the City Fathers as regularly ignore the recommendations. More than that, from time to time for reasons good and sufficient to themselves, they add a bonus to the contract price for the collection of garbage. These same City Fathers, at a time when they were battling with the kind of crematory they would erect for the disposal of garbage, when the present contract should expire, received not the slightest hint of aid from this Association, an association which positively states as one of its purposes in being, the participation in the solution of problems of just this nature.

The Board of Health and our Health Officer, Dr. Powers, this year made the fight for *pure milk* all alone. Their good work was reflected in a decreased infant mortality. The dairymen will be careless again next year. Indeed, they are already growing careless, if one is to judge by recent arrests. If our Board of Health next year should be busy with other matters and this County Medical Association maintained its present attitude of indifference, who would be responsible for the unnecessary death of the babies resulting from an impure milk supply?

The prevention of the sale of bad meats, of over-ripe vegetables and fruits, or of vegetables irrigated by the city's waste sewage, or of adulterated canned goods and foods, are other matters which are worthy of attention.

In this connection, the recent order from the Commissioner of Internal Revenue, that *patent medicines* having an excessive amount of alcohol should be classed *as alcoholics* and their makers and venders made to pay the regular license for selling liquors, will, if properly enforced, work wonders in doing away with the nostrum evil. Here is another curse of many years' standing, with which medical men and the medical press have long been familiar, which is succumbing largely because of the warfare now being waged against the patent medicine frauds and evils by such lay periodicals as the Ladies Home Journal and Colliers Weekly. I know there are scores and scores of people everywhere who smile at the mere mention of the name the Ladies Home Journal, and yet Mr. Bok has cleansed the pages of his magazine far more successfully than have our medical publications.

A new *building ordinance* was passed last April. The building inspector of Los Angeles at that time endeavored to prevent the erection of what virtually corresponds to back-to-back tenements. Had our Association aided him, his advice might have prevailed. As it was, hungry land owners were victorious, and crowded and illy-ventilated buildings can be built in Los Angeles without let or hindrance.

Our Health Officer, Dr. Powers, has for several years been pleading for an ordinance that would allow him to *license lodging houses on the same basis as dairies*, violation of rules as to amount of air space per occupant, ven-

tilation, lavatory conveniences and general cleanliness and sanitation, to be met by revocation of license until such time as conditions were bettered. The lodging and eating house proprietors, who have a known affinity for things political and for vote-getting, objected however, and our Health Officer is still waiting for his ordinance. It would seem that this Association should be able to command from among its members, sufficient influence to offset the lodging house managers. We allow or expect our Health Officer, however, to make the fight alone.

There is the *tuberculosis problem.* Last year 118 patients died from pulmonary tuberculosis in the County Hospital and 34 persons deceased of tuberculosis, became the subjects of coroners' inquests, because no physician was in attendance at the time of death. In other words, more than 20 per cent. of the almost 600 consumptives who died in Los Angeles in 1904, died as charity patients. With 25 per cent. of the local mortality from that disease penniless at the time of death, what per cent. of the tuberculosis morbidity lived in the cheaper lodging and eating houses last year? We cannot answer that question any more than we can tell what proportion of transient consumptives lived in the thickly carpeted and stuffy apartment houses and hotels. How can we expect to answer such questions with our present lack of knowledge of underlying conditions? Our Board of Health and Health Officer, in attempting to get control of this disease, have made a beginning with voluntary notification and registration of living cases, but it is a farce, because physicians do not give their aid.

To fight tuberculosis (and Los Angeles should fight it, since it has the undesirable notoriety of having the second highest mortality rate from that disease in the United States), it is necessary to know in what parts of the city the disease is distributed. A system of compulsory notification and registration, after the plan originated by Dr Herman Biggs of New York City, is what is needed. No placard is placed on the house and the Health Department officials only visit the house on removal or death of patient, in order to fumigate, or, if during life, the attending physician states that the hygienic conditions are bad. Literature on disposal of and disinfection of sputa and excreta is supplied by the Health Department through the attending physician.

If the city maintains its present attitude on the tuberculosis question, it will only be a matter of time before an increased mortality from the great white plague will show itself among native born and among such residents as came here free from any taint of the disease.

Dr. Powers has called attention to an increase in *diphtheria cases when dust storms prevail.* So that a satisfactory methed of oiling the streets has not only a material and a commercial side, but a hygienic aspect as well.

The loss of life by the street railways of this city has assumed frightful proportions. This fearful mortality could be prevented, if proper fenders were used by the railroad companies, as in some other cities that have had this same experience. But as the reliable fenders cost a few more dollars, the railroad companies scout at a proposition that would compel them to stop killing people. We listen in this Association, with great interest to the technique of some operation that will perhaps save five or ten per cent. more lives in a hundred, but we close our eyes to this frightful and altogether unnecessary mortality by our street railways, a mortality rate that is excessive not by a five or ten per cent., but almost one hundred per cent.

In this land of sunshine, the temptation for an out-of-door life is generally too great to be disregarded. While Los Angeles has much *Park acreage* at some distance from the city, Griffith Park is still quite inaccessible to the mass of our citizens. Small parks and play grounds in the crowded districts would do wonders in developing a stronger physical race from among the rising generation of Los Angeleños. In a recent and interesting historical article, Dr. Granville McGowan told how he and others had been instrumental in inducing Los Angeles to improve Elysian Park, but not without being sneered at by utilitarian councilmen, who referred to the proposed park as "the burro trail proposition." The present generation of Los Angeleños look upon Elysian Park in a somewhat different manner. So it will be also with Griffith Park, if our Park Commissioners receive that financial aid and co-operation which will enable them to plant trees and so improve it, that four years or more hence, when the city will have grown up and near to it, its barren hills will be such beauty spots, that their fame will be known throughout the country. And if the proposed change of site for our city hall should go through, it would be very pertinent to endeavor to follow the custom of European cities (and in our own country, of Cleveland, O., where the public buildings have been grouped about a beautiful mall on the Lake Shore) by *connecting the Los Angeles County Building, the new Post Office and the new City Hall by a series of parks,* even though they be small in area. This of course, may seem to be a far cry to the prevention of disease, but civic pride and cleanliness in public buildings and streets, inculcates personal pride along the same lines among private citizens, and so makes for a cleaner and healthier municipality in every respect.

In the same sense, the *proper treatment of youthful dependents and unfortunates* is a matter related to the public health. Dr. Walter Lindley, in a paper read before the National Conference of Charities and Corrections, called attention to the fact that California expended $454,872 on its orphans last year and obtained less satisfactory results by far, than did Minnesota, a State having the same population, but which expended only $29,800 on its dependent children. The present baneful and obsolete system of California is kept in vogue, because it allows a larger amount of political patronage to be distributed, and in the eyes of politicians, the ruination of soul and body of the unfortunate children, which takes place through such antiquated methods is of small import compared to the gratification of their own selfish interests.

So, too, calling attention to the matter of a *juvenile court,* by means of which, unfortunate young people may be given an opportunity to turn from the wrong to the right path in life, may seem to be irrelevant to the purposes of such an organization as this, and yet we know, that once started on the downward path, those children will be be far more apt to need the care of physicians to cure their diseased bodies, than would have been the case otherwise. Yet, of what insignificant worth are our efforts to cure the diseased body, as compared to the grander work of having labored to prevent that body from ever becoming diseased.

It is proposed, if current reports be true, to establish the *liquor business of this city* on a different basis. If the Gothenburg System for the sale of liquor were established, all men would have the privilege, as they have today, of satisfying any desire for malt or spirituous liquors, provided they stopped short of drunkenness. The liquors would be pure, drunkenness would be

done away with, the souls and bodies of many young persons of both sexes would be saved from ruin, the city would receive from the organization, the same amount in license fees as is received today, and in addition, all income over 6 per cent. on the amount of money invested would be spent in beautifying and in building up a better, cleaner and healthier municipality. Yet, I doubt not, that the mere mention of the consideration of such a plan as the Gothenburg scheme having any relation to the purposes of this Society, would be strongly dissented from by many members of this organization. This, in spite of the fact that one of the objects of this society is stated to be the promotion of the public health. If the diminution of drunkenness, with its concomitants of squalor, pauperism and disease be not a step towards the betterment of the public health, then we do not understand to what work that term applies.

Since the closing of the *crib districts,* the occupants of the Pasadena and the other cars which pass along Aliso Street, must daily gaze upon a row of houses labeled "hotels for transients," which are guarded by the regulation red curtains and shutters of the lower world. Who is to blame for allowing so brazen a flaunting of vice in the eyes of citizens, both old and young? When some well meant but narrow-visioned reformers instituted their crusade against the crib districts some months ago, did any medical men rise up and urge that the segregation system was better far, than the scattering of the denizens of such districts throughout the residence portions of the city, and that a better method of handling the problem, so far as practical results were concerned, was to follow the segregation plan but to have policemen on duty who would arrest youthful aspirants for knowledge on the vice question?

Physicians everywhere, inasmuch as they daily see its harmful consequences, have a better conception of the solution of this nasty problem than well meaning but theorizing and narrow-minded moralists who do more harm than good, as witness the present state of affairs in Los Angeles. A proper solution of this evil is extremely difficult, but physicians, who know the infinite amount of physical suffering and disease endured therefrom by innocent wives and children (this class of morbidity and mortality is probably as great as that due to tuberculosis), are obligated, even though the subject be an exceedingly disagreeable one, to do their part in its solution. The improvement of the general morals through the proper education of our youth, as pointed out by Dr. Prince Morrow and his colleagues, would indeed be a happy solution of this question, but in the meantime, we may as well accept the experience of centuries and realize that this evil of prostitution will exist whether or no, and that such being the case, the task before us is to lessen the dangers of the system, by such measures as proper segregation of the inhabitants of the lower world to certain portions of the city, (with parlor houses, however, rather than the "crib" structures), and by prompt arrest of all street walkers and of all boys under the age of 21 found in such districts. Narrow-minded reformers who can do no better than scatter these unfortunate women through all parts of the city, to the grave menace of the youth of the neighborhoods, should be unceremoniously pushed aside. In so important a work, the health and the lives of the thousands of innocent wives and children, who annually pay tribute to the sins of fathers, is paramount to any theorizing methods, no matter how well meant they may be, or by whom seconded.

These are a few of the questions which have a bearing on the public health of Los Angeles. Others, no doubt, occur to all of you.

And now, in conclusion. I know there are a large number of medical men who seem to believe that it is a degradation of the purposes of the medical profession and its societies to engage in a consideration of such topics as some of those which have just been mentioned. It is so pleasant to delude one's self with the thought that that only is truly intellectual and scientific labor, which busies itself with minute questions and discussions of pathology, diagnosis, drug therapy or surgical technique. We cannot, however, make ourselves believe that the members of this Association hold the consideration of these abstract and minute questions on such subjects to be the sole ends of such an organization as this. The very essence of the purpose of a county medical association is the consideration of every measure related to the public health of its respective county, and this end is to be gained only when the scope of the work of such an organization, is broadened from the realms of pathology, diagnosis and treatment, to the inclusion of such topics as have been enumerated this evening.

No man can be a physician and note the large amount of unselfish labor which is so gladly done by the medical profession, without feeling a glow of pride at being connected with so noble a guild. There is no other profession which demands of its members, under pain of expulsion from the guild and subsequent ostracism, that whatever be discovered that may be of value to the health and well-being of humanity be given to the profession and the world, without reservation and without hope of reward, other than that which comes from a knowledge of duty well done. There is no other such, nor is there any profession, the members of which labor so generously to relieve the poor and physically unfortunate as do medical men. These things we know and these things the world occasionally acknowledges. But whether our good work along such lines be acknowledged by the world or not, after all, matters but little, since, if we would follow in the footsteps of our predecessors who have gone before us in our profession, we are obligated to aid humanity in all our power. This means not only in the treatment of disease, but in the prevention of unnecessary sickness and death. Los Angeles has a large number of such unnecessary illnesses and deaths and it has been the purpose of this paper to call attention thereto, in the hope that steps would be taken by this Los Angeles County Medical Association for the formation of a committee of say five members, which Committee could be called a Committee on Civic Hygiene and Sanitation, or the Committee on the Public Health, and the work of which Committee it would be to investigate such problems as those mentioned this evening, as well as all other measures bearing on the public health of the community. From time to time this Committee could report the result of its findings to the Association and when necessary, could go before the proper municipal authorities and urge such action and measures as would seem desirable. The Los Angeles County Medical Association if it be a true unit and component part of the American Medical Association, must sometime take this action and with the multitude of sanitary problems before this rapidly growing municipality, the time would seem to be ripe for such action now.

ON SAN JACINTO TRAILS.*

BY BLANCHE TRASK.

In the San Jacinto Mountains, last November, I was fortunate in finding *Euonymus parishii* growing luxuriantly in Fern Canyon; also in a canyon—or more properly gorge—which opens into Strawberry Valley from the east, presumably the habitat in which it was first found and to which Mr. Hall refers in his Bot. Sen., Page 93. It is in full growth just below the fall of a little stream which trickles over an exposed ledge of granite, which is a landmark from the opposite side of Strawberry Valley heights and facing Lily Rock; it is the first gorge to the left.

The shrubs are from four to ten feet tall and there were no fresh flowers, while the leaves had mostly fallen. It could be distinguished at a distance by the long, wand-like bunches of bare stems rising like a smoke from the bed of the stream, otherwise easily confounded with the Rhododendron which abounds and in many places fills these arroyos.

The fruit of *Euonymus parishii* is exquisitely beautiful, with the persistent white, waxy petals open like a bud about the gay scarlet anilate seeds; capsule 2-3 lobed and one or two seeds in each cell; the third lobe very often abortive.

The trend of the San Jacinto Range is from the peak towards the southeast for twenty-five miles to Santa Rosa Mountain, and presses closer and closer to the desert until it begins indeed to take on its atmosphere at Van de Venter Flat, at an elevation of 4500 feet; the remarkable *Pinus quadrifolia* lives in and on the banks of the Coyote Canyon. It is there the predominating tree, and perhaps would present a more pleasing appearance had you not come directly from the great forests of Strawberry Valley; it certainly could not afford a more interesting sight. In its youth, it is as trim and indeed as symmetrical as a fir, although it later becomes scraggy and loose-limbed. It is said to be of very slow growth and will not undure trimming or the pruning knife. The leaves number generally from two to five, and there are those where two predominate.

The largest trees are thirty feet high and the Van de Venters, who were born in this country, seem to recall no perceptible increase in number of these pines in twenty-five years. The older boy can remember when a *Pinus monophylla* beside the trail today, and about twelve feet high, was only two or three feet tall when he was a lad of seven years. *Pinus monophylla* is very common in all desert ranges from 3000 to 4000 feet elevation.

Both these pines bear profusely and, the cones are identical to all appearances, but the nut of the *P. quadrifolia* is hard, while that of *P. monophylla* is soft. The only family of the Santa Rosa Indians which now remains at the old Indian village, up in the Santa Rosa Mountains, say that these pines (*P. quadrifolia*) were *planted* in Coyote Canyon by their forefathers; *when*, they do not know. They still gather the nuts for food.

Facing northeast, Coyote Canyon is to the right of Van de Venter Flat about a good mile. From Van de Venter Flat, Buss Canyon breaks away to the Colorado Desert. This flat is really a pass between San Jacinto and Santa Rosa Mountains. Five hundred feet below this pass *Pinus monophylla* begins to grow and is more or less common in all the desert slopes. El Toro Mountain, which rises yet east of Santa Rosa Mountain, has a curious top—as though it had a hollow cone, and one day, from

*Read before Section of Botany of the Southern California Academy of Sciences, April 18, 1905.

too great a desert blast, had crumbled and fallen in; this mass of old rock-dust seems marked with footprints of the earthquake, yet strangely enough *P. monophylla* is thickly set there.

Deep Canyon, which is crossed on the Martinez trail, has a trickling streamlet and in its bed the ash (*Fraxinus*) grows to be a tree. *Populus* abounds and even elders fifty feet high show their beautiful trunks against the over-toppling crags; yet fifty feet away Yucca and the Spanish Bayonet grows happily. The trail to Plain Canyon opens out from Van de Venter Flat, and the wall which encloses "Big Canyon" all the way seems to have been thrown there by the hand of a Cyclops; perhaps Big Canyon is Palm Canyon. You might find out if you had the courage to drop into its head and follow it until you meet the first palm; follow it—at least—so long as you lived; what with the furnace blast of the desert and the cacti which beset the way, and the utter lack of water, and no shade save such as a prostrate Juniper bush can give. As you will have long since left the pines behind, you are quite content to tramp along without investigations either to right or to left, other than those which are thrown in your way.

The land is sentineled by yuccas and century plants ten to twenty feet tall, and white as tapers in November against the over-burnt hills, while Spanish bayonets are challenging on every hand; endless "washes" line the way where you walk, and you will hail the "desert willow" or clump of dry cottonwoods as a remarkable propitiation of the fates; indeed, you come to think no green thing can thrive in such a land and that all must partake necessarily of the grayness of the sage brush or the color of the sun, or of the volcanic tints of the over-burnt hills. But the next moment transfixed you stand, for just below in a tangled arroyo are the uplifted plumes of a forest which "stand dressed in living green;" while a thousand feet below and beyond the white sands of the deserts are drifted like the snows on San Jacinto's head in winter, and you tramp down as in a dream to drink of the water and lave your burning head.

The palms, over one hundred feet high, thrive in these arroyos, where columnar cacti as large as a man's waist, live on the dry cliff edges.

Although it seems a desecration to use a palm as a back-log, the great trunks, one to three feet in diameter, make an excellent bed of coals in the campfire all night.

The stream of water in which the palms grow is strongly alkaline and is always running even in dry years. There is also a warm spring in this region.

Young palms are as thick as grass under your feet and in all stages of growth. There are so many trees and the fallen leaves occupy so large a space that it is really a difficult task to tramp through these places; you cannot decide whether to turn to left or right, as trees twenty-five to thirty feet tall are burdened with their down-hanging leaves, which droop to the ground and make of them mammoth screens. Whichever way you go, you are sure to encounter the hooked-spine, leaf-blade of the palm, and stepping high to lunge over a pile of dry leaves, you will be precipitated into a hidden spring or a rock-pool. Necessarily your progress is slow, but the palms tower overhead, and from every crag their leaves are silhoutted against the sky, while you seem to hear the sound of that old sea which broke so long ago over the white sands at the foot of these very cliffs.

Avalon, Santa Catalina Island.

WINE AND THE POETS—A CRITICAL STUDY OF THE POETS' DEVOTION TO THE GOD OF WINE.*

BY JOHN MADDEN, M.D., OF MILWAUKEE.

Those who seek to abolish alcoholic beverages as drink for man by the simple process of legislative enactment do not appreciate the important position they hold in the psychology of civilization. Wine is a deity, strong drink a physician, and ale a giver of health and strength; such is the belief held by the great mass of intelligent humanity, a belief inculcated and propagated by tradition, by every-day experience, by the literature of all nations and times. Science declares against the food and stimulant value of alcoholic drinks, penologists point out the full prison, social reformers tell of universal pauperism, anthropologists tell of the really alarming physical degeneracy of the thousands which should be a nation's strength, — all because alcoholic beverages are drunk so universally. But the evil continues to grow. The average man pays no heed to the dictates of science in this matter, — pauperism and crime he has always had with him. If they are increasing he is not sure that the increase is due to alcohol. He is told that it is due to labor conditions, to a protective tariff, to free trade, to over-production of manufactured goods, to the incoming of so much cheap European labor. The average man drinks, he prefers to believe that anything but his glass of beer or whisky, his wine at dinner, should be held responsible. He will not only refuse to believe, but he will refuse to listen. As to physical degeneracy, that is a subject as remote from his interests as the doings of the inhabitants of Mars.

The voice of science against alcohol is as yet "a voice crying in the wilderness." Ten thousand paeans sing the divinity of wine, overwhelming and drowning the cool matter-of-fact voice which tells of the alcohol evil.

Wine worship has its cult, a cult as numerous as and a thousand times more devout than the believers in Christianity. The thought of the delights of alcoholic intoxication is the most universal thought, alcoholic desire is the most universal desire — more universal and stronger even than that which perpetuates the race — and the greatest thoughts of the greatest minds have given and are giving their meed of worship to the Wine God. In fact, if we search the literature of civilization we shall find the Wine God more often the subject of worship than the Universal God.

Examine the great poets of our own language and we shall find evidence enough of universal wine worship. Here, as in prose literature, we have both by direct and indirect statement the transcendent value of wine; but not of wine alone. The "good brown ale" has its devotees, and whisky has at least one of the greatest of English bards as its special disciple.

Poetry is the soul of literature. It is the function of poetry to convey that which is too holy and beautiful to be conveyed in prose. Poetry speaks to the heart and soul; it carries truth through the medium of the emotions, truth which is accepted without demonstration, without appeal to the reason, much like the truths of Christianity are accepted. When, therefore, we find wine the subject of poetic laudation, our natures revolt at the thought of considering wine an evil. We accept the

*Read at annual meeting of the society for the study of Inebriety and Alcohol, at Portland, Ore., July 11, 1905.

poetic conception of wine's divinity as we accept the divinity of the Christian gospels.

Not only is wine worship greater in the number and faithfulness of its devotees than Christianity, but it has within it an element of intense human aggregation and good-fellowship. If "all the world loves a lover," so too does a lover love all the world, and slight alcohonc intoxication brings about that peculiar state of mental and physical well-being which makes the drinker a brother to the whole human race, which makes him love his fellow and desire to share with him the happiness he feels. A simple drink of alcohol raises up the miserable, penniless, broken wretch of the slums to the same level of well-being as that enjoyed by the diner-out who partakes of costly wine. Let us recall the quantity of alcohol consumed daily and we cannot fail to understand how great must be this alcoholic brotherhood as an element in, not only shaping the conduct of men, but also in perpetuating the alcohol cult.

Going back to a consideration of the poets, let us see what they have done in the way of tribute to the wine god.

Wordsworth, whose poems, like his heart, throbbed with religious fervor, says to the nightingale:

> "Thou singest as if the god of wine
> Had helped thee to a valentine."

Surely a high tribute to the wine god to say that from this source the nightingale got his exquisite voice. Wine cannot be anything but divine if it can give to the nightingale his music, is the indirect lesson learned from the lines of Wordsworth.

But let us begin with old Geoffrey Chaucer, England's first great poet. Wine and ale were drunk in the last half of the fourteenth century, even as they are drunk in the first half of the twentieth century, and he who wrote of the people of that time could draw no true picture of their lives unless he told of their drinking habits.

The "Canterbury Tales" tell of the aims, ambitions, and concerns of divers sort of folk. The Nonne Preeste drank not at all:

> "No wyn ne dronk she, neither
> Whyt ne reed."

The Pardoner took his wine, but was nevertheless fully alive to the evils of excessive drinking. A fine example, no doubt, of the righteous moderate drinker who could see in the evil of drunkenness the evil of the man and of the drink also. He thus lectures the company on wine excess:

> "A lecherous thing is wyn, and dronkenesse
> Is ful of stryving and of wrecchednesse.
> O dronke man, disfigured is thy face,
> Sour is thy breeth, foul artow to ambrace,
> And thurgh they dronke nose semeth the soun,
> As though thou seydest ay 'Sampsoun, Sampsoun,'
> And yet, god wot, Sampsoun drank never no wyn.
> Thou fallest as it were a stiked swyn;
> Thy tonge is lost, and al thyn honest cure;
> For dronkenesse is verray sepulture
> Of mannes wit and his discrecioun.
> In whom that drinke hath dominacioun,
> He can no conseil kepe, it is no drede.
> Now kepe yow fro the whyte and fro the rede."

Surely this is a true picture of alcoholic degeneracy, as true now as it was five and a half centuries ago.

Nor did the Canterbury Pilgrims have far to go for an example of drunkenness. The Miller who was of their party was a constant "terrible example" to them:

> "The Miller, that for-dronken was al pale,
> So that unnethe up-on his hors he sat,
> He nolde avalen neither hood ne hat,
> Ne abyde no man for his curteisye,
> But in Pilates vois he gan to crye,
> And swoor by armes and by blood and bones."

His loud talk, his drunken boasting, his profanity, and obscene language might well have disgusted the finer personages of the pilgrims.

"Our Hoste saugh that he was dronke of ale," and after the time-honored manner of tavern hosts sought to quiet him, not only for the good reputation of the house, but because the company preferred to listen to a story from the lips of the man more capable of telling it than was the drunken Mil-

ler, but the alcohol loquacity was upon him, that deceptive flow of words sans ideas which from time immemorial has been considered as the *stimulating* effects of alcohol, and he was not to be silenced. Advised to let some else speak he swore:

"'By goddes soul,' quod he, 'that wol nat I;
For I wol speke, or elles go my wey.'"

In disgust bluntly spoken the host finally says to him:

"Tel on, ta devil wey!
Thou are a fool, thy wit is overcome,"

whereat the Miller, somewhat mollified, retorts

"That I am dronke, I knowe it by my soun;
And therefore, if that I misspeke or seye,
Wyte it the ale of Southwerk, I yow preye."

The old familiar excuse. It is not the man but the liquor that is to blame for the man's wrongdoing.

So the drunken Miller begins his story, and what a story it was!

A drunkard's story for drunkards, an unclean thing dressed in unclean language, a story of sexual appetite, such as the imbibition of alcohol is sure to suggest, a story the like of which may be heard wherever young men take their cocktail and their brandy-and-sodas in the lounging room of the club, such a story as the half-drunken sailor or lumberman is always delighted to recite or listen to, a story which is learned by heart to be told again and again wherever young men congregate and drink together.

There is no denying the interest of the Miller's story, its naturalness, its vulgar fun, its intense humanity. Hendy Nicholas is a Don Juan of coarse fibre, but a Don Juan nevertheless, the exploits of whom young, idle, wine-heated manhood is always eager to listen to.

What did Nicholas send to the young wife of the old husband to win her favor? Of a truth something to drink, alcoholic beverages:

"He sente hir piment, meeth, and spyced ale."

Moreover, when Nicholas is concocting a scheme to deceive the ignorant old carpenter, husband of Alisoun, he sends the carpenter after ale, and the latter brings "a large quart," of which each drinks his part, very much like two modern business men discuss their affairs over a social glass or bottle.

There were wines and wines in the days of Chaucer, as there are in our own times, and certain legal enactments were deemed necessary to prevent wine doing an unwonted amount of damage. A strong, white wine was brought from Spain, especially from Lepe, not far from Cadiz. Very likely it was cheaper than the red wines or the Rhine wines brought into England. At any rate there seems to have been some sort of temptation to mix them. Chaucer refers to this in the following satirical lines:

"Whyte wyn of Lepe,
That is to selle in Fish-strete or in Chepe.
This wyn of Spayne crepeth subtilly
In othere wynes, growing faste by,
Of which ther ryseth swich fumositee,
That when a man hath dronken draughtes three,
And weneth that he be at hoom in Chepe,
He is in Spayne, right at the toune of Lope,
Nat at the Rochel, ne at Burdeux toun;
And thanne wol he seye, 'Sampsoun, Sampsoun.'"

Of course, the implication is that the mixture produced a drink highly intoxicating, three draughts of which would rob a man of his senses and make him dead drunk, for the "Sampsoun" is meant to represent the drunkard's stertorous breathing. Is not this very much like protests of the present day, that it is impure liquors which cause the harmful drunkenness?

It was ordered in the Liber Albus that innkeepers were not to put these strong white wines in the same cellar with Rhenish wines, and that no mixed wines were to be sold under penalty of being put in the pillory.

The bringing into England increased quantities of these stronger wines of Spain must have been attended by a noticeable increase in alcoholic intoxication in court circles, for we find a court order of the date of 1604 reducing the

quantity of wine daily consumed in the royal household to twelve gallons.*

In the tale of Melebius we find this didactic message:

"Thou shalt also eschew the conseiling of folk that been dronkelewe, for they ne can no conseil hyde."

In Piers Plowman we find reference to "Whyte wyn of Oseye and red wyn of Gascoigne, of the Ryn and of the Rodeel."

While Chaucer does not sing the divinity of wine he accepts it as a matter of course, and shows us that the drunkenness produced by those wines of old was not unlike the drunkenness produced by the intoxicating drinks of our own time, and that drunkards have not altered their characters.

As our purpose is not to trace the evolution of poetical sentiment in regard to wine we will not give the poets in their chronological order.

Keats regards wine as one personage of the trinity which makes life worth the living. The other two are women and snuff:

Give me women, wine and snuff
Until I cry out hold, enough!
You may do so sans objection
'Til the day of resurrection;
For bless my beard they aye shall be
My beloved trinity."

In our own day we may well regard snuff as being wholly out of this trinity; but Keats is not the first nor the last poet to sing of the delights of wine and women. It is not likely that any lengthy argument we could make to prove how devotedly the wine god is worshiped would be as effective as this association of wine and women as the chiefest of carnal pleasures.

In his inimitable poem, "The Eve of St. Agnes," wine plays a dramatic part in the love affair of Madeline and Porphyro. A great feast is on in the Baronial Hall of Madeline's father, to enter which means death swift and sure to young Porphyro should his presence be discovered. There is wine and song at the feast. One can almost hear the voices of the revelers rendered discordant and careless of harmony by vast libations of Baronial wine, almost hear the rattle, clank, and clash of the sword-belted and spurred guests gathered round the long uncovered table, still laden with broken meats, under the flare of smoking torches:

"Meantime across the moors
Had come young Porphyro, with heart on fire
For Madeline."

In the midst of all these enemies, each thirsting for his blood, Porphyro has a single friend, the ancient nurse, whose very bones rattle with fear to see him there, but she secretes him nevertheless in fair Madeline's chamber. Finally in comes the idol of his heart, and, as one in a dream, he sees her disrobe with only the moon to light her to bed. He hastens to her side when at last the castle is silent and in drunken sleep, he quiets her fears by an assurance that

"The bloated wassailers will never heed
There are no ears to hear, nor eyes to see,—
Drowned all in Rhenish and the sleepy mead,"

and so they escape, stepping over the prostrate bodies of the drunken guards without awakening them from their alcoholic lethargy,—an old story this of escape by reason of the watchers being drunk of wine.

It is, however, in his "Ode to a Nightingale" that Keats rises to the heights of the sublime in wine worship:

"O for a draught of vintage that hath been
Cooled a long age in the deep-delved earth,
Tasting of Flora and country green,
Dance and Provencal song and sun-burnt mirth!
O for a beaker-full of the warm south
Full of the tree, the blushful Hippocrene,
With beaded bubbles winking at the brim,
And purple-stained mouth;
That I might drink and leave the world unseen,
And with thee fade away into the forest dim."

Men in the earlier centuries of our present civilization sought for the fountain of eternal youth, and they expected

*"And whereas in times past Spanish wines called Sacke even little or no whit used in our courte, and that in later years, though not of ordinary allowance, it was thought that noblemen—might have a cup or glass" &c. we understand that it is now used as a common drink—hence the allowance to XII gallons a day for the court.

and it. Nor less prevalent and sincere was a belief in some sort of liquor with the power to work magic. Wine, it seems, must have been regarded as somewhat akin to a nectar with supernatural properties. In fact, it is still regarded in this light by the great mass of unenlightened mankind, and this belief is unconsciously reflected from the minds of the world's elect. There is a subconscious belief that good wine really has the characters described in Shelley's "The Witch of the Ottos":

"And flowers clear and sweet whose healthful might
Could medicine the sick soul to happy sleep
And change eternal death into a night
Of glorious dreams,—or, if the eyes needs must weep,
Could make their tears all wonder and delight."

Browning's references to drink have not the spirituality in them that we find in the lines of Keats and Shelley. They appeal to the human, material man rather than to the spiritual man. Off Cape Trafalgar he recalls the deeds of his great countryman, Lord Nelson, and at once arises the desire to pledge the invisible presence in something to drink, so he gives us the toast:

"Here's to Nelson's memory.
'Tis the second time that I, at sea,
Right off Cape Trafalgar here
Have drunk it deep in British beer."

Here's the stout religion of Gambrinus, and carries with it a notion that to pledge a great sea captain in British beer is to do something fitting and patriotic, something consonant with the character of Britain's greatest naval hero.

In the "Italian in England" Browning makes the homesick alien thus soliloquize over the delights of his native land:

"With us in Lombardy they bring
Provisions packed on mules a string
With jingle bells that cheer the task,
And casks and boughs on every cask
To keep the sun's rays from the wine."

A picture of the delights of his sunny land which would be nought were it not for cask covered with bushes, and the anticipated pleasure of partaking of the contents thereof.

"The Englishman in Italy" recognizes the beauty of the Italian vineyard picture. He does not sigh for the fogs and fens of England, and good British ale is really out of place when

"Come your friends with whose help in the vineyards
Grape-harvest began
In the vat halfway up in your house-side,
Like blood the juice spins,
While your brother all bare-legged is dancing
Till breathless he grins,
Dead-beaten in effort on effort
To keep the grapes under,
Since still when he seems all but master,
In pours the fresh plunder
From girls who keep coming and going
With basket on shoulder."

Here is local color, to be sure, of the mountain-side vineyard, the clear blue sky, and the fragrant baskets of grapes; but there would seem to be little in the picture to inspire a great poet's pen. Indeed we can conceive that the poet's inspiration comes from the suggestion of wine,—here wine is being born. The juice which runs red today will ferment by and by, will have a spirit, the thing which brings temporary bliss to millions every day. One can conceive the making of sauerkraut in the midst of surroundings as pleasant, but what poet would sing of the cutting of the sweet, crisp heads of cabbage, the pounding of it into barrels with a sprinkle of salt, and its prospective appearance on the table with ribs of pork?

Nor does the tramping out of the grape juice by the tough perennially unshod feet of the peasant always inspire the poet's song. The process so offended the sensitive soul of our own Hawthorne that his stomach refused the wine offered him by his courteous wine-making host. There were wines and wines for Hawthorne; while he looked upon the wine thus made with loathing, he could almost deify the "bottled sunshine" produced from the vineyards of Monte Beni.—*The Quarterly Journal of Inebriety.*

DISEASES OF WOMEN AND CHILDREN.

WILLIAM A. EDWARDS, M.D., EDITOR.

EDITORIAL COMMENT.

ALBUMIN IN THE URINE OF APPARENTLY HEALTHY CHILDREN.—It is well known that albumin is not infrequently found in the urine of those children who are apparently healthy, at least in whom we cannot demonstrate the presence of any disease *per se.* Jackson* observes this to occur after cold baths; the Germans have noted it in the new-born,** and Dohrn in children and young people.*** I confess that we are at a loss to correctly interpret these findings, in the light of our present knowledge, in children who present no cardiac or arterial lesions characteristic of nephritis and in whom the arterial pressure is normal; we, of course, do not regard the transient presence of albuminuria as evidence of nephritis. Many times has Keating discussed this problem with me, and during the latter years of his life our conclusion was that the growing kidney occasionally secretes a urine containing both albumin and epithelial cells when, so far as our methods of precision would take us, we were unable to say that either the cardio-vascular or the renal apparatus was organically at fault. The future has shown we were probably correct, as some of these children whom Keating and myself then studied are now adults between 25 and 30 years of age, members of families with whom I am personally familiar. They are now healthy men and women without demonstrable renal or cardiac disease.

We believe that in those cases which will eventuate in demonstrable pathologic lesions the cardio-vascular changes become recognizable very soon after the albumin is detected; indeed, in many instances the cardiac and arterial changes precede the renal alterations. This is as true in the child as in the adult.

We sometimes asked ourselves whether albumin would not be found from time to time in the urine of every growing child if our tests were delicate enough and our methods sufficiently exact. This should offer a tempting field for the younger investigators.

Albuminuria then appearing in those in whom there are no demonstrable lesions in infancy, childhood, adolescence or later life, would seem to be of a different character from the albuminuria of Bright's disease. This is in accordance with Semmola, of Naples, who for more than thirty-five years has claimed that the albumin in Bright's disease is a different form of albumin from that occurring in other lesions.

This, of course, opens up too large a discussion for the present communication; we must refer to the researches of Meissner, Brucke, Schutzenberger, Kuhne, Neumeister, Chittenden, Croftan, Stewart and others. Suffice it to say, however, that there seems to be no question at the present day that different albumins appear in the urine. Upon the recognition of these depends the diagnosis of nephritis from other diseases.

Many cases may excrete abnormal amounts of the terminal products of nitrogenized and hydrocarbonaceous metabolism appearing in those not the subject of either renal or cardio-vascular change. I do not wish, however, to convey the idea that it is our opinion that the abnormal urinary products are always due to faulty food supply. In some of these children we thought that perhaps an unstable nervous system was responsible for the albuminuria, the altered metabolism. Others we have come to consider among the class that

*British Medical Journal, 1873. Quoted by Landon Carter Gray, American Journal Medical Sciences, October, 1894.
**Virchow's Ges. Abhndlug, 1856.
***Dohrn, Monat f. Geburtsch., Bd. xxix.

Goodhart so aptly terms "a queer lot," that is, the offspring of those whose nervous systems are feeble, or diseased, or who are closely related to, or have themselves been the subjects of fits, hysteria, neuralgia, rheumatism, convulsions of infancy, passionateness, morbid timidity, or chorea.

A number of these cases of albuminuria without renal lesions come to California every winter sent by their eastern physicians with a diagnosis of renal disease. These are the children who improve so quickly in this climate and who return in a short time to their homes, perhaps without albumin in the urine, with increased blood supply and with all the appearances of good health. This encourages the medical man to think that he has saved the child from kidney disease, when a more careful study of the case would have placed it in its proper category of transitory albuminuria without demonstrable lesions.

The frequent presence, I may almost say normality, of the appearance of nucleo-albumin in the urine in amount which reacts to test solutions containing tannin, mercury, or a vegetable acid, must never be forgotten. This applies to some of the most popular tests, as Tanret's, Millard's, Sebelein's, and even to Spiegler's and Jolles, so recently commended in the Journal of the American Medical Association, December 3, 1904.

Three reagents now much in fashion will also often prove fallacious in this respect, namely, picric acid, particularly the citrated solution; metaphosphoric acid, and trichloracetic acid.

D. D. Stewart, of Philadelphia, it was, I think, who about ten years ago pointed out that a reaction could often be obtained with the urine of the healthy; that unless this was remembered it would be infinitely better to depend upon the less misleading, if less delicate, tests which time has proven to be reliable. After all said and done, boiling and the addition, if necessary, of acetic acid is still the most reliable test, because the substance reacting to the more delicate tests is apt to be a mucoid body originating in all probability from the cellular elements of the extra-renal passages, as Stewart has told us, or a nucleo-albumin.

In conclusion, before sending these little patients so far away from home it would be well to determine absolutely whether the urine contains serum albumin, serum or para-globulin, nucleo-albumin from bile, mucin from bile, or mucin from mucous membrane, albumoses, or the so-called urinary peptones. It is well to further remember that serum globulin is almost always found in the urine which also contains serum albumin. If the contrary obtains the probability is that not serum globulin, but nucleo-albumin, is present. Again must be remembered the frequent association of serum albumin with a mucinuria, that is, a nucleo-albuminuria and a serum albuminuria.

To repeat, then, the old-fashioned test by boiling is still the most reliable one for serum albumin. The two principal fallacies in this test, besides those so well known, are: First, the reaction of nucleo-albumin after cooling, and second, an excess of earthly phosphates in strongly nucleous albuminous urine.—*W. A. Edwards, Monthly Cyclopedia of Practical Medicine, Vol. VIII, page* 152, 1905.

REVIEW OF THE LITERATURE.

THE FAT QUESTION IN ITS RELATION TO THE PRODUCTION AND CURE OF INFANTILE MARASMUS.—It is, of course, well understood that infantile marasmus, like any other condition of underassimilation is not the consequence of the self-same primary cause in every instance. As a matter of fact, however, food physically, chemically or biologically unsuited to the needs of the delicate infantile organism is the most frequent instigator of the gastrointestinal disturbances, which

again are the usual forerunners of athrepsia infantum.

In breast-fed infants, pronounced marasmic conditions are of comparatively infrequent occurrence; in the overwhelming majority of instances, wasting and atrophy supervene in bottle-fed, that is, in artificially nourished, children. Milk modifications and substitutes, purporting to replace the physiologic nutriment, are numerous; some are fairly rational, but a majority, ad nauseam to the earnest seeker of truth and still more so to the helpless babe, have sprung into the field in the last fifteen years.

Frequently, no doubt, the onset of athrepsia infantum has been averted by one of the more rational milk modifications or substitutes; but this peculiar state of undernutrition is met with by the clinician of today in at least the same proportional numbers as was seen by his predecessor twenty and thirty years ago. Furthermore, when infantile atrophy has once ensued, none of all the milk modifications or food preparations so far devised, and for that matter not even good breast milk, seems to possess any special virtues in checking the wasting.

While the quantity of the fat aliment has found frequent practical consideration (Biedert's Cream Mixture, Gartner's Fat Milk, etc.), its quality—apart from various minor attempts at modifying the fat of cow's milk which, physically and chemically, differs widely from that of mother's milk—has hardly ever been taken into account when devising a food for the healthy and particularly for the diseased and undernourished infant.

The fat of mother's milk, of course, is and should be the physiologic fat aliment of the normal nursling; properly constituted and in amounts suitable to the needs of the individual infantile organism, it does not yield low fatty acids to the extent of calling forth intestinal or other disturbance and is absorbed and anabolized in quantities guaranteeing normal growth and development. Production and secretion of the fat substances in human milk, however, occur not always in the same ratio, and their composition may vary considerably. As long as quantity and quality of the fatty components of mother's milk fluctuate between physiologic limits, normal fat decomposition and assimilation will not be interfered with, and unless there exists some anomaly of the other milk constituents, or a bodily insufficiency or a pathologic condition, the development of the baby—although progressing but slowly at times—continues uninterruptedly as a general rule.

On the other hand, if for protracted periods the fat substances of mother's milk occur in distinctly abnormal amounts, or in a less perfect emulsion, or if they are perverse in admixture or composition, gastrointestinal disturbances, accompanied by severe metabolic irregularities or by toxic phenomena and terminating in bodily decline and atrophy, will supervene sooner or later. If permitted to run for any length of time, this wasting condition cannot always be checked and a fatal termination be averted, in instances even where the fatty principles of the mother's milk have meanwhile been excreted in normal amounts and composition, or in which the child has been fed on the milk of another woman.

Happily, extreme alterations in the amount and especially in the composition of the fat of the milk of a healthy woman do not ensue very often, and therefore a pronounced marasmic condition obtains comparatively rarely in the (at birth normal) breast-fed child.

Heinrich Stern thus reviews his study of this matter, in the *Archives of Pediatrics,* June, 1905, p. 431:

First.—The overwhelming majority of cases of infantile marasmus occur in artificially-nourished children.

Second.—The gastrointestinal disturb-

ances underlying infantile atrophy are very often due to the character of the food and not infrequently to its fatty contents.

Third.—While the *quantity* of fat aliment has found frequent practical consideration, the *chemical character* of the fatty substances entering into the baby's nutriment have hardly ever been inquired into by the clinician.

Fourth.—The composition of the fat of cow's milk is greatly at variance with that of the fat of human milk, differing especially in its far greater contents of volatile fatty acids among which butyric acid is the most important.

Fifth.—Butyric acid is the mother substance of the acetone bodies to the presence of which a number of disorders to which the infant is prone, have been ascribed by various observers.

Sixth.—Butyric, caproic, caprylic and capric acids are contained in the fat of cow's milk in from six to eight times the amount in which they are present in that of human milk.

Seventh.—The infantile organism cannot cope successfully with the fat of cow's milk even in a mere physical sense. This is evidenced by the decidedly smaller absorption of the fat-compound derived from cow's milk than from human milk. The occurrence in the feces of absolutely and relatively larger amounts of fat of cow's milk is *prima facie* evidence of its more incomplete utilization by the youthful organism.

Eighth.—As the physical and chemical properties of the milk-fat are dependent upon the absolute and relative amount of lower and higher and uncombined fatty acids, it is evident that the vast discrepancy existing between the constitution of cow's milk-fat and mother's milk-fat cannot be overcome by any possible modification of the former.

Ninth.—Apart from the butyric acid origin of the acetone bodies we find that the volatile fatty acids as furnished by the fat of cow's milk are decided irritants of the delicate intestinal mucosa of the infant. The ingestion of these acids is, therefore, the primary cause of many instances of gastrointestinal irritation and disease followed by undernutrition, bodily retrogression and athrepsia infantum.

Tenth.—Alteration in the fat-supply as exercised today is almost without exception a quantitative one, consisting of reduction, suspension and even increased supply of fat-aliment.

Eleventh.—Withdrawal of milk-fat in hand-fed infants frequently results in cessation of the local disturbance. It is, however, obvious that the infant cannot exist for any length of time without fatty ingesta of some kind. Furthermore, the incipient marasmic condition cannot be relieved unless a sufficient amount of assimilable fats yielding but insignificant amounts of volatile fatty acids is added to the nutriment.

Twelfth.—Yolk-fat seems to be the ideal fat for infants suffering from chronic gastrointestinal disturbance together with latent or even pronounced athrepsia infantum.

Thirteenth.—Yolks should not find employment in the new-born nor in the infant which thrives on the physiologic nutriment or on a modification of cow's milk. Yolks should be used only in those pathologic conditions which may lead to athrepsia infantum and in those which are due to, or aggravated, by the fat constituents of the nourishment.

Fourteenth.—There are two essentials which must be followed for good results from the ingestion of yolks, viz., the yolk-fat must completely replace the milk-fat, and the amount of yolk-fat, without being in excess, must be adequate, that is, it must conform to the caloric and nutritive demands of the organism.

Fifteenth.—The electrical conductivity of skimmed milk plus physiological amounts of yolk-fat is probably

somewhat greater than that of native milk.

Yolk fat is substituted for milk-fat in the treatment of under-nourished infants afflicted with gastrointestinal disease for the following reasons:

I. Yolk-fat, in its native state, in suitable amounts and admixture, is well borne and well liked by the majority of infants (idiosyncrasy is rather due to the white than to the yolk of the egg).

II. The great absorbability of yolk-fat, the residue left by yolk-fat in the feces, is smaller than that of any other animal fat.

III. The fat-components of the yolk of the hen's egg, palmitin, stearin and olein, yield no, or hardly any, volatile fatty acids, and consequently give no occasion to the production of the acetone bodies.

IV. The large amount of lecithin contained in the yolk tends to the restoration of nerve force, and acting as a general reconstituent ameliorates the cachectic condition.

V. The occurrence in the yolk of a diastatic ferment assisting in the conversion of amyloid substances.

VI. The property of the yolk to stimulate the digestive secretions.

A CASE OF CONGENITAL DILATATION OF THE COLON.—A boy six years old was shown by Dr. George Carpenter to the British Society for the Study of Diseases of Children, May 20. The child had suffered from chronic constipation since its birth, and its abdomen had increased in size from the time it was a year old. The child was ruddy looking, but thin, and with somewhat pinched features. The abdomen, which was very large and tympanitic, measured twenty-seven inches in circumference, and large coils of moving intestines were plainly visible under the abdominal walls. The case was shown to obtain an expression of opinion as to the advisability of surgical interference, if any, and if so, as to what form it should take. Mr. Watson Cheyne was in favor of simple colotomy.

SPASM OF THE PYLORUS IN INFANTS.—Mery and Guillemot report three cases of marked gastric intolerance, with repeated vomiting, obstinate constipation, and alimentary stasis verified by stomach lavage. No treatment was of any avail until the children were put to the breast, either of the mother or of a wet-nurse. They attributed the symptoms to a spasm of the pylorus. In the discussion that followed considerable scepticism was expressed as to the frequency in England of the disease, called congenital hypertrophic stenosis of the pylorus. Lucas-Championniere, among others, said that spasm of the pylorus was often seen clinically, but that operation was unnecessary, as the condition yielded to medical treatment.—*Soc. d'Obstetrique, de Gynecologie et de Pedriatrie.*

A CASE OF PANCREATIC INFANTILISM.—Byrom Bramwell records a remarkable case of infantilism due to defective pancreatic secretion, and improved by the administration of pancreatic extract. The patient at the age of eighteen did not look more than eleven years of age; the bodily development had apparently ceased at the latter age; the sexual organs were in an infantile condition; the mental condition was good; there was chronic diarrhœa, and the abdomen was swollen and tympanitic. Dr. David Young was able to determine that the pancreatic secretion was defective or absent by the following tests: (1) The stools contained a considerable quantity of undigested fat, which was much diminished after the administration of pancreatic extract; (2) when the patient was taking a milk diet the

amount of phosphoric acid in the urine was greatly below the normal, and was increased by taking pancreatic extract; (3) by Professor Sahli's test. This test consists in the administration of capsules containing iodoform surrounded by a glucoid substance, which is insoluble in the gastric and intestinal secretions, but which is soluble in the pancreatic secretion. If the pancreatic secretion is active the glucoid wall of the capsule is dissolved and the iodoform is set free; iodine in the form of iodides and iodates can then be demonstrated in the saliva by testing with chloroform and nitric acid; the nitric acid sets free the iodine, which gives a pink color to the chloroform. In this case, after the administration of a test capsule, iodine could not be detected in the saliva, but the capsule was passed undigested.

Treatment by means of a glycerine extract of pancreas was begun, and the result had been remarkable improvement, both as regards the diarrhœa and the bodily development and growth. The patient had grown in two years 5⅜ inches, and had increased 1 st. 8 lbs. in weight; the diarrhœa had ceased; there had been a growth of pubic hair, and the penis and testicles had developed. Dr. Bramwell considers that the condition present must be considered a distinct clinical entity—a new disease which has not hitherto been recognized. The results of treatment seem to show how the disease can be cured. He had carefully excluded all the other causes of infantilism, such as cretinism, etc.—*British Journal of Children's Diseases, Vol. I. No. VI.*

PAPER MILK BOTTLES.—In a recent number of *Sanitation* Dr. A. H. Stewart of the bacteriological department of the Philadelphia Bureau of Health suggests a substitute for the glass milk bottle, against which certain just criticisms have of late been raised. It is evident that the original expense of these bottles, their liability to break, the difficulty of cleaning, and the possibility of transmission of disease through their use, are all arguments which should be given weight. The advantages of glass on the other hand are self-evident. Attempts hitherto to supply a substitute for glass bottles have in general been unsuccessful, chiefly through lack of strength and expense.

Dr. Stewart has recently investigated a new paper milk bottle which he regards as a possible substitute for the glass bottles ordinarily used. These bottles are made of heavy spruce wood fiber paper in conical shape to facilitate nesting. The effort has been made, apparently with success, to make the bottles sufficiently strong, and, through saturation with paraffin, to render sterilzation possible. Bacteriological tests showed that the bottles were wholly sterile, and that any original organisms that might have been present in the wood pulp were destroyed in the process of manufacture. A comparison of milk contained in these paper bottles and in glass bottles showed fewer organisms in the former in the proportion of about one to four. It was furthermore found that milk kept sweet upwards of two days longer in the paper bottles. The advantages which Dr. Stewart sees in the bottles are that they need be used but once, that they are more convenient for storage and packing, that they are lighter, that they are sterile, and that the annoyance of the recollection of milk bottles is dispensed with. It is maintained that the ordinary washing of bottles is a farce, and that frequently dirty bottles are refilled. It is also possible with the paper bottles to facilitate materially the delivery of milk because the carrying capacity of each wagon is almost doubled by their use. Various other advantages of the paper

bottle are urged which, if they stand the test of experience, would seem inevitably to lead to the disappearance of the generally accepted glass bottle.

The receptacles for tuberculosis in all well-appointed hospitals are now invariably made of material which may be burned after use, and we can see no reason why a similar provision, although no doubt less urgently required, should not also be made for milk, through which, as is well recognized, disease may easily be transmitted. Evidently destructible bottles, provided only they fulfill the first requirements of stability and cleanliness, should quickly become a substitute for those now in use. If Dr. Stewart's enthusiastic claims for the bottles which he has apparently carefully investigated are substantiated, we can easily see the beginning of a far-reaching and useful reform.—*Editorial Boston M. & S. Journal, Jan. 26,* 1905.

PERFORATED GASTRIC ULCER WITH FATAL HEMORRHAGE FROM THE BOWEL IN AN INFANT FIVE HOURS OLD.—The first symptom in the case reported by A. G. Bisset was hemorrhage from the anus. There was no history of hemaphilia, syphilis, or phthisis, and the child was not jaundiced. The bleeding continued, and the child passed into a state of collapse and died, various remedial measures being without avail. A provisional diagnosis was made of some form of ulcer pretty low down in the bowel. This was disproved by the autopsy, which revealed a typical gastric ulcer of the acute form, with clean cut punched out margins on the posterior stomach wall near the lesser curvature, and about a half-inch from the cardiac opening. The ulcer was completely perforated, and, as some shreds of mucoid material were found adhering to its peritoneal aspect, the posterior abdominal wall was again examined, and a little of the blood-stained mucoid matter was seen lying in the situation which the ulcer must most probably have occupied, evidently indicating that adhesion of the ulcer had actually taken place at this point, but had become separated during the removal of the stomach from the abdomen and had been the means of preventing the escape of the blood into the peritoneal cavity. The ulcer was circular in form and was almost the size of a threepenny piece on its inner surface. The paper closes with some statistics as to the frequency of occurrence of gastric ulcer in young children. The author finds that in the recorded cases actual perforation is extremely rare. In this particular case there was no vomiting whatever. Bisset refers to the origin of the lesion in his own case to the vigorous gastric peristalsis set up by the milk imbibed, though assuming that there must have been some previously weakened area on the stomach wall. For the latter, he is unable to account.—*London Lancet, July* 8, 1905; *Med. Rec., July 22,* 1905.

A CASE OF INFANTILE LATENT CIRRHOSIS OF THE LIVER. G. A. Petrone considers that the reason of the greater frequency of this disease in adults than in infants is, first, because the two great agents, alcoholism and chronic malaria, are absent in infants, and second, that inherited morbific taint shows itself mainly in the adult whose liver does not possess a nutritive activity and recuperative power like that of the infant. Further, that although infantile hepatic cirrhosis is rare from a clinical point of view, it is not so pathologically, as numerous autopsies show. The child, a female of 4¼ years, had suffered when six months old from frequent febrile digestive disturbances; at one year old measles with bronchitis lasting a month; a year later a febrile intestinal attack lasting three

weeks, probably typhoid. No history of syphilis, malaria, or abuse of alcohol; after two years it had a little wine mixed with water. The father—a cook—was addicted to excess of food and alcohol. The child was admitted for bronchopneumonia, supposed to be a sequela of diphtheria, and died five days later. The liver weighed 508 grs., surface slightly granular, mottled yellow and red, tough. Spleen 71 grs., dark red, with thickened capsule and trabeculæ. Microscopically the liver showed marked connective-tissue proliferation in the portal and biliary areas, forming here and there islands more or less extensive with branching trabeculæ, and in parts abundance of small round-cell infiltration with new-formed blood-vessels having a single endothelial layer. Bile ducts and hepatic vessels were normal, while the portal showed thickened walls in connection with the surrounding connective-tissue, but only a small number were obstructed or obliterated. The author thinks that a special disposition to cirrhosis in this infant was caused by the alcoholic habits of the father, and that the most important factor was the frequent digestive disturbances and the attack of typhoid. The absence of clinical symptoms of cirrhosis (except urobilinuria) was noteworthy, since the cirrhosis was of long standing, and confirms the opinion that it has usually a course slower, and often latent, in infancy than in adult age.—*British Journal of Children's Diseases, Vol. I, No. VI.*

PERFORATING GASTRIC ULCER IN A YOUNG CHILD.—J. Porter Parkinson exhibited before this Society a specimen of a perforating acute gastric ulcer in a male child, aged 2 years and 2 months. He narrates that the child had suffered from gastric symptoms, vomiting, and slight fever for ten days, when suddenly there was hæmatemesis, followed by typical symptoms of acute peritonitis. The child died in sixty hours from the onset of the acute symptoms. At the post-mortem examination a punched-out ulcer, with slightly thickened edges, and a perforation a little larger than a pin's head at its base, was seen near the center of the posterior wall of the stomach. Another small ulcer was also present, close to the one that had perforated. The peritoneal cavity held about a pint of turbid fluid containing flakes of lymph. No trace of tubercle, which is the usual cause of gastric ulceration in children, could be found. Dr. Parkinson pointed out the rarity of the condition in children, and quoted Dr. Fenwick, who states that in all the records of the London Hospital there are only three cases reported, and in each case the gastric ulceration was obviously secondary to some other disease.—*Reports of The Society for the Study of Diseases in Children, Vol. I, p.* 143.

PROLAPSE OF RECTUM IN CHILDREN.—This affection is very frequent at about the age when the young child passes from the constant supervision of the nurse or mother, due, in many instances, to the habitual and unsuspected constipation. Many cases are chronic when first seen by the physician, because the matter has been considered as of no particular moment by the nurse or mother, the bowel having been easily replaced by them on complaint of the child, until the time comes when the bowel will not remain replaced and the physician is consulted.

Reduction is usually easy, especially if the child be held in the knee-elbow position, and manipulations be conducted with well-oiled fingers. To maintain reduction, a broad piece of adhesive strip is placed across the buttocks, thus drawing them rather firmly together. The mother is instructed to loosen one end when defacation is desired, and to again fasten or replace

with a new strip immediately afterwards. It is important to instruct the mother as to the position to be assumed by the child in defacation; it is never allowable to let him use a chamber or commode placed low or on the floor, but the commode should be placed on a stool high enough that the legs can hang without touching the floor, and it is desirable that the diameter of the commode be not too great for the size of the buttocks. Laxatives, soothing in character, are always indicated until the bowel no longer tends to prolapse on defacation.

Schmey considers every case of rectal prolapse in a child as evidence of rachitis, and claims to cure *all cases* by the internal administration of phosphorated cod liver oil. However widely one may differ with him as to etiology, the fact remains that the oil in question is an admirable tonic, and that tonics are always indicated. In obstinate cases, painting the region of the anus with balsam of Peru or with a 5 per cent. silver nitrate solution is efficient if repeated often enough. The light cauterization of the margins of the anul mucous membrane by lunar caustic, repeated from five to eight times, is advocated as a speedy cure by Rehn. In intractable cases, benefit is often obtained by the subcutaneous injection of ergot in the region of the external sphincter ani, and strychnine has been employed in the same manner. In the rare cases not cured by some of the above methods, only an operation or the use of the actual cautery will give relief.—*Medical Summary, May,* 1905.

REVIEW OF BOOKS.

NEUROTIC DISORDERS OF CHILDHOOD, including a Study of Auto and Intestinal Intoxications, Chronic Anaemia, Fever, Eclampsia, Epilepsy, Migraine, Chorea, Hysteria, Asthma, etc. By B. K. Rachford, M.D., Professor of Diseases of Children, Medical College of Ohio, University of Cincinnati, Pediatrist to the Cincinnati Good Samaritan and Jewish Hospitals, Member of American Pediatric Society, Association of American Physicians, etc. New York, E. B. Treat & Company, 241-243 West Twenty-third street, 1905. $2.75.

The nucleus of this book is a series of papers published in the *Archiv. of Pediatrics* during 1893-94. The papers have been revised carefully and many additions have been made so that the book is now made up of four hundred and forty pages. It is in the main an endeavor to present in a clear manner a number of the less well understood diseases and neuroses of childhood and to suggest successful lines of treatment. It consists of two parts. Part one being made up of toxemias and auto-intoxications and Part two of the individual neuroses and neurotic disorders of children. The chapters on the physiological peculiarities of the nervous system during infancy and childhood and the physiological factors of the high fevers and the variable temperature of childhood are valuable and clearly stated. The toxemias, which are so constantly seen in children, have been clearly written up and are of distinct value to the book. Part two is clinically of great value to all practitioners of internal medicine and Pediatrics and will prove of daily value in the illustration and elucidation of the somewhat puzzling conditions of early life with which it deals.

There is a great deal to commend in this small book, and Rachford has put us under obligations to him for his painstaking labors in presenting an interesting series of studies in such convenient form for reference. The book should find a place in our libraries as it will be frequently referred to by all engaged in this special work and will save a deal of time spent in looking up the matter hitherto scattered throughout the Journal literature and the various text books.

W. A. E.

SOUTHERN CALIFORNIA PRACTITIONER'S NURSE DIRECTORY.

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LAWSON, MISS	Graduate Nurse	112½ E. 10th	Pico 2091
MILLER, MISS FLORENCE	Graduate California Hospital	1145 S. Olive St.	West 307
McNEA, MISS E.	Graduate Nurse	744 S. Hope St	Red 4856
McCLINTOCK, MISS CLARICE	Graduate California Hospital	1232 W. 9th St.	Black 511
NAGEL, MISS A.	Graduate California Hospital	1035 S. Figueroa	Home 4804, Main 1400
OLSEN, MISS JOHANNA	Graduate Nurse	1207 W. 8th St.	Telephone 4685
READ, BEATRICE	Graduate Fabiola Hospital, Oakland	28 Temple	Red 46
RUSSELL, MISS M. B.	Graduate Nurse, Edinburgh, Scotland	845 South Hill	Home 6851
SAX, MISS	Graduate California Hospital	1035 S. Figueroa	Home 4804, Sunset M. 1400
SERGEANT, MISS	Graduate California Hospital	2808 S. Hope	White 576
TOLLAN, MISS H.	Graduate California Hospital	423 S. Broadway	Home 2506
TOWNE, MISS LILLIAN	Graduate California Hospital	1035 S. Figueroa	Home 4804, Sunset M. 1400
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SOUTHERN CALIFORNIA PRACTITIONER.

A MONTHLY JOURNAL OF MEDICINE AND ALLIED SCIENCES.
Communications are invited from physicians everywhere: especially from physicians on the Pacific Coast, and more especially from physicians of Southern California.

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EDITORIAL.

THE CLAYPOLE CASE.

Dr. Edith J. Claypole has been granted a license to practice medicine in the State of California.

It will be recalled that there has been more or less said in the medical journals of California, pro and con, with regard to this case.

After receiving what seemed to Dr. Claypole, and her friends, gross injustice at the hands of the State Board of Medical Examiners, she placed the matter with her attorneys, who took the case immediately to the Supreme Court, and there secured a Writ of Mandate directing the State Board of Medical Examiners to show cause why they should not be compelled to issue her a license to practice medicine in the State of California. The case was called in Los Angeles at the recent session of the Supreme Court. The attorney for the Board appeared, but declined to show cause and issued the certificate before the case came to trial.

Who can but admire the moral courage of Dr. Claypole in thus going to the expense of carrying this matter to the Supreme Court of the State of California for the sake of settling a point, in which she felt that her honor had been involved through a former communication of the attorney for the State Board of Medical Examiners?

She saw in it, not the *easiest* way of obtaining her license, but a way in which it could be secured justly and righteously or not at all, and if secured, forever remain a disclaimer of the fact that she had tried to secure her license in any other than a just way.

GEORGE L. COLE

SALT LAKE CITY HOSPITALS.

We know of no other place where twenty-four hours can be spent more profitably than in Salt Lake City. The visitor first wonders what L. D. S. means and learns that it signifies Latter Day Saints. Next he sees Z. C. M. I.

for various entrances to a great department store and that is translated into your Co-operative Mercantile Institution.

Salt Lake City is well supplied with hospitals. The Catholic Sisters have an excellent institution with a number of the leading practitioners and surgeons in charge. St. Marks is the Episcopal Hospital with Dr. Bascom as Medical Director, and Dr. Pinkerton and other prominent surgeons doing their work there. Dr. Bascom has recently had an annex built in a most modern and substantial manner. The Keogh-Wright Hospital is a large private institution owned by a number of physicians with Drs. Keogh and Wright as the directors and principal stockholders.

The L. D. S. Hospital is a seven-story brick, stone and steel structure built on the most approved modern plan. Dr. Joseph S. Richards, who came as an infant to Salt Lake City in 1847 has been designated as Medical Director for life of this noble institution. In fact, Dr. Richards is the father of the L. D. S. Hospital. This Hotel Dieu is located in a most commanding position. Dr. Richards also took us through the Nurses' Home of this hospital. The Home is a three-story pressed-brick building that will be completed by Christmas. A beautiful Christmas present. Dr. Richards is a genial gentleman and an able surgeon. Every surgeon knows what trouble there is getting a surgical needle with an eye large enough for the larger sizes of cat gut. Dr. Richards has invented a needle that solves this problem.

When you go to Salt Lake City you want to be sure and visit Temple Block where are the great church buildings of the L. D. S.

The Temple is a beautiful piece of architecture built entirely of granite, every block of which is numbered. The corner-stone was laid April 6, 1853, and the building was completed and dedicated April 6, 1893, thus being just forty years in construction.

The Tabernacle is another interesting structure. It seats 10,000 people. Its great roof consists of a single wooden arch without the support of a single column. Brigham Young, who only had eleven days' schooling, was the architect of both of these buildings. The Gentiles do knock the Mormons to the limit. As far as we could see—now that polygamy is cut out—the L. D. S. offer a very fair article of religion—as religions go.

If the reader will think a minute he will realize that every good religion teaches: First, the cardinal virtues that go to make up a good citizen; second, certain supernatural ideas and, in order to make the prescription palatable, a liberal amount of ceremony, social life and music is added. The man of today insistently demands that both his physical and spiritual medicines have their unpleasant features masked.

We noticed the following in their articles of faith: "We believe that men will be punished for their own sins and not for Adam's transgression." We think this ungenerous on their part as it leaves the Gentiles to bear all the suffering and punishment for that apple episode.

Salt Lake City is destined to be a great inland metropolis, and the Latter Day Saints should receive the credit of discovery they in justice deserve.

MEDICAL ECONOMICS.

To advance the high position which belongs to the medical profession, a department of medical economics should be instituted in all medical schools and in post-graduate courses. This is a view well taken by Dr. J. N. McCormick of Bowling Green, Ky., who has been visiting us in October. Dr. McCormick came to the Pacific Coast to address the physicians of our State as well as those of Washington and Oregon, on the subject of organization in medical affairs. Those who were fortunate enough to hear him recently before the Los Angeles County Medical Society came away feeling they had gained much from his lecture. He aroused and stimulated many of our members to the feeling for more harmonious work, which means the elevation of the medical profession, and would result in good for every one in any community. Before the students and faculty of the Medical College, he emphasized the high position belonging to medicine everywhere, the great amount of charitable work done by physicians, the necessity for co-operation and organization that the best results might be obtained. Under the latter head, he gave as an excellent example, what the Mayo Brothers had accomplished by consistent and perfect co-operation, building up such an establishment and reputation that not only patients but scientific men from all parts of the country make pilgrimages there.

It is quite true that at the present day and with the scientific progress in medicine, the physician is not an individual, nor should he stand alone; only by co-operation can we give our patients and all who need our service the proper care and attention. This co-operation should be honorable and just in every way, each protecting the other in so far as justice demands. The older men in the profession can do so much in helping the younger men, if they will only think of the organization that is helping to build up the medical profession, whenever the opportunity presents itself. On the other hand, the younger men can do quite as much and even more for the older men, with their recent medical knowledge and laboratory experiences. So much injury to the profession at large is done by inharmony, and never to injure another fellow physician by word or action is a good principle to follow. By merely an innuendo, which is too often used, one physician has hurt another, and this works harm to the originator and to the medical profession. The Doctor says that the opportunities for a young doctor to climb to the top and make for himself a lasting reputation, have never been so great as at the present day, and we heartily concur with him. It would certainly be following the advancing way to give sufficient time to our medical students and instruct them in medical ethics, so few are graduated with the knowledge of the right and best way to succeed. There is a great deal to be learned in the ethics of medicine which heretofore has been left for one to discover at intervals through experience. This ought not to continue, each student should be taught how to meet and co-operate with

his fellow when he starts in the practice of medicine. The present work of the County Societies and their affiliation with the State and the American Medical is doing much to further this cause of organization, and we have been glad to welcome Dr. McCormick in Los Angeles. W. J. B.

SUGGESTIVE THERAPEUTICS.

Here again is a department that should be better understood and conducted in our medical schools. Suggestion is one of the strongest factors in our treatment of patients, whether or not one choses to admit it. The physician is constantly using this therapeutic measure either consciously or unconsciously. It is right and just that our students should be taught how to give the proper suggestion at the right time, because in this lies a power that is not to be trifled with. We all admit the help and cures that have resulted through this power outside of the medical profession, and what can be done there surely, (yes I know), can be done by our scientific men. This department is included under therapeutics, and all that is asked here is that more time and thought be given towards its advancement and proper demonstration. On this line Dr. Henry S. Munroe of Americus, Ga., who has been visiting this city, has given a course to several of our physicians. Dr. Munroe has with him good letters from Eastern physicians, who have been benefited by his manner of using suggestion. His theory of Suggestive Therapeutics is clear and well given, but not so much can be said for his demonstrations. W. J. B.

EDITORIAL NOTES.

Dr. Joseph D. Condit has been secured to assist Dr. Black with the Chair of Pathology at the College of Medicine of the University of Southern California.

Dr. Condit comes to us from New York, having had excellent training in pathology as well as surgery. He has been living for the past year in Pasadena; is a graduate of the College of Physicians and Surgeons, New York, of the class of 1901, a college graduate previously. After receiving his degree of M. D., he became house surgeon and house pathologist at St. Luke's Hospital, New York, doing work under Prof. Prudden. Later he was house physician and surgeon at the New York Hospital in the private patients' pavilion.

The Educational Committee feel fortunate in obtaining Dr. Condit for the college.

Sir Francis R. Cruise, M. D., D. L., an eminent Irish physician, has given the world a new translation of the "Imitation of Christ" by Thomas a Kempis. In this new translation the arrangement is entirely different from that to which we have been accustomed. Dr. Cruise has adopted the order that was originally planned by the author.

We take the following from The Journal of the New Mexico Medical Association.

D. Francis T. B. Fest, of Las Vegas, has returned from a trip to Spanish Honduras.

Dr. W. H. Burr, Santa Fe surgeon at Gallup, was in Albuquerque on business during the past week.

Dr. J. M. Diaz, who has been doing hospital work in Chicago, has returned to his practice at Santa Fe.

Dr. James Massie, of Santa Fe, is in New York, where he is taking a special course in eye, ear, nose and throat work.

Dr. John F. Pearce, of Albuquerque,

has returned from a pleasure trip to Los Angeles and the Portland Exposition.

Dr. T. E. Pressley, of Roswell, has returned from Chicago, where he finished a course in eye, ear, nose and throat.

Dr. C. N. Lord, of Santa Fe, has returned from a visit to his old home at Sacketts Harbor, N. Y. During his absence, Dr. E. A. Leonard, of Boston, attended to his patients.

Dr. P. G. Cornish, of Albuquerque, President of the New Mexico Medical Association, has returned from a trip to New York and Philadelphia, where he visited the hospitals and many noted surgeons.

Dr. G. W. Harrison and wife have returned from a pleasure trip to Chihuahua, Mexico. During his visit the doctor had a pleasant conference with several members of the profession, including Drs. White, Shaw and Swayne, American physicians located in the above city.

Dr. Henderson, of Albuquerque, has returned from a visit to Detroit, Mich., and resumed practice in eye, ear, nose and throat.

Dr. George O. Keck has arrived from the East, and has assumed charge of the United States Indian School at Albuquerque. Dr. Keck is a graduate of Jefferson Medical College, Philadelphia, and has been in the Indian Service for some years.

Dr. P. M. Steed contemplates making a trip to his old home near Little Rock, Ark., in the near future.

Dr. J. G. Moir, president of Luna County Medical Society, spent several weeks in Chicago this summer.

Dr. R. V. Stovall, formerly a resident of Deming, but now residing at Los Angeles, Cal., is spending a vacation in Deming.

Dr. J. O. Michaels and wife of Deming with a few friends, took a short vacation last month and camped among the fields and orchards of the Mimbres River District.

Dr. Samuel D. Swope of Deming returned from a trip to San Francisco, August 24, where he attended the meeting of the Pacific Coast Railway Surgeons and heard the Lane lectures.

Ralph L. Byron, the only son of the late J. P. Byron, is spending his vacation with his mother, Mrs. J. G. Moir. Mr. Byron is studying medicine in the Southern California Medical College at Los Angeles.

Dr. J. E. Hiett, formerly of Otero, New Mexico, has located in La Crosse, Kansas.

Dr. Sims, of Sulphur Springs, Texas, has located at Three Rivers, N. M.

Dr. William E. Parkhurst, president of the Chaves County Medical Society, and second vice-president of the New Mexico Medical Association, died June 15 of pulmonary hemorrhage. Dr. Parkhurst graduated from Gross Medical College in 1899.

Dr. W. T. Joyner, of Roswell, N. M., returned recently from a trip to California and Portland, Ore. While in Portland he attended the meeting of the American Medical Association.

Dr. C. M. Mayes, formerly vice-president of the Chaves County Medical Society, succeeded to the presidency on the death of Dr. Parkhurst.

Dr. L. C. Rauchbaumn, of Amarillo, Texas, has located in Roswell, N. M., and at present has offices with Dr. Joyner.

Dr. Samuel Butler, who has been located at Dexter for some months, has returned to his home in California.

The Las Vegas Medical Society has taken up its work again after a short summer vacation. At the last meeting held August 16th, Dr. C. H. Bradley presented a paper on "Lacerated Perineum." Meetings will hereafter be held the first Wednesday in each month.

Dr. Francis T. B. Fest has opened an

office in Las Vegas and will limit his work to pathology and consultations.

The Council of the New Mexico Medical Association has recently selected Dr. R. E. McBride, of Las Cruces, as Secretary of the Association in place of Dr. G. H. Fitzgerald, who has removed from the Teritory. Dr. McBride comes well recommended. He is a native of the State of Louisiana, and is a graduate of the Medical Department of Tulane University of New Orleans.

A party consisting of Dr. Rolls, of Watrous, Drs. H. M. Smith, W. R. Tipton and B. D. Black, of Las Vegas, attended the Portland session of the American Medical Association.

CORRESPONDENCE.

A REVIEW OF THE CLAYPOLE CASE.

At a regular meeting held last August, the State Board of Medical Examiners unanimously refused to grant a license to practice medicine to Dr. Edith Claypole, of Los Angeles. In October the same Board, voting per mail, issued a license to Dr. Claypole, by a majority vote. The interest aroused by this case may be gauged by the facts that every medical journal in Southern California has devoted considerable space to the controversy; that many of the prominent eastern journals have commented upon it, more or less freely; that "The Examiner" and other daily papers have published, in issue after issue, bitter correspondence regarding it. The Board is constantly engaged in lawsuits. I think we now have five before the courts (the Board has never yet lost a case). Numbers of cases are adjudicated by the Board and the adjudication sustained by the courts without attracting attention —other than the ordinary cursing bestowed upon us from day to day. In this particular case, the sex of the applicant, her intellectual attainments, the prominence of her friends and, especially the worth of her character as a representative professional woman have combined to bring under public scrutiny the law regulating the practice of medicine in this State, and the Board through which the law is administered, without having consulted my colleagues, and with no intention of making an official statement, I purpose to set forth the reasons that influenced my own action in this matter. It is not my object to seek personal justification because, so long as my conscience is satisfied, I care little for public opinion, aside from that "decent respect" which all Americans should display toward the "opinions of mankind." As stated at Riverside this medical law of ours is one of the most beneficent on the statute books. It is in no sense intended for the benefit of the medical profession. It is a source of protection to every man, woman and child in the State. It is of chief advantage to the poor. The rich are able to purchase the best professional talent. The poor must depend upon the State to guarantee to them, at least, average attainment on the part of those to whom they entrust the lives of their wives and children. The members of the Board, in common with other State officers, represent the people, not the profession. The law, however, pla es so much confidence in the integrity of medical men that it has delegated to them the function of electing the Board. It seems to me, therefore, wise for the Board to take into its confidence the electors who have selected it. I believe the profession is disposed to support the Board in the performance of its duties; is disposed, even, when judging our action, to make allowance for unknown conditions that may have influenced our decisions. This spirit is manifested in a dignified, temperate and fair editorial in the November number of the "California Medical Surgical Reporter."

The functions of the Board are various. We examine applicants for licenses. That is the least onerous of our duties. While the law requires applicants to possess a medical diploma, yet that document is merely presumptive evidence of the applicant's competency. State Boards were primarily instituted because of profound public distrust of medical colleges. The laws of some 35 States have emphasized this point. It is our duty to investigate each diploma, to determine whether it was issued to the party presenting it; whether that party earned it by attending courses of instruction, under given conditions, for a stated length of time each year, for a definite number of calendar years. Furthermore, we are obliged to investigate the preliminary education of each applicant, to determine whether the medical college had a legal right to admit him to the freshman year. We must then determine whether said college gave him advanced standing, from year to year, only after proper attendance upon, and examination in, the work of the preceding year. In case we find that his credentials are inadequate, from a legal standpoint, we must grant him a hearing, if demanded, at which he may be represented by attorney. In other words, give him a trial, in which only legal problems are involved. Again, it sometimes becomes our duty to revoke licenses. In each case the accused is entitled to a regular trial, to representation by attorney and to presentation of evidence. These trials are all conducted in accordance with criminal law. We must issue subpoenas and writs of various sorts, must listen to and weigh evidence, must sustain or overrule motions, objections, demurrers, etc., on the part of attorneys. At our last meeting, August, we had some half dozen trials, at which seven or eight lawyers, from different parts of the State, appeared for plaintiff or defendant; including such men as a prominent ex judge from Los Angeles, and an ex-attorney general of this State. It is no small matter, where such important personal interests are at stake, for a set of men, untrained in legal technicalities and in the comparative value of evidence, to sit as a court. aside from our appreciation of justice and our common sense, we must depend upon the wisdom and knowledge of our attorney, for whose services we pay $1500 per year and in whom we have great confidence. These and other functions of the Board are performed as honestly and sincerely as can be done by any nine men of ordinary intelligence. Possibly our law may (very rarely) work hardship to an individual. Perhaps most laws do. During my service there have been one or two instances in which I have felt the rejected applicant had demonstrated his ability to practice medicine, and yet, had the legal provisions, which caused the rejection, been ignored, the flood-gates admitting a crowd of incompetent men would have been opened—and we would have violated our oaths of office. In performing my share of the labor above outlined, during my first year of service, I expended 29 days away from my business, for 21 days of which I received pay, at a rate amounting to a trifle over half of what I earn daily at home. It will thus be seen that members of the Board are not working for money. I only refer to this question because of insinuations to the contrary. The Claypole case was an inheritance from a former Board. Of the nine members of the present Board only three were in service at the time Dr. Claypole was examined. At our last (August) meeting the case was brought before us by Dr. Claypole's attorney. Our decision was based upon the following considerations:

(1.) Dr. Claypole's literary degrees entitled her to one year's credit on her medical course (under the rule of the

Association of American Medical Colleges—for that date—which is an integral part of our State law.)

(2.) Cornell University stated that it had not granted Dr. Claypole the aforesaid credit; that she had attended the freshman and sophomore years and had successfully passed the examination into the junior year; that she lacked six weeks of having completed her junior year and had never passed her junior examinations.

(3.) Dr. Claypole applied to Dr. Brainerd, then dean of the University of Southern California (Med. Dept.) for admission to the senior year. Dr. Brainerd refused her application.

(4.) Subsequently, Dr. Brainerd having resigned, Dr. Claypole applied to the newly elected dean, Dr. McBride, who admitted her to the senior year, without examination in junior studies.

(5.) Dr. Claypole successfully completed her senior year and received a diploma from the U. S. C.

(6.) Dr. Claypole appeared before the State Board and failed in pathology.

(7.) Subsequently she removed the condition in pathology by a second examination.

The above facts were presented to the Board by its committee on credentials and are, as far as I am familiar with the situation, all the material facts in the case and were, I am confident, admitted by all concerned. Dr. Claypole lacked 25 per cent. of the legal time required for her junior year and had never passed the junior examinations. The doctor's competency was not in question. Should the Board uphold the law, or should it violate the law and thus establish a precedent that might be held to admit others unqualified? If Dr. Claypole's attainments were as claimed by her friends the junior examination was a trifling affair to her. Should we announce to medical colleges that we would require the full course each year, as prescribed by law, or that we would accept 75 per cent. of it, more or less? Should we require colleges to examine students in the subjects of each year, or not? We believed we had no option in the matter. The law is not only mandatory, but it is right. Knowing that Dr. Claypole was competent, we suggested that she make up six weeks time in the U. S. C. A very trivial thing for a resident of Los Angeles to have done. At this point a new legal complication arose. Dr. Claypole's attorney raised the question of the year allowed to her under the rule of the association of American Medical Colleges. He claimed that under that rule the University of Southern California (Med. Dept.) had the right to grant her the junior, or any, year. When this point was under discussion by the Board I took the ground that no college could, under that rule, grant any other than the freshman year; that the rule implied that certain literary degrees were equivalent to the freshman year's work; that it would be absurd for a college to grant the senior year (under that rule) because, if granted, one who possessed such a degree could take three full years, at Cornell for instance, and then another college could issue a diploma without further attendance, or upon mere perfunctory attendance. I claimed the absurdity was equally applicable to any year except the freshman. As Cornell had not granted the freshman year to Dr. Claypole she could not claim one of the advanced years from another college. My argument prevailed and the Board unanimously decided to refuse the license on the ground that Dr. Claypole had never completed her junior year and had never passed an examination in the studies of that year. The problem was a strictly legal one and had Dr. Claypole been the only person involved in its decision her license would doubtless have been granted. The precedent,

however, might apply to many who have not Dr. Claypole's qualifications. I desire to assume all responsibility for the above argument. If the Board is deserving of censure I am prepared to assume the responsibility, because my advice was followed. Later, Dr. Claypole applied to the Supreme Court for a writ of mandamus to compel the Board to issue a license to her. The case went into the hands of our attorney for further study. So far as I know said attorney had not objected to the decision of the Board at the time it was rendered, although he was fully cognizant of it. However, after mature deliberation he wrote to each member of the Board, four days prior to the court session, that our position was untenable; that, under the rule referred to, any college possessed the right to grant any year it pleased; that if the U. S. C. wished to allow Dr. Claypole her junior year it could do so, that he preferred not to go into court to combat that proposition; that he would advise the Board to issue a license. A vote was then taken by the Board, per mail, and a legal majority voted to issue the license. This was done and the case closed — so far as the Board is concerned. Personally, I deem it unfortunate that the point at issue was not passed upon by the supreme tribunal of the State. This case illustrates the difficulties we have to contend with. We cannot do any man a favor. We may, unwittingly, do one an injury. Our position is both delicate and thankless. We use our best judgment and use it honestly. If the duties of our position require better judgment than we possess — let the State Society elect better men.

JNO. C. KING.

Banning, Nov. 15, 1905.

LOS ANGELES COUNTY MEDICAL SOCIETY.

The following resolutions were presented at the meeting of the Los Angeles County Medical Association, held October 6, 1905, and by unanimous vote passed and referred to the Council of the Society for consideration and action:

WHEREAS, The American Medical Association and its constituent societies, the various state and county associations, are committed to use their influence and efforts in all measures pertaining to the Promotion of the Public Health.

AND WHEREAS, Owing to the rapid growth of Los Angeles, there are an unusual number of such important problems before the community, which it is exceedingly desirable should be properly solved,

Therefore, be it Resolved, That the Los Angeles County Medical Association respectfully recommends to the Council of the Association, that it empower the President of the Association to annually appoint a committee consisting of five members, which Committee shall be known as the Committee of Public Health, and the function of which Committee it shall be to initiate or to further all measures having any relation to the public health of our city, county, state or country.

The Chairman of this Committee shall be named by the President of the Association, but the Secretary of the Committee shall be elected by the members of the Committee from among their own number.

The members of this Committee shall hold office until their successors are appointed.

The Committee shall be empowered to endorse all measures when at least three members of the said Committee are in favor of any one plan of action. Where at least three members cannot agree on any line of action, the Committee shall ask the Los Angeles Medical Association for instructions.

The Los Angeles Medical Association shall furthermore have the power, at any time, if it so desires, of instructing the Committee to take such action in connection with its work, as may in the judgment of the Los Angeles County Medical Association be deemed wise.

The Committee shall aim to work in harmony with similar committees from other lay organizations, as have at heart the promotion of the public health, as well as with the Board of Health and the health officials of the community.

The Committee shall also make at the annual meeting of the Association, a report on the work pursued and results accomplished during the prior year.

G. H. K.

CHRONIC INTERSTITIAL NEPHRITIS.

The Los Angeles County Medical Association held a regular meeting in the Pearsons Building, Friday evening, November 3rd, 1905, at 8 o'clock.

The minutes of the previous meeting were read and approved.

The program for the evening consisted of a symposium on Chronic Interstitial Nephritis arranged by Dr. J. H. Utley, and read as follows;

1. Etiology, Dr. J. Lee Hagadorn.
2. Pathology and urine analysis, Dr. Rea Smith.
3. Symtomology and diagnosis, Dr. J. H. Utley.
4. Nervous manifestations, Dr. H. G. Brainerd.
5. Ingestion of fluids, Dr. J. A. Colliver.
6. Treatment, Dr. Earl Sweet.

Dr. Smith being absent on account of sicknesss, his paper was read by Dr. Dudley Fulton.

DISCUSSION.

Dr. Wernigk: In the differential diagnosis between the apoplectiform seizure of this disease and true apoplexy or cerebral hemorrhage the fever curve as mentioned by Dr. Brainerd is very important.

Regarding the restriction of fluids, I sometimes allow my patients as much as one and one-half liters of fluid. Most of them do better on less. It is of first importance to preserve compensation and prevent the degeneration of the hypertrophied heart muscle.

One remedial measure that has not been mentioned tonight, and that I consider of value in conditions of high blood pressure and threatened hemorrhage, is venesection. Flushing the bowels is also an important measure.

Dr. Visscher: I should like to ask Dr. Wernigk how he determines the amount of nitrogenous food the kidneys are able to handle.

The ingestion of large amounts of food only raises the blood pressure temporally. I do not think that moderately increased amount of blood means, necessarily, an increased blood pressure.

I should also like to know how far we should be guided by the call for liquids by the patient. Often one and one-half liters of fluid is not enough for a large man. It stands to reason that such a patient will require more liquid than one weighing, say one-half as much.

The old idea of flushing the kidneys is entirely wrong; nothing can be gained by it.

Dr. Wernigk: I give as much nitrogenous food as the kidneys will handle. By repeated estimation of the urea I get a fair idea of the amount of nitrogenous matter excreted, and a fair idea of the activity of the kidneys. I have never been able to get an increase in the quantity of urine by increasing the ingestion of fluids.

After all is said we must remember of course that we are to treat the patient and not the disease.

Dr. F. D. Bullard: In speaking of the etiology, the results of undue exercise as seen in athletes must not be for-

gotten. I saw a case not long ago, boy, 18 years of age, sprinter, had general arterio-sclerosis, hypertrophied heart and contracted kidneys. Died of hemorrhage into the internal capsule. The diagnosis in these cases is frequently made first by the oculist. Saw a boy, six years of age, diagnosis made with the opthalmoscope.

Dr. Ferbert: The quotation read by Dr. Sweet lays stress upon the finding of casts in the urine. I think that they may be found in the urine of three out of five healthy men over the age of fifty, at almost any time. They are also often found after operation without any disease of the kidney.

Dr. Sweet: Replying to Dr. Ferbert, I think that particular cases were meant; those having known kidney lesions.

Dr. Brainerd: It is not the finding of casts, albumin, etc., alone that should be a guide; as has been said, these can be found in the urine of many healthy men, but the finding of these elements in connection with symptoms of persistant renal incompetency.

Dr. Edwards: I think that we have allowed laboratory methods to run away with us a little. If the microscope is depended upon too fully, we will not be able to establish satisfactory relations between our laboratory and our clinical findings.

Dr. Browning: I have had very satisfactory results from the use of the iodide of mercury. Used for its tonic effect, especially upon the glandular system, I feel that it is as valuable as any other drug.

Dr. Colliver: The ingestion of fluids over a certain quantity will raise the blood pressure and tend to break compensation in these cases. For this reason the exclusive milk diet has fallen into more or less disrepute. The patient has to take an excessive amount of fluid to get a proper amount of nourishment. Professor von Noorden allows an amount of fluid only slightly in excess of the amount excreted.

Dr. Theodore Davis: It must be remembered that the kidney is not the only organ implicated in this disease. It is in fact a general disease. I think the liver has almost as much to do in the production of the symptoms of this disease, as the kidney. Probably the uremic symptoms are largely due to the changes in the liver.

Albumin and casts can both be demonstrated in the urine of most healthy individuals at some time.

Dr. Fulton: When oedema appears and compensation fails, it is certainly time to restrict the fluids. There is a growing tendency to feed these patients more liberally. The general nutrition must be kept up. The exclusive milk diet is not as popular as it once was.

THE BIBLE AND THE PHYSICIAN.

At a recent even-song, for the special benefit of physicians, at an uptown church, the lesson was from Ecclesiasticus xxxviii, 1-15. As this book is reckoned among the Apocrypha, and unknown, save to members of the Roman and Episcopal Churches, and, we fear, unfamiliar even to many of these, we venture to transcribe the verses read:

1. Honour a physician with the honour due unto him for the uses which ye may have of him; for the Lord hath created him.

2. For of the most High cometh healing, and he shall receive honour of the King.

3. The skill of the physician shall lift up his head; and in the sight of great men he shall be in admiration.

4. The Lord hath created medicines out of the earth; and he that is wise will not abhor them.

5. Was not the water made sweet with wood, that the virtue thereof might be known?

6. And he hath given men skill, that he might be honoured in his marvellous works.

7. With such doth he heal (men), and taketh away their pains.

8. Of such doth the apothecary make a confection; and of his works there is no end; and from him is peace over all the earth.

9. My son, in thy sickness be not negligent; but pray unto the Lord, and he will make thee whole.

10. Leave off from sin, and order thine hands aright, and cleanse thy heart from all wickedness.

11. Give a sweet savor, and a memorial of fine flour; make a fat offering, as one being.

12. Then give place to the physician, for the Lord hath created him: let him not go from thee, for thou hast need of him.

13. There is a time when in their hands there is good success.

14. For they shall also pray unto the Lord, that he would prosper that which they give for ease and remedy to prolong life.

15. He that sinneth before his Maker, let him fall into the hand of the physician.—*New York Medical Journal.*

Ibsen's "Ghosts" was being performed; a brilliant cast, a cultured and select audience. Just as the horrors of the third act were being unfolded, a popular physician, who had been dining with a party of convivials at a neighboring club, dropped into the theater. A moment he stood, listening.

Oswald: "The disease I have as my birthright. Yes, it's seated here—waiting. It may break out any day—at any moment."

Mrs. Alving: "Oh, I cannot bear it! What shall we do?"

Oswald: "It's so indescribably loathsome, you know. If it had only been an ordinary mortal disease——"

The physician saw it all in a flash. His kindly sympathies were instantly aroused. Still standing, a trifle dizzy on his feet, but with all his mental powers keen and alert, he extended one broad, friendly hand toward the players, crying:

"Madam, you should double the dose of the mercurial tablets; push the iodide drops to the limit; and above all keep cheerful. Everything is bound to come out all right. That's all. $5 please. Call again tomorrow."

Confusion momentarily, then great applause; Oswald's and Mrs. Alving's astonishment suddenly giving place to smiles. Quick curtain. A shocked and horrified usher conducts the good Samaritan to the open air. Meanwhile Ibsen had been put to utter rout, and for once his audience was restored to sanity and cheerfulness.

HULBERT FULLER.

Ocean Park.

BOOK REVIEWS.

OPHTHALMIC NEURO-MYOLOGY. A Study of the Normal and Abnormal Actions of the Ocular Muscles from the Brain Side of the Question. By G. C. Savage, M. D., Professor of Ophthalmology in the Medical Department of Vanderbilt University; Author of "New Truths in Ophthalmology" (1893), of "Ophthalmic Myology" (1902), Ex-President of the Nashville Academy of Medicine, Ex-President Tenn. State Med. Asso. Thirty-nine Full Page Plates and Twelve Illustrative Figures. Published by The Author, 187 Eighth Avenue, North, Nashville, Tenn. Printed by Keeling-Williams Printing Co., Nashville, Tenn.

To one who carefully reads and understands this treatise, it is a wonderful book. If Savage's hypothesis of basal centers and fusion centers is correct, it is an epoch making volume in Ophthalmology. We have this to say, that his suppositions seem to account for the phenomena connected with the normal and abnormal actions of the ocular muscles.

Every eye man is conversant with the difficulties due to heterophoria, and

anything shedding light on the proper management of such cases will be regarded as a boon to the profession.

The first error righted is the locating of the optic axis—that line being determined by the position of the macula posteriorly and that portion of the cornea 180 deg. removed therefrom anteriorly, —this may or may not be the corneal center. Having started right, he proceeds in a convincing manner to discuss the action of muscles individually and in unison, both at rest and in activity, the bearing of the tonicity and action on ophthalmic conditions, and the proper means indicated to overcome defects in individual cases.

A MANUAL OF DISEASES OF THE NOSE and Throat. By Cornelius Godfrey Coakley, A. M. M. D., Professor of Laryngology in the University and Bellevue Hospital Medical College, New York City, etc. etc. Third edition, revised and enlarged. Illustrated with 118 engravings and five colored plates. Lea Brothers and Co., New York and Philadelphia. 1905.

This book lays especial stress on examinations, diagnosis and treatment. The article on diptheria and tonsillitis are to be commended as being full of straight, common sense advice as a rule. One procedure however, the reviewer mentions to condemn, that is the use of cocaine locally before removing the tonsils (as he advocated a 10 per cent. solution p. 313). Eucaine is much safer and, allowing time for its action, just as efficient especially if adrenalin solution is used also.

The danger of idiosyncrasy from cocaine must never be lost sight of. The reviewer has seen synocope result from dropping a few drops of a 4 per cent. solution in the eye.

On page 256 in speaking of the removal of adenoids, he recommends for anesthesia in children under 6 years of age, chloroform. The reviewer again dissents. Ether should be preferable, or better still for removal of adenoids alone some of the shorter anesthetics, such as the Bromide of Ethyl. It must not be forgotten that persons suffering from adenoid growths belong to that class peculiarly susceptible to the influence of this drug.

In respect to the matter especially germain to the subject from a specialist standpoint the work is concise and accurate.

CLINICAL DIAGNOSIS. The Bacteriological, Chemical and Microscopical Evidences of Disease. By Rudolf V. Jaksch, M.D., Professor of Special Pathology and Therapeutics, Director of the Medical Clinic in the German University of Prague, Ordinary Member of the Supreme Sanitary Council. Fifth English Edition based upon the Fifth German Edition, but containing additional matter and illustrations. Edited by Archibald E. Garrod, M.A., M.D., F.R.C.P., Assistant Physician to, and Lecturer on Chemical Pathology at St. Bartholomew's Hospital, Physician to the Hospital for Sick Children, Great Ormond street. With 172 illustrations (many in colors) including one colored plate. London: Charles Griffin & Company, Limited. Philadelphia: J. B. Lippincott Company, 1905. (All rights reserved.)

It is always pleasant to meet an old friend even if as, in this case, he is dressed in new garments and somewhat changed. For many years the reviewer has esteemed this book as one of his most valuable possessions. This new English Edition is all that we expected it to be, as the interval between the German and English publication has enabled Garrod, the English editor, to add many new facts and the details of our acquired knowledge in the interim. The chapter on the blood is complete and replete with all the well-known methods of examination, but in addition it contains many recent findings, perhaps the most important is that on Trypansomata which Bruce and Nabarro seem to have shown is the parasite met with in both Gambia fever and in sleeping sickness. The one hundred and twelve pages devoted to the blood are perhaps the most valuable contribution that we have for conciseness, together with completeness and full consideration of all the blood conditions.

The buccal and nasal secretions, the sputum, the gastric juices and the vomitus all receive the full consideration that they merit and those of us who use this book as a working guide will

concerning the value of these chapters. They are splendid.

The faeces, as Jaksch very correctly says, are composed of all those substances which, being formed from the food in the process of digestion and mixed with the residue of the secretions of the complete canal, are finally expelled from the body by the rectum. With the understanding at hand, and as far as we know, one of the best chapters that we have on the clinical study of the faeces follows. The animal parasites found in the faeces are treated in a manner that will be useful to all practitioners as well as in laboratory work.

Anchylostomiasis has occupied a great deal of our attention for the last few years and we are pleased to note any mention is made of the fact that the Trichocephalus latus produces symptoms very similar to those which arise from the presence of Anchylostoma.

Glaser in 1891 in the *Deutsche Med. Wochenschr.* XVII, 1193, ascertained that the fresh urine of healthy persons, although free from albumin, contains casts and that a slight toxic influence (as a little alcohol) is often sufficient to determine their presence in increased numbers. This, for a number of years, has been our feeling and we are glad to know that V. Jaksch endorses it. Of course perfectly formed cellular casts only appear in the urine under circumstances that cause the renal tubules to become crowded with red or white corpuscles or which bring about the separation of the renal epithelium in the entire circumference of a tubule. The clinical importance of such casts is of great significance, and they are not to be confounded with those mentioned above as occurring in healthy persons. We fully agree with the author when he says they always imply an affection of the kidney and their presence alone suffices to establish the existence of acute nephritis or a fresh exacerbation of the disease. An illustration is presented of a urinary cast which has not been previously described. This chapter on the urine occupies one hundred and seventy-nine pages and is of itself well worth the price of the book, it is in fact a complete presentation of today's knowledge of the subject.

The examination of exudates, transudates and cystic fluids, and the secretions of the genital organs are all carefully prepared and show how thoroughly the book holds to its subject matter as a complete treatise on clinical diagnosis in its fullest sense.

The methods of bacteriological research might perhaps be a little more amplified but they are well stated and easily understood.

A very strong feature of this very good book is the bibliography occupying seventy pages of small type. This places the book, in a certain sense, in a class by itself and it is a very good class to be in.

W. A. E.

THERAPEUTICAL HINTS.

THE USE OF DIASTASES.—After discussing the physiology of ptyalin secretion and of starch digestion, the author says that excessive gastric acidity is the condition most frequently referred to as requiring the use of diastatic ferments. "It is far better to diminish the quantity of starchy foods than to administer the ferment with the hopes of converting the starch in that short interval after swallowing before the acid stomach contents inhibit all diastatic action."

THE USE OF PANCREATIC FERMENTS.—Pancreatin is destroyed when

it comes in contact with an acid. It is therefore irrational to administer it when the stomach secretes HCl, unless it is given in a preparation like keratin or some substance which is unaffected by gastric juice. It might be given in those few cases in which there is complete suppression of gastric secretion.

A NEW INDICAN TEST.—Instead of chloride of lime or of iron, A. Gurber (*Munch. med. Woch*, Aug. 15, 1905) recommends Osmic Acid. An equal amount of concentrated hydrochloric acid is added to the urine, then two or three drops of a one per cent. solution of osmic acid. Depending upon the amount of indican present, the urine will now turn violet, bluish-violet or a pure blue. If necessary, chloroform may be added like in the older tests. An excess of osmic acid does not interfere with the test.—Medical News.

PARATYPHOID FEVER.—Quite a few observers have recently described a fever which runs a course similar to, in some respects, while differing in others from true Typhoid. So many of these have been reported, particularly in the foreign medical literature, that many clinicians are giving the fever the dignity of a clinical entity, rather than to regard it as "atypical" typhoid.

In the London *Lancet*, September 23, 1905, Mackie, after describing in detail a personal case, gives the following differential points between true typhoid and paratyphoid:

TABLE 1.—TRUE TYPHOID.

Etiology.	Widal.	Mode.	Mortality.	Fever.	Rash.	Typhoid State.
Bacillus Eberth associated with sewerage contamination of food or drink.	Positive.	Usually epidemic.	7.14 per cent.	Usually typical.	Present in in 88 per cent.	Early and pronounced.

Abdominal Symptoms.	Post-Mortem Appearances.	Duration of Fever.
Unmistakable.	Typical ulceration of glandular tissues.	Generally 3 weeks.

TABLE 2.—PARATYPHOID FEVER.

Etiology.	Widal.	Mode.	Mortality.	Fever.	Rash.	Typhoid State.
Probably the Baccoli.	Neg.	Sporadic.	25 per cent. in India.	Irregular.	Generally absent.	Vague or absent.

Abdominal Symptoms.	Post-Mortem Appearances.	Duration of Fever.
Often absent.	Ulceration is irregular, extensive, being unconfined to glandular tissues.	Three or four weeks, but can often be aborted.

THE MODERN CONCEPTION OF DIABETES.—Under the auspices of the Herter Lectureship, one of the foremost of German clinicians, Prof. Carl von Noorden, has delivered a series of lectures on the pathological chemistry and treatment of diabetes mellitus, which is, perhaps, the best conception of the subject which has ever been presented.

Beginning with No. 17, Vol. 87, of *The Medical News*, abstracts of the lectures will be published.

According to Dr. Von Noorden, diabetes is a perversion of metabolism characterized by the inability of the bodily cells to utilize the sugar in the blood. In order that the carbohydrates may be used in the economics of the organism, they are first transferred into glucose, which is further split up into glycogen, a substance well adapted for storage in the cells. The oxidation of this substance furnishes the immediate source of bodily heat and energy. Unless it is first transferred into glycogen, the glucose is of no use to the cells. It is this inability to transform glucose into glycogen and fixing this to the cells

that forms the fundamental vice of the diabetic condition. This failure accounts for the abnormally large amount of sugar in the blood. Another factor contributes to this hyperglycemia, namely, the overproduction of sugar in the organism. Ordinarily, the carbohydrates not needed for consumption are stored up, principally in the liver, in the form of glycogen. As the glycogen of the cells is used up, the latter make known their want, and the liver is called upon to furnish a fresh supply to the cells. Transported to the latter in the form of sugar, the latter is used up as rapidly as it is delivered.

In diabetes the tissues go hungry for sugar because they are unable to get it. From them the liver possibly gets the signal for the further mobilization of sugar. In the healthy the mobilized sugar steps out in the breach where it is used up. In diabetes, the reserves are called out in vain; they cannot reach the place where they are needed, and they are uselessly squandered." The abnormal appetite of the diabetic is the constitutional expression of this starvation. The demands made upon the liver soon results in the exhaustion of its store held in reserve. Then the proteids and probably the fats are called upon to furnish the sugar.

The acetone-bodies are produced by the same error of metabolism that lies at the root of the glycosuria. The factor responsible for their appearance is the exclusion of the carbohydrates from metabolism. It is to be remembered that in examining the urine for the appearance of acetone in the urine, diacetic and oxybutyric acids deserve as much attention as acetone. Up to a certain point, acetone alone appears in the urine. Beyond this point it is accompanied by diacetic acid.

The early stages of diabetes deserve particular attention. It has been observed that for many years before the disease is fully developed there are transitory attacks of glycosuria.

THE THERAPEUTIC VALUE OF THE DIGESTIVE FERMENTS.

There are few remedies used in modern therapeutics, concerning which there is more empericism manifested, or a greater confusion of opinions advanced, than in the use of the various digestive ferments. In a very well written article, Bettman (*American Medicine,* Vol. 10, No. 11), analyzes the use of the digestive ferments from: 1—The Theoretic Aspect; 2—The Practical Aspect; 3—The Results of Personal Observation.

1—Under the theoretic aspect the author says: "It would seem reasonable that pepsin is indicated in every case in which nature does not supply it in a sufficient quantity." But he states that in the first place, pepsin of all the gastric secretions, is the most resistant to diseased conditions and remains longest undisturbed. Pepsin cannot act well except in the presence of free mineral acid. The proportion of cases in which pepsin would seem indicated compared with the total number of stomach cases to be treated is very small, and most authors, therefore restrict the use of pepsin to very narrow limits.

2—The Practical Aspect: In therapeutics, the clinical test, of course, is the final one to consider. As stated above, those who have had the largest experience in the use of pepsin have the least confidence in it. Recently, however, favorable reports have followed the use of dog's gastric juice in quantities of from 100 c.c. to 500 c.c. per day. This "gasterin" has been used by several foreign clinicians who report favorably on its use. The preparation, however, containing as it does, 0.41 per cent. of Free Hcl., may owe its efficacy to the presence of the latter, as the results obtained from its use correspond closely to the administration of large doses of Hcl. in other countries.

3—Individual Observation: After a year's extensive series of observation regarding the therapeutic value of pep-

sin, Bettman says: "I have in each case carefully considered the indications; have administered it in sufficient doses; have given it to adults and to infants. On the whole, the results have been unequivocally disappointing."

Chicago's history is thus graphically epitomized by one of her newspapers:

A death every fifteen minutes.

A birth every eight minutes and twenty-seven seconds.

A murder every seventy hours.

A suicide every eighteen hours.

A serious accident, necessitating nurse's or physician's care, every four minutes.

A fatal accident every five hours.

A case of assault and battery every twenty-six minutes.

A burglary every three hours.

A hold-up every six hours.

A disturbance of the peace, to attract attention, every six seconds.

A larceny every twenty minutes.

An arrest every seven minutes and thirty seconds.

A fire every hour.

An arrest for drunkenness every fifteen minutes.

A marriage for every twenty minutes.

A case for the coroner every three hours.

IMMUNITY.

This chapter of the continued article in *The Journal A. M. A.*, February 25, deals with the protection of the body surfaces and the role of inflammation in natural immunity. It is shown that the physiologic shedding of the superficial corneal cells and their continual reformation is calculated to rid the surface of the body of many micro-organisms. Although the sweat glands with their ducts, and the hair follicles with their appended sebaceous glands, are somewhat protected by the flow of their excretions, yet various incidents may lead to the introduction and retention of virulent micro-organisms in the structures. The serous exudate and the crust which forms subsequently to an abrasion of the skin antagonize the affection, as the serum itself contains germicidal substances while the crust acts as a mechanical barrier to microbic invasion. It is shown that even when germs penetrate the epidermis the subcutaneous connective tissue may act as a barrier to their further extension. It is stated that while the moist condition of mucous membranes favors the multiplication of microbes, a layer of mucus, though not in itself germicidal, is a mechanical protection, and the constant excretion of mucus is a means of removing bacteria from mucous surfaces. The protection of the conjunctiva by the eyebrows, eyelashes, eyelids, etc., is also discussed. The antiseptic power of the gastric juice and of the other intestinal juices is discussed. It is stated that the fact that many individuals are not stricken in epidemics of typhoid, cholera, dysentery, etc., would indicate that such organisms often traverse the intestinal canal without inducing disease. Microbes are often eliminated in the feces and in inflammatory conditions; this elimination is increased by diarrhea. The intestinal tract, to a considerable extent, is a lymphoid organ and, consequently, in infectious conditions enormous quantities of phagocytes can quickly be called into action. The article states that inflammation is a reactive process on the part of the tissues induced by some injurious agent, and that there are certain consequences of the inflammatory reaction, the seriousness of which depends on the situation, severity, duration and extent of the process. The inflammatory reaction varies with the nature of the microbe and is influenced by the virulence of the particular bacteria. It has a relation to resistance of the individual. The function of the leucocytes and lymphocytes is briefly touched on. It is stated that the serum even when entirely free of leucocytes has bacterial powers, and that the abundant deposit of fibrin in some inflammations is of mechanical value in hemming in infection and in offering a barrier to the rapid diffusion of toxins.

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CAUTION.—Dr. W. H. Mayfield, Louisville, Ky., reports: "I have been using Eucalyptus, depending upon our drug stores, which have been furnishing me the commercial article, which is of uncertain strength and disappoints." Under these circumstances, why not use exclusively a manufacture which is absolute in effects. The reputation of the physician is no quantity to be treated slightingly or to be negatived altogether. Do not endanger it, but look upon "Sander & Sons' Eucalypti Extract" as the means of safeguarding your name and interests.

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Employ in affections of the respiratory tract eight to ten drops, poured on a piece of flannel dipped in boiling water, and have the vapors inhaled with mouth closed. This course affords instantaneous relief and leads to permanent cure.

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SOUTHERN CALIFORNIA PRACTITIONER.

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FURTHER DATA UPON THE CHEST-INDEX IN TUBERCULOSIS.*

BY WOODS HUTCHINSON, A.M., M.D., REDLANDS, CAL.

Since my attention was first directed to this question by some measurements, which I made of tuberculous chests nine years ago, a number of additional data have been collected, some by myself, but more, by observers on both sides of the Atlantic, whose interest was aroused by the publication of my results in the *British Medical Journal* in 1900. These measurements now number some 650 and support with singular closeness and unanimity, substantially the same conclusions as my first series of 40 measurements, that is, that the tuberculous chest is not flat as at first glance it appears, and as most text books yet describe it, but round, and instead of its antero-posterior diameter being diminished, this is normal, or slightly increased, while the shrinkage has occurred in the transverse diameter.

In order to express the relation of the two diameters of the chest, it was necessary to devise a Chest Index, based upon the same principle as the familiar cranial index, expressing the antero-posterior diameter in percentages of the transverse, and to determine what this index was first of all in normal individuals.

My first measurements indicated a normal index of about 72, but I have since then, succeeded in accumulating a series of tables of nearly 5000 measurements of normal individuals, chiefly soldiers in garrisons, and college students and athletes in gymnasia, and upon this mass, the average index is slightly lowered, namely 70. The measurements of the 650 consumptive chests show an average index of 78, and except in one markedly aberrant series, the other 15 averages, range within one point of 80 either above or below, thus making the consumptive chest 10° rounder than the normal. As these 650 measurements have been taken in three different London Hospitals, in New York, in Buffalo, in Chicago, in Leeds, England, in Portland, Oregon, in San Francisco, and in Memphis, Tenn., they may be regarded as fairly well establishing a probable average in this disease. This shape of chest is of

*Abstract of a paper read before the San Bernardino Medical Society, Nov. 8th, 1905.

of the persistence of the child chest and represents an arrested development at about the proportions normal from the 12th to the 15th year. As is well known, the fetus has a chest deeper than its width, the infant at birth, has an almost circular chest, Index from 95 to 100, by 5 years this has flattened to 90 and by 12 years, to 80. This also represents an evolution from the ancestral quadrupedal chest, which in all animals outside of the human species, except the anthropoid apes, some bats and some whales, is much deeper than it is wide. A similar form of chest has also been found by Drs. Evans and Hugh of Chicago among the paupers in Cook County Hospital, and by Arthur McGugan among the chronic insane, thus making it probable that it is the type of chest associated with arrested and imperfect development, or as we loosely term it, degeneracy. Of this series of cases some 70 were measured in a very early stage of the disease and these show an index within one point of as high as the rest of the series, thus making it highly probable this type of chest preceeds the disease, although it is probably exaggerated by the increased respiratory efforts and interference with proper emtying of the lungs due to the disease.

Another straw pointing in the same direction is the fact that of 31 successive cases of phthisis in my own practice, the 16 cases who did badly (6 of them dying), presented an average index of 80.2, while the 15 who did well (4 of them making complete apparent recovery) showed an average index of 74.6.

As only 15 per cent. of the cases of tuberculosis failed to show a higher index than the normal, it would thus appear as if the measurements of the chest would be a datum of considerable value in the diagnosis of tuberculosis, and that any child or young adult presenting a higher chest index than normal, for their age, ought to be given a vigorous open-air life with abundance of nutritious food and every measure taken which would promote normal development and the attainment of full vigor.

An exaggeration of this type of chest, due to the lateral pull of the diaphragm gives rise to the pigeon breast or rachitis and adenoids.

SYPHILIS EXTRA—GENITAL CHANCRES.

BY RALPH WILLIAMS, M.D., LOS ANGELES, ASSOCIATE PROFESSOR OF SKIN AND VENEREAL DISEASES, COLLEGE OF MEDICINE OF THE UNIVERSITY OF SOUTHERN CALIFORNIA.

The subject of the extra genital mode of infection is of great interest to us and to society in general.

First.—Because it is possible for any one thus to acquire a dangerous and frequently mutilating disease in so many different ways, and to have their whole life made miserable, for no matter in what manner contracted, the disease by the laity is regarded as directly venereal, or as hereditary, and carries with it a certain disgrace.

Second.—As a value to society, for the reason that if there had been more cases of extra genital infection, society, which at present even tabooes the name, would have looked upon the disease in its proper light, not as a punishment of vice, and of necessity as an indication of loose morality, but as a constitutional disease with the possibility of it being acquired by both a mediate and immediate manner of infection; possessing to its victims a danger, reaching into the lapse of years, and capable of being transmitted to their progeny. A knowledge of syphilis (old as Man—protean as the Devil), possessed by society

would teach it to be more careful, more cleanly in the use of various articles, and realizing the dangers from this disease and having been taught the many avenues of infection, the people would have better understood and more generally aided in the subjugation of other diseases through the propagation of the many great sanitary reforms of recent years, or those which are to follow as prophylactic medical science mounts ever to its ideal. Society in general can hardly be blamed for its ignorance when we consider the fact that so many extra genital chancres are never even suspected by the general medical man until the roseola of the mucous patch spurs his memory to the fact that even old friends may some times change their residence.

CASE I.—SEPTEMBER, 1900.

A miner, 40 years old, came to Los Angeles to have some dental work done. It became necessary to pull a left lower wisdom tooth. The laceration filled and apparently healed, but about 16 days later became sore and slightly swollen. He was treated by the dentist for several days. About twenty-three days after the extraction, the patient was sent to me by a third party. At this time there was an irregular ulceration of the gum where the tooth had been, tender to the touch, and extending to buccal edge of the gum. The ulcer was depressed in the center, practically no discharge, the base was puffy, edges hard and marked by a reddish brown line. There was both submixillary and anterior auricular glandular enlargement. The specific nature of the ulcer was suspected, the method of infection being divided between the dentist and a "Trip down the Row" to which the patient confessed. The ulcer did not heal under various applications but did get smaller and harder and was still present when the roseola appeared nine weeks after the extraction of the tooth. Then under constitutional treatment, there was a rapid healing of the chancre which had become similar to an ulcerated mucous patch, previous to the appearance of the cutaneous eruption.

CASE II.—JANUARY, 1901.

Also a miner who came to the city for the treatment of an ulcerated tooth, the major portion of which had been removed some six months previously, and which had for a week been painful and swollen. The remaining piece was removed but the gum did not heal and he came to the Out-Door Department of the College of Medicine of the University of Southern California two weeks later. He admitted having smoked the same pipe, at times for a month before coming to town, as was used by his partner. At this time, viz., two weeks after extraction of root and three weeks after first noticing a sore gum, there was a linear ulceration along the edge of the gum at the side of the upper, right, second molar; very little tenderness, shallow, no infiltration of base and a yellowish line along the edges. The first patient being still under treatment, this one was at first suspected of being similar, although glandular enlargement was very slight and the ulcer healed under the use of silver, in two weeks. One month later the man returned to the clinic with the site of former ulceration presenting the fungating appearance of an ulcerated mucous patch, also others upon the tongue, together with a faint macular rash of skin, which ten days later was well marked.

CASE III.

The following was possibly a chancre of the tonsil. Mr. X, known to author for several years, morals reasonably good, gives the following history:

In April, 1904, there appeared a rash on face, body and legs. Previous to this he had been under treatment for deafness of the left ear, during which time he had developed an ulcerated tonsil which while not very sore, was very slow to heal. In the latter part of May

following, he presented a small papulo postular syphilide of face, and especially legs. He said that he had been taking some homeopathic blood medicine and it did not appear to be a mixed specific and iodide rash. There were two mucous patches in the mouth and post cervical glandular enlargement. A thorough search failed to show any sign of a chancre. All lesions rapidly cleared up under anti-luetic treatment, which has been continued to date, except the stains upon the legs which are unusually marked upon the very white skin.

Will now report two cases of chancres of the female breasts.

Case IV. July 18, 1897.—Mrs. P., 27 three children, presents a typical hard chancre upon each breast, contracted from nursing "a neighbor's baby which died when seven weeks old and had crusts and scales all over it and looked like an old man," her own words. The chancres appeared two months after having the infant to breast. Neither her eight-months-old child nor her husband have become infected, although there is well marked papular syphilide upon body and mucous patches in her mouth, vulva and on her breast. She suffers from fever, headache and dizziness. She ceased nursing the child after the sores appeared; just how long she nursed the baby, the notes fail to show.

Case V. October, 1900.—A beautiful woman, age 25, grass widow. Incidentally met her in the foyer of hotel one evening and noticing a mild rash on her forehead, jokingly asked her if she had the measles. She said she had tried to see me that day and asked me to go to her room. For several days she had had a cold in the head and after a warm bath, the rash had appeared. On examining her face and chest, she did seem to have the measles but there was something wrong with the character of the rash, and she was requested to come to my office the following day. While her social position was fairly good, there was reason to suspect that she was no relation to Cæsar's wife. In the daylight and a thorough examination of body, there was found under the right breast a small, flat ulcer, partly healed and covered by a thin black crust. This she said had been present for several weeks; she did not know for how long. The edges were hard and it was painless and two enlarged auxillary glands could be felt. On her wrists were several characteristic papulas of syphilis; there was no sign of any genital and the mouth was clear. So like measles was the rash that we waited for several days. The patient, who had been a nurse, had suspected the possible nature of the disease from the line of the examination and questions asked and had said that if the sore was a chancre, she knew from whom she had contracted the virus. The subsequent history was a full development of the rash and mucous patches, with a papular syphilide which returned at times for two years, especially if she painted in oils.

The following three cases present the initial lesion upon the lips:

Case VI. September, 1899.—Well marked chancre on right side of lower lip, present six weeks; small papular rash on body and numerous patches on tongue. No special history of the mode of infection.

Case VII.—Miss S., age 20, seen in consultation with Dr. Nichol Smith of Los Angeles. Indurate ulcer, size of a quarter on upper lip, about center, painful to touch, and bleeds easily; both submixillary glands enlarged, roseola just appearing on chest and arms, infected probably by kissing. The girl was very nervous and hysterical, had headaches and was pale, so besides being warned against allowing any one to kiss her, little was said to her at the time.

Case VIII. March 6, 1905.—Mrs. R., age 35, widow; seen in consultation with Dr. La More. Chancre size of a

dime in center of upper lip; says she had a cold sore there six weeks, which never healed. Both submixillary glands enlarged, ulcer hard and painful, is dizzy, pale and has headaches, no rash. One month later Dr. La More 'phoned me she had a well defined syphilide.

The two following cases are almost genital and are reported to show the photographs and the peculiar size and location of the ulcers, the manner of infection, etc.

537 Douglas Bldg., Los Angeles.

A VISIT TO THE BARLOW SANATORIUM. A LOS ANGELES INSTITUTION FOR THE TREATMENT OF PULMONARY TUBERCULOSIS.

BY GEO. H. KRESS, M.D., LOS ANGELES.

Not long since it was our privilege to make a visit to the Barlow Sanatorium, a Los Angeles charitable institution for the treatment of incipient tuberculosis, which was incorporated in 1902, and which received its first patient September 1, 1903. The institution was so named by the Board of Directors out of recognition of the generous thought and financial aid, given by the founder of the sanatorium, Dr. W. Jarvis Barlow and his family.

The site of the institution is a tract of twenty-five acres of land within the city limits, located in a beautiful little valley in the Chavez Ravine, just to the south and bordering on Elysian Park. The Hollywood and Colegrove cars which pass along Sunset Boulevard, make the Sanatorium quite accessible. Leaving the car at Elysian Park Avenue and walking directly to the crest of the hill, one beholds the Chavez Ravine valley with the Barlow Sanatorium buildings, lying several hundred feet below. Photograph I gives a fair view of the Sanatorium buildings as they are seen from this, the western side of the

Photograph I.
Solano Infirmary. Brooks.
Barlow Administration Bldg. MacNeil. Garden Fete.
Potter. Medical and Dental Students.

ravine. The building most to the left is the Solano Cottage or Infirmary, followed to the right by the Barlow Administration Building, the Brooks Memorial Cottage, the Hugh MacNeil Memorial Cottage, the Potter Bazaar Cottage, the Medical and Dental Students' Cottage, and the Garden Fete Cottage. Several hundred feet to the right of these cottages, and not shown in the photograph, is the Baker Crematory for the destruction of sputum boxes and of infected articles. Owing to the prevailing winds being down the ravine, away from the buildings, and to the protecting ranges of hills on three sides, there is little discomfort from smoke, dust or fogs.

The idea of a sanatorium where indigent consumptives of Los Angeles, who were still in the curable stages of the disease, could obtain the advantages of the open-air treatment and so be given a fair chance of recovery, suggested itself to the founder of the institution several years ago; for the hopeless condition of the scores and scores of poor consumptives who reside in Los Angeles and the unsatisfactory and insufficient arrangements for their care and treatment had impressed the need of a proper institution for the treatment of these unfortunate people upon Dr. Barlow, as it has upon all who have ever taken the pains to investigate this problem.

Recognizing that little or no aid was at that time to be obtained from county or city, and yet deeply stirred by the sad lot of these unfortunate victims of the great white plague, Dr. Barlow decided to turn to his friends for aid and with and through them to establish, if possible a Los Angeles institution where such work as that instituted by Dr. Edward Trudeau at Saranac Lake, New

Photograph II.

Solano Infirmary. Barlow Administration Building.

York, could be carried on, to the direct benefit, on the one hand, of the poor consumptives, and on the other of the city as a whole.

After careful thought and investigation of desirable sites, the twenty-five acres in the Chavez Ravine already referred to was decided upon by Dr. Barlow, as being the most desirable and most conveniently located situation, and as soon as an opportunity offered, he secured an option on this land, which was purchased for $7300 from Mr. J. B. Lankershim, this sum being donated by Dr. Barlow, who gave $5000 thereof, Mr. Alfred Solano, who gave $1300, and Mr. J. B. Lankershim, who gave $1000.

The Administration Building was erected and equipped at a cost of $5377 by Mrs. W. Jarvis Barlow, and the Solano Cottage or Infirmary was built and equipped at a cost of $9352 by Mr. and Mrs. Alfred Solano.

Photograph II shows the Administration Building to the right. The main portion of this structure contains quarters for the matron, an examination room, and reception and dining-rooms, and is connected by a covered screen porch.
to the rear portion of the building, where are located the kitchen and laundry.

Photograph III shows an interior of the dining-room in this building. As is to be expected in such an institution, there is an entire absence of unnecessary ornamentation, the floors, walls and furniture being purchased with the thought in mind, of ease in cleansing and disinfection. On the other hand,

Photograph III.
The Dining Room.

Photograph IV.
The Recreation Room.

studied effort has been made to have the rooms and furnishings tasteful, comfortable and home-like so that the patients would feel at ease and contented. The importance of this psychical element as a factor in cure is fully recognized. So also is the service of meals, in addition to a dietary that is nutritious, ample and varied, every effort is made to have the food served in such manner as to be enticing to the flagging and erratic appetites so often met with among victims of pulmonary tuberculosis.

A covered walk connects the Administration to the Solano Cottage or Infirmary, which in photograph II is the building to the left. This structure is divided into halves by a corridor running from end to end, which corridor is flanked on each side by rooms for patients, except in the center of the building where there is a large recreation room, with piano, magazines and other conveniences, and from this room the patients can step out to a large cement-floored open terrace in front of the building, or on the other side, walk into a commodious screened porch, where the out-door life may be enjoyed with comfort and pleasure in the most inclement weather.

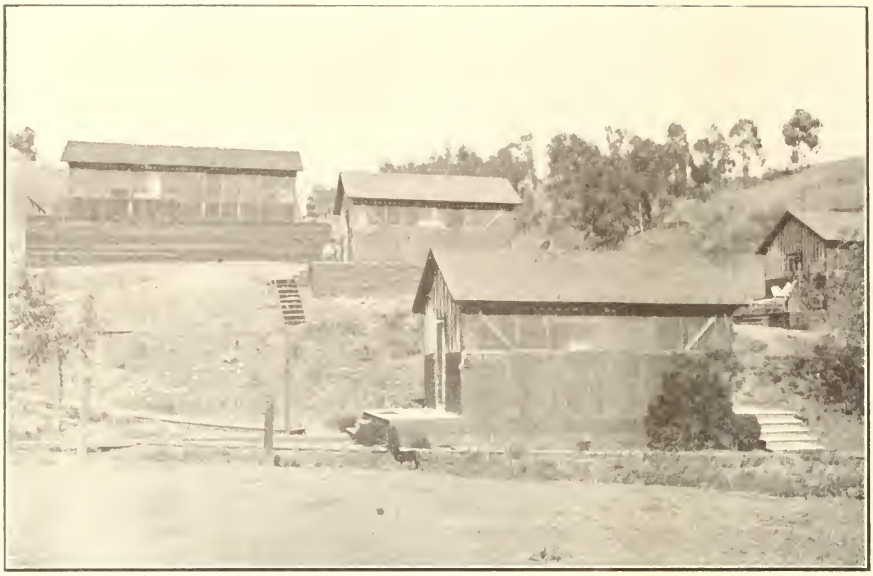
Photograph IV gives a view of this recreation room with one of the corridors leading therefrom, and also permits a glimpse into the screen room.

Photograph V presents an interior view of one of the bed-rooms in the Solano Cottage. Besides the bed, each patient has a chiffonier, a glass enameled table, an enameled washstand with accessories, a chair and a rocker; utility, comfort and cheerfulness being aimed at in these furnishings.

Photograph V.
A Bed Room.

The Administration Building and the Solano Cottage, through the generosity of their original donors, have just undergone extensive improvements at a cost of several thousands of dollars, these improvements being a substitution of wood pulp cement floors and of oilcloth enameled wall coverings in place of hard-wood floors and alpine plaster, as it was found the latter stained greatly from the constant scrubbing with cleansing and disinfectant solutions. The wood pulp cement comes up with rounded corners as a caseboard so that it is possible now to turn a stream from a hose into the rooms and flush the entire buildings.

As is seen from photographs II and VI the tent cottages are in a group to the right of the Administration Buildings and at a somewhat higher elevation. The ridge of hills to the rear merge into Elysian Park. The first tent cottage erected is known as the Potter Bazaar Cottage, and was built and equipped at a cost of $329 from a fund of $1640, the proceeds of a bazaar given by Mr. and Mrs. M. M. Potter in the winter of 1904. The second cottage, known as the Medical and Dental Students' Cottage, cost $316, a sum raised at a burlesque circus given by the medical and dental students of the University of Southern California. The Hugh MacNeil Memorial Cottage was built and furnished at a cost of $378 by members of his family. The Garden Fete Cottage cost $365 and was built from a part of the proceeds of a garden fete given in 1904. The Brooks Memorial Cottage, erected and equipped at a cost of $600, is a gift of Mrs. W. Jarvis Barlow, a memorial to her grandparents. These tent cottages are all provided with quarters for two patients, except the Brooks Memorial Cot-



Photograph VI.
The Group of Tent Cottages.

tage, which is arranged for three persons.

Photograph VII gives a better view of the type of tent cottage used. The ends of each cottage face north and south and a wood-floor terrace runs entirely around each building so that a patient can be in sun or shade, according to pleasure. The side walls are of fine wire cloth screen and this wire screen is continued over the space between the eaves and the side walls so that there is a free circulation of air in every part of the cottage. Canvas awnings on the outside of the side walls prevent the rain from beating in during inclement winter weather.

In addition to the structures already mentioned, the Sanatorium property includes the Baker Crematory erected at a cost of $200, a stable costing $216, a laundry equipped at an expense of $614, and a poultry yard with chickens, valued at $35.

The entire grounds, buildings and equipment represents an original outlay of almost $30,000, and the property today is worth considerably more. Besides these assets, there is an endowment fund containing $12,470 and at the time of this writing the cash on hand in the running expense fund is about $3000.

Los Angeles then, has within its confines an institution designed for the treatment of indigent residents who are afflicted with pulmonary tuberculosis, and this institution has assets approximately worth $40,000. This sum has been entirely raised through the efforts of private philanthropists and thus far, no official recognition of the institution's work has come from either city or county. The Barlow Sanatorium is in fact, the only charitable sanatorium for the treatment of pulmonary tuberculosis in Southern California supported entirely by private contributions which is managed along strictly scientific lines. The Redlands Settlement has not near the equipment and receives moreover, city and county support. At the Indio Camp of Mr. N. O. Nelson, the patients are allowed to look out for themselves,

Photograph VII.
The Medical and Dental Students' Cottage.

there being no physician in attendance.

At the Barlow Sanatorium patients receive without cost, treatment that costs $25 per week and up in private sanatoriums. Patients who can afford to do so, are however, requested to pay $5 a week, as in that way, the benefits of the open-air treatment can be accorded to a much larger number of patients. As an actual cost of maintenance of the institution is about nine to ten dollars per week for each patient, this leaves a deficit of four to five dollars per week to be made up by the institution.

The Sanatorium is a non-sectarian institution, and of fifty patients treated during the last year, there were 29 Protestants, 16 Catholics, 4 Hebrews and 1 Theosophist.

The annual reports allow one to obtain a fair idea of the work thus far accomplished. In the first year of the institution's existence, ending August 31, 1904, a total of 34 patients were treated, of which number when admitted two were in the incipient, 17 in the advanced, and 14 in far advanced stages. Upon discharge from the institution 14 were considered improved and one doubtful. There were 8 deaths. During the year ending August 31, 1905, there were discharged as apparently cured some 4 patients, as improved some 16 patients, as unimproved some 8 patients. There were 16 deaths for the second year.

When the large proportion of patients who are admitted in advanced stages of the disease is taken into account, these results may be considered very encouraging. Circumstances over which the institution has had no control, have made it necessary, in a number of instances, to admit patients whose condition gave not even the faintest hope of

improvement. With only one other hospital in Los Angeles, the County Hospital, admitting patients suffering from pulmonary tuberculosis, it is easy to understand why there is at the present time a waiting list of almost one hundred persons who are worthy and in need of the open-air treatment.

The number of patients treated during the second year ending August 31, 1905, reached 65, of which number 15 remained at the institution at the time the second annual report was made. The running expenses for the year amounted to $6168.93, making an average cost per week for each patient of $9 to $10. The only persons receiving pay for their services at the Sanatorium are the nurses, the cook and other minor attendants. At the Adirondack Cottage Sanatorium of Saranac Lake, New York, with a plant valued at $350,000 and an endowment of $200,000 (the principal and interest of which will not be touched until it reaches a total of $400,000) and a capacity sufficient for 125 patients, after twenty years of existence, the average weekly cost per patient foots up $8 to $9, it being necessary for that institution to make up through the generosity of its friends, an annual deficit of from seven to twenty thousand dollars. So also in Germany the average cost for more than 70,000 consumptive persons treated by the insurance societies, was more than $7 per week per patient.

The funds for running expenses for the Barlow Sanitorium are raised through dues, donations and entertainments. Fifty citizens, each of whom gave $100, entitling them to life membership in the institution, were the means by which the first bed was endowed. For the endowment of the second bed $2300 has so far been raised. Nineteen patron-members pay annually $50 or more to help defray the expenses of the institution; seven subscribing-members pay annually to the same fund sums ranging from $10 to $40; and 246 annual-members pay $5 each year. In addition a large number of special contributors have given supplies of various kinds.

A considerable amount of money has been raised through various entertainments. Thus in 1903-1904, the Medical and Dental students of the University of Southern California raised $291 by giving a burlesque circus; Mr. and Mrs. M. M. Potter gave a bazaar at the Hotel Van Nuys which netted about $1640.25; and at a garden fete held upon the residence grounds of Dr. Barlow and his neighbors, the handsome sum of $10,564 was realized, of which amount $2500 was in the form of memberships already noted. The endowment fund of $12,470 is invested in real estate mortgages and bonds.

The board of directors of the institution (consisting of Mr. J. S. Slauson, president; Mrs. John D. Hooker, vice-president; Dr. W. Jarvis Barlow, secretary and treasurer, and Dr. Norman Bridge, Mrs. Alfred Solano, Mr. R. W. Poindexter and Mr. Dan Murphy) and the Advisory Board (consisting of Rt. Rev. Thomas J. Conaty, Dr. E. A. Bryant, Mrs. L. J. Christopher, Mr. C. C. Desmond, Mrs. Edwin T. Earl, Dr. John R. Haynes, Mr. W. G. Kerckhoff, Mr. J. C. Kays, Mrs. Mary Longstreet, Mrs. Hugh MacNeil, Mrs. John H. Norton, Mrs. M. J. Newmark, Mrs. Milo M. Potter, Mr. A. Ramish, Miss C. E. Thomas), in view of the splendid support given to the institution by the citizens of Los Angeles in 1904, and recognizing the rights of the many other meritorious charities in Los Angeles such as the Children's Hospital, decided not to give any entertainment during the present year of 1905.

This action did not mean that the Barlow Sanatorium had had its needs all supplied. On the contrary, according to its secretary, some of its present needs are as follows:

"First.—A donation of any amount toward the running expense account.

Second.—Beautifying of the grounds. Very little has been done to the immediate surroundings of the buildings. Trees and palms are greatly needed.

"Third.—Beds to be endowed. $5000 will endow a bed for all time; or any one may keep a patient in a bed at the rate of $5 a week.

"Fourth.—Nurses who will contribute their services to the institution by the month or longer.

"Fifth.—Tent cottages, furnished or unfurnished.

"Sixth.—Regular donors by month or year.

"Seventh. — Bolts of cheese-cloth, which is used as handkerchiefs by all patients, and then burned.

"Eighth—Canned fruit, jellies or fresh fruit.

"Ninth.—Donations of any necessary household supplies, such as boxes of laundry soap, barrels of sugar or flour, or sacks of rice."

The friends of the Barlow Sanatorium hope that not only will these needs be supplied but that an endowment will be raised that will allow the institution to extend its work greatly, somewhat after the manner and scope of the Adirondack Cottage Sanatorium of Saranac Lake, New York.

The Los Angeles County Hospital, so far as the treatment of pulmonary tuberculosis is concerned, owing to its crowded condition is only able to admit consumptives in advanced or bed-ridden stages of the disease. The Barlow Sanatorium is then the only Los Angeles institution that aims to aid indigent consumptives in the earlier stages of the disease and to strive for a cure of their conditions through the open-air treatment. When one remembers that from 25 to 50 per cent. of all tuberculosis morbidity in Los Angeles is among indigent residents, the need of such an institution is self evident.

Not a penny is paid by the city or county to this deserving charity although our Board of Supervisors, if they would allow $5 per week (leaving more than one half of the actual cost of board and treatment) for each indigent consumptive who has been a resident of Los Angeles prior to admission for more than one year, would not only give evidence of a simple recognition of the duty of the city and county in the premises, but by so doing would permit the Barlow to greatly extend its scope and field of usefulness.

Such a sanatorium as the Barlow is the means not only of directly curing a certain number of consumptives, but saves other lives by the prevention of infection through the withdrawal of dangerous infective foci from faulty environments. In addition, the institution is a valuable factor in spreading among the people at large, knowledge concerning proper means of prevention and treatment of the great white plague.

The grounds, buildings, equipment, the large number of faithful friends and workers, the excellent results already attained among the patients, not only make the Barlow Sanatorium an interesting institution, but make it worthy of the thought and generosity of every citizen in Los Angeles. Medical men especially, who know the value of the open-air life, can aid the Barlow materially by spreading the knowledge of its good work among their friends. Physicians are at all times welcome at the institution and the officers are always glad to give such information concerning the institution as is at their command, to all who may be interested therein.

The tuberculosis problem of Los Angeles is not imaginary. It is real, very real, and unless steps be taken soon, to get the situation better in hand than at the present time, there can be no doubt but that there will be an increase in the morbidity from the great white plague, among native born and among such citizens as come here free from any taint of the disease.

The statistics which warrant the above statements have been fully presented before our County Medical Association. Los Angeles has the second highest mortality rate from pulmonary turberculosis in the United States. Last year there were more than 600 deaths from the disease and of these deceased persons more than 25 per cent. died either as charity patients in the County Hospital or without a physician being in attendance. It is not improbable that 50 per cent. or more of the tuberculosis morbidity in Los Angeles is to be found among persons who are virtually penniless and who, therefore, must live in the crowded, cheaper lodging and eating-houses of the city, precisely the environment most favorable to the infection of a large number of other persons.

The Barlow Sanatorium with its equipment of more than $40,000 stands ready to withdraw a large number of these afflicted persons from these faulty surroundings, if the city and county of Los Angeles will bear part of the expense of their board and treatment.

It would seem that the duty of the municipality was very plain in this matter and it is to be hoped that the good work so successfully inaugurated and so generously carried on by the philanthropic persons who have had this project in charge, will receive the substantial recognition from both public and private channels, which is so greatly needed, and which it so well deserves.

PLEURO-PNEUMONIA, OR THE TONOPAH PLAGUE.

BY GARRETT L. HOGAN, M.D., LOS ANGELES.

During the early months of the present year, the mining camp, Tonopah Nevada, received wide, however unenviable advertisement through the lay press, because of the alleged existence of a mysterious disease that was decimating its population which acquired the startling appellation "Tonopah Plague." While a high death rate justified alarm, careful investigation soon relegated the terrifying name of "Plague" to its diabolical source and recognized pleuro-pneumonia as the fatal disease. For years past, contemporaneous with the mushroom growth of mining camps throughout our western country, similar epidemics have occurred. From Colorado, South Dakota, Montana, Alaska and California, members of the medical profession have written and published data concerning the same, calling attention to the unusual and formidable symptoms of pneumonia found in new mining camps. These reports, however, like many others, on kindred subjects, whose authors do not possess national reputation, attracted but fleeting attention and then passed into the shadows of forgetfulness. Inclination to advance a theory the disease was other than serofibrinous pleurisy associated with croupus pneumonia is disclaimed; and the words "unusual and formidable symptoms," are directly referable to the attenuated character of the pneumonia, the severity of the pleuritic and other complicating inflammatory processes coexisting, that were more demonstrative and believed to be responsible for the frightful death rate. No period or time was observed between the first manifestation of the pneumonic process and symptoms of pleurisy; they occurred apparently, simultaneously, a veritable explosion, and cases dying within seventy-four hours after the initial chill, the pleurae, mediastini and pericardium presented morbid changes that greatly overbalanced those found in the lungs and made it difficult indeed to believe they were secondary infections, the inverse ratio was so pro-

nounced. Bacteriological examinations revealed the presence of the micrococcus pneumonae, sustaining the accepted theory of the causation of pneumonia. Traveling with the pneumococci, as boon companions, the streptococci were in evidence. This companionship was maintained during their tortuous peregrinations, from their start in the lungs, through lymph channels and capillaries to the serous cavities of the chest, leaving in their wake rapidly spreading inflammatory and exudative processes which gave rise to the mystifying symptoms that lead to consternation, error in diagnosis and treatment. The following brief description is given of a case as it would appear for clinical observation and may be taken as a composite pen picture of twenty-five cases: A male, age 35, apparently in good health one hour before, is taken with a chill and completely prostrated. His temperature is 103° F.; pulse 140 per minute; respirations, 45 to 55 per minute. Complains of pain at base of lung and in the cardiac region. There is marked dullness in the infra scapular region, following around the diaphragmatic pleura and up to the third rib, above which resonance is diminished and a barrel sound obtained upon percussion. Bacelli's sign quite pronounced. No great pain is complained of in and about the nipple. The "stitch" pain is in the region of the diaphragm posteriorly. There is great difficulty in breathing—smothering he says—the pupils are unequal and the voice while somewhat high pitched is remarkably strong. Cough is slight. Profuse expectoration of bright red blood—suggestive of arterial hemorrhage. The face bears an anxious expression; the features are swollen and blue. Fullness is complained of in the region of the liver and upon examination, the organ is found to be enormously enlarged. When placed in bed, he favors neither side, regardless of involvement, but elects to be propped up in bed and when assuming the recumbent position violent regurgitation of bile ensues. The disease now progresses with great rapidity and during the next forty-eight hours the temperature drops, fluctuating between 99° F. and 102° F. Great pain is now experienced "all over the chest," especially over the heart; the apex beat is diminished, the heart sounds become muffled and the triangular area of dullness is increased. He picks at the bed clothes and is with difficulty restrained in bed. The face and neck are purple, swollen and covered with a cold, clammy perspiration which presents to the layman's eye "The Black Death, the Tonopah Plague." The post-mortem examination—which may be taken also as a composite description of many autopsies—reveals the entire costal and visceral pleurae involved and covered with a greenish-yellow, fibrinous exudate, one-half to three-fourths of an inch in thickness. The lung is pushed up and agglutinated to the chest wall, literally buried in exudate. The middle and upper lobes are collapsed and compressed. The lower lobe is hepatized, showing focus of infection here, in a solidified, pus exuding area three inches in diameter embracing the finer ramifications of the bronchia which contained pus. The pleural cavity contained about two ounces of fluid exudate. The cavum mediastini was similarly involved; the anterior, middle and posterior mediastina presented a mass of exudate obliterating structural partitions. The pericardium suffered no less extensively, the sac containing two ounces of sero-purulent, flocculent fluid. The intercommunicating lymphatic system was found to be frightfully engorged throughout the chest. No marked changes were found to occur in the heart, in size or form, except a slight dilation of the right auricle and ventricle. The endocardium was dusky in appearance, the surface smooth, however, with no ulcerations. The muscular structure was normal except in

color; it was lighter. Post-mortem clots were found in the right auricle and ventricle at all autopsies; they were tough, tenacious congula. Slight parenchymatous changes was noted of the kidneys. The spleen was enlarged, very soft and friable. Marked changes were found in the liver, which was, conservatively, more than twice its normal size, filling the abdominal cavity and in many cases its lower border extended well below the umbilicus. Extreme engorgement of the hepatic venous system was found. It mattered not whether the focus of infection was in the right or left lung, the mediastina were always involved as were also the pericardial sacs. Another noticeable condition, was, while nearly all the autopsies were upon cases of "double pneumonia," in single involvement, the pleura of the opposite side was invariably affected even though the lung showed nothing but congestive changes. Most of the autopsies were performed within a few hours after death. The following verbatim reports give the results of bacteriological and pathological examinations of specimens submitted for investigation:

"Examination of two specimens of sputa, the pericardial pus, blood and lung, shows the diplococus of pneumonia."

Dr. Donald H. Currie.

"In the specimens of lung, pleura and pericardial pus, I find the diplococus pneumonae and streptococci."

Dr. H. T. Briggs.

"Sections made from lung and pleura of the Tonopah case, show on the pleura a dense fibrinous mass extensively infiltrated with polymorphonuclear leucocytes, *i. e.*, a fibrino purulent exudate. The lung is filled with fibrinous exudate in the meshes of which is a dense aggregation of polymorphonuclear leucocytes such as is generally seen in gray hepatization of croupous pneumonia."

Dr. Stanley P. Black.

The left lung was affected in 54, the right lung in 32.5 and both lungs in 13.5 per cent. of all cases under observation. The disease seemed to have an especial predilection for the lower lobe as it was found to have been first attacked almost as an invariable rule. The disease confined itself exclusively to males; not one case in a female was seen. Persons under twenty-five years of age resisted infection and children were peculiarly exempt. The majority of the cases were above thirty years. The epidemic commenced during the month of December and spent itself in June. March and April claimed the most victims. Histories of previous attacks of pneumonia were given in two cases only. Tonopah suffered from the visitation of a similar epidemic prior to the one reported by this paper. During the month of December, 1902, leases on mining properties in Tonopah were about to expire; the operators, bending their energies to extract valuable ore they had blocked out, and, short of help, worked their miners long shifts for many days. The miners eager to obtain the large wage rate offered for overtime service, consumed large quantities of alcoholics for stimulation. Many of these miners were promptly stricken with pneumonia and died. Careful analysis of the epidemic of 1902 and compared with that of 1905, the same etiological factors of disease are found to exist. Every fatal case under observation gave a history of alcoholic excesses, dissipation and exposure or presented a debilitated constitution from some other cause, and indeed, it may be stated, this condition held good in all cases that contracted the disease and recovered, their recovery depending upon ability to withstand bacterial invasion. During the earlier part of the epidemic, before post-mortem examinations revealed the true nature of the disease, prescriptions were written, druggists compounded and nurses administered drugs with a strenuosity characteristically American, yielding good results—to the druggist

and undertaker alone. One physician, a man of ability, who conducted a private hospital in Tonopah and who treated by far the greater number of cases, remarked: "Doctor, I have tried every drug known to me to be useful in pneumonia and pleurisy, they are failures, medicines have no effect whatsoever; they are dangerous! my sheet anchors are saline cathartics and stimulation." Never were truer words spoken. Recognizing their helplessness in drug administration and accepting the theory of bacterial origin of disease, they turned to "anti-toxin serums" as the Moses to lead them out of the wilderness, and anti-pneumococcic and streptococcic serum batteries were unlimbered and brought into action. Anti-pneumococcic serum after a fair trial proved a dismal failure and was discarded and faith once more pinned to anti-streptococcic serum; the results obtained were not regular. In a number of cases where the serum was used intelligently, where the disease had not progressed too far, where it was injected systematically, in sufficient quantity and bore evidence of potency, good results in lowering of temperature and respiration were apparently obtained; taken on the whole, however, in the absence of equipment necessary to carry on bacteriological examinations in a thorough way, bearing in mind the serum was used during the latter part of the epidemic, when it was reasonable to believe the virulence of the bacteria had diminished and the possibility the recovered cases belonged to a class that would have recovered had no treatment been given them, the results, while not strictly reliable, were sufficiently pronounced to justify further trial. During the epidemic, acute abcesses, septic diphtheria, erysipelas, cellulitis, lymphangitis, mastoiditis and otitis media were daily in evidence, adding considerable interest to the investigation and coupled with the finding of the streptococci with pneumococci, left little doubt they mutually increased each other's virulence and accounted for their rapid growth and early, fatal termination of the disease. While virulence is an important feature of bacteria, its virulence is unquestionably a variable feature. On the other hand, the tissues they invade contain certain substances detrimental to their growth that are at times missing or diminished in quantity, and the degree to which this substance is absent, marks the degree of bodily resistance. Whether this substance belongs to the so-called living proteids—Alexines—and is contained in the nuclein of the leucocyte, will not be discussed, for it is apparent, that anything which alters its composition and lessens the activity of the leucocyte correspondingly diminishes the resisting power of the tissues. Klemperer maintains, "that in man, during an attack of pneumonia, there is absorbed into the circulation a toxic-albuminous substance, produced by bacteria in the lungs, which does not destroy the bacteria or diminish their ability to produce pneumo-toxin, but, an additional substance is produced, an anti-pneumo-toxin, which neutralizes toxic substances as they are formed, when the crisis occurs." Klemperer's theory is very substantial and is an entering wedge to oxidation metamorphosis which takes place through the protoplasma of living animal cells, but does not explain the disposition of dead albumin which must take place from reduction metamorphosis, influenced by the nucleus; perfect harmony in these working processes mean life; conflict—death. Thus, the real means the body uses in its fight against diseases is the leucocyte. The leucocytes do sentry duty at the outposts; everything that enters the system before being admitted to the blood must pass by them; obviously, to weaken the leucocyte destroys the efficiency of the body garrison.

Pneumonia is a communicable disease, therefore, theoretically at least, it

is preventable. During the epidemic this phase of the situation was of great interest and concern, for, at one time owing to many startling reports (circulating daily in Tonopah, as well as outside), quarantine was seriously contemplated against Tonopah by sister cities and towns. Medical representatives were sent to ascertain the exact state of affairs and newspapers from Salt Lake City and San Francisco hurried reporters forward for like service. Arguments pro and con, professional and lay, as to the communicability of the disease occupied public attention. Two cases, one eighty and the other ten miles away, gave color to the argument for spontaneous origin and non-communicableness of the disease. A careful study of these cases, however, proved conclusively they contracted the disease germs in Tonopah. One was a miner who left Tonopah when the disease was in its most virulent stage and after working three days in the worst storm of the year, returning home each night wet and exhausted, fell sick and died, presenting all the characteristic symptons oi the Tonopah type. The other was a wood-chopper, who, after a ten-day spree in Tonopah, walked ten miles to a wood camp, was taken sick and died. There appears to be, two varieties of pneumonia; one, presenting classical symptoms, running a classical course that allows our conferes to state with pleasurable pride, "I have attended hundreds of people suffering with pneumonia and have never lost a case." These cases are expressions of bacterial invasions occurring in persons possessing a high degree of vitality or resistance; they would have gone to their crises and recovered had no medical treatment been given them, for pneumonia is manifestly, a self limited, infectious disease and not amenable to medical treatment. For instance: One bitter cold night, during the month of March, an inmate of the County Hospital at Tonopah escaped from that institution during the delirious stage of pneumonia; hatless, shoeless and clad only in mountain pajamas—shirt and drawers—wandered about all night on the side of a neighboring mountain unsheltered from a raging storm. He was apprehended next morning and returned to the hospital where he made an uncomplicated recovery. This serves to illustrate how nature, with her oxidation and reduction processes disposes of bacteria, where great resisting power is present, even under trying circumstances. How different is the experience of others with the second variety, where vitiated systems from alcoholic and other debilitating causes play important roles; when the pneumococus with its powerful pyogenic ally have broken down weakened protective barriers and taken possession of the serous cavities of the chest! It was beyond human agency to have saved the lives of the rapidly progressive, fatal cases, seen in the Tonopah epidemic; it was too late; they had already bartered a healthy body, and in the mad rush and gold fever, the pay day came—they were physical bankrupts; they died of an overwhelming toxaemia, the result of mixed infection—pneumococcus and streptococcus — which constitute, epidemic, mining camp, pleuro-pneumonia.

The following conclusions are submitted:

1. The disease was a sero-fibrinous pleurisy complicating croupous pneumonia.

2. Caused by mixed infection, diplococcus pneumonae and streptococci of a highly virulent type.

3. Atypical symptoms presented; probably due to the influence of high altitude. Tonopah is situated at an altitude of 6000 feet.

4. It occurred in, and proved fatal to persons of low vitality.

5. It was not amenable to medical treatment and serum therapy proved of questionable value.

6. It is communicable, from one person to another and should be subjected to quarantine regulation.

7. It is preventable; through sanitary and hygienic principles.

8. Seasons of the year, sunlight and dampness exerted decided influence on the disease.

QUACKS AND QUACKERY, AND PATENTS AND PROPRIETARIES, FROM A HYGIENIC VIEW POINT.*

BY J. P. BOOTH, A.M., M.D., LOS ANGELES
Professor of Hygiene and State Medicine College of Physicians and Surgeons

Mr. President, Ladies and Gentlemen:

When my good friend Doctor Bullard kindly but inconsiderately asked me to "write something on Hygiene for this meeting" the illimitable scope of the subject failed to strike me at the time. For several days I floundered around in the great Sea of Sanitation, vainly attempting to sight a subject, but not a flotsam, not a jetsam floated within the field of my perturbed vision and I had well-nigh given up in despair when the ever versatile doctor suggested "something on the lines of the patent and proprietary agitation."

Why I should prefix "Quacks and Quackery" to the suggested subject is not plain even to my own mind, but the words seem to fit and so they are there.

In medical parlance a quack is defined as "a boasted pretender to medical skill which he does not possess, a sham practitioner in medicine; a charlatan, an empiric," and quackery as, "falsely pretending to be able to cure diseases, empiricism, charlatanry, humbug, imposture." With these accepted definitions alone before us, it seems to me quite proper, to class "quacks and quackery" with "patents and proprietaries" all as "false pretenders, humbugs and imposters."

The quack has existed perhaps since the creation of the world, for in the very earliest histories we read of him, and tradition tells us of his ancient pranks of pretense and effrontery. Poets, too, have sung of him, some seriously, some with evident appreciation of his real character. Longfellow evidently thought well of the itinerant quack when he wrote:

> "You behold in me
> Only a travelling physician;
> One of the few who have a mission;
> To cure incurable diseases
> Or those that are so called."

And Milton no doubt upon took the pompous humbuggery of his attending prescriber when he tells how he did

> "In reqnital op[illegible] bathern[illegible]
> And show me simples of a thousand names
> Telling their strange and vigorous faculties."

But in the language of Pope

> Who shall decide where Doctors disagree?
> And soundest Casuasts doubt, like you and me?"

Unless like poor old bilious Timon of Athens we place the ban on all and sound this warning:

> "Trust not the physician:
> His antidotes are poison, and he slays more than you rob."

Says Voltaire in his Philosophical Dictionary:

> "Nothing is more estimable than a physician, who having studied nature from his youth, knows the properties of the human body, the diseases which assail it, the remedies which will benefit it, exercises his art with caution, and pays equal attention to the rich and the poor."

But again, "who shall decide when doctors disagree?"

A few short years ago, and the physician who claimed a different school from ours was declared a quack, and debarred the privilege of ethical recognition. Now the local organization is its own judge of the eternal fitness of things, and schools are not considered. Times have changed and we have changed with them, and it is a good thing—this change. I remember not many years ago, a staid and sturdy old ethical practitioner of San Bernardino county seized his plug hat and cane and without waiting to put on his gloves or to say good-bye, stalked majestically from a meeting of the County Medical Society and never returned, because it was rumored that a member of that body had formerly taught in a homeopathic college, albeit he was a graduate from a regular old hard-shell allopathic school.

*Read at the Thirty-fifth Semi-Annual Meeting of the Southern California Medical Society. Los Angeles, December, 1905.

Were the dear old doctor living now he would be governed by the present more charitable and more sensible law which permits each county society to judge of the qualifications of its own members, regardless of race, color or previous condition of servitude.

In judging quacks and defining them we should be chary and circumspect lest our judgment result in self condemnation, for according to the lexicographer an empiric is a quack. How many of us practice empirically?

We accuse the daily press, the morning paper, of being a great disseminator of quackery. Let us see: Here before me is one of our most prominent morning papers containing a variety of medical "ads." "Rupture can be cured by Prof. Blank," and the Professor's picture is there to prove it. "Warrants Capsules of Cubebs and Copaiba were never known to fail." A tape worm ad. is garnished by artistic "displays" of Swamp Root, Peruna and Munyon's Remedies. Two whole columns on another page are devoted to the "not a dollar until cured" illustrated ad. of Dr. Blue. Dr. Wearisome & Co. proffer to cure varicocele, hydrocele, piles, and all kidney and bladder troubles, but charitably warn us that "smoothly-written ads. by men who are not doctors bring them many victims who pay out good money and receive no benefits." *"Et tu Brute!"*

Then follow bombastic offers of Dr. Snortem, Dr. Joshem and Dr. Peril and Dr. Steril, all reinforced and toned up by the modest announcement of His Britannic Majesty's subjects, who make a specialty of ALL chronic diseases.

We turn to the reading matter of the paper and learn that our friend Dr. Fairweather has just done a wonderful job of belly surgery at the Sisters' Hospital; that Dr. Soakum has displayed wonderful acumen in diagnostic ability, and that Dr. Snatchum is at the head of an institution which will give union labor men "medical attention, operations in minor surgery, and hospital accommodations at cost of two dollars a year." Yet "it is incompatible with honorable standing in the profession to resort to public advertisements; to publish cases or operations in the daily prints, OR TO SUFFER SUCH PUBLICATIONS TO BE MADE."

Again when doctors disagree who shall define the line of demarcation? Educate the people that they may know the sheep from the goats; may distinguish the good from the bad. But how are we to educate them? The newspapers, the great educators of the masses, are bound fast and tight by advertising contracts, and medical journals are not read by the laity.

We are told and we know it to be a fact that "boards of health of cities and states, medical societies and temperance workers have made repeated efforts to arouse public interest in their exposure of the frauds perpetrated on the public in the name of patent medicines," but until *Collier's* and *The Ladies' Home Journal* recently exposed them, no attention was paid to prayer or protest. We might have hurled anathemas, and howled until we were hoarse, and our words would have been laughed to scorn. We were simply envious of the successful patent medicine vendor, jealous of his plethoric bank account.

How are the people to be educated? Says one lay paper, "Local legislative bodies, the legislature of states, and even congress, have made efforts to enact laws to check the evils and protect the people from the dangers of the so-called 'proprietary' or patent medicines, but their efforts have failed, for the reason that public sentiment was dormant; the people were never informed of the intended measures for their good, for newspapers were silent. No mention was made of the introduction of anti-patent medicine bills, of debate on them, or the discovery of bribery to defeat the bills. Long and loud do the news-

papers cry out against other legislative abuses, but who has ever read that a legislator was bribed to kill some bill that if passed would annoy the purveyors of a mixture of cheap booze and harmful drugs, sold as a patent cure-all? There is evidence enough that such bribery takes place in every state legislature; but the newspapers do not look for that kind of news.

"Recently the Los Angeles Board of Health announced the purpose to take some action to restrain the blind sale of drugs and alcohol in patent medicine concoctions, and the National W. C. T. U. convention, meeting in this city a few days ago, demonstrated the character of ingredients in some of the most popular of the patent medicines. But no newspapers of this city, excepting this one, made any mention of these actions.

"Science and sense show the dangers to the people in the unrestricted use of recklessly compounded patent medicines. The sale should be watched with the same care that is given to the dispensing of poisons or the sale of liquors, and every honest newspaper will insist, regardless of the loss of advertising contracts, that the constituted guardians of public health shall maintain such watch."

And yet in the advertising columns of that same paper I find an advertisement extoling the virtues of Electric Bitters; a big "display" of S. S. S.; one of Miles' Nervine, and a modest little liner recommending that old opium flavored baby poison Winslow's Soothing Syrup. How then are we to educate the people when the newspapers are "bound fast and tight to the patent medicine combine by advertising contracts, and the fear of losing the money that is paid to them by the mixers of the dangerous compounds?"

Legislate, say some. But we have had too much legislation already. We have too many laws now; beside the rigid enforcement of restrictive laws becomes burdensome, repulsive. A few weeks ago a most vigorous campaign was inaugurated by the State Board and various medical societies against illegal practitioners with the result that many were prosecuted and convicted, and a few persecuted and convicted. It has caused a revulsion, and today a conviction for illegally practicing medicine in this city cannot easily be obtained.

And thus you see we have with us still, "quacks and quackery and patents and proprietaries," all recognized "humbugs and imposters."

The difference between "patents" and "ethical proprietaries" is the difference twixt tweedle dum and tweedle dee. We are responsible for the latter and indirectly for the former too. It is so easy to let someone else think for us; so easy to prescribe an ethical "proprietary." Some even accuse us of being too ignorant to know how to write a prescription, so we adopt the ready-made "hand-me-down" proprietary, *ex necessitate rei.* Says one friendly critic: "The fault lies in the training of the medical man himself. It is not far from the mark to say that nine-tenths of the graduates in medicine know little or nothing of pharmacology. Prescription writing is acquired slowly after practice is begun, and the vast majority of young doctors copy prescriptions of older men, or follow those printed in the text books. The struggle of the medical student after his degree, discounts all interest he may have in acquiring any of the elements of a medical education not required in the curriculum. Most medical schools either openly omit all teaching of pharmacy and pharmacology, or else devote a casual lecture or two to expounding the elements.

The United States Pharmacopeia is practically unknown to the average medical student and physician, and original prescription writing is as lost an art as the making of Damascene blades."

Says another: "There is a vast and ever-increasing number of so-called ethical preparations with fanciful names,

samples of which, with much seductive literature, are poured into every physician's office, and which he is assured by the silver-tongued detail man will be just the thing for this or that obstinate case, which the physician happens to have on hand. It is so much easier to write for the proprietary by its euphonistic, and perhaps easily-remembered name, than to write a prescription, that many physicians use nothing else in their practice; and then, too, there are many physicians, particularly among the recent graduates of some of our best medical schools, and this is the point we would particularly emphasize, who can not write prescriptions at all.

The motive which has caused the agitation among the laity is a mixed one. The W. C. T. U. are fighting for the cause of temperance; the newspapers for—possibly advertising notoriety, while the profession is now, and has always been struggling to down the patent nostrum because they feel it their duty as guardians of the public health to do so. In our unguarded moments, however, we have permitted the oily representatives of the proprietaries to secure, first our attention, next our endorsement, and finally our active cooperation. All these have been secured because we have lost sight of the fact, which many of us never knew, that the "patent medicine men," and the makers of proprietary remedies are one and all the same, being united in an organization known as the Proprietary Association of America. This organization pretends friendship for the profession and well it may, for it is through our gullibility that the manufacturies of proprietaries grow and increase and flourish and become rich. For "indirectly the profession itself is responsible for the abuse of the general public by the proprietary and patent medicine concerns." We know that the patent medicine habit is a menace to public health, and we are beginning to realize that its twin brother the proprietary, is equally as deleterious. Diseases are not cured by them, but habits are formed and constitutions broken down by them. Indigestion, insomnia, alcoholism, nervousness and delirium tremens are some of the disastrous result of the patent medicine habit. A hygienists and sanitarians we are the recognized guardians of the people's health.

Hygiene may be defined as the art and science that considers the preservation, promotion and improvement of health, and the prevention of disease. It is a science in the study of which common sense must be used. *Quacks and quackery, patents and proprietaries* are pre-eminently a menace to public health, and as hygienists we must discourage their use. But how? Educate the people!

How is this education to be inaugurated? With ourselves. Education begets freedom and liberty. It is only the ignorant man who is a bigot. "Know the truth, and the truth will make you free."

But begin properly this system of education, among ourselves. Let us forget "pathies" and "isms" and schools, remembering only, that

"Worth makes the man and not the fellow
And all the rest is leather and prunella."

Education is the hygienic measure that will preserve, promote and improve the health of the profession and prevent the diseases of "quacks and quackery and patents and proprietaries."

Let us educate ourselves to do our own thinking, instead of permitting a faculty or a firm to manufacture our thoughts for us even though they be in the form of sweet-scented tablets or seductive-flavored syrups.

Let us educate ourselves to refuse patronage to the medical journal which encourages quackery by tieing up its advertising columns with the proprietary manufacturer. Let us educate ourselves to eschew the gratuitous advice of the oily drummer who tells us of the virtues of his particular preparation, and otherwise instructs us in therapeutics. Let

us educate ourselves to forego newspaper notoriety and public parade. Let us educate ourselves to legislate less and execute more. Let us educate ourselves to demand a higher standard from our medical schools so that every matriculant shall enter college at least as a Bachelor of Arts. Let us educate ourselves to feel that we don't know it all and that the other fellow whom we regard as ignorant may really know more than we do.

By the time we have accomplished all this, the people will need no further education for the prevention of "Quacks and quackery and patents and proprietaries."

Mason Building

THE FINSEN LIGHT TREATMENT.*

BY ALBERT SOILAND, M.D., LOS ANGELES, INSTRUCTOR IN ELECTRO THERAPEUTICS AND RADIOLOGY, COLLEGE OF MEDICINE OF THE UNIVERSITY OF SOUTHERN CALIFORNIA.

In preparing to discuss the value of the Finsen-light treatment, it is necessary first to firmly establish in our minds the exact nature and limitations of the Finsen method, and secondly, to distinguish this method from the mass of imitation and unsatisfactory appliances sold under various names as Finsen machines or something better.

When Finsen first began to experiment with the blue violet and the invisible ultra violet frequencies of light, he noticed that a distinct, inflammatory reaction would take place on any skin surface exposed to these rays for definite length of time.

If this inflammatory reaction were produced on a surface diseased by lupus or other superficial lesion, a decided improvement of the disease would follow the subsidance of the induced reactionary inflammation.

At first the sun's rays were used to obtain the blue violet and ultra violet light. Later, however, Dr. Finsen demonstrated that he could get better results by obtaining his light from a powerful electic arc lamp, the sun in Denmark being a very unstable element.

The Finsen Institute at Copenhagen, is, I believe, the only place in the world today where the light treatment is carried out exactly as its founder intended it should be. Here are fine, modern buildings equipped completely with all the necessary apparatus.

The four medical gentlemen, Drs. Forchhammer, Reyn, Hempel and Francis, who at present have charge of this institute, are very courteous to visiting physicians, and gladly explain the workings of the institute to anyone interested. From eight to eleven every morning, these men are at work in their large clinic room, examining and treating by topical applications and the galvano cautery, patients with such lesions of the aural and nasal cavities, as cannot be readily reached by the light. The diseased areas which are to be exposed to the rays, are here marked out and indicated with blue pencil, and the patients are then conducted to the light laboratory. In this room are eight large, 50-ampere, arc lights, each lamp being equipped with four projecting tubes through which the rays are directed to the patient. Each tube contains a set of quartz lenses and has attached to its distal extremity, a separate cooling compression lens. This prevents undue or painful heating of the part under treatment. The tubes are telescopic and permit of accurate focusing of the rays to suit size of lesion under treatment.

*Read before the Southern California Medical Society, Thirty-fifth Semi-Annual Session, Los Angeles, December 6, 1905.

Every patient is in charge of an individual nurse who adjusts the tube to the pencil marked area, the patient lying in a comfortable position on a table. The exposure lasts one hour. As the hour strikes, the head nurse sounds a gong, the light is instantly shut off, the thirty odd patients step out, and another delegation who are in waiting, immediately take their places. The tubes are quickly readjusted, and the treatment is again on.

The system maintained in this institution is excellent. Every patient knows just when to come for treatment, and there is no loss of time. An expert electrician is constantly on hand to see that the lamps are all working full capacity. The institution is kept open three evenings each week, to allow treatment to those who are unable to come in the daytime. Treatment is given to all who apply for same. Those who can, pay a reasonable fee. Those who can not, are treated gratis. The Danish government annually subscribes 30,000 kroner to the maintenance of the institute, which, however, owes its present complete installation mainly to the Nobel prize money which Finsen munificently donated.

When an area of diseased skin has been exposed to this powerful, actinic light for a regular treatment of an hour, there appears within twenty-four hours, an intense erythema with vesication of the parts so exposed. This erythema or reaction subsides in about ten days, at which time it is found that more or less improvement has taken place, according to the severity or chronicity of the disease. A very superficial lesion therefore yields to one or two such exposures, while a chronic, deep-seated one requires a great many treatments. Each area treated is about the size of a half-dollar, and the treatment can not be repeated to the same spot before the reaction has subsided. Contiguous areas can of course be treated daily, until the whole lesion has been covered.

The affections which yield most promptly to the Finsen treatment are, Lupus Erythematosis and Vulgaris, non-elevated Angiomata, rodent ulcer, superficial Epithelioma, and various forms of acne and eczema. About 200 patients suffering from these lesions or these diseases, receive treatment daily. That the Finsen method is practically specific for the conditions just enumerated, no fair-minded physician who has seen the work, can deny. It must, however, be carried out with effective apparatus and absolutely correct technique.

During the two weeks spent at the institute this summer, I saw at least five hundred patients in all stages of disease, under treatment. Here were persons from all parts of the world, many of them, their features distorted horribly with disease. Every day found a number of new and anxious patients seeking treatment; encouragement and relief. Every day saw some happy and grateful patients returning to their homes, free from the disfiguring disease which had brought them, and with deep love in their hearts for the institute's kindly physicians and attendants.

Right here I want to state that these cases of Lupus really get well. Of course there are some patients so extensively diseased that as fast as one place heals up, another region breaks down, but even here great amelioration of symptoms is obtained. I think I can safely claim that every case of uncomplicated, localized Lupus treated at the Finsen Institute, is cured. It must be borne in mind that the Finsen treatment is, and always has been intended solely for the treatment of superficial diseases. I make this statement in view of the many and varied conditions that are being treated at, with apparatus that has sprung into existence and is greatly confused with the Finsen method. Most of these instruments have failed utterly to produce the same effect that the genuine Finsen apparatus does, and for that reason has brought

the work into a questionable status in our country.

Among these pseudo Finsen lamps are many modifications and they are all largely no good. I am the proud possessor of one of these toy lamps. It is highly ornamental in my office, but almost worthless in the treatment of Lupus.

Then there are many instruments called condenser spark lamps, which are wholly inefficient for work along the Finsen line. Again, our country is flooded with glass vacuum tubes, erroneously called ultra violet tubes because when excited by an electric current, the glass glows with the violet or purple color of all high frequency static dicharges.

Still another variety of instruments which the manufacturer claims is far superior to the Finsen and all other lamps, is a big, hooded, incandescent lamp of about 300 c. p. This lamp gives off plenty of "hot air," but no ultra violet rays, these being effectually stopped by the thick glass globe around the filament.

Most of these appliances are intended by their makers to reach all the ills that human flesh is heir to. All of them have been more or less confused with the Finsen method, much to the detriment of that excellent and scientific procedure.

I have not the slightest doubt that we here in California, could utilize the sun's rays to good effect in the treatment of many stubborn skin affections. In fact as often as practicable I combine the sun's rays with both radium and X-ray exposures, with very good results. Leaving the sun out of the question, there remains one device which may in time claim recognition as a producer of ultra violet energy even superior to the electric arc. I refer to the Cooper Hewitt lamp. This, as you know, is a glass vacuum tube containing a quantity of metallic mercury. When an electric current is passed through this tube, the mercury becomes vaporized and glows with a peculiar, bluish color. This luminescent vapor is extremely rich in the ultra violet frequencies, but unfortunately the glass tube containing the vaporous mercury, is a barrier to the ultra violet rays, and they are powerless to reach the tissues.

In a recent issue of a commercial electrical journal, a statement was made that in Germany someone had invented a composition glass that would permit the invisible ultra violet rays to pass through unchecked. If this glass can be produced, then it will soon be possible to obtain the curative ultra violet radiations with ease, and another link will be added to our chain of rapidly advancing, scientific therapeutic appliances. O. T. Johnson Building.

ETIOLOGY AND PATHOLOGY OF NEPHRITIS.*

BY DUDLEY FULTON, M.D., LOS ANGELES.

1. ETIOLOGY. (a) PREDISPOSING.

Climate.—There is but little doubt that inhabitants of cold, damp climates are especially prone to kidney diseases.

Purdy (1) finds that Bright's disease is more prevalent in the Eastern and Northern than in the Western and Southern parts of the United States. His figures of the mortality in the various regions are very striking:

Eastern States.....19.7 per million.
Northern States...17.3 " "
Western and
Southern ..... 2 " "

According to Saundby (2) the prevalence of Nephritis is great in those cold, moist countries on the shores of

*Read before the Southern California Medical Society at the Thirty-fifth Semi-Annual Session, Los Angeles, December 6, 1905.

the Baltic, and in Holland, Denmark and Scandinavia.

A general pathological condition always link together certain excessive function and proneness to disease. A cold, damp climate habitually depresses the functions of the skin. This throws upon the kidneys an undue portion of the work of elimination. This pathological law is illustrated by the great prevalence of skin diseases in tropical climates, where an excessive amount of work is demanded of the skin.

Garrod states that it is not alone the excess of work that the kidneys are called upon to do, but that the suppression of perspiration increases the acidity of the urine and therefore a diminished alkalinity of the blood which allows an accumulation of the acid products of metababolism.

Sex.—In women, pregnancy and pelvic diseases are important factors, which, perhaps, offset the greater exposure, habits in food and drink, stricture and cystitis in men. It is commonly stated that the disease is more prevalent in the male sex, but recent analysis of statistics seem to disprove this.

Age.—Acute Nephritis is, because of the causal relation to the acute fevers, more prevalent in the young. The chronic form is more frequent after middle life. The mortality shows a progressive increase as age advances, which permits the inference that the chronic is more fatal than the acute form.

Heredity.—Meigs (3), Dickinson (4), Kidd (5), and Tyson (6) have cited evidence that there is an undoubted tendency to Bright's in the same family in successive generations.

Social State.—Nephritis, while it spares no class of individuals, especially attacks those in certain occupations. For example: painters, glass-cutters and workers in white-lead factories and those exposed to cold, dampness and extreme changes of temperature.

Previous Diseases.—Aside from the infective fevers, chronic heart, lung, liver and other chronic diseases by the passive congestion, perverted nutrition and delayed elimination which they induce, are undoubtedly important causes of nephritis.

(b) EXCITING.

Acute Fevers.—The acute fevers play important roles as causes of nephritis. Any one of them is occasionally accompanied or followed by nephritis. Certain of them, scarletina, diphtheria, rheumatic fever and others frequently.

From the fact that nephritis sometimes follows non-febrile diseases, it seems that fever is not the essential cause. Modern pathology teaches us that the real causes are to be sought in the pathogenic micro-organisms and their toxins. Various investigators have found pathogenic microbes, bacilli and cocci in the urine of patients suffering from nephritis. These, according to Mannaberg (7), when injected into the circulation of animals, produce an intense nephritis. These acute bacterial nephritides terminate usually in rapid recovery, according to Leube (8), while the cases of acute nephritis, in which the germs are absent from the urine at the onset, appear to be more apt to pass into the chronic form.

As for the toxins, the study has been largely confined to the toxin of diphtheria. Furbringer was the first to point out that Loffler's bacillus is almost always absent from the kidneys in the nephritis of diphtheria. Roux, *v.* Kahlden and Senator (9) have observed the same changes in the kidneys of guinea pigs after the injection of diphtheria toxin as after the injection of the bacilli themselves.

Poisons.—When introduced into the body in foods or taken as medicines, lead to inflammatory irritation of the kidneys which, under favoring circumstances, may go on to intense inflamma-

tion. Of these are mineral acids, turpentine, anaesthetics, highly seasoned foods and beverages, etc., Von Noorden (10) mentions radishes as being capable of keeping up an irritation of the kidneys and increasing the albumin output, and Pentzolt especially condemns the use of spices for the same reason.

Malaria.—Malaria furnishes conflicting opinions as to its etiological importance. German, Russian and Italian writers report nephritis as being common after malarial infection. Thayer (11) found that albuminuria occurred in nearly half of the cases of malaria treated in the Johns Hopkins Hospital. On the other hand, Wagner found no causal connection between malaria and nephritis in an epidemic of the former in Leipsig.

Lead.—The part which chronic lead poisoning plays, particularly in chronic nephritis, is best told by the following figures: Dickinson (14) found contracted kidney in 26 of 42 leadworkers; M. Jacob, 8 of 12; E. Wagner, 15 of 150 cases, and Senator 17 in a series of 250 cases.

Alcohol.—Most writers attribute the abuse of alcohol as a leading cause of chronic nephritis. Estimates of its importance vary from Christison's statement "that three-quarters to four-fifths of all cases of interstitial nephritis is due to drunkenness," to Dickinson's belief that alcohol if unassociated with other agents, such as exposure to cold, is less harmful than is usually supposed.

It is probably true that alcohol does not exert deleterious effects upon the kidneys as potently as it does upon the liver. The kidney and the liver are very differently circumstanced as regards alcohol. The liver receives it from the stomach at first hand; as much of it as survives hepatic action has to be passed through the lungs before it can reach the kidneys. It can therefore be assumed that alcohol is less harmful to the kidneys than to the liver.

Syphilis.—That syphilis causes nephritis occasionally is not denied by any authors which we have consulted. Hamberger cites undoubted cases. Senator states that the instances which have shown the causal relation are rare. Strumpel (13) believes that more attention should be given to syphilis because of the well known association of syphilitic diseases and arteriosclerosis.

Obstructive Cases.—Any condition which interferes with the escape of urine from the kidneys, such as pelvic neoplasms and inflammations, displacements of the kidneys, and more particularly and commonly enlarged prostate, strictures and the cystitis resulting from the bladder weakness of locomotor ataxia, myelitis, etc., are etiological factors of a good deal of clinical importance.

(c) ENDOGENOUS POISONS

A consideration of the etiology of nephritis would not be complete without mentioning the very interesting, from the clinical side, class of products of endogenous source, the result of disordered metabolism. But little can be said definitely of this latter class of poisons, because of our imperfect knowledge of the pathologic chemistry of the body; but enough advance has been made to indicate that possibly nephritis, as well as other chronic degenerative diseases, are more the result of autotoxic perversions than to the causes usually assigned.

Why, for instance, is nephritis a sequel to malaria or to chronic lead poisoning in one case and not in another of these affections? May it not be due to a pre-existing perversion of nutrition?

Over-eating and drinking causing imperfect metabolism, induce constant excretion of substances which irritate the kidneys. So, too, habitual constipation predisposes to nephritis by favoring a toxemia and the absorption of animal alkaloids, formed by putrefactive processes in the intestine.

Further indication of the importance of this class of noxious substances is given in uremia, and also by the "gouty" kidney, which is the result, no doubt, of the same metabolic disorders which induce gout in a joint.

Also obstructions to the escape of bile through the normal channels, necessitating its vicarious elimination by the kidneys, leads to irritation of them. Another disturbance of metabolism, viz., diabetes causing as it does the passage of large quantities of sugar, which is a renal irritant, through the kidneys, often, as is well known, produces an albuminuria and an associated nephritis.

2. PATHOLOGY.

In discussing this subject, we will not follow the beaten path of describing in detail the morbid anatomy of diseased kidneys. All are more or less familiar with the description of interstitial overgrowths, cloudy swellings and parenchymatous degenerations, etc. We will attempt rather to indicate the principles and laws which govern the pathological changes of the kidneys in nephritis.

From the time of Bright until two or three decades ago, the immense amount of work done on the investigation of nephritis concerned chiefly the "structural" changes in the kidneys. These studies have been followed in recent times by investigations of the etiological factors of nephritis, having for their object the study of the influences of various poisons upon the kidney.

Looking at the subject from this standpoint, we are given perhaps a more accurate conception of the pathogenesis and of the pathological unity in all forms and types of nephritis. One of the most important things to keep in mind is, notwithstanding the usual parceling off into separate packages as it were of the "parenchymatous," "interstitial" and other forms of nephritis, there are no well-marked anatomical differences between them. The different changes observed in the various forms are due to the length of time which the disease has existed and to the intensity of the poison on the kidney, rather than to differences in the nature of the processes themselves. The end results are the same in all kidney affections—contraction and atrophy of the organ—if the disease lasts long enough.

Senator (14) admirably adjusts the modern conception of nephritis and particularly the co-relation of etiology and the resulting pathology in these words: "The clinical differences depend chiefly on the course and duration of the disease. The course and duration in their turn depend upon the intensity of the effects produced upon the kidneys by the noxious agents in the blood."

Briefly stated: The nature and the intensity of the kidney poison determines the nature and intensity of the kidney lesion.

In mild poisoning, the epithelial tissues of the kidneys are alone affected. This produces the "parenchymatous" nephritis, which may be either acute or chronic, depending upon the nature and intensity of the noxious agent. Certain poisons, like the irritating drugs, anaesthetics, etc., attack the epithelium suddenly and spend their force quickly, while it seems that other poisons, like the milder of the acute fevers, may not manifest themselves by kidney complications for several weeks and that still other poisons, like malarial infections, determine the more chronic form of the "parenchymatous" form of nephritis.

In these mild kidney affections the inflammation is very largely confined to the parenchyma—the epithelium of the tubules and the Malphigian bodies.

Other deleterious influences manifest themselves first in the interstitial portions of the organs, which is soon followed by aplasia of the kidney arteries, contraction of the entire organ and secondary inflammation of the parenchyma. The "primary interstitial nephritis" represents this form of kidney involvement. Many of the earlier investi-

gators, notably Weigert (15) opposed the idea that the inflammation of the kidney ever begins in the connective tissue, but the above form is well established at the present time, as is the "arterio-sclerotic kidney," which is not a local disease, but rather a symptom of a pre-existing general disease of the arterial system.

The two forms of kidney inflammations mentioned, one beginning in the parenchyma, the second form in the interstitial connective tissue, represent the two great types of nephritis over which, since the time of Bright, there has been waged much discussion. Frerichs (16) maintained that they are the same disease and represent simply different stages of the one and same affection. Bartels (17), on the other hand, advanced the idea that they are entirely distinct processes and have no relationship.

Whatever may be the present conception of this question, it may be said that speaking from the pathological or anatomical standpoint it is comparatively unimportant whether a kidney lesion begins in the epithelium or in the interstitial tissues, for the end results are the same in either case. Interstitial changes soon follow parenchymatous, and parenchymatous degenerations accompany or soon result from connective tissue inflammation.

At autopsy a kidney may be diagnosed "interstitial," "parenchymatous," etc., depending upon the process which is most pronounced. But to conceive that in either case the process has been, or would continue to follow closely such a given type, is probably wrong. In any form of nephritis, different pathologic processes occur side by side—interstitial and epithelial at the same time. The fact that there has never been an acceptable classification of the different forms of nephritis from a pathological or anatomical standpoint, represents fairly the present state of our knowledge of the essential lesions of the nephritides.

The "diffuse nephritis" differs from the parenchymatous and from the interstitial mentioned above in point of etiology and pathology, in this particular. If the poison is innocuous instead of the parenchyma or the interstitial tissue being affected primarily as the case may be, all the tissues of the kidney are attacked at once and the same time, epithelium, Maphigian bodies and interstitial tissues. This latter "diffuse" nephritis therefore always represents a more intense inflammation of the kidneys, than do those processes which remain more or less limited to the epithelium or interstitial portions for a time.

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Ramon Guiteras, secretary of the American National Committee, 75 West 55th street, New York City, announces that the International Medical Congress will be held in Lisbon, Portugal, from April 19th to 26th, 1906.

THE DRAUGHT FETISH.

BY NORMAN BRIDGE, M.D., LOS ANGELES, CALIFORNIA.

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Popular theories that are groundless are always objects of great interest. When they are harmless, like numerous myths of old, we can afford to be amused and entertained by them. But sometimes they are harmful to those whom they possess, and to the world at large, and then they may rightly become matters of concern to the economist and to all well-wishers of the human race.

The popular notion about cold catching, and the danger from draughts and colds is one of these harmful delusions. There can be no doubt that this fetish, for such it really is, leads every year to the sickness and death of a large number of people, and in a most unnecessary manner. Yet the idea is so firmly fixed in the popular mind, and is held by so large a majority of the common people that it is regarded as axiomatic. To disturb the popular belief about it is always difficult. Any suggestion or argument against it is met at once with a storm of objections, if not of ridicule.

Colds, in the popular mind, are acquired chiefly through the thing called a draught, which means a perceptible movement of air about a person's body, especially his head, and when he is indoors. The term is not applied to the gentle breeze out-of-doors, although it is the same sort of a thing. As a result of this idea people are constantly disturbed, constantly fearful that they will sit in a draught, or stand in a draught if they feel a slight movement of air they are mostly anxious to stop it by closing windows and doors. You may create surprise, even bordering on terror, if you say that you enjoy draughts when some good soul has rushed to close a window to save your life—asking if you are not "afraid of that draught?" If you ask your solicitous friend what harm there can be in a draught, he will tell you that it will give you a cold, and that then you may get consumption. If you remind him he walks and rides in a wind out-of-doors without any such fear, he will say that is a wind, not a draught; and that a wind is not half a dangerous as a draught. If you ask him what the difference is he is nonplussed, and you thereby discover that you have asked him a brand-new question, one that he never thought of before, and his answer is likely to appear to himself, on second thought to be untenable, if not absurd. He can give you no explanation of the difference, for essentially there is none. Yet if you should chance to say that all people, well and sick, ought to be constantly in a draught, never out of it, you are likely to make some benighted people think that you a slightly unbalanced doctrinaire, or that you really do not know what you are talking about.

People doubtless do occasionally take sneezing colds that are harmless from sitting in a draught insufficiently clad. The remedy is simply more clothing But people do not usually take their colds from draught or cold or even wet feet, but more often from fatigue, digestive derangements, overwork and lack of sleep and rest. Colds less often come on in the depth of winter than in the warming weather of spring. As a result of the popular fetish, however, most people when they have taken a cold immediately knit their brows and begin to meditate on what could have caused it. And as nearly everybody is, for some length of time, some moment each day, in a draught, it is easy for any victim of a cold to refer his trouble

to some such experience, although the theory may be as groundless as one that should ascribe the cold to the pointing of somebody's finger at him.

The truth is that the fear of a draught compels numberless people to breathe bad air constantly, which lowers their vitality, makes it easy for micro-organism to attack them, and for them to get all sorts of disease—that constant fresh air might enable them to escape. They are more susceptible to cold catching than the people who either ignore draughts altogether or clothe themselves so that they can bear them.

There is only one way for us to know that every inspiration brings us a dose of fresh air, namely, to have the air in front of our faces constantly in motion; that constitutes a draught, whether the motion be little or much. The only way to live healthy is to be sure that we do not breathe over again the air we have contaminated by breathing, and the only way to accomplish this is to be always in a draught. Not a gale is needed, but a gentle draught. This, then, is the gospel we should preach, and we should preach it at all seasons and everywhere. It will be met by ridicule, it has often been ridiculed, but it is a truth of such value for the good of the people, and it is so unimpeachable scientifically that those who preach it can afford to smile at the railings of the fetish followers who object to it.

The common cold is not followed by serious disease, nor is it attended with fever. True, influenza or grip, on the the other hand, is usually a febrile (with fever) disease and is occasionally followed by phthisis. A cold often follows a fit of indigestion, a paroxysm of migraine (sick headache), a day of overwork or a night without sleep; it comes to those who live out-of-doors perhaps one-fifth as often as to the overhoused people. Soldiers in camp, sleeping in tents or under trees or wagons and wrapped in their blankets, very rarely have colds. But when they go home on furlough and sleep in close bedrooms they show a marked susceptibility to these troubles.—*Journal of Outdoor Life, November,* 1906.

DISEASES OF WOMEN AND CHILDREN.

WILLIAM A. EDWARDS, M.D., EDITOR.

EDITORIAL COMMENT.

STENOSIS OF THE PYLORUS IN INFANCY.—The etiology of this affection still seems to be on a theoretical basis, but the three theories that have the most supporters are:

Pfaundler thinks that the hypertrophy is due to a spasmodic contraction which in turn is due to gastric irritation after birth.

Nicoll advances the idea that the hypertrophy of the pylorus is a primary congenital overgrowth of the sphincter muscle and Thomson that the hypertrophy is secondary to an incoordinated action of the stomach muscles, dependent in turn on functional disorders of the gastric nervous system, resulting in gastric spasm.

All of these views have a certain number of supporting facts in their favor. Certain it is that there is hypertrophy or hyperplasia of the circular pyloric fibres. At present, however, we do not know the why and wherefore of this hyperplasia. It seems to be true that the hyperplasia of the pyloric sphincter exists at birth and that after birth a spasmodic contraction of this hypertrophied pylorus occurs. The disease is always grave, Monnier places the mortality, without operation, as high as 80 per cent., others think that it is even higher. Surgery will reduce the mortality more than half, a brilliant record at this early study of the disease.

Fortunately when an infant persistently vomits in spite of the constant advices of a skilled pediatrist, pyloric stenosis should be considered. The disease is not a medical curiosity but more common than the general practitioner imagines. But the difficulty of diagnosis is such that the surgical pediatrist must approach each case with care and discussion, lest unnecessary operations will be done. The operator must decide and reason for himself independently of the medical advisor: operation must take place by three after full and careful study and not because the family physician wishes it. The lesion is always uniform but the clinical manifestations may be either typical or atypical. As early as 1788 American medicine had the honor of placing this disease on record when Beardsley reported the first case to the New Haven (Connecticut) Medical Society, a child ill from birth with pyloric stenosis but who survived for five years. A careful post-mortem confirmed the diagnosis. Our modern knowledge and experience with pyloric stenosis in infancy is of very recent date in fact scarcely eighteen years, as it practically dates from the paper of Hirschsprung written in 1888. The medical literature comprises about sixty autopsies of cases of infantile pyloric stenosis, and a careful tabulating will show remarkable uniformity in the pathological findings. In every instance, without a single exception, a pyloric tumor is mentioned. A further noteworthy fact is that this tumor is not associated with adhesions. This definite picture of pyloric tumor in these little emaciated, diminutive patients is most impressive. A still further interesting fact is that careful microscopic studies in all these cases show the tumor to be due chiefly to a hypertrophy of the circular muscular fibres. This circular constriction of the pyloric muscular fibres of course throws the mucous membrane into well-marked longitudinal folds, they may obstruct the lumen of the pylorus, but of course it must be remembered that these folds exist normally in the stomach, it is only their increased reduplication that becomes pathologic. Prudden, however, in one case described a fibrous hyperplasia of the submucosa in addition to the usual hyperplasia of the circular muscular fibres. But it may be accepted as an absolute fact that the essential pathologic change is first an enormous hyperplasia of the circular muscular fibres of the pylorus and of the contiguous stomach wall. Pfaundler's scale, that is an index of the size of the lumen of the pylorus for different ages, from birth to adult life is valuable and fairly accurate. Of course the pylorus in individuals varies in size within what may be called the normal limit. If it is reduced below the lowest normal caliber there is of course stasis or obstruction, and the symptoms to a careful observer will indicate which of the two exists. A steel sound will pass when fluid will not, because of the swelling and reduplication of the mucous membrane. Most of these children if treated medically will not live long enough for dilatation to succeed hypertrophy, hence at the post-mortem the muscular wall will be found thickened; especially about the pyloric end.

The point that we wish to specially emphasize is that the picture in the dead house and the picture on the operating table are identical. In the living as in the dead the pyloric tumor has been found in every instance, (one hundred and twenty cases, sixty post-mortems and sixty operations), so also are the secondary changes seen in the stomach. It is not expedient to measure the lumen of the pylorus in the living.

Pyloric stenosis in an infant if treated medically will have a mortality of one hundred per cent.; it is to surgery then that we must look for the reduction of the frightful mortality. We find that the surgical mortality is about forty-six and six-tenths per cent., that

is a little more than half of the children will be saved in the hands of competent surgeons and all will die in the hands of the internest, no matter how competent he may be. Is further argument necessary?—*Surgery and Diagnosis.*

AN AWAKENING.—*The Medical Sentinel* for October, 1905, contains an editorial that we wish to quote from extensively, practically verbatim.

It says that a successful and prominent Portland surgeon was heard not long ago to remark that there are in Portland one hundred and seventy-five doctors anxious to do surgical work, many of whom are willing to pay $25 for the sake of performing a laporotomy. But there are scarcely a dozen who are able and willing to make an exact, careful and complete medical examination.

This striking commentary upon the tendency of the times may impress the casual observer as altogether too radical; and yet one cannot help feeling that it possesses far more than a grain of truth. The rage during the past decade has been along surgical lines of thought and action. From the carefully trained and equipped hospital graduate, who has served his apprenticeship in some celebrated clinic, to the tyro, fresh from college, still bearing mute but clinging evidences of vernix caseosa as yet undried from his birth into the world of medicine, all seem anxious to achieve fame and fortune from the one appealing line of work. Surgery sings her Siren song in loud, triumphant tones, and her listeners are legion. Programs of medical societies are often made up, paradoxically enough, almost entirely of surgical papers. It must be the fascinating play of human handiwork against the structures of Nature, the tangible evidences of the work performed, the rapidity with which results are obtained, not to mention the apparently greater size of the emolument, that appeals to the average man. But Medicine has not gone into a decline; rather is she sleeping a restful sleep, and if one may judge from some of the recent meetings, she is on the verge of an awakening, dreaming the vivid dreams of transition from sleep to full consciousness, with the promise of a bright morning of activity before her.

Over in Washington, at the annual meeting of the State Society, all this was apparent in the preparation of a program almost entirely devoted to medical topics, in which the subjects were arranged in symposia, each devoted to some disease prominent in the medical and public eye, and especial attention was given to prevention and early diagnosis. And the papers were intelligent, capable, and above all, well listened to and received.

Other societies, surfeited with accounts of various operations, wherein to the uninitiated, the chief differences of opinion would seem to rest upon the fact that one operator covers his mouth with, and breathes through a four-ply strip of thrice sterilized gauze, while another trusts to his whiskers to serve as a bacteriologic sieve, may well take cognizance of this, and remembering that after all, surgery is but the handmaid of medicine, make rightful place on future programs to mistress as well as maid, giving to each her just due without fear or favor. Then shall we be able to say that, in just proportion to the actual work belonging to each, medicine and surgery, while a dozen men are anxious and able to perform a difficult operation, one hundred and seventy-five are equipped, willing and anxious to make the accurate diognosis, so necessary before a good operation can be done.

Dr. James Yocum, president of the Washington State Society, insists that every man is capable of making an exact diagnosis in most cases if he only will. The means are before him, and all he needs is to make a careful use of them. Such is undoubtedly, with rare

exceptions, the case. To slovenliness and carelessness are due many of the errors of diagnosis so familiar to most practitioners. Our scientists are ever at work, perfecting new methods of examination and often carrying them to extremes. But to these men, faddists if you please, is due much credit, for by experiment, others of practical natures are enabled to thresh the wheat from the straw, and obtaining here and there a fine kernel of wisdom, incorporate it into the well seasoned pastry of our knowledge, there to be cooked, as it were, well or badly, by the individual who would use it. And while we are trying and examining these diverse new methods of diagnosis, let us not forget the old. For, defective as may be the results and labors of the practitioner who decries innovations and trusts to the methods taught him in college days, infinitely worse are the results of him, who, scorning the accumulated knowledge of experience from standard and well-tried means of bedside diagnosis, puts his trust in bio-chemical proceedings and ties his faith to them. If the first builds upon the sands, the second builds upon the quicksands. But he who judiciously combines both methods rears his structures upon a rock.

CHILDREN'S PLAYGROUND NEEDED.

There is a splendid chance for some wealthy man or woman to do about a million dollars worth of good with $10,000 just now in this city. There is a city playground now operating in the Seventh Ward, and 300 children go there each day for health and innocent amusement. Several thousand children of that neighborhood who heretofore have played in dirty alleys or hung around barns and saloons picking up the rudiments of a depraved life are now to have a good time without getting into mischief. Who can say how many boys may be kept from the penitentiary and made into useful citizens because there is a playground in the Seventh?

One is needed for the Eighth Ward—at least one. The city is going to be too poor to undertake its purchase this year. Millions of dollars have made in this city during the last year in real estate. Is there not some one who has made $10,000 more than he actually needs? How much better a memorial a children's playground would be than a pompous tomb of marble and granite. The most concrete and practical form of making the world better that has been devised in the last half century is the children's playground. Eastern cities are building them literally "by the dozen." Chicago has seventeen under way in one thickly settled region. They are costly, but not as costly as prisons and almhouses and insane asylums. Who is there in Los Angeles that has $10,000 to give to make a portion of the world really better.—*Municipal Affairs*, No. 1, Sept., 1905.

THE ULTRA-MODERN PHYSICIAN.

Dr. Vidal, an old country doctor, was treating a child aged ten years, suffering with an ordinary bilious attack. The over-anxious parents, who seem to have dabbled in "Be Your Own Physician" books, imagined that they discovered symptoms of tuberculous meningitis. Behind the back of Dr. Vidal, who was the family physician, they called in a young physician who was ultra-scientific. He examined the little patient and left his opinion on a card for the instruction of the behind-the-times Dr. Vidal. The erudite opinion read as follows: "Kernig positive; slight embryocardia, especially in Azoulay's position; cryoscopy and Kochibacillascopy of Quincke's fluid would supply basis for judgment. If negative, Eberth or Talamon-Fraenkel might be thought of. In the former of these two hypotheses, I could bring, on receiving intimation from you, some Chantemesse

serum; in the second, I could bring a specialist to do Quincke's puncture." To this cryptic message Dr. Vidal sent the following reply: "Veni, vidi, vici. Veni: neither on bike, nor auto, nor motor, nor in a boat, but in a phaeton. Vidi: neither myosis, nor mydriasis, nor vasomotor red line nor Wunderlich—simple synocha. Vici: Naturam sequere. Expectant treatment. The patient goes on under his blankets (without stirring a step), in the words of Sophocles, whom in spite of his antiquity I love, towards restitutio ad integrum. Arch-fraternal thanks to the Quincke specialist." What the young ultra-scientific physician answered, Dr. Vidal does not tell us.—*Merck's Archives.*

REVIEW OF LITERATURE.

RECOVERY AFTER NUMEROUS FRACTURES, LACERATIONS, ETC.

L. E. Fuller reports this curious case in the *Virginian Medical Semi-Monthly,* Feb. 12, 1904:

H. S. White, aged 10 years, son of a miller, in attempting to put a belt on a pulley while the band wheel was running at full speed, was caught by the hand and drawn in between the belt and pulley. The clothing became entangled in some way with the shaft so that he remained whirling around on the pulley under the belt until the machinery could be stopped. This shaft was making from 150 to 200 revolutions a minute, and it was estimated that the boy was carried around from 350 to 400 times before the machinery could be stopped.

When patient had recovered sufficiently from shock, thorough examination of surgical injuries was made and the following details were found: A lacerated wound in right cheek extending from corner of mouth to the ear, through the entire thickness of the cheek, the soft tissues of the chin being separated from the bone; a laceration of scalp above right ear three or three and a half inches long; another on back of left hand three inches long. These three wounds were made by a nail projecting from a piece of timber near the pulley. The feet as well as almost all other parts were very badly bruised—the shoes being very nearly whipped to pieces; a compound fracture of the right humerus about junction of upper and middle thirds—the end of the lower fragment showing plainly through a laceration two inches long; simple fracture of radius right side, simple fracture of both radius and ulna in left arm, simple fracture of right femur about junction of middle and upper thirds, compound fracture of right fibula, the wound consisting of a V-shaped flap two and a half inches long with the free point downwards; simple fracture of the left femur in the lower third.

PERINEPHRITIS IN CHILDREN.—Townsend brings forward the following points in connection with this subject: The condition is a rare one. Quotes Kuster's writings in support of this statement. The latter had been able to collect but 230 cases of the condition in persons of all ages in 1897. It is especially rare in children. The best classification of the cases he considers that of Schmid, which is according to their being due to a direct primary infection of the perirenal tissues or to an indirect one coming from more distant parts of the body. The bacteria found in connection with the condition locally are staphylococci, streptococci and pneumococci, also the typhoid, tubercle and colon bacilli. In 80 per cent. of the cases of primary direct infection suppuration occurs. In secondary indirect infections abscess always results. A few cases of bilateral perinephritis have been reported.

Symptoms.—The first symptom is usually severe pain in the renal region near the spine. It may, however, be felt in the front of the abdomen, or radiating down the thigh as a sciatic pain, or again, as the pain of lumbago, or acute in the axillary line. The spine is usually held rigid, and when suppuration has occurred and also it may be prior to it, the leg is often flexed as in the psoas abscess of Pott's disease. Chills, rigors, fever, are the rule among the early symptoms, so also is constipation. Abscess usually points, if not interfered with, either in the loin near the spine, or it may simulate ordinary psoas abscess and appear in the more usual or unusual places in which the latter is noted in different cases. The conditions most easily mistaken for it are Pott's disease, and acute osteomyelitis of the vertebrae. The latter can often be distinguished from it by the marked tenderness on pressure over the affected part of the spine, which is not present in perinephritic abscess. The mortality of the cases treated surgically is very much less than that when the cases are treated expectantly.—*Boston Medical and Surgical Journal, Vol.* CLII., *No.* IV., 1905.

CONTRIBUTION TO THE STUDY OF THE PATHOLOGY OF CONGENITAL MEGACOLON.—F. Villaussa gives the case of a male, 3 years old, that had exhibited since birth obstinate constipation, evacuations only taking place every six or eight days. No action had taken place for three days previous to admission, when the child was comatose, with nocturnal convulsions, thready pulse, and marked meteorism. It died four hours later. Autopsy revealed fluid in the peritoneal cavity, colon displaced and distended with gas, hypertrophy of its walls, no ulceration or cicatrices. Histologically there was absence of mucous endothelium, in some places also of the tubular glands, the transverse muscular layer was uniformly thickened, the longitudinal layer thinned, increased vascularity in the submucous connective tissue. This was evidently a condition of congenital megacolon, and the author thinks that an abnormality exists in the embryonic evolution of the colon by which an extraordinary development takes place, specially in the connective-tissue elements—the muscular hypertrophy has only in a very small degree any functional origin, and consists in myopathy of the fibres.—*British Journal of Children's Diseases, No.* VI, *Vol.* I.

FARADIC TREATMENT OF URINARY INCONTINENCE.—This method of treatment is particularly effectual in children and especially in those who have had incontinence from the earliest infancy. Of 40 subjects, 55 per cent. were cured by Genonville and Compain (*La Presse Medicale,* 1904, No. 38), and 63 per cent, of the children between 6 and 12 years old. The sittings numbered from 5 to 8 in the "congenital" cases, while the others required 6 to 16, with the exception of 5, who had 20 to 29 sittings. Improvement during the first week—even if slight—is a favorable sign that a cure will be attained finally. The electricity may be applied directly to the sphincter or to the region. All but 20 per cent. of the subjects were improved or cured, and in 16 a complete cure was realized in a maximum of 16 sittings.—*Arch. Pediatrics, June,* 1905.

THE UMBILICAL CORD IN SYPHILIS.—Franceschini (*Gazette degli Osped. e. Clin.,* February 28, 1904) urges that the umbilical cord of a newly born child be examined histologically when syphilis is suspected in its heredity. This examination is especially useful in newly born infants of unknown origin; in children of parents

who have had syphilis many years before; in determining the cause of death in a stillborn child, etc. It is also of value in determining whether an infant with syphilitic heredity should be treated with specific remedies, or whether the mother who has aborted should be so treated. The author thinks that the study of the anatomical changes in the umbilical cord in syphilis will show positive proofs of the laws of Colles and of Profeta, and believes that, even in children who are apparently perfectly healthy, the cord may reveal a latent hereditary syphilis. The cord is the only part of the living child which can be examined histologically. The principal alterations in such spyhilitic cords consist in exudative and proliferative changes, in both the artery and vein, including all the coats thereof, together with a certain degree of infiltration, and nodular thickening. In the more advanced cases there are serious lesions in the intima, consist- of endarteritis and endophlebitis, sometimes with obliterations of the vessels. Less frequently periphlebitis and periarteritis are found, and sometimes Wharton's jelly is also affected by an infiltration with multinuclear leucocytes.—*New York and Philadelphia Medical Journal.*

OVARIAN GRAFTING.—R. T. Morris in the *New York Medical Journal* and *Philadelphia Medical Journal,* January 23, 1904, says that at the present time we have reached this point in the practical use of ovarian grafting: (1) If, in a case of pyosalpinx, the ovaries and oviducts had to be removed *en masse,* the patient would suffer from a precipitate menopause if she was left without an ovary. If a piece of ovary from this patient was taken, or a piece of ovary from another patient operated on at the same time was taken, and put in salt solution at a temp. of 100° F., and then engrafted in the broad ligament of the patient who had lost her ovaries and oviducts, a precipitate menopause could be avoided. That patient would continue to menstruate, and to have the comfort that went with the possession of an ovary. But if an ovary was grafted from another patient, at the end of perhaps a year, the grafted ovary would have practically disappeared and the menopause have begun. If a woman was grafted with a piece of her own ovary, the menopause might not begin for some years afterwards, or until the normal time for it. This was a practical point which surgeons could apply in their everyday work. (2) A patient grafted with a piece of her own ovary might become pregnant, if a tube and oviduct on one side were left, or part of the tube on one side. A patient grafted with a piece of an ovary from another patient might become pregnant if pregnancy occurred quickly. This had occurred twice with rabbits during his experimentation. But pregnancy must occur before degeneration had gone to such a point that the ova were not well formed. We must not expect pregnancy to occur so late in grafting an ovary from another patient. We might expect it after grafting a patient with a piece of her own ovary. There were many cases in which the ovaries must be sacrificed, in which part of a tube or an entire oviduct on one side could be saved. This was another point of practical importance. Pregnancy might be expected to occur in a small proportion of cases. He expected to obtain further good results. Thus far it was known that a precipitate menopause could be prevented. Furthermore, the internal secretion of the ovary of a patient could be retained.

REVIEW OF BOOKS

HARE'S THERAPEUTICS.—A Text-book of Practical Therapeutics, with Especial Reference to the Application of Remedial Measures to Disease and their Employment upon a Rational Basis. By Hobart Amory Hare, M.D., B.Sc., Professor of Therapeutics and Materia Medica in the Jefferson Medical

[illegible] Physician to the Jefferson Hospital, etc. New (11th) edition, [illegible] revised to accord with the [illegible] revision of the U. S. Pharmacopœia, 1905. In one octavo volume of [illegible] pages, with 112 engravings and [illegible] colored plates. Cloth, $4 net; leather, $5, and half morocco $5.50 net. Lea Brothers & Co., Philadelphia and New York, 1905.

That there is much to commend in this book goes without saying, else its eleventh edition would not be before us in the short space of fifteen years. The opening words should be read at the commencement of each course of senior lectures in every medical school throughout the land. Here they are: When called to guide a patient through an illness the physician should be constantly a watchman, and a therapeutist only when necessity arises. A good physician is one who uses pure drugs, knows when to use them, and equally important when not to use them. When a physician gives a drug and the patient improves, care should be taken not to ascribe all the good results to the remedy employed. Nature must be given credit for a large part of the improvement. How sane are these paragraphs and how safe to follow through life. There is so much to say, in favor of this book that we scarcely know which part to commend. The article on chloroform anaesthesia is excellent. The peculiar shade or color that passes over the face of one under chloroform anaesthesia just before danger arises or is about to arise is not sufficiently brought out in most books. The note of warning in regard to placing the positive pole of the battery on the phrenic nerve as it crosses the anterior scalene muscle at the root of the neck, the negative pole being pressed against the lower margin of the ribs, is valuable as the procedure may be dangerous or even fatal. The cardiac inhibitory nerves run so closely to the phrenic fibres, and respond so readily to electrical stimulation, that it is difficult to imagine how they can escape if a current be used of sufficient strength to excite the phrenic nerves. Hare has demonstrated this to be a fact and not a theory. The dose of codeine recommended on page 207, of one-half to two grains three or four times a day would seem to demand a little note of warning. Be sure that the preparation does not contain morphine, to say nothing of the constipating effects of six to eight grains of codeine a day for cough. We are glad to note under digitalis that the hypodermic use of the whole drug is advised under the name of digitolone (Houghton). This represents the full therapeutic value of the drug and is absorbed without irritation. In our hands digitaline is inert hypodermatically. We are disappointed to note that no mention is made of the hypodermic use of heroin which in many of the Pacific Coast hospitals is rapidly displacing morphine for the subjugation of pain, particularly post-operative pain. It neither stupifys the patient, nor does it produce the obstinate constipation of morphine, or even of codeine. This edition has been thoroughly revised to conform to the new U. S. Pharmacopeia, it is very practical and up to date and will spare a busy doctor much labor and permit of rapid reference. The volume is divided into two main sections, the first dealing with drugs, remedial measures and foods for the sick, and the second with applied therapeutics, or the use of drugs in the treatment of disease. Each section is arranged alphabetically to facilitate reference, and the two are closely cross-referenced so that complete information on any point is easily found. There are two indexes, one of drugs and the other of diseases and remedies. The latter is annotated, and thus affords at a glance a suggestive list for selection of the most appropriate agent according to the indication of the case. The reviewer has watched both the career of the author and the editions of this book with keen interest. Most of the edi-

tions are before us as we review this, the eleventh edition. The first edition in 1890, showed the somewhat immature state of the author's knowledge, who had left the college benches but six years before, and as we follow this book for the last fifteen years, through its various editions, we note improvement, but this work has always shown apparent hurry and some carelessness in its preparation. The advisability of introducing illustrations in a work of this sort may be questioned. It would seem in these days of artistic book making, which has extended to medical publications, that they might give place to more skillful drawing or photographic reproductions in the newer editions. Many of the illustrations are excellent, timely and do much to elucidate the text, in fact most of them come under this latter classification. W. A. E.

DEPARTMENTAL

DEPARTMENT OF TUBERCULOSIS.

CONDUCTED BY F. M. POTTENGER, A.M., M.D., PROFESSOR OF CLINICAL MEDICINE, MEDICAL DEPARTMENT OF THE UNIVERSITY OF SOUTHERN CALIFORNIA.

THE FIRST INTERNATIONAL CONGRESS OF TUBERCULOSIS.—The First International Congress on Tuberculosis was held in Paris on October 2-7 of this year. There have been other tuberculosis congresses which are usually understood to have been international, but not really so. The Congress of Berlin in 1899 was a German Congress; the one in London in 1901 was a British congress; so the one just held in Paris has the distinction of being the first recognized International Tuberculosis Congress.

At this congress were gathered representatives from all the leading nations of the world. These men had been appointed by their respective governments to inform the members of the congress as to what was being done in their respective countries and to carry home better methods for the stamping out of the "great white plague."

The wide-spread interest in the subject of tuberculosis was manifested not only by the number of nations represented, but also by the great number of members of the congress, of which there were more than three thousand present.

The program was very long. The congress sat in four sections. 1. Medical Pathology; 2. Surgical Pathology; 3. Prophylaxis in Childhood; 4. Prophylaxis in Adult Life. And while these four sections were in session every morning and every afternoon, with the exception of Friday, in order to finish the program, the first and fourth sections were compelled to organize subsections.

Nearly every phase of the subject of tuberculosis came in for a discussion by some one during the congress, yet very little that was new was really brought out. The great mistake was, if we can call it a mistake, to allow so many communications to be made by men who are not especially conversant with the subject of tuberculosis. Old threadbare theories were reproduced; long rejected arguments were once more put forth and so the sessions were needlessly prolonged.

The social features of the congress were very pleasant, but disappointing because of the fact that there were so many more members than had been counted upon. The social part consisted of a reception by Prof. Herard, president of the congress; a reception by the City of Paris at Hotel de Ville; a theater party given by the Matin at the Chatelet; a dinner to a number of the delegates, followed by a reception to

the members, given by President Loubet of the French Republic, a subscription dinner and a tour of Southern France, including a visit to Monte Carlo, given by *Le Journal* with the co-operation of the Paris, Lyons and Mediterranean Railroad Company. Aside from this, on Thursday, there was arranged a number of trips to the various sanatoria which were not too far distant from Paris. The railways gave a reduction of half fare to those who wished to avail themselves of this opportunity of seeing the French Sanatoria.

It was encouraging to see the prominent part taken by the newspapers and prominent officials in this congress and we hope that it means that France is going to bestir herself and wage such an earnest warfare against tuberculosis as she has not done in the past.

One part of the congress which was very interesting and instructive was the exhibit. There was a most valuable collection of pathological and bacteriological specimens exhibited, the careful study of which would be most profitable. There were charts and pamphlets illustrating the work which is being done by the various anti-tuberculosis societies of the world. One of especial interest was a chart which showed the decrease of mortality which has followed the preventive measures which are being taken in Berlin. If the mortality from tuberculosis in Prussia should continue to decrease in the same ratio as it has for the past few years, the disease would be extinct in 1927. While we cannot hope for such good progress as this, yet we believe that the handwriting on the wall foreshadows the doom of the great white plague during the next few decades. Another important feature was the Sanatorium exhibit. Some sanatoria exhibited small models of their institutions, while others showed only the plans of construction. It was an excellent place to gain ideas of construction for institutions of the kind.

BEHRING'S ANNOUNCEMENT.

The sensation of the congress was the announcement that Prof. von Behring had discovered a sure cure for tuberculosis, which he expected to soon give to the world.

The members of the congress; in fact, all Paris was greatly excited by reading in the *Matin* (one of the Paris morning papers) that Prof. Behring expects to give to the world a sure cure for tuberculosis in August of next year. The fact that so eminent a scientist as von Behring was quoted as promising a scientific discovery at a certain future date, branded the publication, to say the least, as one of doubtful truth.

Prof. Behring at once denied having made the statement attributed to him and said that he had been misquoted. However, he let it be known that he was working in his laboratory on a certain line which offered much hope.

He was given an opportunity at the closing exercises of the congress to make a statement regarding his remedy, which he willingly accepted. Those who were present will not soon forget the eagerness with which the announcement was awaited. In his communication he described the nature of his remedy, although he did not give all the secrets of its production.

While, doubtless, nearly everyone interested in the subject of tuberculosis has read Prof. Behring's statement, yet we believe we are justified in repeating the method of its production. There is a certain substance or principle emanating from the bacillus, which he chooses to call TC. This substance acts upon and becomes incorporated into the body cells, after which he chooses to call it TX. TC is derived from the bacilli by a process of elimination. Baccilli are first treated with pure water, then with 10 per cent. chloride of sodium, after which they are extracted with alcohol, ether and chloroform. The residuum is called the "rest bacillus." This by a certain method of treatment

is rendered an amorphous powder capable of being taken up by the lymphoid cells of the organism. A fundamental fact is that this TC has the power of giving origin to tubercle. These tubercles, however, contrary to the usual course, do not soften and break down.

Whether this method will produce the sure cure for tuberculosis or not remains to be determined, but it must be said that there is great skepticism on the part of most men interested in this question.

This product, as far as we understand it, differs very little from the watery extract of tubercle bacilli (von Ruck). The steps of production are almost identical down to the stage of the "rest bacillus." In the production of watery extract, after the treatment with water (sodium chloride is not used) alcohol and ether, the bacilli are ground in a mortar and then extracted again with distilled water; so, practically, the only difference is that in the preparation of watery extract, the virtues of the bacillus are extracted with water, while Behring uses the "rest bacillus" in the form of a powder. The writer has had experience with watery extract for eight years and has given several thousand injections; and while we believe it to be in many respects the best of all the culture products used in the treatment of tuberculosis, and while we know its value is beyond question, yet it has its short-comings and is in no wise a sure cure for the dread disease. We wish that Prof. Behring's product might be all that he hopes for it, yet our experience prevents us from becoming too optimistic. But, whether Behring's remedy shall prove to be the cure for this disease or not, we believe that we are upon the eve of scientific discoveries which will ere long conquor not only tuberculosis but all infectious diseases.

THE NEXT INTERNATIONAL CONGRESS.—It is a pleasure to announce that the next International Congress will be held in the United States. Washington will, in all probability, be the place and it will be held in 1908.

During the next three years the United States will have time to do much valuable work in marshalling her forces for combating this great scourge. While we are not as actively and earnestly engaged in combating tuberculosis as some of the European nations, notably Germany, yet with the natural practical bent of the American mind, there is no reason why we should not do the best work of any nation on the face of the earth. I believe that our European colleagues will be very agreeably surprised when they visit us in 1908 and see the work that America is doing.

We wish this congress unbounded success and we feel sure that California and Californians may be counted upon to do their part to make it successful.

W. B. Saunders & Co. have issued an 80-page illustrated catalogue of their medical and surgical books. Any physician interested can secure the same by addressing them 925 Walnut street, Philadelphia. This catalogue, while it is an advertisement, is also interesting and instructive.

We have received the following reprints:

"The Cure of Femoral Hernia. Results of One Hundred and Ten Operations by a Single Method." By William Burton De Garmo, M.D., of New York.

"How to Palpate a Movable Kidney" and "The Chemistry of Digestion." By Charles D. Aaron, M.D., Detroit, Mich. Also, "Why Surgical Fixation of a Movable Kidney Will Not Relieve Dyspeptic and Nervous Symptoms." By the same author.

"Paraplegia From Fracture of the First, Second and Third Dorsal Vertebrae; Seven Other Fractures; Laminectomy; Recovery With Ability to Walk With Assistance." By Guy Hinsdale, M.D., Hot Springs, Va.

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EDITORIAL.

DR. S. A. KNOPF

From County Hospital to Brown Stone Mansion.

We have recently been East and the following is the "story" that a persuasive reporter secured from us which appeared in the *Los Angeles Daily Times* November 26:

Dr. Walter Lindley has returned from a trip East. He was in New York and Philadelphia during the seething political campaign that preceded election. "I had the pleasure of meeting Mayor Weaver," he remarked to a *Times* reporter, "at the Union League Club in Philadelphia a week before election. Both he and his associates were confident of victory at that time, but were working very hard to insure it. He impressed me as a man of strong character who deserves a much better character sketch than appeared in a current magazine, which 'damned him with faint praise.' The 'organization' had a parade of 45,000 men which rather frightened the reformers, but results prove that their fears were groundless. 'Boss' Durham was in California a couple of years ago and spent several months at Idyllwild, where I met him. At that time he seemed to take a great deal of pride in the way he was controlling affairs in the Quaker City. He is now being rapidly depleted of a large portion of his fortune through exposure of municipal frauds."

"While in New York I met Dr. S. A. Knopf, a former Los Angeles youth, who has many friends here," said Dr. Lindley. "He was the first to matriculate in the College of Medicine of the University of Southern California. After leaving here he graduated with honors at the University of Paris and has now become an international authority on tuberculosis. When the German government offered a large money prize for the best treatise on tuberculosis for general circulation among the laity, Dr. Knopf was one of the competitors. Thinking that the German authorities

might prefer to award the prize to one of their own nationality. Dr. Knopf took the precaution to send his manuscript, which was written in German, to a friend in Berlin to be mailed. According to the conditions of the contest, the names of the competitors were withheld from the judges till after their decision and there was considerable chagrin when it was found that an American had won the prize. The treatise on tuberculosis by Dr. Knopf has now been published in twenty-three different languages."

"Dr. Knopf, previous to taking up the study of medicine, was a young man with high ambitions but absolutely without funds. One day he happened to see a negro attacked with hemorrhage of the lungs on the street. He immediately befriended the unfortunate man and went to the Los Angeles County Hospital to get the patient admitted. Dr. Lindley was then County Physician and, attracted by the earnestness of the young man who was so interested in doing an act of mercy for a suffering fellow-creature, he became intertested in him. Gradually he learned that young Knopf cherished hopes of some time studying medicine, and was led by that to give him a position as night nurse in the hospital, a place which he faithfully filled. From that he passed into the College of Medicine of the University of Southern California, and entered upon the career which by hard work, pluck and enthusiasm, has lifted him to the prominent position he now holds. He resides in and owns a handsome brown-stone front on one of New York's fashionable thoroughfares and is recognized as a leading authority in his chosen specialty."

NEW MEXICO'S CLIMATE.

Opinion of Dr. E. Fletcher Ingals.

Dr. E. Fletcher Ingals of Chicago, and Dr. Dodson, Dean of Rush Medical College, have recently been the guests of Dr. W. T. Brown near Las Vegas, New Mexico. In an interview with a representative of the *Las Vegas Optic* Dr. Ingals said:

"What may you say to the people of Las Vegas as to my impressions of this section? Why, almost everything that is favorable," said Dr. E. Fletcher Ingals, the noted Chicago physician, to an *Optic* man this morning.

"I have visited this city and this section before. I have been at your beautiful Montezuma hotel and have taken a few trips into the surrounding country, but neither Dr. Dodson nor myself have ever before had as good an opportunity of learning conditions of this country as at present.

"We are delighted with this country. I have had the impression for a long time, and it has been very greatly strengthened by my present visit, that this particular section offers more natural advantages in the treatment of the early stages of consumption than any other part of the earth. You have the elevation, the dry, pure and exhilerating air, the maximum of sunshine, the beautiful mountain resorts, the scent of the woodlands and climatic conditions that are unrivaled.

"While we have been here we visited Valmora and Harvey's, La Cueva, and other points of interest.

"We have roamed over the hills and explored the canyons, we have viewed the surrounding country from the tops of lofty eminences and wide mesas and

we are charmed with what you have to offer the world from the standpoint of health."

When asked as to his belief in the theories advanced by many eastern doctors as to the possibility of curing tuberculosis just as well in an inclement climate, Dr. Ingals said: "It can't be done. There is no doubt but many cases of tuberculosis are cured in all climates. I think there is no doubt but 65 per cent. of the people in eastern climates contract consumption. Twenty-five per cent. of these get well without ever knowing they have had the disease. At least 12 per cent. of those who contract the disease and are aware of it, get well. Now that the outdoor treatment and good food and rest ideas are being carried out the percentage of those who get well in any climate is increasing.

"But there isn't the least question in my mind that for the tubercular patient in the early stages, his recovery is more certain and more rapid in this climate. How could it be otherwise? All doctors dwell on the importance of sunshine, yet seem to forget that some countries have very little sunshine. Rainy weather is known to be harmful and depressing to the patient, yet some sections have weeks together of rainy weather. With life out of doors, good food and careful treatment, there is hope for the consumptive in any climate, but what a privation to be compelled to live out of doors in some climates. And from the very fact that your section is much superior in those things which all doctors agree are of importance, it must be that the tubercular patient, other things such as food and recreation being equal, will do much better here.

"I have long recommended and will continue to recommend patients in the early stages of tuberculosis to come to this country. It is worse than folly for any doctor to advise far-advanced patients to leave their homes for any climate. The disease, to be successfully combatted, must be attacked before it has obtained a great hold on the system. I know there are some wonderful cases of people who have come here far advanced and recovered, but that is the exception. Generally speaking it is wrong to tear a patient who has only a few months to live from his home and association and send him out to a strange country. Where one is improved, in ten cases it hastens the end.

"But in your life-giving air and under your sunny skies there is hope for the tubercular sufferers and people are learning the lesson of the fatal danger of delay in taking measures to check the disease. I am glad to see your expansion of the tent idea. Dr. Brown has at Valmora an admirable place, and his tent cottages are the equal of any made. The sanitariums must provide nourishing food, recreation, as well as climate, and that I am glad to observe your sanitariums are doing.

"I hope to come again to your city. It does the well ones good to breathe your delightful air and roam over your beautiful hills. Where the sick are cured the well ones go back cheered and invigorated. No, I can't praise your climate too highly. It is not too cold in winter, it is delightful in the summer and the autumn. You have just about the right amount of

can look for ensure the most salubrious conditions and your occasional light showers are a benefit rather than otherwise."

VALE DR. MAYNARD.

On our return recently from the East we learned to our sorrow that our old associate, Dr. Henry Hobart Maynard, had passed away. What a flood of reminiscences this sad news brought to our mind! We had known him ever since his arrival in Los Angeles in 1882. What happy times we used to have together when he and Dr. Joseph P. Widney and ourselves formed the Pension Board of Los Angeles. Then after work was over, we would all three go to a dingy-looking restaurant run by Jerry Eich on Main street, where we would have a most enjoyable time, the extent of our dissipation being a small bottle of red wine.

Dr. Maynard did not know what it was to think evil. If he had nothing good to say of a person, he said nothing at all. As we sat at those luncheons, he would tell us in the most modest way imaginable of his experiences in the Civil War.

He was born on September 6th, 1835, near Columbus, O. He received his medical education at Rush Medical College, Chicago, and at Bellevue, New York, and graduated from Rush Medical College in 1862. Immediately thereafter he joined the Union Army on August 20th, 1862. He was mustered in as assistant surgeon of the 18th Iowa Volunteer Infantry and assigned to duty in the United States General Hospital at Springfield.

He was one of the organizers of the College of Medicine of the University of Southern Caliornia, and held the position of professor of surgery until a few years since; he felt that the work was too much or him, and he was made Emeritus Professor of Surgery. Everyone had the highest admiration for his knowledge and skill as a surgeon. In his latter days, when he was physically too debilitated to perform an operation, his great experience and sound judgment were constantly brought into requisition so that his younger brother members of the profession might profit in critical operations.

He had been throughout life a conscientious member of the Protestant Episcopal Church, but in 1894, he underwent a change in his religious convictions and became a member of the Roman Catholic Church, from which during the last eleven years of his life he seemed to get great solace. John Henry Newman was his ideal. It must have been easy, we think, for Dr. Maynard to be religious.

In his family relations he was most devoted and is survived by his wife, one daughter and two sons. One of his sons is a civil engineer and superintendent in the Hawaiian Islands, and a few years ago, Dr. Maynard made a most delightful visit there, which he recounted in the *Southern California Practitioner* for November, 1902. The doctor by his quiet, unselfish and honorable methods accumulated quite a little fortune, yet the greatest heritage for his sons is the memory of a noble, well-spent life. At a recent meeting of the Newman Club of Los Angeles, Joseph Scott, Esq., presented a Memoir of

Dr. H. H. Maynard, who was one of the charter members of the club. This Memoir was an interesting and honest tribute.

EDITORIAL NOTES.

Dr. J. W. Elder of Albuquerque has returned from an eastern trip.

Dr. L. B. Harvey formerly of Ontario has located in Uplands.

Dr. Elbert Wing of Los Angeles has recently been traveling in Europe.

Dr. C. Kiehl, formerly of Flint, Mich., has located in Albuquerque, N. M.

There is a movement to establish a hospital for Italians in Los Angeles.

Dr. Dudley Fulton of Los Angeles was recently called professionally to Ventura.

Dr. Samuel Outwater of Riverside has recently been traveling in the East.

Dr. W. A. Baker of Williams, Ariz., spends part of his time regularly in Flagstaff.

Dr. E. N. Mathis, county health officer of Los Angeles county, has removed to Pasadena.

Dr. N. H. Hamilton of Santa Monica has purchased an elegant residence in Hollywood.

Dr. A. M. Temple of Morenci, Ariz., has been hunting bear in the San Carlos reservations.

Dr. E. B. Shaw of Las Vegas, N. M., has recently been to Chicago on professional work.

Dr. Harry F. Sloane of Pomona has opened an office in the Copp Building, Los Angeles.

Forty men with numerous teams are at work on the road between Banning and Idyllwild.

Dr. Merritt Hitt of Los Angeles has been spending some time in New York and Baltimore.

Dr. Charles Freedman of Los Angeles is soon to be married to Miss Inez Reams, Suisun, Cal.

Dr. W. W. Adams, formerly of Oxnard, has located for the practice of his profession in Anaheim.

Dr. J. C. Bainbridge of Santa Barbara spent a few days in Los Angeles the latter part of November.

Dr. Granville MacGowan of Los Angeles has completely recovered from an operation for appendicitis.

Mrs. Millicent H. Olmsted has set aside a fund of $200,000 to endow a free hospital for Los Angeles.

Dr. T. P. Martin of Taos, N. M., has been in Albuquerque attending the sessions of the Masonic Grand Lodge.

Guilford D. Yokom was recently fined $100 by a Los Angeles judge for practicing medicine without a license.

Dr. Andrew Stewart Lobingier of Los Angeles was the guest of honor recently at a banquet given in Prescott, Ariz.

Dr. J. C. Black of Clayton, N. M., is one of the prominent members of the Masonic Grand Lodge at Albuquerque.

Dr. W. G. Shadrach, oculist and aurist of Albuquerque, N. M., has been appointed special pension examiner for that city.

Dr. Norman Bridge, who has been to Chicago and other eastern points for several weeks, has returned to Los Angeles.

It is a dull day when Dr. West Hughes does not invest a half million in Los Angeles real estate, or in telephone stock.

Dr. F. B. Foster of Santa Barbara was married in the city of Boston on November 6th to Mrs. Addie M. Hayes.

Dr. Geeorge Laubersheimer of Los Angeles was recently married to Miss Ethel Cousins in Trinity Church, Portland, Or.

Dr. E. S. Pillsbury of Los Angeles recently sued an ex-patient for his fees and received a judgment in his favor for $125.

A company has been organized and an elevator road will soon be built which will carry the stage ride to Idyllwild [illegible].

Dr. Louise Harvey Clarke of Riverside is spending three months in special hospital study in Philadelphia and New York.

Dr. Arthur Walker of Riverside, who has been taking a post-graduate course at the Manhattan Hospital, New York City, has returned.

Dr. Ross Moore has returned from a three months' visit in the East where he took a post-graduate course at Johns Hopkins University.

We regret to hear that Dr. J. H. Love of Ventura suffered from a stroke of apoplexy on November 2nd. At last report he was slightly improved.

Dr. W. S. Neal, who has charge of the Mexican Central Railroad Company's Hospital at Monterey, recently took a professional trip to the United States.

Dr. I. A. McCarty of Corona, who has been county physician of Riverside county for seven years, has resigned, his resignation to take effect January 1st.

Dr. G. Bertrand Smith, late of the Presbyterian Hospital, Chicago, has been appointed assistant physician at the Earnest Dr. McBride's sanatorium in Pasadena.

Dr. James Smith Gardner of Anaheim died on November 9th in Los Angeles, aged sixty-five years. He was buried at Anaheim under the auspices of the Masonic Lodge there.

Dr. Clifford H. Wood, Medical College of the University of Southern California, class of 1905, has been appointed resident physician at the S. P. Hospital, Sacramento.

Dr. O. C. McNary, formerly surgeon of the National Soldiers' Home at Fort Leavenworth, Kan., succeeds Dr. H. E. Hasse as surgeon of the Soldiers' Home at Santa Monica, Cal.

Dr. Milbank Johnson has taken apartments for the winter at the Hotel del Coronado, San Diego. During the winter the doctor's residence will be remodeled and greatly enlarged.

Since the above was in type this hotel was burned and Doctor Johnson and his family barely escaped with their lives.

Dr. C. E. Sampson of Winslow, Ariz., was recently operated for appendicitis by Dr. P. G. Cornish of Albuquerque, N. M. Dr. H. L. Chilson of Winslow assisted in the operation.

Dr. Abram Hugh Moss, aged 62 years, died in San Bernardino on October 11th. Dr. Moss was a member of the State Medical Association of Louisiana and of the American Medical Association.

Dr. L. A. Perce has been appointed chief surgeon and physician in charge of the medical, surgical and oculist departments of the Long Beach Home Telephone and Telegraph Company.

Dr. Sarah Howe Morris, who graduated from the New England Female Medical College, Boston, Mass., in 1869, has opened an establishment for dipsomaniacs at Santa Monica, Cal.

Mr. O. S. A. Sprague has given thirty thousand dollars to the Pasadena Hospital for the erection of a memorial wing of that institution. The building to be in memory of his deceased wife.

Dr. C. C. Valle has been reappointed county health officer of San Diego county. The doctor has also received payment of the back salary of $400 for which he had to sue the county auditor.

Drs. J. M. Crenshaw and J. A. Shreck of Redlands have begun suit against the Sunset Telephone and Telegraph Company for $1000 for surgical services for an employe of said company.

Suburban Life announces a series of articles entitled "Profits in Geese." These articles were probably written by the manager of one of the rubber com-

panies that have been so widely exploited.

The physicians of Santa Maria, Cal., formed a medical society recently with the following officers: Dr. Crees, temporary chairman; Dr. W. T. Lucas, chairman for the term, and Dr. Coblentz, secretary.

Dr. Charles Lee King has returned from an extended visit to New York City. On his return trip he stopped at Oberlin, O., where he was the guest of his brother who is the president of Oberlin College.

Dr. L. D. Holland, formerly coroner of Los Angeles county, was recently fined $30 for striking Mrs. Eliza Flick, his landlady who was thoughtless enough to present him her bill for the rent of his offices.

The announcement has been made of the approaching marriage of Dr. Clarence Moore, one of the prominent young physicians of Los Angeles, to Miss Helen Rowland, daughter of Mr. and Mrs. M. R. Rowland.

Dr. Francis Crossman who formerly practiced medicine in Albuquerque, N. M., died in Los Angeles on November 23rd. He was a native of New York City, and was 48 years old. His wife and one son survive.

Dr. H. H. Stone, who is the moving spirit in the semi-charitable institution known as "Camp Manzanito" in the suburbs of Phoenix, Ariz., has received from Mrs. B. B. Beecher a gift of money to erect a building to accommodate ten patients.

A recent meeting of the Redlands Medical Society was held at the residence of Dr. D. C. Strong, the county physician of San Bernardino county. The paper of the evening was read by Dr. S. Y. Wynne. The subject was "The Doctor."

Dr. F. M. Pottenger, on his return from his attendance on the International Congress of Tuberculosis in Paris, announces that if tuberculosis decreases in Prussia at the same rate that it has in the past twenty years the malady will be extinct in 1927.

Dr. J. F. Spencer and Miss Inez Jones, both of Gardena, Los Angeles county, Cal., were married at the residence of the bride, October 12th. Dr. Spencer is a prominent young physician and is Worshipful Master of the Masonic Lodge of Gardena.

The Medical College of the University of Pennsylvania requires all applicants who are graduates of other medical colleges to pass examinations in therapeutics, gross pathology, microscopic pathology and obstetrics before admitting them to the senior course.

At 12 o'clock noon on Novemebr 15th Dr. Walter Gibbons of San Francisco and Miss Hazel Noonon of Los Angeles were married in Christ Episcopal Church. Dr. Henry Gibbons, father of the groom, came down from San Francisco and attended the wedding.

Dr. David Crise, health officer of Escondido City and Valley, has recently made a very valuable report giving the mortuary record for the past four years. This record shows that the death rate of this section is about 8 per cent. Escondido is a beautiful, healthy city.

On the evening of October 14th the doctors of El Paso county, Texas, had a most enjoyable banquet at the St. Regis Hotel of that city. The committee on arrangements consisted of Drs. John Coffin, H. E. Stevenson, Hugh Crouse, Hugh P. Brown and F. P. Miller.

The *Pasadena Daily News* asks the question, "Did Esculapius have red hair?" This was called up by a dinner given at the residence of Dr. Stanley P. Black, at which the other two physicians present were Drs. W. W. Beckett and F. W. Miller, accompanied by their wives.

Mr. W. B. Saunders, the head of the well-known medical publishing firm of

Philadelphia died suddenly at Atlantic City October 1st. While he had been ill for some time, yet death finally came with a shock to his friends. He had incorporated his business and the work will go on just the same.

Dr. A. S. Zimmerman, a graduate of the College of Medicine of the University of Southern California, 1905, was married on November 29th in Los Angeles to Miss Virginia C. Bradley. After a wedding breakfast, the doctor and his bride left for Santa Inez, Cal., where the doctor is practicing.

Dr. A. H. Morrison, chief surgeon of the Santa Fe Railway, has been contesting a very exasperating suit for malpractice. After being out for nearly seven hours, the jury failed to agree and were discharged. Every Los Angeles physician knows that Dr. Morrison is an able and conscientious surgeon.

Dr. Alexander Kincaid, who was a surgeon in the Union Army during the Civil War, died on November 25th at his mining claim on the Piru river, Ventura county. He came to Ventura county many years ago, but has been living his life of a recluse. His little mining claim provided him with a sustenance.

The Long Beach Medical Society held its second meeting at the residence of Dr. W. Harriman Jones. Dr. H. O. Bates read a paper entitled "Ideals and Practices of the Medical Profession." The next meeting will be held at the office of Dr. Bates, and a paper will be presented by Dr. George C. Brown.

Dr. J. N. McCormack of Bowling Green, Ky.; Philip Miles Jones of San Francisco, and Joseph M. King, president of the Los Angeles Medical Society were the accoucheurs at the birth of a medical society at Long Beach, Cal. The following are the officers: President, Dr. H. O. Bates; secretary, Dr. J. M. Holden.

Dr. Charles Wood Fassett of St. Joseph, Mo., has in charge the arrangement of the securing of berths on the steamer and hotel accommodations at Lisbon, Portugal, for the International Medical Congress. The party will sail on April 7th from New York and return on May 9th. The total expenses of the trip will be $300.

Dr. Edward Janss of Chicago has been visiting his parents in Los Angeles. During the last year Dr. Janss has made a tour around the world, stopping at Vienna for five months' special work in the clinics. Dr. Janss will return to Chicago to act as assistant professor of surgery in the medical department of the Northwestern University.

The amalgamation of the *Central States Medical Magazine,* with Dr. S. E. Earp as editor, and the *Medical and Surgical Monitor* of Indianapolis, with Dr. S. P. Scherer as editor, took place in November. The title of the journal will now be the *Central States Medical Monitor,* with Dr. Earp as editor and Dr. Scherer as associate.

They have been having lively times in San Bernardino over the superintendency of the County Hospital. Dr. J. H. Meyer resigned; Dr. T. D. Kellogg was appointed his successor and held the position for forty-eight hours when he was removed, and Dr. D. C. Strong of Redlands was appointed to hold the position. The salary is $160 per month.

Tucson is about building a hospital for contagious diseases. It will be one story with three rooms and a kitchen. The outer walls will be constructed of stone, and the inner ones of brick. It will have all conveniences for taking care of smallpox victims. The windows will be barred, which, it says, will prevent the smallpox patients from breaking out.

Dr. J. A. Trueworthy, president of the Board of Trustees of the City Library, has returned from New York

City, having to a great extent recovered from the effects of the street car accident of last September. Dr. Trueworthy brings the welcome news that Mr. Carnegie is considering the proposition of giving the city of Los Angeles $300,000 for a library building.

Dr. Charles E. Winslow, a graduate of Rush Medical College (1882) who has for several years been the able medical superintendent of the Bartlett Springs, is now in charge of the Relief Hot Springs at San Jacinto. It is a great satisfaction to the profession of Southern California to know that such an able man as Dr. Winslow has charge of this important resort.

On October 24th Dr. Charles W. Bonynge, assistant police surgeon of Los Angeles, was married to Miss Juliet Phelps at the Christ Episcopal Church by the rector, Rev. Baker P. Lee. The groom is the son of Mr. Walter B. Bonynge, president of the Commercial National Bank, and the bride is a daughter of John W. Phelps, vice-president of the American National Bank.

Dr. Norman Bridge says "the biggest man in Chicago today is President Harper of the University of Chicago. Though for several months past although he has been bedfast he has sent an influence out from his bedside that has permeated the hearts of all true Americans. He is remembered by all who knew him in this time of his illness, and everything possible that can be done for a sick man is being done for President Harper."

A special from Redlands to the San Bernardino *Sun* says that at a meet- of the San Bernardino County Medical Society recently the younger element in the society resident in Redlands made an attempt to change the by-laws to read that "Redlands should hereafter be the permanent headquarters of the society instead of San Bernardino," as at present. The motion was voted down four to one by the older heads in Redlands, assisted by the San Bernardino members who were present.

At the meeting of the Los Angeles County Medical Association Tuesday evening, October 24, 1905, the association was addressed by Dr. J. N. McCormack, representing the American Medical Association. On the following day Dr. McCormack, accompanied by Dr. Philip Mills Jones, secretary of the State Medical Society, and Dr. J. M. King, president of the Los Angeles County Medical Association, went to Long Beach and organized the Long Beach branch of the Los Angeles County Medical Association.

Pasadena is very much disturbed over a woman physician, Dr. Jackson, who being tuberculous, is living in a tent within the city limits. Three other people suffering from tuberculosis, are also living in tents on the same lot. The neighbors thought that Dr. Jackson was establishing a tent sanitarium, and protested. The doctor then attempted to move to another suburban section of the city, when that neighborhood protested. Now the Municipal Council is being petitioned to adopt an ordinance prohibiting tents within the city limits.

The Los Angeles County Medical Association held its first regular meeting after the summer vacation in the Blanchard Building, Friday evening, October 6th. A paper entitled "Displacement of the Heart in Phthisis" was read by Dr. Henry Herbert, and another paper entitled "The Relation of Our County Medical Association to the Public Health of Los Angeles" was read by Dr. George H. Kress. The first paper was discussed by Drs. Colliver and Herbert, the second paper by Drs. Powers, Witherbee, Follansbee, King and Kress.

Dr. George Brown who for many years was considered one of the most

popular and well-beloved physicians in the city of Denver, was adjudged insane on November 28th by a council of physicians before the Los Angeles court. Dr. Brown himself testified that his mental disorder was due to the consumption of cocaine and morphine. He said that he was in the habit of taking from 8 to 12 grains of cocaine, and from 4 to 8 grains of morphine daily. His wife testified to the same, and stated that she was in constant fear that her husband would kill himself and perhaps some of the children.

"One inch of joy surmounts ells of grief a span,
Becomes to laughers proper to the man."
—*Rabelais.*

Rabelais matriculated in the faculty of Medicine at Montpellier on September 17, 1530. He took his baccalaureate degree December 1st of that year, and lectured in 1531 at Montpellier on the "Aphorisms of Hippocrates and Galen's Art of Medicine." In November, 1531, he was appointed physician at the Hotel Dieu of Lyons, but he did not take his doctor's degree till 1537. In 1547 Rabelais was a practicing physician in Metz.

Mr. Otto Benz of Los Angeles sends to the College of Medicine of the University of Southern California an excellent list of literature on surgery, psychiatry, biology and physiology. Mr. Benz says: "I wish heartily that the College of Medicine of the University of Southern California had about one hundred thousand books on medical science. You also should have a large building for physiology and biology. In my native town, Zuric, Switzerland, which has 150,000 inhabitants, they have room for 1500 patients in the city hospital, open to all nations. The students there have newspapers in forty languages in their reading room in the University, paid for by the City Council."

Dr. Thomas Milton Todd died at his home in Auburn September 15, 1905. He was attended in his last illness by his brother, Dr. J. Hamilton Todd. Dr. Todd had the degree of A.M. from the Washington and Jefferson College, Washington, Pa., and the degree of M.D. from the Miami Medical College, Cincinnati, O. He had been physician to the County Hospital of Placer county, Cal., for over thirty years.

Cervantes, the illustrious author of Don Quixote, was the son of a physician and always showed profound veneration for the disciples of Hippocrates, "heightened," says the *New York Medical Journal,* "by personal gratitude for the care with which his three wounds received in battle were treated." Some modern Spanish writers class the insanity of Don Quixote as "erotic monomania," while others term it "chronic paranoia of the expansive type, megalomania of the philanthropic variety."

Dr. C. W. Foster who graduated from the College of Medicine of the University of Southern California in the class of 1903, and who since then has been in charge of the Methodist Episcopal Hospital in Guanajuato, Mexico, has resigned his position, and will now go to Bolivia, where he will be a medical missionary for the Peniel Mission of Los Angeles. He says the hospital at Guanajuato was made by reconstructing an old reduction works, which is built partly of adobe and partly of stone. It has thirty-five rooms, is the only hospital in the city aside from the unsatisfactory public hospital, and is usually full to the limit. The ground upon which it stands is owned by the Methodist Church, and its support comes in part from the mission funds of the United States and partly from the local society of the Good Samaritan, of which the American Consul is president. It is in charge of Dr. Salman, who is well known in Methodist circles.

Dr. John F. Failing, once a prominent physician of Grand Rapids, Mich., died of pulmonary consumption in Los Angeles. Inch by inch he had fought the dread disease for more than a decade, and inch by inch he lost. But his courage never wavered. A few weeks before his death, he carefully and skillfully set in order all his earthly affairs, even calling in an undertaker and arranging for his funeral and burial down to the smallest detail, so that none of that sad burden should fall on his fatihful wife. Dr. Failing was born in Wayne county, New York, October 24th, 1841, and enlisted in the Federal Army in August of 1862, and was appointed Hospital Steward, having already studied medicine for some months. He served as hospital steward until the close of the war, and with Grant, witnessed the surrender of Lee. In 1865-6 he attended the College of Medicine of the University of Michigan, and in 1868 graduated from the Buffalo University.

Dr. Francis L. Anton and family are in Los Angeles on a visit from Alaska. Dr. Anton is a graduate of the College of Medicine of the University of Southern California, class of '99. Mrs. Anton was Miss Neil, well known as the first superintendent of nurses of the California Hospital. They went to Nome in 1900. In 1902 they removed to Council, eighty miles northeast of Nome. This is the town of the Ophir mining district, and is at the mouth of Ophir Creek. In winter it is a city of 1500 inhabitants; in summer it has 3000 inhabitants. Nome is the port of entry and has in winter a population of 3500 and in summer a population of 8000. Dr. Anton has become one of the prominent citizens of that section of the United States, and besides having an extensive practice he owns the best hospital in Alaska, and also owns an excellent drug store. Dr. and Mrs. Anton have with them their two children, a boy six months old and a little girl four years old. They expect to stay in Los Angeles during the winter and return to Alaska in the spring.

The Southern California Homeopathic Association held its annual meeting in Los Angeles, beginning October 12th. Among those who delivered addresses were Dr. F. B. Kellogg, Los Angeles; Dr. Harlan T. Kerr, Los Angeles, Dr. F. J. Newberry, Los Angeles; Dr. Willella Howe-Waffle, Santa Ana; Dr. C. L. Rich, Fullerton; Dr. J. H. Kirkpatrick, Los Angeles; Dr. C. B. Dickson, Los Angeles; Dr. W. H. Stiles, San Bernardino; Dr. T. C. Low, Los Angeles, and Dr. E. C. Buell, Los Angeles. The election of officers resulted as follows: Dr. W. E. Waddell, president; Dr. John S. Hunt, Santa Monica, first vice-president; Dr. Willella W. Waffle, Santa Ana, second vice-president; Dr. F. S. Barnard, secretary and treasurer. Other appointments made were: Dr. C. B. Dickson, Dr. W. J. Hawkes, Dr. E. C. Manning, Dr. S. S. Salisbury, Dr. H. M. Bishop, censors. Dr. W. H. Stiles, Dr. Eliza Beach, Dr. H. L. Stambach, Dr. R. A. Campbell, Dr. C. L. Rich, directors. Dr. C. B. Dickinson, Dr. S. S. Salisbury and Dr. W. J. Hawkes, legislative committee; and the reception committee, Dr. R. A. Campbell, Dr. T. C. Low and Dr. W. V. Van Norman.

The Los Angeles *Herald* of December 3rd says: "Dr. Walter Jarvis Barlow has let the contract for the stone, brick, iron and glass work of the medical library building, which he is presenting to the medical profession of Southern California. The contract price is $21,500, which, together with the lot and other expenses, will bring the total cost up to at least $30,000. The style of the front is to be something like that of the Union Bank of Savings on Spring street, while a large glass and iron dome surmounts the whole structure. The building is located on Buena Vista street just opposite the College of Medicine of the University of Southern Cali-

Cures. The library is to be under the control of the faculty of the college of medicine of the University of Southern California, for there is a stipulation in which the college gladly joins that the whole profession shall have free access. The college already has several thousand volumes in its library, and a large [illegible] number of books have been promised by friends in the East and in the Pacific Coast. R. D. Farquhar is the key building in Architect."

Dr. Kate Winslow of Los Angeles has been elected member correspondent [illegible] of the *Société de la Médecine de Paris et de Chirurgie Pratiques* [illegible]. This gives her most excellent [illegible] in Paris and unusually [illegible] opportunities for pursuing her [illegible]. Since leaving New York Dr. [illegible] has made her headquarters in Paris. She says: "The clinics are [illegible] and the facilities for study [illegible] provided. One speaks French. No [illegible] is made for teaching in any other language, the professors preferring to reach at their best in their own language. Fortunately, as I had lived in Paris once before thirteen years ago, I was able to speak the language and lost no time. The French people are scientific, liberal and courteous to the foreigners attending the clinics. There are great numbers of medical men from Greece and South America studying here always. By obtaining a Carte d' Immatriculation Universite 'de Paris—Faculte 'de Medicine, one can visit the hospital at any and all times. Special course were held throughout the entire summer, of which strangers took the fullest advantage. Notices or affiches, as they call them, of all cours are printed and placed on the walls of the hospitals and also at the Universite 'de Paris, Faculte 'de Medicine, Rue Pitiede de Medicine. The secretary there will explain details to strangers, and state the amount of money required for the cours. I made a stage of three months at Clinique Baudelocque, Clinique d' Accouchements et de Gynecologie, Service Potoski, Service Pirard et Sauvage. Am stagiaire at the Clinique Tarnier at present, Service Budin. Mother and I shall leave for Egypt the twenty-first of November. Then India, Ceylon, Manila, Hong Kong, Shanghai and Paoting-fu. Shall remain with Dr. Maud Mackey until May. Expect to reach Paoting-fu some time in February. Kindly send the Southern California Practitioner there until May. Shall return to Los Angeles, after visiting Japan and Hawaii. We shall probably reach Los Angeles about July or August."

The banquet of the Southern California Medical Society was held at the Angelus Hotel, Los Angeles, Thursday, 8 p.m., December 7, 1905. Committee of arrangements: J. A. Colliver, M.D.; F. C. Shurtleff, M.D.; W. S. Philp, M.D. Dr. David B. Van Slyke, president of evening; Dr. Walter Lindley, toastmaster; Dr. Hoel Tyler, the president-elect, "The Great Unknown;" Dr. W. LeMoyne Wills, "At Home and Abroad;" Dr. Andrew Stewart Lobingier, "Southern California—Socially and Educationally;" Dr. James P. Booth, "Night Dreams of a Country Doctor;" Dr. Woods Hutchinson, "Hot Springs and Hot Air."

The third regular meeting of the Medical Symposium Society was held Tuesday evening, December 12, 1905, at 8 o'clock, in the offices of Dr. Ferbert, 222 Bradbury building. The program was a symposium on "The Stomach," as follows: 1. "Methods of Diagnosis," Dr. Rea Smith; 2. "Therapeutic Value of Drugs and the Digestive Ferments," Dr. Ross Moore; 3. "Surgery of the Stomach," Dr. John C. Ferbert.

The discussion following the reading of Dr. Booth's paper on "Patents and Proprietaries," which appears in this number of this journal, was very spirited. Drs. MacGowan and Shurtleff defended proprietaries. The latter said:

"There isn't a member of this society that doesn't use proprietaries. Do you suppose I would give my child a bitter dose of cascara when I can get an elegant, efficient preparation put up by Parke, Davis & Co., or Wyeth? Do you suppose I would give a patient a bitter dose of strychnia and hypophosphites compounded by a local druggist when I can give them that standard preparation of Fellows'?" In closing the discussion Dr. Booth said: "I did not say that I never used proprietaries. We have all sinned. The good Book says: 'Let him that is without sin cast the first stone.' You haven't seen me rushing frantically toward any rock pile!!"

Dr. J. W. Coyner has located at Hollywood, Los Angeles county.

Dr. C. E. Rhone, recently of Douglas, Ariz., has located in Los Angeles.

Dr. C. A. Shepard, formerly of Idyllwild, is now located at Needles.

Dr. Charles H. King has returned to Covina, Cal., and resumed practice.

Dr. H. M. Robinson of Arlington has been elected county physician of Riverside county.

Dr. John J. Bleeker of Pasadena has just returned from a three months' trip in the east.

Dr. R. F. Stovall has located in Silver City, N. M., and become associated with Dr. J. M. Moir.

Dr. W. Harriman Jones has been elected health officer of Long Beach at a salary of $50 per month.

We have received from Geo. L. Eaton, M.D., San Francisco, his monograph upon "Nephro-Phonotoscope and Ureto-Renal Calculi."

Dr. F. B. Hart of Raton, N. M., has been in Albuquerque attending a meeting of the Territorial Board of Health of which he is a member.

Dr. Wm. N. Cline, an elderly retired physician, died on the evening of November 30th, at Rialto, where he had resided for the last twelve years.

Dr. Chas. Duncan Cram, a graduate of the Kentucky School of Meicine, Louisville, and of the Ohio Medical College, Cincinnati, has located in Hemet, Cal.

Dr. D. C. Strong of Redlands, the newly-elected superintendent of the San Bernardino County Hospital, has taken charge, and one of his first steps will be to organize a training school for nurses.

We have received the following reprints by W. E. Casselberry, M.D., Chicago: "The Conservative Treatment of Chronic Suppuration of the Frontal Sinus;" "Tonsillectomy by Forceps and Snare."

Messrs. Lea Bros. & Co. are publishing a completely new work on "Food in Health and Disease," by Robert F. Williams, A.M., M.D., Professor of Principles and Practice of Medicine in the Medical College of Virginia, Richmond. It will be adapted to the use of practitioners and students of medicine, nurses and the laity.

Messrs. P. Blackstone's Son & Co. and also Lea Brothers & Co., have each issued practical and useful visiting lists for 1906. Lea Brothers have changed the name of theirs from *The Medical News' Visiting List* to *The Practitioner's Visiting List.* Full description will be sent by writing to Blackstone's Son & Co., Philadelphia, or Lea Bros. & Co., Philadelphia, or either of the lists can be secured from Fowler Brothers, 221 W. Second St., Los Angeles.

Dr. Stanley P. Black, professor of Pathology in the College of the University of Southern California, entertained Dr. Findley, author, and surgeon of the Medical College of the Northwestern University, Chicago, at dinner in Pasadena on Saturday, December 2nd. The following were the guests invited to meet Dr. Findley: Dr. G. L.

Cole, Los Angeles; Dr. A. S. Lobingier, of Los Angeles; Dr. W. H. Roberts, Dr. Norman Bridge, Dr. Henry Sherk, Dr. F. C. M. Matteson, Dr. C. D. Lockwood, Dr. J. H. McBride, Dr. E. B. Hong, Dr. Charles Lee King. While in Southern California Dr. Findley was the home guest of Dr. J. H. McBride.

The Thirty-fifth Regular Semi-Annual Meeting of the Southern California Medical Society was held in Los Angeles Wednesday and Thursday, December 6th, 7th, 1905. Officers: V. D. Bullard, M.D., Los Angeles, President; Hoell Tyler, M.D., Redlands, First Vice President; George E. Abbott, M.D., Pasadena, Second Vice President; Joseph M. King, M.D., Los Angeles, Secretary and Treasurer. The program was as follows: Obstetrics—Frank J. Coffey, M.D., Los Angeles, chairman. "Importance of Accurate Knowledge Concerning the Bony Birth Canal Preceding Labor." Discussion opened by John C. Ferbert, M.D. Gynecology—William A. Edwards, M.D., Los Angeles, chairman. "Malignant Disease of the Ovary in Childhood." Discussion opened by M. L. Moore, M.D. "Enteroptosis in Women," L. G. Vischer, M.D., Los Angeles. "Displacement of the Uterus and its Treatments," J. DeBarth Shorb, M.D., Los Angeles. Discussion by Geo. W. Lasher, M.D., W. W. Beckett, M.D., Rose T. Bullard, M.D.

Wednesday evening, 8 p.m.—Hygiene—James P. Booth, M.D., Los Angeles, chairman. "Quacks, Quackery, Patents, and Proprietaries from a Hygienic View Point." Medicine—Dudley Fulton, M.D., Los Angeles, chairman. "Symposium on Nephritis." "Etiology and Pathology," Dudley Fulton, M.D., Los Angeles. "Symptomatology and Diagnosis," August Lemke, M.D., Pasadena. "Treatment," Reinhard Werzogk, M.D., Los Angeles. "Eclampsia," Claire W. Murphy, M.D., Los Angeles. Nervous and Mental Diseases—James T. Fisher M.D., Los Angeles, chairman. "The Educational Treatment of Neurasthenics."

Thursday, December 7th, 9:30 a.m.—Pediatrics—F. O. Yost, M.D., Los Angeles, chairman. "Infant Feeding. Pathology—Stanley P. Black, M.D., Pasadena, chairman. Exhibition of Specimens. Opththamology, Laryngology, Rhinology, Othology—H. Bert Ellis, M.D., Los Angeles, chairman. "Trachoma, Etiology and Diagnosis," H. Bert Ellis, M.D. "Complications, Sequels and Treatment," T. J. McCoy, M.D. Demonstrations of Anatomical Specimens, E. W. Flemming, M.D., Los Angeles. "The Removal of the Tonsil," Wm. H. Roberts, M.D., Pasadena. Election of officers.

Thursday, December 7th, 1 p.m.—Surgery—Frank W. Davis, M.D., chairman. "Gastric Ulcer, Etiology, Symptomatology and Diagnosis." "Torticollis," W. W. Richardson, M.D., Los Angeles. "Finsen Rays," A. A. Soiland, M.D., Los Angeles. Skin and Genito-Urinary Section—R. V. Day, M.D., Los Angeles, chairman. "The Measures and Precautions Necessary to Obtain Success in those Cases of Urethral Stricture Requiring Cutting Operations," Granville MacGowan, M.D., Los Angeles. Discussion opened by C. W. Murphy, M.D. "Extra Genital Chancre." Ralph Williams, M.D., Los Angeles. Discussion opened by N. J. Brown, M.D., Los Angeles. "European Experiences with X-Rays and Radium in the Treatment of Skin Diseases," by Anstruther Davidson, M.D., Los Angeles. Discussion opened by M. R. Toland, M.D., Los Angeles. The meeting was a success, both papers and discussions being of superior merit.

TOOTH POWDER.

Prep. Chalk	3 ozs.
Po. Gum. Camphor	20 grains.
Po. Myrrh	20 grains.
Po. Orris Root	1 oz.
Menthol	5 grains.
Oil Peppermint	10 drops.

BOOK REVIEWS.

SIMON'S MANUAL OF CHEMISTRY.—A Guide to Lectures and Laboratory Work for Beginners in Chemistry. A Text-book especially adapted for Students of Medicine, Pharmacy and Dentistry. By William Simon, Ph.D., M.D., Professor of Chemistry in the College of Physicians and Surgeons of Baltimore, and in the Baltimore College of Dental Surgery, etc. New (8th) Edition, thoroughly revised to conform with the eighth decennial revision of the U. S. Pharmacopoeia. In one octavo volume of 643 pages, with 66 engravings, 8 colored plates representing 64 important chemical reactions, and one colored spectra plate. Cloth, $3 net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1905.

Perhaps no work on chemistry has ever been received with so great favor as a general guide to students of medicine, as "Simon's Manual." It now presents itself in its eighth edition, which is certainly a tribute to its worth.

The author seems to have been extremely happy in knowing just what was needed in such a work. He takes the beginner and introduces him to the principles of chemistry in such a manner that he cannot fail to comprehend, and at the same time discusses those problems which are more advanced and of interest to those who already know something of the subject. The chemical side of modern bacteriological research has received consideration so that the student may understand these problems in their broader relations.

It is a work thoroughly up to date, and one that commends itself to the student who wishes to grasp the relationship between chemistry and medicine, and to the practicing physician who needs a reliable work of reference.

The changes and additions of the new Pharmacopœia have been incorporated in this edition, which adds to its value.

CLASSIC TALES BY FAMOUS AUTHORS. Containing complete selections from the world's best authors with prefatory, biographical and synoptical notes. Edited and arranged by Frederick B. De Berard, with a general introduction by Rossiter Johnson, LL.D. Nineteen volumes. 1905. Published by the Bodleian Society, New York.

We can say unreservedly to our fellows of the medical profession that no other collection of literature compares with this. Put this on your library table and read from it a half-hour daily and you will refresh your mind from the greatest intellectual fountains.

A MANUAL OF CLINICAL CHEMISTRY, MICROSCOPY AND BACTERIOLOGY by Dr. M. Klopstock and Dr. A. Kowarsky of Berlin, translated by Thew Wright, M.D. London: Rebman, Limited, 129 Shaftesbury avenue, W. C. New York: Rebman Company, 1123 Broadway. 1905.

The scope of this admirable little book is well set forth by the preface to the German edition, which reads as follows: "This book owes its existence to the desire of the authors to place a concise manual in the hands of those taking part in the course in clinical chemistry, microscopy, and bacteriology held in their "Institute fur Medizinische Diagnostik," in Berlin. It is in no wise intended to replace larger and more elaborate text-books, but aims to present in concise form the essential features of the subjects treated. As the book is intended especially for the practitioner, we have assumed that the reader has an elementary chemical and bacteriological education. For the same reason the needs of daily practice have been especially considered in the choice of the methods of examination. Wherever it has been possible the simplest and quickest methods have been chosen. It would be a source of gratification to us if this book should find favor in wider medical circles."

If to this we add the preface to the English edition, which is as follows: 'Having found this book a valuable laboratory guide, it has been a pleasure to comply with the request of the authors and to translate in into English. I hope that the English translations may meet with the same favorable reception which has been accorded to the German edition," we shall see the aims of the authors in going over the book more or less carefully.

It would seem to the reviewer that

the author's desires have been attained, as it surely is a very concise, and at the same time, lucid exposition of the subject. The cuts are especially clear and beautiful, and numerous enough for such a work. The type is good, and on the whole it is one of the desirable books for a working library.

THE PRACTICAL MEDICINE SERIES OF Year Books, comprising ten volumes on the year's progress in medicine and surgery under the general editorial charge of Gustav P. Head, M.D., Professor of Laryngology and Rhinology, Chicago Post Graduate Medical School. Volume I. General Medicine, edited by Frank Billings, M.S., M.D., Head of Medical Department and Dean of the Faculty of Rush Medical College; and J. H. Salisbury, M.D.; Professor of Medicine, Chicago Clinical School. Series 1905. Chicago: The Year Book Publishers, 40 Dearborn street.

The present volume is one of a series of ten issued at monthly intervals, and covering the entire field of medicine and surgery, each volume being complete for the year prior to its publication on the subject of which it treats. The price of this volume is $1; price of the series of ten volumes, $5.50, payable in advance.

The introduction by Dr. Frank Billings shows the scope of the work, which is as follows: "The past year furnishes valuable contributions to the subjects included in this number of the Practical Medicine Series on General Medicine. The value of these contributions is evinced by their corroborative and practical bearing rather than by any new suggestions or discoveries made by the writers. We desire again to call attention to the fact that this volume is intended to place before the reader a review of the literature of general medicine of the past year, in a condensed form, and still full enough to convey the full meaning of the authors. As far as possible, the condensed articles are so arranged as to make the text continuous and smooth, but this cannot be done in all cases and in no event is padding used, for the book is what its name implies—a review of the best literature of medicine of the year."

The first seventy-five pages of the work is given up to the year's advance in tuberculosis. Some thirty pages are also given to pneumonia.

Under diagnosis of the latter, Dr. Herrick calls attention to the not infrequent occurrences of abdominal pain in pleurisy and pneumonia, and cites a number of cases in which the referred pain stimulated very closely that of appendicitis. The importance of finding a mistake of this kind in diagnosis rests largely in the knowledge of such a possibility, and a possibility and a careful examination of the thorax.

The review of the year's work on Diseases of the Heart is especially interesting.

Leukema comes in for considerable notice. Mention is made of Dock's interesting case reported in the *Journal of Medicine* for April.

This volume more than sustains the usual standard of the series.

INTERNATIONAL CLINICS, A QUARTERLY of illustrated clinical lectures and especially prepared original articles on treatment, medicine, surgery, neurology, pediatrics, obstetrics, gynecology, orthopedics, pathology, dermatology, opthalmology, otology, rhinology, laryngology, hygiene, and other topics of interest to students and practitioners by leading members of the medical profession throughout the world. Edited by O. A. J. Kelley, A.M., M.D., Philadelphia, U. S. A., with the collaboration of Wm. Osler, M.D., Baltimore; John H. Musser, M.D., Philadelphia; Jas. Stewart, M.D., Montreal; J. B. Murphy, M.D., Chicago; A. McPhedran, M.D., Toronto; Thos. M. Rotch, M.D., Boston; John G. Clark, M.D., Philadelphia; James J. Walsh, M.D., New York; J. W. Ballantyne, M.D., Edinburgh; John Harold, M.D., London; Edmund Landolt, M.D., Paris; Richord Kretz, M.D., Vienna, with regular correspondents in Montreal, London, Paris, Berlin, Vienna, Leipsic, Brussels and Carlsbal. Price, cloth, $2 net. Vol. II. Fifteenth series, 1905. Philadelphia: J. B. Lippincott Co.

This volume comes to us with articles by such men as Terrier of Paris, Morse of Harvard Medical School, King of Edinburgh, Lydston of Chicago, Palmer of Cincinnati, Hemmeter of Baltimore, Solomon Solis Cohen, and Benedict of Buffalo.

On page 26, King of Edinburgh has an article "On Some Observations on the Treatment of Pulmonary Hemorrhage by Adrenaline Chloride." He concludes by saying, "I may say that everything

leads me to believe that adrenalin chloride is contraindicated in the treatment of pulmonary hemorrhage."

Another interesting article is by Edes of Boston on "Suggestion Regarding the Treatment of Neurasthenia. Toward the end of his article he makes this statement: "It has often been wisely remarked that no worse advice can be given to a neurathenic than to tell him to 'work it off' by extreme bodily exercises; such exercise under pressure and as a possible distasteful duty is a mental strain, and a nervous depressant, which is likely to lead to a worse than to a better relation between the income and the outcome. In many institutions it is by no means difficult to find plenty of patients who have tried just that experiment before giving themselves up to a more rational treatment."

A very good article is by Williamson of Edinburgh "On the Plague."

On page 166 is an article on "Hernias of Children," by Corner, surgeon to the out-patients in St. Thomas Hospital, London. He makes this statement, which seems very sensible to the reviewer: "For the treatment of hernias of children or infants, I would suggest the following: treat with dieting, rest in bed if necessary, a light truss, Gray powder or the like, all hernias up to the age of four or five years. The exceptions to this being (a) large and uncontrollable hernias, (b) irreducible and incarcerated hernias, (c) strangulated hernias."

HARRINGTON'S PRACTICAL HYGIENE. A Treatise on Hygiene and Sanitation. For Students, Practitioners, Health Officers, etc, etc. By Charles Harrington, M.D., Assistant Professor of Hygiene in Harvard University Medical School, Boston. New (3rd) edition, thoroughly revised. In one octavo volume of 793 pages, with 118 engravings and 12 plates. Cloth, $4.25. net Lea Brothers & Co., Publishers, Philadelphia and New York, 1905.

No department in the realm of medicine approaches in importance Hygiene and Sanitation—the science and art of conserving the health, energy, wealth and welfare of the individual and of the community. An authoritative book, covering the entire subject clearly and comprehensively, is therefore an essential to the full execution of professional responsibilities. Dr. Harrington's work was accepted as the authority upon the appearance of its first edition. He treats his subject broadly and with careful attention to details, his purpose being to furnish a clear, complete, well illustrated volume equally adapted to the needs of the student, practitioner and health officer. The success of the work is well shown in the demand which has exhausted two large editions in less than four years. As the succeeding editions are called for, the author by careful revision, elision of obsolete matter and addition of new, keeps his work well abreast of the advances in a subject by no means stagnant. The new section on Infection, Susceptibility and Immunity will prove a valuable and interesting feature of the present edition. Evidences of searching revision will be found throughout the book, the alterations and additions necessitating a considerable increase in both text and illustration although the price remains at its previous very moderate figure.

PROGRESSIVE MEDICINE, VOL. II, JUNE, 1905. A Quarterly Digest of Advances, Discoveries and improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo 246 pages, 18 illustrations. Per annum, in four cloth-bound volumes, $9; in paper binding, $6; carriage paid to any address. Lea Brothers & Co., Publishers, Philadelphia and New York.

The June number of *Progressive Medicine* comprises a series of contributions of unusually wide scope, covering, as it does, certain of the most important branches of medicine, viz., surgery, pathology and the diseases of the eye. The volume will be found replete with data of the greatest interest and importance to the practitioner interested in the most advanced methods of his art, while on the other hand, the theoretical or scientific aspect of each subject is

[illegible] Appendicitis, Gastric Ulcers, Hernia and Alcoholism, Pernicious Anaemia, [illegible] and a score of others which [illegible] within the [illegible] are in the eye of every [illegible] of the degree of intellectual [illegible] and their authoritative discussions [illegible] the highest qualities of [illegible] and experience. The names [illegible] such contributors as Coley and [illegible] of New York, of Clark and [illegible] of Philadelphia, Jackson of Denver, however, are ample guarantee [illegible] every demand of the occasion has been [illegible].

On page 147, an article by John G. Clark, of the University of Pennsylvania, on the subject of "Cancer of the Uterus" is a very interesting one. He [illegible] Orth as saying, 1st. "That we [illegible] have proven that carcinoma is a parasitic origin. 2nd. There is no necessity to assume a parasitic etiology for carcinoma." Orth finds the weakness of the parasitic theory in this: "That in order for a growth to be proven, some of the cancer cells have to be [illegible]." In this article, he [illegible] very interesting discussion on the [illegible] of metastasis. "Relative to the [illegible] of metastasis all observers [illegible] recently agreed that the extent of the [illegible] furnishes no criterion as to the presence of or to the extent of the metastasis." Further on he says, "Certainly as yet no one has satisfactorily explained the peculiarities of metastasis in these cases; why the cancer which has only started upon one lip of the cervix should get a metastasis and another case of the most advanced development should be free from this complication. Another peculiarity of glandular metastasis is that the lymph gland may be greatly enlarged and may be palpated as a well-defined mass, and it may yet necessarily be the seat of carcinoma, while a small adjacent gland found upon microscopic examination to be the lodging place for cancer cells."

THE BLUES (SPLANCHNIC NEURASTHENIA), Causes and Cures, by Albert Abrams, A.M., M.D., (Heidelberg) F. R. M. S. Consulting physician, Denver National Hospital for Consumptives; the Mt. Zion and French Hospital, San Francisco; President of the Emanuel Sisterhood Polyclinic; Formerly Professor of Pathology and Director of the Medical Clinic, Cooper Medical College. Illustrated. Second edition. Price, $1.50. New York: E. B. Treat & Co., 241 W. 23rd St. 1905.

This little book is divided into eight chapters. The author in his preface says, "The object of this volume is to direct reference to the new and heretofore undescribed variety of nervous exhaustion of which I have designated as Splanchnic Neurasthenia. This is a form of nerve weakness, which is characterized by paroxsyms of depression of varying duration, and which are specified popularly as "the Blues."

Chapter eight, dealing with the treatment of splanchnic neurasthenia is perhaps the most practical part of the work. He reports a number of cases in which he seems to have proven satisfactorily that his methods have cured "the blues."

CLINICAL TREATISES AND PATHOLOGY and Therapy of disorders of Metabolism and Nutrition by Prof. Carl. von Noorden. Translated by Florence Buchanan, D.S.C., and I. Walker Hall, M.D. Part VII. Diabetes Mellitas. New York: E. B. Treat & Co. Price, $1.50.

This little work of Prof. von Noorden is of special interest to Americans as it comprises a special course of lectures delivered in the University and Bellevue Medical College, New York.

Progressive practitioners of the English-speaking world will welcome and study this new work of original investigations. There should be no one at the present time who is not familiar with the monographs of Von Noorden as written on the Disorders of Metabolism and Nutrition. Perhaps no one of them is more interesting than the one under consideration.

Concerning the treatment of diabetes he speaks of the "error of slav-

ishly following certain rules in treating this uncanny disease. He says, "Both the representations I have given you of the therapy, and more especially the literature that I have unfolded of the chemical pathology of the disease, must have shown you that, although in recent times we have made considerable advance, yet many large gaps in our knowledge and understanding still yawn before us. A number of great problems remain to be solved. Of these I may especially mention as one of the most important and interesting, the problem concerning the actual production of sugar, and the actual consumption of carbohydrate in slight and severe diabetes."

THERAPEUTICAL HINTS.

The physician cannot be too careful in the selection of the kind of codeia he administers. The manufacturers of "Antikamnia & Codeine Tablets" take every precaution, in fact, they refine and purify every grain of codeia which enters into their tablets. This not only prevents habit and consequent irritation, which follow the use of impure codeia, but it does away with constipation or any other untoward effect.

SPRAINS CURED.—Dr. B. W. Clark, St. Louis, Mo., in citing his good results with Campho-Phenique in Minor Surgery says: "Some time since since, a patient visiting Chicago, sprained her ankle. She had it treated and not getting the relief she expected after three days, she sent for me. I applied the usual Campho-Phenique treatment, and gave her immediate relief. She returned to St. Louis in a few days, and under Campho-Phenique liquid-massage was shortly completely healed."

This is only one of the many cases we have healed by liquid Campho-Phenique. Samples and clinical data will be mailed upon request to the Campho-Phenique Co., St. Louis, Mo.

TUBERCULOSIS IN CHINA.—According to Dr. Sidney R. Hodge (*China Medical Missionary Journal*, January, 1902) tuberculosis is one of the commonest and most fatal of diseases in Hankow and that part of China. The contributory causes are the same as everywhere—overcrowding, bad ventilation, poor living and a hard life. The disease, however, is by no means confined to the poor. The Chinese seem to have an invincible prejudice against fresh, air or "wind," and their unsanitary mode of life evidently tends to spread the infection. The whole Yangtsze valley has a damp subsoil, which Dr. Hodge thinks favors the prevalence of tuberculosis. The climate is hot and damp for nearly half the year, and the drainage is bad. All clinical varieties of the disease are found, and fibroid phthisis is not uncommon. Primary laryngeal tuberculosis is said to be observed in not a few cases—a thing not common in other parts of the world, for this form is generally regarded as rare. Hemoptysis of non-tubercular origin is sometimes seen, and suggests some other form of infection. The Chinese treatment for phthisis pulmonalis may be summed up in one word—opium. Dr. Hodge hopes to see special sanatoria established in China for these cases, and has himself made some start in the open-air treatment of the disease.

THE NEW TONIC APHRODISIAC—"Special Formula No. 33" is conceded to be the most efficient aphrodisiac obtainable. Since its introduction in 1897 we have had no records of failure following its use in curable cases. A glance at the formula will suggest its superiority for the treatment of sexual

[illegible] spermatorrhea, seminal emissions, senile debility, sexual atonicity, atrophy and its evident adaptability in grave neurasthenias, cachexias, spinal sclerosis, locomotor ataxia, etc. "Special Formula No. 33" shows the most remarkable aphrodisiac properties and at the same time, when rationally used under the direction of physicians, is absolutely harmless, which is more than can be said of the majority of the illogical compounds which have been offered to both physicians and laymen by unscientific manufacturers. Many of these archaic products, put out under pseudo-scientific titles, are composed of phosphorus, cantharides and the decidedly ineffective damiana, and excite undesirable irritation and stimulation. In fact, fatty degeneration of the liver and kidneys and very grave inflammation of the genito-urinary organs, have been occasioned by their use. Phospho-Albumen (derived from the testes, spinal cords and brains of bulls) is here presented as a pure, dry extract. Its chemical constituents are, dioleyl-phosphoric acid, lecithin, spermine and nuclein. "Phospho-Albumen" enables you to administer 85 per cent. more phosphorus than you can in any other form, absolutely without danger of toxicity, or any other undesirable by or after effect. It is, alone, by reason of its derivation and chemical nature, the most reliable agent for the treatment of functional impotence, sexual atonicity, seminal emissions, spermatorrhea, etc. The formula is as follows: Phospho-Albumen, grains [illegible]; strychnine sulphate, grain 1-50th; zinc phosphate, grain 1-10th; gold chloride, grain 1-60th, in tablet form only. A fair trial invited. Samples free if you mention this journal. Phospho-Albumen Co., Station M, Chicago, Ill.

SICK ROOM IN WINTER.—In rooms heated by a furnace where there there is sickness, Dr. Leroy M. Yale of New York advises that the hot air should be made to pass over water to which some Platt's Chlorides has been added, and a towel moistened with Platt's Chlorides kept over the register. When heated by a stove or open grate a basin containing Platt's Chlorides mixed with ten parts of water should be placed near the fire, and a towel occasionally moistened in this kept suspended in the room.

SPRAINS CURED.—Dr. B. W. Clark, St. Louis, Mo., in citing his good results with Campho-Phenique in *Minor Surgery* says: "Some time since, a patient visiting Chicago, sprained her ankle. She had it treated and not getting the relief she expected after three days, she sent for me. I applied the usual Campho-Phenique treatment, and gave her immediate relief. She returned to St. Louis in a few days, and under Campho-Phenique liquid-massage was shortly completely healed."

This is only one of the many cases we have healed by liquid Campho-Phenique. Sample and clinical data will be mailed up request to the Campho-Phenique Co., St. Louis, Mo.

A TRUE NERVINE.—To secure a pleasant and reliable sedative and one that stimulates, nourishes and gives complete rest to tired nerves without the harmful reaction of opiates, is the desire of every physician. The following extract from a letter received from Dr. L. M. Plantz of Putney, Vt., explains the value derived from one nervine: "Daniel's Conct. Tinct. Passiflora Incarnata has really done more in my hands than has been claimed for it. One patient who has had epileptic fits for many years—three a week and sometimes three a day—has not had one for eleven weeks, and that too without taking the medicine when feeling 'as if he might be going to have one.' It is perfectly wonderful the quieting, soothing effect it has on the nerves under any and all circumstances and the splendid condition in which it leaves the pa-

tient—simply the result of refreshing sleep."

Daniel's Passiflora may be used with assurance for all nerve disorders, because it possesses a pronounced specific action as a nerve sedative and hypnotic.

We call especial attention to the new ad. of the H. K. Mulford Co.

"The Bloodless Phlebotomist" for October is before us. It is devoted particularly to exploiting the virtues of Antiphlogistine. It is a neat journal and faithfully fulfills its object.

Recent textbooks call attention to the most important of modern physiologic discoveries—cell life and lecithin, the phosphorized extract of animal and egg-cell activity. Phospho-Albumen (syrup di-oleyl-lecithin) contains lecithin in such proportions as to commend it to the thoughtful practitioner, who will readily recognize its great usefulness in rachitis, neurasthenia, lymphatism in the cachexias, anemias and all conditions arising from fatty metabolism and malacia. Physicians who are not familiar with this product, which is the pioneer of the animal extracts, will be cheerfully furnished with samples sufficient for a careful trial. Address the Phospho-Albumen Company, Station M, Chicago, Ill.

USE OLIVE OIL IN TUBERCULOSIS.—Dr. Thomas Bassett Keyes of Chicago, in a paper read at the International Congress of Tuberculosis at St. Louis, 1904, says:

"My results in the cure of tuberculosis by the subcutaneous injection of olive oil of a very high grade, thoroughly sterilized, convinces me that many lives may thus be saved. I use olive oil in preference on account of its being non-irritating and very readily accepted by the system. . . . I hope and trust that physicians will take up this method of cure, and I respectfully request that those doing so will communicate their results to me."

A pure olive oil would thus seem preferable to any cod liver oil, and would prove a boon to physicians and to patients.

"Star of Italy" brand is a high grade unadulterated Italian oil, sold in original packages only, exactly as imported for *medicinal* as well as table use. A pamphlet on the therapeutic value of pure olive oil, with free sample, will be sent on application by Achille Starace, importer, 76 Pearl street, New York City.

Dr. John A. Hale of Alto Pass, Ill., in speaking of the treatment of nasal catarrh says that formerly he relied on weak solutions of potassium permanganate as a nasal douche, but that he has found that glyco-thymoline is far more efficient. Dr. Hale says the therapeutic results from using glyco-thymoline are gratifying, and that the physician can easily verify its merit by a trial.

NEURASTHENIA CORDIS.—In Volume IV of the new edition of William Wood's Reference Handbook of the Medical Sciences, Dr. James K. Crook of New York, author of various essays on "Diseases of the Heart and Lungs and General Medicine," author of the "Mineral Waters of the United States" and on "Neurosis of the Heart," Attending Physician of Heart and Lungs, Bellevue Hospital, 1884-1894, Clinical Assistant Instructor and Adjunct Professor Department Clinical Medicine and Physical Diagnosis, New York, Post-Graduate Medical School, etc., etc., in dwelling on the treatment of "Neurasthenia Cordis: The Weak Heart," says: "Cascara, Rhubarb and Kutnow's Improved Sprudel Salt used alternately are to be preferred for the constipation of these sufferers." In this he fully concurs with one of the most prominent German specialists of heart diseases, Dr. Groedel, at Bad Nauheim, who wrote as follows: "I have prescribed Kutnow's Effervescent Powder where I was desirous of obtain-

[illegible] increased peristaltic action and [illegible] preferable to the mineral waters [illegible] more even and milder [illegible] pleasanter taste."

IN HEPATIC DISORDERS.—Raymond Wallace, M.D., editor *Southern Medicine and Surgery*, Chattanooga, Tenn., states that he frequently prescribes Sulphur Lycoris and that it is the best [illegible] he has ever found.

[illegible] physicians report brilliant results from the medicinal treatment of [illegible] by the liberal employment of [illegible]. The gum is given in six [illegible] every half hour or hour, the excreta at the same time [illegible] and immersions of [illegible] used.

SANMETTO IN ENURESIS.—I [illegible] Sanmetto in a case of enuresis [illegible] years of age on whom [illegible] had already been used. The mother [illegible] great satisfaction. The prescription for Sanmetto [illegible] discontinued once and not all of [illegible] quantity used. Thanks from the mother [illegible] and the doctor [illegible] the preparation as [illegible] Chicago, Ill.

[illegible] flowers that fertilize the [illegible] Jean Ingelow.

CASE OF ARTHRITIS DEFORMANS IN WHICH LARGE DOSES OF ARSENIC WERE TAKEN.

Duncan L. Alexander, Ann Arbor, Mich. (*Journal A. M. A.*, February 25), reports the case of a farmer, aged 24, who was admitted to the medical clinic of the University Hospital, complaining of dull, heavy pain with stiffness and deformity of many joints. The patient's family and previous history was negative; he denied venereal disease. The present disease began six years previously with a dull, heavy pain swelling and grating on movement of the left knee. The same condition manifested itself in the left hip, left elbow and wrist in rapid succession. Four years later the tempro-maxillary joints became involved, and one year later the right hand, elbow, hip, knee and ankle became affected. There was pigmentation of the skin and at times a feeling of uncomfortable warmth of the upper part of the body, followed by perspiration or coldness. The patient was able to limp about with the aid of crutches, and when lying down was unable to raise the lower extremities. The treatment consisted of applications of oil of gaultheria to the joints, small doses of salol and phenacetin internally for the pain, and Fowler's solution in increasing doses. The patient improved under this treatment and was discharged from the hospital, but returned two years later complaining of heavy pain in the joints, twitching of the muscles and general stiffness. While he was taking Fowler's solution the pigmentation of the skin increased, and this was especially noticeable as the dose of Fowler's solution was between 10 and 16 drops three times a day. Dosage above 16 drops caused swelling of the lids, suffusion of the conjunctiva and a tendency to diarrhea. The patient developed a severe neuritis of the internal cural and inguinal nerves, but it is doubtful whether or not this is due to the arsenic, which he took for a period of nearly two years.

CORN CURE.

Ext. Indian Hemp	2 drams.
Ac. Salicylic	1¼ ozs.
Collodion	12 ozs.
Morphine Sulph.	6 grains.

FOOT POWDER.

Sulphur	1 dram.
Boracic Acid	1½ ozs.
Powd. Talcum	3½ ozs.
Salicylic Acid	1 dram.

THE IDYLLWILD SCHOOL OF FORESTRY.

BY HELEN TIKENS JONES.

Studying forestry in a college with books and blackboards and pictures for illustration and studying forestry out of doors in splendidly timbered regions are in decided contrast, and assuredly favor the latter, for texts and pictures of trees, though often from life, are far less satisfying than actual communication with real forest nature.

Perhaps no place in the world is better suited for the permanent location of a forestry school than Idyllwild, which is in the heart of the San Jacinto Mountains in Riverside county, California. Three years ago, under the patronage of Gifford Pinchot, Chief Forester of the Bureau of Forestry, and Benjamin Ide Wheeler, of the University of California, and at the direct instigation of Dr. Walter Lindley of Los Angeles, whose interest in, and devotion to our forests is well known, a Summer School of Forestry—a branch of that of the State University—was established at this beautiful resort.

Idyllwild Cottages, San Jacinto Mountains, Riverside County, California.

Neither time nor money were spared to make this new innovation a success. Prominent men of the state, experts in their various lines of agriculture, floriculture, and forestry, were engaged to lecture during the two months' term, and to pilot the students through woods, meadows and over mountain slopes, demonstrating with living illustrations the practicability and necessity of pro-

tecting and preserving the watersheds, and helping the students to become familiar with the different forms of tree and plant growths, and those most essential and useful for such preservation.

At first the interest of the butterfly and drone-bee tourists in the School of Forestry was decidedly lax. From stuffy offices thronged with financial problems, from homes groaning with domestic difficulties and cares, or from social responsibilities of gigantic proportions, they had escaped, and had come to the woods to rest and play, but not to think. It seemed that the management was a bit impertinent to ask them to consider anything more serious than the toasting of marshmallows over a camp-fire, the reading of "The Thrilling Diamond Robbery" by an unknown author, spending the day peacefully snoozing in a hammock, or in exchanging choice bits of gossip for the wind delicious lapses with intelligent friends descend when they have the privilege to enjoy a period of idyllic meditation. There was a tumble from lofty heights, and a rollicsome tumbling on the soft, good-natured pillow of laziness.

Gradually, however, the entertaining reports of the Forestry School proceedings reached the ears of the lethargic rusticators, they rubbed their eyes and their wits and finally became enthusiastic attendants at all sessions. This year much interest has been manifested in the lectures, which are given in the large hall of the new bungalow. These lectures are illustrated with electric stereopticon, and colored slides pictorially descriptive of timbered, untimbered, fire-swept, and over-grazed areas. They have to do with scientific, practical and picturesque phases of Cali-

Idyllwild Bungalow, San Jacinto Mountains, Riverside County, California.

[illegible] botany and agriculture, on the three mountains are practically [illegible] as the good of the [illegible] concerned.

During last year [illegible] Prof. A. [illegible] of the College of Agriculture of the University of California, [illegible] work in establishing experimental horticultural [illegible] throughout the state, lectured on the economic value of acacias, eucalyptus, and other kinds of Australian and New Zealand trees and shrubs, especially those species that seem most suitable for California conditions. Mr. T. P. Erikens of Pasadena, an agent of the Forest Service, who has devoted the past ten years to reforesting mountain slopes that have been denuded by fire, lectured on "Forest Protection," "Reforestation," "Forests of the Pacific Coast," and "Water Conservation." His talks were illustrated by over two hundred colored slides, from his own photographs, taken while making investigations of forest conditions. Mr. Avery T. Searle, a forest assistant in the Forest Service, United States Department of Agriculture, spoke of "Forest Botany," "Silviculture," "Forest Measurements," and "Forest Laws," while Miss Belle Sumner Angier of Los Angeles gave one talk on the flora of the San Jacinto Mountains.

Camping in Idyllwild, San Jacinto Mountains, Riverside County, California.

That not only local, but national interest in forestry should be created, is of greatest importance, and this is what the Idyllwild School of Forestry is trying to accomplish—to make people more reverent, and more careful, so that forest fires may be prevented and injurious grazing controlled.

Educationally profitable, and certainly delightful are the outdoor classes. Every morning during the school term, from ten to fifty nature devotees ranging from twelve to seventy years of age, go in an excursion through the woods, always accompanied by one or more experts who explain the names, habits, characteristics, uses and advantages of woodland growths, from the moss to pine trees two hundred feet in height. Sometimes the students follow the source of a stream through some rocky, sinuous fern-lined canyon. Frequently the students tramp through open forests, over meadows, or up rugged slopes. Once at least during the summer session, all the students take saddle horses, blankets and provisions, and go into the high meadows of the grand peaks of the range, the highest of which, San Jacinto, is 10,700 feet above the sea and usually flecked with snow. Three days are required to make the trip. With each increase in altitude the character and variety of the trees and flowers that thrive in different elevations change perceptibly.

Idyllwild is especially adapted for the location of a school of forestry because of the enormous surrounding area of forested country. The Idyllwild Mountain Resort Company owns 2,500 acres, the edges of which link with the extensive of the Government Reservation which comprises 700,000 acres. Beginning at the gate of the mountain, 500 feet elevation, where the stage road begins to wind into the wilderness toward Idyllwild and San Jacinto Peak, the latter fifty miles distant by road and trail, there extends one continuous procession of trees and flowers of many species—an unlimited Nature library of living books and texts.—*Forestry and Irrigation, October*, 1905.

Strawberry Creek, Idyllwild, San Jacinto Mountains, Riverside County, California.

Impure air is caused by Oil and Gas Stoves, faulty furnaces and dry steam heat. In every sick room there should be kept an open vessel containing water, to which has been added some

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