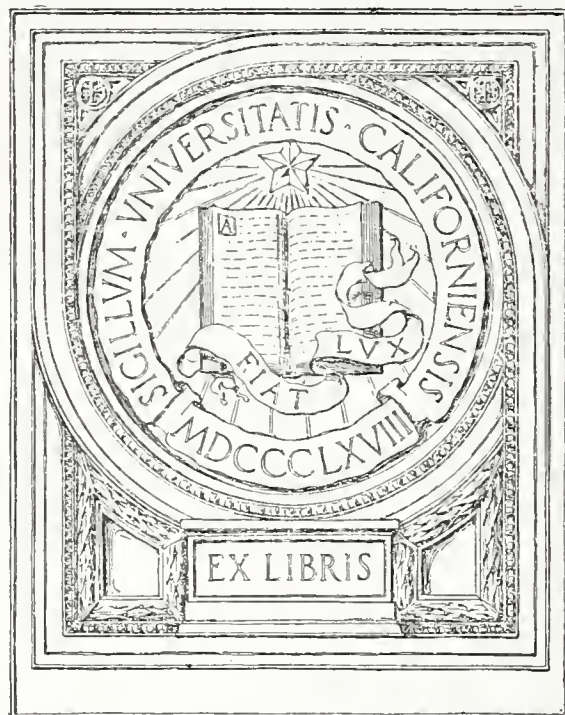



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THE JOURNAL

OF THE Arkansas Medical Society

PUBLISHED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

Vol. XVII.

LITTLE ROCK, ARK., JUNE, 1920

No. 1

Original Articles.

ON THE DIAGNOSIS OF CHRONIC HEART DISEASE.*

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St. Louis, Mo.

It seems to me that many of us have a wrong conception of heart disease, and I think that this is partly due to the fact that we learned most of what we know in the wrong manner. We acquired our impressions and views of this condition from what we learned about the wards of hospitals and in the lecture and autopsy room, and often these impressions were so deeply planted that they have not readily yielded to subsequent change. The lessons learned under such circumstances have their value, but they form a picture that is only partially completed, and the conclusions that one may draw from such studies, at best are, or should be, very limited. Cardiac patients on the hospital wards have come there because they are suffering from cardiac failure. Those who are studied in the autopsy room represent the end results of our failures either to prevent the disease or to retard its progress. Can we conclude from studies during such periods of heart disease what may be the function of the heart under normal conditions, or when the heart is only slightly damaged? As a result of such teachings we have come to associate chronic heart disease with anatomical lesions that can be demonstrated by macroscopical, or at least by microscopical methods. The anatomical description of the lesions has come to occupy the predominant place in the clinical picture. At best we have been able to study the altered functions of the heart only when failure is present. I

think we have learned very little of this altered function when cardiac failure has not yet appeared. We have also learned answers to only a few of the many problems that confront a patient suffering from chronic heart disease.

Much information of great value concerning these questions has been gained recently through opportunities afforded by the great war for the study under favorable conditions of young, healthy subjects and of subjects in various stages of ill health. Much has been done to sort out the facts we have held on to previously into those that are trustworthy and those that are irrelevant. In the war we studied these men from the standpoint of their physical fitness for military life, for duties at the front and under conditions of stress. For the most part these men showed no signs of heart disease or heart failure. The remainder in each case raised the question of the existence of heart disease and the patient presented himself for a cardiac diagnosis. In civil life these same problems come to us in many ways, none of which are any the less important because they are a bit more personal. The question is raised as to whether an individual is fit to engage in this or that form of work; is it advisable to assume the risk of life insurance for that individual; will it be possible for a woman with mitral stenosis to marry and become pregnant without endangering her life? These are but a few of the cardiac problems under almost daily consideration.

Much has been written and talked about chronic heart disease in all its various phases, so much so that the subject has become very complex, and I fear a bit hackneyed. In looking about for something of value on which to place reliance, certain ideas and deductions have seemed to me of great help in bringing order out of the chaos in my own mind, and

*Read before the Arkansas Medical Society, at the Forty-fourth Annual Session, Eureka Springs, June, 1920.

in putting the recognition of chronic heart disease on a more firm and comprehensive basis. It is my purpose to outline those conclusions in a hope that they may be of the same help to you.

We have come to know that the heart must be considered as a whole, rather than to dissociate its functions, and in relation to the whole body; for in such relations it performs its functions. The signs of disease expressed by the heart may be only the manifestations of some grave disorder located elsewhere in the body. Cardiac disturbances which have been considered as functional are in the great majority of instances secondary to disorders elsewhere, and it is not infrequent that clear signs of disease are overlooked while attention is centered on the heart itself. Search the whole body through for sources of disease, even though the evidence points to the heart as the seat of mischief.

THE PRODUCTION OF CHRONIC HEART DISEASE.

The recognition of the etiological factors in the cause of chronic heart disease is an integral part in the diagnosis. For upon these factors depends much of what we know about the course of the disease. For our consideration, two conditions are largely responsible for the great majority of cases of chronic heart affections. Syphilis and rheumatic infection, the latter term being used to embrace those cases seen in childhood and early adult life in which heart disease follows an acute infectious process, whether associated with acute rheumatic fever or not. There are a few cases that are secondary to other infections, but they are relatively rare. There is a certain well-established group of individuals suffering from chronic heart disease in which there are senile changes throughout the body; at times these changes are responsible for the onset of derangements of heart function and lead eventually to myocarditis and heart failure.

Heart strain is not a cause of heart disease. When the muscle is normal, the heart can undergo any amount of exercise without a permanent change resulting. The endurance of the heart muscle is far greater than that of any other structures in the body which take part in physical effort. At the time the skeletal muscles show complete exhaustion, the heart will still possess sufficient reserve to

continue its function. The reserve power, so long as the normal heart muscle remains healthy, is far more than can ever be used up by the human body, even though the heart may be subjected to great strain. For example, the extra burden of work thrown on the heart muscle during the attack of paroxysmal tachycardia may be tremendous and may exceed the cardiac reserve. But as soon as the exciting cause is removed and the tachycardia disappears, the signs of heart failure disappear and the heart regains its normal function.

VALVULAR DISEASE.

It is necessary to determine the extent to which the heart has been damaged, whether the valves or the muscle, or both, are involved. Each sign and each factor at play must be placed in its proper position and given the consideration and relative value it deserves. For practical purposes only two valvular lesions need be considered, mitral stenosis and aortic insufficiency. Other valvular lesions occur so infrequently that in themselves they rarely give rise to chronic heart disease. In this connection I would like to sound a word of warning in the interpretation of systolic murmurs heard over the heart. They have a very limited significance and are easily misinterpreted; oftentimes their discovery leads to infinitely more harm than good. Their chief function should be to lead one to inquire further into other conditions of far greater consequence that may be present in the heart or the circulation. It is probable that a cardiac murmur occurring during systole, regardless of its character, should be considered as physiological, unless further study of the patient reveals other derangements of the cardiac function or structural disease in the heart. It is safe to say that systolic murmurs may occur in hearts which are both functionally and anatomically normal with perfectly healthy valves.

Both aortic insufficiency and mitral stenosis may be recognized with comparative ease, for they present certain well-defined clinical signs that are difficult of misinterpretation. They are always due to an inflammatory or degenerative lesion in the heart; they are always associated with more or less structural change in the heart muscle, and always produced by their alteration of the circulation increased work for the heart muscle. One of the

certain signs of myocarditis is the recognition of the existence of one or both these valve lesions in the heart. Studies of these lesions has shown that extensive damage to any valve usually produces both insufficiency and stenosis of that valve, and that whenever murmurs arising in the same valve are heard during systole and diastole, a structural change certainly exists in that valve. Whenever a murmur, diastolic in time, arises from the aortic or mitral valve, whether accompanied with a systolic murmur or not, it indicates strongly that structural disease exists.

Diagnosis of stenosis of the mitral valve may be made with certainty from the presence of two physical signs. First, a diastolic thrill over the apex region; secondly, a diastolic rumble of low pitch audible over the maximum impulse and best heard, often only heard, with the patient in the left-lateral horizontal position after the action of the heart has been increased by inhalations of amyl nitrite or by exercise. The murmur occurs in the presystolic, the auriculo-systolic, interval when the stenosis is slight; but as the stenosis increases, the murmur comes more and more to occupy the whole silent diastolic period. It usually is audible early in diastole before it occupies the whole period. The first sound is, as a rule, accentuated, oftentimes called snapping, particularly when the patient is doing well. If the stenosis is extreme or if cardiac failure is present, the sound may not be so accentuated and the impulse will not be so forceful. However, the alterations in the first sound may be observed in other conditions and must not be accepted alone as evidence sufficient to establish a diagnosis of mitral stenosis. When the enlargement of the heart involves the left auricle, also the right auricle and ventricle, mitral stenosis may be strongly suspected. Usually the second pulmonic sound is accentuated, particularly when the right side of the heart is maintaining its function well. When it is failing, occasionally there is a soft diastolic murmur over the pulmonic area. Mitral stenosis is often discovered in children, in adolescents or in middle life, and is found in women much more frequently than in men. It is always secondary to an acute infectious endocarditis. Auricular fibrillation is commonly associated with severe stenosis of long standing, and in such cases thrombosis often occurs and emboli

may produce hemiplegia, aphasia, hemichorea, pulmonary infarction or infarcts in the kidneys, spleen, etc. Chronic passive congestion of the lungs with hemoptysis occurs frequently.

Aortic insufficiency may be recognized with equal facility from the presence of a diastolic murmur over the heart or from phenomena which are found to occur in the peripheral circulation. The murmur follows immediately on the abnormal second heart sound, is faint, high-pitched, and diminishes in intensity and pitch during diastole. The length of its duration is probably directly proportionate to the severity of the changes in the aortic valve. The murmur is best heard in the third left intercostal space close to the sternal border after exercise with the patient standing and bending forward, and often better with the ear applied directly to the chest. The murmur may also be heard in the second right intercostal space and occasionally in the area of the apex. The second aortic sound is abnormal and at times may disappear, being replaced entirely by the murmur. Two other signs of value in the diagnosis of aortic insufficiency are, first, a diastolic thrill made out in the same area as the murmur; second, the nature of the cardiac enlargement for the apex impulse is always displaced downward and to the left. The impulse is heaving and usually spreads out over a wide area, at times so extensive that the whole anterior chest may be seen to move. Flint has described a low-pitched rumbling diastolic murmur terminating in the first heart sound in the area of the apex impulse. This murmur, when present, is indistinguishable from that of mitral stenosis.

The physical signs to be found in the peripheral circulation, in themselves are sufficient to recognize aortic insufficiency. Corrigan's collapsing or water-hammer pulse which is large in amplitude, but poorly sustained, shows occasionally a dicrotic impulse and is the most characteristic sign. One may observe the exaggerated pulsation in the large arteries superficially placed, or arterial pulsation may be seen in the uvula, the tongue or in the retina. The exaggerated pulsation may be transmitted to the capillaries in the nail beds or in the mucous membranes. Capillary pulsation is rarely seen except in aortic insufficiency. One may hear a sudden explosive

pistol shot sound accompanying the pulse wave when listening over the peripheral vessels. Observations on the blood pressure show that the diastolic pressure is relatively low and the difference between systolic and diastolic pressure may be as much as 100 m.m. Hg. instead of the normal 30 to 40 m.m. Hg. Further, the normal difference of 10 to 20 m.m. Hg. of systolic pressure in the leg over that in the arm may be much increased, at times to 40 to 60 m.m. Attacks of nocturnal precordial pain or dyspnea may occur frequently in this condition.

Aortic disease is by far more common in men than in women. It may be discovered frequently in childhood due to an acute infectious endocarditis. The usual cause for this condition, however, is syphilis which occurs during adult life. It is associated with an aortitis due to an invasion by the *treponema pallida*. Occasionally the senile changes of arteriosclerosis in advanced age may involve the aortic valve and be responsible for aortic insufficiency.

CHRONIC MYOCARDITIS.

The extra burden of work thrown upon the heart by an aortic insufficiency or a mitral stenosis or a persistent elevation of blood pressure would never by itself be sufficient to produce embarrassment of a healthy muscle while the body is at rest. The hearts of patients upon whom these burdens are thrown fail because the heart muscle is unhealthy. There is a myocarditis. At no time is it proper for us to make a diagnosis of valvular disease without taking into consideration the condition of the muscle as well, and how the function of that muscle is maintained. For the rheumatic poison, whatever may be its nature, affects the myocardium as well as the valves; the spirochetes of syphilis may be demonstrated in the heart muscle as well as in the base of the aorta; the arteriosclerosis in the aorta involves just as often the coronary vessels.

The relationship between valvular disease and its clinical signs which we observe, and the anatomical lesions which produce them, is close and direct. In the case of myocarditis, however, there may be little relationship between the clinical signs which indicate disturbance of the function of the heart muscle and the lesions in the myocardium found at

autopsy. And yet we know that there is something wrong with the myocardium. There may be fibrosis or degenerative changes or it may be something that the pathologist cannot recognize or that escapes his notice. Many cases come to notice in which the pathological diagnosis is cardiac hypertrophy and dilatation; but no clue as to the cause of those changes can be found. Are we to ignore the fact that the muscle in such circumstances is diseased? It is better to apply the term myocarditis, using it in the sense that there is something wrong with the heart muscle which interferes with its function, whatever it may be, leaving the recognition of its true nature to further study and analysis. Myocarditis should embrace none the less those cases in which the muscle may show macroscopical or microscopical degenerative changes. To make a clinical diagnosis of myocarditis is difficult, unless we include in our consideration the indirect methods of estimating the cardiac function. Mackenzie has said that the best way to recognize myocarditis is to determine the functional efficiency of the heart in response to effort, how much physical exertion the patient can indulge in without showing symptoms of cardiac distress; we shall call attention to this later. The direct signs are few and none are specific and trustworthy. Those that are of value are cardiac enlargement and cardiac irregularities.

Enlargement of the heart is one of the most reliable signs of myocarditis. It indicates that some abnormal change has taken place. It does not seem to me possible to recognize the comparative degrees of hypertrophy and dilatation that may be present; nor is it necessary for our purpose to do so. We can safely leave it to the pathologist to determine. It is sufficient to recognize the enlargement of the heart, for persistent cardiac enlargement always shows both hypertrophy and dilatation to exist. Cardiac failure depends more on cardiac enlargement than on any disturbed relation between the degree of hypertrophy and dilatation that may be present. Enlarged hearts seldom are able to maintain an efficient circulation for long, even when no valve lesions are present and when the demands upon the heart are not excessive.

Recognition of the cardiac enlargement is comparatively easy, and of all the methods of examination, palpation is the most valuable.

The chief sign of left-sided enlargement is the position and extent of the apex impulse. Orthodiagraphic *x*-ray plates, when they can be obtained, furnish the best idea of the size of the whole heart. Percussion shows no additional information that cannot be gained more accurately by other methods. It is easy to percuss the left border of the cardiac dullness when one has already estimated the position of the maximum impulse, and in women percussion is notoriously inaccurate and difficult. It is of no great advantage to outline the right border of the heart by percussion, for the right border is made up entirely of right auricle. Right ventricular enlargement does not increase the cardiac dullness to the right, but to the left. If the cardiac dullness is increased to the right, it is due to an engorged right auricle, and under such circumstances the veins are distended, there is cyanosis and an enlarged liver. These signs are easy to determine and to interpret. One is safe in making a diagnosis of myocarditis in all patients with advanced cardiac valvular disease, advanced arteriosclerosis, or with a persistent blood pressure of 160 m.m. Hg. or more when the patient is young, or with a pressure of 180 m.m. or above when the patient is old.

Cardiac irregularities may or may not indicate structural or functional change in the heart muscle, depending on the nature of that irregularity. The recognition of its nature for practical purposes is easy, apart from the use of various special instruments such as the polygraph, electrocardiograph, etc. Paroxysmal tachycardias of ventricular or auricular origin, auricular flutter and delay in the conduction of the contraction impulse are all important disturbances of cardiac mechanism associated with chronic myocarditis; but they are of uncommon occurrence and need not be discussed here. If the heart is irregular in action, it is merely necessary to determine whether auricular fibrillation is present or not. This condition is comparatively common in cardiac practice and always signifies a grave disturbance in the heart muscle and its appearance is of ill omen. Its recognition is easy, for in all untreated cases, if the heart beats persistently at a rate of 120 per minute or more, or can be induced by exercise, amyl nitrite or atropine to beat at such a rate, a persistent irregularity is almost certainly due to auricular fibrillation. The increase in rate

usually makes the irregularity more conspicuous. If the irregularity disappears at such rates, it is equally certain that fibrillation is not present. *Delirium perpetuus cordis* aptly describes the condition, for it is a cardiac irregularity with no dominant rhythm which persists in patients with chronic heart disease. Auricular fibrillation is common in young individuals with advanced mitral stenosis. But a few cases result from exophthalmic goiter, and in older people auricular fibrillation is most often associated with nonvalvular heart disease. Cardiac irregularities which are present when the heart rate is below 120 per minute, but which disappear when the rate is above that, are commonly due to extrasystoles or to sinus arrhythmia. Neither of these two conditions are of diagnostic or prognostic significance. They are most frequent in patients who have heart disease than in those who do not, but they are almost as frequently seen in children, in young adults, as well as in older people, who have no recognizable heart disease and who remain perfectly well.

It is impossible to judge from the character of the heart sounds whether or not the myocardium is involved. When the sounds are modified in quality, heart disease is often present; but they may show the same modification as a result of other conditions. In cases with well-recognized heart disease, it may be difficult to demonstrate weak, dulled, distant or impure sounds.

Gallop rhythm in itself is not a sign of myocardial disease. *Pulsus alternans*, however, is a sign not only of grave myocardial disease, but is seen ordinarily only in the terminal stages of such conditions.

CARDIAC FAILURE.

When we state that a patient has heart failure, we wish to indicate that the reserve power of the heart in that particular patient is not sufficient to meet the demands for work put upon that heart. Whether those demands come abruptly, or acutely following some natural or unnatural exertion, or whether under any and all circumstances, those demands cannot be met. For our purpose we will consider only chronic heart failure. The signs of this condition make their appearance whenever the reserve power of the heart is abolished. This may be true only as a result of unnatural or excessive body exercise or mental excitement;

or it may be that even with complete rest the heart is no longer able to maintain an efficient circulation. Between those two extreme degrees of reaction to exercise, transition stages exist. If cardiac failure is present, it is to our best interests to remove it in so far as we are able. If we are studying and caring for an individual with heart disease, we are both acutely interested in knowing just how far he may go in his daily life without bringing on cardiac failure in order that he may conserve his health and happiness. Cardiac failure is the one burning question that arises constantly in the relation between doctor and patient with chronic heart disease. The patient knowingly or unknowingly fears it and his doctor must anticipate it and guard against it with all the resources at his command. One must be familiar with cardiac failure in order to recognize it when it appears, in order to institute proper and prompt treatment. The signs of heart failure fall into two groups, which for convenience have been termed heart failure with congestion, and failure with angina. By congestion we mean chronic passive congestion of the viscera with venous engorgement. We can observe in such cases dilated and distended veins, cyanosis, congestion of the bases of the lungs, fluid in the pleural cavity, swelling of the liver, ascites, edema, and changes in the urine. By angina we mean cardiac angina associated with exercise and attacks of precordial agony with pain radiating out to the left shoulder and arm.

EXERCISE TOLERANCE.

If cardiac failure is not present, it is wise to determine how far away it is and how long it will take to arrive, and to what extent may the patient go without bringing it on. This is best and most easily determined by examining the patient's tolerance to exercise. Knowing his tolerance, it is a much easier undertaking to properly advise a patient who is suffering from chronic heart disease in order to prevent failure.

When an individual takes exercise of sufficient severity, he shows certain symptoms and signs which are associated with increased action of the heart and which may be attributed to the results of that exercise. These symptoms which may be produced in normal, healthy men, are to be observed likewise in

patients in ill health, whatever may be the cause for that ill health. Patients with heart disease are particularly prone to show these symptoms easily. The difference in the reaction between health and ill health is only a matter of degree. For example, a normal man is required to ascend a flight of forty steps in sixty seconds, or to lift ten-pound dumbbells through a distance of five feet, thirty times in twenty seconds. At the end of that time he presents certain symptoms and signs. The same symptoms and signs will make their appearance in patients with chronic heart disease when they have completed a greater or less part of the test exercise. The smaller amount of work required to produce distress, the more severely is the nature of the disease present. The same phenomena brought out by exercise may be elicited by the use of intramuscular injection of atropine or by inhalation of amyl nitrite. The estimation of the tolerance for exercise in patients with chronic heart disease is of more value than all other methods in determining the extent to which the circulation is impaired and the methods of rest and treatment that the patient must adopt. The relation of the degree of the distress brought on by a unit of work to the gravity of the heart disease is more direct and real than information that can be gained in any other way. Patients with severe chronic heart disease always show a tolerance for exercise that is far below normal. When they have no tolerance, and even with complete rest show cardiac distress, they are in a complete heart failure and present signs such as those I have mentioned. Congenital malformations of the heart, at times, show a normal reaction to exercise and a few cases of auricular fibrillation and paroxysmal tachycardia may show no cardiac distress on exercise. These same individuals show no signs of heart failure.

The symptoms and signs which appear in individuals with chronic heart disease at the end of periods of exercise are breathlessness accompanied with cyanosis, which may be severe or slight; early stages of mitral stenosis or aortic insufficiency often are not accompanied with cyanosis. Malaise and lassitude, if the exercise has been severe, produce fatigue and at times exhaustion. Mild degrees of fatigue appear objectively in the expression of the face and attitude; these signs are of

great value in children. A most characteristic response is cardiac discomfort and precordial hyperesthesia. If this is already present in a patient, it is much intensified by exercise. The discomfort or pain may show various manifestations, but it is rarely absent. Consciousness of the heartbeat is a common complaint. Giddiness and fainting spells often follow periods of exercise and are associated with characteristic blood pressure changes; the arterial pressure rises to an abnormal level during exercise and falls to an abnormal level at the cessation of the effort. At the same time the blood pressure changes occur, the same phenomena may be observed in the heart rate. An increase in the heart rate above normal during exercise or a return to normal more slowly than normal is to be observed in patients in ill health; but particularly in chronic heart disease. The response of the heart to exercise is constantly and appreciably reflected in its rate. If its function is disturbed, the rate is always abnormally increased following exercise.

The following general statements may be adopted as working hypotheses in dealing with the question of chronic heart disease. The ideas, brought out by Lewis, are of great practical value in their application to individual patients. When one is able to make a definite diagnosis of enlargement of the heart, of mitral stenosis, aortic disease, thoracic aneurysm, or fibrillation of the auricles, then it is safe to assume that any undue distress on exercise is due to a cardiac lesion. If the subject is under forty years of age and shows distress after exercise, but no evidence of these lesions, it cannot be assumed that the low exercise tolerance can be due primarily to the heart. But when the subject is above forty, even in the absence of signs of structural heart disease, a low tolerance should be considered the result of disease in the heart rather than elsewhere in the body.

IMPROVEMENT IN HOSPITAL SERVICE

Every state medical association in the United States has its part in the present universal movement for the betterment of hospital service. Every association now has its own committee which is studying the hospital situation in its state in co-operation with the Council on Medical Education of the American Medical Association. The Council has ob-

tained, through reports, correspondence, and other methods, data relative to all hospitals in the country and each state committee has been supplied with the data relating to the institutions in its state. Through their closer familiarity with the hospitals, or by inspections, the state committee is in excellent position to verify these data and to make a reliable report to their state associations and to the Council.

For convenience and in order to secure uniformity of reports from the forty-eight committees regarding the relative efficiency of hospitals, blanks furnished by the Council call for a rating of all hospitals in Classes A, B and C, grouped also according to the special class of patients cared for. This rating is not for publication, but will aid the Council in the preparation of a list of hospitals which are considered worthy of approval. These lists are subject to frequent revision, so that names of other hospitals can be included as soon as sufficient improvements are made to warrant their being approved. State committees are urged to promptly report to the Council any instances where such improvements have been made.

The purpose of the work is to aid the hospitals in providing for their patients the best possible service and in no way to injure those which are honestly endeavoring to provide such service. Toward this end, every possible assistance will be given to individual hospitals by the Council or by the local state committee in establishing such changes as will make them worthy of approval.

Forty-two state committees have reported progress in connection with the latest survey and thirty-four have turned in reports regarding hospitals inspected and graded, which have more than half the entire bed capacity of all general hospitals in the country. Meanwhile, this work of the Council is not conflicting with, or duplicating the splendid work being done by the American College of Surgeons, the Catholic Hospital Association, the American Hospital Association or other agencies. In fact, the work of each agency is evidently complementing that of the others.

At the new Orleans meeting, recently, the House of Delegates of the American Medical Association registered an intense interest in the improvement of hospital service and authorized the trustees to generously provide for

THE JOURNAL

OF THE

Arkansas Medical Society

Owned by the Arkansas Medical Society and published under the direction of the Council.

WILLIAM R. BATHURST, SECRETARY-EDITOR
810-812 Boyle Building, Little Rock, Arkansas.

Published monthly. Subscription \$2.00 per year; single copies 25 cents.

Entered as second-class matter, June 21, 1906, at the post-office at Little Rock, Arkansas, under the act of Congress of March 3, 1879.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized August 1, 1918.

The advertising policy of this Journal is governed by the rules of the Council on Pharmacy and Chemistry of the American Medical Association.

All communications of this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the state. Notice of deaths, removals from the state, changes of location, etc., are requested.

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Editorials.

OUR ANNUAL MEETING.

At the Forty-fourth Annual Meeting of the Arkansas Medical Society, held in Eureka Springs, June 8, 9 and 10, 1920. Dr. Gus A. Warren of Black Rock was elected President; Dr. R. H. Huntington of Eureka Springs, First Vice President; Dr. A. J. Clingan of Lockesburg, Second Vice President; Dr. Thad

Cothern of Jonesboro, Third Vice President; Dr. William R. Bathurst of Little Rock, Secretary-Editor (re-elected), and Dr. R. L. Saxon of Little Rock, Treasurer.

Hot Springs was chosen as the next meeting place.

From every viewpoint the Eureka Springs meeting was a decided success.

The House of Delegates met on the morning of the first day, the proceedings beginning with an invocation offered by the Rev. B. L. Harris. Mr. F. O. Butt, chairman of the city commission, for the city, and Dr. J. F. John of Eureka Springs, for the Carroll County Medical Society, welcomed the delegates. Reports of committees consumed the remainder of the morning.

The general session convened in the afternoon, the Rev. V. H. Coffman of Eureka Springs offering the invocation.

Addresses of welcome were delivered by Mayor C. A. Fuller on behalf of the city, and by Dr. I. M. Poyner of Berryville for the Carroll County Medical Society.

The president delivered his annual address and the regular program was then taken up.

Dr. Hugh McCulloch of St. Louis read an excellent paper [printed in the front section of this issue] on "The Diagnosis of Chronic Heart Disease," and Dr. Oliver Tydings of Chicago read an instructive paper on "Diseases of the Eye, Ear, Nose and Throat."

At the close of this session the visiting members and ladies were treated to an auto ride over the new highway, to and beyond the new steel bridge over White River.

The annual open health meeting was held on the night of the opening day, Dr. C. W. Garrison, State Health Officer, presiding.

Addresses were made by Drs. C. W. Garrison, Little Rock; John Stewart, superintendent of State Tubercular Sanitarium, and D. Norton, the Chautauqua lecturer, engaged in the campaign for "Keeping Fit," now being waged by the Arkansas State Board of Health.

At the morning session on Wednesday the annual memorial exercises took place, and beautiful and impressive tributes were paid to memories of those members who have died since the last meeting. In the afternoon the Medical Corps program and the scientific session occupied the time. Physicians who had served in the world war spoke, and eloquent addresses on the hospital service and other

conditions during the war time in the camps were made by Drs. Vinsonhaler, Snodgrass, Ogden, Goldstein and others.

Dr. J. D. Southard of Fort Smith read an excellent paper on the always important subject of the treatment of tuberculosis, in which he described the satisfactory results obtained through the Roentgen ray treatment in arresting the development of the disease.

Too much cannot be said in praise of the hospitality of the good people of Eureka Springs. Nothing was lacking in the way of entertainment, and it took the various forms of auto rides with beautiful scenery as an accessory; boating, bathing, fishing on the lake, boxing contest, dancing, receptions, teas, etc., and all who attended brought back pleasant memories of the convention, unmarred by a single discordant note.

THE PROBLEM OF LIFE.

Thomas A. Edison, known as the world's greatest inventive genius, has come forth in a new role as a speculative philosopher. In an interesting interview in the *May Cosmopolitan*, he asks, "What is life?" advancing the theory that man is not really the final unit, but merely an aggregation of units, millions of which may be so small as to be indiscernible by the most powerful microscope made by man, and so unbelievably tiny that they may penetrate glass or solid steel; in fact, that they permeate every animate and inanimate thing. He begins with the fundamental idea that something cannot be made from nothing. That development and growth merely represent chemical change; that there is not, nor can there be, any increase of matter except by such accessions as may from time to time reach this earth from other worlds. He begins his argument by citing certain apparent vegetable growths in water which under microscopic examination prove to be composed of tiny living organisms. Such organisms, he maintains, compose all specimens of animated nature. The skin of a man or other animal is bruised, cut or abraded. He maintains that finger prints taken before and after such superficial injury show the skin restored in precisely the same design as the original pattern; not by the so-called nature, but by the same tiny organisms which made the original. Only, according to Mr. Edison's theory, life eternal dwells in these minute atoms which

continue to exist, taking various forms as the changes occur by what we call death of the individual they combine to form. Thus the billions of atoms making up the body of man, for instance, do not die when the man ceases to exist as man. With his body they are buried to take on other form, vegetable, animal or what not, which goes to make up the endless procession of generations of animals.

Hamlet says in the graveyard scene: "Why may we not trace the progress of a king through the guts of a beggar?" And he shows the progress as thus: "The king dies, the worms eat of his flesh, the fish may eat of the worm which has fattened on the king's remains, and the beggar may eat of the fish which has eaten that worm."

Granted that Mr. Edison's theory is based on fact, may it not account for the failure of science to eliminate the germ of tuberculosis and other granulomata? On the heels of this theory comes the announcement of the discovery by Dr. Galippe of the French Academy of Sciences of micro-organism imprisoned in amber formed during the very early stages of the world's history. These micro-organisms show life and prove subject to cultures just as do the microbe and bacilli of today; and this after perhaps countless millions of years. Post-mortems show that tuberculosis bacilli in cases of arrested development of the disease have been confined hermetically in cells by the white corpuscles. Why do not the corpuscles slay these enemies? Is it that they possess everlasting life and cannot be killed? That generation after generation these germs live on and on, appearing in human organizations as opportunity offers? That the principles of life are found only in the lowest forms of micro-organism, thus accounting for the never-ending conflict of one life living on another but never dying—only changing in outward phenomena?

At least, the theory opens an avenue of endless and fascinating speculation.

Personals and News Items.

Dr. A. A. Calaway, formerly of Smead, Ark., now located at Albuquerque, N. M., visited friends in Little Rock recently.

Dr. J. W. Elders has been appointed County Health Officer of Poinsett County to suc-

ceed Dr. J. C. Davis, who has returned to Little Rock.

Among the Arkansas physicians recently visiting in Little Rock this month include: Vernon MacCammon, Arkansas City; William J. Mathis, Cotton Plant; George S. Brown, Conway; C. J. Ross, Gum Log; W. L. Herrod, Jacksonville.

Dr. H. H. Niehuss of El Dorado, who for a number of years has held the position of County Health Officer, has been selected by the City Council as City Health Officer. Dr. Niehuss will carry on the work of both offices and will co-operate with the mayor, who is in charge of the anti-malaria crusade.

Dr. E. H. Martin of Hot Springs announces the formation of The Martin Clinic, as follows: Dr. E. H. Martin, Chief of Clinic; Dr. E. A. Purdum, Medicine; Dr. W. G. Klugh, Neurology; Dr. G. C. Coffey, Urology; Dr. W. F. Porter, Gastrology; Dr. W. C. Minnich, Surgery; Dr. M. T. Edgerton, Ophthalmology; W. J. Ford, Roentgenology; L. M. Runskeqitz, Clinical Pathology. Dugan-Stuart Building, Hot Springs, Ark.

USE OF ARSENIC PREPARATIONS IN THE TREATMENT OF SYPHILIS.

The Division of Venereal Diseases of the Public Health Service, Washington, D. C., has called our attention to the large number of arsenic preparations which are being exploited for the treatment of syphilis, and has considered it desirable to issue a circular letter, copy of which follows, discouraging the indiscriminate use of untried preparations.

Attention is especially invited to the fact that provision is made for the experimental use of any preparation under conditions which will make the results of such experiments available to others than the physicians immediately concerned.

“Medical Officers, U. S. Public Health Service and Others Concerned:

“Your attention is invited to the extensive exploitation through advertisements in professional journals, and otherwise, of various arsenic preparations which are not related to the arsphenamine group. The preparations referred to are sold with claims in regard to their value in the treatment of syphilis, which are unwarranted.

“In the opinion of this office, it is in the interest of all concerned that the subcutaneous, intramuscular or intravenous use of arsenic in the treatment of syphilis be confined to preparations of the arsphenamine group, as these agents are of established value and are produced under the regulations of the Public Health Service. The following firms are now licensed for the manufacture of arsphenamine and neo-arsphenamine: Dermatological Research Laboratories, 1720 Lombard Street, Philadelphia, Pa.; H. A. Metz Laboratories, 122 Hudson Street, New York, N. Y.; Diarsenol Co., Inc., Buffalo, N. Y.; Takamine Laboratories, Clifton, N. J. The Lowy Laboratory of Newark, N. J., has been granted a license to prepare a stable solution of arsphenamine.

“It is not the desire of the bureau to limit clinicians in the choice of agents of recognized worth; but in the case of arsenic preparations, not members of the arsphenamine group, the available evidence indicates that their routine use is inadvisable in the treatment of syphilis. If it is desired to use any of these preparations in a purely experimental way, previous authority from the bureau should be secured. Applications for this authority should be accompanied with a statement as to the composition of the drug, including the structural formula and the reason for its use. All information available on the value of the preparation should be forwarded.”

Receipt of this circular should be acknowledged and marked “V. D. Division.”

H. S. CUMMING,
Surgeon General.

Propaganda for Reform.

COTTON PROCESS ETHER.—The Du Pont Chemical Works have decided to present “Cotton Process Ether” to the Council on Pharmacy and Chemistry for consideration, and the ether will be thus defined: An improved anesthesia ether consisting of highly refined diethyl oxid with approximately two volumes of ethylene, one-half volume carbon dioxide and one per cent by weight of ethyl alcohol (Journal A. M. A., May 22, 1920, p. 1474).

THE SHORT AND CATCHY NAME.—A laborer went to a Brooklyn physician for treatment and was given three prescriptions. One of the prescriptions called for “Laxol,” the

word being written on a piece of blank paper without directions. The drug clerk misread the prescription and dispensed an "original" bottle of "Lysol," which bore the usual poison label. The man drank the entire three ounces of "Lysol" and died. Laxol is a flavored and sweetened castor oil, and there is no excuse for prescribing it (Journal A. M. A., May 29, 1920, p. 1524).

DETERIORATION OF OUABAIN (CRYSTALLINE STROPHANTHIN) SOLUTIONS.—Levy & Cullen, having observed wider variation in the potency of several lots of ouabain furnished in ampules, found that the sterilized solutions were decidedly alkaline in reaction; whereas, freshly prepared aqueous solutions of the drug were neutral or slightly acid. Since ouabain (crystallized strophanthin) is readily rendered biologically inert by heating with alkali, the authors ascribe the deterioration of the solutions to alkali derived from the soft glass from which ampules are often made. The deterioration may be averted by the use of containers of hard glass (Journal A. M. A., April 3, 1920, p. 955).

FUMES OF IODIN.—For some time manufacturers have urged substitutes for tincture of iodine, asserting that the substitutes were free from the undesirable properties of the tincture and, at the same time, possessed special virtues which the tincture could not possess. More recently, attention has been directed to the administration of iodine in the form of vapor. Luckhardt reports that they are rapidly and completely absorbed. It was found that the administration of iodine through the respiratory passages even in small quantities is fraught with great danger. Such administration induces dyspnea, and when it is given in large quantities, acute and fatal pulmonary edema ensues within twenty-four hours. When respiratory disorders are present at the time of the administration, the fatal edema supervenes very quickly (Journal A. M. A., May 29, 1920, p. 1521).

ANTI-SYPHILITIC LYMPH COMPOUND (SWEENEY).—This preparation is made by or under the direction of Dr. Gilliford B. Sweeney, whose researches (?) led to the production of Anti-Tuberculous Lymph Compound (Sweeney). According to the available information, this preparation is made by suspending ben-

zoate of mercury in lymph from the bullock. The circular exploiting this preparation makes the statement that it is seldom necessary to continue the treatment beyond two months. If one chooses to be credulous, this would indicate extraordinary power for the mercury. That any physician could be induced to place his trust in this preparation is almost unthinkable. The Council on Pharmacy and Chemistry declared Anti-Syphilitic Lymph Compound (Sweeney) not acceptable for New and Nonofficial Remedies (Journal A. M. A., April 3, 1920, p. 966).

ANTI-TUBERCULOUS LYMPH COMPOUND (SWEENEY).—This is put out by the National Laboratories of Pittsburgh, Dr. Gilliford B. Sweeney, "Medical Director." Just how Anti-Tuberculous Lymph Compound is made today is not stated. It is fair to assume that it is not made in such a manner as to bring it under the Federal laws governing the sale of serums and similar preparations. The claims made for the preparation are unceritcal and unscientific, mainly of the testimonial class. When some of these testimonials were investigated, every physician who answered the inquiry regarding his previous and present opinion declared in effect that he had long since ceased to have faith in the value of the preparation. The facts are that no serum or lymph has thus far been proved to have any value in the treatment of tuberculosis. Having examined the available evidence, the Council on Pharmacy and Chemistry declared Anti-Tuberculous Lymph Compound (Sweeney) not acceptable for New and Nonofficial Remedies (Journal A. M. A., April 3, 1920, p. 965).

PROPRIETARY VS. NONPROPRIETARY.—The exhibit of the A. M. A. Chemical Laboratory at the recent New Orleans session of the A. M. A. contained a card comparing the cost of drugs sold under proprietary and nonproprietary names. The following list compared the wholesale price per ounce of drugs sold under (protected proprietary) names with the same drug sold under a common (nonproprietary) name: Aspirin-Bayer, 85c; Acetylsalicylic Acid, 16c; Phenacetin, 65c; Acetphenetidin, 27c; Atophan, \$3.50; Cinchophen, \$2.00; Kelene (10 gm.), 56c; Ethyl Chloride (10 gm.), 45c; Duotal, \$1.90; Guaiacol Carbonate, 80c; Urotropin, 60c; Hexamethylenamine, 21c; Sulphonal, \$1.70; Sulphonmethane, 80c; Trional, \$1.90;

Sulphon-Ethyl-Methane, \$1.00; Diuretin, \$1.75; Theobromine-Sodium Salicylate, 70c; Aristol, \$1.80; Thymol Iodide, \$1.00. Economy as well as scientific prescribing demands the use of nonproprietary names whenever possible (Journal A. M. A., May 22, 1920, p. 1473).

HOSTETTER'S BITTERS.—Hostetter's Celebrated Stomach Bitters is declared to contain 25 per cent of alcohol. Analyses in the past have shown that the alcohol content has varied widely at different times, the amount having never been less than 25 per cent by volume, but sometimes as high as 43 per cent. A recent analysis by the A. M. A. chemists showed 24.72 per cent of alcohol by volume, small quantities of cinchona alkaloids (about $\frac{3}{4}$ grain per fluid ounce), and no other therapeutically active ingredients in appreciable quantities. Six fluid ounces of the preparation (six doses) were dealcoholized, the solution evaporated, the residue mixed with milk sugar, the mixture placed in capsules, and the capsules swallowed at one dose by a healthy man. No effects were noted. It is evident that alcohol is by far the most active ingredient in Hostetter's Stomach Bitters. The analysis failed to reveal the presence of any drugs in quantities that would prevent the preparation's being used as a beverage (Journal A. M. A., May 28, 1920, p. 1534).

SOME MISBRANDED DRUG PRODUCTS AND NOSTRUMS.—The following products have been subject to prosecution by the Federal authorities under the Food and Drugs Act: Quinin Sulphate Tablets and Calomel Tablets of the Drug Products Company, New York City, did not contain the amount of drug claimed. Acetphenetidin and Salol Tablets of the Carol Dunham Smith Pharmacol Company, New York City, did not contain the amount of drugs claimed. Hostelley's Hypophosphites and Hostelley's Chemically Pure Hypophosphites were adulterated and misbranded. Stoddard's Pinus-Codeia, Saloetol-Codeia Tablets, Saloetol Phenylamine Ammonii Salicylate Tablets, Saloetol Co. No. 3 Infant Corrective Tablets, Cannabin Co. Tablets, G. S. Stoddard & Company, New York City, were misbranded. Dr. King's Star Crown Brand Pills were sold under false therapeutic claims. Marshall's Pain Drops, Marshall's Lung Syrup, Dr. J. C. Brown's Unequaled Liquid

Drops, Marshall's Blood and Liver Pills, Egyptian Oil, and Artic Oil Liniment of the M. W. Marshall Medicine Company were sold under false therapeutic claims (Journal A. M. A., May 1, 1920, p. 1269).

MORE MISBRANDED NOSTRUMS.—The following "patent" medicines have been the subject of prosecution by the Federal authorities because they were sold under false claims: Seelye's Ner-Vena, a syrup containing alcohol and vegetable extractives, among which were those of juniper, wild cherry, senna, gentian, sassafras, uva ursi and cinchona; Hill's Rheumatic Pills, consisting of vegetable extracts, including aloes, and 5 per cent of mineral salts; Jenkin's Rheumatism, Gout and Neuralgia Annihilator, containing over 46 per cent alcohol, salicylic acid, resinous plant extract and water; Short Stop, a syrup containing licorice and wild cherry extract, ammonium carbonate, small amounts of an antimony salt, benzoic acid, camphor, oil of anise and traces of an alkaloid; Antiseptine, a powder composed essentially of anhydrous zinc sulphate and lead acetate together with a small amount of copper acetate; Cassidy's 4X, consisting essentially of aloes, colocynth, resins, and a small amount of mercury salt, alcohol and water; "P. G. S." (Schuh Drug Company), consisting of plant extract, including extract from a laxative drug, resin, and not more than a trace, if any, of mercury, alcohol and water; Red Cross Pile Cure, suppositories consisting essentially of cocoa butter, tannin, menthol, a lead compound, iodid, sulphate and possible acetate (Journal A. M. A., May 22, 1920, p. 1473).

PHARMACEUTICAL HOUSES AND THE COUNCIL ON PHARMACY AND CHEMISTRY.—In no one direction has the Council made greater efforts than in its endeavors to secure the fullest cooperation of the various pharmaceutical houses. The difficulty has been, and always must be, the fundamental antagonism between objectives that are largely commercial, on the one hand, and purely scientific, on the other. Nevertheless, the Council has always believed that there is a possible middle ground wherein the interests of therapeutic would not be injured, but would go hand in hand with commercial development based on enlightened self-interest. The Council has practically the undivided support of manufacturers of medic-

inal chemicals; but pharmaceutical firms which find it profitable to promote specialties—unscientific or ordinary mixtures of pharmaceutical or biologic products sold under trade names—have not supported the Council. The methods of the pseudochemical companies, whose sales propaganda in the interests of unscientific nostrums with its attending damage to scientific medicine has led to the establishment of the Council, has found their lodgment in most of the pharmaceutical houses. Is it any wonder that such firms are antagonistic to the work of the Council? When the medical profession as a unit will support the Council in its work, then such firms will find it good business policy to market products which are eligible for New and Nonofficial Remedies, but not before. The Council, constituted of scientific men working without remuneration in the interest of scientific medicine and the medical profession, expects—and rightfully, too—the co-operation and support of the members of that profession. What is needed is the active, sympathetic co-operation of physicians; the co-operation of pharmaceutical houses will follow as a matter of course (Journal A. M. A., May 1, 1920, p. 1234).

Obituary.

DR. JAMES F. BELL.—Dr. James F. Bell of Lonoke died May 21, 1920. Aged 65.

DR. THOMAS H. BOWLES.—Dr. Thomas H. Bowles of Dumas died May 22, 1920. He is survived by his wife and one daughter.

DR. GEORGE W. GARNER.—Dr. George W. Garner of Stamps died May 29, 1920. Aged 77 years. He is survived by his wife, two sons, and one daughter.

County Societies.

BENTON COUNTY.

(Reported by C. A. Rice, Sec'y.)

The Benton County Medical Society met at Gravette May 11, 1920. An interesting meeting was held with the following members pres-

ent: Dr. Pickens, President, and Drs. Huffman, Cargile, Highfill, Horton, Thompson, Buffington, Powell, Duekworth, Eubanks, Steele, Wilson, Clemmer, Smiley, Hughes, Perkins, Love, Guy Hodges, C. A. Rice and Dr. W. T. Cox, a visitor.

The society adjourned to attend the State meeting at Eureka Springs, June 8, 9, 10.

Our July meeting is to be a picnic in joint session with the Washington County doctors at Cave Springs, in Benton County.

The next regular meeting in August is to meet at Bentonville at 1:00 p. m., August 13.

After our business session, through the kindness of the Bentonville doctors and at their expense, members will be escorted to Bella Vista, where a 6:00 o'clock dinner will be served.

LONOKE COUNTY.

(Reported by C. R. Doyne, Sec'y.)

The Lonoke County Medical Society met in England June 2, at the office of Dr. O. C. Butler.

The minutes of the last meeting were read and approved by the following members: Drs. O. C. Butler, F. A. Corn, S. C. Beatty, Henry Thibault, J. C. Chenault, J. B. Wells and C. R. Doyne.

We had as a visitor Dr. Tucker of Perry County.

No clinical cases were reported, and as the President was to present a paper, the chair was taken by the Vice President, Dr. F. A. Corn. Dr. Butler then read a very interesting paper on "The Importance of an Early Diagnosis in the Treatment of Primary Syphilis." The paper was discussed by Drs. Thibault and Doyne.

Lonoke was selected as the meeting place for July 14.

After the regular business the society adjourned to the hotel, where a delicious fish supper was served.

On account of the hot weather, there was only a small number present; but those who attended were well paid.

CRAIGHEAD COUNTY.

(Reported by Thad Cothorn, Sec'y.)

The Craighead County Medical Society met in regular session Friday evening, May 14,

1920, at 8:00 o'clock p. m., in the office of Drs. Ramsey and Lutterloh.

Dr. Jackson read his paper, "Medical Ethics," which was quite generally discussed. Many good thoughts were advanced, some of which we feel sure will be adopted and put into execution by the members of our profession.

The next subject to be discussed was a paper, "The Young Doctor As I Now Would Start Him." The essayist, Dr. Ratliff, being absent, Dr. Cothorn opened the subject by a short talk. Others followed, and we feel that we have the young healer started right.

The next and last topic to be considered was a paper, "The Old Doctor As I Would Have Him Be," by Dr. McCracken, who handled it in a very able manner. We feel that the older members of our profession here exercise daily the virtues of the IDEAL OLDER PHYSICIAN as pictured by the essayist. After the quite general and interesting discussion of this paper, the business matters of the society were given attention.

Our efficient Secretary, Dr. C. M. Lutterloh, having died a few days previous, made it necessary to elect his successor. Dr. Cothorn was elected to fill out the unexpired term. On motion Drs. Stroud, Altman and Cothorn were appointed a committee to draft suitable memorial resolutions in memory of our worthy deceased fellow-member, Dr. C. M. Lutterloh.

A motion was made and carried that a Program Committee of two members be selected alphabetically from our membership roster, at each meeting, to arrange and report a program for the next succeeding meeting following their report. Drs. Altman and Clardy were selected to arrange for the meeting of May 28, and Drs. Hale and Haltum for the first meeting in June.

Adjourned.

Those present were Drs. Altman, Cothorn, Clardy, Hale, Horner, Jackson, Lutterloh, McAdams, McCracken, Pollet, Stroud, Walker, Willett of Jonesboro, and W. H. Smith of Bono.

Resolution follows:

"Jonesboro, Ark., May 17, 1920.

"Whereas, Our beloved fellow-member, Dr. C. M. Lutterloh, has been summoned to his final reward; and,

"Whereas, His sudden going has caused the Craighead County Medical Society to lose one of its most capable and loyal members; and,

"Whereas, We who knew him realize that we have lost a personal friend; that our profession has parted with one of its most active members; that the business, social and religious enterprises of our city have given up one of their most active supporters; therefore, be it

"Resolved, By our County Medical Society, that we by these resolutions try to express a measure of the sorrow we feel; and be it further

"Resolved, That a copy of these resolutions be spread on the minutes of our society, a copy be sent to the family of the deceased, and that a copy be sent to The Journal of the Arkansas State Medical Society for publication.

"Respectfully,

"H. A. STROUD,

"J. T. ALTMAN,

"THAD COTHERN,

"Committee."

CRAIGHEAD COUNTY.

(Reported by Thad Cothorn, Sec'y.)

Jonesboro, Ark., May 28, 1920.

The Craighead County Medical Society met in regular session this evening at 8:00 o'clock in the office of Dr. Haltum. The usual routine business was first disposed of. Then a motion was made and carried "That our society go on record as favoring such legislation as is necessary to secure the abolishment of Arkansas' multiple medical examining boards and the establishing of one board with power to examine all applicants for licensure." It was further suggested that we, individually and collectively, take the matter up with the aspirants for the offices of county representative and State Senator, in order that we may get them to understand the matter and give us their support.

Mrs. Whitfield and Misses Culberhouse and Bennet gave us a call and asked our co-operation for Thursday, Friday and Saturday next at the Baby Show. Dr. Overstreet was appointed to arrange a schedule of hours for the doctors, which he did and turned over to Mrs. Whitfield to be typed and sent to the different doctors.

Dr. McAlister, of Cash, being present when his application for membership went in, the usual order of referring same to censors was dispensed with and he was unanimously elected by a rising vote of all present. Dr. P. R. Barnes, of Bone, sent in his application for

membership with a check to cover dues for current year.

The scientific program was next taken up. Dr. Clardy read his paper, "The Commoner Skin Diseases," which was quite freely discussed. Dr. Stroud now read his paper, "Treatment of Leg Ulcers." All enjoyed his paper, for it was something out of the routine way of handling things of this character. The doctor has developed a technic with the use of adhesive strips whereby he heals them all, except those resulting from lues. Many questions were asked and the discussion was quite general.

The other essayist, Dr. Pollett, being absent, and Dr. Haltum having invited us to a "little treat," a motion to adjourn to the parlors of the Central Drug Store was carried by a rising vote. The "little treat" proved to be something grand, as Mrs. Haltum and assistants served us with fruit punch, ice cream, cake, cigars, etc. This social hour was one to be long remembered. It was unanimously voted that we hold another meeting with the doctor right away.

Those present were Drs. Clardy, Cothorn, Haltum, Horner, Jackson, Lutterloh, McAlister, McCracken, Overstreet, Rathliff, Stroud, and Walker.

Book Reviews.

THE DISEASES OF INFANTS AND CHILDREN.—By J. P. Crozer Griffith, M. D., Ph. D., Professor of Pediatrics, University of Pennsylvania. With 436 illustrations, including twenty plates in colors. Vol. I. Published by W. B. Saunders Company, Philadelphia, 1919.

The author of this book presents a complete review of the subject of medical pediatrics. Dr. Griffith not only gives his vast experience with diseases of children, but he has also made use of many valuable contributions. The divisions in the book cover "General Subjects," "Diseases," "Infectious Diseases," "General and Nutritional Diseases," and "Diseases of the Digestive System."

AMERICAN ILLUSTRATED MEDICAL DICTIONARY (DORLAND).—A new and complete dictionary of terms used in Medicine, Surgery, Dentistry, Pharmacy, Chemistry, Veterinary Science, Nursing, Biology and kindred branches, with new and elaborate tables. Tenth edition, revised and enlarged. Edited by W. A. Newman Dorland, M. D. Large octavo of 1,201 pages, with 331 illustrations, 119 in colors. Containing over 2,000 new terms. Philadelphia and London: W. B. Saunders Company, 1919.

The new Dorland Dictionary, which has reached its tenth edition, comes in the same

form and style as the previous editions. It is valuable not only as a dictionary, but also as a work of reference, particularly the tables and colored plates. To make mention of a few of these, the table of muscles covers 18 pages, giving the origin, insertion, nerve supply and action; the table of nerves covers six pages, function, origin, distribution and branches of each, and is illustrated by four pages of colored plates. The table of tests gives over 650 tests and reactions, and in addition there are just as elaborate tables on stains, ptomaines, arteries, bacteria and weights and measures, together with a generous supply of colored illustrations.

DERMATOLOGY.—By J. Darier, Physician to the Hospital Saint Louis, Paris, France. Authorized translation from the second French edition. Edited with notes by S. Pollitzer, New York. Illustrated with 204 engravings and four colored plates. Published by Lea & Febiger, Philadelphia, 1920.

This excellent text-book is as concise and practical as seems possible to include the entire domain of cutaneous pathology.

The first part (Chapters I to XXII) discusses the eruptive lesions and noneruptive cutaneous changes. Chapters XXIII to XXXI are found to be a review of the diseases of the skin itself, the pathological entities with definite etiology, classified according to the nature of their cause.

The book closes with a chapter on "Therapeutic Notes," presenting the essential data required for dermatological treatment.

IMPROVEMENT IN HOSPITAL SERVICE.

(Continued from page 7)

that work. This work has been so intimately related to that of the Council on Medical Education that the name of this Council was changed to the "Council on Medical Association and Hospitals."

In brief, further enlargement of hospital work by the American Medical Association is assured and in this work each state is destined to have an important part. Toward this end each association is urged to make its hospital committee permanent and to retain on it those who will not only be active, but who also can do the work in the most efficient and unbiased manner. Hospitals, at present, form the closest link between the medical profession and the public, and the medical profession should do all it can to aid the hospitals to provide the very best service possible.

The Secretary of the County Society will please notify the State Secretary immediately of any error or change in these officers.

DIRECTORY

OF THE

COUNTY SOCIETIES OF THE ARKANSAS MEDICAL SOCIETY

1920

COUNTY.	PRESIDENT.	ADDRESS.	SECRETARY.	ADDRESS.
ARKANSAS	W. H. Moorhead, M.D.	Stuttgart	M. C. John, M.D.	Stuttgart
ASHLEY	A. E. Cone, M.D.	Portland	J. C. Simpson, M.D.	Hamburg
BAXTER	W. C. Tipton, M.D.	Mountain Home	J. J. Morrow, M.D.	Cotter
BENTON	W. A. Pickens, M.D.	Bentonville	C. A. Rice, M.D.	Rogers
BOONE	J. C. Blackwood, M.D.	Harrison	F. B. Kirby, M.D.	Harrison
BRADLEY	C. E. Gannaway, M.D.	Warren	Rufus Martin, M.D.	Warren
CARROLL	I. M. Poyner, M.D.	Berryville	R. H. Huntington, M.D.	Eureka Springs
CALHOUN			T. F. Rhine, M.D.	Thornton
CHICOT	B. C. Clark, M.D.	Lake Village	J. S. Wilson, M.D.	Lake Village
CLARK	W. S. Watson, M.D.	Amity	J. M. Daly, M.D.	Arkadelphia
CLAY	R. C. Lynch, M.D.	Success	N. J. Latimer, M.D.	Corning
CLEVELAND	J. S. McMurtrey, M.D.	Rison	H. O. Wilson, M.D.	Rison
COLUMBIA	H. M. Kitchens, M.D.	Waldo	J. J. Baker, M.D.	Magnolia
CONWAY	B. C. Logan, M.D.	Morrilton	H. E. Mobley, M.D.	Morrilton
CRAIGHEAD	W. W. Jackson, M.D.	Jonesboro	Thad Cothorn	Jonesboro
CRAWFORD	S. D. Kirkland	Van Buren	M. S. Dibrell, M.D.	Van Buren
CRITTENDEN	B. M. Stevenson, M.D.	Crawfordsville	L. C. McVay, M.D.	Marion
DALLAS	H. H. Atkinson, M.D.	Fordyce	C. J. March, M.D.	Fordyce
DESHA			H. T. Smith, M.D.	McGehee
DREW	M. Y. POPE, M.D.	Monticello	A. S. J. Collins, M.D.	Monticello
FAULKNER	G. L. Henderson, M.D.	Conway	J. S. Westerfield, M.D.	Conway
FRANKLIN	W. J. King, M.D.	Branch	Thos. Douglass, M.D.	Ozark
GARLAND	J. T. Jelks, M.D.	Hot Springs	O. H. King, M.D.	Hot Springs
GRANT	M. M. Blakeley, M.D.	Sheridan	J. L. Butler, M.D.	Sheridan
GREENE	Wm. M. Majors, M.D.	Paragould	F. M. Scott, M.D.	Paragould
HEMPSTEAD	W. F. Saner, M.D.	Hope	L. M. Lile, M.D.	Hope
HOT SPRING	E. T. Bramlitt, M.D.	Malvern	E. H. McCrary, M.D.	Malvern
HOWARD	D. A. Hutcheson, M.D.	Nashville	J. S. Hopkins, M.D.	Nashville
INDEPENDENCE	V. L. Pascoe, M.D.	Newark	O. J. T. Johnston, M.D.	Batesville
JACKSON	O. E. Jones, M.D.	Newport	I. H. Erwin, M.D.	Newport
JEFFERSON	M. A. Shelton, M.D.	Wabbaseka	J. F. Gill, M.D.	Pine Bluff
JOHNSON	Geo. L. Hardgrave, M.D.	Clarksville	Earle H. Hunt, M.D.	Clarksville
LAFAYETTE	F. E. Baker, M.D.	Stamps	F. W. Youmans, M.D.	Lewisville
LAWRENCE	C. C. Ball, M.D.	Ravenden	H. R. McCarroll, M.D.	Walnut Ridge
LEE	H. D. Bogart, M.D.	Marianna	Mac McLendon, M.D.	Marianna
LINCOLN	C. W. Dixon, M.D.	Douglas	G. C. Wood, M.D.	Grady
LITTLE RIVER	W. L. Shirey, M.D.	Foreman	W. E. Vaughan, M.D.	Richmond
LOGAN				
LONOKE	O. C. Butler, M.D.	England	C. R. Doyne, M.D.	Lonoke
MADISON	W. E. Aeree, M.D.	Huntsville	L. H. Callen, M.D.	Huntsville
MILLER	L. H. Lanier, M.D.	Texarkana	Wm. Hibbitts, M.D.	Texarkana
MISSISSIPPI	W. J. Sheddan, M.D.	Osceola		
MONROE	P. E. Thomas, M.D.	Clarendon	T. J. Stout, M.D.	Brinkley
NEVADA	W. W. Rice, M.D.	Prescott	O. G. Hirst, M.D.	Prescott
OUACHITA	J. S. Rinehart, M.D.	Camden	C. S. Early, M.D.	Camden
PERRY	E. L. Mathews	Casa	R. A. Jones, M.D.	Houston
PHILLIPS	J. W. Bean, M.D.	Marvell	M. Fink, M.D.	Helena
POINSETT				
POLK	P. R. Watkins, M.D.	Mena	F. C. Mullins, M.D.	Grannis
POPE	J. M. Stanford, M.D.	Russellville	J. R. Linzy, M.D.	Russellville
PRAIRIE	James Parker, M.D.	DeValls Bluff	J. R. Lynn, M.D.	Hazen
PULASKI	S. B. Hinkle, M.D.	Little Rock	J. B. Dooley, M.D.	Little Rock
RANDOLPH	T. Z. Johnson, M.D.	Walnut Ridge, R.F.D. 1	W. E. Hughes, M.D.	Poehontas
SALINE	J. M. Phillips, M.D.	Benton	J. W. Melton, M.D.	Benton
SCOTT	L. D. Duncan, M.D.	Waldron	M. T. Crow, M.D.	Waldron
SEARCY	Geo. W. Dickens, M.D.	Leslie	L. D. Robertson, M.D.	Marshall
SEBASTIAN	W. R. Brooksher, M.D.	Fort Smith	D. R. Dorente, M.D.	Fort Smith
SEVIER	J. C. Graves, M.D.	Lockesburg	F. A. Norwood, M.D.	Lockesburg
ST. FRANCIS	P. P. Boggan, M.D.	Forrest City	D. A. Pelton, M.D.	Forrest City
UNION	H. H. Niehuss, M.D.	El Dorado	F. R. Morrow, M.D.	El Dorado
WASHINGTON	R. T. Henry, M.D.	Springdale	J. R. Southworth, M.D.	Fayetteville
WHITE	Sam J. Allbright, M.D.	Kensett	J. L. Jones, M.D.	Searcy
WOODRUFF	C. E. Dungan, M.D.	Augusta	L. E. Biles, M.D.	Augusta
YELL			C. B. Linzy, M.D.	Plainview

THE JOURNAL

OF THE Arkansas Medical Society

PUBLISHED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

Vol. XVII.

LITTLE ROCK, ARK., JULY, 1920.

No. 2

Original Articles.

PRESIDENT'S ADDRESS.

George S. Brown, M. D.,
Conway.

Gentlemen of the Arkansas Medical Society:

I have the pleasure and honor of welcoming you to the forty-fourth annual meeting of the Arkansas Medical Society in this beautiful mountain health resort. We are honored by the presence of distinguished medical men from other States. We extend them a sincere welcome and a cordial invitation to participate in our discussions.

It is my first and pleasant duty to express my sincere appreciation of the honor that has been conferred upon me by you calling me to the highest honor within your gift. It is indeed no slight distinction to have presided over a body of men so far above the average and so representative of science and the highest ideals of mankind of today.

During the year the Society has lost by death some of the most useful and eminent of its members, and the largest number in the history of the Society. We have lost one of our most distinguished ex-presidents, Dr. L. P. Gibson, who died December 29, 1919. He was not only a successful and beloved physician, but was one of the organizers of the Arkansas Medical Society. He knew more of the scientific and other work of its members and of the Society than any other man.

There is missing today our late Secretary, Dr. C. P. Meriwether. I think of no one who has contributed more to our social, scientific and business gatherings than Dr. Meriwether, and by his death the Society loses one of its most valuable members. We have missed the

inspiration of their presence, and the guidance of their advice and counsel.

It is most gratifying to recall the record which has been made by our members in the service. They met in common with the volunteer soldier the difficulties of camp life and yet they rendered service not only as soldiers, but as highly skilled men who devoted and consecrated to the needs of the army. General Pershing said: "Many of them have shared with line troops the hardships of campaign conditions and have sustained casualties and privations with fortitude that is beyond praise. No labor has been too exhausting and no danger too great to prevent their full discharge of duty."

It may be said that other soldiers made the same sacrifices in the centuries that have rolled by in defense of their respective countries, but tell me of any other people since the dawn of history who have made the same sacrifices. Others have fought gallantly, but the enemy was always in sight. You crossed three thousand miles of sea before reaching the battle ground, with treacherous submarines making every mile hazardous and at any moment might have been sent to a watery grave. Fortunately, only 237 of the 2,086,000 transported overseas were not spared to see the battle ground, and those earliest of our heroes to give up their lives in their country's service are said to be now sleeping on the rock coast of Scotland overlooking the sea.

To those who have lost their lives in their country's service, there is no honor too great to offer them. The debt we owe them can never be repaid.

"When we consider that this war has cost the world about 8,000,000 in lives and \$186,750,000,000 in money, and when we further consider that this war was followed by one of the greatest pestilential diseases that ever visited mankind, in which 10,000,000 more

*Read before the Arkansas Medical Society, at the Forty-fourth Annual Session, Eureka Springs, 1920.

lost their lives, the wonder is that the human race has stood it all." Let us hope your sacrifices and sufferings may be rewarded by bringing liberty and happiness to the generations that are to follow.

Today our fellow-members of the profession who volunteered for active service have returned. They have come back with a broader view of life, gained by their experience in the army. These men who have looked death squarely in the face are not the same as when they left us. They will be an asset to their State and to the community in which they live. It is fitting that they be told, and I regard it as a privilege that it has fallen to my part as presiding officer of this Society to tell them of the high esteem in which we who remained at home hold them. To each one who went unselfishly to his duty in the great cause of civilization, who went in response to that high call known to everyone who recognizes a guiding force inspiring men for the carrying out of a divine plan, to each, to all such, we give honor. And now we join in a welcome home to them. They have maintained the best tradition of our profession. If medicine has given much in the past few years, it has also received much.

Before leaving this subject, may I be permitted to say one word in behalf of those men who have carried on at home? Many medical men who, for one reason or another, were unable to go overseas, did splendid service at home, for upon their shoulders rested the responsibility of doing the work here. We should not fail to recognize the good service they have rendered.

I cannot close these remarks without mentioning the splendid service rendered in the war by our nurses. They have braved the dangers of war on both land and sea, many of them giving their lives in the service of their country. On behalf of our profession, I take this opportunity of recognizing the splendid work they have accomplished.

HOSPITALS.

The movement to establish new hospitals at various points is very commendable. Those adjacent to and having access to the staff of some standard medical school should be especially favored. Our experience has clearly shown that where medical schools are in close affiliation with hospitals both are increased in efficiency; and as a result there is a higher

standard of medical education and a greater saving in an economic way. Therefore, whenever a hospital can be connected with a standard medical school, it should be regarded as one of the fundamental requisites for good service.

PUBLIC HEALTH.

I am glad to say that the people at large are beginning to show more appreciation of public health activities. There has never been a time in the history of the world when so many people were interested in public health as at present. Public health is the most important function of government. It was Gladstone who said, "In the health of the people lies the wealth of the nation." It is now advisable that this Society take up these questions of public health and preventive hygiene and to utilize all the accumulated knowledge for the benefit of the people of the State. It must be done to preserve and improve the health of this and coming generations. Realizing that your knowledge of this subject is equal to, if not greater, than my own, yet I have no apology to offer for insisting that this Society should take a more active part in public health work. If as much advancement can be made in preventive medicine in the coming ten years as was made in the past ten years, then, and only then, can we consider that we have done our whole duty.

SCHOOL INSPECTION.

The matter of school inspection is one of the subjects receiving increased attention at the present time. Too little attention has been paid in the past to the physical side of our children. It is only within recent years that any real attempt has been made to develop healthy manhood and womanhood in our schools. Our educational system has disclosed a mad race to pass examinations on schedule time. The robust in body and mind succeed while those of bright intellect but weak bodies have to give up the contest or else fall by the wayside, physical misfits.

We trust that in the change of view that is taking place among our educationists they will insist that careful and thorough examination be made of all school children on their entrance to our public schools, that from time to time through the course they be submitted to further examination so that defects in development may be detected and proper

measures taken to their correction. The first three years of child life must be guarded with infinite care. Infant welfare work, begun by the Committee of Safety under Federal direction as a war measure, will continue under civilian supervision as a public health movement. A more accurate birth registration will be insisted upon. President David S. Jourdan says, "If you ever wish to go in for philanthropy, if you ever wish to be of any use to the world, do something for the little children."

EUGENICS.

Eugenics is one of the great problems. The two great motives underlying any activity, the instinctive mainspring of our being, are the preservation of the individual and the perpetuation of the race. The principal of this question is to prepare and promote the next. Then what can even approximate in importance than that those who come onto the stage after us, get started right? You and I plan, worry, toil and strive that our son may be well equipped, nay, better equipped than we have been, so that the world's work by his aid may be pushed further than we could push it. Instinctively we all do this for our offspring, inspired by the hidden forces driving our race onward and upward to ever higher levels.

The physician views the problem of marriage as one for the propagation of the species. He realizes the immutable laws of heredity, and therefore assumes that the character units of one or the other parents are transmitted to the offspring. There are two varieties of character units, the agenic units, those that tend to destroy the race, and the eugenic units, those that tend to improve the race. It is said that there are 8,000,000 cases of syphilis and 10,000,000 cases of gonorrhoea in the United States. "The law prohibiting the marriage of syphilitics while contagious appeals to me as an advance of immense importance, and the work of the Federal Public Health Service makes one feel that it will not be a dead letter." There should be legislation to prevent the marriage of physical and mental defectives and those having communicable diseases. The public need to have the facts regarding the propagation of the feeble-minded and the diseased placed before them, and then they will demand that restrictions and safeguards be made in order to maintain a healthy race.

MEDICAL INSURANCE.

"We are receiving arguments for so-called medical insurance. In England and Germany, the two countries in which this has been most thoroughly tried, it has been a monumental failure. Socialists and so-called uplifters are trying to force their views on the people and claiming that health insurance should at once be established in this country. Attractive though it may be to the laboring man, we believe that we can do no higher service to him than to show him that his interests, physically and morally, are far better safeguarded by his accepting the principle that he pay to an individual physician for the best type of service he is capable of giving, than there would be if he pay a sum in advance for all service which he may need during the year."

ADVERTISING.

It has been a long time since we have heard anything about members of our Society seeking newspaper notoriety, but now we are receiving daily and weekly papers containing eulogistic accounts of operations performed by various doctors, and, of course, in each instance the doctor's name is given in full. It is very bad taste for any doctor to seek newspaper notoriety, and it is a good safe bet that in the majority of instances where a doctor's name occurs in connection with a report on the treatment of any case, he has either sought the notoriety thus secured or has been egotizant of and willing to sanction it, for no newspaper editor or proprietor is going to ignore the request of any doctor who expresses an honest desire to avoid newspaper publicity in connection with treatment of the sick and injured. It would be a good idea, and I recommend the county medical societies to pass a resolution to the effect that newspaper publicity in connection with cases is objectionable to the members of the medical profession, and they respectfully request that the names of attending physicians and private hospitals be omitted.

ORGANIZATION WORK.

If there ever was a time in the history of medicine when good solid teamwork on the part of a united profession was needed, it is now. At every session of the Legislature the various cults and isms are hard at work trying to obtain favorable legislation, all trying to break into the practice of medicine by an easy method.

If your legislator does not hear from you in regard to the medical bills before him, he will take it for granted that these measures are acceptable and will vote accordingly. Have you told him how you feel about it? If not, who is to blame if laws legalizing quackery are placed upon the statute books of the State? We are not a power in our Legislature now, solely because we do not demand to be heard upon bills that affect our interest. It is our duty to take a personal interest in this matter.

In conclusion, let me say to the members of our profession that a twofold responsibility rests upon us. First, our responsibility to the public whom we serve; and secondly, our responsibility to ourselves. The scientific principles upon which modern medicine stands have been discovered through the arduous toil of those master minds everywhere working to ascertain the truth of those laws and forces operating in the physical world, and all we ask of those who would join us is that they conform to the well-recognized standards of medical training. The field is so great no one can hope to master it all, but we believe the public have a right to expect that when a man presumes to treat the sick, he should be as well qualified as it is humanly possible to be. We owe it to ourselves to be more united. The constant toil of the general practitioner too often begets an isolation that renders him difficult of approach by his confrere. We must develop more of the get-together spirit to advance our own professional interests. Our county societies should be centers where physicians frequently gather for the discussion of medical problems and other matters pertaining to the health and activities of the community in which they live.

I appeal to the members of this Society individually and collectively to push forward to higher ideals, never wavering until the profession of Arkansas stands on the highest possible places of ethical, social and scientific achievements.

To have served you during the past year is an honor for which I am deeply grateful.

QUALITY OF ACETYLSALICYLIC ACID

The following brands of acetylsalicylic acid have been found of satisfactory quality and are in New and Nonofficial Remedies: Acetylsalicylic Acid-Heyden, Acetylsalicylic Acid-M. C. W., Acetylsalicylic Acid-Merek, Acetylsalicylic Acid (Aspirin)-Monsanto, Acetyl-

salicylic Acid-P. W. R., Acetylsalicylic Acid-Squibb, and Aspirin-L. and F. An examination made in the A. M. A. Chemical Laboratory two years ago showed that the product supplied as acetylsalicylic acid was of equal quality with the German-made Aspirin Bayer. The Aspirin Bayer now made in America and exploited with misleading claims is controlled by the Sterling Products Company, which sells casearets, danderine, etc. (Journal A. M. A., June 12, 1920, p. 1664).

FORMITOL TABLETS.

In a report of the Council on Pharmacy and Chemistry, it was stated that Formitol Tablets of the E. L. Patch Company contained formaldehyd (or paraformaldehyd) and some hexamethylenamin, and that the formaldehyd (or paraformaldehyd) had been produced by the decomposition of the hexamethylenamin originally present in the tablets. The Council now reports that the Patch Company declares that no hexamethylenamin is used in the manufacture, and that, therefore, that which was found must have been produced from the formaldehyd and ammonium chlorid in the tablets. The Council further reports that a printed sheet received from the Patch Company conveyed the information that Formitol Tablets contained ammonium chlorid, benzoic acid, citric acid, guaiac, hyoseyamus, menthol, paraformaldehyd and tannic acid, but gave no information as to the amounts of any of the ingredients, except that each tablet was declared to represent 10 minims of a 1 per cent formaldehyd solution. Because of the nonquantitative, and, therefore, meaningless "formula," the A. M. A. Chemical Laboratory made an analysis of the tablets. The analysis indicated that the combined weight of all the claimed active ingredients is less than one grain per tablet! Formitol Tablets furnish a good illustration of some well-established truths: (1) "Formulas" that are nonquantitative are valueless or worse than valueless. (2) The fact that a manufacturer puts certain drugs in a mixture is no proof that these drugs are there when the mixture reaches the patient. (3) Complex mixtures should be avoided. It is absurd to expect, as is claimed in the case of Formitol Tablets, anodyne, antiseptic, astringent, expectorant and resolvent action, all at the same time (Journal A. M. A., June 19, 1920, p. 1730).

PROCEEDINGS OF THE
 FORTY-FOURTH ANNUAL SESSION
 OF THE
Arkansas Medical Society

Eureka Springs, June 8, 9, 19, 1920

HOUSE OF DELEGATES.
 FIRST DAY.

The House of Delegates was called to order by the President, Dr. George S. Brown, at 9:30 o'clock a. m., a quorum being present.

Invocation by Rev. B. L. Harris:

Almighty God, our Father, we thank Thee that we can come again at this time by putting our trust unto the Almighty. Thou hast given to us every good and perfect gift in life. Thou hast given to us the benefits of every past association. Thou hast given to us a great country, part of which we have taken into our hands under the leadership of the Almighty, controlling and directing the duties Thou hast put upon us. We thank Thee this morning for this fellowship that we have in our city, the crowning peak of the Ozarks; for these men that come to us from different parts of our State. We belong to a great country, and we have a great State, and we have this, the crowning point of the State of Arkansas, the fountain of health; and these men that go out to different parts of this State, who are looking after the health of the people, have met here in this convocation, in this medical meeting. We are glad to welcome them to our city; we are glad to have them in Arkansas; and, we would pray Thy blessing upon them. We pray that they may be a blessing to us, and that we may be a blessing to them. We thank Thee for them that go out into the homes of the people and become a part of the family to which they minister. Dearest of all the people that come to our homes are the physicians and the ministers that become a part of our families. May these men be true to their trust. May they have wisdom from on high to treat whatever patients that come under their care, and may this time be one of great inspiration and blessing to them, and may they receive that leadership that cometh alone from God, so that they may be led into all wisdom, into all knowledge and into all righteousness. May Thy blessings be upon these men, upon their homes and upon their practice. May they be successful in their work. May they have that victory that will give them honor in this life. And, may they so deport themselves as to bring the best of character and the best of reputation on the profession to which they belong. Bless us all together now, and make this a happy time for them. May it be a time of refreshing, a time of joy, a time of information, a time of gladness, a time of good fellowship and rejoicing. After a while bring us home into that eternal blessed reward that remains to the faithful and true. We ask all in Christ's name. Amen.

Hon. F. O. Butt, chairman of the city Commission, on behalf of the city of Eureka Springs, delivered the address of welcome.

ADDRESS OF WELCOME.

Mr. Chairman, Ladies and Gentlemen:

You probably do not appreciate the fact that I am known as a short-winded speaker. I am not going to detain you long. The making of welcome addresses is a duty that falls to the lot of the one upon whom falls the burden, heavy or light, of the titular head of the city government. We give these welcome addresses to all who come, and they are always heartfelt and sincere. I sometimes think that one of the greatest burdens toward which one has to look forward, in going off to attend a convention, is the fact that they have got to be confronted with welcoming addresses. I go off every year to one or more conventions, and I know that is the part I always dread worse than anything else. I guess I am too practical to appreciate so much sentiment. During this meeting you will be welcomed by other welcoming addresses; but, I trust, by the time you leave here, that you will feel that you are absolutely welcome, not so much by what I or others may say, but by the reception that you get from our people as a whole. I say that the giving of welcome addresses is a matter of form pretty largely on the part of all cities to conventions that meet in their midst. But, notwithstanding that, there are always some bodies that meet together in cities that do evoke a spontaneous greeting of welcome; and, in a city like this that pertains to the catering to the ills of mankind, that sets up as its underlying spirit the fact that it is a great health resort, and which speculates on the idea that here is a place for people to come and get well from their various troubles, I know of no body of men that would be more welcome to such a town than a body of doctors. We are glad to welcome the doctors for another reason, and that is because of the fact that we have with us several splendid and eminent physicians. We have learned from them and from other doctors that we have rubbed up against during our lives, that they are a pretty fine set of fellows. They are a forward-looking body of men.

I think there is a vast difference between the profession of medicine and the profession of law in one essential feature. The law, for the past three hundred or more years, has been standing pat on the things it did three hundred years ago. Today, if a judge renders a decision and bases that decision upon the fact that that same thing was done three hundred years ago, all the lawyers will laud him and say that that is a splendid pronouncement of the law. Medicine is exactly the opposite. Instead of standing pat upon the things of the past, I know of no other profession that is so rapidly and so continuously and day by day relegating and throwing aside the things of the past and looking forward into the future. In other words, medicine, I think, is about the only profession that can be said to have grown up and built itself and reached its present heights absolutely on its past mistakes, and upon its courage to acknowl-

edge those mistakes and cast them aside, and take up those things that science said were more suitable to the conditions as doctors found them to exist. When we begin to look back into the past and see some of the things that have been cast aside, we wonder at times how men of the intellectual capacity of the average doctor could even look at those things in those days and believe that they were the right things. Not very long ago, and I suppose many people are alive yet who can remember, the fundamental treatment of the doctor, if you sent for him, was to bleed his patient. That seemed to be the cure-all for everything. George Washington met a happy death, I think, by being bled a little bit too much; but the doctor had the idea that that was the fundamental treatment, that that was the treatment to give. They used a lancet for the purpose, which was not only pretty painful to the man they bled, but it was more or less messy. One of the primary things that doctors are taught nowadays is that they must not be messy, but must be clean and nice. Nowadays you never see a lancet used for that purpose, and the average patient doesn't know that he has been bled until the end of the month, when the doctor sends him a bill for services. (Laughter.) That was a joke, I believe.

The city appreciates the doctors for another reason; not only because, as a profession, they are climbing and advancing; not only from the fact that they are always burying their past mistakes; but, they appreciate the meetings of the doctors here because of the fact of the personnel of that body itself. Now, the rank and file of the doctors have not always been made up of the same class of men that make it up today. Today you must have a certain degree of scholastic education; you must go through a four years' course; you must make good before you can get a diploma at all. Now, when a man comes out of a medical school in this modern day, the fact that he has a diploma not only says to the world that he is something more than one who can cure human ills, but that he, in all probability, is that kind of timber out of which good men and good citizens are made; so that, when the average M. D. sets out his shingle in a community, the community feels that he is not only a competent doctor, but that he is above the average as a citizen.

Now, the personnel of the doctor has not always been that way. It used to be, or just about the time when I was a boy, that the only thing necessary to make a doctor was enough self-assurance, a pair of saddle-bags, and a horse. You didn't have to have a diploma, a license, or anything else, if you had enough assurance to start out and could get a patient to treat. That is all there was to it. Still further back than that, they used to make them out of barbers. Now, I have nothing against the barbers. They are a fine set of fellows. We can hardly get along without them. But, in the early days, the barber and the surgeon had the same shop. When the barber found out that he was a kind of failure, and the barber acquired the habit of hacking off part of a man's face by shaving him, he knew he was employed for the work of a surgeon, and he turned his talents directly to that. And, I think, from the records of the old times, those surgeons must have been a mighty brazen race, anyway; they made fine experiments, when somebody else would furnish the raw material. (Applause.) They moved into a man's frame. I think, something on the same theory and system that the modern bank robber moves into a bank vault. They didn't have gun powder in those days, but they could get into it in a little easier way; and, when you look at some of the old surgical instruments, you wonder how in the world anybody ever did survive the surgery of those days. Talking about gunshot

wounds, when gun powder came into use, the treatment for gunshot wounds was to fill it up with burning oil. I suppose that was on the theory that, by putting on burning oil, it would take the patient's mind off of his gunshot wound; just the same as when you place a mustard plaster on the side of the chest for an inside hurt; you set up a counter-irritation, and it is so engrossing you forget about the real hurt. In the olden days, when a man looked over the top of his donjon keep, and saw a warrior at the back gate armed with a cross-cut saw and axe, he didn't know whether he came up to fix the plumbing or to cut off the cook's leg. They all went armed with the same sort of surgical instruments.

But methods of practice have been gradually changing from year to year. The body of the doctors ranks up with the leading men of their community. They are the leaders in our State. They not only minister to us when we get sick, but they are influencing our lives as men and women throughout the State in our civic and political life, year after year. And, at that, doctors are not politicians, in the sense of being men who are out after office. You hardly see a doctor who is an office-seeker; it is the rarest thing in the world. But I, who have done some little running for office, I know that when you come into town, the first fellow you want to see is the doctor; he is one of the strongest fellows to get next to the people and say something to them on the quiet. He does it, not because he thinks the doctor is a politician, but because he has a hold upon the confidence of the people themselves. So, I say, the doctors wield a wonderful political influence as well as personal influence among the people, or among the laymen where they practice.

They are changing in other ways, too. I will tell you some of the reasons why we appreciate the doctors here at Eureka Springs. There are today, in every little hamlet, two or three doctors scattered through the country, and there was a time, not so far back, when doctors were not so plentiful. There are men and women alive today who can remember when the doctors were not as plentiful in their day as now. I might state that the reason why so many of these people still survive is the fact that doctors were not so plentiful then. I suppose this proposition is as true one way as it is the other. But, in those days they couldn't reach the physician easily, when people felt the need of something to cure up their personal ailments. So, in the springtime, when the seed began to sprout and the birds began to mate, the farmer thought it was about time to take something. So, he would go into the county seat and hunt up the drug store and lay in his supply of almanacs. You have all seen the outside of these almanacs. They have pretty near gone out of existence when I got to be a man. You would open up the book, and you would find column after column about this old stand-pat disease, and then a joke, and you read the jokes and laugh about it year after year, and you read about the disease and decide that you have it, and, if you read the book clear through, you find out that you have every disease in the book, and that the only thing on earth that would save you from instant dissolution would be to get a big dollar bottle of this medicine, and then you were saved for at least another year. And, if there is anything entitled to credit for putting almost out of existence the patent medicine craze, it is the doctor. It has been a blessing to more people than you can imagine. The doctors simply have become too active in the patent medicine game. Do you have any idea for how many people, speaking of the country, they were a blessing in disguise; who had real ills, and who studied about their imaginary ills and would actually forget about their real ills? But

the day of patent medicines is gone, and the doctors are responsible for it.

And, along with that has passed out another institution that, in all candor, has been one of the great institutions of America, and that is the old-fashioned country doctor. Now, when I was a boy, it was the country doctor that I knew. These city doctors, with their office hours, were unknown back in the backwoods. Our country physician didn't have office hours at all, except from daylight until daylight the next morning. He went to bed with his hat and boots on, and his horse was always saddled and bridled. The bridle was simply laid back of the horse's head. And, no matter what time you sent for him, he was on his way. I want to say that I think that every community in the United States should erect a monument to the memory of that old man. He has been one of the great institutions of America, and it is going to take a better tongue than mine and the gift of a poet to properly sound his praises and say for him the things that he deserves. He was not only considered the Father Confessor to everybody in the county, but he was the personal adviser to the old men, the little boys and little girls and all the members of the family. Everybody knew that the old doctor was their friend. And, he has gone forth to his final reward with the blessings of more people than almost any other class of men that ever existed on earth. The old country doctor has passed out. We have, today, the doctor with office hours, and who specializes on things. It is not so common now to find a man to whom you can come and tell what is the matter with you, and know that man is going to treat you. The chances are that he will say your trouble is in your thumb, and "Dr. So-and-so is a thumb doctor; you go to him." In other words, the doctors are specializing more and more all the time; they are getting so that each one takes up a special branch of the profession. So that, if I have trouble in my lungs, I naturally think of calling on a lung doctor. If it is my throat, I hunt up Dr. Huntington and go to him. So, we go to the men who specialize on some particular thing. And, I suppose, as a result of that, these men become more adept in certain branches, instead of being generally adept in the whole realm of medicine and surgery. So, today, if I have got something the matter with my stomach, and I go to the doctor and he says, "What's the matter with you?" and I say, "My stomach," and he finds the trouble there in my stomach, like I think, he begins to treat it. As long as he can keep it there, it is all right. But, if the trouble begins to slide down or slips up, or goes higher into my chest, he makes a cross mark where he last saw the disease, and turns me over to some other doctor, according to the route the disease was going when he last saw it. But, when you get into the hands of one of these surgical specialists, you wish you had never been born. I think, the older I get, the more and more doctors are beginning to kind of specialize toward surgery. If I have got a bad taste in my mouth, and I am not at myself exactly, the doctor just looks at me kind of awkward, and kind of cross-eyed. He goes into the next room, and the next thing I hear he is sharpening up a saw. A great many of the doctors have the idea that the treatment for that is an operation as well as for everything else. Well, in spite of all that, we seem to be getting good-natured with the doctors pretty well. We let them operate on us, and they cut us up. And, statistics seem to show that, in some way, the world is getting more healthy, more sanitary and better and better all the time, in spite of these ways of the doctors that we don't like. In some way the world is getting better hygienically and from a health standpoint. So, maybe I am wrong, and maybe the

doctors are right. And, I have noticed this about surgery: I believe it is the young doctors that somewhat lean toward surgery. I think it is on the same principle that a little boy, when he gets a big ball for Christmas, has a sort of longing to make a hole in it. So, when the young surgeon gets you on the table, he feels an uncontrollable desire toward looking into you. He has to practice on something.

There is one thing about the profession that I have not been able to get through my head. We know today that hygiene is something that we must all pay attention to. We know that we must have fresh air, or human health is likely to deteriorate. We know that the house fly is a carrier of disease, and that it must be screened out and not given admittance anywhere. We know that, unless we have our water boiled, it is not absolutely pure. We know all that, and guard against those things day by day, and make ourselves just as scientifically hygienic and correct as we can. But, our forefathers didn't know a thing about those things. They had no more idea about the rules of hygiene than a coolie. And, when a fly came into the house, they didn't care whether it wiped its feet on the food or not. It was all the same to them. And, about fresh air, we have to have fresh air; but, these good fathers and mothers at night kept the fresh air away. There was no question about it being good; but, as far as the night air was concerned, it was something you must not touch at all. So, before they went to bed, it was their custom to seal themselves up in the bed room at night, so that the night air never could come in. All those things were unknown to them. But, strange to say, in spite of all those things, some of our forefathers lived. They got by, and, more strange, they are living today. And, every once in a while I can see where one old forefather is alive, when I know, and you know, they didn't have the right to be; in fact, they didn't have the right to be born, and yet they are still alive today. Some of them you can't kill. They will die and die and die, and still come to life again. I have read in the last three or four years, five or six times, about the last body servant of George Washington who died and had been buried some place here, there and every place. He died and is buried, and the next year he dies and gets buried again. You can't kill them all. I can't understand that. If these modern times have taught us that all these things must be followed if we are going to be healthy and sanitary and correct physically, how on earth did they ever get by? The only reason I can give is that the things you don't know about don't hurt you, and these old fathers back there, not knowing about these diseases or about the things they had to do to keep well, it didn't hurt them to have diseases or didn't hurt them to be sick. The doctor possibly can give you a better explanation for that than I can, but if he does, he will charge you for it. My explanation is free.

But, aside from all this, this city is mighty glad to have you doctors among us. They are always welcome. When we invite you to come here, you are welcome. When we invite you to come here, you can always feel welcome. If you don't come here, we will send a hurry-up call for you. You are welcome because you are with us all through our life; when we are born, and when we die. So, that the city says to the doctors that we are glad to have you here. There is not a body of men, doctors, lawyers, merchants or whatever they may be, that can be so welcome to us as the doctors. We can't get along without them. We have to have them, when we are born and die, and through every day of our lifetime. And, whatever we may say in the way of pleasantries about the doctors, whenever we begin to groan and feel pretty bad, there is nobody we want so quick as some member of

the medical profession; and, if there is any one time that the doctors do get so that they look like angels to us, it is right about the time we begin to feel that we are getting close up to joining the angel class.

The doctors are welcome. Eureka Springs gives you welcome. You will not see a big town; but we have a beautiful little place. It is filled up with beauties, but one fortunate thing about it is that it is summer now, and you will be able to see all there is to it without my giving you an index of where to find what is of interest. We have a fine set of people here in Eureka Springs. There is a constant welcome, however, to sick people. We invite them to come here for the building up of their health. We haven't a water here that has medicinal qualities. We just simply have a delicious, honest-to-God, pure drinking water, and I think that that is one thing to which may be attributed many of the cures of people who come here; the fact that they just simply leave all doctors, medicines, their water and everything else, and come here and drink our water, and get away from the doctors back home. (Laughter.)

I am glad to have you here. The city welcomes you. You are just as welcome, thrice welcome, as any one can be. (Applause.)

Dr. J. F. John, on behalf of the Carroll County Medical Society, delivered the following address of welcome:

ADDRESS OF WELCOME.

Fellow-Doctors and Delegates to the Arkansas Medical Society:

It is, I assure you, with the very greatest pleasure that, on behalf of the local doctors, I welcome you to our city, a city most unique from its standpoint of location and manner of construction. Our houses are built tier on tier and above another, extending from the deepest gorge to the topmost peak of the mountains; many of them are dug into the very sides of the hills, and are reached by long flights of stone steps, which steps are very much in evidence on every hand. Our streets are laid out to fit the topography of the country, and not according to any sense of direction, in so much that the enraptured tourist, ever pursuing his way farther and farther, has often been startled by suddenly meeting himself face to face back at his starting point. The excavations for our houses, the digging down and leveling up of our streets, together with the construction of our retaining walls and steps, have cost more than the entire building of many cities the size of ours. Here art has generously striven to rival nature, and, in the words of Preachin' Bill, "'Taint no wonder 'tall Ged rested when he made these here hills. He just naturally had to quit, for He'd done His beatest and was plumb give out.'"

Here in these mountains and about its some sixty springs the early explorer and trapper paused and pitched his tent long enough to rejuvenate by drinking from its fabled fountains of youth. What was healthful one hundred years ago to the explorer and trapper is healthful today to those who come seeking health and recreation. The aged, the invalid and the fallen soldiers of civilization, who are no longer able to make a courageous fight against the cold of the North nor the tropical heat of the Southern summer, alike find here a climate not too cold in winter and not too hot in summer. Here, under a Southern sky, gigantic hills stand up and cool themselves in the summer breezes, while, as from a mighty gash in its jagged bosom, leap forth health and life-giving streams of pure water, nature's greatest boon to all living creatures.

To such a spot as I have described, I welcome you, and I assure you we have long looked forward to your coming among us; nor have we any pecuniary designs upon you, neither have we any patent ink erasers to sell you, or inflated oil stocks to give you for the mere signing of your names; nor do we wish to lead you hoodwinked about our streets; but, we wish you to behold our landscape, breathe our mountain air, taste our food and drink, and if, perchance, you are pleased with any or all of them, we trust you will come again and again to our Ozark town till we shall learn to know your faces and shall cease to wonder at your presence.

We, posing as a health resort, know that our ambitions and expectations as such can only be realized through the good opinions and good graces of the physicians of the surrounding towns and cities. The public ascribes to doctors not mere mortal man, but he is akin to the immortal. Our patients and their families extol our virtues, praise our efforts and swear by our knowledge. But, our failures they most graciously write upon the sand. You are consulted by your friends who are going in search either of pleasure or recreation, and by your patients seeking health, either in a change of climate or scenery. When our points have been weighed we trust our merits shall not be found wanting.

We have completed and under course of construction a most excellent system of highways, which will make Eureka more accessible in the future than it has been in the past. The scenery along these highways is scarcely rivaled by any in America. The roadbeds in many places are hewn from solid white and red granite, and over much of the route one literally rides above the tree tops, and, on several occasions, it has been my pleasure to drive literally above the clouds, looking down upon them, making, as far as the eye could see, a perfect panoramic view of the ocean.

It is our intention, as a matter of courtesy, extended by the auto owners of the town, that all of you shall have a sight-seeing trip over our Eureka Springs to Seligman Highway, and I advise that none of you miss it. I am sure that you will enjoy the ride, and, on your return to your respective homes, will tell your children and your grandchildren about that wonderful trip. In leaving Seligman in the late afternoon, traveling over a most splendid highway, zigzagging in and out among the topmost peaks and spires, one has an occasional glimpse of the Frisco railroad as it lies in its graceful curves and its wonderful roadbed, white as the winter snowdrift, the steel rails glistening in the evening sunlight. A little further along, one, looking toward the south, beholds an immense basin of virgin forest as far as the eye can see, as though it were a miniature world within itself; and, scattered over its broad bosom one sees many mountains standing out, like sentinels keeping guard over this vast dominion. A little further along this highway, one looking up in front of him has a view of the roadbed as it lies in the evening sunlight, reflecting its sides and surface of red and white, catching the last beams of the evening sunlight, as dazzling to the eye as the stars on a midsummer night.

In the words of the poet—

"The western waves of ebbing day
Roll'd o'er the glen their level way;
Each purple peak, each flinty spire,
Was bathed in floods of living fire."

Doctors, I welcome you to our city, from the rich delta, south and east Arkansas, the land of cotton, watermelons and sugar cane. Doctors, I welcome you from west Arkansas, the land of wheat, alfalfa and diamonds. Doctors, I welcome you from north Arkansas, from its hills, from the land of the luscious

red cherry and the big red apple. Doctors, I welcome you from middle Arkansas, from its vast wealth and diversified occupations. I welcome you to our city, a land where nature smiles the whole year round. Doctors, I welcome you. (Applause.)

Dr. Brown: I will appoint on the Credentials Committee Dr. C. J. March of Dallas County, Dr. J. L. Jones of White County, Dr. Thad Cothorn of Craighead County.

REPORT OF CREDENTIALS COMMITTEE.

Dr. March: The Committee on Credentials begs to report that it finds the credentials in regular form, the dues paid, and a majority of the county societies represented.

The roll was called, and there was a quorum present, and the House of Delegates proceeded to business.

Dr. Brown: The next order of business is the reading of the minutes.

Dr. L. Kirby: I move that the reading of the minutes be suspended, and that the minutes as printed in The Journal of the Arkansas Medical Society be approved and adopted.

Seconded. Carried.

Dr. Brown: The appointment of the Reference Committee will be announced later.

Dr. Bathurst: In the absence of the Vice President, I will take the liberty of announcing that the next on the program will be the President's address to the House of Delegates.

PRESIDENT'S ADDRESS TO THE HOUSE OF DELEGATES.

Gentlemen of the House of Delegates:

No one can be elected President of the Arkansas Medical Society and fail to appreciate the great honor conferred, nor fail to realize the responsibilities which rest on him. But to be named and elected at a time when the whole world is in active evolution is a very much greater honor, it seems to me.

I shall offer you only a few recommendations.

I desire to express my sincere appreciation of effective work of the various committees, all of whom have done their work in a manner that reflects credit on them.

The Committee on Scientific Work has been very active and given us a program that has never been excelled, if ever equalled. While the Committee on Arrangements has planned well for a big and attractive meeting, and one that offers unusual success. I hope that the results of this meeting will be more than worth while.

RECOMMENDATIONS.

The need of a single examining board to judge of the capability of applicants seeking licensure is painfully apparent. The time has come for determined and effective work in order to obtain legislation that will put Arkansas abreast with other States. The work must not be left wholly to the committee; in fairness to all who practice the healing art, there should be in every State (a) one board of registration; (b) one standard of educational qualification;

and (c) one examination, including written, practical, laboratory and clinical tests. It is recommended that every member of the Arkansas Medical Society get in touch with candidates and members of the Legislature. We cannot afford to be behind other States in medical laws. The members of the Legislature must be impressed with the need of this special legislation before they go to the Capitol.

It is recommended that laws for the prevention of blindness be enacted.

It is recommended that laws regulating the practice of midwifery be enacted, requiring the training of every one before allowed to practice.

It is recommended that the bond of the Treasurer be increased from \$3,000.00 to \$6,000.00. At times we have more than that amount in the hands of the Treasurer.

It is recommended that the annual dues be increased to \$3.00. The high cost of living, including the advance in price of material and printing, renders this step imperatively necessary to the future prosperity of the Society.

Our Constitution and By-Laws make no provision for honorary members. If anyone should do some signal service in the cause of medical progress, we might wish to express our appreciation by an honorary membership for meritorious conduct. It is recommended that a change be made giving the Society the right to do this.

It is recommended and urged upon the county societies to an increase in membership, so as to include every reputable physician in the State. This should be brought to the attention of every county society.

I thank you.

Dr. Brown: The next order of business is the reports of committees. The first committee is the Committee on Scientific Program.

Dr. Bathurst: In the absence of the chairman, I would like to state that our report consists of the printed program that you all have, and that will prove very interesting.

Dr. Brown: The next report is from the Committee on Necrology. Dr. Mann.

Dr. Mann: I suggest that the report of this committee be left until tomorrow morning, when the Memorial Session will be held.

Dr. Brown: Without any motion we will do that. The next, then, will be the Committee on Health and Public Instruction, Dr. Garrison, chairman.

REPORT OF COMMITTEE ON HEALTH AND PUBLIC INSTRUCTION.

Dr. Garrison: We, your Committee on Health and Public Instruction, submit the following report for the past fiscal year:

Following up the work undertaken by this committee two years ago, additional catechisms on malaria and typhoid fever, to the number of 120,000, were published and an effort was made to reach the various school children through the educational department, the county superintendents and examiners. A portion of the schools of each county in the State have been reached; but as there are some half million school children, our supply was entirely inadequate to reach them all. A limited supply has been furnished each county institute to be held this summer, with the

request that all of the teachers be instructed to co-operate in having the catechisms pasted on the fly leaves of suitable text-books.

As to the beneficial results obtained through the distribution of these catechisms, the committee does not attempt to conclude; but in a number of schools where an opportunity has been afforded, it was surprising to know how many of the children were familiar with the fundamental principles involved in the cause and prevention of typhoid fever and malaria as a result of the catechisms.

Attached hereto is a copy of letter from the Department of Education, and also copy of letter from a county superintendent, which is typical of the letters received from numerous educators of the State.

Beginning June 7, 1920, the Cotton Belt will operate a health train from Piggott to Texarkana, making all the principal stops. Special attention will be devoted to the questions of malaria, typhoid fever, their causes and prevention, and the catechisms prepared by this committee will be distributed en route.

The committee is pleased to advise further that the State Board of Health has added to its staff a Sanitary Engineer, who, co-operating with a Sanitary Engineer from the U. S. Public Health Service, has been devoting a large part of his time for the past year in the analysis and control of water supplies throughout the State and standardizing the disposal of sewage. Also, the Bureau of Venereal Disease Control has been strengthened and a personnel consisting of one physician, one social service worker and one stenographer has been furnished to the State by the Federal authorities. Also, the Red Cross has assigned its State Supervisor of Nurses, Miss Linnie Beauchamp, to the State Board of Health, in order that general supervision may be exercised over all public health nursing in the State, to the end that the work done by the various voluntary agencies supplying public health nurses may be standardized and co-ordinated.

RECOMMENDATIONS.

That the Arkansas Medical Society go on record as urging every one of its members to co-operate to the fullest extent in reporting morbidity and mortality statistics, to the end that Arkansas may in the near future be placed in the registration area for births and deaths, and that accurate information be had as to the incidence of communicable diseases in order that subsequent efforts may be measurable.

The committee further recommends that the individual members of the Society use every influence to secure the application of every eligible physician in his community for membership in the Society, as thorough organization of the medical profession of this State is essential in order that it may be used as a proper agency for the general health and welfare of the State.

COPY.

Dr. C. W. Garrison, Chairman of Public Health Committee, Arkansas Medical Society, Little Rock, Ark.:

My Dear Sir:—I desire to say that I heartily approve of the plans of your committee in distributing for use by the school children of the State the catechisms on malaria and typhoid. These catechisms present these subjects in fine shape, and I am sure that their distribution and use in the schools will mean much in the way of securing proper co-operation of the school children in the work of prevention of these diseases.

I want to thank you, and through you those who have been instrumental in securing the distribution and circulation of these splendid catechisms. I am

sure that their use will do much good.

Very truly yours,

(Signed) J. L. BOND,
Superintendent Public Instruction.

COPY.

Dr. C. W. Garrison, Chairman of Public Health Committee, State Medical Society, Little Rock, Ark.:

Dear Doctor:—Your health literature on malaria and typhoid fever has been received. Schools are now on vacation. When they start for summer and winter terms, I shall be pleased to hand out your literature as per instructions.

Respectfully,

(Signed) L. M. REDWINE,
County Superintendent of Schools,
Sebastian County.

Dr. C. W. Garrison, Chairman of Public Health Committee, State Medical Society, Little Rock, Ark.:

Dear Dr. Garrison:—I am in receipt of the leaflets sent out by your committee, and will use them as you suggested. I want you to feel free to make suggestions as to how best we may utilize the schools to improve the health conditions of the State, and feel assured that I am always ready to co-operate to make the chances of success better for the children.

Very truly yours,

(Signed) W. E. PHIPPS,
Superintendent of Schools, Monroe County.

The bills for printing the catechisms and for stamps and mailing have been filed with the Secretary and Treasurer and same have been paid, said bills amounting to \$200.00, being the amount appropriated for this purpose at the last annual meeting of the House of Delegates.

In view of the fact that a great many school children of the State have not yet been reached, the committee desires to recommend that \$200.00 be again appropriated for this purpose.

Respectfully submitted,

M. L. NORWOOD,
H. THIBAUT,
WM. H. DEADERICK,
O. L. WILLIAMSON,
C. W. GARRISON, Chairman.

Dr. Bathurst: May I ask the chairman of the committee a question? Did you make mention, in your report, of the expenditure of that \$200.00?

Dr. Garrison: I should have stated here that at the last annual meeting, the Arkansas Medical Society appropriated an additional \$200.00, which supplemented the \$250.000 appropriated the year previously to print an additional supply of these catechisms referred to. The bill of expenditure has been filed with the proper officer of the money that has already been received.

Dr. Brown: This will be referred to the proper committee for final action. The Committee on Hospitals is next.

REPORT OF COMMITTEE ON HOSPITALS.

Dr. Pettus: We, the committee, having investigated the hospitals over the State through questionnaires and through visits made in person by the chairman to

a few of these hospitals, hereby submit to the Arkansas State Medical Society our annual report.

The following questions were asked in these questionnaires. Most of them were answered.

1. Name of hospital.
2. When established.
3. Number of beds.
4. Average of patients during 1919.
5. How are your records kept? If you will be so kind as to discuss the question as to your idea of the importance and value of records, will thank you.
6. Class of scientific treatment done in hospital (*e. g.*, surgery exclusive, general or special diseases).
7. What amount of charity work is done in hospital?
8. Do you have any charitable organization to assist in defraying the expenses of your charity patients?
9. From what source does the income for the maintenance of the hospital come?
10. Do you have a training school?
11. If a training school, what are the requirements for entrance and length of course?
12. How many pupils do you have in training at the present time?
13. Do you have internes?
14. Give personnel of staff.
15. Are you thinking of improving your hospital in any way in the next few months?
16. Is your hospital advertised, and if advertised, through what medium?
17. Would you favor an auxiliary organization in connection with the State Medical Association, a section or department of hospitals of Arkansas?

A REQUEST.

Please give the name and address of all hospitals located in your adjoining county. This is merely to have the name and location of hospitals in the State. You will assist us in giving the information.

In analyzing these questions you will notice that two important questions were omitted, namely, hospital equipment and staff organization. These we overlooked, until all questionnaires were answered and returned.

Judging from the reports made and from the investigations of the chairman, staff organization and equipment are largely lacking in most hospitals in the State. As records, laboratory equipment and staff organization are the burning questions confronting hospital development at this time, we wish to place emphasis on them as essential requirements for hospitals desiring recognition as standardized hospitals. At present, in a number of instances our State hospitals are merely boarding houses, and are wasting clinical material. Unless improvement is made in our hospitals, Arkansas will be lacking in scientific medicine. Therefore, our report will largely consist of recommendations directed toward hospitals standardization, which is recognized as one of the greatest needs for the good of humanity.

We are of the opinion that the private institutions of the State are better organized than public hospitals. This is due to the fact that the staff of the

former is smaller and that the hospital is conducted for the convenience of the owner.

We are pleased to note that the training schools for nurses have extended the course one year, making it three years. This is a step in the right direction; but unless hospitals are standardized there is no need for this extension of time, for any young woman with ordinary intelligence should complete the present course in one and one-half or two years. The routine work of the present-day training is so laborious and full of drudgery, consisting as it does of merely making beds, emptying refuse vessels, making notes on charts and listening to lectures by superintendents of nurses as to nursing, and to others by doctors on scientific subjects, hastily prepared, that little opportunity is offered for development on scientific lines. Such training offers no inducement for one to enter or continue such work.

Considering that nursing is a scientific profession, the dignity and ability of which should equal that of the medical profession in proportion to its work, we realize that its neglect in the past has been a grave mistake. This neglect on the part of hospitals must and can be remedied. The only remedy lies in the standardization of hospitals.

Formerly the profession of medicine suffered in the same way from the lack of standardization of schools, but we have now reached a point of development and improvement that is very stimulating to ambitious doctors. We must remember that the profession of nursing is nobler and demands sacrifices much greater than our own profession, and that some of the greatest examples of womanhood are found in this profession. They cannot but suffer from the neglect of development in their profession, and it is only through our profession that they can hope to realize their dreams.

In view of this fact, we, the committee, do offer a resolution to be adopted by this Society, requiring all hospitals conducting training schools to be standardized as required by the American Medical Association, the American College of Surgeons, and the Catholic organizations, etc.; otherwise, their students will not be permitted to come before the Board of Examiners for Nurses.

We also recommend that the chairman of this committee be allowed expenses to make a complete survey of hospital conditions over the State, that he assist in carrying out the program of hospital development, and that he make a complete report of his investigations. Of course, the State work is of a local nature, and should be under the supervision of the State Society, having in view the standardization of hospitals and working in conjunction with the Committee on Medical Education and Hospitals of the American Medical Association.

Arkansas is in great need of more public hospitals and we should use our influence to create such institutions in the different sections of this State. We suggest that the Arkansas State Medical Society memorialize the State Legislature and Senate for the establishment of a State Charity Hospital for the treatment of general diseases. Practically every other State in the Union has provided such an institution for the care of suffering charity cases, while we merely look on with compassion and sympathy and see our suffering charity cases neglected. The members of our profession who are familiar with such institutions regret the neglect of our State in this respect.

We recommend the organization of a hospital section in the Arkansas State Medical Society, devoted exclusively to the standardization and progress of hospitals.

It is very regrettable to report that the Davis Hospital in Pine Bluff, a beautiful and well-arranged hospital, has been reopened without the proper staff organization and laboratory equipment. Upon investigation, it was revealed that the hospital authorities were willing and in readiness to do anything that the physicians advised or required, and are certainly ready to standardize their hospital, as they realize the necessity of this, but are helpless without interest manifested by the profession.

Conditions of this kind should be found elsewhere over the State and corrected.

Because of such unfortunate evidence and the importance of correcting it, we recommend that the councilor of the different districts be requested to work in unison with the Committee on Hospitals to encourage and work out the perfection of hospital standardization within their districts, and, when necessary, that they call members of the Hospital Committee to assist in this work.

The chairman visited a few hospitals, and worked in conjunction with Dr. F. W. Slobe, the representative of the American College of Surgeons, who recently visited Arkansas, and through him came to a realization of the valuable work that is being done by that organization and its methods of hospital organization. This committee wishes to acknowledge and express its appreciation to Dr. Slobe for his valuable assistance.

There are many questions that might be discussed concerning hospitals of the State; but we are anxious to impress standardization at this time, therefore we wish to emphasize this. Our report is somewhat concise for this reason.

Respectfully submitted,
C. S. PETTUS, M. D., Chairman;
JOHN STEWART, M. D.,
J. I. SCARBOROUGH, M. D.

After finishing our report we are sadly reminded of the misfortune of this committee in the loss of one of its members who died before the completion of our report; therefore, we will here chronicle the death of Dr. C. M. Lutterloh and suggest that all present rise and bow their heads in respect, memory, devotion and reverence to our departed brother.

Dr. Brown: The report of the chairman of the Council is next, by Dr. Caldwell. Dr. Caldwell, as I understand, is sick in St. Louis, and we will pass that for the present time.

Dr. Bathurst: Dr. Lemons can probably make a report.

REPORT OF THE COUNCIL.

Dr. Lemons:

Mr. President and Members of the Arkansas Medical Society:

It is with a great deal of regret that I announce that Dr. Caldwell is not here. Dr. Caldwell has devoted a great deal of his time to this work, as chairman of our Council in Arkansas. Dr. Caldwell, however, was hoping that he would be with us, but he is suffering from an infection in the jaw. They have taken him to St. Louis. And even at that, he was still hoping against hope that he would be able to meet with us in order to make his report. I want to say this: that I hope we can yet have a report from Dr. Caldwell of the noble work that he has done. He has organized some more county societies in our State, which were badly in need, and, in behalf of Dr. Caldwell, I want to say that he has done better work than almost any other man we have ever had as chair-

man of the Council. Now, just here I wish to say that I have done a little work; not much, for which I am rather ashamed. But, still, I have written letters; but letters are not like coming into personal touch with men, as you know. I trust that those letters have done good in our district, so that we may in the future be able to do more work. We appreciate very much the work that Dr. Caldwell has done. (Applause.)

Dr. Brown: The report of Dr. Lemons will be referred to the Reference Committee for action. The report of the delegate to the American Medical Association is next.

REPORT OF DELEGATE TO AMERICAN MEDICAL ASSOCIATION.

Dr. Bathurst:

The House of Delegates of the New Orleans Session of the American Medical Association was called to order April 25, 10:00 a. m., Hubert Work, Speaker of the House, presiding.

The Secretary reported the Fellowship of the Association on April 1, 1920, was 47,045, a net increase for the year of 1,633.

The Board of Trustees reported that the various activities of the Association are progressing satisfactorily and that, so far as The Journal is concerned, the year has been one of the most satisfactory in its existence.

However, the steadily increasing cost of production is likely to cause serious concern if it continues much longer. It is well to realize that we must be prepared for whatever the future may have in store. It may be necessary either to increase the subscription price of The Journal—say, \$1.00 a year—or to reduce the size.

During the past year the Judicial Council collected data on the subject of old age and invalidity for membership of the Association. The questionnaire sent out to every State in the Union, asking information as to the number of physicians dependent on financial aid, because of age, physical disability, etc., covering 53.48 per cent of the total number of physicians in the entire country. With results showing that only two-tenths of one per cent were dependent. The report further states that the question of rendering financial aid should rest with the State organization and be treated as a local matter.

Among the changes submitted in the proposed revision of the Constitution, the Standing Committee on Medical Education was made to read Committee on Medical Education and Hospitals. No change in the various sections for scientific work were made, except Dermatology, which is to include Syphilology.

The House of Delegates unanimously expressed disapproval of compulsory health insurance in any form.

The Council on Medical Education reported that in 1906 the United States had 162 medical schools. The number has been reduced, largely by the merging of from two to five medical schools in each of the various cities, until now there are 86. Although the number is reduced, the character has been greatly improved. Of the 86 now existing, 77 are regular or non-sectarian; 5 are homeopathic; 1 is eclectic, and 3 are non-descript affairs, 2 of which are semi-osteopathic and the third is not recognized in its own State (Missouri).

During the present college session the enrollment is approximately 13,554 students, or about 500 more than were enrolled a year ago. Of the 86 medical colleges now existing, 70 are in Class A, 8 are in Class B, and 8 in Class C; of the 70 in Class A, 59

give the complete four-year course, while 11 offer only the first two years.

The report further states that there is no scarcity of physicians in the United States; there is, however, an imperfect distribution of the present supply. Medical care in rural communities is improving rapidly with better roads, telephones, automobiles, etc., by which services of physicians in near-by cities may be more readily secured.

Your delegate was honored with an appointment on the Reference Committee, pertaining to "Rules and Order of Business."

The total registration was 3,681, 94 from Arkansas. Boston was selected for the next meeting place.

R. C. DORR,
WM. R. BATHURST.

REPORT OF THE SECRETARY.

Dr. Bathurst:

The following report for the year 1919-1920 is respectfully submitted and includes the work of Dr. Meriwether, your previous Secretary, who died November 2, 1919.

The toll of the Grim Reaper during the past year has been unusually heavy. Many of our active members have gone from us. Their names will be given further reference at the Memorial Session to be held tomorrow morning. However, I feel that I cannot begin this report without deploring the great loss we have sustained in the death of our comrades, Drs. C. P. Meriwether and Charles M. Lutterloh. They will be greatly missed at this meeting.

MEMBERSHIP.

The membership at this date of the Arkansas Medical Society is 1,057, the largest number in the history of the Society.

ORGANIZATION.

I wish to recommend the President's suggestion as to the increase in dues. This is absolutely necessary if we wish to expand our activities, co-ordinate the functions of our publication, the various standing committees, and increase our usefulness both to our profession and to the public.

JOURNAL.

Our Journal has been hard hit by the H. C. L. Our printing expenses for the next year will be more than twice that of last year. Our income from advertising the past year exceeds that of any other, and amounts to \$2,337.23. This amount, with a dollar charged against the dues for subscription, will amply cover all the expense.

FINANCES.

At the close of the last session we had on hand	\$8,336.67
After paying all due accounts and the expenses of the year.....	5,131.42
A total was left of.....	<u>\$3,205.25</u>
Received this year from annual dues	2,936.75
Received this year from Journal	2,337.23
Sale of Underwood typewriter....	60.00
Refund on Secretary's bond....	3.25—\$5,337.23
Leaves cash on hand.....	<u>\$8,542.48</u>

In closing, I wish to express my appreciation of the honor the Council has conferred upon me to fill the unexpired term of our beloved and departed Secretary; and I also thank the County Secretaries for the

valuable assistance rendered and the uniform courtesy shown me throughout the time I have served.

WM. R. BATHURST,
Secretary.

Dr. Brown: This report will be referred to the Council for action. Are there any communications?

Dr. Bathurst: No.

Dr. Brown: Any memorials or resolutions?

Dr. Bathurst: No. I would like to suggest, Mr. President, that we have a Committee on Constitution and By-Laws. There are many changes and a number of errors; probably some new amendments to be added this year. I would suggest that you appoint a Committee on Constitution and By-Laws, that they may review the present Constitution and make such changes as they think are necessary to recommend at this annual session.

Dr. Brown: We will take that up at the next meeting. The next is the selection of the Nominating Committee.

The following were selected as the Nominating Committee by the delegates from the respective councilor districts:

NOMINATING COMMITTEE.

First Councilor District—Dr. B. L. Harrison of Truman, Craighead County.

Second Councilor District—Dr. L. T. Evans of Mount Pleasant, Independence County.

Third Councilor District—Dr. H. L. White of Rondo, Lee County.

Fourth Councilor District — Dr. J. F. Crump of Pine Bluff, Jefferson County.

Fifth Councilor District—Dr. J. B. Wharton of El Dorado, Union County.

Sixth Councilor District—Dr. M. L. Norwood of Lockesburg, Sevier County.

Seventh Councilor District—Dr. L. R. Ellis of Hot Springs, Garland County.

Eighth Councilor District—Dr. S. B. Hinkle of Little Rock, Pulaski County.

Ninth Councilor District—Dr. E. E. Poyner of Green Forest, Carroll County.

Tenth Councilor District—Dr. J. D. Southard of Fort Smith, Sebastian County.

Dr. Bathurst: I have been requested to state that, immediately after we adjourn, the Nominating Committee will meet in this room

and organize by electing a chairman and secretary, and fixing their time of meeting.

Dr. Brown: I will appoint on the Reference Committee Dr. M. L. Norwood, chairman, of Sevier County; Dr. E. E. Barlow of Chicot County, Dr. R. H. T. Mamm of Miller County. On the Committee on Constitution and By-Laws I will appoint Dr. E. F. Ellis of Washington County, Dr. C. S. Pettus of Pulaski County, Dr. J. D. Southard of Sebastian County.

On motion, the House of Delegates adjourned until the next day, Wednesday, June 9, 1920, at 9:00 o'clock a. m.

GENERAL SESSION.

FIRST DAY.

The General Session was called to order at 2:00 o'clock Tuesday, June 8, 1920, by Dr. Brown, President.

Invocation by Dr. V. H. Coffman:

Our Gracious Father in Heaven, we thank Thee for the privilege of gathering together in this capacity for relief of humanity, and for the world in which we exist. We pray, in the name of our Lord Jesus of Nazareth, that, as we come, we may come in this capacity, having been created and permitted to live under Thy great canopy of love and kindness. Help us to appreciate these men to whom Thou hast given wisdom. Help them to seize the opportunities Thou hast given them. We pray, our Heavenly Father, that we, as a nation and as a State, stand out before men and in the sight of God, and in every profession and walk of life; especially in the position of these men. Let us take the physician seriously before God, that humanity may be uplifted, that great creation and crown of all God's wonders, the making of humanity after His own form. Oh, God, do Thou grant that these men may take in their hands the unfolding and revealing of the opportunities of the sacred science of humanity, the healing art. We pray Thee, our Heavenly Father, as they come in contact with this serious side of life at the bedside and in the homes where sorrow and death prevail, that in their lives there may be that sacred power of Jesus Christ that may teach them that sympathy, that love and that kindness that can soothe the aching heart. Do Thou bless them, Heavenly Father, and may the divine wisdom that Thou hast given unto them allow them to look into the sciences still more deeply, that they may reveal yet unknown things to the world; that they may take advantage of Thy power. We pray, our Father, now, that this assembly may be conducted according to Thy good pleasure. Do Thou bless these men as they go back to their homes that they may take with them not only the real art and science of the medical world, but that they may take the teachings of Jesus Christ into their lives. O God, grant that the medical men, that the ministerial men and all the offices which Thou hast given unto mankind, may work together for the advantage of the world. God, grant that our United States of America may become the home of the greatest medical association for the benefit of science in all the grand universities which Thou hast given us. Do Thou help us with all Thy opportunities, with all the wonderful universities and privileges of research. Do Thou help us to take advantage of that, and to do

the best that Thou hast given us. For, we feel somehow that Thou hast appointed this country of ours to be the Eden of the world. Hear our prayers, forgive us of our sins, and help us to be friends by the roadside that we may do good to humanity; for we ask it in Christ's name and for His sake. Amen.

Dr. Bathurst: The councilor from Pine Bluff has something on his mind, and I would like for the chair to call him to the front.

Dr. Lemons: Mr. President, Ladies and Gentlemen, Fellows of the Arkansas Medical Society: I only want to ask your indulgence for a few minutes. Since it has been my privilege to attend the meetings of the Arkansas Medical Society, it seems to me that we have been lacking in one thing, and the thought has come to my mind to see if I could not furnish that one thing for the Arkansas Medical Society. It seems to me that the man who presides needs something whereby he may be able to call this Society to order. Heretofore he has been using his pencil or his knife, or whatever he could get, for that purpose. I have conceived the idea of having a gavel made from Arkansas wood (exhibiting gavel). The white is the holly, the evergreen which we use in the decoration of our homes and our churches for the holidays. The dark wood is walnut, which, we all know, is very valuable indeed. This was manufactured by one of the leading mills in the production of lumber that there is in the world today—the Arkansas Short Leaf Lumber Company of Pine Bluff, Ark. This is one of the leading mills of the Long-Bell people. They have mills in Arkansas, California, Mississippi, Louisiana and Texas, and holdings in Washington and Oregon. Mr. President, it is with a great deal of pleasure that I present to you this gavel, to be used in behalf of, and let it be the property of, the Arkansas Medical Society. (Applause).

Dr. Brown: In behalf of the Arkansas Medical Society, we thank you. It is a very nice thing, and something we have often felt the need of. I thank you again.

Dr. Brown: We will have the address of welcome by the Hon. C. A. Fuller, mayor of Eureka Springs.

ADDRESS OF WELCOME.

Mr. Fuller:

Mr. Chairman, Ladies and Gentlemen:

I might look like a mayor to you, but I don't feel like one; that is a misnomer. I am a farmer and stock raiser. I don't know why they selected me to deliver the address of welcome to this body of pro-

professional men, unless it was because of my admiration for the profession. About the first party I ever remembered getting acquainted with, when I came into this world, was a member of your profession, and I have always since associated with them. I have found the doctor a very good companion, and a very useful one lots of times, especially as an expert witness in the trial of lawsuits.

I am glad to have you here, but hardly know what to say to you. Belonging to the legal profession, there is, to a certain extent, a rivalry between these classes of professional men. It never was so with me. Some of them say, when we make mistakes, that the world knows about them, and they are matters of record, and the newspapers advertise us. When you gentlemen make a mistake, it is embalmed, and nobody knows anything about it.

But, we are glad to have you with us; and, for fear that some of you may not know of some of the great things of this health resort, I want to tell you about them.

I am acquainted with most of these gentlemen from north Arkansas, and that will possibly be the reason why my remarks will be as they are, because I know their personal likings, to a great extent.

We have some very fine springs here. For instance, we have the Arkansas Basin spring, the "fountain of youth," for which Ponce de Leon so long sought. Gentlemen, the drinking of this water makes the old man young, and the young man old—in the ways of the world. This water is very much sought after by our visitors. Then, we have a spring known as the oil spring. They say the applying of this water to bald heads restores the hair. That wouldn't apply to very many of you. But, we have a spring that I am sure will appeal to many of you, as it does to all our guests, known as the famous magnetic spring. Putting a knife in this water will cause the blade to become magnetized in a short time; and, to drink copiously of this water, experience teaches us, has a tendency to draw things to you, especially of the opposite sex. So, that is a very popular spring. I feel quite sure that you will get well acquainted with the properties of these waters.

We have a very excellent and progressive supply of physicians in our town. I never could understand why there is such a distinction between our physicians and those of Hot Springs. Our physicians never recommend to the visitor that they should bathe in the water here. They want to treat them, and, if perchance one of them is fortunate enough to overcome the drugs and get well, he is certainly a living advertisement for our town. In Hot Springs, the physicians are the other way. There, as you approach the city, the Government sends out men upon the trains, cautioning you against the doctor. By the way, they will tell you how to take the baths.

Our physicians are progressive. They have now reached that stage in life, some of them, where they will not attend confinement cases, unless they occur at the hospital. Of course, there is some connection between the hospital and the physicians, and I just wonder what Teddy Roosevelt would think if he would know about that.

Now, my friends, the doctors are always leaders in their community. You know, when a man gets so that he is learned and educated, they call him a doctor. For instance, we have Dr. Thompson, the man that runs this hotel and this college here. He is a doctor. I used to go to a night law school way back there. All my friends here, and my enemies, too, have heard me, while running for office, tell about it lots of times. This old teacher of ours used to say that he didn't want us to call him professor; he wanted us to call him doctor. It was more dignified,

and showed that he had more learning. So, we always called him doctor, although he didn't belong to your profession. And, if I wasn't afraid it would ruin me politically, I would have the same name applied to me. (Laughter.) The doctors appear to be a necessity, and I have heard some of them say they are necessary evils; but, be that as it may, we can't do without them. We will always have them, and they are always leaders in their community. They heal almost every disease to which man is heir; but there is one kind of a wound that I know they cannot heal, and that is wounded feelings. It takes the lawyer to heal those things. (Applause.) Of course, we have to use you as experts lots of times, and I am glad to say that you are always ready to deliver the goods, if the price is arranged in advance. (Laughter.)

We are glad to have you with us. I hardly know how to make a speech to a lot of physicians. They are always, I imagine, like school teachers, looking for something to criticize, because of their learning or education. But, we want you here, because we want you to see the grandeur and beauty of northwest Arkansas. You have, no doubt, many of you, been all over the United States. You have seen and read of the beauties of the Hudson River and the Yosemite Valley, the Allegheny Mountains and the great trees of California. But, we have something here that we think surpasses for grandeur and beauty anything in the United States. You can feast your eyes for miles and miles in the beauty and grandeur of the scenery before you. We want to take you out and show you everything there is. We want you to come in contact with nature like we do. If you come in contact with nature, you are inspired to higher and nobler and purer deeds in life. That is why we are in the condition, mentally and physically, that we are, who live here in the Ozarks. There is not another place in the world that is more favored by nature than northwest Arkansas. Here in Eureka Springs, the water gushes forth from the mountain sides in eighty springs, inside of our corporation, and the purest creek water that comes trickling down our mountain sides and down our valleys and rivers, reflecting the azure hue of the sky. The mountains and valleys are veritable fields of Paradise, and we insist that, if the inhabitants of other and higher worlds should ever wander earthward, they can find no fairer spot for a temporary home than the mountains and vales of beautiful northwest Arkansas. There is never a night so warm but a comfort or blanket is comfortable before morning. And the mosquito is an unknown animal here in Eureka Springs.

We want you to come back and mix with us. If you can get away from your wife this summer for a vacation, come back. You will have a joyous and grand time. If you cannot do that, bring your wife along; and, if you can't come, send your wife and children, because they will be well repaid for their visit, and we will show them an enjoyable time.

Here nature has her opportunity. When you come, leave your drugs at home, in order that nature can work out its wonders. You can sleep late in the morning. Here you can inhale the invigorating ozone—that's all we have here now except water, although we are very close to good old Missouri.

We want you to come back. We want you to enjoy yourselves while you are here. If there is anything that you see around the town that you want, take it. It belongs to you. If it is not loose, let us know and we will unfasten it for you. (Laughter.) If you see any car that you want to take a ride in, don't ask anything about the owner. Go ahead and take it; it is yours. I assure you that if there is anything that you want to know, or any pleasure that you want here,

or anything you want to know about the beauty and grandeur of this locality, it will be the pleasure of any citizen to show it to you. I thank you. (Applause.)

Dr. Brown: We will now have the address of welcome on behalf of the profession by Dr. I. M. Poynor of Eureka Springs.

ADDRESS OF WELCOME.

Mr. Chairman, Fellow-Workers of the Arkansas Medical Society, and Ladies and Gentlemen:

I assure you that it affords me no small degree of pleasure to appear before you this afternoon and, in whatever manner I may be able, present a token of welcome to this most intelligent body. I was glad to hear the learned attorney say what he had to say relative to our mistakes. I was glad that he used the word "embalmed" instead of the word "bury," because I have no doubt that many of you have had flashing through your mind, as long as he used that word, some mistakes that we have had embalmed, and probably by the Egyptian method that will live as long as time. No, no doubt many of you have had a crooked leg or a crooked arm, and that it would have been better if that mistake had been buried instead of embalmed.

I was glad when I heard the learned attorney tell about the merits of the different springs, and my heart leaped with joy when I heard him mention the oil springs. Mr. Fuller and I want some stock in that just as soon as we can arrange for it, because we need it and we need it in a hurry.

Now, ladies and gentlemen, and fellow-workers of the Carroll County Medical Society, I am glad indeed to have my name enrolled among so intelligent a body as this that has assembled here on this most auspicious occasion. I am glad to know that the learned men of our profession have participated in every grand undertaking that the world has ever known. Even from the founding of Christianity to the building of the Panama Canal, the medical man has had a conspicuous place. I am glad to have my name in the long chain of learned men from Hippocrates down to the men of our present society; and I am glad, my friends, that we do not have to go out of the confines of the State of Arkansas to meet with learned men. I am glad to have my name enrolled along the line of such men as stand out conspicuously in this medical society. I am glad and happy to say that the walls of our offices will be decorated with such noble men as have figured so conspicuously and have labored so earnestly and so ardently for the support and the upbuilding of organized medicine in the State of Arkansas. I have not the time, and neither is it opportune, to undertake to mention their names, but I cannot refrain, in passing, from mentioning some of the names of the good old professors that constituted the faculty of the professors of the University of the State of Arkansas. I may omit some of their names in passing, but, if I do, it will not be intentional on my part. First, in looking about this evening, when I notice the absence of such men as L. P. Gibson, E. R. Dibrell, A. L. Breysacher, J. A. Dibrell and the honored and late lamented Edwin Bentley, my heart is made sad. Gentlemen, if I should look down the halls of fame, if I had the pleasure this evening to see this body gazing at the pictures of men that have been conspicuous and have done more for the grand work of the medical profession of the State of Arkansas. I would think that we would behold the pictures of J. A. Dibrell and Edwin Bentley. It seems to me that they would linger

longer there than anywhere else, simply because they have been the pillars in our profession.

Now, gentlemen, the man who has just preceded me has had much to say about the grandeur of the scenery that surrounds us in welcoming you to the confines of this city, but I am proud to say to you that my privilege extends far beyond his. Mine reaches from border to border, to the utmost confines of Carroll County. And, whatever you may find within the confines of Carroll County, it is yours to appropriate to whatever purpose that you see fit to use it while you are here.

I am reminded just now, in passing, that once in this very building, Dr. I. N. Love, editor of the Medical Mirror, said, on making an address, that he had been feeling better ever since he had been here. Now, gentlemen, I am sorry to say that, since the demise of our poor old friend, John Barleycorn, we can feel better all the time. (Applause.)

Gentlemen, I hope that you will not forget, but that you will even enlarge upon what the learned attorney has had to say about the scenery that surrounds us. I am looking into the faces of men who have seen foreign countries, and have seen many showy places beyond the human tongue to describe; but never in your life have you seen any scenery grander and greater than this. You can scan this country from the Statue of Liberty to the Golden Gate, from the Aurora Borealis to the islands of the Southern Seas; yea, more than this, you can take the wings of morning and fly to the uttermost parts of the earth, and you will never see scenery grander than this.

Now, in the name of the Carroll County Medical Society, I extend to you a most hearty greeting and cordial welcome. Welcome! Thrice Welcome! (Applause.)

Dr. Brown: We will now have the response to the addresses of welcome on behalf of the Arkansas Medical Society by Dr. C. S. Pettus of Little Rock.

RESPONSE TO ADDRESSES OF WELCOME.

Mr. President, Hon. Mr. Fuller, Dr. Poynor, Members of the Arkansas Medical Society, Ladies and Gentlemen:

I am honored, privileged as I am, to respond to such welcome as has been accorded the members of the Arkansas Medical Society who have gathered in your beautiful and picturesque city to discuss the various scientific questions now confronting the profession of our State. Should I be deprived of my heart and soul at this time, I would stand in awe and timidity, knowing that the impossible was expected of me; only, that the words in response to your warm welcome are guided by the heart and soul, it would be out of harmony with the preceding addresses. But, our heart and soul are still with us. But, though we were speechless, our beaming faces would answer the cheering words of the eloquent speakers who have preceded me. Words often exaggerate thought, as well as unduly emphasize the salient facts, and, while that is true in many instances, on this occasion it reverses itself. In giving expression to our heartfelt gratitude, words fall into insignificance, and the half will not be told. Addresses of welcome usually precede most important public gatherings; as the speaker told us this morning, they are sometimes simply the fulfillment of a formal program. However, the first address of welcome, I believe, was such as we have received here today, that of Moses to Aaron. Another famous address of welcome was that of Ananias to Paul, after Paul had shaken off the shackles of sin and entered the work of a substantial Christian.

You may draw on your imagination and view the historical meeting of Moses and Aaron, and of Ananias and Paul, and the response of Aaron and of Paul; and, if you are vivid in your imagination, you may see that, after centuries have passed, true appreciation and responsive effusion again assert themselves.

While we expected an address of welcome because you invited us to your city, your spontaneous expressions and friendly acts give such weight to your words of welcome that your part on the program in welcoming us could not be improved upon. You have really made us feel as though the town has been presented to us as a gift. I feel it my duty right now to warn the visiting doctors, or rather, to awaken them to the truth, so that when they leave here they will not be so much disappointed to find that in reality the city does not belong to them.

In first viewing your city, I could imagine the outburst of joy on the part of the Mohammedan on his first visit to Mecca. I can imagine also why, when De Soto first visited your city in 1541, his ecstasy gave it the name that it bears today, and his expressed regret at not being able to get in immediate communication with Ponce de Leon. It was De Soto's Eureka, and had he remained around these beautiful waters instead of taking his last voyage, either down the Ouachita or the Red River, where he contracted swamp fever and died before he could return to his greatest discovery, he would have been instrumental in giving relief and comfort to many who otherwise suffered and died because of their ignorance of where the "fountain of youth" was to be found. (Laughter and applause.) Many times the hand of Fate plays mysterious parts. In this instance, until 1879 the secrets of these waters were kept from man, which is hard to reconcile, unless it was thought best to keep the secret of these waters from man for fear of elongating the life of the American citizen to the point of annoyance and discomfort to his country. (Laughter.)

In looking over your mountains, it seems that nature asserts herself in her entirety. Michael Angelo was unfortunate never to have visited this place.

Dr. Poynor: That's the truth.

Dr. Pettus: If he had seen your beautiful scenery as we have today, his masterpiece would have been in America rather than in Rome.

Dr. Poynor: Amen.

Dr. Pettus: Whoever saw such another beautiful spot? The mountain sides studded with buildings, giving them the appearance of the elements. As I watched them last night, the sheen of the stars meeting the rays of artificial light cast a charming glamour over the scene and the whole panorama was illumined by the background of nature, adding luster to the ever-shining stars and giving inspiration to the dewdrop; stimulating the zephyrs which accompanied them, receiving in proportion to the giving the freshness of that God-given beauty which it is your privilege to constantly enjoy. But for your waters we might never have had prohibition. But, after Bryan and others came to your city and analyzed the water, it was decided that we needed no further stimulant in America. Your waters have been of inestimable value to your country. There is no greater asset to any community than that which you are so abundantly blessed with. Water, sweet, beautiful water, brewed in the running brook, the rippling fountain and the laughing rill. Brewed in the limpid cascade as it joyfully leaps down the sides of the mountain. Brewed in vonder mountain tops whose granite peaks, glittering like gold, are kissed by the morning sun. Brewed in the sparkling dewdrop, sweet, beautiful water, brewed in the crescent waves of the ocean deep; driven by storm, singing its terrible anthem to

the god of the seas. Brewed in the fleecy foam and the whitened spray, as it hangs like a speck over the distant cataract. Brewed in the clouds of heaven, sweet, beautiful water, as it sings in the raindrop and dances in the hail storm; as it spreads its feathery flakes, clothing the earth in a mantle of spotless white. Distilled in golden tissue, as it paints the Western skies at the setting of the sun, and in a silver tissue as it veils the midnight moon. Sweet, health-giving, beautiful water, distilled in the rainbow of promise, and whose warp is the raindrop of earth and whose woof is the sunbeams of heaven. Sweet, beautiful water, that receives its most delicious taste and stimulating effect and influence, as well as its chemical values, from the interchanging of the mountain air around Eureka Springs. (Applause.)

We are glad to be with you. We are happy to be here and enjoy your gorgeous scenery, your charming hospitality, your elevating society, and your most delicious and stimulating water. (Laughter.) Therefore, with heartfelt gratitude I respond to your gracious welcome in behalf of the doctors present.

I might pause here to say that, in my opinion, you have welcomed into your city today among the noblest of mankind, the doctors of our State.

Dr. Poynor: Amen.

Dr. Pettus: In behalf of the members of the Arkansas Medical Society, we accept your hospitality, and, believing in you to that extent, we accept your welcome in all sincerity. (Applause.)

Dr. Kitchens was called to the chair and the President delivered his annual address. (See address, first section.)

Dr. Kitchens, Vice President: I shall appoint on the Committee on President's Address Dr. J. T. Clegg of Benton County, Dr. F. Vinsonhaler of Pulaski County, and Dr. J. M. Lemons of Jefferson County.

Dr. Brown: We will now have an oration on medicine, by Dr. Hugh McCulloch of St. Louis.

Dr. McCulloch: It is a great pleasure to come before this Society and meet with you, because I see a great many friends, some of whom I haven't seen in a long time. I feel some temerity in making an address to you, because some of the friends that I have seen today, I am sure, looked after me when I was a little barefoot boy. However, I hope that you will bear with me, while I bring before you a conservative message on the study of heart disease.

(Note.—Published in June number of Journal of Arkansas Medical Society.)

Dr. Brown: It gives me great pleasure to introduce to you my old friend, Dr. Tydings of Chicago, who will read his paper in place of Dr. William Sharpe of New York. Dr. Tydings was formerly a resident of Arkansas. He lived in my town for about eight or ten years, and he has now been, I believe, for twenty years in Chicago, engaged in doing

eye, ear, nose and throat work. Dr. Tydings will now read his paper, entitled, "The Eye, Ear, Nose and Throat in General Diseases."

Dr. Tydings: Mr. President, Members of the Arkansas Medical Society, Ladies and Gentlemen: It gives me pleasure to be here. Eight happy years were spent in Arkansas, and I have always looked back, with a great deal of pleasure, to the time that I spent over in the Arkansas valley, in Dr. Brown's town, for the great kindness that he has visited on me while there, and the careful attention that he gave me there when I had a serious spell of typhoid fever. So, I have many things to remember Arkansas for, with a great deal of gratitude, and it is a pleasure for me to be here. I thank you for the opportunity.

(Note.—Dr. Tydings' paper will appear in a later issue.)

Dr. Brown: By a standing vote I wish to express our thanks to Dr. McCulloch and Dr. Tydings for reading their papers. (The members here showed their appreciation by a rising vote of thanks.)

On motion, the General Session adjourned at 4:30 p. m.

MEETING OF THE COUNCIL.

Tuesday, June 8, 1920.

5:00 O'clock P. M.

The Council was called to order by Dr. Bathurst, Secretary.

Present: Dr. J. H. Stidham of the First Councilor District, Dr. J. M. Lemons of the Fourth Councilor District, Dr. W. T. Wootton of the Seventh Councilor District, Dr. Leonidas Kirby of the Ninth Councilor District, Dr. Will H. Mock of the Tenth Councilor District, Dr. Bathurst, Secretary.

In the absence of the chairman, Dr. Robert Caldwell of the Eighth Councilor District, Dr. L. Kirby was, on motion, elected temporary chairman.

Dr. Kirby: What is your pleasure?

Dr. Bathurst: We will have an audit of the books of the Secretary and Treasurer. I suggest you appoint a committee to audit the books at the most convenient time.

Dr. Kirby: I will appoint these three gentlemen—Dr. Wootton, Dr. Mock and Dr. Stidham.

Dr. Bathurst: Each member should make an individual report of his district.

Dr. Kirby: Can't we make informal reports?

Dr. Bathurst: Yes, so that the chairman can go before the House of Delegates and make a report for the entire Council.

Dr. Lemons: I haven't much to report, I am sorry to say. I have not been so situated that I could get out and make any visits, or anything of the kind. I wrote some letters. We tried to cheer the boys up, and boost the different secretaries of our county medical societies.

Dr. Stidham: I am sorry to say I haven't done any more than I have. I have not tried as much as I could, or I might have accomplished more. I made a trip over to Mississippi County, and went down to Osceola and Blytheville and Jonesboro, and have been trying for about two months, or more than two months, to get a county society organized in Poinsett County. They all want a society, but they have been putting me off for the roads to get good, so that the doctors from some of the little towns back in the swamps could come in, and they have just kept delaying organization. We have a good Councilor Medical Society. We met in May at Walnut Ridge and had a good meeting.

Dr. Bathurst: That is the only Councilor District Medical Society in the State.

Dr. Stidham: We didn't have a very good attendance on account of the funeral of Dr. Lutterloh. We had a good program and lots to eat, but not many there to eat it.

Dr. Mock: In my district, everything seems to be in pretty good order. I secured a list of all the reputable physicians in the different counties, and those that were members of the different counties, and it shows up very nicely in each county except Logan County. For some reason they have never been able to get along successfully with their County Medical Society. Dr. Armstrong was elected President there the last time, and Dr. Thompson, Secretary; but they say they cannot get the physicians in the north and the south sides of the county to come together. There seems to be a difference between them, for some reason or other. I don't know what it is. But the President, Dr. Armstrong, has refused to call a meeting, it seems, during the last year, and they have never really had a meeting at all. There are a few men down there who would be enthusiastic in the work; but for some reason they have failed to get a meeting. I don't know just whose fault it is. Dr. Stew-

art informed me that they seem to be at loggerheads, the physicians of the two different sides of the county, and they don't agree for some reason; one district does not want to go to the other for a meeting. It seems like they want two societies.

Dr. Bathurst: Last year we had in Logan County about fourteen members. This year we have six, who have paid dues. There is some little dissatisfaction in that county. Probably they can go to an adjoining county, to Franklin, or wherever they want to go.

Dr. Moek: Yes.

Dr. Kirby: They couldn't do it legally, when there is a county society existing in the county.

Dr. Bathurst: Yes, if it is more convenient for them to go, on account of these mountain climbs, or for some other reason.

Dr. Moek: We can get an organization at Booneville, all right, I am sure. But there are some other physicians in the county who, I don't think, will care to affiliate with them, and they will go to another county.

Dr. Bathurst: Greenwood complains of the same thing. They can't get to Fort Smith, and want an organization. They want to know how they can have a society in Greenwood, and still be affiliated with the State Society.

Dr. Kirby: They cannot do it, under the Constitution. They cannot have separate representation. Would a motion to recommend that those who live in the north end of Logan County, if satisfactory to them, to attach themselves to Franklin County Medical Society, be in order?

Dr. Bathurst: I don't see anything wrong with that, if it is more convenient for them.

Dr. Kirby: I don't think there would be anything wrong in that; but we cannot recognize two county societies in one county. I will rule that down.

Dr. Lemons: Without any objection, just let it stand.

Dr. Kirby: All right that will be satisfactory. We suggest to the councilor for the district to recommend that arrangement to the members living in the north end of Logan County.

Dr. Moek: That if it is more convenient and agreeable to them, they may have the privilege of affiliating with the adjoining county society?

Dr. Kirby: Yes.

Dr. Bathurst: You had better ask Franklin County whether they want them.

Dr. Kirby: What have you with reference to Sebastian County?

Dr. Bathurst: I have a letter pertaining to that, but I have not got it with me.

Dr. Moek: They have a very large society in the county; it seems that they have most all of the reputable and eligible physicians there. The Secretary of the Sebastian County Medical Society at Fort Smith tells me that they are all members of the society in that county.

Dr. Bathurst: They could have separate scientific meetings; but they have to recognize one society when it comes to the election of officers.

Dr. Kirby: They have some first-class men in Sebastian County.

Dr. Bathurst: The only objection is the distance from Greenwood to Fort Smith.

Dr. Kirby: Haven't they good roads?

Dr. Bathurst: It seems not.

Dr. Moek: The only thing we can do is to grant them the same privilege that we have in the other county of Logan, if it is too far and inconvenient.

Dr. Kirby: If it is more satisfactory to them, in order to get them into the society, without objection, the councilor will be empowered to make the same recommendation to Sebastian County.

Dr. Wootton: There has been one new county organized in my district—Scott County. We have taken up the subject of a councilor district society in that district, but are unable to get any enthusiasm at all, with possibly the exception of a little lukewarm feeling in Saline and Hot Spring Counties, and Garland. It would practically result in another Hot Springs Medical Society, with a slight attendance from Benton and Malvern, and they might have a fair meeting if we would go over there once in a while. But, I don't think that four counties could ever get there, or that anyone in Montgomery County would have any desire to join in a councilor district society. As a matter of fact, the sentiment is so lukewarm and there is such a lack of interest, that we have felt that it is better not to undertake the organization of a councilor district society at the present time. We may possibly work up to it later on. When we do, it is practically going to be a tri-county society. I don't think we will get any attendance outside of them. But, even that may help to hold

things together, if we can have biennial meetings. These counties that are previously organized are all in very good working order. Things are working very harmoniously. In Hot Springs we have practically run all of the thieves and quacks out, and for a time we have a little respite. I think we can say that we are free from fee-splitting at the present time.

Dr. Kirby: The Ninth Councilor District is a blank. I don't think its councilor is any better than the district. We have Newton County, with her physicians so widely scattered, but I keep in touch with them. Marion County, I think, has dropped out and lost its interest, but it is possible that it could be revived; but it is going to be a difficult matter. Dr. Clark is too old and feeble to get around. He is very much interested, though. Possibly some of you know him. The man who is most likely to take an interest in it moved away from there—Dr. Elton—he moved away from Yellville. Baxter County is dead again.

Dr. Bathurst: They sent in eight members. They had nine last year.

Dr. Kirby: Some of them have joined from Marion County. They are not very active, to say the least. Searey County does fairly well. Boone, ditto. Carroll, of course, is a little better.

Dr. Bathurst: Carroll County is in good shape.

Dr. Kirby: I would like to have suggestions from the members of the Council with reference to the best plan. I perhaps have used all the means at my command and have not been successful. If there are any recommendations we can elicit, I would be thankful for them.

Dr. Bathurst: I would ask Dr. Wootton to discourage any meeting of a tri-county society. Take three counties if you like; but call them your district society, or the county district society, or known as the Seventh Councilor District Society.

Dr. Stidham: I think our Councilor District Society helps the counties. It puts enthusiasm into them, I believe. I said we didn't have many there; but we had about thirty in attendance. We would expect about a hundred at a regular meeting.

Dr. Wootton: That's as big as a State meeting.

Dr. Stidham: Poinsett County, while they have no county medical society, most of them

belong to Craighead County. That's where they get their two delegates.

Dr. Bathurst: I have a letter from the Central Printing Company, who have been printing The Journal. They have lost a good deal of money during the last year on it, from thirty to fifty or sixty dollars every month. This next year, the contract will have to be on a cost-plus basis. They want to print for so much, and in addition they will add a small profit to it, or, they will charge \$5.25 a page. We have been having a contract with them for from 75 cents to \$3.25 a page. For instance, if this page is run in with full electrotype, and no setting at all, but just placing it, and that not changed next month, it is run at 75 cents a page. But they will charge us now \$5.25; they cannot do it less than that. Where we have been getting it done for 75 cents to \$3.25 it will be \$5.25, and will go up higher if the price of paper and printing and labor continues to advance. So, it is going to cost us three times what we paid before.

Dr. Kirby: Shall we take that matter up now?

Dr. Bathurst: I don't know just what we can do. We cannot get another printing company to bid against them. Nobody else in Little Rock wants it. I don't know what to do, except for the councilor in Little Rock and myself to go to the printing companies with power to act, and make the best contract we can.

Dr. Kirby: Without objection, that will stand as the motion of the Council.

Dr. Lemons: That's all you can do.

Dr. Bathurst: Is it worth the expense, or worth to the Society two or three hundred dollars a month to have a medical journal? The advertising almost pays for it. We have been spending from one to two hundred dollars. Now we will have to spend two to three hundred a month. Shall we quit publishing The Journal, or continue to pay this higher price?

Dr. Stidham: We cannot do without it.

Dr. Lemons: We have got to have The Journal.

Dr. Bathurst: I don't think you can keep the organization together unless you have some bulletin.

Dr. Wootton: A bulletin is not satisfactory. That is certain.

Dr. Bathurst: It hurts to have to pay so much money for it.

The following telegram was ordered sent to Dr. Caldwell, chairman of the Council.

"We, the Council, this day assembled, have learned with the sincerest regret of the serious illness of our chairman, Dr. Caldwell; and,

Resolved, That we extend to him our warmest sympathies and express our fervent hope of his speedy and permanent restoration to good health, and assure him that his presence and counsel are indeed greatly missed at this annual meeting."

On motion, the Council adjourned, to be convened at the call of the temporary chairman.

PUBLIC HEALTH SESSION.

Tuesday, June 8, 1920.

8:00 O'clock P. M.

Dr. C. W. Garrison, State Health Officer, chairman, called the meeting to order.

Dr. Garrison: At this time I would like to read a telegram received from Dr. Arthur T. McCormack, State Health Officer of Kentucky, the gentleman who should be filling this hour. I regret exceedingly that Dr. McCormick cannot be here this evening, because Dr. McCormack is one of the most eminent health officers of the country, and a brilliant speaker and great entertainer. The telegram reads as follows:

"Sudden death of a leading member of our State Board of Health produced condition which necessitated my remaining in Kentucky. Regret more than I can express, missing the opportunity of securing the inspiration I would have had from meeting the profession of Arkansas and the citizens of Eureka Springs."

I have secured two speakers of local talent, who will address you just briefly this evening. I had hoped that a representative number of fathers and mothers of Eureka Springs would be here this evening; but, since most of you are fathers and mothers, I am sure that some of you will receive benefit from the message.

I am going to take the liberty of outlining briefly the organization of the State Board of Health, since our regular program cannot be carried out. Some of the medical profession may not know clearly just the nucleus of the organization that we have in this State now. It is only a nucleus. But, I believe we have the fundamental basis of what, I think, in the future will be an effective health administration.

We have an executive department which functions in an administrative way with ref-

erence to co-ordination, isolation and education. I will not take up your time to explain these divisions, as they explain themselves, but pass rapidly on to the Bureau of Vital Statistics. In this bureau we record the marriages, births and deaths. We hope next year to record the divorces and the morbidity statistics. You will readily see that that constitutes the social unit: marriage, birth, death and divorce. I will not take up your time or impose upon your intelligence to go into the many reasons why we should have an accurate and complete registration of all births and deaths. But I would like to impress this on you: that, in addition to the public health aspect of this question, there are other phases which are vital. Did you know that in Pulaski County last year there were one-half as many divorces as marriages? That immediately, to my mind, indicates that there is something wrong with our social system. Without statistics, we have no way of ascertaining the information to develop in any of these lines.

The Bureau of Sanitation consists of Inspection Division of Sanitary Engineers. You have an intelligent idea, of course, as to what is included in inspection. But some of you may not know that we now have the nucleus of an effective Division of Sanitary Engineers. It is the business of the sanitary engineers to standardize and control the disposal of sewage, night soil and all matters of that character: to check up and standardize and control our water supply; and, when you have said that, you have stated the two fundamentals necessary to the health of any community and absolutely essential to the welfare of any city. The two most vital questions concerning Eureka Springs today are those of water supply and sewage disposal. The United States Government has detailed to this State two sanitary engineers, who have co-operated with the State Board of Health engineer, and they have devoted practically all of their time for the purpose of checking up our railroad water supply. Did it ever occur to you that the railroad water supply constitutes one of the greatest menaces in the country, if not controlled? There are some eighty-five water supplies in Arkansas, furnishing the railroads of this country, who transport people from one end of the country to another. And, when the first survey was made, we found that a

very great majority of those supplies were dangerous, potentially dangerous. When getting on a train, we have secured measures that you and your family would be protected. The Federal Government makes certain restrictions on transportation, but, without State co-operation, this control of the water supply could not be effective. This is simply one of the many duties devolving on this division.

The Bureau of Venereal Diseases, educational, restrictive, repressive and medicinal. I shall not take the time to elaborate on this division.

The Bureau of Public Health Nurses. I am glad to advise you that the Red Cross work has been assigned to the State Board of Health. The Red Cross nurses were superseded by the public health nurses in Arkansas. The public health nurse, that is now being recognized, is one of the very essentials or one of the fundamentals of the public health program; and, of the two, probably, with proper supervision, the public health nurses are of more importance than the public health officers. The public health officers supervise, standardize and co-ordinate the activities of the Bureau of Public Health Nurses over the State. Volunteer agencies are increasing in number and increasing in activity. In a recent conference in Washington, the point was brought out very clearly by the leading public health officers of the country that, if something was not done in the very near future, to co-ordinate the various health agencies of the country, they were going to work real harm and retard progress, because of overlapping, because of jealousy, or because of confusion.

Bureau of Communicable Diseases. The United States Public Health Service has detailed to the State physicians who are loaned to the State, working under the direction of the State Bureau of Communicable Diseases. They are detailed to this State, because we have no appropriation to employ them. One of the most important bureaus is this Bureau of Communicable Diseases. It is the business of this bureau to investigate epidemics or investigate threatened epidemics, ascertain the cause, and, if possible, apply the remedy. I might give a concrete illustration or two, which would bring this more vividly to your mind. You can take the little neighboring towns of Rogers and Harrison, or Eureka

Springs. I speak of our host this evening, going through a severe epidemic of typhoid fever. In Rogers there were over three hundred cases at one time. In Harrison and vicinity there were something over two hundred cases of typhoid fever. The cause was ascertained to be the water supply. Precautions were issued, orders given to boil the water, to install treatment plants, put in water systems, etc., which were complied with as rapidly as possible. Thus, two little cities no doubt will tell you that, since the installation of these treatment plants, they have had no typhoid fever. Every physician in Rogers told me personally that, prior to the day that the treatment was instituted, at no time for the past year had it been entirely free of typhoid fever; since that time there has not been one case of typhoid fever to develop in that city, only a few cases having been brought in. That is the business of the Bureau of Communicable Diseases.

That, at present, constitutes the organization of the State Board of Health. It is incomplete: it is yet inefficient. But your President this morning ably brought out the fact that it required the united effort, the individual effort, of every member of the medical profession of this State to make public health what it should be. But I want to appeal to you now that, as individuals, when you return to your homes, you interest yourself in this matter, because it affects you, your families and the State's welfare.

We are very fortunate this evening in having with us the superintendent of the Booneville Sanatorium. He has made us such an efficient officer that recently, when he resigned, the board met and refused to accept his resignation, and prevailed upon him to remain. Dr. Stewart has consented to address you this evening for only about ten or fifteen minutes, and tell you some of the things that you probably should know about tuberculosis, and stress a few points, which he probably has given you before, in regard to co-operation with him that he may reach the patient early, and in order to make the Booneville Sanatorium serve its best function.

I take pleasure in introducing Dr. John Stewart.

Dr. Stewart: Mr. Chairman, Ladies and Gentlemen:

I am not surprised at the gentleman from Kentucky not coming here, because it is a pretty hard proposition to get a man from Kentucky to come to a place where they brag on their water. (Laughter.) Be that as it may, the chairman has got me up here tonight, but I don't know exactly what to say. Then, again, I have two superior officers here in the audience, and I suppose if I hadn't consented to come up, they might have reduced my salary or accepted my resignation.

Sometimes I think that the doctors of the State do not co-operate with the free institutions the way they should. Every once in a while a patient comes to us, and he tells us very promptly that his doctor did not want him to come to us; that he wanted him to go out West. Not long ago a patient came to us. Both the young lady, her father and mother, the three of them, told us that a certain doctor in the State here said she should not come to the sanatorium, because the only proper place to get treatment for tuberculosis in the proper way was right in his office. Now, that is not co-operation; that is not co-operating with the institution. Our institution is a charitable institution, in a sense. Although we do not consider any of our patients charitable cases, we have an appropriation from the State Legislature to pay for one-half the maintenance and treatment of patients, and the counties between them make up the other half, although sometimes the county's half is a very, very poor half indeed. They pay in county scrip, and some counties of the State have scrip worth now about 30 cents on the dollar. That digs very deep into our State appropriation. Perhaps you do not know we have 250 at the sanatorium. I see quite a number of doctors here now that have been there and know that we have quite a settlement of our own. We are four and a half miles from Booneville, on the Rock Island road, 119 miles west of Little Rock, and fifty miles southeast of Fort Smith. Our capacity is 165. At the present time we have 160. We have just recently opened a new building, Meriwether Hall, named after our lamented friend, Dr. Meriwether, who was Secretary and Treasurer of our institution. The building is the latest word in tuberculosis building construction.

Now, of course, there is no use of my trying to tell any of you doctors how tuberculosis is

brought on, how it is encouraged, or what the source of infection is. But, I really believe there are some lay members here tonight, and perhaps it might be well to tell them that the sputum that is expectorated from the lungs of a patient is the only source of infection.

Now, every once in a while we hear a patient tell us that their doctor said, "Well, if you haven't got it, and you go up there, you will get it." Now, I hope that no doctor here in this presence tonight has ever been guilty of saying that: "Now, you haven't got much tuberculosis; but, if you go up there, you will get it good and hard." Now, I hope you doctors here are not so foolish as to say anything like that, because you know that the sanatorium is the safest place in the world. Just for instance: during the first "flu" epidemic that we had, as some of those who are here now can testify, we did not have one case of influenza at the sanatorium. In this last epidemic we had one man who went home and visited his people and brought the "flu" back with him; but we isolated him, and he died of the "flu." At our institution last winter, don't you know we didn't have a case among the patients even after that man brought it there. Now, inasmuch as the sputum is the source of infection, if all patients expectorate into the cups that are furnished, don't you see that the danger of infection is nil? Now, there is no case on record where a doctor or nurse, attendant, or even the janitor, has ever contracted tuberculosis from working in a well-regulated sanatorium. Now, that is the truth. There is not a case on record. And, then, when we hear a doctor has told a patient, "Now, you haven't got much tuberculosis; but, if you go up there, you will get it good and hard," it just grieves us very much to think that a doctor would say that. And, then, they say, "Now, my doctor didn't want me to come here. He wanted me to go out West." Why should they go out West? Gentlemen, we are getting letters all the time from the Western people, saying, "Don't send your patients out here unless they come provided with money." Why do they mention money? They mention it for the reason that that is what they want. They say, "Don't send them unless they have lots of money." If you send a patient out there, who has just a couple of hundred dollars, he will stay out there about two or three weeks. Perhaps some

of you folks know that. Then, after the money is gone—sometimes they haven't got money to come back home—we get letters from the Tuberculosis Association in Denver, as we have time and time again, saying, "Here's a boy from Arkansas, and he has no money. Will your institution send railroad fare for that boy to come back home to you?" We have no money for that purpose, and the poor Arkansas boy is away out there amongst strangers, moving from pillar to post, and the first thing you know he is dead and buried in a pauper's grave. That, to me, is a sad affair.

There is no institution, as our statistics and the other statistics will show, in this entire country that has any better record than we have. Of course, we don't claim to cure a man who is in the third stage of tuberculosis. We don't claim to cure a man in the second stage of tuberculosis. But we do claim that we will arrest the condition, and it will stay arrested, provided the man lives as we have taught him at the sanatorium, for two or three years afterward. The cure of tuberculosis is not months; it is years. But the arrest of it is a matter of months.

We have some of the finest people in the State of Arkansas at our institution. We have two Methodist preachers. We have two doctors. Those doctors, I am sure, have contracted tuberculosis because of not knowing how to protect themselves when they were visiting their patients. I had an experience one time with a young man, who was a stone cutter, who had an advanced case of tuberculosis. There was a little child in that house, and the child was everlastingly crawling on the floor, and I told the lady if she wasn't careful that child would contract or acquire tuberculosis. In fact, the child did contract glandular tuberculosis, and the last that I heard it had been operated on and had the cervical glands taken out.

Now, I would advise you gentlemen that the next time you have a case of tuberculosis, send it to us and give us a trial. I am sure, after you get a hearing from the patient and get our reports, you will be encouraged; and afterward you will be glad to send your patients here. Don't think that we are going to cure every case you send us. Of course, some of you may send us good cases, but your definition of a good case and ours are sometimes different. Our definition of a good case

is the first stage, or the incipient case. I thank you. (Applause.)

Dr. Garrison: Dr. Stewart has given us some food for thought. The next speaker I will limit to twelve minutes, the last on my schedule of thirty minutes. I think in all fairness I should say that he is a D. D. I am sure you will be very glad to hear DeWalt Norton, for twenty years on the Chautauqua circuit of this country.

Mr. Norton: Ladies and Gentlemen:

Eureka Springs is the finest resort in America. I have been in nearly all of them, and this resort is in the greatest and grandest State in the Union, in the State of Arkansas, and the city of Eureka Springs. (Applause.)

Now, I simply want to say to you that I am representing the "Keep Fit" program of the State Board of Health of Arkansas. In my work I am using before the schools and the other organizations to which I go in the day time, charts illustrating all of the work, and, in the talks that I am giving at night, a very wonderful collection of slides on the many subjects.

A gentleman said to me today, "What do you mean by 'keeping fit?' and what are you doing?" It is the idea and the will of the State Board of Health and of the workers in that great department to do this: To make the boy and the girl fit, fit in his life and fit in her life and in school; fit when they go out of the rivulet of boyhood and girlhood and into the great ocean of manhood and womanhood; to be fit to fight the great battles of life. This is the work that we are doing: We are pleading with the school boys and girls to take exercise; to go into the enjoyable and beneficial sports; to build up a strong and powerful physical body, upon which they can stand for years and years; to be clean, in order that those that come after them may be pure, clean and bright in everything.

Then, we are telling them how to eat. Now, I think you may think that I am a peculiar fellow to say a thing like that—tell them how to eat. Yet, do you know, my friends, that 85 per cent of the school boys and girls in America today don't know the way to eat. We have two charts in the lectures that I use. One of them is the proper way, and the other is the improper way. I always ask this question: I say, "What does this remind you of,

boys?" And they will say, "A hog."

Again, we are trying to teach them the necessity of using lots of water; to drink lots of water. Then, we are trying to teach them the necessity of fresh air. Why, our brother this morning, in that magnificent address—it was wonderful, and you all know it was—spoke of the men that lived years ago to old age, that breathed through their whiskers and slept in a room entirely closed up, where no night air could come in. How long they lived; but, oh, how much longer they will live if they will have their windows open and their doors open and God's pure air allowed to draw out the foul and let in the pure, that it may enter into their lungs.

Then, we are trying to teach them the necessity of having plenty of sleep, which is, indeed, essential—from eight and a half to nine and a half hours every night. Do you know that I have been greatly interested in this last year? I was in one town where they had about eighteen pupils. The professor said to me, "I am very much alarmed over the condition of my high school. They are not having enough sleep." I said, "Now is that, professor?" He said, "There are two dances in this town, twice a week, and my boys and girls in the high school go there; and every morning after the dance, I can see the difference in them and in their work. When the time came for the boys and girls to come into school that morning, I watched them. I saw that bright boy, who had sufficient sleep, as he walked in manly, with his head erect, and that girl with quick step, and active, keen-cut eye, and an active appearance, as she came in. Then I saw the other fellows half asleep, come moping in, take their seats and sit down, and take out their books to get their lessons, and fall asleep over the book and over their work, not fit, because they did not have the required amount of sleep to give them that which was essential for them to be able to dig in that book from which they get their lesson, which was, indeed, more valuable to them than the gold of the mines of earth.

Then, again, we are trying to teach them the necessity of keeping clean; bathing. Oh, how many things I have learned since I have been in this work. I have met lots of people that bathe every day; they are active, they are quick, they are "up to snuff," as the saying is. A shower bath, a sponge bath. Then, I

have met those who bathe once a week, once a month, and three times a month, once in three months, and some once a year, for an Easter or Fourth of July gift or a Christmas present. I have honestly found that kind of people in my rounds over this country. This is the work we are trying to get them to do.

Now, just a moment. I want to impress upon your mind what I have found in my work: that the doctor, as well as the layman, and the preacher, too, is neglecting his boy and his girl. If there was in your yard tonight, or in your town, a den of rattle snakes, oh, how we would warn that boy or that girl and say, "Don't go there!" You would even warn your neighbors wherever you went, of the danger of that den, that bite of the rattle snake. And yet, throughout our country there is that which is three times worse than the bite of a rattle snake, that sinks its fangs into the human flesh; not only the one that is bitten may suffer, but God has said, "The iniquities of the fathers shall be visited upon the children unto the third and fourth generations." This serpent that is lurking everywhere and going up and down through our avenues and the streets of our cities in the States of this Union, is called by this name—and I ask all of you to lay aside false modesty for a moment now. False modesty has been the rock upon which millions and millions of young ladies have been wrecked and ruined, for time and for eternity. That serpent is known by the name of gonorrhoea and by the name of syphilis. Now, I plead with you to help in this great "Keep Fit" campaign; to take your boy upon your knee and tell him. You think as much of your boy as you do of your hog, of your sheep or your dog or your horse, and tell him the danger that awaits him down the way; tell him of that habit that the young boy of our country has fallen into; that, when once he becomes a victim, it commences to draw around him that chain that fastens him and makes of him a wreck, robbing him of his blood, ruining his brain, and making a slave of him, passion being his master, and he that passion's slave.

Now, I want to just tell you the places to which I have been going in the work, and how they have received it. Into the school we go with this message, and to the mothers' meetings, and I plead with them. And I want to say to you that I thank God that the moth-

ers of dear old Arkansas are awakening to the necessity of telling the truth to their girls. We had a great meeting with Dr. Hall at Greenwood. How those fathers listened, and how those boys listened. How the fathers said, "I never realized, until it was brought to my mind, the necessity of delivering this message to my son." Into the churches, where I preached on the Sabbath day, and used this text, "Know ye not that your body is the temple of the living God?" and God will not mix His blood in a diseased and rotten body. To the Rotary Clubs; and oh, what interest they have taken. To the commercial clubs, and to the mills. I wish you could come with me into some of these mills here and see those men as they talked, and as they listened, and grasped every word. Into the glass works, where men stand over the fires, burning with the heat. And the letters sent from the great majority of the glass works to Dr. Garrison say, "I will do all in my power. I am with you in this work, and the men promise to do their duty toward their boys." And the mines down in the very bowels of the earth; into the mines I have gone, with the lamps burning over their heads. They have listened to this story of keeping fit, and they have said, as one said over here at Mansfield, or at Huntington, "If I had heard this message when I was a boy I would have been a better man than I am tonight." Into the smelters. Outside of the smelters they would come and wait, going without their dinner, to hear this message and receive the word. At Harrison the other day, in the shops of the M. & N. A., those men listened and they grasped each one of those pieces of literature, and said, "I am going to take this home; it is worth while."

My friends, I want to say to you, and especially to the doctors, I want you to know me when I come to your town. I don't want you to run away, as some of you have sometimes. I want to meet you. I want you to do what Dr. Mann and Dr. Kirby have done, and what Dr. Riee has done, and Dr. Hall, and Dr. Douglass, and many others here tonight have done: get out and work, that we might assemble the boys together to hear this most important message that is being given to the boys of our great State today, and God bless you in your endeavor. I thank you. (Applause.)

Dr. Garrison: No doubt you will be interested to know that many of the merchants are

beginning to require physical examinations of the employees as a matter of business principle or a matter of efficiency. I am receiving letters from quite a number of them in which they recognize the necessity for more complete physical examinations.

I am sure, ladies and gentlemen, that you have enjoyed these talks, and I wish to thank you very kindly for the very large attendance and for the very earnest attention you have given us.

HOUSE OF DELEGATES.

SECOND DAY.

Wednesday, June 9, 1920.

The House of Delegates was called to order by the President, Dr. Brown, at 9:00 o'clock a. m., there being a quorum present.

Dr. Brown: The first in order is the report of the Committee on Medical Legislation, Dr. G. A. Warren, chairman.

REPORT OF COMMITTEE ON MEDICAL LEGISLATION.

Dr. Warren: Our committee has had no occasion for active work on medical legislation, as the Legislature has not convened since the last meeting, except in special or extraordinary session, and that was only to transact special legislation for which it was called. But it has come to our mind, and forcibly, too, the fact of evils that may accrue or fall upon us, from the medical board. Whether those evils may be corrected or not, we cannot say; but there surely should be a standardization and unification of our medical legislation for license to practice in Arkansas. Ten years ago this May, the American Medical Association met in St. Louis. So far as I know or remember, the only time that it ever met there; at least, in my time, in the last twenty-five or thirty years. At that time, myself and other members of the Arkansas Medical Society had met a young man, who had recently graduated at one of the medical colleges, and he told us that there were several letters written up there to the medical colleges, that were not up in "A" class, soliciting the coming graduates to appear before the Eclectic Board for license to practice in Arkansas, and it means that the fee was the consideration. I became interested in that, and told him that I would like to see one of those letters. The second day he found one of them, showed it to me, but he would not let me bring it away. Three or four years ago I was in St. Louis attending a meeting of the Washington University Medical Department, and the same thing was reiterated. It is an open secret, for those who want to know, that the medical boards are not trying to have one standard, thereby prohibiting us from having reciprocity with our sister States. So long as we have these several boards, it is going to be impossible for us to get reciprocity with many of our sister States. Therefore, the majority—I have not seen one member of the Committee on Medical Legislation, but two of them recognize that something active should be done to try to formulate a law by which we can have one board and one board only. Seventeen or eighteen years ago, the Committee on Medical Legislation then consisted of five members instead of three, and I had the fortune or misfortune

to be a member for some two or three years consecutively, on that Committee on Medical Legislation, and that was at the time that we were doing away with the county board and instituted the State board. I am glad to say that I opposed the plan of several boards; but the majority of the committee was of the opinion that we could not get a one-board law through, and they came at me at this time with the argument that half a loaf is better than none at all. Therefore, they said, let us take a step in the right direction, and we will get the other later. I think the time is coming, and it should be here, and especially if we can get the proof of these letters that have been written soliciting applications for license to practice in Arkansas, then we might get a one-board system. If we have to have them, give them representation on the one board. That, I believe, is about all that we have to report.

Dr. Bathurst: Reports are not open to discussion, but I think this is of such vital importance that we should have an expression from the House of Delegates on this particular subject, and I move you that we allow any member who cares to express himself on this subject to do so.

Seconded. Carried.

Mr. Mann: I want to say something on this. I feel like, if the medical profession is going to get what it wants in the State of Arkansas, it has got to look at it just like anybody else. And I am sure that anything that tends to the advancement of the standard in the practice of medicine tends to the betterment of the entire State. Now, in order to carry on public health work and take care of our State Board of Health as we should, if we are going to do what we should do for the State of Arkansas in a medical way, we must have the friendship and the co-operation of the Legislature. There is but one way to get that, and that is to go to these candidates now, and tell them if they are not going to support this movement you are going to do your best to beat them in this primary, or tie on to some man who will co-operate with us. That is the only thing to do, and that is the only way to meet the issue. The man running for office now will promise you and do ten times more than he will after he is elected, when you go up to Little Rock and ask him to do certain things. There is hardly a man in Arkansas, who is running for office, that is not the warm friend of some doctor, and that doctor can get him to assist in getting what we want from the Legislature. I think that everybody at this Society meeting should go home with one resolve in his mind, and that is to influence the man who is a candidate. Take him off to a corner somewhere, and ask him

what are his views on medical legislation, and tell him that you want to work with him and for him and help him, if he is for the good of the State of Arkansas; if he stands for public health and progressive medicine in this State. But, unless he does stand for them, that you want to tell him right now that you are going to stump your county against him; and when you tell him you are going to stump your county against him, get up and make speeches against that fellow, and tell the people why you are making them; you will soon find out that he will come around to you and say, "Now, here, I don't want any fight with you. If you just promise me that you will support me, I will go and do what I can to help you get the legislation that you need to take care of my family and take care of this State in a health way." That is the only way to get it. We will never get anywhere until we pursue that course. We absolutely are asleep, and they are not going to do anything except to give you the "horse laugh" when they go to Little Rock, unless you have got that man committed beforehand. (Applause.)

Dr. Rhinehart (Little Rock): The medical board situation as it now exists is something like this: We have a medical school in Arkansas that requires a two years' college course for entrance, and four years' work following that, plus an examination before the State Board. The examination is not easy. There is a school running in Kansas City that will admit men without standard entrance requirements, graduating a class every year. The whole class is sent to Little Rock to take the Eclectic State Board examination. We have had at least four students from the medical school in Little Rock who failed to make their first or their second year and who went to this school. We had one man who started as a freshman and went two years, failing in practically all his work. He went to Kansas City and graduated a year before the class that he would have graduated in had he continued at Little Rock. I can name a man who failed in his first year in Little Rock, and who went to Kansas City and graduated when the class that he failed in was in the junior year in the medical school in Arkansas. I was talking with a doctor from Stuttgart not long ago, and he said there were two or three Kansas City products in Stuttgart. Some of you, perhaps, have them in your community. We have a number of them in Little Rock. The

time is coming, unless this is stopped, when practically every town of any size in this State will have graduates of the Kansas City College of Medicine and Surgery. That college is a "C" class college. It is not recognized by any board in the country, except Arkansas and a few others. The school has refused inspection by the American Medical Association. Arkansas is getting the products of that school. It is made up almost entirely of flunks from other colleges.

In addition to that, of course, we have the Osteopathic Board, which does but little, because there are virtually no osteopaths graduating. We have a Chiropractic Board, which is extremely busy.

At the last meeting of the Legislature, the Committee on Medical Legislation had a bill presented to the Legislature, which, we are told, would have passed if it had been introduced two weeks earlier in the session. To my mind, there is no question but what the Arkansas Medical Society can pass a one-board bill. In any representative legislative body in the United States, a bill will not pass on its merits alone. The best bill that human ingenuity or mind can write can be introduced, and, unless somebody engineers it through, it will die on the calendar. If there is an organized effort on the part of the membership of the Arkansas Medical Society at home, and in Little Rock after the bill gets started, it can be passed.

All of you, perhaps, saw the editorial in the A. M. A. Journal telling about the Kansas City College of Medicine and Surgery and Arkansas. It said that the Eclectic Board of Arkansas couldn't get along without the Kansas City College of Medicine and Surgery, and that the Kansas City College of Medicine and Surgery would, perhaps, go out of business if it wasn't for the Eclectic Board of Arkansas. (Applause.)

Dr. Southard: It is inconceivable to me that two thousand or more regular physicians in the State of Arkansas cannot secure such needed legislation as this if they go at it right. I was very much pleased with the plan suggested by Dr. Mann. I think he struck the keynote. I think that is exactly where we have got to work; and, if we are willing to work for it, and we know it is right and we know it ought to prevail, we can get it in a manner something like that suggested by him,

and that's the way we have got to do it, and that's the way we can do it.

Dr. Norwood: From fifteen years' experience on the Committee on Medical Legislation, and from eight years' experience on the Board of Medical Examiners, I have studied this question considerably. Once every year we come up here and get up a little enthusiasm, and they promise, when they go home, to see their representatives before or after the primary, and the two thousand doctors are going to work for it. When the Legislature meets, they forget all about it. You can telegraph or write those representatives, but they never pay any attention to you. There is but one way, to my mind, in which you will be able to secure a one-board medical law in Arkansas, and that is to appoint your Committee on Medical Legislation. As Dr. Rhinehart said, it matters not how meritorious your bill may be: unless you have got somebody in Little Rock, not for one day or for three days, but for a long time, to engineer or work with it, it is not going to pass. It becomes irksome and burdensome for any committee to stay at Little Rock the length of time that it should. No man can do it, unless he is well equipped financially. For that reason, a few years ago, in a president's address, I made the recommendation that an appropriation be made to pay the expenses of the Committee on Medical Legislation; that is, pay the hotel bill and railroad fare, necessary expenses and nothing else, while in Little Rock looking after the matter. I believe that is the only way in which we can succeed.

Dr. Mann: Will you make a motion to that effect?

Dr. Norwood: The House of Delegates or the Council will have to do that.

Dr. Bathurst: It has to come before the House of Delegates, and be referred to the Council.

Dr. Norwood: If it is in order, I make a motion that the House of Delegates make an appropriation to pay the hotel bill and railroad fare, postage, and any legitimate expense; not for lobbying, but for any actual expense that may be incurred by the Committee on Medical Legislation.

Seconded. Carried.

Dr. Brown: That will be referred to the Council for final action.

Dr. Kirby: I heartily concur with what has been said by the speakers that preceded

me. I believe that Dr. Mann's proposition is all right. But I believe it is better, while we are speaking to our prospective legislators, to tell them just exactly what we want them to do; that we want them to pass a one-board law, and also give them the reasons for it, and we have the best of reasons. We can tell them that Arkansas is entitled to the best of doctors; that they cannot have the best of doctors unless they are qualified. They cannot have that quality unless we have a standard of quality. The people of Arkansas are entitled to all that is good, and they cannot get it unless we have some way of keeping up the standard, and these other boards are not governed by the standard requirement and our people are not protected. I was a war worker, and I found, during my work, that there were forty-nine States and territories, and that Arkansas was forty-ninth on the list of enlistments in the medical service. Why? Because the doctors in Arkansas that are licensed to practice are not qualified to do the service in the army. Of course, I am opposed to war as much as any other man, but I believe in getting ready for war. And, as I have said once before in the Arkansas Medical Society, the war could not have been won without the doctors. The Germans, through having qualified physicians, could put back 80 per cent of their wounded men into the firing line. Americanism means that when we go to war, the men may be so prepared that we shall be able to do something worth while. We cannot do it with chiropractors, cheap eclectics, or osteopaths. I know it, and I know it full well, because I have investigated the standing of the men who are engaged in the practice in the State of Arkansas. As a councilor, I wrote to Mr. Futrell, the Senator who had charge of the medical bill, and one of our best posted men, one of our best citizens in the State, asking him not to pass that chiropractic bill, unless they did this: established a standard for every man that practiced in the State of Arkansas; that, whatever school of medicine that he wished to practice, to require a standard of education that should put him up equal with what the Association of American Colleges required, in order that we might meet any contingency that might arise. He wrote back a very nice, polite letter, and informed me, not in these words, but in substance:

"You are wanting to organize a trust in the State of Arkansas. I will not grant your request. I am going to give the people what they want!" When the war came on, Mr. Futrell didn't want his son nor his neighbor's son to go and fight in that war over there; but here he was willing to grant licenses to men to compete with you men who are competent to do the work. (Applause.) I say, be prepared for any occasion that arises. As Dr. Mann suggested, if you cannot convince a man that is trying to go to the Legislature, vote for the other fellow.

One of my best friends, who hasn't a vote in the House of Delegates, asked me to present a resolution to further this same cause; that is, that each county society be requested to pass resolutions and take such action as they see fit, in order to influence the prospective candidates who are coming down to the Legislature. I want to present that motion. (Applause.)

Seconded. Carried.

Dr. Ellis: Along the line of Dr. Mann's suggestion, I think that this committee should either draw a new bill or get a copy of the bill of the Association of American Colleges, and furnish every doctor in the State a copy of it, and let them give each prospective candidate for the Legislature a copy, and let them see the bill before they go further. It may make the work easier on the committee you have in Little Rock.

Dr. Brown: Do you make a motion to that effect?

Dr. Ellis: I don't know whether it requires a motion. I think that is one thing that the committee should take up.

Dr. Warren: I want to say, in apology, with reference to the Legislative Committee, that your committee did not feel like making too many recommendations. There are improvements or additions that should be made to the State health law; but we didn't think it well to ask for too much at once. This is the biggest question.

Dr. Mann: The Program Committee has set aside this morning's session from 10:00 o'clock until they finish for the Committee on Neurology to have a meeting, and we are prepared in a way to have that meeting at 10:00 o'clock. I want to say that more members of the Arkansas Medical Society, it seems to me, have died during the past year than

in any other year of its history; some men who have really been the founders of this Society and the hardest workers in it. And I hope you will all attend that meeting, and, if some of your friends have died, I hope that you will not hesitate to say a few words about them.

Dr. Brown: We will now have the report of the Committee on Cancer Research, by Dr. Snodgrass, chairman.

REPORT OF COMMITTEE ON CANCER RESEARCH.

Dr. Snodgrass: The Committee on Cancer Research have no written report prepared. They sent out a number of circulars this year, and I was not informed that I was chairman of that committee until just a few days ago by the National Association. They are sending out a great deal of literature, and I suppose you will get this matter during the coming year.

So far as I know, there has been no special tabulation kept of the number of cancers reported in the State. It is the idea of the committee to get all the doctors, that are practicing medicine, to report the number of cases of cancer that come under their observation. Last year I sent out some cards, requesting the doctors to send in the number of cases that come under their observation. I got reports from a few, and others said that I was trying to get up a cancer clinic and bidding for business; so, I didn't get any replies on the reports. I have nothing special to report. I hope that the members of the profession will understand that this is not a question of getting business. It is a question of getting statistics on a matter that we are all vitally interested in; and, if you have any cases of cancer that you can report, let's get the history of these cases; send them in. We will probably have someone to take charge of these, and turn them over to the National Association. I hope I shall not be put in this position for another year, because I am unable to get any reports at all that we could turn into the Society. The object is to get the record of these and turn them into this Society, and the chairman of the committee will turn them over to the National Association, so that we can formulate and find out how many cases of cancer there are in the United States, their development and the classification.

Dr. Brown: I just want to make one suggestion. I find that these committees, or most of them, to consult with each other as to what they are going to report, and correspond about it, and in that way you can get up a better report, and it will be more pleasant all around. Now we will have the report of the Treasurer.

REPORT OF THE TREASURER.

Dr. Saxon: I haven't prepared any report. The main thing is to know whether I have got any money or not, I suppose. When I took the office, I received from Dr. Bathurst \$4,527.10. Since that time we have vouchers to identify the checks also that were drawn against this account for \$1,352.03. We received interest on our deposit—we ran it as a kind of savings account—up to April, of \$30.18. Leaving us a balance of \$3,205.25.

Dr. Brown: This will be referred to the Council for final action.

Dr. Ware: In the Greenwood District of Sebastian County, the doctors have a little society. Quite a number of us down there in the Greenwood District are members of the Sebastian County Society, but some of us are eighteen or twenty miles away from Fort Smith. We also have a society down there, called the Greenwood District County Society, not in conflict with the other at all; we merely meet down there. Of course, in our society we take in all; we don't require them to be graduates of a reputable college, while the rules of the Sebastian County Society do require that, or have in the past. I believe that our President, Dr. Wood of Huntington, probably wrote Dr. Bathurst about getting a charter. I don't remember whether he had a reply. Probably Dr. Bathurst replied that it would be taken up at this meeting here. I don't remember.

Dr. Bathurst: I passed the letter on to the Council, and they decided that it would not be possible to have two county societies; that you could have your medical club, but you must be members of the Sebastian County Society.

Dr. Ware: But still have our membership in the Society.

Dr. Brown: Our Constitution and By-Laws require that.

Dr. Ellis: I move the adoption of the report of the Council.

Seconded. Carried.

Dr. Brown: Any new or miscellaneous business?

Dr. Bathurst:—How about the Committee on Scientific Exhibits?

Dr. Rhinehart: It seems to me the Arkansas Medical Society should have a Committee on Scientific Exhibits. All medical associations and all other scientific associations that I have attended, except the Arkansas Medical Society, have had a committee for the purpose of preparing exhibits of scientific interest. The only exhibit that we have in the Arkansas Medical Society is a commercial exhibit, interested in dollars and cents rather than the education of, or for the information of, the members of the profession. Now, the purpose or the function of such a committee should be to collect from the doctors of the State exhibits of any sort, of particular medi-

cal interest. For instance, if a doctor had a peculiar malformed fetus born, this could be preserved and sent to the Committee on Scientific Exhibits, for inspection at the next meeting of the State Society. Or, if a doctor had a number of photographs of cases, or something of that sort, that would be of interest to the profession, I think it would be a good idea to have them prepared as a scientific exhibit, that all the doctors of the profession might see them during the meeting of the scientific session. For these reasons I make a motion that the President be instructed to appoint a Committee on Scientific Exhibits, to arrange such an exhibit as I have outlined to you.

Seconded. Carried.

Dr. Brown: The incoming President will appoint that committee. The House of Delegates stands adjourned until 1:30 tomorrow afternoon.

MEMORIAL SESSION.

Wednesday, June 9, 1920.

10:00 O'clock A. M.

The Committee on Neurology, through Dr. Mann, chairman, opened the Memorial Session at 10:00 o'clock.

The following deceased members, who departed this life since the last meeting of the Arkansas Medical Society, had their names inscribed on the board on the platform:

Dr. Earl E. Craig
 Dr. Gaston A. Hebert
 Dr. Beauregard W. Flinn
 Dr. Lemuel Edwin Willis
 Dr. Algernon S. Garnett
 Dr. C. P. Meriwether
 Dr. Chester Jennings
 Dr. Henry Neill Dickson
 Dr. James Pittman
 Dr. Thomas E. Holland
 Dr. Lorenzo P. Gibson
 Dr. R. E. Bradsher
 Dr. Edgar L. Lindsey
 Dr. R. E. Yarbrough
 Dr. W. B. Henderson
 Dr. J. B. Shaw
 Dr. A. C. Stanley
 Dr. F. M. Moseley
 Dr. L. J. Gillespie
 Dr. J. W. Bush
 Dr. C. M. Lutterloh
 Dr. W. W. Hipolite
 Dr. A. E. Hardin

Invocation by Rev. S. A. Roberts.

Song by Miss Loretta Luce.

Dr. Mann: My friends, I came to Arkansas in 1898. About a year or two thereafter I became a member of the Arkansas Medical Society. I began then to make some very warm and lifelong friends in our Society. I became well acquainted with the men who were at that time doing the hard work in the State of Arkansas, who were fighting the battles for organized medicine, who were the leaders in the profession of this State. Many of those men are living now. A great many of them have gone to the Great Beyond. They did noble work for the medical profession. They did their best. They made sacrifices not only for the health of the people, but for organized medicine. They would have been great men in any line of work. But they have gone to their reward. Whatever conflicts there may have been in the profession, or whatever hard feelings existed, have all gone with them now.

My friends, this to me is a very impressive service. It teaches me just one thing, and that is that many of us here today will soon be gone; and from that I learn this lesson: that, as I grow older, I want to be kinder toward my fellow-practitioners than I have been in the past. If I have any feeling against anyone—which I have not—I want to overlook the feelings of resentment that I may have or that others may have, and have a more forgiving spirit, and forgive and forget more than I have ever done before.

There are some very brilliant names in the list here of those who have died within the last year. Dr. Gibson's name is there. Dr. Gibson was well known to every member of this Society. He fought its battles for a long time; a fine gentleman, and a splendid practitioner. Our beloved Secretary's name, Dr. Meriwether, who was so long our Secretary, is on the list. I am so glad that his name will not die, because at our tuberculosis home there is a building named for his memory. What a pity, when we think of it, that he had to die from the very disease for which the home is established, to prevent and to cure. I say, what a pity; and yet what a glorious monument! The naming of this building for him, in an institution in which he was so largely interested and with which he had a good deal to do in its success; that a building

stands in his name, in order that others may not have to go as he went.

This list is very large; the largest, perhaps, in the history of the Society. I don't know why. But I hope, if any of these men happen to be your friends, you will at least say a few words about them, as their names are called. The first name I am going to call is that of Dr. L. P. Gibson of Little Rock, who died December 29, 1919. Dr. Vinsonhaler.

Dr. Vinsonhaler. The chairman has asked me to say a few words in memory of Dr. L. P. Gibson. I have been impressed with the length of the list of names. Somehow or in some way it has suggested to me more strongly than ever before that we are growing old, and that I, myself, at least, am passing the dividing line, and am approaching the sunset. To me this is a most solemn and impressive occasion, gathered together for the purpose of paying our respects to the memory of our dead. This meeting was opened by prayer, and hallowed by the sweetness of a woman's voice.

I remember in June, coming home after service in the army on the other side, I was anxious for the sight of a familiar face. I had been away from home for a long time. I came to St. Louis, and, taking the train for home, I went out and looked eagerly for someone that I knew, and I saw Dr. Meriwether and Dr. Dorr. They were on their way back from the meeting of the American Medical Association, and both of them were in high spirits; they had enjoyed the meeting. They were in excellent health, and they greeted me gladly. I shook hands with them, and said how glad I was to see someone from home. That was a privilege that had been denied me for a long time. Dr. Meriwether told me about the meeting at Atlantic City, from which he had just returned. He was full of hope, full of life, and full of interest. It was a great shock to all of us, in a short time, to hear of his illness and later of his death. It has seemed to me, at times, in looking at the question from the standpoint of what is best for us, that it is perhaps best that death shall come to us in that way, in an unexpected moment, at an unforeseen time.

But, in mentioning the name of Dr. Gibson, I am mentioning a man who was perhaps dearer to me than any other man in the profession. My relations with him marked an

unbroken friendship of more than a quarter of a century. I met him when I first came to Little Rock, and I was impressed with the character of the man. He was born in '55, in the city of Little Rock. His parents came from the State of Tennessee, and they were of Scotch descent. As Fisk said, "Say what you will, or believe what you will, the Scotch people, by their indomitable will and energy and characteristics, have formed the spirit, the life, the temperament of the American people." Scotland has set her seal upon this nation. In the past, now, and perhaps forever more, the old Covenanter spirit, the Scotch spirit, must and will dominate in America. Now, that was the kind of people from which has sprung the Scotch or the Scotch-Irish people. And he, in himself, imbibed, in every sense of the word, the characteristics and the temperament of that people; at times I had thought him unnecessarily unyielding, strong, aggressive and conscientious, yet he was of that indomitable type of Covenanter that kept alive the traditions of Scotland.

Dr. Gibson was an accomplished physician. He graduated with six other men from Arkansas forty-three years ago, in the Jefferson Medical College. Among his classmates were Drs. Charles H. Cargile of Bentonville, William B. Lawrence and Joseph W. Case of Batesville, John M. Mahan of Bearden, and our former and lamented President, Dr. James C. Wallis of Arkadelphia. From the time of his graduation, he identified himself with the medical life of this State. He was a charter member of the Arkansas Medical Society, which was organized in the city of Little Rock, upstairs over one of our buildings on West Markham Street. To my knowledge or belief, at least, there is only one man living in Little Rock who was a member of that meeting, and that is Dr. James H. Lenow. I asked Dr. Lenow to be present at this meeting and read an account of the first meeting of the Arkansas Medical Society. It would have been of great interest to every man present to have heard what happened on that historic occasion. But, unfortunately, owing to ill health and the stress of circumstances, Dr. Lenow was unable to comply. But he sent his loving and affectionate greeting to the Arkansas Medical Society, and said for me to tell you how dearly he would have

loved to be present and meet with you on this occasion.

Dr. Gibson was a constant attendant upon the meetings of the Arkansas Medical Society. He very rarely missed a meeting. He enjoyed being here. I remember, on one occasion in Little Rock we were meeting in the legislative hall of the old Capitol Building. We were discussing a new Constitution, by which you are now governed. A most vigorous discussion was taking place, and Dr. Gibson, who enjoyed discussions and debate when he found an antagonist worthy of his sword, was enjoying himself. In the height of his remarks he changed his position, and when he came to sit down, he missed his chair and sat upon the floor. I remember the remark that he made when he rose. He said, "That's the only time in my life that I was ever floored, and I did it myself." That was the wit and the spirit of the man. He was a man of great versatility. Few of you may know that Dr. Gibson was an artist, that he could caricature and draw pictures. I have in my library at home pictures that he has drawn of friends or men upon various occasions. One, a picture of myself, my wife still insists is the best likeness she has ever seen. That was unusual, and it was a remarkable trait. I have sometimes thought that if Dr. Gibson had entered the field of journalism, he would have found his richest opportunity. He was of that type of man, strong, aggressive, versatile, eloquent and thoroughly alive to the interests of the public. He reminds me of the type of Prentice, of the old Louisville Courier-Journal. And when Dr. Gibson edited the medical journal, as he did for a number of years, he made it one of the most widely quoted journals of the entire nation. I can remember, at that time, visiting different medical societies and hearing quotations from the editorials of *The Journal of the Arkansas Medical Society*. And, in those days, the doctor was not always sparing in his criticisms or remarks, but more adept in the gentle art of making enemies, as Mr. Whistler would say. It must be said, however, that a man, when he speaks the truth, when he stands firm, and he represents his convictions, cannot of necessity always refrain from saying things that are not exactly pleasant. Dr. Gibson sometimes regretted that necessity himself. And yet, he was always frank, always honest, always faith-

ful, and always true. Many of you are not as familiar with his intimate life as I have been. It is said that he only is truly successful in life who writes happiness upon the faces of those he loves. And, if that is true, Dr. Gibson was one of the most successful of men. He is remembered for his loving friends. That love, in the hearts of those we leave behind, is not to die. After Dr. Gibson's death, those who wished to testify to their appreciation of the man got together and raised the sum of \$7,500.00 for the purpose of having a public testimonial to the man. They set aside an amount for a bronze memorial tablet, which should memorialize his efforts for all time, in order that his memory should be as enduring as the bronze on which the letters were written. That is what the people of Little Rock, what his friends, thought of the man.

We bid good-bye to Dr. Gibson with regret. There is no man that will be more missed at all the meetings of this Society. I think that I can hear that voice of his saying, "Mr. President, whenever there is a disagreeable duty to perform, it seems to me that I have to perform it," when he had to remind us of some provision of the Constitution, some law or procedure of the Society; and he always performed that duty faithfully and well. So, I regret to say good-bye. He was a great man, great as a physician, a loving and devoted husband, beloved as a physician, and, greatest of all, as a man. (Applause.)

Dr. Cargile: My acquaintance with Dr. Gibson began forty-four years ago next September. We were classmates in the medical college, and boarded in the same house. His bluntness was often painful. I sometimes thought he almost enjoyed hurting one's feelings, and I didn't like it at all; but before we parted, I was an admirer of Dr. Gibson. This same bluntness, this devotion to duty, his love for organized medicine, and especially for the Arkansas Medical Society, which he helped to organize, caused him to make many enemies. I am aware that there is no disguising the fact that Dr. Gibson had many enemies in this Society. It was because they judged him as I judged him, when I first saw him. They only needed to know him, like Dr. Vinsonhaler and I knew him, to love him, to admire his devotion to what was right, regardless of anything else. As I used to think,

he enjoyed hurting people's feelings; but possibly it was necessary to do it in the discharge of what he thought was his duty, especially in upholding the standard of ethics of the medical association, and in creating interest in the Arkansas Medical Society.

Some of us, who have attended these meetings for many years, can recall occasions when it was fortunate that Dr. Gibson was there, because I don't believe that there was another member who had the courage of his convictions. While we may have believed like he did, we were too cowardly to say so. I have forgotten just what the issue was, but I remember on one occasion the good of this Society was menaced and it was necessary for somebody to come to its rescue. He was not a man who rushed into matters. He was slow to rise and to make remarks. He was not overly given to talking, although some accused him of it. He didn't rise to talk unless there was occasion for it, and he always entertained, whether you agreed with him or not. On that occasion—I have forgotten what the issue was—there was a demand for somebody to come to the rescue and correct some wrong, or what threatened or menaced the good of this Society. I wish I could recall what the issue was. Nobody seemed to have the courage to say anything. I, like nearly everybody else, turned my eyes on Dr. Gibson. I saw men there whom I knew disliked Dr. Gibson. But the look of the eyes toward him showed that they knew he was equal to the occasion and would do what was required, and he did.

I did not like to appear here; but I cannot fail to say something for Dr. Gibson. My main purpose is to ask you gentlemen, who believed that he was cruel, or mean, even, not to think of him in that light, for he was born that way, devoted to what was right, and he couldn't help these things. He inherited that, gentlemen, to some extent. I don't know that he inherited his bluntness, but he inherited his devotion to what was right, and his willingness and ability to do it under any and all circumstances. If some of you do not know that, and you want to confirm it, I beg of you to read the history of the Arkansas Legislature about seventy-five years ago, and see what his father did in a strong emergency, when it took courage—not moral courage, not willingness to say things, but to do physical

things. You will find it in the archives of the Arkansas Medical Society. He was commended for what he did, too. He was right. So, you see that he inherited part of this.

This Society had no better friend than Dr. Gibson. He had his weaknesses. But he knew the truth; he knew that he had faults. But, gentlemen, there was no wrong connected with it; there was no venom in it. Those who didn't like him were those who didn't happen to have an opportunity to draw aside this curtain that I have shown you and see what was behind it. Dr. Vinsonhaler will bear me out in one assertion, that the people who had an opportunity to know Dr. Gibson were his friends; not only his friends, but they were his devoted friends. He didn't hold many people close to him, but he did hold some very close. I have always felt honored that I happened to be one of those.

Gentlemen, there is another thing. I will ask you to please forgive Dr. Gibson for whatever seemed wrong in him.

Dr. Douglass: I want to pay a tribute of respect to the memory of Dr. Gibson. From the time that I began to study medicine, a good many years back now, I began to hear of the influence of Dr. Gibson in the Arkansas Medical Society. And his name was identified with the organization from that time until his death. Perhaps more profoundly than any other man I have known has his spirit and purpose influenced the organization. His earnest desire and his whole purpose was to promote the welfare of the medical profession; and perhaps to his efforts and his earnest purpose, his unfailing energy and his hard work in building up the Society, has the success of the organization depended. We owe him, indeed, a debt of the deepest gratitude for his great service in this organization. I don't know how much greater his own success might have been if so much of his time and energy hadn't been taken up with affairs of the Arkansas Medical Society. We know that he did not stint his time, nor energy and hard work, in doing what he could to promote the welfare of the medical profession of Arkansas.

Dr. Mann: The next name I wish to call is that of Dr. C. M. Lutterloh of Jonesboro, who died on May 3, 1920. I am going to ask Dr. Warren to speak.

Dr. Warren: Mr. Chairman, Ladies and Gentlemen: I want to ask, while I am here,

would it be out of place to refer to those of my friends who have been near and dear to me, in the list that is printed here?

Dr. Mann: That is all right.

Dr. Warren: I cannot refrain from saying a word about Dr. Gibson, before I come to them. I was a student under Dr. Gibson. He was at that time quiz master on anatomy, and also demonstrator, a position he held for many years. Any point that he attempted to make with the students, it stuck, it stayed; you got it in a way that you ever remembered it. One man that I have often compared him to was a lecturer that I knew on materia medica in St. Louis, connected with the old Missouri Medical College, and that was Justin Steere. He never said a word that wasn't worth remembering. The same thing with Dr. Gibson, when he was giving a lecture. Now, just one thing more. Dr. Gibson was at the organization of this medical society. He never missed but one meeting, and that was a meeting twenty-two years ago that was held here at Eureka Springs. This is the second meeting that he has missed since the Society was organized. There is not any other man that can say that. There are only two or three left of the charter members of the organization. I heard him say this last year: that he had never missed but one meeting since its organization, and that was the meeting at Eureka Springs in 1898. I know that for twenty-five years that he has been a regular attendant, with that exception, and I know he was not here then.

Passing on to Dr. Lutterloh. Dr. Lutterloh and I have been closely drawn together for more than twenty years—to be exact, twenty-three years. In 1903, the Arkansas Medical Society met in Jonesboro, and at that time Dr. Lutterloh was one of the leaders in entertaining the Society, and was tireless in his efforts to make that meeting a success. The meeting, as you remember, was held exceedingly early, because that year, as happened this year, the American Medical Association met in New Orleans, and met the early part of May. Therefore, that year we had our meeting of the Arkansas Medical Society begin in April, and immediately after the meeting, he, his wife and son, a friend in Jonesboro and myself were a party who went to New Orleans and attended the meeting of the American Medical Association.

The sureness of death and the uncertainty of time were forcibly impressed upon me. As I came back from the American Medical Association meeting this year, we came through Jonesboro in the afternoon. The train was late. The next day, just at that hour he dropped dead in his office. He died in the harness; he died as he often said he wished he should die.

Dr. Lutterloh was a man whom, just to meet him, you probably wouldn't think very well of, but he bore cultivation. I was more intimately associated with him in post-graduate work in Chicago, besides being in New Orleans with him, and I roomed in the same boarding house with him, and was thrown with him many times, and I know the character of the man. We haven't lost many better members or more enthusiastic members than Dr. Lutterloh, and Craighead County, the county in which he lived and died, has lost one of its most enthusiastic and energetic members. He was elected a few years ago Secretary of the Craighead County Medical Society for life. As it happened, it wasn't long; but it looked at that time as though it might be long. Dr. Lutterloh was just probably not quite fifty-five; if he was not fifty-five, he was coming right near it, because he told me his age once in Chicago. Enough with reference to that.

At the meeting in New Orleans, I was thrown in with Dr. H. N. Dickson, whose name appears on this list. Dr. Dickson was an Independence County boy, about Dr. Lutterloh's age. Dr. Meriwether was also an Independence County boy, and I knew him from boyhood. He was two or three years younger than I, maybe about four or five; I don't think that much; but I have forgotten just the ages of them. He and I were classmates together at the Missouri Medical College; the only two boys, as I remember, from Arkansas; both from Independence County, and both had known each other and our parents had known each other since we were born. He graduated in 1893, and I dropped out that year and graduated in 1894. After that, we both located in Lawrence County and were neighbors, and I had known him from boyhood as probably no other member of this Society did, except Dr. Dorr. And I knew him intimately. It was at my earnest suggestion to his wife that he was brought home from Booneville to

die. I say that in all deference. I was there just a few days before she brought him home, and visited her, and she told me his condition, and I said, "Mrs. Meriwether, it is just a few days off. You had better bring him home." She said she had been thinking about it, and she did. He died in Little Rock, but he was brought there just a few days before.

Now, with reference to Dr. Dickson. He and I roomed together in New Orleans in 1893. Many times I have been close to Dr. Dickson. I was with him in two post-graduate courses in Chicago. I knew him as a co-worker there in our District Medical Society, and he, too, was one of God's noblemen. There was no better man. He died unmarried, an old bachelor. He died, lamented by all, old and young. And there are many others. I say to you that that list has men whom I have known intimately and known long. This is the twenty-fourth year that I have attended meetings—twenty-five meetings, but twenty-four years—and I haven't missed a meeting of the Arkansas Medical Society. Now, for five years I was chairman of the Committee on Neurology, and during that time men who were the founders of the Arkansas Medical Society, notably J. A. Dibrell, died, and I had to report his death, and get up some remarks. But it is every year that some of us are here today and will not be here next year. We all, of course, know as physicians that life is uncertain, and we cannot estimate the time that will be allotted to us. At this time it ought to make us think, and think deeply, and resolve to think more of our friends while living. It is too late after they are dead. It is all well and good to do this; but they are not enjoying it. It is just our respect to them and to their efforts. The time to do good to others is before the report on neurology is made. I thank you.

Dr. Clegg: I could speak on every member on that board, with one or two exceptions, from personal observation. I would like to say something of the merits of Dr. Lutterloh, and my affection for him; but as I will have to speak again, I will defer any remarks now.

Dr. Mann: The next name I am going to call is that of Dr. Meriwether. I am going to ask Dr. Norwood to make a few remarks about Dr. Meriwether.

Dr. Norwood: Mr. Chairman and Gentlemen: The first time I ever met Dr. Meri-

wether was in this room, twenty-two years ago, when he attended the medical meeting here. I didn't expect to be called upon to say anything about him, or I would have made some preparation. I think he was the most consistent and persistent member that we ever had in the Arkansas Medical Society. I don't think I ever went to a meeting without his being present; and he knew everybody, and always remembered them, and had something kind to say about them or to them. And it was with a great deal of regret that I learned of his death. I didn't know that he was in such a bad way until two or three months before his death, when I went to Little Rock and called at his office, as I always did, and they told me that he was in the Ozarks; that he had a breakdown in health. That was the first intimation that I had that he was near the end. I think I can truthfully say, and voice the sentiments of all the doctors at this meeting, that Dr. Meriwether will be as sorely missed as any man in this body.

Dr. Pettus: I would not be willing for this opportunity to pass without speaking of my lamented friend. Dr. Meriwether was one of the most unusual characters that I ever knew. He was one of the most capable men in the line that he undertook that I ever knew. Although he might not have been blessed with genius, he had a greater blessing than that, and that was devotion to humanity. He was not a genius. He was not a man of extraordinary ability in every particular, but he was one of the most substantial men I ever knew. I have heard of him and have seen by his acts some of the most beautiful things, suggestive of a beautiful character. He was one of the truest friends that any man could boast of having. It will always be a pleasure to me to think back to the days of our association, of our warm friendship. He is one of the few men who never carried hatred in his heart, and, though there were some who had mistreated him, on no occasion could you get from Dr. Meriwether an unfair criticism of those that he knew had mistreated him and had interfered, as he felt, with his development in his profession. Dr. Meriwether loved everybody. He would give his last dollar to the unfortunate, if he knew they needed it. We were very intimate, and talked many times of the things closest to our hearts. There was nothing that ever came from Dr. Meriwether's

lips but that carried the noblest of thought and purity. I could say so much of Dr. Meriwether, because his life to me was so beautiful. I wish that I might unfold it as I knew it. I knew nothing of his ancestors; I knew nothing of his family life; I knew nothing of his private life. I only knew him as a friend; I only knew him in public life; and I only knew the interest that he had in our profession and in this Society; and, though he has been succeeded by a man who will be a credit to our Society, we can hardly hope to ever replace Dr. Meriwether as Secretary of the Arkansas Medical Society. I thank you.

Dr. Stewart: I feel that I would be derelict in my duty should I not express my feelings about Dr. Meriwether. He and I have been executive officers of the sanatorium for seven years. During all that time, whenever I needed help, and that was quite often, "Meri" was always there with it. He came to us up there, and we put him in a little cottage right near our new building, and he and I used to talk about the name for the building. And when we saw him slipping away, we then knew what that building would be named. He criticised the building of it, and after some changes had been made at his suggestion, he said, "Now, that is the best building we have got on the lot." When he was lying there on his bed, he wanted me to sit by his bedside. When he said he would like to have a drink of water, we would give it to him, and he would take about a teaspoonful and choke, and the tears would just roll out of his eyes. He just laid there and looked at you, unable to say anything. His voice was entirely gone. And I am sure our board will never do another thing as noble as they have done in naming the best building, as he said, in honor of Dr. C. P. Meriwether. He was a steadfast, good friend to me, and I certainly have missed him, and I know that the board will never get a man to take the interest in our institution that he did. Whenever the board was doubtful of our appropriation holding out, he would come out with a smile and he would say, "See here what I have got in the contingent fund," a fund that he had laid in the bank, drawing interest; and many, many times our board was really surprised at the money "Meri" had laid away, unknown to them. He was a friend to us and he was a friend to our institution, and I know that our board has lost a

Secretary and Treasurer that they never will be able to replace.

Dr. Southard: I doubt that there is a man in this room that does not know and feel that everything that has been said about Dr. Meriwether is absolutely true. He was one of the best friends I ever knew. I was associated with him on the sanatorium board from its beginning. He was the first Secretary to serve in that capacity, from the beginning of the institution. I came to know him well. He was a man true to his friends, true to his principles, and true all the way through. He was a man of noble heart. In his heart burned the fires of patriotism, as brightly as that of any man. He served his country, as he had the opportunity; he served his Society and he served his friends. He knew more members of this Society, I think, than any other man has ever known, and he was a friend to every one. He was a lovable man, he was a prince among men. I wish I had the words to tell you really or to express my feelings concerning Dr. Meriwether.

Dr. Mann: I feel sure that every member of this Society would like to say something about Dr. Meriwether, but we have quite a large list, and we must hurry on. The next name which I am going to call is that of Dr. James Pittman.

Dr. Clegg: Dr. Pittman was but little known in this Society. There are very few of you who have known him personally. He was just an honest, humble, earnest, conscientious doctor, one of the best men you ever met; a good man; a man that wouldn't do an unkind act for his right hand; a man that would stand up for righteousness, and stand up for the right thing and for the honor of his profession under all conditions and all circumstances. Such a man was Dr. Pittman. I think the best eulogy that could be expressed of a man is to say that all his neighbors loved him. That could be truthfully said about Dr. Pittman.

I have been anxious to talk about some of the other men whose names are on the board. Pretty near every one of them was my personal friend. I was one of the first men in the Arkansas Medical Society. I saw Dr. Gibson when he first took the position at the desk as Assistant Secretary of the Arkansas Medical Society. I followed him through his whole career, as a member of the Arkansas Medical

Society. He served as Secretary three years. He served as President for one year.

Then, there is Dr. Ellis, then Dr. Hebert, and Dr. Corrigan. Dr. Meriwether was the best friend I ever had. So good a friend was he that one time when I was ailing, I consulted him. He said, "Clegg, I think too much of you to advise you. I am going to call somebody else." That was the way he felt toward me, and, of course, I can't do anything but appreciate that.

Dr. Lutterloh and I were very closely associated at the time he died. I have been his guest, and was a visitor to his town just a few days before he died. I knew him well. We were closely associated on the State Board of Health. He was a good man, and an earnest worker, an honest man and a good physician.

There is my old friend, Hipolite, whose name I see toward the last. I miss him. I miss him among the faces that I see here today. He was for forty years a member of the Arkansas Medical Society; a good man, an enthusiastic member, and honest in every purpose. I thank you.

Dr. Mann: I am going to call two names together. We have to hurry on. Dr. Hebert of Hot Springs, and Dr. Garnett of Hot Springs. I am going to ask Dr. Jelks to say something about these men; Dr. Holland also, and Dr. Henderson.

Dr. Jelks: My father was, for a number of years, associated with Dr. Holland, and I came to know him well, and admired him very much. Dr. Garnett was one of the first men that came to Hot Springs and located there in practice with Dr. Greenway there, for some forty-odd years. I knew him personally, and was a great admirer of him. I would like to speak a word about Dr. Hebert, because I esteemed him very greatly. He was my family physician, and, while I have no particular words of appreciation of his character that I could express, we all loved him, and miss him greatly. I think all these men always stood at the head of their profession.

Dr. Mann: The next name that I am going to call is that of Dr. Edgar L. Lindsey of Fort Smith. I will ask young Dr. Moulton, who knew him very well, to say something.

Dr. Moulton: Dr. Lindsey, as most of you know, came from Bentonville to Fort Smith. He was the son of J. H. Lindsey of Benton-

ville, and he graduated from the Arkansas Medical School. He had training in a post-graduate course at New Orleans, at Tulane University. He practiced medicine in Bentonville for two or three years, and came to Fort Smith. He was a specialist in diseases of the eye, ear, nose and throat. He was a young man. I think he was thirty-three years old when he died. He had many friends there, particularly among the profession. We all admired him for geniality, skill and amiability. He had a smile for everybody. He had the world before him. Dr. Lindsey and I were very closely related, being in the same specialty, and he and I together were looking into the future. When I think of his death, it makes me feel a little bit selfish that I am still hanging on.

Dr. Mann: I am going to start now at the top of the list and call the names, and I hope that some one of you, who are friends of these physicians, will say something about them, if you feel like it. The first name is that of Dr. Craig. He is from Mississippi County. The next is that of Dr. Beauregard W. Flinn of Little Rock. Dr. M. B. Corrigan of Monticello. Dr. Ches Jennings of Little Rock. Dr. R. E. Bradsher of Marmaduke. Dr. R. E. Yarbrough of Harrisburg.

Dr. Pettus: I would just like to say this of Dr. Yarbrough. I knew him as he studied medicine, and he stayed with me part of one year. He was one of the great characters we meet in life. He was very persistent in his work, a close student, and one of the cleanest young men I ever knew. And it was with a great deal of regret that I read of his death. Our profession has lost a young man who was very promising, in the death of Dr. R. E. Yarbrough.

Dr. Mann: The next names we have are Dr. J. B. Shaw of Sheridan, Dr. A. C. Stanley of Tillar, Dr. F. M. Moseley of Huntington, Dr. L. J. Gillespie of Hope, Dr. W. W. Hipolite of DeVall's Bluff, Dr. A. E. Hardin of Fort Smith. This may not be a complete list as it has been read off. There may be others, of which some of you doctors are familiar, who haven't been reported to our committee.

Dr. Barlow: Dr. S. P. Smith of Arkansas City. He was one of the pioneers in the Society. He died at the age of seventy-four.

Dr. Mann: This completes the program for the morning. I am glad that you came. I deeply deplore the loss of our friends who have died during the year. They have been great and good men. And I sincerely hope that if this meeting does nothing else, it will put a firm resolve into the hearts of each one of us that we will go home and be better men in the future than we have in the past. I want to thank you.

Dr. Brown: The next is the report of the Council.

MEETING OF THE COUNCIL.

Thursday, June 10, 1920.

The Council was called to order at 12:00 o'clock, noon, by Dr. Kirby, temporary chairman, there being a quorum present, as follows: Dr. Kirby, Dr. Bathurst, Secretary, Dr. Moek, Dr. Stidham, Dr. Lemons, and Dr. Wootton.

Dr. Moek: We, the Auditing Committee, went over the matter carefully, and find that the balance in the treasury amounts to \$3,205.25. We find receipts from The Journal, advertising, etc., \$2,337.23. Membership dues amount to \$2,936.75. From the sale of typewriter which they had on hand, which was not needed, \$60.00 was realized. Refund on bond for the unexpired term of our deceased Secretary was \$3.25. Giving us a total on hand now of \$8,542.48. This is an increase over what we had on hand last year.

Dr. Ellis: I move the adoption of the report.

Seconded. Carried.

REPORT OF COMMITTEE TO EXAMINE REPORTS OF COMMITTEE ON HOSPITALS AND PUBLIC INSTRUCTION AND HEALTH.

Dr. Norwood: We beg to report that we have examined the reports of the Committee on Hospitals, and Health and Public Instruction.

We endorse these reports and recommend their adoption.

M. L. NORWOOD,
R. H. T. MANN,
O. M. BOURLAND,
Committee.

Dr. Lemons: I move you that this committee's report be received as they have given it.

Seconded. Carried.

Dr. Bathurst: I have a bill that I wish to present to the Society for postage, office expenditures, carbon paper, telegrams, and such things, amounting to \$76.25, and \$450.00 for stenographer's services.

Dr. Lemons: I suggest that there is no objection to that. Those things are necessary, and let's allow them.

On motion, the same was allowed.

Dr. Lemons: As you know, we really don't pay our Secretary a salary, but we allow him so much for his work during the year. Our beloved Secretary died last fall. I believe it would be justice for the Arkansas Medical Society to give Mrs. Meriwether a check for about \$500.00. Of course, if Dr. Meriwether had lived, we would have allowed him more than that. There wasn't much work done, for the work for the Secretary comes after the first of the year, as you all know, and from then on until this meeting. And, just through kindness, I believe we ought to just give Mrs. Meriwether a check for \$500.00.

Dr. Kirby: For services rendered by Mrs. Meriwether from the date of the last meeting until his death.

On motion, the same was adopted.

On motion, the Secretary-Editor was allowed an honorarium of \$1,000.00 for the past year.

On motion, \$100.00 was allowed as expenses of the delegate to the A. M. A.

On motion, \$200.00 was allowed the Committee on Public Health and Instruction.

On motion, a maximum sum of \$100.00 was allowed the Committee on Hospitals.

On motion, the Committee on Legislation is to be allowed sufficient funds for the proper conduct of its work.

On motion, the Secretary was authorized to settle with the reporters of the convention promptly on receipt of their bills.

On motion, the Secretary was instructed to pay the expenses of the councilors whenever their bills are presented.

On motion, the Council adjourned.

HOUSE OF DELEGATES.

THIRD DAY.

Wednesday, June 10, 1920.

The House of Delegates was called to order by the President, Dr. Brown, at 1:30 p. m., there being a quorum present.

Dr. Brown: The first order of business is the report of the Nominating Committee.

Dr. Ellis: Dr. Southard, who was the chairman of the Nominating Committee, had to go home, and he asked me to submit this report. The committee met yesterday morn-

ing. I have the list of the names here written out.

For President: Dr. Carle E. Bentley of Little Rock, Dr. R. H. T. Mann of Texarkana, Dr. G. A. Warren of Black Rock.

For First Vice President: Dr. R. H. Huntington of Eureka Springs.

For Second Vice President: Dr. A. J. Clingan of Lockesburg.

For Third Vice President: Dr. Thad Cothern of Jonesboro.

For Secretary: Dr. W. R. Bathurst.

For Treasurer: Dr. H. H. Kirby of Little Rock.

Councilor Second Councilor District: Dr. J. L. Jones of Searcy.

Fourth Councilor District: Dr. J. M. Lemons of Pine Bluff.

Sixth Councilor District: Dr. Don Smith of Hope.

Eighth Councilor District: Dr. Robert Caldwell of Little Rock.

Tenth Councilor District: John Stewart of Booneville.

Delegate to the American Medical Association: Dr. William R. Bathurst and Dr. George S. Brown.

Meeting place: Hot Springs.

Dr. Brown: Nominations now being in order. I will appoint Dr. Norwood and Dr. Barlow as tellers.

Thereupon the House of Delegates proceeded to ballot upon the three names submitted by the Nominating Committee for President, and Dr. Warren, having received a majority of all the votes cast, on the second ballot, was declared elected.

On motion of Dr. Mann, the election of Dr. Warren was made unanimous by rising vote.

Dr. Norwood: I make a motion that the Secretary be instructed to cast the entire ballot for all the other officers to be elected, as certified to by the Nominating Committee.

Seconded. Carried.

Dr. Bathurst: I cast the entire vote of the House for the other officers, except the Secretary.

Dr. Brown: All in favor of the President casting the entire vote of the House for Secretary say aye.

Carried.

Dr. Brown: I cast the unanimous vote for the Secretary. It will be necessary now to adopt the report of the Nominating Committee as a whole.

On motion of Dr. Barlow, the report of the Nominating Committee was adopted in its entirety.

Dr. L. R. Ellis: I would like to introduce a resolution here. We are going to make a determined effort to get the Southern Medical Association in Hot Springs, for the 1921 meeting, and I would ask this Society, if they will, to pass this resolution:

"Be It Resolved, That the Arkansas Medical Society issue an official invitation to the Southern Medical Society to hold its 1921 meeting in Hot Springs, Ark."

Adopted.

Dr. Barlow: I have a resolution I would like to present:

"Be It Resolved, That, on account of facilities for taking care of conventions of such magnitude as this Society, and the inaccessibility of reaching towns in remote sections of the State, that, hereafter, the meetings of this Society be alternated between Little Rock and Hot Springs."

Seconded.

On motion of Dr. St. Cloud Cooper, resolution was tabled.

Dr. Brown: The next is the report of the Committee on President's Address.

REPORT OF COMMITTEE ON PRESIDENT'S ADDRESS.

Dr. Lemons: We, your committee, desire most strongly to endorse the following recommendations contained in our President's addresses to the House of Delegates and to our Society in general session as follows:

First. There should be but one medical board to examine candidates for the practice of medicine in Arkansas. The criticism contained in an article published in The Journal of the American Medical Association, reflecting upon our methods of permitting disreputable medical schools to unload their graduates upon Arkansas, fills every medical man with a feeling of humiliation.

We endorse his recommendation that midwives be examined and licensed.

We endorse his recommendation that the bond of our Treasurer be raised from \$3,000.00 to \$6,000.00.

We endorse his recommendation that the annual dues be raised to \$3.00.

We cordially recommend his suggestion that provision be made in our Constitution and By-Laws for honorary memberships in our Society.

The cordial appreciation of services rendered by our members in the great war, so eloquently set forth by our President in his address, and his reference to eugenics, public health work and general measures for the uplift of our profession, meet with our hearty approval.

J. T. CLEGG,
F. VINSONHALER,
J. M. LEMONS.
Committee.

Dr. Lemons: Regarding the increase of dues, the paper that our Journal was pub-

lished on about four years ago cost about 6 cents a pound. Now it is above 30 cents a pound. Another thing about it. We got The Journal printed for from 75 cents to a little better than \$3.25 per page. Now the editor of The Journal finds it impossible to get it for less than \$5.25 a page. That is the reason why we want this raise, and adopt this recommendation of the President.

Dr. Pettus: I move that the report be adopted.

Seconded. Carried.

Dr. Brown: The next is the report of the Committee on Constitution and By-Laws, by Dr. E. F. Ellis.

REPORT OF THE COMMITTEE ON CONSTITUTION AND BY-LAWS.

June 10, 1920.

Dr. Ellis: Your committee would respectfully propose for your consideration the following changes in our Constitution and By-Laws:

Article XI, on the fifth line, to read: "\$3.00 per capita per annum," instead of \$2.50 as shown.

Chapter IV, Section 1, to read: "The House of Delegates shall meet on the first day of the annual session," instead of the day before.

Chapter IV, Section 3, to read: "The Treasurer shall give bond in the sum of \$6,000.00," in place of \$3,000.00.

Chapter VII, Section 1, to read: "The Council shall meet on the first day of the annual session," in place of the day preceding.

Chapter VIII, Section 1, to read: "Committee on Health and Public Instruction," in place of Committee on Public Policy and Legislation." And add: "Committee on Medical Legislation," "Committee on Scientific Exhibit."

Chapter VIII, Section 3, first line, to read: "Committee on Health and Public Instruction."

Chapter VIII, Section 1, fifth paragraph, to read: "Such committees shall be appointed by the President, unless otherwise provided, so that the term of office of one member shall expire every year.

"Also to make provision for the permanent filling of all vacancies that may occur through the death, resignation or removal of any member."

Chapter III, Section 2, seventh line, to read: "On or before March 1 of each year," in place of "thirty days prior to the annual meeting."

Respectfully submitted,

E. F. ELLIS, Chairman;
J. G. SOUTHARD,
C. S. PETTUS.

Dr. Evans: I understand that goes over for a year.

Dr. Brown: Yes. It is to be voted on next year.

On motion, the House of Delegates adjourned *sine die*.

GENERAL SESSION.

THIRD DAY.

Thursday, June 10, 1920.

The General Session was called to order by Dr. Brown at 4:00 o'clock p. m.

Dr. Brown: The Secretary will read the report of the Nominating Committee. (The report was so read.) I will now appoint Dr. Mann and Dr. Bentley to escort the President-elect to the chair.

(Dr. Warren was here escorted to the chair.)

Dr. Brown: It gives me a great deal of pleasure to introduce you to Dr. Warren, who was elected for the ensuing year as President.

Dr. Warren: Mr. Chairman, Ladies and Gentlemen: I haven't made a speech at this session of the Society, except a few remarks as chairman of the Committee on Medical Legislation and a few remarks at the memorial session. I was not saving a speech for this occasion, either. I have no need for it. I say to you that I feel that I am, in a measure, fit to be President of the Arkansas Medical Society, or you would not have elected me to that position. I appreciate it. I feel that I am capable of filling this position.

Twenty-two years ago, when we met in Eureka Springs, we had a good meeting, a pleasant meeting, and we had with us then some four or five of the charter members of the Arkansas Medical Society, and we wanted to place on record this Society as favoring certain legislation. Those old members, you know, said, "No, we are not going on record. We can't get anything from the Legislature, and we will be regarded as a bunch of men wanting a trust, or desiring a trust. And we are not going to have it. Let's just go on in the even tenor of our way." That is the way they felt about it. They didn't feel that we ought to try to get medical legislation, because they said this: "They will not interpret it right; they will think that it is for the medical profession; whereas, as you know, and every intelligent, informed man ought to know, it is not at all, and the public are awakening to that fact.

Now, one thing that I wanted to say to you as members of the Arkansas Medical Society is that I want your co-operation. The goal of my ambition while President of this Society is to get enacted a one-board medical bill. (Applause.) I feel that we should agree to give time and money, if necessary: not to

bribe men or to buy somebody or to corrupt the morals of some legislator. But I feel this way, fellow-members, that we should get together, or the Council should co-operate with the Committee on Medical Legislation. And, while we ought to get a man to look after our interests—probably a lawyer—we ought to act quietly and without making any fuss about it. We don't want to keep it secret, as far as that is concerned; but we don't want to publish it broadcast, either. We should have a man there at the Legislature all during the session, working and seeing what is being done and what is needed to be done, and let his successor come, and he make a report to him and he go away. No one man can afford to go there and stay, but keep somebody there each day of the session of the Legislature, for this reason: each man that goes there can come closer to some other man than the man who preceded him, and he can get items of interest from his predecessor and can transmit them to his successor, so that he will be kept in touch with what is being done. And we will not have a lobbyist there. Now, that is my idea.

Of course, it will cost a great deal in railroad fare and hotel expense, but it will not be difficult with one man to give all of his time. We don't propose to pay a man even his time, but probably his expenses, if we can; otherwise, we can do that. I believe that is going to be necessary. If it is not, then some better plan, that somebody has, can be suggested. But, if the Lord is willing, and we can get the proper co-operation, I believe we will do it. I believe that we can put that thing through.

Now, I want to ask you here, I want to just call on those who are willing to lend their assistance in this regard. You can just pick an opportune time. I want to ask those who would be willing to give a few days in co-operation in this work. If so, stand up. (The members here stood up.) Well, that is a majority.

Now, again, I wish to say this. This was my idea. I didn't report it yesterday, but I meant to have done so at the next meeting or today, but for certain reasons I didn't. But we want to get busy. We can't get anything by sitting at home and doing nothing. Now, that you may all depend upon.

Just one other thought. If you have a man who has promise of being nominated for the State Legislature, the man that can do most

with him, the doctor who can do most with that man, is the family physician, and he will be less likely to go back on his promise to his family physician than he will to any of his supporters elsewhere in the county. That is human nature. It has been my observation and experience that a man, when he comes and talks to his family physician and gets down to a heart-to-heart discussion, will not go back on what he says. He will stand by his word, and the family physician is the man to get him to working right.

Now, again, I want to thank you. (Applause.)

Dr. Wood: Would it not be the best thing to say to some of those men who want to represent us in the Legislature, before they are elected, that you wish to know where they stand? Then is when you can get results.

Dr. Warren: That is what I had reference to. Dr. Mann brought that out. The next order of business is reports of committees.

Dr. Bathurst: No more reports to make.

Dr. Warren: Unfinished business?

Dr. Bathurst: None.

Dr. Warren: New business?

Dr. Wood: To the Carroll County Medical Society, the citizens of Eureka Springs, the management of the Crescent and the other hotels, and all who have done anything toward our entertainment during this meeting, I move you that the Secretary be instructed to deliver a vote of thanks from this Society.

Seconded. Carried by a standing vote.

It was here announced that Dr. Caldwell was re-elected chairman of the Council, and Dr. Lemons, Secretary, and Dr. Bathurst re-elected as editor of The Journal for the ensuing year.

On motion, the General Session adjourned *sine die*.

Cattle are fattened for slaughter by being overfed and not allowed to exercise. Many men and women prepare themselves for slaughter by voluntarily adopting the "stall-fed life," says the United States Public Health Service. Don't overeat, and take plenty of healthful, outdoor exercise.

Hot house people are like hot house plants. They can't stand exposure to severe weather, says the United States Public Health Service. Sleep with the windows open and keep every room well ventilated.

THE JOURNAL

OF THE

Arkansas Medical Society

Owned by the Arkansas Medical Society and published under the direction of the Council.

WILLIAM R. BATHURST, SECRETARY-EDITOR
810-812 Boyle Building, Little Rock, Arkansas.

Published monthly. Subscription \$2.00 per year; single copies 25 cents.

Entered as second-class matter, June 21, 1906, at the post-office at Little Rock, Arkansas, under the act of Congress of March 3, 1879.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized August 1, 1918.

The advertising policy of this Journal is governed by the rules of the Council on Pharmacy and Chemistry of the American Medical Association.

All communications of this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the state. Notice of deaths, removals from the state, changes of location, etc., are requested.

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The purpose of this Society shall be to federate and bring into one compact organization the entire medical profession of the State of Arkansas and to unite with similar societies of other States to form the American Medical Association; to extend medical knowledge and advance medical science; to elevate the standard of medical education, and to secure the enactment and enforcement of just medical laws; to promote friendly intercourse among physicians; to guard and foster the material interests of its members and to protect them against imposition; and 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.

Editorials.

THE PRESIDENT'S ANNUAL ADDRESS.

Both the addresses of President George S. Brown to the House of Delegates and the General Session at the Forty-fourth Annual Convention of the Arkansas Medical Society are well worth the earnest attention of the whole membership. Special attention is called to his views on organization work in regard to leg-

islation, both in regard to the prevailing looseness which permits the entrance into Arkansas of applicants from a school in an adjoining State, and laws which have to do with public health. The Journal has on several occasions pointed out that unless your representative in either house of the Legislature hears from you, he has a right to suppose that bills presented are acceptable to the profession, when the truth may be just the reverse. The urgent need of a single examining board is stressed by President Brown; but we will never secure it unless we can by individual, as well as collective effort, impress its importance upon our law-makers. By individual effort we mean the efforts of individual practitioners with the representatives of their own counties and senators of their district, men with whom personally the physician has a personal acquaintance.

Indeed, such individual work and influence may be of more avail than the concentrated effort of a committee. As President Brown points out, this important work should not be left to the Committee on Legislation. The time to impress the law-maker is not in the hurry and turmoil and wire-pulling of organization at the State Capitol, just when the Legislature is assembling; but the opportune time is when the prospective law-maker, whether a new member or a hold-over, has nothing else to disturb his attention. Then he can come to the Capitol with his mind made up on such medical bills as have been agitated.

The issues urged by President Brown are (a) one board of registration; (b) one standard of educational qualifications; (c) one examination, including written, practical, laboratory and clinical tests. He also recommends that laws regulating the practice of midwifery be enacted so that none but trained persons be permitted to practice. A law for the prevention of blindness comes largely in the category, as a very large percentage of blindness is due to the ignorance and inefficiency of midwives.

It is gratifying to note that the Committee on President's Address endorsed all of President Brown's recommendations, including the one medical board, the examining and licensing of midwives, the raising of the bond of the treasurer, and the raising of annual dues to \$3.00; also his suggestion for conferring

honorary membership. This endorsement of every important suggestion of our retiring president shows that he has carefully considered every matter that is calculated to advance the welfare of the Society, the welfare of the public, and the uplifting of the dignity of the profession.

Other suggestions he makes are upon the importance of physical examination for parcentage; whether by the principals being afflicted with communicable diseases or by reason of being defectives; the teaching of eugenics and other problems. He also paid a glowing tribute to the services rendered by the physicians and surgeons in the world war, as well as by the nurses, and the equally necessary service of those who remained at home to carry on their own work with the added burden of those called into service. The address in full will be found elsewhere in this issue of *The Journal*, and we bespeak for it a careful reading by every reader of *The Journal*. Certainly those who did not attend the annual meeting should read it, and even those who were there to hear it may find new matter for thought in it by reading it at home with their attention not disturbed as might be the case during the reading in the convention.

Personals and News Items.

Dr. J. B. Hesterly of Prescott is spending his vacation in California.

Dr. W. E. McLain of North Little Rock has been appointed Health Officer to succeed Dr. R. C. Foster, who has moved to Houston, Tex.

Dr. J. B. Dooley of Little Rock has returned from Chicago, where he has been attending the clinics pertaining to diseases of the eye, ear, nose and throat.

Dr. George S. Brown of Conway, Drs. S. A. Drennen and Jasper Neighbors of Stuttgart, and Dr. J. H. Phipps of Roe visited in Little Rock this month.

Keeping physically fit is the first rule to be observed in keeping well, says the United States Public Health Service. Exercise is necessary to health.

Too much sleep is almost as injurious as not getting quite enough, says the United States Public Health Service. The average adult should sleep eight hours in every twenty-four.

Obituary.

DR. EARL E. CRAIG.—Dr. Earl E. Craig, Secretary of the Mississippi County Medical Society, was killed at Wilson, Ark., by the overturning of his automobile, March 30, 1920.

DR. E. H. HESTERLY.—Dr. E. H. Hesterly of Cerrogordo, Sevier County, was drowned in Little River, June 19, 1920. He is survived by his wife and four children.

Book Reviews.

SIMPLIFIED INFANT FEEDINGS With Eighty Illustrated Cases.—By Roger H. Dennett, B. S., M. D., Associate Professor of Diseases of Children, New York Post-Graduate Medical School. With fourteen illustrations. Second edition, revised and enlarged. Published by J. B. Lippincott Company, Philadelphia.

This book was written to help the general practitioner, particularly the post-graduate student, to successfully feed his babies as they occur in his practice.

THE CARE AND FEEDING OF SOUTHERN BABIES: A Guide for Mothers, Nurses and Baby Welfare Workers of the South.—By Owen H. Wilson, M. D., Professor of Diseases of Children, Vanderbilt University, Nashville, Tenn. Published by Baird-Ward Printing Company, Nashville, Tenn. Price, \$1.25.

This little volume gives special restrictions in diet and clothing for Southern babies. It is practical and avoids ultra-scientific and professional discussions.

OBSTETRICS: A Nurse's Handbook.—By Joseph Brown Cooke, M. D. Ninth edition, revised and enlarged by Carolyn E. Gray, R. N., and Philip F. Williams, M. D. 189 illustrations and four full pages in color. Published by J. B. Lippincott Company, Philadelphia. Price, \$3.00.

This new edition presents the recent progress on the subject of obstetrics in a concise yet comprehensive manner, and incorporating the important advances in practical nursing, increasing the value of this work to both the physician and the graduate nurse.

PRINCIPLES AND PRACTICE OF INFANT FEEDING.—By Julius H. Hess, M. D., Chicago. Illustrated. Second edition, revised. Published by F. A. Davis Company, Philadelphia. 1919. Price, \$2.50.

The author's object in publishing this volume is to place in the hands of teachers and

students a manual on infant feeding to be used in preparation for clinical conferences.

The first part of the book refers to "General Considerations;" Part-II, "The Nursing;" Part III, "Artificial Feeding;" and Part IV, "Nutritional Disturbances in Artificially Fed Infants;" appendix.

THE TREATMENT OF WOUNDS OF LUNG AND PLEURA. Based on a study of the mechanics and physiology of the thorax. Artificial pneumothorax-thoracocentesis treatment of empyema. By Prof. Eugenio Morelli. Translated from the Italian by Lincoln Davis and Frederick C. Irving. Published by W. M. Leonard, 101 Tremont Street, Boston, Mass.

This book contains certain teachings and demonstrations which our readers will find of interest and value. It contains sixty actual case histories, with a similar number of half-tone plates. It sets forth carefully and plainly great discoveries in surgery developed during the war.

THE DISEASES OF INFANTS AND CHILDREN.—By J. P. Crozer Griffith, M. D., Professor of Pediatrics in the University of Pennsylvania. Two octavo volumes totaling 1,542 pages, with 436 illustrations, including twenty plates in colors. Published by W. B.

Saunders Company, Philadelphia. 1919. Cloth, \$16.00 net.

Volume II of Dr. Griffith's work describes the diseases of the respiratory system, circulatory system, genito-urinary system, nervous system; diseases of the muscles, bones and joints; diseases of the blood, spleen and lymphatic glands; diseases of the ductless glands and internal secretions, and diseases of the skin, eye and ear.

PRACTICAL ORGANOTHERAPY: The Internal Secretions in General Practice.—By Henry R. Harrower, M. D., Fellow of the Royal Society of Medicine, London; late Professor of Clinical Diagnosis, Medical Department, Loyola University, Chicago; founder of the Association for the Study of Internal Secretions, etc. 268 pages with five charts. Published by the Organotherapeutic Review, Glendale, Cal. Price, cloth, \$2.50. 1920.

The author of this volume assures us that this material cannot be found between the covers of any single book. He gives the fundamentals upon which present-day organotherapy has been built, and refers to definite pluriglandular preparations made in his own laboratory. Section IV describes "The Diagnosis of the Internal Secretary Disorders;" Section V, "Every-day Organotherapy."

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THE JOURNAL

OF THE Arkansas Medical Society

PUBLISHED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

Vol. XVII.

LITTLE ROCK, ARK., AUGUST, 1920.

No. 3

Original Articles.

TREATMENT OF TUBERCULOSIS.*

By J. D. Southard, M. D.,
Fort Smith.

It is not my purpose to discuss the sanatorium treatment of tuberculosis, important, successful and splendid as it is, and will always continue to be. However, in view of the fact that there is but one sanatorium bed for every fifty cases of tuberculosis in the United States, or 2 per cent, it is of transcendent importance that the remaining 98 per cent be given a treatment that opens the door of hope, of health, of happiness and usefulness to them. Such, I believe, is the treatment which I now have the pleasure briefly to describe.

This treatment, or the part of it involving the use of the Roentgen ray in the treatment of pulmonary tuberculosis, so far as I am concerned is original. As a matter of fact,, however, Dr. Gibson of Denver had been using a somewhat similar treatment for two years and accomplishing wonderful results. Of this fact I had no knowledge until some six months ago.

Used at the proper time, in the proper manner and dosage, in conjunction with proper hygienic living, the combined treatment, by the use of the Roentgen rays and tuberculin, constitutes a sovereign remedy and cure for tuberculosis of any and all forms wherever situated.

Within a little more than two years I have cured or arrested more than one hundred cases of pulmonary tuberculosis with this treatment, not to mention a great number of

cases of glandular, skin, joint and bone tuberculosis treated and cured during the last fifteen years with the Roentgen ray alone.

These were not selected cases, but all as they came who were physically able to walk two blocks without exhaustion. Five patients brought to me unable to walk any distance, with lung function almost destroyed, were sent home, three of them without treatment. Two were treated a few times until it was seen they were physically unable to dress and come to the office. It includes some still under treatment whom I consider practically well, as they are working or attending to their business and feeling as well as ever.

When a patient comes to me suffering from loss of weight, strength, energy and appetite, but without cough, I make a general examination before examining the lungs. If I find nothing elsewhere to account for his ailment, I suspect pulmonary tuberculosis and proceed to make a physical examination of the lungs, after which I make a radiograph. If I have found evidence of tuberculosis by physical examination, the picture usually not only confirms it, but gives me exact information as to its location and extent. I then direct the treatment accordingly. In most all first-stage and some second-stage cases I give tuberculin. This is given hypodermically twice a week. At the same time I ray the lungs, centering the strongest rays over the point of severest involvement as shown by the picture, which I keep near at hand for frequent reference during treatment. I use a large size, medium focus, Coolidge tube. Treatments are given two or three times a week. I direct the rays from different portions of the chest, cross-firing on the lungs, so to speak, and go round and round the chest methodically so as not to injure the skin by

*Read before the Arkansas Medical Society, at the Forty-fourth Annual Session, Eureka Springs, June, 1920.

too frequent exposure in one place. I use a filter of one millimeter of aluminum and two of pasteboard. All these details are modified from time to time as occasion or circumstance requires. If the involved area is small, I put the tube close to the skin and reduce the time or milliamperage accordingly.

In the average case improvement is noted after the first two or three treatments, sometimes after the first. The cough soon becomes easy and gradually subsides almost entirely, in many cases completely so within a month. In many cases, of course, there is no cough.

It is a well-known fact that the Roentgen ray penetrates everything in its path from the largest to the smallest objects or masses. The exact effect produced upon the various tissues and organisms is not very well known, but it seems more than probable that as it goes through tubercle and tubercle bacillus it removes the difficulties in the way and greatly facilitates phagocytises, possibly by modifying in some way the fatty covering about the bacillus itself, possibly by destroying the bacilli as do the rays of the sun. I cannot otherwise understand its wonderful effects in the cure of these conditions. This treatment can be depended upon to cure 90 to 95 per cent of all first- and early second-stage cases of pulmonary tuberculosis, as well as practically all tuberculous lesions located outside the lungs. But, of course, the longer the treatment is delayed and the further the disease has advanced, the longer it will take. All third-stage cases should be treated in hospitals.

The dosage of Roentgen rays is exceedingly important. What may be called debris of the disease in the lungs is released by the rays in amounts varying and corresponding to the stage and extent of the diseased parts treated, and the size and frequency of the dose. This must be watched, therefore, very closely, lest too great a quantity should be released and react too severely and debilitate the patient.

I have been frequently asked what relative proportion of the benefit derived from this treatment is due to the Roentgen ray and to the tuberculin. I am not prepared to give a definite reply to this very pertinent inquiry, for I have and do use them both in all suitable cases, and in these my cures have been and are so nearly 100 per cent I feel that no experimenting is justified. It would be inter-

esting if one could feel justified in doing so, to treat a group with tuberculin alone, another with Roentgen rays alone, and compare results with a similar group treated with both. My belief is that the preponderance of benefit from the Roentgen ray would be very large.

In conclusion, I believe the Roentgen ray is by far the most valuable agent ever known in the cure of all forms of tuberculosis, and that its timely and judicious use will eliminate surgery in practically all tuberculous lesions. That no operation for removal of any tuberculous limb, gland, organ or other tissues or parts should ever be done, if proper Roentgen ray treatment is available; since it will cure practically all of these cases without disfiguration, without the loss of function, or of any healthy tissue; without the use of an anesthetic or loss of blood, and without the least pain to the patient.

RECENT ADVANCES IN NEUROLOGIC SURGERY, AND ESPECIALLY THE DIAGNOSIS AND TREATMENT OF BRAIN INJURIES.*

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The clinical pathology of brain injuries of both the acute and chronic type has been so confused and befogged by the presence or not of a fracture of the skull that it is only within recent years that this subject could be discussed as being separate and distinct from the external cranial pathology. I shall limit this paper to observations regarding the usual forms of brain injuries occurring in our civil, industrial life of peace time, and I shall not include those severe war injuries, many of which caused extensive destruction and loss of cerebral tissues, while a very large number were of the external cranial type with little or no impairment intradurally; the presence of an intact dura in these latter patients is of the greatest value.

Even today in many hospitals, these acute patients are admitted and labeled as "frac-

*Read by title before the Arkansas Medical Society, at the Forty-fourth Annual Session, Eureka Springs, June, 1920.

ture of the skull," "possible fracture of the skull," or "doubtful fractures of the skull;" and in the absence of positive roentgenograms, then as "concussion," "severe cerebral concussion," or "questionable fracture of the skull." However, it is gradually becoming more and more recognized that in the absence of a definite depression of the vault of the skull, then the presence or not of a linear fracture of the vault and even of the base of the skull is in the vast majority of these patients possibly the most *unimportant* factor—not only in the diagnosis and in the prognosis, but also in the treatment of these patients. To be sure, in acute linear fractures of the vault underlying severe contusions and lacerations of the scalp and thus the greater danger of an infective process extending intracranially through the line of fracture, and then in basal fractures opening into the nares and into either middle ear. In these "open" fractures of the skull, there is a slightly increased danger of a local infection extending intracranially to produce a purulent meningitis; but the actual risk of this serious complication is very small indeed, if the local scalp wound is properly treated *early*, and in the basal fractures, if meddlesome procedures of plugging the nasal passages and the ears in a mistaken effort to stop the discharge of blood and cerebrospinal fluid (nature's method of lowering an increased intracranial pressure by permitting the patient to "decompress" himself), or of even irrigating the nose and the ears in order to "clean them out"—another method of introducing infection intracranially and with most disastrous results.

ACUTE BRAIN INJURIES IN ADULTS.—Progress in the diagnosis, and therefore in the treatment of acute brain injuries, has been very much retarded in the past by the mistaken conception of the importance of the presence or not of an associated fracture of the skull; the presence or not in these patients of an increased intracranial pressure due usually to a cerebral edema or to an intracranial hemorrhage, is rarely considered, unless of such degree in severity that the circulatory regulating mechanism of the medulla is disturbed with the consequent clinical appearance of the signs of medullary compression, and, if the intracranial pressure is not

lowered, then the signs of medullary edema itself and—the death of the patient. The presence or not of a fracture of the skull in the patients having an intracranial lesion is of importance in the diagnosis and treatment *only* when there is present a depressed fracture of the vault; and these depressed fractures should always be elevated or removed for fear of future complications, and particularly convulsive seizures. Naturally, if the careful neurologic examinations do not reveal an increase of the intracranial pressure, as disclosed in the fundi by the ophthalmoscope or in the cerebrospinal fluid at lumbar puncture by means of the spinal mercurial manometer, with or without the presence of blood in the cerebrospinal fluid, and no other intracranial lesion can be demonstrated clinically, then the diagnosis of the cranial injury as being one of "fracture of the skull" (if present) is a proper one, in that it is the chief cranial lesion to be ascertained and comparatively of no great danger; but if there is present an intracranial lesion and especially a marked increase of the intracranial pressure—whether due to hemorrhage or to cerebral edema alone—then it must be considered in the treatment, both as to the immediate recovery of life and, of almost equal importance in these cases, the future normality of the patient; merely because a patient is able to leave the hospital within three or four weeks, a so-called fracture of the skull does not indicate that this patient is "cured." Roentgenograms, however, should always be made as a routine procedure upon all patients having cranial injuries of even apparently trivial character; "latent" fractures may thus be disclosed and therefore the expectant palliative treatment of the patient be prolonged rather than the condition be considered of such little severity that the patient is not confined to bed longer than two or three days. Naturally, repeated ophthalmoscopic examinations, and at least one lumbar puncture, should always be performed, in order that the true intracranial condition can be ascertained as early as possible and the appropriate treatment instituted.

In a series of acute brain injuries in over 600 adults during the past eight years, there was a marked increase of the intracranial

pressure in only thirty per cent of them, and, naturally, these were the only ones upon whom a cranial operation was performed. Only about one-third of the patients having acute brain injuries required the operation of subtemporal decompression and drainage; whereas, the remaining two-thirds of these patients made excellent recoveries with the expectant palliative treatment of absolute rest and quiet, ice-helmet, catharsis and the routine treatment of shock, if present. The total mortality in this series of patients was twenty-eight per cent, and if the patients who were admitted to the hospital in a moribund condition of extreme shock, medullary edema and severe internal injuries are excluded, then the mortality is lowered to only nineteen per cent.

The most accurate method of estimating an increase of the intracranial pressure is by means of the spinal mercurial manometer; at the same time the presence or not of blood in the cerebrospinal fluid can be ascertained, the normal pressure is 6-8 mm. of mercury. The expectant palliative treatment usually suffices for these patients whose intracranial pressure does not exceed 16 mm.; whereas, a pressure exceeding 20 mm. is more safely lowered by an early subtemporal decompression—not after the advanced signs of medullary compression have occurred, but in the early stages, whether the clinical signs of medullary compression of slow pulse and respiration rates, with an increasing blood pressure, have appeared or not. Frequently the onset and development of these latter signs are so postponed and then are so rapid that the patient has advanced into the stage of medullary edema before sufficient time has elapsed to permit a mechanical relief of the increasing intracranial pressure. At best, the pulse and respiration rates and an increased blood pressure are crude and rather late signs of even a marked increase of the intracranial pressure, and of little value in anticipating an acute medullary compression. The ophthalmoscope is usually a much more reliable means of estimating an increase of the intracranial pressure. It is rare, however, to observe the conditions of “choked disks” in these patients, as a papilledema or a swelling of that severity only occurs when the increasing intracranial pressure is of slow character

such as results from tumor formation or occasionally from a large extradural hemorrhage of gradual formation; otherwise, an acute medullary edema would have been precipitated by the rapid rise of the intracranial pressure and the early death of the patient before the appearance of “choked disks” would be possible. An edematous blurring of the nasal halves of the optic disks is the usual ophthalmoscopic report in the presence of an increased intracranial pressure of a height sufficient to indicate a subtemporal decompression as being the safer method of treatment rather than the continuance of the expectant palliative method, not only for the immediate recovery of life, but for the future normality of the patient.

The localization of the intracranial lesion in the treatment of these patients is of little importance compared with the presence or not of a marked increase of the intracranial pressure, whether due to hemorrhage or to cerebral edema. Naturally, in depressed fractures of the vault compressing the underlying cortical cells, large extradural hemorrhage or even the condition of small circumscribed supracortical and cortical hemorrhage, these comparatively infrequent lesions should be removed and drained; but in the much larger percentage of intracranial injuries, the hemorrhage (if present) is a diffuse supracortical one, and the almost always associated edema is a diffuse general one. It is these two factors which cause the increase of the intracranial pressure; so that the treatment of these patients should be directed toward a lowering of this increased intracranial pressure—the expectant palliative method being sufficient for over two-thirds of the patients; whereas, the operation of subtemporal decompression is only indicated when this increase of intracranial pressure is of marked degree for the remaining one-third of these patients. To attempt the removal of small subdural blood-clots through a trephine opening of the vault, and especially in the presence of a high intracranial pressure, is not only meddling surgery and of little or no value, but a great danger of paramount damage to the underlying cerebral cortex; whereas, if the increased intracranial pressure is lowered by means of a subtemporal decompression and drainage, and, if necessary,

a bilateral decompression (in less than five per cent of these patients), then the natural means of absorption make it possible for the patient to obtain the greatest chance of recovery; besides, through the decompression area itself is afforded an excellent means of exploration and drainage of blood-clots of almost the entire ipsilateral cerebral hemisphere. Even if a cerebral lesion in these patients can be localized—and it very frequently cannot be—it is of little value to expose it, since a large percentage of these lesions are lacerations of the cerebral tissue itself, and the lowering of the increased intracranial pressure is the only means of benefiting the patient and obtaining the greatest ultimate improvement.

The most important and the difficult question in the treatment of brain injuries with or without a fracture of the skull is: "If an operation is advisable, when should it be performed?" This question can more easily be answered by stating the two periods when the operation should not be performed. Naturally, we must exclude the majority (about two-thirds) of the patients having brain injuries with and without a fracture of the skull who do not have a definite increase of the intracranial pressure, and therefore no cranial operation is indicated. (The depressed fractures of the vault naturally should always be elevated or removed.) The two periods in which an operation is distinctly contraindicated in cases of brain injury, are, first, the condition of severe shock in the very beginning, and secondly, the condition of medullary collapse, the death knell of the patient. To advise a cranial operation upon a patient, no matter how badly the skull is fractured, nor how extensive the intracranial hemorrhage seems, and that patient is in the condition of severe shock with a pulse rate of 120 and higher, then the operation at that period of shock takes away whatever chance the patient may have of surviving the shock; the operation is but an added shock and merely hastens the exitus. No patient having a brain injury should be operated upon in this condition of shock; the mortality is most high, and if a patient does recover from an operation in this period of extreme shock, then he recovers *in spite of* the operation. Cranial operations for brain

injuries in this stage of shock were frequently performed in the past and most disastrously, and thus operations were almost discredited in the treatment of brain injuries. The natural reaction following these early operations in the period of severe shock was to wait until there could be no possible doubt that the patient was going to die, unless, as was thought, a cranial operation was performed; that is, the patient was permitted to reach the stage of extreme medullary compression, a pulse rate of 50 and below, irregular Cheyne-Stokes respiration and pulse and profound unconsciousness, before a cranial operation might be considered. This is a most dangerous stage for these patients to reach, and it is doubtful whether recovery can occur even with an operation at this period, the mortality being very high. But if the patient has struggled through this period of medullary compression, and finally reaches the stage of medullary edema, when the pulse rate begins to ascend quickly to 120 and higher, respirations become rapid and shallow—that is, the stage of medullary collapse, then we have the second period when no patient should be operated upon—they all die, operation or no operation. Therefore, if these two extremes can be avoided and the latter of these, medullary collapse, can certainly be anticipated in the operative treatment of brain injuries and their signs cannot be overlooked, then the rational treatment from an operative standpoint depends upon the presence or not of a definite increase of the intracranial pressure, whether there is a fracture of the skull or not; in some of the most serious cases no fracture was present, either to be ascertained at operation in the operated cases, or at autopsy.

CHRONIC BRAIN INJURIES IN ADULTS.—If depressed fractures of the vault are excluded, then chronic brain injuries are in no way dependent upon the question as to whether the skull had been fractured or not at the time of the cranial injury; just as in acute brain injuries the presence or not of a linear fracture of the skull is of little importance in estimating the true intracranial condition, the appropriate treatment and the prognosis, so in chronic brain injuries it is of no great value to ascertain that a fracture of the skull had occurred at the time of the original in-

jury, except as an indication of a cranial injury of sufficient force to cause a fracture of the skull; as is well known, however, in many patients following a cranial injury, the skull may not be fractured, and yet the intracranial and cerebral lesion is frequently most severe and dangerous, both to the immediate life of the patient and to the future normality. Naturally, cranial roentgenograms in court as evidence of a permanent brain injury in these patients is more the result of enthusiastic ignorance than a real conception of the comparative unimportance of the linear fractures themselves.

In order to obtain more accurate data regarding the frequency of chronic brain injuries, I examined, in 1912, the records in three large hospitals in New York City, of their patients having had acute brain injuries during the decade of 1900-1910. The average mortality from the acute brain injury was fifty per cent; of the patients who survived, following operation or no operation, and were discharged as "well" or "cured," I could only locate thirty-four per cent of them in 1912 on account of death from intercurrent disease, change of residence, and thus "lost," etc.; of these thirty-four per cent of recoveries, however, I found that sixty-seven per cent of them were not well since the head injury; never same man again, "always complaining," "cannot do a day's work," "queer ever since," "a bum," "a loafer," and the like; such were some of the minor complaints of both the former patient and the relatives, the latter observing the changes of personality following the cranial injury in a large number of the patients. The complaints of "severe pain in head," "dizzy spells," and not very frequently, but still an occasional patient "having convulsions." It was this impressive array of symptoms in two-thirds of the patients found, and in many of whom a careful neurological and ophthalmoscopic examination disclosed the definite signs of a persisting intracranial lesion. (At the time of these examinations in 1912, the spinal mercurial manometer was not in use and the importance of an accurate registration of the pressure of the cerebrospinal fluid in patients of this character was not fully appreciated by the medical profession.) Among these post-traumatic and chronic cases there was a num-

ber of post-traumatic neuroses, either of the simple type associated with business, financial and domestic worries, or of the complicated type superimposed upon a definite organic intracranial lesion and usually a chronic cerebral edema of mild degree; other patients exhibited increased and irregular reflexes, an occasional Babinski reflex, impairments of the special senses and the signs of an increased intracranial pressure as disclosed by the ophthalmoscopic examination of the fundi, usually an edematous blurring of the nasal margins and even the temporal margins of the optic disks, and in the absence of cardio-renal and cardio-vascular disease; the factor of chronic alcoholism, so common in many of these patients, was excluded as much as possible.

The usual intracranial lesion was apparently a chronic "wet" edematous condition of the brain following the cranial injury and due to either the result of a supracortical film or hemorrhage, which had not been entirely absorbed, and thus naturally blocking in greater or less degree the normal excretion of the cerebrospinal fluid into the cortical veins and sinuses, or to the continued presence of the acute cerebral edema immediately following the cranial injury, but in milder degree, owing to its lessened and not complete absorption due to complications in the expectant method of treatment, such as alcoholism, intestinal and renal toxemias, emotional strain, and other harmful factors in the complete recovery of the patient. The existence of supracortical adhesions resulting from the former subdural hemorrhage was also a factor, and especially in the presence of an increased intracranial pressure with which they were usually associated. These findings associated in a number of the patients at operation, performed even at this late date following the acute intracranial injury, and the results have been very beneficial in many of them. Naturally, cerebral lacerations and intracranial lesions destructive of brain tissue cannot be remedied, and the patients are never operated upon unless associated with a definite increase of the intracranial pressure, which should be relieved, and thus a chance for improvement is even possible in these patients by lessening the pressure upon the normal brain cells adjacent

to the ones primarily destroyed; not only can the signs of impairment be improved, but the symptoms of headache, dizziness, etc., can be relieved, and even entirely removed.

In brief, if depressed fractures of the vault, which should always be elevated or removed, are excluded, only those patients having chronic brain injuries associated with an increased intracranial pressure should be given the benefit of a subtemporal decompression in the hope and belief that a lessening of the increased intracranial pressure will permit a definite and permanent improvement; whereas, those patients in whom there is no increase of the intracranial pressure are naturally not operated upon, no matter how extensive the mental or physical impairment is, since the damage in these patients was a primary one occurring at or due to the original brain injury, and the operation of cranial decompression, if indicated at any time, was then, rather than months or years later, and especially now in the absence of an increased intracranial pressure. This view cannot be too strongly emphasized, because operations are being advised in these later patients with brain injuries in the absence of an increased intracranial pressure, and the results are bad, and they cannot but be bad, since the intracranial pathology cannot now be remedied.

TRAUMATIC EPILEPSY.—The condition of post-traumatic epilepsy is a most discouraging one from an operative standpoint, in that it is usually the result of a condition which could have been relieved at the time of the primary cranial injury and thus the epileptiform convulsions could have been avoided. Naturally, depressed fractures of the vault should then be elevated or removed, for if permitted to remain until epilepsy of either the localized Jacksonian type or of the general convulsive type occurs (and it will occur in a large percentage of these patients), then it is frequently too late to obtain a good result, even if the depressed area of bone or foreign body irritating the cerebral cortex is removed, and especially after the so-called epileptic habit (resulting from chronic cortical irritation) has been established; a cranial operation at this late date will in many patients be followed by merely a temporary cessation of the "spells" and within a period

of one to three years the convulsive seizures are as numerous, if not more frequent, than before the operation. In my opinion, it is only those patients in whom the epileptiform attacks are few and of infrequent occurrence, and in whom the increased intracranial pressure is not secondary and due to the convulsions themselves (and this can be ascertained by saturating the patient with triple bromides, luminal, etc., so that a convulsive seizure does not occur for a period of six weeks, and then estimating and comparing the intracranial pressure accurately by means of the ophthalmoscope and spinal mercurial manometer with the intracranial pressure as registered before this non-convulsive period); but an increased pressure which is primary to the convulsions, and therefore a probable etiological factor; that is, by an operative removal of the original irritative object, as in depressed fractures of the vault and then a lowering of the increased intracranial pressure and thus a lessening of the cortical cerebral irritation, the patient is given in these selected cases a definite chance of a permanent improvement, if not, in rare cases, a cure itself. This careful selection of patients, both as to their general condition of mental and emotional deterioration, the infrequency of the convulsive seizures, and the presence of a marked increase of the intracranial pressure and not secondary to the convulsions themselves (whether there is a depressed fracture of the skull or not); these are the comparatively few patients, and the only ones, who can be benefited by the cranial operation of elevation or removal of the depressed area of bone or other foreign body and combined with the operation of cranial decompression. This is late treatment of these patients. The condition should have been avoided and prevented (and it usually can be). Many of them become derelicts, so that any treatment, operative or not, cannot make it possible for them to regain their former good health and normality; but in the selected patients as outlined above, it is not only justifiable, but the only method now known of affording these patients a chance of recovery.

BRAIN INJURIES IN NEW-BORN BABIES AND CHILDREN.—In new-born babies, acute brain injuries are usually the result of trauma at the time of parturition, which may be either

a difficult one with and without the use of instruments, or even a so-called precipitate birth, in that the delivery is an unusually rapid one associated with a rupture of the thin-walled cortical veins; damage to the delicate intracranial structures may also occur in an apparently normal labor; these observations and diagnoses have been frequently confirmed by autopsies.

It has long been recognized that prolonged difficult labor, and especially if instruments for delivery are necessary, is of risk to the immediate recovery of the life of the child; this danger to life itself has been comparatively slight, and if the death of the child did occur, then it was realized (and occasionally confirmed at autopsy) that the intracranial contents had been so badly damaged that even if the baby had recovered, yet it could not have been a normal child—mentally and physically—and therefore it was merely considered an unavoidable and unfortunate result of a difficult labor, the object being to secure a living mother damaged as little as possible, and then a living child, if possible. If the child was successfully resuscitated immediately after birth so that it was considered normal and not damaged intracranially, the prognosis as to future normality was naturally excellent—and in fact, this is the normal result. Even if the child was drowsy and stuporous for a period of ten days and longer, when it did not cry as newborn babies ordinarily do, or if it was of the excitable, restless type, crying almost continuously, and whether slight convulsive twitchings of any part of the body were present or not, the condition during an indefinite period of days following delivery was usually a temporary one only, so that it was not considered as being permanently harmful to the future of the child; in other words, the child “would grow out of it.” And in the majority of babies with this immediate post-traumatic history, the condition does gradually disappear, and fortunately no ill effects are later to be observed due to the entire absorption of the intracranial hemorrhage and cerebral edema. There is a small percentage of babies, however, in which this happy result does not occur; either they remain in a comatose condition with and without convulsive seizures for several days and then die (and at

autopsy an extensive subdural and usually a supracortical layer of hemorrhage is revealed, together with a very “wet” edematous condition of the brain), or they apparently become normal and were considered so until the sixth, seventh, eighth or ninth month later, when it is realized that the child is not developing as a normal child should—is not holding up its head, does not attempt to grasp and to hold things, notices little, if anything, etc., and as it becomes older this retardation and impairment, both physically and mentally, becomes more marked; even at this late date of months, and especially without careful examination, the parents may be told that nothing is really “wrong” with the child, “merely retarded,” and it “will grow out of it.” These children rarely do, however, when the condition is the result of a large intracranial lesion at the time of birth—usually a supracortical layer of hemorrhage with little or no primary damage to the brain itself, and in the babies which cannot “take care of” this large amount of hemorrhage and cerebral edema by the natural means of absorption, then the effects of this intracranial condition associated with a definite increase of the intracranial pressure are later shown in a general retardation of the development of the child, both mentally and physically. Unless this increased intracranial pressure is relieved early—if not immediately after birth, then within several days—or if the condition is permitted to continue until the latter months of the first year and even later, then the lowering by means of a subtemporal decompression, and if necessary, then a bilateral decompression—although the longer this increased intracranial pressure is allowed to continue, either through ignorance, carelessness or mistaken diagnosis and judgment, just as much more permanent is the cerebral impairment in its mental and physical results. The differential diagnosis at this late date is between that of lack of development of the cerebral cortex or its pyramidal tract fibres (of the so-called Little’s disease), or meningitis and meningoencephalitic destructive process associated or not with embolic or thrombotic complications, hereditary lues (less than two per cent), and then the condition of intracranial hemorrhage at the time of birth and of such large amount that the natural means of absorption have not sufficed to permit the normal lowering of the

intracranial pressure of hemorrhage and chronic cerebral edema resulting from a partial blockage of the stomata of exit of the cerebrospinal fluid in the cortical veins, sinuses, etc., by the formation of this layer of supracortical hemorrhage; and thus, in reality, producing a mild external hydrocephalus similar to the condition of hydrocephalus, but in milder form, resulting from an extensive meningitic process which does not block the ventricles, and therefore producing the more common type of external hydrocephalus. These chronic brain injuries occurring in children who become impaired both mentally and physically, and particularly of the type of cerebral spastic paralysis, are of greater frequency than has been generally recognized. In the acute brain injuries, with and without a fracture of the skull occurring in children under twelve years of age, the immediate effects of an intracranial lesion can be withstood much more successfully than in adults. The initial shock is less, the reaction is much stronger and prolonged, and they can recover from intracranial trauma as far as immediate life is concerned, much more easily and with fewer immediate complications than is possible in adults; but the remote effects, however, of serious and prolonged intracranial lesions in children are more permanent in these patients later in life and they form a very influential factor in the future development of the child, both mentally and physically. It is this remote factor and result of intracranial injuries in childhood which has been rather neglected and overlooked.

ACUTE BRAIN INJURIES IN NEW-BORN BABIES.—It is not uncommon for acute brain injuries to occur in new-born babies during parturition, usually a difficult labor with and without the use of instruments; but it is rare for these intracranial lesions to occur associated with a fracture of the skull; occasionally depressed fractures of the vault and of the so-called "ping-pong" type result, but it is not unusual for a frank linear fracture of the flexible, newly-formed bone to be demonstrated, either by roentgenograms, operation, or at autopsy. If there is present in these new-born babies any abnormality of the base of the skull, then it is almost invariably a diastasis and separation of the suture lines with and without their overlapping, one over the other. The suture line most frequently involved is that median one between the two parietal bones and overlying the longitudinal

sinus, which may thus be torn, permitting an intracranial hemorrhage of varying size to form over the cortex of one or both hemispheres of the brain. This is the most common type of intracranial hemorrhage occurring in new-born babies as a result of the change of continuity of the bones of the vault. This separation of the suture lines and the overlapping of the adjacent bones rarely persists after birth longer than hours or days at the most, during the active second and third stages of labor, and then the bones resume their normal relation and position; but after the damage to the sinus has resulted. This is the reason why careful bimanual examination of the head of these children and still later roentgenogram plates only infrequently demonstrate the presence of the overlapping of the lines of suture. The frontal bone in its posterior relation to the parietal bones to form the canal suture, and the occipital bone in its anterior relation to the parietal bones to form the lambdoidal suture, are the next most common sites for the overlapping of their respective suture lines, and yet intracranial lesions only occasionally follow, since there are here no underlying sinuses.

If the longitudinal sinus is not torn (and it is possibly one of the most frequent causes of the condition), then the next most usual source of the supracortical hemorrhage is a rupture of the delicate supracortical veins of either or both cerebral hemispheres, a result of a severe venous stasis and congestion occurring during a prolonged difficult labor; the hemorrhage may be only a local one, the size of a 10-cent piece or a silver quarter; and yet the associated cerebral edema following the cerebral trauma is always present, and may in many patients be the more serious factor. It is thus seen that the intracranial hemorrhage in these new-born babies rarely occurs in the cerebral cortex and in the brain itself, and therefore causing a primary destruction of brain tissue (and no regeneration), but the hemorrhage is almost always subdural but supracortical—lying upon the surface of the brain—and its damage to the underlying cerebral cortex is one of pressure, due both to the hemorrhage itself and to the resulting cerebral edema; that is, if this supracortical hemorrhage and excess cerebrospinal fluid can be successfully drained and thereby the increased intracranial pressure be permanently lowered, then these babies

will have an excellent opportunity to recover not only the immediate recovery of life, but that of future normality, and now is the ideal time for the appropriate treatment of these patients; later in life the impaired condition can be improved, but rarely is a perfectly normal child then possible.

No doubt there are many cases of latent intracranial hemorrhage at birth where there are no marked clinical signs of the presence of the lesion and where the natural means of absorption are sufficient to "take care of" the mild increase of the intracranial pressure and a normal child is possible. On the contrary, later impairments occurring in certain children in adolescence, such as mild mental retardation, emotional instability, and even epilepsy itself, may be due to a mild clinical sign not recognized or overlooked, and the later appearance of signs indicative of a former intracranial lesion with resulting adhesions, etc., and it is then usually too late to obtain a satisfactory result by any treatment now known. The treatment should be preventative whenever possible.

Although the labor itself, in these babies having an intracranial hemorrhage at the time of birth, need not be a prolonged, difficult one associated with the use of forceps, yet it very frequently is; also, the condition itself occurs most often in first babies of full term. The condition occasionally results even from a so-called normal delivery, although a difficult labor with and without the use of instruments is the usual history obtained. Any new-born baby which does not behave normally within the first two or three days after birth, in that it is unusually drowsy and even stuporous, and especially in the presence of convulsive twitchings of any part of the body, that baby should be carefully examined for definite signs of an intracranial hemorrhage: a lumbar puncture is of the greatest diagnostic importance. If free blood is found in the cerebrospinal fluid, not only is the diagnosis confirmed, but an excellent means of drainage is thus afforded unless the pressure is high—over 15 mm., as registered by the spinal mercurial manometer and associated with tense fontanelles and positive ophthalmoscopic findings. Dr. J. B. Sidbury of Wilmington, N. C., has contributed this marked advance in the treatment of these conditions of intracranial hemorrhage occurring in new-born babies. Daily repeated lumbar punctures with removal of 10 to 12 c.c. of

bloody cerebrospinal fluid may be performed upon a number of consecutive days, until the pressure of the cerebrospinal fluid does not exceed 10 mm., and in these patients an excellent result is frequently obtained. In those babies, however, in whom the increased pressure of the cerebrospinal fluid reaches a height of 15 mm. and even higher, and especially when associated with tense fontanelles and positive ophthalmoscopic findings of increased intracranial pressure, then a modified subtemporal decompression and drainage is most advisable in order to obtain not only a living child, but what is of greatest importance, a normal child later.

ACUTE BRAIN INJURIES IN CHILDREN.—In children under twelve years of age, cranial injuries may be of comparatively trivial character, and yet the most serious intracranial lesions often result, with and without a fracture of the skull. In these patients, however, a fracture of the vault, and even of the base, occurs much more easily than in adults, and the relative importance of the fracture of the skull in brain injuries is not illustrated better than in a study of these patients.

Not only do children withstand better the immediate effects of the cranial injury, and especially the severity of the initial shock in that their reaction is a more vigorous one and thus assuring a higher percentage of immediate recovery of life, but it seems that the cardiac and respiratory centers in the medulla are more resistant and their circulatory mechanism more adaptable to sudden increase of the intracranial pressure. It is for this latter reason that the expectant palliative treatment can be used successfully in a larger percentage of children having brain injuries, both as to the immediate recovery of life and to the future normality, than is possible in adults in whom not only is the initial shock a most serious factor, but the sudden increase of the intracranial pressure is an only too frequent cause for early medullary complications of compression, and even medullary edema itself. In this series of brain injuries in children under twelve years of age, the expectant palliative method of treatment is alone sufficient and eminently satisfactory in over three-fourths of these patients, whereas, the operative treatment to lower a high intracranial pressure, whether due to hemorrhage or excess cerebrospinal fluid, by means of a subtemporal decompression and drainage, is only indicated in about

one-fourth of the total number of these patients. Naturally, as has been repeated a number of times in this paper, all depressed fractures of the vault should be elevated (and this is more frequently possible than in adults) or removed, for fear of future complications, and chiefly that of cortical irritation with its resulting emotional instability, and even epileptiform seizures.

Cranial injuries, apparently of very trivial character and of such slight importance at the time of the "bump," may cause an intracranial lesion of the greatest danger; not only to the immediate life of the child, but also in its remote effects, later in life, upon the normal development mentally, emotionally and physically.

CHRONIC BRAIN INJURIES OCCURRING IN CHILDREN.—The persistent effects of brain injuries occurring in children between the ages of two and twelve years are very similar to those occurring in adults with the important exception that since the mental and emotional "make-up" of the children is in the process of development, any prolonged impairment of function during this formative period is later exhibited in a greater retarded mental and even physical condition; especially is an emotional instability to be feared, and if a definite cortical irritation is present to a degree that a mild chronic cerebral edema exists, then the danger of epileptiform seizures is one of not only great frequency, but of the most serious consequences to the patient. If once convulsions occur, and especially if months and years after the brain injury, then the chances of benefiting the patient are just that much lessened, and the longer the convulsions persist, the greater the improbability of any procedure being of assistance to the patient. On the contrary, epileptiform seizures occurring at the times of the acute intracranial condition or within a short period following it, these patients are frequently restored to a normal mental and emotional condition by the appropriate medical treatment.

Notwithstanding the fact that children withstand the acute effects of brain injuries much more easily than do adults, and particularly is this true of severe conditions of initial shock and of high intracranial pressure; many children having brain injuries have been carelessly treated and the remote effects of the intracranial lesion have been overlooked, merely because the patient has made an immediate recovery of life. This

latter result is all important; but the future normality and good health of the child should also be considered. It has been recognized for a number of years that all depressed fractures of the vault should be elevated or removed at the time of the acute injury; not for the immediate benefit to the patient, but to lessen the danger of future impairment and complications, and especially emotional instability and epileptiform seizures. This routine method of treatment has been advocated chiefly in children on account of their developmental period of life when any intracranial lesion, however insignificant its present symptoms and signs may be, is, in its remote effects, frequently of a most serious character. The significance, however, of a persistent and chronic increase of the intracranial pressure following brain injuries in children whose apparent excellent recovery from the immediate effects of the injury has been complete, has been overlooked, and it is only by examining these patients over a period of years that it is impossible to state that these children—and they form less than twenty per cent of all patients injured—do not later develop mentally, emotionally and physically as they should, on account of the effects of a prolonged mild increase of the intracranial pressure. An emotional instability is possibly the most common result, a mental retardation, and, as stated before, the great danger of epilepsy itself. This chronic cerebral edema persists in children less frequently than it does in adults; but its ultimate effects are more pronounced in children on account of the immediate development of the cerebral nerve cells in all their activity. It is thus realized that the resulting functional impairment due to an increased intracranial pressure being prolonged over a period of months and years, may produce a definite organic change of tissue, and it is then irreparable. The treatment should be the appropriate one at the time of the acute injury and not months and years later, when frequently only an improvement can be obtained and not a normal restoration.

“I rather choose to use the word friendship than love, because in the general sense the word ‘love’ is spoken, it signifies a passion rather founded on fancy than reason; and when I say friendship, I mean a mixture of tenderness and esteem, and which a long acquaintance increases, not decays.” — *Lady Mary Wortley Montague*.

THE EYE, EAR, NOSE AND THROAT IN GENERAL DISEASE.*

By O. Tydings, M. D.,
Chicago.

The eye, ear, nose or throat often possess an important significance in relation to general diseases, as an aid to diagnosis. At times it occupies the first place; for often the seemingly local condition of one of these organs is but the local expression of a grave systemic condition. The intimate relationship between the eye, ear, nose and throat makes the grouping of these specialties more or less a necessity in the interpretation of local conditions. The continuity of structure as found in the mucosa, the common source of their vascular, lymph, and nerve supply makes a knowledge of their close inter-relationship necessary in order to interpret the picture presented for elucidation.

I will first take up the eye in its relation to systemic conditions. It is seldom we find a disease originating in the eye or its appendages, extending to distant organs; yet the converse of this is more than true, for it is here that evidence which marks the progress of systemic diseases such as syphilis, diabetes and Bright's disease will be most frequently found. Many of the neuroses find their first expression here. The Argyll-Robertson pupil, one of the early signs of tabes, recognized long before the relationship between it and syphilis; the simple or combined paralysis of the ocular muscles may be the first symptoms of parietic dementia; tremors when fixing an object, together with nystagmus and the peculiar slowness of speech, while not pathognomonic, are among the first characteristics of multiple sclerosis. The relationship between the endocrine gland and eye symptoms as evidenced by exophthalmic goiter due to perverted activity of the thyroid. The puffy eye-lids, drowsiness and general thickening of the skin of hypothyroidism are signs and symptoms generally familiar to you all; and the ophthalmologist, with rare exception, would be more hopelessly lost were he called upon to treat one of these local expressions of systemic disease without your aid, than you would be without his. But treatment is not often the most puzzling part in the handling of our cases. The question of etiology, the

key which opens the door of treatment, is often the more obscure. Given the etiology, the treatment resolves itself into every-day procedures. A mere anatomical diagnosis, for instance, iridocyclitis, is not enough. Behind that diagnosis may be found anything in your text-book, any condition found not only in the nose, throat, or ear, but any other organ or tissue of the body. To illustrate, it may be only a headache, for which some of you prescribe without a definite idea as to the underlying pathology, or as to why, except that certain therapeutic agents will relieve pain. It is the symptom for which you prescribe, and not the disease. Gentlemen, it is time that this should be abandoned! I am not going to give you a dissertation on headaches—not that it is not worthy of our most serious consideration—but as an incident to this effort it is only one phase of so many conditions.

Twenty-three years of my life were spent in general medicine; but I today would not undertake to treat any case of systemic trouble without the co-operation of one of you. Yet, how many times do I have a patient come to me to be treated for headache, or an inability to see, whose physician had referred him to an optician who has changed his glasses several times to relieve a condition not recognized by his physician, and unknown to the optician, but both knowing that loss of vision and headache were *sometimes* due to the need of glasses; and the physician, knowing that the optician has given satisfaction to some by fitting them with glasses. You know the measure of these men. You know that A or B has been in business for many years. Of his personal honesty there is no question; but one thing you have failed to take into consideration is the lack of fundamentals in most of them, and the limitations justly placed by law upon all of them. You have failed to recognize that the ignorance of these fundamentals is a bar to experience, and while the optician may and must satisfy more than fifty-one per cent of the patients in need of glasses, what of that percentage of victims of disease of which he has no knowledge? How safe is he? Ophthalmologists are sometimes puzzled as to diagnosis, more frequently as to etiology, and often these cases reach us only when too late to correct your error. You can no more build a house out of ashes than you can restore vision where a choroid, a retina, an iris, or a

*Read before the Arkansas Medical Society, at the Forty-fourth Annual Session, Eureka Springs, June, 1920.

ciliary body has been destroyed by disease due to loss of time while being treated for something of which you knew not.

When one undertakes to do any kind of work, he assumes certain responsibilities, and I have often tried to formulate a concept of these responsibilities which we, as oculists, assume, and while I am not ready to reduce that concept to a written formula, yet it would include a knowledge of the eye in its every relation which he would assume to treat. When I am in doubt, there is no one too erudite or untrammelled by legal restriction for me to seek his aid. The same law of reason should control us all in our every relation to our fellow-man. It may be a human life or the organ of a human being depends upon your selection. To illustrate how intricate some of the problems of the ophthalmologist and otolaryngologist are, I will cite a few cases, and they are only types, for their number has been many. I will add that none of these were pus cases.

Case No. 1.—November 12, 1903. Mrs. W. J. P., age forty, mother of a son eighteen years old; the wife of a physician, who was at the time president of the State Board of School Commissioners. I mention this only to show that from a medical viewpoint she had the guidance of an intelligence far above the average. She complained of headaches. She consulted an oculist and he ordered R. plus 1.50, L. plus 1.50 for constant use; but headaches continued growing worse, and at times paroxysms would leave her a physical and mental wreck. So, after exhausting his resources, he had a consultation with Dr. Beebe of Sidney, O., who was then president of the State Board of Medical Examiners, and, being a gynecologist, he did a curetment without benefit. She was then taken to Columbus, O., in the care of Dr. Hamilton, who called in Drs. Clark and Rodgers for eye and nose examination. She was there six weeks and returned home feeling better, but had no long respite from headaches. She was then taken to Cincinnati for consultation with Dr. Brooks Beebe, who, her husband informed me, pronounced it pachy meningitis with grave prognosis. A day or two after her return, I happened in the town and was invited to their home for dinner, and incidentally to make observations; not as an eye, ear, nose and throat specialist, but as a neurologist. I had known her husband well for eleven years and had met her frequently be-

fore. Her family and personal history were negative. The opinion formulated from my observation and conversation was that I felt sure she did not have pachy meningitis. She was then free from pain and well nourished, cheerful and happy, but for this one cloud. I never saw her in one of her severe paroxysms of pain; but the doctor, her husband, stated that she would become irrational and uncontrollable, and relief could only be obtained by the use of a sedative. She was not an addict, and dreaded that as much as she did the pain. She was hypermetropic, was wearing R. plus 1.50, L. plus 1.50, which gave normal vision. Under cycloplegic she took R. plus 275 20-15, L. plus 275 20-15. I ordered full correction and this gave some relief, but not entirely. The tonsils were diseased; each middle turbinal undergoing a rarefying osteitis, left more than right, posterior part more than anterior; septum deflected to the right. Left-sided headaches continued. The tonsils were removed—headaches continued. Then the septum was straightened and enlarged cells of the posterior ethmoids were opened. Relief dated from then. I last saw her in 1918 and there had been no recurrence.

Case No. 2.—In 1902 I was consulted by a young man about twenty-five years old, who gave a history of long-standing eye trouble, which had incapacitated him for work. He said he had been treated by a very competent man for something over two years without permanent relief. Incidentally, he stated that he had had trouble with his bowels from childhood and that he never had a movement of his bowels without a large dose of magnesium sulphate. The anatomical diagnosis was easy—iridocyclitis of the recurrent type—and as he gave a history of a rather dissolute life, I thought his trouble specific. He gave no specific history and the diagnosis was made from the known predilection of specific diseases for the iris and ciliary body; and as the Wassermann had not yet arrived, I used the then only known test, the therapeutic one. His improvement was very satisfactory. I congratulated myself on my superior diagnostic acumen, and wondered how my predecessor could have overlooked such a prolific source. However, after two months of treatments, when the eyes were just getting into the most satisfactory condition, a day of feasting brought to tumbled nothingness my dream of superior wisdom. On the third day after

this debauch, he returned with his eyes in a worse condition than at any time since I had seen him. As I said before, the history of obstipation had challenged my attention, but had not arrested it; I knew when I first saw him that I was dealing with the local expression of a systemic disease, but now I realized that I had made a mistake in diagnosis. I knew it could not be syphilis, so referred him to Dr. J. R. Pennington, who found a pathological condition of Houston's valves, the correction of which within two weeks cured a condition which two of us had failed to benefit in more than that many years.

Case No. 3.—1898. Miss W., aged twenty-eight. I was called to operate on a bleeding hemorrhoid which had almost exsanguinated the patient. After finishing the operation, I was requested by the attending physician to make an examination of the pelvis on account of a mass in the right iliac region. I advised the removal as soon as she could recover from her illness. I did not see her again until August 24, 1900, when she came to be operated upon. Explaining that I had abandoned general medicine and had made reservations for that night to go East, referred her to Dr. Baldwin of Columbus, O., for operation, with a request that he report to me his findings. I have been unable to locate his report; but it was a tubercular condition of the tube and ovary. I did not see her again until 1907, when she came on account of general feeling of ill health and a desire to have me examine her eyes. Among the findings was a swollen disc of two diopters. Remembering the pathological findings made several years before by Dr. Baldwin, I made a tuberculin test with severe reaction. Sent her to her home under the care of her physician with a request that tuberculin be used and that she be sent to an oculist in a near-by town once a week to note changes. This oculist reported, after six weeks' treatment, that the fundus was practically normal, but he had advised the continuance of the tuberculin for twelve months, which I am told was done. My last communication was in 1918, advising me that she was on the staff of Columbia College, New York, enjoying good health and inviting me to visit her when I was again in New York.

Ear manifestations of systemic disease, while not as common as those of the eye, occur sufficiently often to invite your most serious consideration. I could cite many cases each of different etiology, but I will briefly con-

sider one whose symptom complex is today classed in every text-book which I now recall on otology as an entity. I refer to Meniere's disease.

In an article read before the Chicago Medical Society, April 19, 1916, I said: "One can readily understand why Meniere in 1861 believed that he was dealing with an entity when he associated vertigo, nausea, vomiting and absolute deafness with the condition where the post-mortem examination showed hemorrhage or bloody extravasates into the semi-circular canals and vestibule. * * * But why writers of today should continue to consider symptom complex as a pathological entity, one is at a loss to understand; for be it understood that it is around a single post-mortem reported in 1861, where neither the cause of deafness or death was disclosed, that all the literature of Meniere's disease has been built up."

To illustrate a point: September 21, 1915, Mr. I., aged seventy-two, was referred to me by Dr. W. A. Fisher for an examination of his ears, saying the diagnosis of Meniere's disease had been made. In August, 1910, Mr. I. sat out of doors without anything on his head for an hour. That night he had a sore throat; took four grains of quinin; next morning had a ringing in his ears, worse in the right one, which continued. After a month he went to an aurist, who blew out his ears, and treated them twice a day every other day for four or five days without apparent benefit. The following May, 1911, the ringing stopped. In the fall he caught a severe cold and his ears began to ring again and they have kept it up ever since. Up to April, 1915, his health was good, when he came down with la grippe. Since then the right ear has felt more or less stopped up, at times causing him a little pain. He had vertigo, due, he thought, to indigestion, which caused vomiting. In 1912 he had two attacks due to overexertion; and one or two more up to April, 1915. Since that time he has had occasional attacks, perhaps six, of mild vertigo. The first attack came on while crossing a street, after an animated conversation with a friend. He managed to get to a seat, was helped some, and after drinking a cup or two of warm water, vomited and got relief. About half of the paroxysms have been attended with vomiting. Hearing in left ear is good; right not so good. He can hear a watch two inches away. His septum is deflected to the right and in contact with the lateral wall; hypertrophy of the anterior part

of each middle turbinate; hypertrophy of left inferior turbinal spur on left side of septum, with chronic sinusitis; catarrhal condition of both tympanic cavities; right eustachian tube the more occluded. Right, watch two inches, .B.O A 11- with C 1- C2 not heard. All others heard. Left, watch two inches, .B. 12- A. 31 C 2. All forks heard. I expected to have made a more complete examination of this patient, but did not have the opportunity, as he was seen in consultation. Wassermann showed a plus 4 in addition to catarrhal condition noted.

We know that Meniere's symptom complex are frequently the later manifestations of syphilis. They may be due to eustachian catarrh, leukemia, diseases of central nervous system, gastro-intestinal trouble, toxemias, and many other causes.

Most of the nose and throat conditions which find expression in systemic disturbance, especially those due to diseased tonsils and adenoids, are too well known to discuss here; but there are two closely related conditions which are differentiated and dignified by different names, of which I would speak. I refer to asthma and hay fever, excluding those paroxysmal attacks due to heart or kidney diseases; every case of asthma and hay fever had its primary pathology in the nose. It may be due either to congenital or acquired conditions, involving the same structures and underlying pathology. I will not trespass upon your time to discuss the various theories of these manifestations of nasal pathology, but will state my concept of them, and whether occurring at certain seasons or recurring at irregular intervals at any season, we have three factors which enter into every case: first, a nasal pathology; second, a peculiar nervous system; and third, an exciting cause. At first, without the nasal pathology the other conditions fail to provoke a paroxysm, later without immunization following corrective methods they recur for a while. In nasal pathology the primary factor in all cases is the first condition to be corrected before permanent relief is obtained. Immunization will stay for a time the outbreaks; but sooner or later you have one or two results—either a recurrence because the causal factors have not been removed, or exudative conditions, followed in some cases by an abolition of the sensory terminals, which is later followed by hyperplastic conditions terminating in polypii and like degenerative changes. Cease to look for minute spots on mucosa as the source of

our trouble, and grasp the full significance of the nerve supply of the trifacial, regardless of the branch which supplies the particular spots, and learn to appreciate that insults visited upon the vascular, lymph and nerve structures by repeated colds, due to lowered vitality engendered by deficient oxygenation on account of congenital or acquired obstructions to respiration and ventilation, and recognize that the ethmoid cells are as much a part of the ethmoid bone as the middle turbinal, and deal with these structures, the full measure necessary to promote ventilation and respiration. We will soon control those disturbances, whether classified as hay fever or asthma.

It is not my purpose to say anything except in a general way about treatment. Do not understand me as being an advocate of the operation known as exenteration of the ethmoids where with one full swoop all the nasal portion of that bone is removed. No; the methods I advocate in dealing with all nasal structure is of the most conservative nature. The most frequent cause of deficient oxygenation is obstructions due to tonsils and adenoids; the removal is not a prelude, but the beginning of rational work. Avoid the removal of anything from the nose unless there is a redundancy of tissue, and bear in mind that the hypertrophies so frequently encountered are due to irritation just beyond your visual point, and that the straightening of a septum and opening of ethmoids for drainage will, with rational treatment, generally reduce these hypertrophies and thus avoid those irreparable atrophic conditions so frequently seen as an aftermath of efforts to relieve nasal obstructions without taking into consideration the source.

SUMMARY.

First. The destructive diseases of the eyes are the local manifestations of a systemic disease.

Second. Disturbance of the labyrinth is either the expression of a systemic disease or a reflex neurosis.

Third. That many systemic diseases are brought on by deficient oxygenation due to nose and throat obstructions.

Fourth. Rational therapy means the elimination of all primary, and in delayed cases, secondary foci, followed by an adjustment of metabolism by hygienic, dietetic and immunizing processes suitable to each individual case.

THE JOURNAL

OF THE

Arkansas Medical Society

Owned by the Arkansas Medical Society and published under the direction of the Council.

WILLIAM R. BATHURST, SECRETARY-EDITOR
810-812 Boyle Building, Little Rock, Arkansas.

Published monthly. Subscription \$2.00 per year; single copies 25 cents.

Entered as second-class matter, June 21, 1906, at the post-office at Little Rock, Arkansas, under the act of Congress of March 3, 1879.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized August 1, 1918.

The advertising policy of this Journal is governed by the rules of the Council on Pharmacy and Chemistry of the American Medical Association.

All communications of this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the state. Notice of deaths, removals from the state, changes of location, etc., are requested.

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The purpose of this Society shall be to federate and bring into one compact organization the entire medical profession of the State of Arkansas and to unite with similar societies of other States to form the American Medical Association; to extend medical knowledge and advance medical science; to elevate the standard of medical education, and to secure the enactment and enforcement of just medical laws; to promote friendly intercourse among physicians; to guard and foster the material interests of its members and to protect them against imposition; and 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.

Editorials.

OUR NEXT GOVERNOR.

Receiving a handsome plurality in the recent primary, it is a foregone conclusion that Thomas C. McRae will be the next Governor of Arkansas. This Journal is not in politics, and does not rejoice over the defeat of any candidate. It does not here intimate that any one of the opponents of Mr. McRae would not have made an equally good Gov-

ernor. But the writer's personal acquaintance of nearly twenty years with the nominee justifies the statement that Governor McRae will do all that is humanly possible to advance the material interest and general welfare of his State. We have every reason to believe that he will do all in his power in the interest of public health measures, sanitary laws and their enforcement and the adoption of such medical legislation which will enable Arkansas to at least keep pace with her sister States. The Governor's powers are executive, not legislative; but a Governor, in his messages to the Legislature, may suggest such measures as he may believe to be in the best interest of the State. And a Governor having the confidence of the members of both houses, backed further by the support of the people, can exert a wonderful influence. We believe Mr. McRae will be just that kind of a Governor, and in congratulating him upon his achievement of a laudable ambition we feel that the State is also to be felicitated.

THE STORK AND THE REAPER.

At Warrensville, N. C., a physician was fined \$50.00 and cost in each of two counts for failing to report births. It was the heaviest fine ever inflicted by that particular court and it was made heavy because he had been convicted previously and repeated efforts to induce him to obey the law had failed.

One may ask, "What concern is it of ours that a physician away off in North Carolina has to pay a fine?"

It is our concern merely as it serves "to point a moral and adorn a tale." We are informed that Arkansas is also suffering from continual ignoring of the same law; nor does there seem to be any intelligent effort to enforce the law. The published vital statistics show the Grim Reaper more industrious than the stork in the most populous county of the State. Put the case to yourself. Suppose you have an idea of locating elsewhere. Suppose you have a choice of location and then you come across statistics which show you that the place you have selected has annually more deaths than births. Would you move to such a place? It is in the effect, the deterring effect on immigration of desirable citizens, that such published statistics may have, that Arkansas suffers—to what extent none may say. We at home know well that the true figures would show a normal preponderance

of births over deaths. People elsewhere who read the statistics will take them for granted as correct.

These false statistics go out simply because of the negligence of some physicians. A few salutary fines, a consistent effort to enforce the law, would go far toward remedying this condition. The law requiring registration of births is as much a law as the law providing penalties for murder and robbery. Yet the physician who fails to obey this particular law would be deeply offended if accused of being a law-breaker—nevertheless that term describes him accurately.

There is still another reason why the profession should be very particular in observing the law in promptly reporting births. It has to do with health conditions in the ratio of births to deaths are obtaining. If the births do not show their normal proportions, then something is wrong which should be righted. In default of correct statistics there is no foundation for ascertaining the facts. Strenuous efforts are being made by Government and State health officers to get the whole of Arkansas into the vital statistics area. But it does not look well that this or any other county supposed to keep statistics, and having laws to enforce correct reports, should make so bad a showing.

HOW OHIO REGARDS ARKANSAS.

The Ohio State Medical Board at a recent meeting adopted a resolution cancelling reciprocal relations with the Arkansas Eclectic Board of Medical Examiners. The reason given—note this carefully—is “*that the Arkansas Eclectic Board persists in examining and licensing graduates of a nondescript medical college of Kansas City, which is not recognized as an eclectic college by the National Eclectic Medical Association.*”

In the March issue of the Arkansas Medical Journal we called attention to the fact that this condition was due to our cumbersome system of having six different examining boards instead of one board of competent physicians.

Is it not a fine state of affairs that a college which has no standing in its own State, and is not recognized by the National Association of its own school, should be able, as The Journal of the American Medical Association aptly puts it, to “make Arkansas the

dumping ground for quacks, charlatans and half-baked medical practitioners?”

An earnest effort must be made to remedy this condition at the hands of the next Legislature. Arkansas cannot afford to be thus characterized by her sister States which are more progressive. With our State Society over eleven hundred strong, we should be able to exert enough strength to develop something tangible, and take a great step forward in safeguarding the people.

Personals and News Items.

Dr. and Mrs. H. H. Niehuss of El Dorado are spending the summer in North Carolina.

Dr. and Mrs. W. A. Snodgrass have returned from a month's stay in Colorado.

Dr. and Mrs. W. A. Lamb of Little Rock have returned from a motor trip to Colorado.

Dr. and Mrs. Anderson Watkins of Little Rock are in Denver.

Dr. and Mrs. E. N. Davis and daughter are on a vacation trip to Missouri, where they will spend the heated term.

Dr. J. L. Green of Hot Springs, who is spending his vacation in the West, will return October 1.

Dr. and Mrs. Dewell Gann, Jr., of Little Rock have returned from an extended trip in the West.

The Warner Brown Memorial Hospital of El Dorado, with a capacity of fifty beds, is rapidly nearing completion.

The Southern Medical Association will meet November 15-18, 1920, at Louisville, Ky.

Dr. and Mrs. William R. Bathurst of Little Rock have returned from a trip through Colorado and Yellowstone Park.

Dr. Carle E. Bentley and Dr. Sissors of Little Rock have returned from a trip through Canada.

Dr. C. S. Pettus, superintendent of the Pulaski County Hospital, will resign his position January 1, and will devote his entire time to private practice in Little Rock.

Dr. H. H. Niehuss of El Dorado, Dr. R. C. Dorr of Batesville, Dr. J. C. Land of Walnut

Ridge, Dr. H. N. Street of Lonoke, and Dr. J. W. Walton of Benton were among the visiting physicians in Little Rock last month.

The American Child Hygiene Association will meet in St. Louis on October 11, 12 and 13. This will be the first meeting of this association in our own Southwest, and will be of great value to physicians interested in obstetrics, pediatrics and public health. A well-rounded program covering the various phases of the subject has been prepared. The entire medical profession of Arkansas is cordially invited to attend.

COMMITTEE ANNOUNCEMENT.

Dr. G. A. Warren of Black Rock, president of the Arkansas Medical Society, has announced the following committees for the ensuing year:

Scientific Program—J. T. Jelks, chairman, Hot Springs; J. H. Stidham, Hoxie; William R. Bathurst, Little Rock.

Medical Legislation—Thad Cothorn, chairman, Jonesboro; C. S. Pettus, Little Rock; W. F. Smith, Little Rock.

Health and Public Instruction—C. W. Garrison, chairman, Little Rock; O. L. Williamson, Marianna; R. Y. Phillips, Malvern; Thomas Douglass, Ozark; M. L. Norwood, Loekesburg.

Cancer Research—E. E. Barlow, chairman, Dermott; J. P. Sheppard, Little Rock; William R. Bathurst, Little Rock.

Infant Welfare—H. R. McCarroll, chairman, Walnut Ridge; H. H. Niehuss, El Dorado; H. A. Strond, Jonesboro; J. A. Lightfoot, Texarkana; W. H. Miller, Little Rock.

Workingmen's Compensation and Social Insurance—C. J. March, chairman, Fordyce; J. M. Lemons, Pine Bluff; O. E. Jones, Newport.

Hospitals—C. S. Pettus, chairman, Little Rock; John Stewart, Booneville; W. W. Jackson, Jonesboro; R. C. Dorr, Batesville; S. J. Hesterly, Preseott.

Marriages.

METCALFE-BALL—Dr. William F. Ball of Little Rock was married July 1, 1920, to Miss Estelle Metcalfe.

FRENCH-RIEGLER.—Miss Tenie E. French of Keo and Dr. Nickolas W. Riegler of Little Rock were married July 14, 1920.

YOUNGS-CUNNINGHAM.—Miss Helen T. Youngs and Dr. James C. Cunningham, both of Little Rock, were married July 29, 1920.

County Societies.

LOGAN COUNTY.

(Reported by M. E. Foster, Sec'y.)

Our society met at Paris, Wednesday, June 29.

The following officers were elected for the year 1920: President, E. N. Armstrong, Booneville; vice president, W. H. Bennett, Paris; secretary-treasurer, M. E. Foster, Paris.

After discussing plans for the progress and prosperity of the society, the meeting adjourned.

FAULKNER COUNTY.

(Reported by J. S. Westerfield, Sec'y.)

The monthly meeting of the Faulkner County Medical Society was held in Conway, Thursday, August 19, 1920. Present: Henderson, Voris, Westerfield, Cureton, Dickerson, McCollum, Summers, Fraser, and Muse.

Dr. Dickerson read a paper, with report of a case of "Purpura Simplex," which was followed by a free discussion.

Dr. Fraser read a paper entitled "Frontal Headaches Which Do Not Yield to Correction of Refractive Errors or Internal Medication," which also elicited free discussion.

Several other matters of clinical interest were presented and informally discussed.

Adjourned to meet Thursday, September 16. Two papers, titles to be announced, are promised for the next meeting.

LAWRENCE COUNTY.

(Reported by H. R. McCarroll, Sec'y.)

The Lawrence County Medical Society met in regular session at Walnut Ridge, July 7, 1920.

Unusual interest developed in the reporting of clinical cases and their discussion. In this way medical societies do great good in

the exchanging of opinions and comparing notes.

The reading of some papers occupied the balance of the evening.

Attendance was good and everyone enjoyed the meeting.

It was decided to combine business with pleasure at our next meeting and the session will be held with Dr. William Johnson of Hardy, a member of this society.

There, health resort and bathing and boating will be in full blast and the doctor promises us a splendid time and entertainment. The professional program being held in the afternoon and the evening to be spent in auto rides and on the river.

Present: G. A. Warren, J. H. Stidham, J. M. Stephens, W. J. Robinson, H. R. McCarroll, J. C. Land, T. C. Guthrie, A. J. Clay, and C. C. Ball.

WASHINGTON COUNTY.

(Reported by F. R. Morrow, Sec'y.)

The Washington County Medical Society met in regular session at the courthouse at Fayetteville, the first Tuesday in July, 1920, with the president, Dr. R. T. Henry, in the chair. Present: Drs. E. G. McCormack, J. E. Martin, E. F. Ellis, Z. C. Layson, A. I. Moore, J. R. Southworth, C. B. Paddock, W. T. Gabbert, Otey Miller, H. D. Wood, S. J. Cannon, and F. R. Morrow.

Dr. Z. C. Layson read a paper on "Trichiasis," which was discussed by several members of the society.

Dr. E. F. Ellis reported a case of "diabetic gangrene" in which leucocyte extract was used with good results. Dr. Layson discussed several eye complications caused by diabetes.

Dr. A. I. Moore spoke briefly of the effect of diabetes on cataracts.

Dr. W. T. Gabbert reported a case of urethral obstruction with rupture of the bladder.

Dr. C. B. Paddock reported a case of influenza and pneumonia followed by aerated tumors on various portions of the body.

Dr. T. L. Cooper and Dr. Miller reported a case of streptococcus infection in which 1/12-grain doses of bichlorid of mercury were used intravenously with good results.

The name of Dr. T. L. Cooper of Elm Springs was presented for membership in the society.

Adjourned to meet the first Tuesday in October, 1920.

CRAIGHEAD COUNTY.

(Reported by Thad Cothern, Sec'y.)

The Craighead County Medical Society met in regular session Friday evening, June 25, 1920, at 8:00 o'clock p. m., in the office of Dr. Willett. First the usual routine business was disposed of, and then the scientific program was taken up.

Dr. McAdams, one of the essayists, being unavoidably absent, the next paper, "The Care of Babies—Their Feeding and Medication," by Dr. Haltum, was handled by him in a very able manner. He took the matter up in the manner his experience had taught him to be successful in saving the babies. The discussion of this valuable paper was quite general, practically everyone having something to offer or some pertinent questions to ask.

When Dr. Haltum closed the discussion of his paper, Dr. McAlister of Cash asked to be heard from. He stated that the roads to his place were fine and that "good eats" in his neighborhood were plentiful. He wound up by inviting us to hold the next meeting of our society with him at Cash, that a *fish fry* or other *suitable* supper would be prepared for all the doctors and their families who would or could come. It was voted that we accept one hundred per cent strong the doctor's invitation and hospitality, the details of the meeting to be arranged by the Program Committee and mailed out by the secretary.

We next had a report of our State meeting at Eureka Springs, by our delegates, Drs. Harrison and O. V. Smith. They spoke of the pleasures of the trip through the Ozarks, the beauty of the mountain highways, the hospitality of the citizens of Eureka Springs, and the many pleasureable entertainments provided for the visiting doctors and their companions. They said that the scientific program was good, and mentioned several of the interesting papers had; that the memorial session presided over by Dr. Mann was one long to be remembered because of the many expressions of love for those whose names appeared on the rather long list of deceased, among which was that of our own Dr. C. M. Lutterloh and our near neighbors, Drs. Bradsher, Dickson, Craig, and Yarbrough; that in the House of Delegates a real harmonious

feeling was manifest, and that the aim of all was to get such legislation as was necessary to correct the evils of Arkansas' medical licensure system and stop our State from being the dumping ground of all so-called medical outcasts. The last feature of their report was quite generally discussed and we all resolved to get busy with our candidates for representative and State Senator, to the end that we may get their support for this measure. Following this, a few minutes were spent in the social enjoyment of the drinks Dr. Willett had sent up to us.

Present: Drs. Clardy, Cothorn, Harrison, Haltum, Jackson, McAlister, McCracken, Nisbett, O. V. Smith, Stroud, Walker, and Willett.

LAWRENCE COUNTY.

(Reported by H. R. McCarroll, Sec'y.)

The Lawrence County Medical Society held its regular monthly meeting with our comrade, Dr. William Johnson of Hardy, Ark. This was our first meeting with this big-hearted man and the first one outside of the county of which the writer has any knowledge. We believe that if we could continue to have such good meetings as this one was, that we would want to go there all the time.

Our scientific program was quite comprehensive and exceedingly interesting, both from the nature of the papers and from the skill and experience of the physicians presenting them. The discussion at this time proved very instructive. The program follows: "Traumatic Injuries of the Elbow Joint," J. C. Land; "Care of Infants Up to Two Years of Age," A. G. Henderson; "Congenital Pyloric Stenosis With Report of Case," F. D. Smythe of Memphis, Tenn.; "Medical Ethics Applicable to the Consultant," G. A. Warren; "Ventral Hernia After Operation," M. B. Hendrix, Memphis, Tenn.; "Appendicitis Complicating Pregnancy," H. A. Stroud.

In the discussion on Dr. Henderson's paper, it was pretty well agreed that babies should not be fed other than breast milk during the first year of life, except under the advice of a physician, and that all high chairs should have the legs cut off just under the seat. The promiscuous giving of medicine during that time was also condemned and the watch care of the family doctor strongly urged.

Upon the conclusion of the program the crowd donned bathing suits and went down to the beach, just a short distance from the town, and took a good, cool plunge. After swimming, all felt much better, as the evening had been rather warm. We were next invited up to the summer hotel belonging to Dr. Buford of Memphis, where a delicious feast was awaiting us. To say that we enjoyed it would be putting it mildly.

Dr. J. C. Land was appointed toastmaster, and a number of excellent talks were made. Readings were given by the Misses Ura and Thelma McCarroll. Everyone enjoyed the felicities hugely until after midnight.

We had to catch our train at 3:00, and we did not wait to spoil things by going to bed; so the remainder of the night was spent in taking in the town and enjoying the genial hospitality and delightful companionship of Dr. Johnson, who is an ideal host.

All present were loud in their praises to Dr. Johnson, Mr. and Miss Attilee Turner, and Dr. and Mrs. Buford, who are spending the summer there. The following guests were present besides those from Hardy: Misses Christine Edwards, Imogene Robinson, Vivian Sloan, Ura and Thelma McCarroll; Mesdames Land, Henderson, Thomas, Hatcher, Warren, Johnson, and McCarroll; visiting physicians, Frank D. Smythe and M. B. Hendrix of Memphis, Homer A. Stroud of Jonesboro, and Dr. Buford, the host. Local members were A. J. Clay, W. W. Hatcher, T. C. Guthrie, William Johnson, J. C. Land, H. R. McCarroll, W. J. Robinson, J. H. Stidham, J. C. Swindle, Earl Thomas, and G. A. Warren. Thad Cothorn, vice president State Society, Jonesboro, and Dr. Len Downen, were also visitors.

The application of G. W. Parker for membership was received at this meeting.

The Society voted to have an annual meeting at Hardy the first Wednesday in August, and to invite all of the members of the other counties in this district to join with us.

Book Reviews.

HANDBOOK OF DISEASES OF THE RECTUM.—By Louis J. Hirschman, M. D., F. A. C. S. With 223 illustrations, mostly original, and four colored plates. Third edition, revised and rewritten. Published by C. V. Mosby Company, St. Louis, Mo. 1920. Price, \$5.00.

The author of this book presents the results of his experiences in this line of work in order

that the general practitioner may be qualified to diagnose and treat his patients who suffer from anorectal diseases. Nonsurgical methods are described in those conditions where they have been found of value, and the technic of operative measures under local anesthesia has been made as simple as possible.

PRINCIPLES AND PRACTICE OF PHYSICAL DIAGNOSIS.—By John C. DaCosta, Jr., M. D., Ex-Associate Professor of Medicine, Jefferson Medical College, Philadelphia. Fourth edition. Thoroughly revised. Octavo of 602 pages, with 225 original illustrations. Published by W. B. Saunders Company. 1919. Price, cloth, \$4.75 net.

This book presents the principles of physical diagnosis and applies the means of research to the study of thoracic and abdominal diseases.

The methods of physical examination are explained in detail and also certain instrumental procedures adapted to routine bedside investigation.

REGIONAL ANESTHESIA (Victor Pauchet's Technic).—By B. Sherwood-Dunn, M. D., Officer D'Academie; Surgeon (Colonel) Service De Sante Militaire De Paris; Physician to the Cochin Hospital. With 224 figures in the text. Published by F. A. Davis Company, Philadelphia. Price, \$3.50.

This book constitutes a resume of the writings of Prof. Victor Pauchet, who is acknowledged to be the leading exponent of regional anesthesia in France, together with those of P. Sourdat and J. Labourne. In addition there is included the latest experiences of Pauchet and the author, together with Pauchet's recommendations, inserted during his revision and amplification of the manuscript before its transmission to the publishers.

MORE MISBRANDED NOSTRUMS.

The following "patent" medicines have been the subject of prosecution by the Federal authorities, chiefly because the therapeutic claims made for them were false: Sealeaf Emulsion, an emulsion of cod liver oil and malt extract; Green Mountain Herb Tea, and Sabine's Indian Vegetable Tea, consisting essentially of senna, fennel, elder flowers, anise, triticum, sassafras, American saffron, coriander, licorice root, butternut bark, buckthorn and Epsom salt; Sabine's Indian Vegetable Cough Balsam, consisting essentially of alcohol, chloroform, tar, resin, sugar, and traces of alkaloids; Bovinina, apparently a meat extract; Fruit-a-Tives, containing essentially extracts of aloes, nux vomica and cinchona

bark; Anticalculina Ebrey, consisting essentially of alcohol, colchicin, ammonium salts, vegetable extractives and water; McDowell Ginseng Bitters, a solution of plant extract, containing small quantities of glycerin and a zinc salt (Journal A. M. A., June 12, 1920, p. 1661).

DIAGNOSIS.

Do not "jump;" a "shot" at a diagnosis is most often fatal to the marksman.

Never be ashamed to confess, "I don't know;" but be ashamed to have to confess, "I have not examined."

Be thorough. Remember no fact about the patient is without possible importance. Collect all your data before making any diagnosis.

Of two probable diagnoses, *ceteris paribus*, choose the commoner. Strive to be exact. A diagnosis must sometimes be only a balance of probabilities; but do not shirk the responsibility of making that balance. Remember the "man who never makes mistakes never makes anything."—*Golden Rules of Medical Practice*.

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FORMULA FOR MOUTH WASH.

Castile soap, dried and granulated, 6.00 gm.; benzosulphinid, 0.20 gm.; basic fuchsin, 0.002 gm.; oil of cassia, 0.50 c.c.; oil of peppermint, 0.50 c.c.; oil of cloves, 1.00 c.c.; alcohol, 75 c.c.; water to make 100 c.c. A few drops added to water to be used as a mouth wash. It will be noted that, except for the volatile oils present, antiseptics are conspicuous by their absence. It is impossible

to disinfect the mouth. Mere bacteriostatic germ growth inhibitive influence of antiseptics can be of value only as long as the agent is present; and the time that one is willing to keep the mouth full of fluid is limited. The chief virtue of mouth wash preparations lies in their esthetic qualities, their pleasant appearance, odor and taste, which induces their use (Journal A. M. A., June 19, 1920, p. 1732).

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1920-1921

THE JOURNAL

OF THE Arkansas Medical Society

PUBLISHED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

Vol. XVII.

LITTLE ROCK, ARK., SEPTEMBER, 1920.

No. 4

Original Articles.

"THE BASE HOSPITAL."*

By Frank Vinsonhaler, M. D.,
Little Rock.

Perhaps a word of explanation might be in order as to the different kinds of hospitals in vogue in the medical department of the army during the last war; the base hospital, the evacuation hospital, and the field hospital. I am expected to speak to you on the base hospital, Dr. Ogden on the evacuation hospital, and Dr. Snodgrass on the field hospital. Those three embrace the principal hospitals that were used by the Government in the care of the wounded.

My first impulse was to write a report upon this subject and have it typewritten, and read it to you. But, the hour after dinner is an extremely dangerous one for a typewritten paper. So, I have reconsidered, and have decided, in order that I shall have an audience that perhaps will keep awake until I get through, to speak to you in a conversational way, and perhaps about what I had typewritten; and, in that way, I will be more assured of having an audience.

I had the honor and distinction of being connected with and in command of Base Hospital No. 109, which was one of the general hospitals instituted by the medical department of the army. There were about two hundred base hospitals in the United States army. The first fifty were Red Cross hospitals, the English, French and American serving under the auspices of the Red Cross. Later on, they were all transferred to the medical department of the United States army and served as such. They lost all their connection with the Red Cross. I say that in

explanation, because the first fifty base hospitals were Red Cross hospitals.

Base Hospital 109 was organized or mobilized at Fort Benjamin Harrison, Indiana. On the 23d of September I received a telegram from the War Department (I then being in the service at Camp Pike) to report for duty for oversea service with Base Hospital 109. I was afraid that the Government might change its mind, so I left at once. I had two or three days in order to make my arrangements for leaving, but I decided to go at once, and arrived at Fort Benjamin Harrison on the 25th of September. This hospital was being mobilized in one of the barracks at Fort Benjamin Harrison. I reported to the adjutant, who sat behind a desk, that I had the honor to report to the commanding officer of Base Hospital 109 for duty, and had my traveling orders. He looked at my traveling orders, and the instructions which he had upon his desk, and said, "Sir, you will report to yourself." That was the first intimation that I had that I was to command this organization.

I wrote to my wife that I was made commanding officer of Base Hospital 109, and she wrote back that she could not think of a worse selection.

We mobilized rapidly, and left Fort Benjamin Harrison for Camp Merritt, New Jersey. I was particularly struck with the reception of the troops on their trip from Fort Benjamin Harrison to Camp Merritt. We went with a detachment of field artillery, having special trains. This artillery was also destined for foreign service. On the way we were received by the people with every mark of consideration and honor. I remember old gentlemen who stood in the streets with their hats off as the train passed. And, I will say that the boys enjoyed the situation exceedingly. They were perfectly willing to receive all the honors that could be bestowed upon them. When we rolled into the city of Cleve-

*Read before the Medical Corps Session, Arkansas Medical Society, at the Forty-fourth Annual Meeting, Eureka Springs, June, 1920.

land in the morning, every whistle in the city blew; and then we realized that we amounted to something. That was the first impression that we received that we were actually something in the eyes of the people.

Arriving at Camp Merritt, we were placed in barracks there previously to being placed on transports to be sent oversea. I went up to the commanding officer at Camp Merritt, who was a lieutenant colonel, and an aged man, who had been in the service all his life, and told him that our hospital had reported there and I was ready for transportation across the sea. He looked at me, and took me up to the wall at the end of the room, and there he had upon the wall the writings and aphorisms of Marcus Aurelius, relating chiefly to human inefficiency. He made me read these from top to bottom. After I had done so, he said, "Sir, I am satisfied that you will be guilty of all these things." That was not a very refreshing reception, but it was the one that we received. Our first duty was to equip the men and get them ready to go oversea. Every enlisted man and officer who went over had to have an identification tag. Many of the men on the transport that had been lost off the north of Scotland, that had been drowned or torpedoed upon the boat, had no identification tag, which led to the court-martial and dismissal of the officers from the army; so that every enlisted man and officer, who went on the other side, had to have two brass identification tags with his name and serial number on it, in order that he might be identified (if enough of him be left to be identified) and sent home. Among the other things that we had to be careful about were the length of the overcoat, the size of the shoes, the number of buttons on the coat, the shaving sets and all of the equipment for each of the men.

One morning we notified the officers that we were ready for final inspection. They sent down a captain, who inspected us. He went through and discovered several men whose overcoats were too long, and one man who had a button off of his coat, and another one who didn't have an extra pair of shoes, and he said to me, "Sir, you have reported as ready for inspection. It is my duty, sir, to inform you that you are not ready." I was very much chagrined. The next morning, notwithstanding that, we received our orders to go, and we left at 2:30 one morning and

marched five miles to the Hudson River, and there were placed upon a ferry boat and carried down to Twenty-third Street. I remember one of the boys, who had had the "flu," and who carried sixty pounds of equipment to the river, was completely frustrated when he got there, and laid down in the gangway and said to me, "Major, will you tell me where my berth is?" I said, "My boy, I don't think there is one on this ferry boat." He said, "Do you think we will ever get over on this boat?" I said, "No; I don't think we will." We went down to Twenty-third Street, and there we were placed upon the English ship "Cretic." Every man had to have his temperature taken, which was a very trying time. I put the thermometer in my mouth with a great deal of trepidation, because I was satisfied, though I was all right, if my temperature was above normal, I would be deprived of my command and kept at home. You can imagine yourself in a situation like that; how everything hung on the accuracy of a fever thermometer. All of us got through with the exception of two unfortunate enlisted men, who were kept out by reason of a rise in temperature.

We were placed upon the English ship. There we learned that, on her previous voyage to England, she had lost twenty-two men, who had been buried at sea. A telegram came from headquarters at Hoboken making the commanding officer of Base Hospital 109 transport surgeon for the English ship "Cretic." There were about two thousand enlisted men along with our base hospital detachment, making up a number of replacement troops and casualties going over, along with two or three negro infantry companies. We went down the bay, and sailed out into the ocean. As we passed out the bay, we saw the convoy with which we were to go, seventeen ships, all camouflaged and painted in different colors in order to avoid the torpedoes. Those men who are sitting in front of me, and who went through the experience, will vividly recall the picture in New York harbor as we sailed out under those circumstances. There were two enormous sausage balloons up in the air on the look-out for submarines. The "San Diego" had been torpedoed only a short time before off the coast of Long Island. There were aeroplanes above, like bees in the air, looking for submarines which might be beneath the surface, and those

of us who had our nervous systems correctly timed felt a cold chill pass down our spines as we realized that, after all, and after all the shouting, we were up against the real thing, and that this was really war. We went out with the convoy and made the trip across the ocean. We didn't see any submarines—that is, we didn't really see them. Several men said that they did see them, but we didn't see them. I didn't see any submarines. We wore life preservers, that didn't fit us. I remember that distinctly. The life preserver has to be worn all the time, and, at dinner, it was sometimes a difficult thing to navigate soup over the life preserver, when the ship was rolling. I remember we had one officer, a young captain, who was a very lovable fellow. He was from a little town in Indiana. After three or four days, he was assigned to a life boat. And all the men that went with him in the life boat were from Avenue A, New York, the East Side. They were all replacements going over. I looked them over, and, if most of them were not poreh climbers, I was mightily mistaken. The captain looked over his boat, and looked over the crew that was to go with him, and finally his heart sank. He asked the deck hand who was scrubbing the deck, "How do you launch this boat?" He looked at him for a minute, and said, "Well, they don't launch this boat at all. It just floats when the ship goes down." So he came back and said to one of the lieutenants there, "You know about this war, when I enlisted I talked to my wife, and she said, 'Harry, I think you ought to enlist.' She said, 'We haven't any ehildren.' My wife's mother said, 'Harry, I think you ought to go,' and the neighbors said, 'Well, there's need of all the officers they can get. There's need of medical men. I think you ought to go, Harry.' But, you know, I am a great home man." (Laughter.)

However, we reached Liverpool, and landed on the 7th of November. We were met by wild rumors that the armistice had been signed. There was a feeling of disappointment at the fact that this had occurred at the exact time that we arrived in England; and even somebody suggested that the kaiser, knowing that we had arrived, had decided that the game was up, and he might just as well surrender then while the surrendering was good. We were transported across England, and spent two days in a rest camp.

Those men in the army who have been in a rest camp know what that means. It reminds me of an old story about an old negro at one of these railroad crossings. He was selling hot pies, crying out, "Here's your hot pie." Somebody called him up and said, "How much are your hot pies?" He said, "Ten cents." "Well, give me one of them," he said. And he took it and bit it, and he came back and said, "Here, nigger, this pie is frozen solid. What do you call it?" He said, "What did you call it hot pie for?" He said, "That's just the name of it." That must be just the name for the rest camp. Nobody rests there, day or night. There is one constant turmoil and noise. We were taken across the channel in an old boat that had run between Boston and Bangor, Me. It was braced up by two-by-sixes, which extended across; there were no life boats, as far as I could see, and no life preservers. We went over rapidly in the night, and reached Havre in the night time, but didn't land until in the morning. There was a comfortable feeling that the submarines couldn't get us in the harbor. We were all right in the harbor. We landed at 7:30 in the morning. I remember a feeling of exultation and relief that we were out of reach of the submarines, and I was glad to put my feet on good, substantial soil once again. When we landed, we marched out to another rest camp, going through miles of supplies, barbed wire, shovels, ammunition, clothing and equipment of all kinds, and I remember of seeing a pile of Gordon's gin in boxes about one-third the size of this hotel, which was destined for the English, or perhaps the Scotch forces at the front. From this rest camp we went down to Vichy. Vichy is about two hundred miles south of Paris, and I will say now that the base hospitals are so placed that they are not anywhere within reach of shell fire and gas, and they are placed so that they are not bombed from above. They intend the place as an absolute refuge of safety for wounded men. They are located all the way from thirty to two hundred miles back of the firing line, for the reason that the men, when placed there, know that they are in an absolutely safe spot to convalesce and to get well from wounds and from disease. The field hospitals are right up behind the firing line, under cover. The evacuation hospitals are from six to twelve miles just back of shell fire, and just

back of the gas; but near enough to receive the wounded as rapidly as possible.

When we reached Vichy, we found four other hospitals there. No. 1, Bellevue Hospital, commanded by Colonel Wright; No. 19, of Rochester, commanded by Colonel Swann; No. 76, commanded by Colonel Griffith of New York, and No. 115, by my friend, Colonel Ellet of Memphis. Vichy was made up of hotels. If you can imagine Hot Springs, you can imagine Vichy. It was full of hotels. There were about two hundred of them. We had about seven hundred wounded men to take care of at first. Our wounded men increased to between fifteen and sixteen hundred, which was the greatest number that we had at any one time; and, during the time that we continued at Vichy, which was until the 7th of April, we handled, in sick and wounded, about 4,700 men. Vichy was taken over by the French. The hotels were turned into hospitals in the beginning of the war. When the United States entered the war, the hotels were turned over by the French to the Americans, No. 1 being the first hospital to come to Vichy, and, following it, Nos. 19, 76 and 115. No. 109 was the last to come, and the last to leave. Our functioning in Vichy was after the armistice. Although we reached France before the armistice, we had no work until after. The wounded came down from the Argonne Forest in train loads. Red Cross trains, splendidly equipped, with three bunks on each side, kept bringing down the men from the Argonne, and filling our hospital, and we kept on having them until orders were issued that no more wounded men should be sent to Vichy. During the month of December we received three thousand men from the German prisons, who had been prisoners in Germany, and our hospital was made the receptacle for German wounded. We had a number of German wounded. There was one boy, nineteen years of age, I remember, who had nine bayonet wounds. He was regarded as a curiosity. He had three on his side along the ribs, and two in his arm, and I don't remember where the others were placed, but the last one was right through his stomach and came out behind. He was taken by the field hospital, and an abdominal section made upon him soon after he was wounded, and he got well, and was sent down to us, of course, after he was convalescent, except for the wounds in his arm and side. The Germans

were all tractable. They gave us no trouble at all, either as patients or as prisoners, and did hospital duty as soon as they were able to work. Most of the men that we handled were from the Argonne Forest, and they were wounded in every conceivable way. I remember we had two cases sent down to us, with dressings on, in which the entire abdominal wall was torn off by shell fire. I have been struck by the resemblance that these men bore to the picture in the almanac in which the intestines were exposed. We had two boys, one from Ohio, and one from Richmond, Va., shot in the most peculiar way, machine gun bullets entering below the nipple and passing directly through the tip of the pericardium and coming out behind, making quite a lacerated wound as they passed out under the scapula. Both of those boys were shot in identically the same way, and both of them were brought to us in a very desperate condition. Both recovered, I am very glad to say, and both were fine patients. We had a number of cases of shrapnel wounds on the head, for which different operations were done. A great deal of the work that was done in our hospital was something, perhaps, that I had expected Dr. Snodgrass to describe, as his first intention was to read a paper upon the treatment of gunshot wounds in the femur. We had some two hundred cases of gunshot wounds in the femur, in which the Carrell-Dakin treatment was being carried on by two of the surgeons, Dr. Shurmeyer of Minneapolis and Dr. Rassieur of St. Louis, who had charge of these cases, and they were constantly at work upon them. Those were the last cases to go out, and they were sent out on the last train before we left Vichy to St. Nazaire, and from there, I presume, were transported home. But we were sending out no cases that were not able to travel upon Red Cross trains. Such was something of the work of the base hospital that we had to deal with.

One of the principal hotels which we had was the Carlton, which was one of the richest hotels in Vichy, and the dining room was given over to the series of cases which were the very worst we had. I noticed the boys got to calling it the "twilight ward," because the men who were desperately wounded, and some of whom died, were placed in that ward. The ward was in charge of Mrs. Ford of Baltimore, who had been one of the Johns Hopkins nurses in Baltimore, and, I think, at one time

at the head of the hospital there. She and Dr. Harris of Muskogee, Okla., were in charge of the cases. I went through that ward every day at half past eleven. My duty was to inspect each day, and once in a while I found an empty bed, and it always sent a chill through me when I saw one of them, because I knew that the patient had "gone West" during the night, as one of the boys had expressed it. We lost a number of men that came down wounded desperately, and who lingered long but finally died. We had gas cases, and some of those cases that came down, after making a heroic fight for their lives, eventually died of pulmonary complications which followed the phosgene gas poisoning.

I remember one evening being called into one of the wards to see a captain. He had been there for only a short time. News came to me that he was dying, and that he wanted to see me. So I went in. The commanding officer is made the custodian of any will which a man desires to make, either in writing or spoken; that is, as to the disposition of any property that he desires to make. He was a captain from Bucyrus, Ohio, and was just about to die. He had been very sick for some time, and realized that the end was near. I asked him if there was anything that I could do for him, and he gave me his will, which he had made out, and also some articles which he desired sent to his wife, and some personal message which he said he would feel better if I would deliver by letter; something that he wanted to say to his wife, and he asked me to write. I took down his message that he had delivered. He was very weak, and, after he was through, I felt that, perhaps, my presence was worrying him, and I said, "Is there anything further that I can do for you?" He hesitated for a moment, and said, "Major, I would like one thing, if I may ask." I said, "What is it?" He said, "I would like to be buried at Arlington." He said, "I would like to be buried where the flag goes up every morning." He said, "Major, do you think I deserve that? Do you think that I am entitled to it?" I said, "I certainly think you are. I will make an effort to see that it is done," and he said, "Thank you," and that was all that was said. Those things happened occasionally, and they were always the most harrowing, or among the most trying things that we had to face. Some of the men we were much attached to, boys that I grew fond

of, that lay in the hospital and who passed out; we followed them to the cemetery with the flag over them and the bugler sounding "taps." They fired no volleys over the dead, but sounded "taps," which meant "asleep forever." Most of the men were buried in a little cemetery back of Vichy. Just across the Allier River, at the foot of the mountain of Auvergne, is a beautiful spot where Peter the Hermit preached the first Crusade. And I remember one day, as the bugler sounded "taps," as we were doing the last honors for one of the boys who had fallen, I felt how singular and appropriate that it was that those who died in this modern Crusade—for surely a Crusade it might be called—should be buried and should sleep where the first Crusade began for the recovery of the sepulcher of Christ, as these men had died for a cause as holy as any cause could be.

We left Vichy on the 7th of April. On the 14th day of April we were inspected at Brest by General Pershing. We waited three hours for him in a driving rain, the detachment standing at attention, very miserable and very uncomfortable. The general came down, accompanied by his aides and by the officers who surrounded him. He was accompanied by a lieutenant colonel of the organization next to me, and stood talking to him. He had approached me within twelve paces, and I was obliged to stand at attention and salute, which I did for about three minutes. It seemed to me an interminably long time; but, after a while, he looked up and saw the position I was in. Those of you who are familiar with military regulations know that a salute, once begun, must be retained until it is returned by the one you are saluting; otherwise, you commit an offense against military regulations. I maintained the salute for about three minutes, the water dripping from my nose. I was satisfied that the officers standing opposite me were intensely amused and interested in my predicament. Finally the general looked up and saw my position, a smile came over his face, and he returned the salute, which released me from my disagreeable position. He went down the line and complimented me on my troops. I was very much delighted at what he had to say. He said he wanted to thank me personally for what we had helped to do toward winning the war.

We left France on the 25th of April. We sailed out of France on the transport Finis-

terre, taken from the German government. We went out of the beautiful harbor of Brest, with the flag flying and the band playing, the Forty-second Division Headquarters, the 127th Infantry, under the command of Colonel Langdon, to which we were attached, and a portion of the Thirty-second Division on board. There were six German officers on board, among them Captain Puhlman, who had commanded the raider *Moewe*. They were placed there by the German government as custodians of the ship, because this was the first German ship that was used for the first time as a transport. I saw our flag flying at the mast as the ship passed out of the harbor. I stood upon the deck and watched the coast line of France disappearing. The band was playing, and everybody was happy. We were headed toward home. The war was over. The "great adventure" had ended, and the experiences of the boys were about to become a memory. The mist and the fog hung over the rocky coast of Brittany. As the coast line faded out of sight, it seemed that out of that dark mist the colossal figure of Death rose and pointed its finger to that stricken land. I thought of all the men who had died there; I thought of the tremendous sacrifice which they had made, and I wondered, in my heart, if, out of all that wonderful sacrifice, there should come a new birth of freedom, or if we should sink back to our original condition of war and suspicion and jealousy. It seemed to me that the spirit wrote again upon the tablets of time the unsolved problems which have vexed the hearts and souls of men.

SOME EXPERIENCE IN FIELD HOSPITAL WORK.*

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In May, 1918, I was transferred from my hospital unit, which I had organized, trained and equipped for overseas work, and assigned to Field Hospital 12, First Division, as an operating surgeon. The division was stationed at that time near Montdidier, France, on the western front.

I had my first experience in hunting up an organization in the A. E. F. It seemed that

no one could tell me where the First Division was located. After forty-eight hours of travel on French military trains and in army trucks, I finally reached the Division Surgeon's Headquarters, and there I found out that the outfit to which I had been assigned was some fifteen kilometers up near the trenches, and that I would have to go there by an army truck. The roads were very rough, as there had been a great deal of rain and heavy hauling. I had been unable to procure food for thirty-six hours, as I was not provided with bread tickets and it was impossible to buy bread without the regulation army bread ticket.

I got into the truck, which happened to be a Ford. After bumping around shell holes and ammunition dumps, I reached my destination, Field Hospital 12. To my surprise, I did not find a hospital. I found the outfit camped in a dense woods near an old three-story building that was serving temporarily as a hospital and sleeping quarters for the officers. There were no patients there that day, and there were no beds. I saw a little plot of ground off to one side of the garden that contained about three hundred newly-made graves of American soldiers, which was evidence that something had been doing up there.

I went to the C. O.'s little office, which was located in a dilapidated old stable, and reported to the O. D. I never felt so lonesome and unhappy in my entire life as I did that afternoon. I went to the officers' mess in a short time, where I got my first food for thirty-six hours.

I was anxious to know what would be next, as there seemed to be no one especially responsible, and no one cared whether I had come or not. The first thing I was told was that I could not take my personal belongings with me; that officers were limited to thirty pounds, including their bedding, and that I would have to pack my roll and grip so I could take care of myself.

I was immediately supplied with a steel helmet and a gas mask, and instructed how to apply the gas mask and adjust it. I was told that the outfit was under alert orders, and that we would be expected to move within fifteen minutes if the order came.

I could hear the big guns roaring and booming in the distance. It seemed to me they were all around us, but I was told by the

*Read before the Medical Corps Session, Arkansas Medical Society, at the Forty-fourth Annual Meeting, Eureka Springs, June, 1920.

sergeant that they were all in front and that the fighting men were between us and the enemy.

I soon found out where I could spread my bedding roll and go to sleep. I fell asleep from exhaustion in a few moments. At about 11:00 o'clock that night I awoke suddenly by a terrific noise out near the corner of the building. Everyone was climbing into his clothes as quickly as possible. The noise was the siren giving the signal to get into the trenches, as the enemy aeroplanes were flying over us, and the order was for everybody to get in the trenches while the planes were in our neighborhood. I got into a trench, as we all did, and hugged the dirt wall as tight as anybody.

The excitement lasted about three hours. The enemy planes were trying to locate and blow up some ammunition dumps that were back of us, the ones I had passed that day. We all came out of our trenches about 2:00 a. m. and returned to our sleeping quarters.

I slept until 5:00 a. m., when I was called and told that the ambulances were coming and that there were wounded men to care for. We got fifteen wounded men that morning. I went to the operating room at 5:30 a. m. and did not get out until 11:00 a. m. By that time each wounded man had been operated on, or dressed and placed on his stretcher.

In the afternoon we did not have anything to do. The division surgeon called and I met him and asked him if there was any special assignment for me. He said yes, to just carry on that I was chief of the surgical staff and to see that the men were taken care of and to make requisitions for what I needed through the C. O.

I took stock of the supplies on hand, and inquired about the number of patients that were usually treated daily. At that time they ran from none to thirty per day. They were brought in to us from the front line dressing stations during the night. We operated on them or gave such dressing as was necessary and evacuated them the next night back to the evacuation hospitals. We never kept a patient longer than twenty-four hours until they were sent back to a place of safety.

I was assigned seven medical officers, which I organized into two surgical teams of three men each and one man to operate; the x-ray machine to fluoroscope bullets and fragments of shells; the other three officers of our ten

officers were assigned to clerical and executive work.

We worked in this place for eight days, received and evacuated 187 patients during the time. Our patients were all brought to us under cover of darkness, and we sent them out at night. All lights were extinguished. At night we had to blanket the windows in our operating rooms to prevent the light from showing. No one was allowed to smoke outside of the building or to strike a match. We were often forced to make our diagnosis of injury in the dark in order to determine whether to evacuate a patient back to the next station or keep him in our own hospital for operation. We never let a patient pass us without giving tetanus antitoxin. They were all given an immunizing dose of 1,500 units, no matter how trivial their wounds were.

The army hospitals are arranged first in the line with the men in the regimental first aid dressing stations, which are placed in a dugout or a trench. Here the wounded are taken when picked up in No Man's Land. They are given first aid and kept until they can be taken back to the field hospital.

The duties of a field hospital are to inspect all wounds, see that they are properly dressed, and that all tourniquets are removed and all bleeding points controlled. All fractures are properly set and splinted for transportation. The severely wounded are operated on. All wounds of the abdomen, chest and skull are operated on. All limbs that need primary amputation must be amputated and every case is properly diagnosed and his record is properly started. Each step in the operation must be recorded.

The soldier's record papers must be found and kept with the soldier. His personal belongings are checked up, properly listed and marked. Each article must be accounted for, his money, his watch, his mother's or sweetheart's picture must be preserved and packed up with his other personal belongings and attached to his clothing so they will not be lost. There was no special effort made to protect a soldier's clothing or articles supplied by the Government. The clothing was usually damaged, bloody and dirty. It was cut away from the location of the wound. The other parts of a soldier's clothing were left for the purpose of keeping him warm. The boots and shoes were not removed unless we expected to keep the patient for some

hours before evacuating him back to the evacuation hospital.

The routine of receiving patients was about as follows:

Often the men were received at night. They were unloaded from the ambulances and their litters carried into the receiving room, which was always camouflaged so that the light would be invisible to scouting aeroplanes that might be snooking around trying to get our location. The officer of the day looked the cases over hurriedly and decided which cases were in condition to be transported farther back without rest or operation. If he was in doubt, he called one of the two chief surgeons or heads of operating teams to decide the question. Consequently, one of the two chiefs of teams had to be always on duty.

If an operation was decided on, the soldier was moved to the operating room, his name, register number and his record, the number of his regiment, company, etc., were taken and a record made in the operation record book in addition to the notations made on his service record, which always went with the soldier.

The anesthetic was started and the assistants cut away his clothing from the field of operation. The parts were scrubbed off with commercial ether, then they were shaved; after shaving they were scrubbed with alcohol and painted over with 5 per cent solution of iodine. The operator, by the time this was done, was ready to proceed with the operation. If the case was one to be *x*-rayed, he was transferred directly to the *x*-ray room from the dressing room by the use of a sliding screen attached to a table. The operator could *x*-ray the entire body in a few moments. An analine pencil marker was used to mark the skin over the location of a bullet or fragment of shell. The depth and distance from anatomical points were marked off for us, which expedited the location of foreign bodies very much.

We often had soldiers to operate on who had as many as thirty pieces of shell in their bodies at different locations. It was essential that every piece be located and removed to prevent emphysematous gangrene, *gas gangrene*. Pieces of clothing and other debris were always carried in with these fragments of shell.

Emphysematous gangrene was the most dangerous thing we had to contend with. All

these wounds were left open and treated with *Dakin's solution*. In case of compound and comminuted fractures, we opened the wound of entrance and enlarged it, cutting out all the devitalized tissue down to the bone. All foreign substances were removed. Fragments of bone, when not too badly mutilated, were replaced as near their former position as possible. *Dakin tubes* were sewed into the wound and one end left outside the dressing. One of our nurse sergeants took charge of the cases and fresh *Dakin solution* was instilled in these tubes every three hours. Without disturbing the dressings, *Dakin solution*, when properly used, is the best antiseptic ever used in wounds. There is no question but what thousands of lives, not counting the limbs, have been saved by it.

I have seen many cases where the wounds were less than twenty-four hours old infected with gas bacillus. It is surprising how rapidly this infection will spread. The soldier's clothing and skin are always filthy and favorable for the growth of gas bacillus. Our method of combating this infection was to open the wounds wide open, cut the skin and fascia wide open, separate the muscle sheaths and place Dakin tube in all the intercellular spaces and keep the tubes instilled with Dakin solution. This infection runs a very rapid course. Usually in twenty-four hours the parts are showing signs of resolution, or they are completely devitalized, so that amputation is the only recourse if the patient's physical condition will permit.

Following some of the big battles which I participated in, our surgical teams were broken up and every available man who could operate was given a team from our enlisted men and we all worked as rapidly as we could until every wounded man had received attention.

At one time, from the 18th to the 24th of July, 1918, every member of Field Hospital 12 worked sixty hours without stopping for sleep or rest. Some of us worked as long as seventy-two hours. In six days we operated on or treated and evacuated four thousand and six hundred men through our hospital. I, personally, did one hundred and forty-two capital operations in seventy-two hours. I never went through such a nerve-racking experience in my life. Few surgeons have ever had the opportunity to have the experience we had during this six days and five nights.

I have never felt physically the same since that awful strain. To see thousands of our noble boys lying on the ground without sufficient blankets or a litter to keep them up out of the mud, many of them mortally wounded, is enough to stimulate anyone to overtax himself.

We got several operating teams to relieve us after the 22d, but no surgeon could stop for his personal comfort under such surroundings. Many of our men died that could have been saved if we had been able to transport them back from No Man's Land faster so they could have received surgical attention.

I could write for many weeks on my experiences in field hospital work, but I cannot tell all in the time allotted to me in this paper. There are many interesting episodes that would be interesting to tell you, but no man can give a perfect description of the service in this past war except the ones that were on the front, actually engaged in the work. They are the only ones who can appreciate the feeling a man has who is working for days under great physical danger to himself, and under the high tension which a front line medical officer has to work. I have hoped that the experience we went through with will prompt our law-makers to make and perpetuate such laws as to forever keep our country prepared in case another emergency arises.

There are so many things in the medical service of the army that could be improved; the slow, antiquated method of getting emergency supplies to the front, the red tape. Requisition after requisition was made by us for better instruments and more dressings. We could not get what we needed for three days during the clean-up after the battle at Soissons. We were without operating gowns or operating gloves. I worked with bare hands in the most dangerous infected wounds until my fingers were cut to shreds by tying ligatures. We were supplied with the poorest instruments I ever saw. I would not have the instruments supplied us to work with after the second battle of the Marne, if they were given me gratuitously. There was something wrong somewhere with the supply department. The Red Cross had tons of things that we needed stored in warerooms all over France, but the regulations stated that a field hospital equipment consisted of such and such things and we could not get what we wanted. We could only have what the old

army regulations specified. It was made many years ago, before the days of modern surgery.

I hope before another emergency arises that practical men will be selected and given power to change the lists and provide such things as are essential to doing first-class emergency work in the field hospitals of our future wars.

The service rendered a wounded soldier in the field hospital is the most important surgical service in any branch of the army. There is where his case is started and it should be done by the most experienced operators in the service. No important structures should be cut away; no limb should be amputated that can be saved; all nerves should be carefully guarded and protected, with the method that was adopted by the French and copied by us in cutting away devitalized tissue to prevent infection. I am sure sections of nerve were frequently cut out that should have been saved and would have been if the front line operators had been better anatomists.

A field hospital surgeon, to be a success, must be a man with extensive surgical experience, a good diagnostician, a man of quick perception. He is entirely dependent on himself. He must make his diagnosis based on his own judgment, and render his decision quickly. He must be able to decide whether to operate on a soldier or not, to operate in a moment. He can't wait a few hours for reaction to take place. The wounded must be moved to a place of safety and your decision on whether he can be transported or not may mean the man's life. Many mistakes have been made in deciding what to do in case of perforating wounds of the abdomen; also what is best to do in case of perforating wounds of the chest.

The subject of field hospital work is too large for a paper of this kind. I will close by stating that a surgeon who has not had a large experience as a clinical surgeon should never be assigned to field hospital work.

“The professional man, from the dollar point of view, is rated much lower than many types of men in the industrial classes. Brawn has precedence over brain; what will be the ultimate outcome for the man of brawn? Physicians must capitalize their brains and prize their vocation or they are lost professionally and financially.”

THE EVACUATION HOSPITAL.*

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Little Rock.

Prior to its entry into the great war, there had never been organized in the United States army an evacuation hospital, although the personnel and equipment had been outlined in the Manual of the Medical Department, and the first evacuation hospitals organized in 1917 conformed thereto, with sixteen medical officers and one hundred and seventy-nine men, except that one dental and one quartermaster officer were added. The tables of equipment provided for four hundred and thirty-two beds and the hospital was designed to function at a rail head or on a navigable stream, either in tents or in buildings when available. These pre-war plans are mentioned only to show how widely the actual operations differed from the preconceived ideas.

Under battle conditions in France, the number of medical officers varied from twenty to sixty, the men from one hundred and fifty to two hundred and fifty, and from twenty to sixty female nurses were added. There was also attached an evacuation ambulance company with twelve motor ambulances, and to the equipment was added a motor car and from one to three motor trucks. Conditions differed in the various evacuation hospitals according to the nature of the work of each, and the following description applies particularly to the work of Evacuation Hospital No. 4 through its various activities, which I think may be taken as fairly typical of most of such organizations.

The wounded were brought to us in rush times, by any sort of transportation—mostly motor ambulances, but occasionally also by trucks. They entered at the receiving tent, their field cards were noted, A. T. S. (anti-tetanic serum) was given whenever this had not been previously done, and all possible data was obtained from the soldier or from his field card.

He was then taken to the triage tent, where the gravity of his case was passed upon by a surgeon, and he was listed for early operation, delayed operation, or for the shock

ward. Cases in severe shocks were transferred immediately to the shock tent for intensive treatment, while all others were passed through the x-ray tent to the operating tent. At operation they were marked "evacuatable" or "non-evacuatable," and after operation were carried to the various ward tents. Here they were retained for various lengths of time, according to their condition, and finally evacuated either by ambulance or by hospital train to the base hospitals.

In the Champagne in July, 1918, at the last German offensive, we functioned in tents in a wheat field. The tents were Bessonneau (a French double-walled linen tent) and the American hospital tents.

At Soissons and Chateau Thierry, we used a French chateau for our operating rooms and shock wards, while the patients were in tents under the trees. On the Vesle and the Aisne, we again functioned entirely in tents. At the beginning of the Argonne battle we had some old French barracks, but later moved up front into tents again, where we were at the time of the armistice.

In Germany we took over a large stone building, which was formerly a girls' school, and settled down to what corresponded to base hospital work.

THE RECEIVING TENT.

The litters bearing the wounded were unloaded from the ambulances and placed on wooden horses in the receiving tent, and the clerks passed along the line marking their field cards with the hour of arrival, noting their failure to have A. T. S., and entering their names, organizations, rank, etc., upon the daily casualty report, of which twelve copies were required to be made. The wounded were then carried to the triage.

THE TRIAGE.

The triage was usually under the command of a competent surgeon, whose duty it was to administer the A. T. S. when necessary, send the badly shocked cases to the shock ward, and select the cases for early or late operation. At this point, in connection with the use of A. T. S., I might mention that of the ten thousand and ninety-two cases which passed through our hospital up to November 11, 1918, I saw only one case of tetanus, and that was in an injury to the sciatic nerve and whose card stated that he had already received fifteen hundred units of A. T. S.

*Read before the Medical Corps Session, Arkansas Medical Society, at the Forty-fourth Annual meeting, Eureka Springs, June, 1920.

*Published by permission of the Surgeon General, Washington, D. C.

As a general rule, abdominal and chest cases came first, while brain injuries were postponed until the last. This was military and not civil surgery.

THE X-RAY.

The *x*-ray department was composed of a French *x*-ray camion containing a gasoline engine, a French coil with a mercury interrupter and a fluoroscopic table. No plates were taken in rush times. Every injury, no matter how trivial, was fluoroscoped, and the findings in many cases justified this routine procedure. For the localization of foreign bodies, two points of a line were usually marked on the part, with the depth from one of the points, obtained with the Strohl or some other triangulation method. As the *x*-ray was always located at one side of the triage, the cases were taken back to the triage to await their turn for the operating tent. One competent roentgenologist could keep ahead of eight surgical teams on major cases.

THE OPERATING TENT.

The operating room was a building when we could get it, otherwise it was a Besonneau tent with eight operating tables, two tables to each surgical team. It was lighted by electricity from a portable gasoline engine and dynamo, the roof being reinforced on the inside by hanging dark blankets so that no light was visible from the outside, thus avoiding observation by the night bombing planes. A surgical team consisted of a surgeon, assistant, anesthetist, clean nurse, floor nurse and two orderlies, and while one patient was being operated upon on one table, the other orderly was preparing a patient upon the other table so as to lose as little time as possible between operations. In compound fractures, after operation, the splint team was called and applied the necessary apparatus, while the surgeon proceeded with the next case.

Usually the surgical teams worked in twelve-hour shifts, twelve on and twelve off, which is too long, as after eight hours the quality of one's work begins to fall off and the fingers become numb and tender from the continuous use of scissors and hemostats. Eight-hour shifts are much better in rush times, if one has adequate personnel.

THE SHOCK WARD.

The shock ward was specially equipped for treating this class of cases. Specially trained officers were in charge and each cot was fitted

with an alcohol lamp and blankets over a wooden frame over the bed, so the patient could be thoroughly and quickly warmed. Intravenous injections of gum saline or of human blood were given in appropriate cases. There is no question of the superiority of transfusion over gum saline solution. It is only a question of donors. At first we used our own personnel, but that proving impracticable, we resorted to any available individual—quite frequently to the German prisoners.

THE WARDS.

From the operating tent the patients were carried to the wards and for the first time removed from the litters on which they were placed after being wounded. The patients were transported, received, *x*-rayed, treated and operated upon without being removed from the litter, but when they reached the ward they were transferred to cots and blankets (rarely sheets), and there remained until evacuated by ambulance, train or boat.

Each ward had from twenty to thirty beds, one female nurse and two orderlies. The ward surgeons had from one to four wards under their supervision, and, under the operating surgeons, were responsible for the care and dressings of the wounded.

Designed for a bed capacity of four hundred and thirty-two, we at times expanded to eight hundred beds when we could not, for various reasons, evacuate to the rear. Cases were dressed daily when necessary, and always just before evacuation. The dressings were done by the operating surgeons and their assistants, except in rush times, when they were done by the ward surgeons.

THE LABORATORY.

We had a portable field laboratory, in charge of a specially trained pathologist, where we made all usual clinical examinations, including wound cultures, bacterial counts, water analyses, etc. It would have been an enormous handicap to have been without it. Every case that died was autopsied and a complete record kept.

SURGICAL PRACTICE.

The following is a brief resume of the practice generally followed:

All wounds were treated as though they were primarily infected (as practically all of them were), the bacillus of gas gangrene and

the hemolytic streptococcus being the most common offenders.

All wounds were debrided, that is, all contused tissue (skin, muscle, fascia or bone) was carefully removed. Contused muscle is the most favorable culture media for the gas bacillus.

All wounds except those of the chest, abdomen, face, joints and head were left open, lightly packed with gauze and Carrel tubes and treated according to the Carrel-Dakin technic.

All amputations were left open, but the guillotine operation was not done. The skin flaps were sutured back with silkworm, so as to be available later.

I did not see a single wound of the popliteal artery recover without amputation, though we attempted it many times.

In wounds of the joints, the joint was washed out with ether, the capsule closed and the superficial wound left open. These cases were watched for five days, and if the joint became infected, the capsule was opened in two places and passive motion used daily after forty-eight hours. The results were astonishingly good.

Brain injuries were carefully debrided after the method of Cushing and the dura closed. They were not evacuated until the tenth day.

No attempt was made at accurate nerve suture, but the ends were carefully brought together by one silk suture, so they could be easily located and repaired later on, and the fact was noted on the field card.

Large pieces of bone in compound comminuted fractures were not removed whenever there was uninjured periosteal attachment.

Cases with a systolic blood pressure of less than one hundred m.m. were operated on under nitrous oxid or local anesthesia. Spinal anesthesia was a life-saving procedure in many amputations of the hip and thigh. On account of the positive pressure, nitrous oxid was preferable in chest cases.

Cases of hemothorax were aspirated as often as necessary and foreign bodies smaller than one c.m. were allowed to remain—larger than that, they were removed from the lung. Sucking wounds of the chest were closed air tight and the increase in comfort from this procedure was remarkable.

THE FUTURE.

It is interesting, in this connection, to note the influence of the experiences of the war

upon the future plans for this type of hospital, and the following is an extract from a recent letter from the surgeon general's office concerning these units:

"The new table of organization will give each evacuation hospital thirty-seven officers, fifty female nurses and two hundred and seventy-seven enlisted men, the capacity of each hospital to be seven hundred and fifty.

"A new tent is now being made with some of the features of the Bessonneau and Marquee both, with the shape of our ward tent. The tent will have a double wall, the inner so prepared it will prevent dispersion of light at night; the framework will be the triangle truss to insure all available inside space, and there will be windows of oiled textile and a pitched floor of double canvas. Doors, front and rear, will admit of vestibuling, and sixty-two tents of this type, fifty by eighteen, will accommodate both personnel and patients. These hospitals will be maintained in the proportion of two per division, up to twenty divisions, and one for each division in excess of that number. These units will work in pairs, independent of each other, but controlled by a director of hospitals who will be on army staff (chief surgeon's office).

"Transportation beyond four trucks for current supply will be furnished by the A. C. of S. G-4 of the army. The lighting will be electric with duplicate generators, and the x-ray will also be duplicated. Plumbers, electricians and carpenters will be assigned, and the Q. M. C. will add a bathing, clothing, laundry, delousing and salvage unit to be under the control of the commander.

"It is the intent to make these units self-contained in every respect and do away with the specialization which grew up during trench warfare and which was such a tax upon personnel and transportation. To that end, operators competent to deal with any class of injury will be assigned, and each unit will have twelve teams permanently, any additional teams necessary coming from a pool, the instruments being in the equipment of the unit to preclude wastage and loss of time. In this way, and by the addition of a surgical hospital in the proportion of one to each division in the line under the corps surgeon, to be applied as near as the ground features will permit to the divisional triage hospital, it is thought we have provided for any contingency."

CONCLUSION.

To my mind, the evacuation hospital is the pick of the medical service in the army. It is the first station back of the line, where real surgery is done. In front of it, it is mostly "pack and ship," while behind it, it is often "receive and dress." The physical discomforts are balanced by the professional opportunities, for one has all of the surgery one can do, and more—but often not enough to eat, as when the transportation is demoralized in a big drive.

The physical demands are enormous—long hours of grueling work which simply must be done, limited only by the individual endurance, wet tents, mud, cooties and rain. But we were at the front, and at the front there is always something doing. If we did not start something, the enemy did. In the Champagne, he bombed us and raked our camp with machine guns. In the Argonne, he shelled us, killing two and wounding eight of our personnel. Evacuation Hospital No. 4 was in the line continuously from the middle of July until December, 1918, when it halted on the banks of the Rhine. From June, 1918, it was in every major engagement except the San Mihiel, and up to November 11, 1918, it received ten thousand and ninety-two wounded, performed five thousand and eighteen major operations, and buried three hundred and sixty-three dead. I mention these facts, not in the way of a narrative, but as part of a feeble and very sketchy attempt to convey some idea of the work and life in an evacuation hospital, which is the primary object of this paper.

DISCUSSION.

Dr. D. W. Goldstein (Fort Smith): Dr. Vinsonhaler asked me to discuss these papers this morning. I wondered what the society would think of a dermatologist discussing surgery.

In the army I was battalion surgeon of the 328th Infantry of the Eighty-second Division. This division saw quite a good deal of action. We arrived in France in April, and went into action in June, and we came out after the armistice. At first I was in the first aid station. With the first aid station you can't tell where you are going to be, or where you are going to organize your first aid station. It is often organized where the first man falls. On the line of march, if someone is wounded or taken sick, you have to take care of them. If there is no transportation, you have to leave one of your men behind to stay with him until he is transported.

Dr. Ogden said that the station up in the front was the packing shop, and did not need the surgeon up there. It depends upon what kind of packing you put on the men, for you to get him back to the surgeon. I contend, with the application of the splint at the front, many a man's life has been saved. If

you put the Thomas splint upon a man with a compound fracture and put it on correctly, the man is almost ready to kiss you. It also lessens shock. The object is, as Dr. Ogden stated, to get the man back where he can be operated on, or to give him the proper attention as quickly as possible. It is impossible to get them back from the front, or from my station, in the Argonne, in less than from twelve to sixteen hours, at least. Two first aid men are assigned to each company, and they put the dressings on, and transport them back to us by litter. Dr. Snodgrass said that the field hospital is the solution and the best place to take the man after he is wounded, where he gets attention. I maintain that the mobile hospital unit or mobile operating room should be where the ambulance and dressing stations are. If that is done, these men can get attention sooner than by being transported back even as far as the field hospital. When you get in a fight, it is just like a big mob. Half of the ambulance drivers don't know where they are going to take the patients when they leave. That is what we had to contend with, and I think Dr. Ogden will confirm it. The men were placed on machine gun trucks or wagons. I have placed men, with abdominal wounds, almost in a sitting position, just to get them back quick enough where they could get the proper medical attention.

Dr. Ogden also talked about shock. When a man goes into battle, he is already in a state of shock. He is shocked when he goes into battle. (Laughter.) He starts on a hike of about twenty miles, in rain and mud, for three or four days, and, when he gets there, no matter how slight his wound may be, he is shocked and resistance lowered. And then you feed them on sausage, and cold food, and those things, for which the army is not to blame. That is war. Sherman said, "War is hell." In the Argonne, for instance, our station took care of seven hundred and sixty wounded in seventy-two hours. That many wounded passed through.

Dr. Vinsonhaler was talking about gas. I think more harm was done than trying to do good, by frightening the men about gas, than anything else in the training of the infantry of the army. A man was told if he ever got a whiff of gas he was a dead man; that there was not anything to it, but that he was a dead man. And we were given orders that every patient gassed should be put on a litter and transported. Every man, if he says he is gassed, he is gassed, no matter what you see. He is a gassed patient. You can imagine what confusion then existed in battle. If he smelled some powder, he was gassed. (Laughter.) Before long, we found we were just doubling our lines by these patients saying they were gassed. In the St. Mihiel offensive we learned a whole lot. In that offensive we just kept shipping them back, and before long the colonel sent a note back and said, "What are you doing?" and called us down on it, and we then kept them for about six to twenty-four hours, and they did not show any signs. We fed them up and gave them coffee, and then they were sent back to the front line.

Just before the St. Mihiel offensive, the Germans sent over a gas barrage, with mustard gas, and I think we had about six hundred casualties from gas. I went through the field hospital soon afterward, and in the two wards there were about two hundred and forty patients. And out of these there were some who couldn't open their eyes. They had severe conjunctivitis, and corneal ulcers. This mustard gas didn't cause very grave symptoms in the lungs. It was all external, wherever it touched. The treatment they used was sodium bicarbonate solution, which was applied locally and also applied to the eyes.

When we were up in the front, we never had any hot food. The fighting men never had a plate of hot food for three days. I remember the first night I took hot rice up in my hands. They had hot boiled rice, and I ate it from my hand, I was so hungry. And, if I was that way, those men were a whole lot worse. Oftentimes we went into battle with no equipment except our medicine belt, and most of the time that was empty.

We were moved from Chateau Thierry to Cornoy, which had been taken by our troops. As we advanced, we moved our station. You have been reading so much about Sergeant York, battalion sergeant. I was his battalion surgeon. The fighting was very intense on that hill. You could tell it from the amount of dead Germans and also Americans. I saw two men, one on the side of the other, and both of them had a bayonet through the other. One was an American and the other was a German. That is how hot that fighting was where Sergeant York was and got so much notoriety.

In conclusion, when the next war comes, it will find me with a Ford and a family. (Applause.)

Dr. M. D. Ogden (Little Rock): As to the point Dr. Goldstein brought out regarding the splint, I want to give the front line men all honor in that. He is exactly right. As regards the crude results that come from its use up front, we saw them both ways.

Regarding the proper place to do these operations, that is what the surgeon general's office is working on now, and is trying to get as much information as possible from the experience over there, and from the experience of men who have been there. Their idea is this: The field hospitals, from the nature of their equipment and the nature of their functions, are not equipped to do major operations, because they are done under unfavorable circumstances. They are crowded to take care of the daily sick, to take care of the slightly gassed, to adjust splints, take off tourniquets, stop hemorrhages, and attend to similar things. It has been the intention to place by the side of these field hospitals a mobile hospital such as the doctor mentions, which will take care of what we call the non-transportables, but not brain injuries. A brain injury is the last thing for the military surgeon. The man who gets such an injury is out of the war. So, let the surgeon go to work on someone that may be able to fight a little bit later on. It is a gruesome sort of thing, but it is the exigency of the service. Let him look after the abdomens and chests, and wounds of the large vessels, and the non-transportable cases. That does not include fractures of the femur, when properly splinted. They are done by the mobile hospital, set up by the side of the triage.

The doctor mentions bayonet wounds. Out of over ten thousand cases that came into my hospital, I did not see a single bayonet wound on an American soldier. We got lots of Germans that were just made sieves out of; but I didn't see a single American soldier with a bayonet wound. Strange to say, most of the Germans who came in with bayonet wounds had the musculospiral nerve severed. I hesitate to say what the percentage was, but most of the bayonet wounds embraced the left musculospiral nerve, I suppose, perhaps, due to defending the blow with the raised arm. Naturally, we received very few bayonet wounds of the chest and abdomen. They died on the field, and never got to us.

EXPERIENCES OF A NAVAL MEDICAL OFFICER.*

By Lincoln Humphreys, M. D.,
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Washington, D. C.

This paper is prompted by the fact that there were only four doctors from Arkansas in the naval service during the world war. It will not attempt to outline naval methods of treatment, but will be descriptive of my own experiences, a synopsis of the advantages and disadvantages of the Medical Corps, with the ultimate purpose of clearing up the lack of knowledge of, or lack of interest in, the service.

There are two kinds of duty in the navy—*sea* and *shore*.

My first shore duty began at the Naval Hospital, Washington, D. C. It is very much like civilian hospitals, except its organization is more thorough. There are both male and female nurses, but the former are called hospital corpsmen. In addition to its medical and surgical staff, consultants from the hygienic laboratory of the Public Health Service and the Naval Medical School are always available. The one incident in my six months' service there worth remembering, was the excellent treatment given two severely burned officers who were injured in the wreck of the U. S. S. Memphis. Under the care of Commander E. H. Old, Medical Corps, and despite the teaching that when large areas of the body surface are burned recovery is extremely doubtful, recovery did take place and with so little contracture from scar tissue that there was no deformity.

My second tour of shore duty was at the Naval Training Station, Norfolk, Va. It was a poor location and has since been abandoned, and the new station established at Hampton Roads is a model of efficiency.

The old station, however, was an important one, and did its share in the training of recruits. The principal work of a training station besides military training divides itself into prophylaxis, both moral and physical. The youngsters receive their anti-typhoid inoculations, cowpox vaccinations, moral prophylaxis lectures, and are taught personal

*Read before the Medical Corps Session, Arkansas Medical Society, at the Forty-fourth Annual meeting, Eureka Springs, June, 1920.

and general hygiene. The commingling of so many young men, who for the most part had not acquired an immunity to even the diseases of childhood, resulted in many communicable diseases. Besides the exanthemata, pneumonia and meningitis proved our greatest foes.

I think I should say a word about typhoid inoculations. This form of prophylaxis has done more to eradicate enteric fever from the navy than any other precautionary measure. Triple typhoid in saline has given the most uniform result. When it is considered that there were only nine deaths from this disease during the calendar year 1918 when the personnel reached 560,000, the efficacy of prevention is realized.

Cowpox vaccinations are performed until there are two pitted scars, and these ordinarily indicate immunity. The modern vaccination in use in the navy is by multiple punctures in the cutis through a drop of virus.

The medical officer, if he is conscientious in his efforts and makes recommendations by which the health of the personnel will be benefited, can rest assured of the whole-hearted co-operation of his official superior. This is not always the case in civil life, and there must be health officers in this audience who will concur in my statement.

My present duty corresponds to that of an industrial surgeon. The naval gun factory here is the largest in the United States, employing nearly ten thousand men, the medical and surgical cases amounting to about a hundred a day. All the civilians employed in the yard have to be given a physical examination by the yard surgeon before employment.

SEA DUTY.

I didn't realize I was in the navy until I received telegraphic orders to report immediately to the U. S. S. Hancock for duty. The ship was lying at Newport News, Va., and I had barely time enough before we put to sea to get my bearings. On board were 1,100 negro troopers, members of a labor battalion, which had hurriedly been recruited from the farming districts of Tennessee, Arkansas and Alabama. Unseasoned as the troops were, we had a number of respiratory diseases before the ship was at sea twenty-four hours, also many, many cases of seasickness. Most of the troopers had never seen a stream larger than a creek, and as the ship began to battle the waves, most of them were ready to give up the trip and return. Even in the throes

of seasickness there is a humorous side; one of the negroes was lying supine on the fore-castle deck, and periodically he would raise his hands and shout, "Oh, Lawd, take me now!" After all had recovered, they entertained us with plantation songs, dances, etc.

Every Southern doctor, who has handled negro patients, knows they are great "lungers;" by this term I mean they are hypersusceptible to tuberculous and pneumonic affections, and that the death rate is high.

Seventeen cases of pneumonia developed en route to France. This seems a small number and a small task to solve, but when it is considered they took place on a crowded transport, in the Atlantic Ocean, in the submarine zone, and in addition to many other cases of illness, the problem is readily understood. At that time the ship had no isolation ward, and to give the fresh air treatment meant placing the patients on cots on the upper deck in the stern, for at night, in order not to show any lights to prowling submarines, everything was closed tight, and the ventilation below decks was none too good. Temperatures would have to be taken, and the thermometers carried nearly a block forward, on a darkened ship that was rolling and pitching, to the officers' quarters, where a small light was kept burning, before the result was read. The cots on which the patients were placed had to be lashed to the deck with ropes to prevent their being tossed into the ocean. To cap the climax, the poor seasick negroes were sprawled all over the deck, making walking more difficult. There were only four deaths from pneumonia, even though the death rate that year on shore was between 80 and 90 per cent.

The result of this experience caused the writer to plan a radiolite thermometer, which could be seen in the darkness as is a radiolite watch. The C. J. Tagliabue Manufacturing Company stated the idea was feasible, and the thermometer would be manufactured provided a sufficient demand was created, and that they had already perfected a radiolite weather thermometer.

One of the multitudinous duties of a medical officer, and one not met with in civil life, is that he has to embalm the bodies of those who die on the high seas. Burial at sea is a thing of the past, except in isolated instances. In port the naval hospitals usually relieve him of this disagreeable task. During the war the bodies of those sailors or soldiers who died

at sea had to be brought back to the United States. This meant weeks in some instances, because the transport had to arrive at her destination, coal, wait for a convoy, etc., so that proper embalming was highly necessary, since one of our round trips required six weeks.

En route to France we coaled at the Azores Islands. It was a refreshing change after being confined on a crowded ship for nine days to arrive at a place which nature had endowed with a rugged, picturesque beauty seldom seen elsewhere; they seem to have been painted on the ocean surface. Being very small, it was only recently that they came into world-wide prominence at the time of the trans-oceanic aeroplane flight. Being very fertile, every bit of tillable land is cultivated; each farmlet, if the term may be used, is separated by earthen walls, and together with the green fields, produced the effect, at a distance, of a huge checkerboard. The inhabitants are Portuguese. The houses are painted solid colors, pink, blue, and white. After having a good meal in one of the cafes, I was presented with a bill for 2,250 reis, but it only amounted to a little over one dollar.

We finally reached our destination—Brest, France.

Including our troops, 15,000 men of the expeditionary force were landed the same day. As Brest is in Brittany, the Bretons were novel sights in their black costumes, casquets and sabots; the noise from the latter on the Rue De Siam sounded like a drove of horses.

The French Moroccans or Singhalese in their turbans and zouave trousers commanded attention, but in their case distance lent enchantment. The most imposing building was the Chateau, which went so far back in antiquity that one felt awed to be in such a place. The dungeon cells had a subterranean passageway, entered by means of boats. The old building was remodeled and served as fairly satisfactory naval barracks. The naval officers' mess was the center of social activities.

On the return trip, we left Brest twenty-four hours before the U. S. S. President Lincoln and twenty-four hours after the U. S. S. Covington. This may seem of no importance, but it proved to be our salvation, for both of those ships were sunk and we went through untouched. We carried no troops, only a few

casuals, and the trip was uneventful until within three hundred miles of Bermuda, when a German submarine chased us for forty-five minutes. Due to the vigilance of an apprentice seaman, Du Four, who had hypermetropia, and saw the periscope long before the other lookouts, we were able to outdistance the sub. It was either run or be sunk, the subs being equipped with six-inch guns and ours only three-inch.

ARRIVAL IN CHARLESTON, S. C.

After the casuals had been disembarked, we proceeded to this port for three weeks' repairs and went into dry dock. During this time we were granted leave, and had the opportunity of visiting Fort Sumpter, where the first shot was fired in the Civil War. Our next trip was to take a shipload of marines to the West Indies for distribution to the garrisons at Guantanamo Bay, Santiago, etc. As they are all interesting ports, I will briefly outline under separate headings what I saw.

GUANTANAMO BAY, CUBA.

Most everyone is familiar with this winter rendezvous of the navy. A strange sight near Guantanamo City is the human bone pile, one of many in Cuba, where a custom was to evict the bones from graves on which the rent remained unpaid. Practitioners can secure as many articulated skeletons as they feel disposed to.

SANTIAGO DE CUBA.

The second most important city on the island. It is no wonder the Spanish Admiral Cervera lost his fleet. The harbor has a narrow entrance, an abrupt turn, and an expansion into a fair-sized bay, the whole resembling an old-fashioned demijohn. The fort of El Caney and San Juan Hill brought back memories of accounts of Roosevelt's famous charge.

PORT AU PRINCE, HAITI.

The capital of the Black Republic made famous by Toussaint L'Overture, who tried to emulate Napoleon. There are two million negroes in Haiti and I think I must have seen half of them the day we landed. Being a Southerner, I am more or less accustomed to negroes being around, the English-speaking variety, but the blacks in Haiti speak French; however polished their language is, it doesn't make them any cleaner, for they are the filthiest lot of beggars I have ever seen. The market is a novel sight, because everything is

sold by the handful, and the average Haitian regards as delicacies articles repugnant to us. Since President D'Artiguenave has been in office, assisted by the U. S. Marine Corps, what was once a place of disorder, bloodshed and crime has become a fairly peaceful country with, however, frequent bandit uprisings of the Cacos, who occupy the hills. Recently with the capture of a powerful, wily bandit chief, Jean Jacques Peralte, the most of the depredations have ceased.

The homes built by the French plantation owners have pagodas, swimming pools, and all the accessories of a modern American home. The president has a personal body-guard, Sergeant Miller, who is feared more than the man he guards.

CAPE HAITIAN, HAITI.

It is very interesting and unusual to see a huge fortress built on the summit of a mountain peak 3,500 feet high, but King Christopher and his slaves accomplished the feat; he also built himself a replica of Sans Souci, Napoleon's place.

SANTO DOMINGO CITY, DOMINICAN REPUBLIC.

After the military governor, Rear Admiral Thomas Snowden, and his staff had left the ship, we all went ashore bent on sightseeing, and were repaid by standing in the cathedral where Columbus' bones are buried. The first Christian church established in the new world is also here.

SAN PEDRO DE MACORIS, D. R.

We arrived on a feast day; the fiesta dancers were arrayed in grotesque costumes and worked themselves into a frenzy dancing. I would not have cared to meet any of them after nightfall. A visit to the Consuelo Sugar Central proved instructive, as sugar making in every phase was shown our party.

ST. THOMAS, VIRGIN ISLANDS, U. S. A.

Our ship had to coal here, and the task was performed by negro women who carried small baskets on their heads at 2 cents per basket. The naval captain of our ship was its first military governor. Bluebeards' and Blackbeards' castles were interesting.

This completed our trip around the West Indies, although later some of the above places were visited as many as eight times. After all the marines had been transferred ashore, we went to San Juan, Porto Rico, to

transport native soldiers to the Panama Canal, to relieve the regular army men so they could be sent to France. San Juan is so much like a modern city that I will not describe it except to say that the road leading from there to the south of the island surpasses anything in Europe for grandeur of scenery.

PANAMA.

This is a monument to the builders, especially to the doctor who made such an achievement possible, Surgeon General W. C. Gorgas, U. S. A. It was inspiring to me to watch the ships of nearly all maritime nations passing through a canal that was not only built by Americans, but is now owned by them, and every ship pays a toll of \$1.25 per gross ton. The hospitals at Ancon and Colon are models of efficiency.

NASSAU, NEW PROVIDENCE, BAHAMA ISLANDS.

The "Hancock" made one trip to this island from Charleston, S. C., when we transported negro laborers home. They were English speaking, fine specimens of manhood, and very religious. All the hymns of the Church of England were sung by these 750 negroes during the three-day passage, and made the trip one of the most pleasant I have ever had.

My trips on the "Hancock" also included the U. S. Ports of Galveston, Savannah, New Orleans, and Philadelphia. In one year and a half we traveled 55,000 miles in the Atlantic Ocean and Caribbean Sea.

THE ADVANTAGES OF THE MEDICAL CORPS OF THE NAVY.

(a) *Extensive Travel.* From the narrative of my travels one can readily see that feature. The average practitioner, if he can arrange to have someone look after his practice, usually takes a short vacation each summer, and probably visits some large city for a post-graduate course, thus combining business with pleasure, naturally detracting from the latter.

(b) *A Broader Knowledge of the Field of Medicine.* This means one is in constant touch with those who are foremost in their respective branches. Work is constantly being supervised by official superiors, with benefit to the individual and the corps which he represents. When assigned to duty as the senior medical officer of a ship, he must be able to meet any emergency, such as performing an appendectomy when the ship is rolling so

that it is difficult to maintain a footing and the operating table has to be lashed to the deck. A quarterly bulletin and weekly instructions from the Bureau of Medicine and Surgery keep the individual posted on the latest developments in the medical and surgical world. Courses are given at the Naval Medical School for those who wish to specialize, and post-graduate courses arranged for at such clinics as the Mayo brothers. While I was in Philadelphia last summer (ship was in port for four months), I had an opportunity of attending the clinics and lectures of Drs. John B. Deaver, J. C. Da Costa, H. A. Hare, and J. F. Schamberg. This was all gratis and a courtesy extended to us.

(c) *A Definite Income.* This relieves the doctor from depending upon the whim of the patient as to when he shall be paid for services rendered. It does away with the commercializing of our profession. With definite income assured, and systematic saving, the future is provided for.

(d) *Regular Promotion.* This comes about after aptitude for the service is demonstrated, and is a reward for efficient services. It means that each member of the corps must keep studying to improve himself and the corps which he represents. It develops a spirit of healthful competition, which keeps one on the qui vive, whereas in civil life a doctor is kept so busy that his studies are oftentimes neglected, and he does well to read a medical publication at irregular intervals.

(e) *Retirement.* After service up to 64, if not retired sooner for disability incurred in the line of duty, an individual is retired with three-fourths pay for the rest of his life. With this provision made for the future, there is no fear of old age.

There are no real *disadvantages* except to the married man, who must alternate every three years between sea and shore duty, and that changes outside the continental limits of the United States entail some hardships. Uniforms were formerly a source of great expense, because a different type was worn for each occasion. Since Secretary Daniels has been in office, all cocked hats, epaulets, etc., have been thrown into the discard.

In closing this article, I do not think it would be complete without mentioning the part the entire Medical Corps played in the

war. The following is an extract from Surgeon General Braisted's report to the Secretary of the Navy on Medical Department preparedness, viz:

"Never in the history of warfare has there been such a movement of troops so well taken care of, their health protected in every way, every detail of sanitation receiving strict attention, and elaborate provisions being made for the care of the sick and wounded, with special provision for the insane. The provisions made proved ample, not only for the care of the sick troops in transit, but for the actual return of 151,649 army sick, wounded and insane; 4,395 navy and 3,626 marines from the expeditionary forces in France alone.

"The death rate of the navy from diseases for the period of the war was 8.8 per thousand of total strength, the lowest death rate ever recorded for the military or naval forces of the United States in actual warfare lasting through all seasons of the year.

Iodex and Liquid Iodex.—The A. M. A. Chemical Laboratory examined Iodex in 1915 and found that it contained only traces of free iodine, though claimed to contain "5 per cent. therapeutical free iodine." Even the total quantity of iodine was shown to be only about one-half of the 5 per cent. claimed to be present. as free iodine.

An analysis of the Iodex sold in 1919 demonstrated that the preparation is essentially the same as that sold in 1915, that is, it was found to contain no free iodine and only about three-fifths of the total amount of iodine claimed. The laboratory points out that the synonym used for Iodex, "Ung. Iodi, M. and J." is in obvious conflict with the Food and Drugs Act in that, though sold under a name recognized in the U. S. Pharmacopeia, it does not conform to the standards of Ung. Iodex of the Pharmacopœia. The Laboratory further reports that Liquid Iodex sold with the claim that it is a preparation having the properties of free iodine, is a reddish liquid with an odor like oleic acid, containing but little (0.16 per cent.) free iodine and only about three-fifths of the total iodine claimed. (Reports of the A. M. A. Chem. Lab. 1919, p. 104.)

THE JOURNAL

OF THE

Arkansas Medical Society

Owned by the Arkansas Medical Society and published under the direction of the Council.

WILLIAM R. BATHURST, SECRETARY-EDITOR
810-812 Boyle Building, Little Rock, Arkansas.

Published monthly. Subscription \$2.00 per year; single copies 25 cents.

Entered as second-class matter, June 21, 1906, at the post-office at Little Rock, Arkansas, under the act of Congress of March 3, 1879.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized August 1, 1918.

The advertising policy of this Journal is governed by the rules of the Council on Pharmacy and Chemistry of the American Medical Association.

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Editorials.

OUR NEW PRESIDENT.

In the front section of this issue we present to our readers a recent photograph of Dr. G. A. Warren of Black Rock,, President of the Arkansas Medical Society, elected at the recent annual meeting at Eureka Springs. Dr. Warren is a native Arkansan, having been born in 1866 in what is now Sharp County, but which was at that time part of Independence County.

His parents moved to Independence County from North Carolina in 1854, in a part of the county which was cut off and given to Sharp County when that county was formed by the Legislature of 1867. His father served throughout the war on the Confederate side and was strongly devoted to the Lost Cause. So sure of its ultimate triumph was he that he sold his farm, taking for it Confederate money with the result which impoverished so many, being left practically penniless and landless at the close of the war.

Young Warren largely had to make his own way in the world. About the age of twelve he attended public school in Sharp County for one year; then his parents moved to Independence County and he had little school advantages for the next three years. At the age of sixteen his father sent him to LaCrosse Academy where he attended part of three sessions. He taught school in summer and by his own efforts and partly by the help of his father he attended the University of Arkansas at Fayetteville, graduating in 1888 with his B. L. degree. For some time, apparently he had decided to take up teaching as a profession. He was principal for a year of the High School at Rhea's Mill, Texas, later taught at Walnut Ridge, and for two years was principal of the Fordyce public school. He was a member of the Arkansas Teachers' Association and was elected Secretary of that body in 1891, serving until he gave up teaching.

In 1890 Dr. Warren married Miss Nannie, daughter of C. W. Walker of Fayetteville, grand-daughter of Judge Walker of the Arkansas Supreme Court, and niece of Jack Walker of Little Rock.

On ceasing to teach Dr. Warren attended the Medical Department of the University of Arkansas, later going to the Missouri Medical College, St. Louis, where he graduated in 1894. He began to practice medicine in Little Rock but on the death of his father he returned to the old farm, remaining there two years. Then he located at Imboden, remaining there for six years when he moved to

Black Rock where he has built up a large practice. He has been a real working member of the Arkansas Medical Society, having served on almost every committee at various times. He was for six years Councilor for the First District and served two years as President of the Council. He has also been local surgeon for the Frisco lines for twenty-two years. Note this fact. *He has been a member of the Arkansas Medical Society for twenty-five years and has never missed a meeting.* How many of our members can equal this record?

Dr. and Mrs. Warren have four children, two daughters and two sons. Both of the young men served throughout the World War as members of the First Argansas A. E. F. The oldest son, Lieut. Charles B., served five months overseas in France.

Dr. Warren's long and faithful service for organized medicine and his tireless, unceasing devotion to this worthy cause fit and qualify him for any honor which the medical profession of Arkansas can bestow.

"He is a scholar, and a ripe and good one;
Exceeding wise, fair-spoken and persuasive;
Lofty and sour to them that love him not,
But to those who seek him sweet as summer."

RIGHT TO INTERSTATE PRACTICE.

The Ohio State Medical Association has taken action which should be followed by every other State medical society in regards to the rights of duly authorized practitioners in any one State to practice in another State. Calling attention to the fact that in the 48 States there are as many separate medical examining boards and that practitioners properly accredited in one State may not always practice in another State without vexatious examining and consequent delays and expense, the Ohio Association adopted a resolution to the effect that the right to practice in one State should carry with it the right to practice in any State.

Copies of the resolution were ordered sent to all State medical associations and to the American Medical Association (copy of which can be found among the news items of this issue) so that action looking to uniform legislation may be undertaken at the earliest possible time.

The suggestion has everything to recommend it and nothing in its disfavor. During the recent war the Government of the United States sent physicians and surgeons at will to army camps all over the country without regard to State lines or geographical boun-

daries—and still is doing so. Why then cannot the States adopt the same plan? There might indeed be some safeguard thrown about an otherwise rather loose proposition. Thus the proviso might be made that such interstate privileges be extended only to graduates and regular licensed physicians, members of their respective Medical Associations with ten or more years of active practice, and that they be allowed to practice in any other State without further examination or expense.

TAKING VERSUS SAVING LIFE, OR TOPSY TURVY FAME.

It is more or less a reflection on our civilization that the fame of the killer of men far exceeds that of the saviors of men. Not to the destroying and the making of men do we address ourselves, but to the contrast between the heroes who destroy and those who save life. Every schoolboy in America knows and honors the names of Pershing, of Foch, and of Haig and the other great heroes of the Allies, to say nothing of the historic names of Napoleon, Wellington, Washington, Grant, Stonewall Jackson, Lee, and the warriors from Hannibal and Alexander down to date. Nor should honor be denied such as fought for liberty in any age.

But how many schoolboys know aught of Surgeon General Gorgas, U. S. A., who recently died in London? He saved millions of lives. His name will be honored for all time, among professional men, for his wonderful service to humanity in eliminating yellow fever from the island of Cuba and the canal zone. When the French started to construct the canal one-fourth of all workers died of yellow fever or other tropical diseases. Gorgas reduced the mortality among the canal zone workers to five per thousand per year—a lower mortality rate than is boasted by the most healthy and sanitary cities in the civilized world. Cynically it has been said that history is merely a record of wars, of killing and of assassination. Cynically it may be, but it is very largely true. It is not necessary that we forget our brave defenders, our liberators who found war a necessity that free men might live on earth; but should not our school textbooks also immortalize such heroes, such conservers of life, such warriors on death and disease, as Gorgas and other scientists, who have devoted their energies to saving human lives, with the same space and enthusi-

asm as are given to the conquerors of the world whose mission is to destroy?

Personals and News Items.

Dr. C. S. Hale has moved to Cisco, Texas.

Dr. George S. Brown of Conway has returned from New York.

Dr. O. E. Jones of Newport, motored to Little Rock and Hot Springs this month.

Dr. C. J. March of Fordyce, Dr. J. B. Wharton of El Dorado, Dr. L. L. Purifoy of Chidester, Dr. E. M. Thompson of Fort Smith, and L. E. Love of Dardanelle visited in Little Rock this month.

Dr. C. Prickett has moved from Traskwood to Malvern.

The Southern Medical Association will meet November 15, 1920, at Louisville, Ky.

Dr. C. S. Pettus, Superintendent of the Pulaski County Hospital announces that his office for private work is now located at 112 West Ninth Street, Little Rock.

An x-ray machine has been installed at the State Sanatorium at Booneville to be used in the diagnosis and treatment of tuberculosis.

In addition to the committees published in the August Journal the one on Necrology is as follows: F. Vinsonhaler, Chairman, Little Rock; W. R. Brooksher, Fort Smith; J. C. Cleveland, Balk Knob.

Dr. C. O. Lewis of Morrilton, until recently President of the Conway County Medical Society, together with Mrs. Lewis, left September 1 for Nevada, Mo., where they will remain for some weeks visiting a son, W. B. Lewis. Later they plan to go to Los Angeles for the winter.

The American Relief Committee for Sufferers in Austria, of which Hon. Frederic Courtland Penfield, late American Ambassador to Austria-Hungary, is Honorary Chairman, has created a special fund for the relief of destitute Viennese physicians and surgeons. Contributions may be made to Alvin W. Krech, President, Equitable Trust Company, 37 Wall Street, New York City, Treasurer of the Committee.

Keep in step with the times; read your journals carefully; and every year add new

books to your library. We copy the following from the Journal A. M. A., August 21, 1920:

"The people have money and they are spending it. But, like the woman who bought the pair of silk stockings, they want something to show for it. With incomes anywhere from \$8.00 to \$15.00 a day, the bricklayer who buys a flivver, the cap-maker who has a fur coat, the tailor with season tickets for the opera, are able to pay good fees to their physicians. But they want the best and the physician should equip himself to give it to them. The physician who plods along in shabby quarters, dependent wholly on his five unaided senses for diagnostic ability, his only reference works some dilapidated textbooks of a previous decade, will not suit the taste of the new type of wage earner."

The first of a series of regional health conferences authorized by the International Health Conference, is to be held in Washington, D. C., December, 6-13. It will be devoted to a consideration of venereal diseases which, according to conservative estimates, constitute one of the world's most terrible plagues.

The conference is being organized under the joint auspices of the U. S. International Social Hygiene Board, the U. S. Public Health Service, the American Red Cross and the American Social Hygiene Association. Prof. Wm. H. Welch of Johns Hopkins has consented to serve as President, and already assurances have been received that some of the foremost physicians and sociologists will participate. Prominent health officers and sociologists from all parts of North and South America will attend.

The conference will review past experiences and existing knowledge as to the causes, treatment and prevention of venereal diseases, and will formulate recommendations relating to a practicable three year program for each of the North and South American countries participating. In addition it will make suggestions for putting such programs into effect.

STATE BOARD EXAMINATIONS.

Resolutions adopted by the House of Delegates of the Ohio State Medical Association, at its last annual meeting, held in Toledo, June 1, 2, and 3, 1920:

"Whereas, in our forty-eight States, there are as many separate medical examining boards, and.

“Whereas, licensed physicians in one State may not always practice in other commonwealths without vexatious examinations and expense, and

“Whereas, the Government in time of war frequently sent physicians into army camps in other States, and therefore disregarded State boundaries, and

“Whereas, there is practically homogeneity in the anatomical and psychological makeup of the people in the various States, and

“Whereas, the same may be said of the physicians throughout the land. Therefore, be it

“Resolved, that it is the opinion of the House of Delegates that the right to practice in one State should be extended to include the right to practice medicine in any part of the United States. Be it further

“Resolved, that a copy of this resolution be sent to the proper officials of all medical societies, and to national and quasi-national medical associations, and that the American Medical Association be especially urged to perfect a plan by which interstate medical practice be made as easy as interstate commerce.”

Obituary.

DR. JOHN M. KING—Dr. J. M. King of Fort Smith died August 28, 1920. Aged 54. He is survived by his wife, two daughters and four brothers.

Book Reviews.

ARTERIOSCLEROSIS AND HYPERTENSION with chapters on Blood Pressure.—By Louis M. Warfield, M. D. Third Edition. Published by C. V. Mosby Company, St. Louis, Mo., 1920. Price, \$4.00.

In this edition arteriosclerosis is not regarded as a disease with a definite etiologic factor. It is looked upon as a degenerative process affecting the arteries following a variety of causes more or less ill defined. Much new material has been added to this edition.

EPIDEMIC ENCEPHALITIS.—By Frederick Tilney, M. D., Professor of Neurology, Columbia University, and Hubert S. Howe, M. D., Instructor in Neurology, Columbia University, New York. Published by Paul B. Hoeber, New York, 1920. Price, \$3.50.

The authors of this book have assembled the result of clinical studies upon selected groups of cases of encephalitis. The cases comprised in the records shown illustrate the protean nature of this acute inflammatory reaction in the tissues of the central nervous system.

THE SURGICAL CLINICS OF CHICAGO. Volume IV, Number I. (February, 1920). Octavo of 231 pages with eighty-three illustrations. Published bi-monthly by W. B. Saunders Company, Philadelphia, 1920. Price per year: Paper, \$12.00; Cloth, \$16.00.

This number presents the Surgical Clinics of Chicago. With seventeen contributors. The clinic of Dr. E. Wylls Andrews, at the Mercy and St. Luke's Hospital describes a case of “Chronic Choleystitis and Cholelithiasis, with positive x-ray Diagnosis,” and two cases of “Myeloma.”

Dysmenorrhea and Severe Nervous Symptoms treated with Corpus Luteum—Lutein

“In this last class, dysmenorrhea should be especially included. In my own practice I have observed, in a truly extraordinary manner, the cure or relief of many such cases through the medium of this type of organo-therapy. My best results, however, have been gained in the administration of corpus luteum for the relief of the severe nervous symptoms attendant upon the menopause of both the physiological and artificial varieties and the functional amenorrhea of young women.”—DR. ADAM P. LEIGHTON, JR., *The American Journal of Obstetrics and Diseases of Women and Children*, November, 1915, page 878.

The “Extraordinary” Results

referred to by Dr. Leighton were obtained by the administration of *Corpus Luteum* of the SOW as presented in

Lutein Tablets—H. W. & D.

2 grain, 100 in a tube; 5 grain, 50 in a tube

Complete reprint of Dr. Leighton's paper sent upon request.

HYNSON, WESTCOTT & DUNNING
Pharmaceutical
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BALTIMORE, MD.

THE JOURNAL

OF THE

Arkansas Medical Society

PUBLISHED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

Vol. XVII.

LITTLE ROCK, ARK., OCTOBER, 1920

No. 5

Original Articles.

EVIDENCE OF GASTROINTESTINAL DISEASE AS REVEALED BY ROENTGENOLOGICAL EXAMINATION OF THE DIGESTIVE TRACT.*

By D. A. Rhinehart, A. M., M. D.,
Little Rock.

Great advances have been made in the last few years in the roentgenological examination of the gastrointestinal tract for evidences of disease. At the present time such an examination is a procedure of considerable diagnostic value.

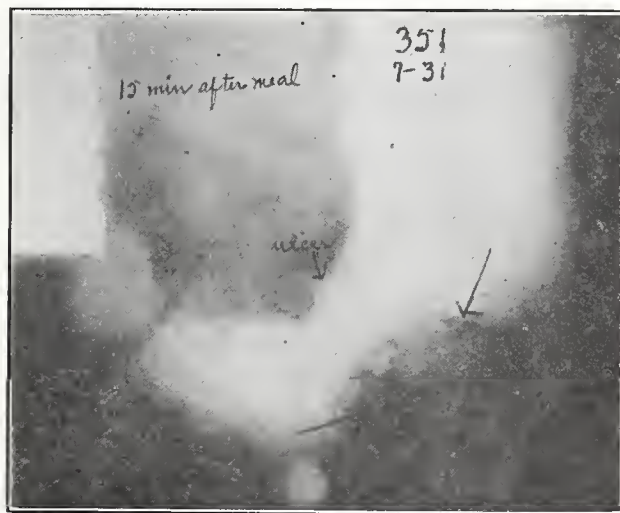
In studying the gastrointestinal tract, some such routine as the following should be followed. The patient comes to the laboratory without breakfast. With the fluoroscope the heart, lungs and mediastina are first examined. The patient then ingests an opaque meal. The passage of this through the esophagus and the filling of the stomach is observed. The stomach is then examined, particular attention being paid to the size, shape, position, peristalsis, flexibility and mobility. This is followed by the exposure of as many plates as are necessary to arrive at an opinion of the stomach and first part of the duodenum. A second screen study to confirm or examine lesions that have been revealed by the plates concludes the examination of the stomach.

Six hours after the meal, the patient returns to the laboratory for the purpose of determining delayed emptying time of the stomach and the progress of the meal through the intestine. Another examination is made twenty-four hours later. This is frequently followed by a bariuni enema for the examination of the colon.

*Read before the Arkansas Medical Society, at the Forty-fourth Annual Meeting, Eureka Springs, June, 1920.

It is evident that in an examination of this sort the screen and plate images show the contents of parts of the digestive tract rather than the actual viscera themselves. From this it is obvious that a pathological condition must cause a perverted movement, either active or passive, or organic change of sufficient extent to modify the lumen of the tract before it can be detected.

Conditions of the esophagus that can be diagnosed are diverticula, cardio-spasm, and



Case 1. White; male; married; age 31; druggist. Complaint: Stomach trouble. Began in 1915 with sudden attack lasting four days; has had four severe attacks since. Pain begins near the umbilicus and spreads over the entire abdomen; nausea and vomiting.

Roentgen findings: Increased gastric motility; mobility decreased; ulcer crater in greater curvature; filling defect probably an incisura in greater curvature. Same findings present at a re-examination six weeks later.

Roentgen diagnosis: Gastric ulcer.

Wassermann. x x x x He has improved and remained in good health on a protein diet, an alkaline powder, and anti-syphilitic treatment.

benign or malignant strictures causing obstruction. Diverticula will be filled by the opaque meal; cardio-spasm or stricture will cause obstruction to the passage of the meal

and a dilatation above the stricture. Malignancy without some degree of obstruction cannot usually be detected. Such conditions, being without prominent symptoms, are rarely diagnosed by any method.

In examining the stomach, the shape, size, position, tonus, peristalsis, mobility, flexibility, outline and motility must be taken into consideration.

No two stomachs are exactly alike in shape. Depending more or less on the bodily characteristics of the individual, three types are recognized. A short, heavy, muscular person with a thick chest and a large amount of subcutaneous and abdominal fat will have a cow-horn shaped stomach located entirely above the umbilicus. A slender individual with sloping shoulders, a narrow chest and lax abdominal walls will have a fish-hook shaped stomach with the greater curvature a varying distance below the umbilicus. This type is seen especially in women who have borne children. An intermediate type, the J-shaped stomach, will have its greater curvature at or near the umbilicus. The stomach as pictured in text-books of anatomy is rarely seen.

The stomach is as large as its contents; an empty stomach being a collapsed organ with its walls in contact and its mucous membrane piled up in folds. One that is definitely too large is atonic or one in which there is some degree of obstruction at or near the pylorus. The wall of one that is too small usually has undergone organic pathological change.

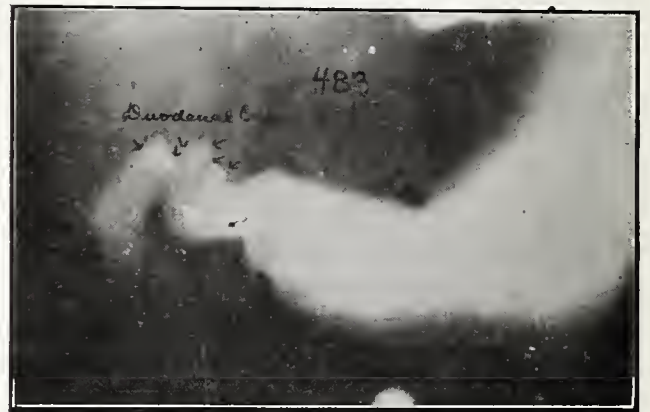
The position of the stomach varies greatly in the same person. It is not unusual for the most dependent part to shift upward from five to seven inches in the change from the erect to the prone position. The average shift is three to four inches. A stomach, with the patient standing, may have its lower border in the lesser pelvis and yet empty within normal time limits.

The observation of the movements of the stomach is frequently of great diagnostic value. Peristaltic waves begin at a varying distance from the pylorus and move toward the right, becoming deeper as they progress. Sometimes they begin immediately after the meal, occasionally not until some time has elapsed. A localized absence of peristalsis indicates an ulcer, a cancer, an inflammatory infiltration or a spasm.

The stomach is fixed in position at the fundus by the esophagus and the gastrophrenic ligament and by the lesser omentum about an inch beyond the pylorus. The fundus is always in the left arch of the diaphragm; the pylorus usually to the right of the second lumbar vertebra, although it may be above or below this position. Between these points the stomach is normally movable on deep pressure. Fixation may be caused by perforating ulcer, carcinoma, or adhesions.

The wall of the stomach is normally flexible; deep localized palpation will easily indent it. Absence of flexibility is indicative of infiltration of the stomach wall.

An examination of the stomach outline is of great importance. Pathological variations are of three types; the pocket or niche of ulcer, the filling defect of cancer, and the in-



Case 2. White; male; married; age 35; banker.

Complaint: Pain above the umbilicus after eating and during night; pain relieved by eating. The trouble has existed at intervals for five years, attacks lasting for one to three months. No weight loss.

Roentgen findings: Constant deformity of the duodenal cap; gastric hypertonicity and hyperperistalsis.

Roentgen diagnosis: Duodenal ulcer.

dentation, called an incisura, caused by localized spasm. The niche or pocket of ulcer and the filling defect of cancer are pathognomonic of these conditions. An incisura may be caused by disease of the stomach or other abdominal viscera. It may be present opposite an ulcer or a cancer, or it may be a reflex from a cholecystitis or a chronic appendicitis. The former will resist the action of antispasmodic drugs, the latter will not. Pressure from the vertebra, gas in the colon, adhesions or tumors of neighboring organs may produce defects closely simulating the filling defect of cancer and must be excluded.

Normally the stomach empties itself of the opaque meal in about three hours. From psychic or functional causes the emptying time may be slightly increased. Six hours is generally accepted, however, as the limit beyond which a residue of an eighth or more of the meal is pathological. At the end of this time, to be considered normal, the meal must have passed through the intestine so that the most advanced part is between the cecum and the hepatic flexure of the colon.

Defects in motility may be a too rapid or a delayed emptying. The former is caused by nonobstructing gastric conditions; the latter by obstruction at the pylorus. The obstruction may be organic caused by carcinoma, ulcer or adhesions, or it may be due to a reflex pylora-spasm from ulcer, cholecystitis or appendicitis.

Gastric ulcer, duodenal ulcer, and gastric cancer are the affections of the stomach that are most readily diagnosed by roentgenological examination, although reflex manifestations frequently call the examiner's attention to trouble elsewhere.

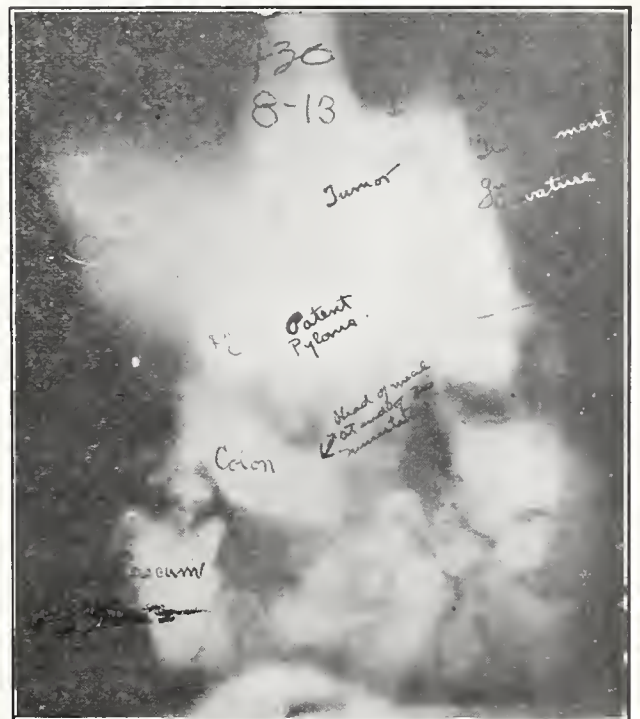
A permanent filling defect or subtraction from the outline of the stomach by an ingrowing tumor mass is practically pathognomonic of cancer. The pylorus may be open, permitting a rapid emptying of the stomach, or there may be obstruction with a delayed emptying time. Any type of perverted peristalsis may be present—it is absent from the involved area. There is a decrease in the flexibility of the stomach wall. There may be a palpable tumor; there may be a shrinking or an increase in the capacity of the stomach.

It is in the early diagnosis of carcinoma of the stomach that roentgenological examination has one of its greatest fields of usefulness. This is a common variety of cancer and one that is usually fatal. The cause for the high mortality is found in the fact that an early diagnosis is rarely made. Patients in the cancer age who have a loss of weight without known cause, if accompanied with any sort of digestive symptoms, should be examined to determine the presence or absence of cancer. In this way only can a diagnosis be made before the tumor has advanced so far as to be inoperable.

The niche or accessory pocket of ulcer of the stomach is diagnostic of this condition. Inasmuch as most ulcers occur on the lesser

curvature, their detection is not difficult. Sometimes the ulcer is located elsewhere and its image is not present in a profile of the stomach. Such lesions usually present evidences that are suggestive of their presence. Chief of these are spastic incisurae, spasmodic or organic hour-glass contraction, six-hour retention, gastric hypotonus, alterations of peristalsis, and a sharply localized tender point over the stomach.

Ulcer of the duodenum occurs about four times as frequently as ulcer of the stomach.



Case 3. Female; colored; married; age 62.

Complaint: An inability to retain food; vomits all food except liquids. Trouble of two years' duration, becoming progressively worse. No palpable gastric tumor. Weight loss, forty pounds.

Roentgen findings: Large filling defect in upper part of lesser curvature of stomach; involvement of greater curvature indicated by absence of peristalsis and flexibility. Pylorus patent; meal advanced to middle of transverse colon in thirty minutes. Almost complete obstruction above the tumor; the meal backed up the œsophagus as far as the arch of the aorta.

Roentgen diagnosis: Gastric carcinoma, inoperable.

Large palpable tumor mass became evident a month later, accompanied by complete obstruction. Died two months later.

For this reason no examination is complete until at least one screen or plate image is secured which shows a well-filled and symmetrical duodenal cap; or it is determined that a constant and permanent deformity is

present. It is sometimes a difficult matter to get this part of the intestinal tract filled with the opaque meal. In a majority of instances, if the patient lies on his right side for a time, the cap will be well filled.

The signs of duodenal ulcer are both direct and indirect. The former manifest themselves in deformity of the duodenal contour. This may be in the form of a filling of the ulcer crater or a spasm of the musculature. The indirect signs are hypertonus, hyperperistalsis manifested by numerous, deep and rapidly moving peristaltic waves, these producing, in nonobstructing cases, a too rapid emptying of the stomach. In obstructive cases there will be a six-hour gastric retention, which is, if found with hyperperistalsis and hypertonus, as definitely diagnostic as a permanent deformity of the cap. Tenderness over the duodenum is also a sign of ulcer.

During the examination of the duodenal cap the gall-bladder region is palpated for tumors and points of tenderness. Chronic infection of the gall-bladder will sometimes result in adhesions which produce deformity of other parts of the digestive tract. When the patient's symptoms are indefinite and referred to the upper abdomen, an examination will exclude disease of the stomach and duodenum and direct attention to the gall-bladder as the probable seat of the trouble.

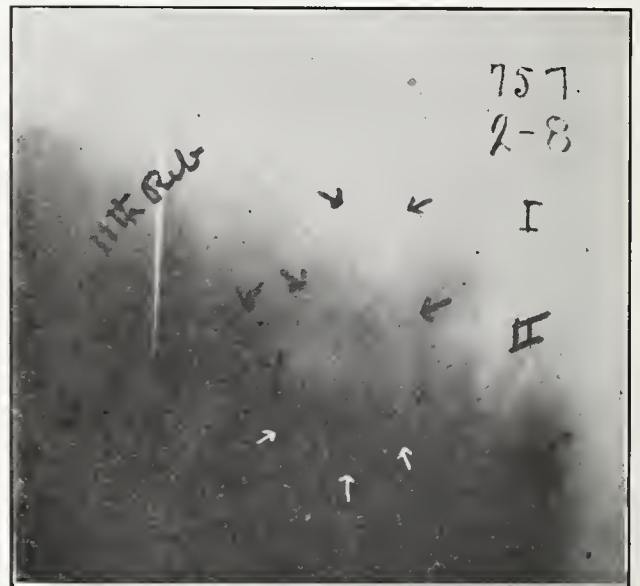
A certain percentage of gall-stones will show on properly made x-ray plates. Those which contain a sufficient amount of calcium salts will cast a shadow; those that are composed of the organic compound cholesterolin will not. A negative finding, therefore, does not exclude their presence and is of little value.

With the exception of the first part of the duodenum, little can be learned about the small intestine. Unless there be obstruction to the passage of the barium meal, the greater part of it will not be well enough filled for its contour to be seen.

Normally, at the end of the first six hours the opaque meal is located in the terminal part of the ileum, in the cecum and in the ascending colon. At the six-hour observation, therefore, attention is particularly directed to the presence and significance of residues in the stomach and to the organs in the right iliac region. Delay in the entry of the meal into the cecum will call attention to kinks and

embryonic folds causing obstruction. At either the sixth or the twenty-fourth hour observation the appendix is frequently filled with barium and its location, shape, mobility and condition can be ascertained. Appendiceal disease is indicated by changes in the outline of the cecum, immobility of the cecum and appendix, and tenderness.

At the twenty-fourth hour examination the meal should all be in the colon, usually ex-



Case 4. White; female; married; age 46.

Complaint: Pain in right side and in back constantly present and dull aching in character. Is nauseated and vomits; has had attacks of jaundice. Tenderness over the gall-bladder and in right iliac region.

Roentgen findings: Gall-bladder filled with small stones located in angle between the right twelfth rib and the vertebral column.

tending from the cecum to the sigmoid. The colon is not, however, completely filled. By the use of the opaque enema the entire colon is distended and can be examined.

Permanent filling defects in the colon indicate tuberculosis, carcinoma or adhesions. It is possible also to detect diverticulitis, a mucous colitis, a chronic colitis producing a thickening of the wall of the colon, and spastic or atonic conditions producing constipation.

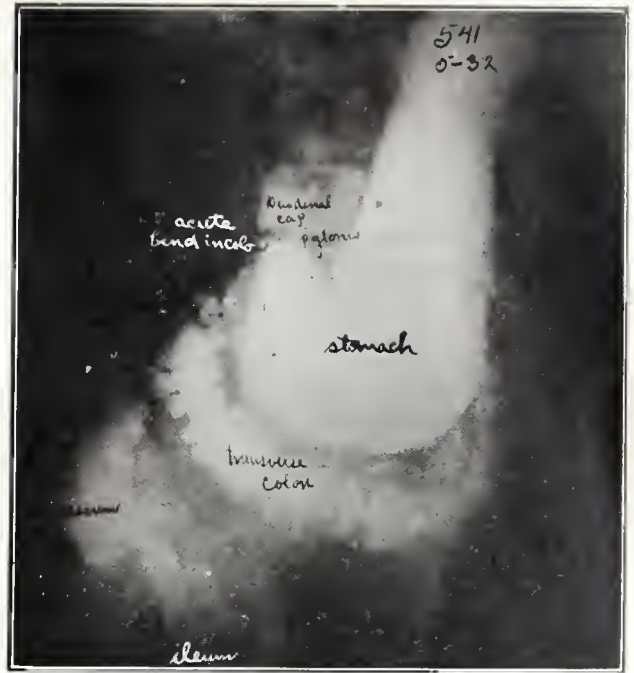
In conclusion, I wish to say that roentgenological examination as a means of diagnosing diseases of the gastrointestinal tract has a distinct field of usefulness. There is no other procedure that permits of as close and careful observation. It must be emphasized, how-

ever, that only those conditions which produce permanent change in the stomach or intestine can positively be detected by its use.

The reliability of the conclusions depend on the carefulness and thoroughness with which the examination is made and the skill of the examiner. Frequently the evidence will be sufficient for the roentgenologist to make a positive statement; again, the findings may be suggestive, but not diagnostic. In the latter instance he can pursue one of two courses; he can say that pathology exists at such a place or he can give his opinion of the cause of the trouble with the reasons for his belief. In this instance his diagnosis should be accepted as merely an expression of his opinion.

DISCUSSION.

Dr. M. D. Ogden (Little Rock): I think Dr. Rhinehart's paper was a very excellent one. It helped to demonstrate many points that I have always maintained. One is, that no man who does



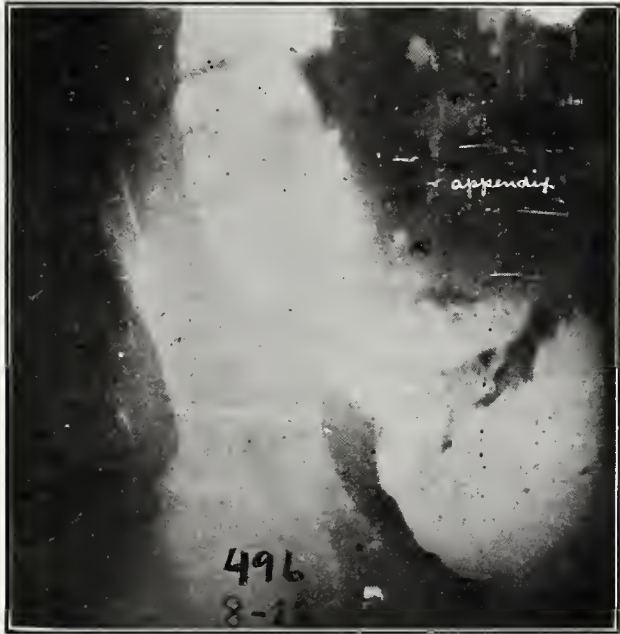
Case 6. White; female; married; age 35.

Complaint: Nervousness, nausea, vomits large quantities of food; periods of irregular fever. In October, 1919, she had a severe attack of colic with distention of the upper part of the abdomen with gas.

Roentgen findings: Chronic pulmonary infection chiefly in the right lung; an acute upward bend in the transverse colon caused by adhesions to the gall-bladder or under surface of the liver; stasis of food and gas in the colon proximal to the bend. The plate shows two meals, one twenty-four hours before, and the other immediately before the plate was taken.

Roentgen diagnosis: Cholecystitis with adhesions to the transverse colon.

Operative findings: Gall-bladder normal; embryonic or Jackson's membrane covering caecum and ascending colon and attaching transverse colon to the under surface of the liver.



Case 5. White; male; married; age 35; physician.

Complaint: Dull aching pain in region of umbilicus. Attacks every three to eight weeks for the past year. Nauseated and has vomited blood twice; appetite poor, digestion poor; almost constant headache; weight loss, twenty-two pounds. Jaundiced eighteen months ago. Rigidity and tenderness over McBurney's point and to the right of the umbilicus.

Roentgen findings: Emptying time of stomach slightly increased; appendix passes upward toward the umbilicus and ends in an expanded extremity; caecum immovable; point of greatest tenderness over the ascending colon.

Roentgen diagnosis: Chronic appendicitis.

Preoperative diagnoses at the Mayo clinic were duodenal ulcer, cholecystitis, and chronic appendicitis. Cholecystitis and chronic appendicitis were found at operation; no ulcer. Cholecystectomy and appendectomy. Patient completely recovered.

abdominal surgery can do it intelligently or successfully without the aid of a roentgenologist. I think that the most of you, after seeing these plates on the screen, will agree with me on the second point, that no man, who is not a roentgenologist, should attempt to interpret these x-ray plates. It is the most comforting thing in the world, after you have had a very obscure abdominal case, to turn it over to your roentgenologist and have him tell you that you have an ulcer about the size of a nickel, a dime or maybe a 50-cent piece, at a certain portion of the duodenum, and then put the patient on the table and go down there and find that ulcer just at the point where it was stated; when, before operation, you would have hesitated whether to make a low or high right rectus or run into a gall-bladder or over to a diseased appendix.

The roentgenologist comes to our aid so often in the extreme cases. If you will pardon a reference to one case that occurred quite recently, a man forty-odd years of age was jaundiced, and that was his only symptom; jaundice, of gradually increasing intensity. No past history really to it at all; no loss of weight; just jaundice. And, the physical examination was absolutely negative. No abnormality outside of the jaundice. An x-ray examination, in that instance, was made by the indirect method which Dr. Rhinehart mentions. I am not a technical roent-

genologist, so I may quote him incorrectly, but the way in which the stomach emptied, I believe, indicated a flattened pylorus.

Diagnosis was made of retro-duodenal tumor; most probably of the head of the pancreas. We were perfectly willing to accept that diagnosis. We couldn't make any ourselves. The case was opened, and there was a retro-duodenal tumor; not, however, of the head of the pancreas. It was the first case I have ever seen of primary carcinoma of the common bile duct. A small section was removed by operation, which was all that was done, except that the gall-bladder was anastomosed to the duodenum to short-circuit the bile current.

To repeat, I do not think that we can do without the roentgenologist. We certainly cannot do without the gastrointestinal examination where we are doing abdominal surgery. Of course, we can in general surgery; but I think you will agree also that we cannot do without the roentgenologist in the other instances. We cannot do the work intelligently, and, more than that, we cannot do the roentgenologist's work intelligently ourselves; and I always have a feeling of sympathy for any patient—and I say this advisedly—who has to depend upon a man not expert in the interpretation of these *x*-ray plates.

Dr. Rhinehart (in closing): There are two methods of procedure in an *x*-ray examination of the intestinal tract. One is the examination of the fluoroscopic image, and the other is the taking of plates. Some men depend upon one, and some depend upon the other. Most of us, however, use both. One correlates the finding of the other.

The interpretation of findings in an *x*-ray examination of the intestinal tract is not always easy. Roentgenologists are sometimes wrong. I have been partially wrong, and I have been wholly wrong. I made a diagnosis once of adhesions to the duodenum from a chronic cholecystitis. I saw the case opened, and it was appendicitis; the appendix lay just below the gall-bladder.

It must be remembered that sometimes, perhaps in 10 or 15 per cent of the cases, the roentgenologist in his diagnosis will be partially or completely wrong. A positive diagnosis, however, in which the findings are positive, as Dr. Ogden said, is a very satisfactory thing.

CANCER—ITS EARLY RECOGNITION AND PROPER TREATMENT.*

By Dewell Gann, Jr., M. D.,
Little Rock.

The American Society for the Control of Cancer reports a decline in the cancer death rate for the years 1918-1919—the first in history. This is due to an organized effort to teach the early recognition of cancer and its proper treatment. Knowing this movement to be a good one is my reason for calling your attention to this time-honored subject. We are constantly seeing incurable cancer cases. During the last five years 44 per cent of the cases applying to me for treatment were inoperable, 31 per cent recurrent, and 25

per cent operable. By inoperable I refer to that particular class of cases presenting a parametrial involvement or extensive tissue destruction. By "recurrent," those cases showing a return after treatment; operative, radium, *x*-ray, cautery, pastes or otherwise. The term "operable" is self-explanatory. Some of these cases have not been recognized in their early stages, some have refused advice, some have declined proper treatment, and some have been improperly treated. By means of education, all of these difficulties can be overcome. Procrastination is one of our greatest faults as a profession. Having the welfare of our patients at heart, we often delay in the hope of avoiding operative procedures, when in fact they are immediately indicated, and delay is the most harmful influence for the patient.

In my opinion, the text-book descriptions of cancer should interest us largely as a matter of history. If a condition is observed until we can recognize it absolutely as being cancerous in nature, my experience is that it is often incurable.

We must teach the people the early symptoms and proper treatment of cancer, and until this is done they will continue to refuse our advice and consult the various cults and so-called cancer specialists. I believe that every man or woman who practices the "divine art" should be required to pass a universal examining board regardless of the school in which he is classed. If, after passing this board, one should so far forget his profession and become so merenary as to adjust the spine, massage the breast, or tell the patient there is no such thing as pain or disease, and in this manner permit a cancer to develop to an incurable stage, he should be dealt with as the law provides.

Cancer is one of the most destructive diseases, increasing at the rate of $2\frac{1}{2}$ per cent per annum and killing ninety thousand people yearly. Nine out of ten cases are now fatal. Its cause is unknown; but it is not hereditary or communicable in the human, and its curability depends upon its early recognition and proper treatment. The cancer age is from forty to fifty years. Ninety-six per cent of all cancer deaths occur after the age of thirty-five; but by no means is cancer infrequent in the very young. More cancer deaths occur between the ages of one and five than five and fourteen.

*Read before the Arkansas Medical Society, at the Forty-fourth Annual Meeting, Eureka Springs, June, 1920.

With the knowledge that cancer is purely a local disease in its beginning; that if properly treated a cure may be expected and the present ratio of nine out of ten deaths reversed, it does seem that we should give the early symptoms of cancer more earnest consideration.

Exclusive of syphilis and tuberculosis, any sore on the skin that will not heal promptly, any sore that bleeds easily, any sore that scabs and re-scabs, any wart, mole, or enlargement beneath the skin that suddenly begins to grow, is potentially malignant and should be so considered until proven definitely otherwise. A malignant epithelial cellular proliferation involving surface epithelium is termed "epithelioma;" that involving glandular epithelium, "carcinoma." Skin epitheliomata may be classified as basal-celled, spinal-celled and mixed-celled. The basal-celled is the least malignant type, springs from cuboidal or columnar epithelium, and is the most amenable of malignancies to proper treatment. It usually occurs above the metastasizing plane of the face and the patient may live a number of years with this slow excavating condition, the longest on record being a period of forty-five years. I have a case of twenty-five years duration that has given birth to eight children since the condition was first noted. The nose, eyes, and a portion of the frontal bone have been destroyed. It is to this type of malignancy the "cancer specialist" may attribute his existence. The spinal-celled variety is the most malignant, springs from squamous or stratified squamous epithelium, and is the most difficult to influence by treatment. It usually occurs at muco-cutaneous junctions, *e. g.*, the lip. It metastasizes early, usually within three months, and must be recognized and properly treated while still a local growth if the best results are to be obtained.

Any sore on the lip, tongue, or in the mouth, that does not heal readily, should be treated as potentially malignant. The lip sore often scabs and re-scabs just as malignancies of the skin. The tongue and mouth sore may be healed in the beginning with the usual simple measures, but it will shortly recur. Of all locations of malignant disease, the two latter require real and radical treatment to establish a cure. The mortality rate in this class of cases in my own personal experience has been higher than in any other.

Some writers allege that 11 per cent of all cancer deaths are from this source.

Any lump in the breast is potentially malignant. Malignancies of the breast should be divided into two classes. The lump with symptoms and the lump without symptoms. Pain in breast tumors, as in other malignancies, is one of the last symptoms to make its appearance and is usually a bad omen. Those cases with a discharge of a sanious nature indicate malignancy, a straw color or clear, watery, chronic cystic mastitis, pure blood, papillary cystadenoma. The infiltration of Cooper's ligaments by cancer cells will often enable us to differentiate a benign from a malignant tumor of the breast. The most common benign tumor of the breast is the intracanalicular myxoma, the most common malignant tumor, schirrhous carcinoma of the small infiltrating type. The ratio of benign to malignant conditions is thirty to seventy.

Any uterus that gives evidence of intermenstrual hemorrhage or bleeding after the menopause is potentially malignant. Intermenstrual bleeding is usually the first symptom of uterine malignancy. The conditions developing here are usually so vascular that a change in blood pressure is said to sometimes cause a "show." Not a great while after atypical bleeding is first noticed a watery sanious discharge is noted. This is evidence of tissue destruction. Menorrhagia and metrorrhagia are pathological, and, contrary to a more or less general belief, the conditions are not necessarily associated with the menopause. By means of curetage and excision of portions of the cervix, any uterine malignancy should be diagnosed within a week after being seen by the surgeon. Epithelioma of the cervix is ten times more frequent than carcinoma of the fundus. In my opinion, it is not as harmful to remove a portion of the cervix or curet the fundus, as it is to await development.

Carcinomata of the larynx, thyroid gland, esophagus stomach and bowel are difficult to diagnose. Hoarseness and impairment of speech over an unusual period of time would suggest to me that I refer the case to those properly equipped to give me an idea of a probable malignancy. The thyroid that is rapidly enlarging or that has been stationary for a period of time and suddenly begins a rapid enlargement is potentially malignant. "Indigestion" and its allies should be investigated by a competent roentgenologist. Car-

cinoma of the liver, gall-bladder and pancreas are rare and present an indefinite train of symptoms. My experience has been these conditions are seldom primary, usually secondary to, or direct extensions of a stomach lesion.

Discharges and bleeding from the rectum should be looked upon with suspicion and investigated immediately. Many cases of carcinoma of the rectum are treated to hopelessness on the patient's diagnosis of "bleeding piles."

To define proper treatment is a difficult matter. Of course, the proper thing to do is to remove the nest of cancer cells before dissemination; therefore, the problem resolves itself into the question of how is this best accomplished. There is no panacea for malignancy. No one way to treat all cases. Each one is a law unto itself and has certain individual requirements which must be properly met in order to establish a cure.

In my armamentarium I have two agents from which to select, surgery and radium. Certainly the *x*-ray is one of the most valuable diagnostic and treatment agents we have. Personally, I would recommend that the widespread use of pastes be discontinued. As an adjunct to surgery, radium is a superexcellent remedy. In its field we find two schools. Those using large quantities for a short period of time, and those using smaller quantities for a longer period of time. I believe it would be practical and I would like to see a radium emanation machine centrally located in our State, under the direction of a physicist who could supply each and all of us with an adequate amount of emanation to treat a given case.

In the treatment of epitheliomata of the skin regardless of the size or position, I believe radium to be the method of choice.

In the breast, surgery offers such splendid results, approximately 85 per cent of cures if operated before axillary involvement, I unhesitatingly recommend it to be followed by radium or Coolidge tube radiation, and permit me here to lay especial emphasis on the post-operative radiation of all malignancies.

The high operative mortality and the low percentage of cures in cervical epitheliomata and uterine carcinomata leaves a question mark in the minds of men dealing with malignancy. Some ten years ago, Bumm made the statement that he believed in time actino-

therapy would supersede surgery in the treatment of malignancy. Just recently Ransahoff (Late Results in Radium Treatment of Cancer of the Uterus, *Journal A. M. A.*, Vol. 74, No. 3, January 17, 1920) has written: "I do not hesitate to state that in my opinion radium treatment should entirely supplant operation; not only in inoperable cases, but also in the treatment of operable cases of cancer of the cervix." Personally, I believe that clearly operable cases should be radiated and operated before tissue changes take place. Post-operative radiation is very effective; but after the vaginal vault is converted into a dome, it is impossible to get a sufficient intensity dosage into the broad ligaments to kill cancer cells.

In lip, tongue and mouth cases, radium offers an increased ray of hope.

The stomach, gall-bladder, liver, pancreas and bowel malignancies, if diagnosed early, should be attacked by surgery.

Early rectal cases should receive pre-operative radiation, followed by operation before tissue changes take place.

DISCUSSION.

Dr. E. E. Barlow (Dermott): That cancer is nearly always something else before it is cancer, and that radical treatment instituted at this time will greatly reduce the mortality, has been abundantly proven in different sections where there has been an intensive educational campaign carried on directly to the laity. It has been wisely stated that if the laity knew all that the laity should know of cancer, and if the medical profession was all educated to the latest knowledge, at least 40 per cent of the death rate would be preventable.

I recall a case just now that exemplifies the tragic ending of these cases that fall victims to the waiting and watching policy. This patient was a lady fifty-five years old. She was bed-ridden when I saw her, and gave the following history: She had been suffering for five years from painful and frequent urinations which had increased in severity and was at this time relieved only by morphin. She stated she had been examined and treated by several physicians, and all agreed that her trouble was cystitis.

Under ether anesthesia I examined the bladder cystoscopically and found a tumor at the base of the bladder that extended almost to the ureters. The surface of the tumor was covered with villi. I sent this patient to Dr. Fred J. Taussig, St. Louis, who operated upon her, removing a tumor from the bladder measuring two by two and one-half inches. Laboratory examination of this tumor revealed carcinoma. She left the hospital in four weeks, was free from pain and could retain six ounces of urine. For three months after the operation, she did beautifully and thought she was well. At this time Dr. Taussig called her back to St. Louis for a deep Coolidge treatment, which was administered by the most expert man in St. Louis at that time. She returned home ten days after the Coolidge treatment, and by the time she reached home she was having considerable pain and voiding frequently. One week later I was

called to see her and found, by vaginal examination, that the whole pelvis was choked with a large tumor mass. Ten days later, the abdominal incision was wide open and pus and urine pouring out. Two weeks later she died. The roentgenologist and Dr. Taussig agreed that the Coolidge treatment set this growth afire, due, of course, to too small a dose.

I mention this to show what will happen when the dose is only sufficient to stimulate the growth, and not to discourage the use of Coolidge treatment, for I believe it is one of the best methods of treating post-operative cancer.

Dr. C. S. Pettus (Little Rock): While this important subject has many phases, the only one that I should like to refer to is the necessity of the early recognition of malignancy. This I shall do by calling your attention to the havoc wrought by lack of such recognition.

A patient, having suffered for months with an epithelioma that had destroyed all the skin and muscular tissue of the jaw, at last suggested to me that he felt that the best thing he could do would be to put himself out of the way. Although I talked to him and attempted to aid him in overcoming this idea, it was found, on entering his room last Sunday morning, that he had committed suicide by strangling himself with a heavy cord.

In taking this patient's history, the suggestion was that the doctor to whom he went for treatment when the malignancy was but a small abrasion considered it of no consequence, and, by way of treatment, merely gave him some ointment of a curative nature. As his condition steadily grew worse, he went to a quack, who applied the ointment that Dr. Gann said that we should discard. When at last he went to a man capable of taking care of him, it was too late, as the glands of the neck had become involved by that time. For months he eked out a horrible existence, but finally, realizing that he was likely to live for many months more in this condition, he committed suicide rather than endure any longer the torture of such an existence. Since it was in the power of the doctor to whom he first went for examination to have afforded him relief had he given the case more careful consideration, is he not, in a way, to be considered responsible for this man's life?

Furthermore, we have had several inoperable cases of cancer of the uterus at the hospital this year, and it was very sad to have to tell these poor women to return home merely to wait a few weeks for the end.

While I have always considered the early recognition of cancer of the greatest importance, these experiences this year have been so forcibly impressed upon me that I merely wanted to make mention of them and to give my endorsement, as all competent physicians do, to the fact that we should consider everything that might suggest malignancy, or is the least suspicious of it, in the most careful way before we give our views as to any procedure.

Dr. Earle H. Hunt (Clarksville): I want to say that I appreciated the paper very much. I think it is a very timely one, and the doctor showed a great deal of care in presenting it. I am sorry that there is no way of getting it scattered more broadcast around the State, than we will be able to through our medical journal. The doctor was very modest in taking up the treatment. He didn't jump on the radium. I think we need more radium in this State, and this emanating apparatus that he mentions. It is to be regretted that we have no radium institute in this State. And, I think, if we can get the cooperation of the doctors in Little Rock, we can get that radium. We doctors in the country haven't the money to get that stuff. I had a case a few weeks back, and I thought I would buy some of it; but I cannot buy it. There is no doubt of the wonderful work that radium is doing.

We had a case that I took to Dr. Gann, that was operated on. The right breast was removed last August. She had a recurrence in the incision, up over the glands under the arm, and up over the clavicle, and the left breast was involved. We put that radium on there for several hours, and now, in six weeks, she has not had any pain at all. The glands are getting smaller. It is absolutely miraculous the way it is going. It looks now like she has a chance for recovery.

Dr. A. U. Williams (Hot Springs): Some years ago I saw a woman who had a cancer six inches in diameter. Recognizing my inability, I consulted my friend, Dr. Laws of Hot Springs, whom I consider a good diagnostician and surgeon, and the doctor informed me that he had seen the case and didn't want to have anything to do with it, that it didn't "look good to him." There was an old doctor, Alford, from up in the mountains, who had located in Hot Springs to practice medicine, and advertised himself to cure cancer. You know no field of human affliction is so fertile and so profitable to the quack as cancer. She fell into Dr. Alford's hands. The doctor cured this cancer; he cured the woman with his remedies. He advertised that his remedies would cure cancer. The local board immediately proceeded to put the machinery in motion to revoke the doctor's license, for unethical practice, and did so. He retired to the mountains, and died of a broken heart. But he cured this woman. Since that time I have heard of several others that he cured.

Now, personally, as far as cancer is concerned, I am like the negro woman in court, when she brought a suit for divorce. The judge granted the divorce, but gave the custody of the children to her husband. She said: "Now, judge, dat's all right about de divorce, but dat nigger ain't got no interest in dem chillun nohow!"

Dr. M. D. Ogden (Little Rock): I want to say something about cancer, with which, no doubt, Dr. Gann and Dr. Bathurst will not agree. I understood Dr. Gann to say in his paper that epitheliomata of the skin should be treated first with radium. Is that correct, doctor?

Dr. Gann: I said to treat all of them on the skin with radium.

Dr. Ogden: That's the point that I wish to disagree on. As the doctor stated, epitheliomata of the skin often vary in malignancy. They vary widely on account of the patient's age. Malignancy is more rapid in the young man than in the old. It is much more rapid in the thin-skinned and blonde than in the dark-skinned, or brunette.

I realize that I am voicing the surgical opinion now against radium or x-ray, but I don't believe that it is good practice to treat a tumor or cancer first by radium or x-ray. I think that applies to the skin as well as to any other part of the body. I don't think that either Dr. Gann, Dr. Bathurst or the other men who are expert in the use of radium, will advocate the use of radium as the primary treatment, as a general thing, for every cancer in the body. Why should it apply to the skin any more than to the other parts of the body, where it can be diagnosed early? I don't quite catch the difference.

Dr. Barlow mentioned the Coolidge treatment after the excision of a carcinoma of the bladder. It has been my practice, for a good many years, in the removal of malignancies in any part of the body, to have them undergo a post-operative x-ray treatment. Unfortunately, I am not familiar with the use of radium in that regard. But, either radium or the x-ray, I firmly believe, should be the routine of post-operative procedure after the removal of any malignancy. I believe, in that, that I am voicing the opinion of the majority of surgeons throughout the United States.

To go back to the skin, I do not see why one should not remove a small epithelioma of the skin. It is a simple process. It can be done under local anesthesia, if necessary. Why not remove it? Take it out, and then use radium or the x-ray. What is the use of taking a chance, when we know that a certain percentage of them do not yield to the x-ray or to radium. Take them out first, and then let the radium man or the x-ray man have them afterward. The results from post-operative procedure in cancerous breasts have been extremely encouraging. In cancers of the cervix in the operable cases it has been encouraging. But, I regret that I must admit that the treatment in inoperable cancers, as far as I have found, has not offered any encouragement, except this: You can take an inoperable cancer, for instance, of the cervix, or some other part of the body, and relieve pain. It is really remarkable what can be done in that respect.

The educational value of Dr. Gann's paper, I don't think, can be measured, as Dr. Hunt has mentioned. If those facts could be placed in the possession of not only the laity of this State—and, I regret to admit, some doctors in the State—we would have fewer inoperable cancers. Now, that is not due to ignorance on the part of the doctor. I think all of us know the early symptoms of cancer. I do not think there is hardly a medical man in Arkansas, if you ask him if he could tell you what are the early symptoms of cancer in any part of the body, that he could not do it. But, they don't look. Some woman comes in and complains, perhaps, of a little metrorrhagia, perhaps a slight discharge, and I regret to say that many times they are sent home without an examination. A majority of the mistakes that we all make in that regard is not from ignorance, but sometimes perhaps from a little haste. Maybe we are tired, or, for some reason or other, we are careless.

Dr. W. V. Laws (Hot Springs): There is just one point that I wish to make in regard to the use of the Coolidge treatment or the x-ray treatment in the post-operative treatment of cancer. I believe that a small measure of the x-ray treatment, and I suppose the same with reference to radium—while I have not had so much experience with that—will stimulate or set afire the cancer. But, a massive dose, a dose given after the method of Phaler, of Philadelphia, and given by a man who has the proper equipment, and give it the way it should be given, I don't believe, will give you that result. In fact, I think it would stay the process rather than stimulate it. So that the probabilities are, with the doctor's ease, that either the treatment is not instituted early enough, or else it is not the massive dose that it should be.

Dr. Barlow: Just a word in explanation. I agree thoroughly with Dr. Gann, Dr. Laws and Dr. Ogden. I merely mentioned that case as one of my experiences. That was six years ago. At that time they didn't know as much about the Coolidge treatment as they do now. Dr. Taussig and I believed that it was too small a dose—just enough to irritate and set it afire. I believe that is the proper treatment now.

Dr. Gann (in response): In regard to Dr. Barlow's discussion, I would like to say this: You can take twenty layers of gauze, and put twenty grains of wheat on each layer of that gauze and put twenty milligrams of radium on the top layer, and treat it for a given length of time, and you will find that the wheat grains immediately under the radium will not grow at all. They will be killed. Those about the center will be normal in growth as compared with a control. Those farthest from the center or from the radium will be stimulated by the rays. So, it all reverts to the question of intensity of dosage. I don't believe that cancer cells can live under the Coolidge ray or the radium ray, if you can get the

proper dosage into the cancer cells, which can usually be accomplished in skin diseases. This is my reason for advocating it in skin cases.

In regard to the emanation machine that Dr. Hunt refers to, I think it would be a very fine thing.

In mentioning the breast case referred to, the woman will improve. The recurrence of carcinomatous tissue will subside, and she is going to be fairly well for one, two or three years, and in that length of time she will probably die from mediastinal involvement of the lymph glands.

Now, I haven't enough radium, and there is not enough radium in the State of Arkansas to have any beneficial effect on mediastinal tumors. If we had it all put together, and had 500 milligrams in Arkansas, more than we now have, we could all have access to it and benefit these cases. If you gentlemen could take stock in an emanation machine and put it in some central location, we could give our people the benefits that can be derived through radium.

Regarding the case that Dr. Williams mentions:

In the course of my paper I said that a basal-celled epithelioma, which is no more than a rodent ulcer, can be cured by the cancer specialist; that is absolutely true. In some instances you can almost blow them off, and they will not return. In another instance, you can excise them with paste, make them become more malignant, and cause them to take on a mixed type; then they are hard to cure.

Referring to Dr. Ogden's discussion of skin cases, I take this position: I believe, if you have a skin epithelioma, before it has been tampered with by all kinds of various remedies, and you can take affairs properly in hand, you will cure just as many of those epitheliomata with ray-therapy as you will with surgery, and you will get far better cosmetic results. That is especially applicable to cases with malignancies near the eye. When you have an epithelioma on the leg or any extremity that has to be covered by the clothing, I don't know that I would spend five or six hours treating that case with radium. I rather think I would take a needle, as Dr. Ogden suggested, with a little novocain, and take it out, and send him on his way.

Dr. Laws was very kind about discussing this paper. I want to say just one word in regard to the treatment of uterine carcinomata, whether of the cervix or in the fundus. Dr. Laws will recall a case that I treated for him some three or four years ago, of a woman who was in an inoperable stage of cancer. She apparently got well. The cervical involvement disappeared. The uterus became movable and Dr. Laws did a hysterectomy on that case. She lived three years. All that time she was free from pain, discharge and odor, which is quite a nice thing in a malignancy of the uterus. About a year after the radium treatment, she began to have slight pain in the back. Although she had a hysterectomy, she must have had some metastases along the chain of lymphatics that caused her back pains, and later in that group of glands which occupies the space near the celiac axis, because she soon began to have stomach symptoms, nausea and vomiting. She couldn't eat anything, and then followed the dyspnea, which must necessarily have indicated mediastinal involvement. And later, as Dr. Laws will tell you, there were glandular enlargements in the supraclavicular region on the left side, and in a very short time involvement on the right side. Of course, she died shortly. But, I say we did a worth-while piece of work there, as in many other cases, because that woman lived three years longer than she would have lived, and all during that time, or, at least, for two years of that time, she was free from pain and the terrible odor and discharge always associated with this class of cases.

THE JOURNAL

OF THE

Arkansas Medical Society

Owned by the Arkansas Medical Society and published under the direction of the Council.

WILLIAM R. BATHURST, SECRETARY-EDITOR
810-812 Boyle Building, Little Rock, Arkansas.

Published monthly. Subscription \$2.00 per year; single copies 25 cents.

Entered as second-class matter, June 21, 1906, at the post-office at Little Rock, Arkansas, under the act of Congress of March 3, 1879.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized August 1, 1918.

The advertising policy of this Journal is governed by the rules of the Council on Pharmacy and Chemistry of the American Medical Association.

All communications of this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the state. Notice of deaths, removals from the state, changes of location, etc., are requested.

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Editorials.

NEEDED LEGISLATION.

The Legislature will meet within three months from the date of this issue of The Journal. We deem it imperative to again call attention to the legislation urgently needed as suggested by the Arkansas Medical Society. The chief measures are:

1. To promote the general health of the public.
2. Institutional needs.
3. Adequate protection of the medical profession.

Neither the Legislature, individually nor collectively, nor the people themselves, are fully alive to the paramount importance of health measures. They look at disease impersonally. A neighbor is sick and we express regret and hope for his rapid recovery. We hear of cases of smallpox or diphtheria somewhere, and we express the hope that it will not reach our community; there all interest ceases.

The people at large will take the deepest interest in all manner of legislation save that touching the public health, in which they take no interest whatever. A county bridge, a stock or fence law, a fishing licensing special act, and scores of other measures of equal importance—or lack of importance—are of far more moment to the average lawmaker than a measure for the prevention of disease, or better sanitation, or a proper provision for sustaining the State Health Department. Good roads are excellent aids to State development; but no measure can be compared in importance to those for the conservation of health. This is the fundamental fact which should be impressed on our legislators.

Some of the public tax money must be diverted to the building and equipping of public hospitals for the care of the sick. A State Charity Hospital is an urgent necessity. It is a standing disgrace to Arkansas to have been this long without what many other States already have. Save in the few counties containing the larger cities, no county hospitals exist where serious cases can be received or operations performed; and only the patients from those counties can be treated in them. We do not believe that the erection of hospitals should be loaded onto private char-

ity or physicians and we have little faith in the hope of relief from quackery and fraud in the treatment of the sick, so long as the State itself neglects its plain duty in providing for their care. It is at least as much the duty of the State to care for its helpless sick as it is for it to provide for its blind, deaf and insane, or maintain public schools and public buildings. But not until the truth is appreciated that health is paramount, will this idea be accepted. It is part of the duty of every physician to help impress lawmakers with this potent fact.

We recommend Full Time County Health Officers. In no other way will satisfactory results be obtained. We would not attempt to outline any legislation that may come under the purview of the State Board of Health; but it should be known that the board was organized through the efforts of the Arkansas Medical Society, and the Society stands ever ready to continue its efforts in behalf of the board. The same applies to the Sanatorium for Tuberculosis at Booneville.

PROTECTION OF THE PROFESSION.

One of the most pressing of all needs is legislation to protect the profession—and the people, too—from the constant influx of quacks, charlatans and incompetent practitioners, made possible by our cumbersome, foolish and dangerous multiplicity of boards. "What's the matter with Arkansas?" asks The Journal of the American Medical Association, and no answer is forthcoming. We continue to receive with open arms graduates from alleged colleges who are not recognized nor allowed to practice in the very State from which they graduate. *The remedy is a law requiring a uniform educational standard for all kinds and classes of doctors who expect to be qualified to treat the sick. All should be required to pass the same examination in all the fundamental sciences upon which the treatment of diseases must depend, leaving out the therapeutics of various schools.*

Because of the ease with which those of all cults may enter, the State is being flooded with incompetent and unsafe practitioners, a menace to the profession and to the public alike.

Abstracts.

TESTS IN HAY-FEVER PATIENTS.

Thirty-two hay-fever and asthma patients were tested by Mark J. Gottlieb, New York (Journal A. M. A., September 18, 1920), for skin sensitiveness to determine whether their symptoms were due to anaphylaxis from epidermal, bacterial or food proteins. Forty-eight patients were tested with pollens to determine whether their symptoms were due to sensitiveness to these vegetable bodies. There were 2,105 skin tests performed on the thirty-two patients, and the average number of tests per patient was a little over sixty-five. In the epidermal group, twelve were found positive and 220 negative. In the bacterial group, three were found positive and 119 negative. In the food group, forty-eight were found positive and 1,482 negative. The results of these tests are given in detail.

FEE-SPLITTERS.

There is little new to be said on the subject of fee-splitting, but in an editorial just published in The Journal of the Medical Association of Georgia, Dr. E. C. Thrash says some of the old things in a new way. He classifies fee-splitters into three types: innate crooks; impecunious young men who resent the fact that much work goes to older men who are their inferiors in ability, and men who do not fully comprehend the heinousness of the offense. Class 1 he considers irreclaimable; such men, he says, would even take an oath not to split fees and then continue the practice. Men in Class 2 reform when they become more prosperous, and Class 3 is made up chiefly of men who do not analyze the ethics of fee-splitting, considering only that they have performed service and are getting their due. The appeal is made to young men that they bear a little more sacrifice and have the satisfaction of looking back on a career wholly honorable. Class 3 is asked to recognize the value of honest service and to collect a fee for it openly. The man with a conscience needs no better guide.—Journal A. M. A., September 11, 1920.

Personals and News Items.

Dr. H. H. Kirby of Little Rock has recovered from his recent illness.

Dr. C. H. Hill of Lake Village has moved to West Monroe, La.

Dr. J. H. Weaver of Hope and Dr. J. B. Wharton of El Dorado are attending the Mayo clinics at Rochester.

Dr. J. P. Sheppard and Dr. F. Walter Caruthers of Little Rock have returned from an extended trip North and East.

The All-American Conference on Venereal Disease will be held in Washington, D. C., December 6 to 11, 1920.

Dr. H. A. Higgins of Little Rock has moved his office from the Urquhart Building to 408 Donaghey Building.

The attitude of a nation toward child welfare will soon become the test of its civilization.—Robert Hoover.

The Tri-State Medical Society will hold its annual meeting at Texarkana on December 7-8, 1920.

The Fifteenth Annual Session of the Medical Association of the Southwest will meet November 22, 23 and 24, at Wichita, Kan.

Dr. Dewell Gann, Jr., of Little Rock has moved his office from 301 to 315 Boyle Building.

Dr. J. B. Wharton of El Dorado was elected vice president of the American Association of Railway Surgeons at their recent meeting in Chicago.

The First District Medical Society will meet November 10, at Jonesboro. An invitation to attend is extended to every member of the Arkansas Medical Society.

Dr. E. E. Barlow of Dermott has returned from a two months' vacation in Michigan and part of the time in Chicago attending the surgical clinics.

Dr. Thad Cothorn and Dr. W. W. Jackson of Jonesboro attended a meeting of the Greene County Medical Society at Paragould this month.

Dr. A. Crump Kirby of St. Louis, son of Dr. L. Kirby of Harrison and brother of Dr. H. H. Kirby of Little Rock, has moved to Little Rock and announces that his practice will be limited to pediatrics.

Dr. G. A. Warren of Black Rock, Dr. Thad Cothorn of Jonesboro, and Dr. J. B. Wharton of El Dorado attended a recent meeting of the Pulaski County Medical Society in Little Rock.

Announcement has been made of the organization of the "Cooper Clinics" for the practice of Clinical Medicine and Surgery, Fort Smith. Dr. St. Cloud Cooper is director and consultant.

About the only thing that has not advanced in price during the last few years is membership in the American Red Cross. It is still one dollar. Renew your membership for another year, during the Fourth Roll Call, November 11-25.

FOR SALE.—One Allison table; sterilizer; white enameled operating table; small dressing cabinet; large combined instrument and medicine cabinet; surgical instruments, etc. Address J. B., care Journal Arkansas Medical Society.

The United States Public Health Service will conduct an institute on Venereal Disease Control and Social Hygiene, Washington, D. C., November 22 to December 4, 1920. Applications for admission should be made immediately. No tuition fee is to be charged. Address, Surgeon General, U. S. Public Health Service, Division of Venereal Disease, Washington, D. C.

Arkansas physicians visiting in Little Rock during the past month include: D. W. Goldstein, Fort Smith; J. C. Land, Walnut Ridge; J. B. Ivy, Tuckerman; G. A. Warren, Black Rock; Thad Cothorn, Jonesboro; J. B. Wharton, El Dorado; Earle H. Hunt, Clarksville; C. J. March, Fordyce; W. G. Hodges, Malvern; L. Kirby, Harrison; George S. Brown, Conway; J. B. Roe, Newark; J. E. McMahan, Conway; J. B. Wells, Scott.

OUTLINE OF THE PRELIMINARY PROGRAM, SOUTHERN MEDICAL ASSOCIATION, FOURTEENTH ANNUAL MEETING, LOUISVILLE, KY., NOVEMBER 15-18, 1920.

MONDAY FORENOON AND AFTERNOON,
NOVEMBER 15.

Southern States Association of Railway Surgeons.

Section on Urology.

Section on Orthopedic Surgery.

Section on Roentgenology.

Section on Obstetrics.
 Conference on Medical Education.
 Southern Hospital Association.
 Southern Gastroenterological Association.
 National Malaria Committee (Conference on Malaria).
 Association of American Medical Milk Commissions.
 Dinner (evening) to Presidents and Secretaries of State Medical Associations, and to State Health Officers.

TUESDAY, NOVEMBER 16.

General Opening Session—Addresses of Welcome, President's Address, Orations on Medicine, Surgery and Public Health, etc.

TUESDAY AFTERNOON, WEDNESDAY FORENOON AND AFTERNOON, AND THURSDAY FORENOON, NOVEMBER 16-8.

Section on Medicine.
 Section on Pediatrics.
 Section on Public Health.
 Section on Surgery.
 Section on Eye, Ear, Nose and Throat.

THURSDAY AFTERNOON, NOVEMBER 18.

Last General Session (short), followed by the symposium on Nephritis, participated in by all sections.

TUESDAY AFTERNOON, NOVEMBER 16.

Musical and tea for visiting ladies.

TUESDAY EVENING, NOVEMBER 16.

Reception and dance in honor of the president and visiting members of the Southern Medical Association.

WEDNESDAY, NOVEMBER 17.

Automobile ride and luncheon at Louisville Country Club, for visiting ladies.

WEDNESDAY EVENING, NOVEMBER 17.

Alumni reunion dinners.

MONDAY, TUESDAY, WEDNESDAY AND THURSDAY.

Scientific exhibits—the outstanding feature of this meeting.

TUESDAY, WEDNESDAY AND THURSDAY.

Moving picture demonstrations in connection with scientific exhibits.

FURTHER OBSERVATION OF ACRI-
 FLAVINE IN GONORRHEA.

By Edwin G. Davis, M. D.

It is one thing to kill the gonococcus in the open, so to speak, and it is quite another thing to kill this organism in living tissues. It is on this account that the successful treatment of gonorrhoea has been rendered more or less difficult.

Dr. Edwin G. Davis, director of the pathological laboratory of the University of Nebraska, makes report on some observations he has made on the use of acriflavine in gonorrhoea. A notable quality of this compound is not only its retention of antiseptic powers in the presence of serum, but according to laboratory experiments, the actual increase of these powers under such conditions. Dr. Davis makes no extravagant claims for the efficiency of this drug in the treatment of gonorrhoea. His investigations, however, seem to justify the statements that results from its use are distinctly better than with the organic silver salts in common use.

The experiments under which Dr. Davis makes his conclusions are contained in a report on "Further Observations on Acriflavine in Gonorrhoea," from the laboratory of the University of Nebraska, with the aid of a grant from the United States Interdepartmental Social Hygiene Board.

A survey of clinical reports by various observers shows that there are discrepancies of opinion on the efficiency of acriflavine that range from one extreme to the other. This variation in opinion may be due to variation in the commercial acriflavine now available. Dr. Davis reports that results of his special investigation of relative efficiencies will be published soon.

BIRTH STATISTICS, 1919.

CENSUS BUREAU'S SUMMARY OF BIRTH STATISTICS FOR 1919.

Washington, D. C., October 7.—In the birth registration area of the United States, exclusive of Rhode Island, which failed to send in transcripts of birth certificates, 1,365,585 infants were born alive in 1919. The total number of deaths in the same area was 791,732, the births exceeding the deaths by 573,853, or 72.5 per cent.

BIRTH REGISTRATION AREA.

The birth registration area was established in 1915 when it comprised only ten States, the six New England States, New York, Pennsylvania, Michigan and Minnesota, and the District of Columbia. In 1916 Maryland was added, and in 1917 Virginia, North Carolina, Kentucky, Ohio, Indiana, Wisconsin, Kansas, Utah, and Washington were added. No States were added in 1918, but in 1919 Oregon and California, which covered the Pacific Coast, were admitted, and South Carolina, which extended the area along the Atlantic Coast, was added, making the per cent of estimated population included about 58.

COMPARISON.

The number of births for the year 1919 compared with 1918 shows a decrease of 7 per cent in the registration area. Each State shows a decrease, the per cent ranging from less than one in Maryland to ten in Utah and Wisconsin. This is in marked contrast to previous years as the number of births had increased from year to year.

INFANT MORTALITY.

The infant mortality rate (number of deaths of infants under one year of age per 1,000 born alive) is 87 in 1919, and is the lowest infant mortality rate on record in the birth registration area. Among the States these rates range from 63 in Oregon and Washington to 113 in South Carolina.

AMERICAN RED CROSS.

THE FOURTH RED CROSS ROLL CALL.

The Fourth Roll Call of the American Red Cross will be held during the two weeks from the 11th to the 25th of November. During that time all of the ten million members who joined last year will be asked to renew their memberships, as an expression of their faith in the ideal of service for which the Red Cross stands, and as an evidence of their desire to help carry out the after-war public health program of the organization.

This program, decided on after the signing of the armistice, aims to concentrate Red Cross effort on public health work in this country. Much has already been done. Last year more than 30,000 disaster victims were given assistance; more than 26,000 men, still in the hospitals as the result of the war, had

Red Cross service; 92,000 women and girls completed courses under Red Cross nurses in home care of the sick. Community nurses have been appointed, first aid and dietetic courses given, health centers established. In short, the Red Cross has endeavored in every way possible to carry out a nation-wide campaign against disease.

But to continue, it naturally needs the continued support of its members. Last year, when the organization was in the transition stage between war and peace work, ten million, exclusive of the fourteen million juniors, renewed their memberships. This year, with the peace work in full swing, the Red Cross asks each of these members to pay his dollar and join for another year. It asks all those who, for whatever reason, did not join last year, to become members now; for it desires to have the whole American people standing solidly behind it in the fight for a healthier and happier America.

“Are you a member of the State Society? is asked every expert in medicological cases. The fraternal feeling engendered by fellow membership is productive of extended acquaintances and courtesy and yields a dividend of greater value than its mere work in dollars.

“If there are good reasons for joining your State Society, there are better ones for taking an active part in its proceedings. If you have views, proclaim them. A dumb man makes a poor auctioneer. If you want something done, do it yourself. A dead man cuts no ice. Get busy, make yourself a factor, your opinion worth while, your presence felt, but if you don't do any of these things, don't holler and say the Society is run by a clique, if you are not elected as the next president.”—R. I. Med. Jour.

Dr. R. J. Calcote (U. of Ark., '18) has permanently located at Little Rock and will conduct a general practice. Temporarily he will occupy the office of Dr. W. F. Bell, Room 309, Boyle Building, until Dr. Bell's return from vacation. Immediately after his graduation, Dr. Calcote enlisted in the navy, and while awaiting assignment took a special course in the Municipal Hospital, Philadelphia, then served about two years in the Naval Hospital, Boston, and has just completed a course in the Manhattan Maternity Hospital, New York, which is the teaching clinic for the Cornell University Medical School.

Obituary.

FORBES.—William Olin Forbes of Hot Springs died in Lincoln, Neb., August 26, 1920. Aged 50.

DR. A. G. McALISTER.—Dr. A. G. McAlister of Cash, Ark., died of acute dysentery at his home at 5:30 o'clock a. m., September 7, 1920. He was a member of the Craighead County and Arkansas State Medical Societies and had the pleasure of entertaining at Cash the County Medical Society at its meeting July 27, 1920. He was an ardent supporter of organized medicine, a booster for his home town and community, and a very devout member of the Christian Church. He enjoyed the love, friendship and respect of all who knew him.

A wife and five children survive him—three boys and two girls. He was sixty-one years of age at his death and was buried in Johnson Cemetery, at Cash, September 8, 1920. A useful and worthy life has come to a close and another name has been added to the list of our noble dead.

Whereas, Our beloved fellow-member, Dr. A. G. McAlister, of Cash, Ark., was quite suddenly called to his final reward; and,

Whereas, His untimely summons has lost the Craighead County and the Arkansas State Medical Societies one of their most loyal members; and,

Whereas, We, who best know him, realize that a personal friend has gone; that our profession has lost a staunch supporter; that the business, social and religious enterprises of his home town and county have given up one of their safest councilors and supporters; therefore, be it

Resolved, By our County Medical Society, that we by these resolutions try to express a small bit of the sorrow that we feel; and be it further

Resolved, That a copy of these resolutions be spread on the minutes of our Society, a copy be sent to the sorrowing family of the deceased, and to The Journal of the Arkansas Medical Society. Respectfully,

J. T. ALTMAN,
H. A. STROUD.

County Societies.

FRANKLIN COUNTY.

(Reported by Thos. Douglass, Sec'y.)

The Franklin County Medical Society held a meeting October 11, 1920. Members present: Drs. Hansberry, Williams, Porter and Douglass. The "Chiropractor" was discussed. It was generally considered inadvisable for physicians to aid or in any way countenance them. There was some talk of a resolution, to prevent members treating a case with a chiropractor. This will come up again at the next meeting.

There was a paper on "Tuberculosis" by the secretary, which was discussed and objected to by the others present.

LAWRENCE COUNTY.

(Reported by H. R. McCarroll, Sec'y.)

The Lawrence County Medical Society met in regular session at Hoxie, Wednesday, October 6, 1920.

The following program was carried out: "Indications for the Removal of Tonsils," J. H. Stidham; "The Relation of the Physician to the Profession," William Johnson, Hardy; "Cystic Degeneration of the Chorion," Earl Thomas; "Intravenous Medication and Some of Its Uses," H. R. McCarroll.

Other essayists were to have been present, but the above papers, together with the discussions, furnished all the material that could be handled in the allotted time.

The interesting papers read at this meeting, together with the large number present, made this one of the most important meetings of the season. It is very commendable that so many of our physicians attend the sessions of their County Society. We are, indeed, proud of our loyal and faithful doctors that are willing to do so much to keep burning the camp fires of professional interest and progress.

Present: G. Max Watkins, G. A. Warren, C. C. Townsend, Earl Thomas, J. H. Stidham, J. M. Stephens, H. R. McCarroll, J. C. Land, William Johnson, J. C. Hughes, A. G. Henderson, W. W. Hatcher, T. C. Guthrie, A. J. Clay, C. C. Ball.

BENTON COUNTY.

(Reported by C. A. Rice, Sec'y.)

We did not hold our regular meeting in June and July, as twenty-one of our members registered at the State meeting at Eureka Springs, probably the largest delegation from any one county, and at our July meeting we spent the day at Cave Springs, about half way between Bentonville and Fayetteville, in our joint annual celebration with Washington County physicians and their families. Both counties were well represented by good doctors and fine ladies. Everything that is good to eat and drink was in abundance.

Those present from Benton County were: Dr. and Mrs. Cargile, Dr. and Mrs. Eubanks, Dr. and Mrs. Cox, Dr. and Mrs. Clemmer, Dr. and Mrs. R. S. Rice, Dr. and Mrs. Crockett, Dr. and Mrs. Love, Dr. and Mrs. Highfill, Dr. and Mrs. C. A. Rice, and Drs. Clegg, Steele, McNeil, Harrison, T. M. Rice, Curry, McHenry, Guy Hodges, and George R. Love.

The day was profitably spent in renewing old acquaintances and forming new ones among our Washington County friends.

Our August meeting at Bentonville had a good attendance, and after an interesting session, through the generosity of Dr. Cargile, we were all conducted to the dining room of the Massey Hotel, where we found in readiness for us a 6:00 o'clock dinner which touched the right spot at the right time. After a unanimous vote of thanks to Dr. Cargile, we adjourned to meet at Siloam Springs the second Tuesday in September.

We do not want our society to go on record as composed of a set of political boosters, but we petitioned Dr. J. T. Clegg, who kindly consented to submit to the will of his medical friends and he was made one of the nominees in August. He will be elected in November next to the Legislature. We feel justly proud of this, as we believe he will represent all classes conscientiously and energetically.

CRAIGHEAD COUNTY.

(Reported by Thad Cothorn, Sec'y.)

The Craighead County Medical Society met in regular session October 8, at 8:00 o'clock p. m., in the office of Dr. Ratliff. The minutes of the two preceding meetings were read and approved.

Dr. M. E. Staudenmayer, having sent in his application for membership in our Society, and our Board of Censors having made

a favorable report on same, he was duly declared elected.

Dr. McAlister of Cash, one of our members, died last month. Drs. Altman and Stroud were appointed to draft suitable resolutions concerning his final call.

The secretary next read a letter from the Pulaski County Medical Society requesting our co-operation in securing necessary legislation to correct the evils of our State's system of medical licensure. The letter informed us that some funds were needed to be placed at the disposal of the Committee on Legislation of our State Society and that they had passed a resolution pledging each member to contribute five dollars for this purpose. The letter requested us to take similar action.

A motion was carried that each member of our organization be pledged to contribute five dollars to be placed at the disposal of our State Society's Legislative Committee for such legitimate expenditure as they found necessary.

Another motion was made that a Legislative Committee be selected for our County Society to co-operate with our State Society's committee in such ways as might be found necessary. Drs. Jackson, Burns and Roberts were selected for this committee.

Drs. Lutterloh and McAdams were appointed to make arrangements for the entertainment of the First Councilor District Society, which will meet with us November 10, 1920.

The scientific part of our program was now taken up and some very excellent papers and discussions were enjoyed. The courtesies of the floor were extended to the visiting doctors present and they took part in the discussions.

It was suggested that our next meeting be held in one of the banquet rooms of some hotel here, and start with a luncheon at 12:30 p. m. just after the noon Frisco train arrives. This would suit the conveniences of some of our out-of-town members who are unable to attend our evening meetings. It was left with the secretary to select a committee to make proper arrangements.

There being no further subjects to be considered, the usual motion to adjourn and partake of our hosts' refreshments was made.

Those present were: Drs. Altman, Cothorn, Jackson, McAdams, McCracken, Overstreet, Ratliff, Scott, Stroud and Walker. Drs. Loftis of Maynard, and Throgmorton of Poehontas, were our visitors.

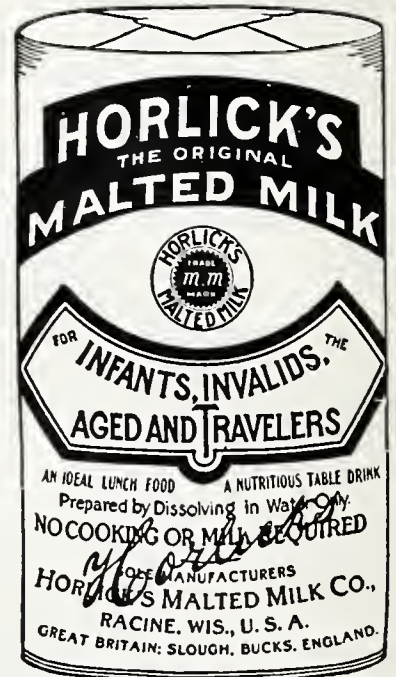
The Diet in Typhoid

and other fevers and diseases
prevalent at this season

As the intestinal tract is seriously involved in Typhoid fever, the dietetic problem is one of first consideration. A liquid diet is largely essential, in which connection "Horlick's" has important advantages, being very palatable, bland and affording the greatest nutriment with the least digestive effort

Samples prepaid upon request.

Horlick's Malted Milk Co., Racine, Wis.



Avoid imitations by prescribing
"Horlick's the Original"

Book Reviews.

THE SURGICAL CLINICS OF CHICAGO. Volume IV, Number II (April, 1920). Octavo of 222 pages, with seventy-nine illustrations. Published bi-monthly by W. B. Saunders Company, Philadelphia, 1920. Price per year: Paper, \$12.00; Cloth, \$16.00.

Among the sixteen clinics in this issue we wish to call attention to the one by Dr. A. J. Oehsner, Augustana Hospital, on "Prostatectomy." Summary as follows: Perineal prostatectomy by the two-stage operation; details of the technic of preparing the patient, of operative procedure, and of postoperative management.

SURGICAL CLINICS OF CHICAGO. Volume IV. Number III (June, 1920). Octavo of 204 pages, with seventy-nine illustrations. Published bi-monthly by W. B. Saunders Company, Philadelphia, 1920. Price, per year: Paper, \$12.00; Cloth, \$16.00 net.

Among the leading articles in this issue of the Clinics is one by Dr. Allen B. Kanavel, Wesley Memorial Hospital, of "Empyema." He gives a demonstration of two patients and discusses the treatment of empyema with special reference to methods of draining, sterilizing and obliterating empyema cavities. The article is illustrated.

ADVANCED LESSONS IN PRACTICAL PHYSIOLOGY, FOR STUDENTS AND PRACTITIONERS OF MEDICINE, by

Russell Burton-Opitz, M. D., Ph. D., Associate Professor of Physiology, Columbia University, New York City. Octavo of 238 pages, with 123 illustrations. Published by W. B. Saunders Company, Philadelphia, 1920. Cloth, \$4.00 net.

This book is composed of fifty lessons in a very practical manner on the subject of physiology. The author embodies in these lessons all those experiments which can be performed with the aid of simple apparatus. The benefits of such a course of study cannot be overestimated. It cultivates the faculty of close observation and accurate rating of facts.

MEDICAL CLINICS OF NORTH AMERICA. Volume III, Number IV. (The Boston Number, January, 1920.) Octavo of 316 pages, forty-three illustrations. Published bi-monthly by W. B. Saunders Company, Philadelphia, 1920. Price, per Clinic year: Paper, \$12.00; Cloth, \$16.00.

This is a very interesting issue and is designated as the "Boston Number," with seventeen articles. We wish to make mention of the contribution by Dr. M. J. Rosenau, Harvard Medical School, on "Studies in Food Poisoning—An Experimental Lunch With Canned Food Containing Bacteria." (This work is a part of the investigation of food poisoning.)

THE JOURNAL

OF THE Arkansas Medical Society

PUBLISHED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

Vol. XVII.

LITTLE ROCK, ARK., NOVEMBER, 1920

No. 6

Original Articles.

THE FUNDAMENTAL CAUSE OF ABNORMALITY.*

By D. C. Walt, M. D.,
Little Rock.

Each individual is good or bad from every viewpoint on account of the conditions under which he exists. Natural law does not recognize individuals, numbers or percentage; it operates only by conditions. The physical and chemical laws that unite to make life are necessarily a multiple influence and not a single value; consequently, this influence has no respect for wealth, does not consider poverty, does not recognize beauty, hideousness, innocence or crime, but operates by conditions. It is owing to our ability to make conditions as to how good or bad we will grow or how well we will do.

There is a common-sense course of reasoning that every practically sane individual must accept from necessity. By following this line of reasoning we become convinced that when we do not get results to a given point, it must be from ignorance, accident or neglect. We must admit that one can eat too much as well as too little; then as reasoning is the highest value we have from the point of self-protection, we must use it to make the demand and supply fit best. We can drain too much as well as too little; we can get too hot, tired or cold. Then we must use our reason to get the highest value out of each day's life.

When people live as though under a special dispensation, live from the point of appetite more than reason, drain from the point of necessity more than requirement, they are not using their best reasoning which must be done by reckoning from cause to effect. Necessity

required by civilized law which disturbs natural law, and not compensated for each day, demands a higher price in the shape of abnormality than a system of each day's care. It were better to meet requirements from day to day as best we can from the simple fact that natural law operates without regard to individuals or numbers. Then, since every one, even the scientific doctor, lives without reason, or as if he did not have good sense, we cannot expect to make as good conditions for our bodies over a number of years as if we used our best efforts each day.

Men and women who have plenty of weight and strength and are free from aches and pains are considered well, although they have lived by appetite and chance. They have not reckoned upon the fact that reason, care and time would necessarily have built them better than they are built, having eaten because "it tasted good" rather than because they should; having eaten because they wanted it more than because they needed it. They have eaten to please their neighbors or the cook, and sometimes have eaten to keep it from spoiling, making garbage cans of themselves, and cleaning up only when they had to. At the same time, from the point of necessity of civilized law, they have harnessed themselves in clothes, have been polite in society, and wedded to their business, thereby making conditions each day from the point of governing waste and repair that in forty years must build them bad regardless of the fact that each day, sometime and somewhere, this class of people are falling dead on the street.

Our failure will never be reckoned with until we appeal to our reason more than our notions. So the world has gone on century after century, ignoring reason because someone has expressed a notion. Then, tell me why we should not pay an enormous penalty in premature death and decay from ignorance, accident and neglect, in the shape of insanity, tuberculosis, the hospitals overcrowded for

*Read before the Arkansas Medical Society, at the Forty-fourth Annual Session, Eureka Springs, June, 1920.

operations, the criminals taxing the utmost effort of those who are not so sick or bad, even expressed in the extreme degree of the madhouse of Europe today (in the year 1914). Don't you think it is time to stop our folly and give the care and reason to the animal man and woman that we do to the horse and others of the lower animal life? They are worth it, don't you think?

Did you ever consider the fact that natural law has never changed its methods to accommodate a single individual or a world of men and women, but has been as positive with one as with the many? As exacting as a Shylock, as true as justice itself, never making an expression except that it depended upon conditions, whether it was in the shape of a thought, an act of kindness or harm; whether it was the dark green color of the leaf in spring, the old gold of autumn, or whether it was the thrilling notes of the moeking bird or the coo of the dove; whether it was the variegated feathers of the peacock's tail, or the brilliant plumage of the tropical bird; or whether it was the lightning's flash, the rumble of thunder or the vibrations of the earthquake. All depend upon the conditions that make the expression. Then, it must stand to reason that the negro is a negro on account of conditions, instead of special dispensation. When we travel from the north to the south, it is plain to be seen that not only a few, but every one who has lived there long enough, is darker than the one who has lived only in the north. Then we cross over to the islands and make our way into the heart of Africa, we find them still darker. While we have the Albino coming from the darkest race and also from the white race by reasons we might not be able to explain, we do know that it is the loss of power to maintain the impigmentation of the skin which necessarily must depend upon conditions. We must accept the fact that we can extract carbon, hydrogen, oxygen and nitrogen in some value from every animal and vegetable life. It is also easy to understand that the kaleidoscopic expression of colors as well as variety of sound and weight is produced on account of the associated values that go to make them.

The language of natural law is easier to master than the English language which we speak, and after learning both we should be able to translate one into the other, so that every one may understand the relation each bears to the other.

Under the accepted system of the world, each individual must grow abnormal to a marked degree. The abnormality of individuals necessarily expresses itself in abnormal manifestations in the life of a nation and could culminate in the insanity of a nation as well as in the insanity of an individual.

All life being a matter of supply and demand, waste and repair, so much of this and so much of that which, under certain conditions, make certain expressions, it does not matter how scientific one claims to be, no one can be as well without proper care as with it. No one can be as sane when not well as when well. Then, as no one has the constant care he needs, no one can be as well as he should be. No one being as well as he could be, he is not as sane as he should be. "As night follows the day," the individual or the nation that lives without constant physical care cannot be as well or as sane as that individual or nation could or should be.

Civilized law is made for man's convenience, and might make him a better animal or a worse animal, but an animal all the same. He is born as all animals are born, dies as all animals die, and his physical condition represents this life. All other animals that have value are cared for each day, and man is not. One can do better when he tries than when he does not. The best man in the world can do the most harm. His good intentions are a passport to your confidence and respect, and he teaches you ignorance and neglect by his wrong system of education.

DISCUSSION.

Dr. R. H. T. Mann (Texarkana): Just one point which I wish to emphasize in Dr. Walt's paper. Who, of all the people in the world, should be the ones to teach correct ideas in living? Where should it start? With the doctors. Well, are they doing it? Has each doctor converted himself into a committee of one to start the correct idea of living first with himself and his family, and then let it radiate to others, in matters of diet and every other way?

In the prevention of disease, and in the correct method of living, in educating by precept and example, it certainly should begin at home. And, the medical profession is turning over a new leaf. They haven't always presented a fine example in the past. They have gone all the gaits in the medical colleges when they were students there. And, what haven't they done?

Now, men, let's turn over a new leaf, and make of ourselves examples to the communities in which we live as to the methods of right living.

Dr. L. Kirby (Harrison): Dr. Walt would make us believe that we are subject entirely to environment. I believe he was born an optimist.

I want to encourage some of these younger doctors about the teaching that we are going to do to the community. I have been trying for over forty years

to get my neighborhood and my little locality down there to eat whole wheat bread. I said if we would eat wheat just like it ought to be, and grind it up just enough so that we can masticate it, we would live longer and do better, than if we wouldn't be so refined in our diet. But they go along and don't pay much attention to me. They say, "He is just a kind of crank. That's what is the matter with him." So, I still think it is worth while to keep trying to impart the lessons to our patrons and to our friends.

We doctors have been trying to get legislation and fix a standard of medical education, and all those things, and sometimes we get disheartened. Let's keep struggling. I think it is a very good idea to persevere, whether or not our efforts are always crowned with success; it doesn't make any difference. It is worth while to do right in everything that confronts us.

Dr. A. U. Williams (Hot Springs): Dr. Kirby wants us to eat whole wheat bread and lengthen our lives. The trouble with most of us is that we would rather have what we want, eat what we like, and not be quite so healthy.

Dr. Thomas Douglass (Ozark): The most difficult proposition is to get people to pay any attention to hygienic living. But, the doctor has a fat chance to live a hygienic life. He can't do the things that he knows a man ought to do, on account of his irregular hours of eating and sleeping; sometimes he takes a great deal of physical exercise, and sometimes none at all. It is out of the question, it is absurd, to expect the doctor to be a real example of hygienic life.

Dr. C. E. Benefield (Conway): While listening to these speakers, I thought of the contrast that might be drawn between the hygienic measures we institute for our children and for our horse. Take the horse, the hog, the sheep, the goat and every other domestic animal; they have better care than our children. We measure more accurately, more definitely, the food that is given to the horse than we do for that for our children. So, this paper, while it is unique, I regard it as a very, very timely one.

Now, to illustrate the point right here, I remember the case of a little fellow. And, no wonder that the expectancy of life is growing shorter and shorter, and, it is. I was treating a family for whooping cough. And I heard a great commotion in the side room. So I happened to step in, and I found that the grandmother was spanking the little fellow to beat the band. I said, "What on earth is the matter, Mrs. G.?" She said, "I am trying to make this little rascal take this tea." It was some black stuff; it looked like ink. She said, "The little rascal won't take it." She said, "I gave the baby a quart of it when he had the whooping cough." About that time he had to vomit.

So I don't wonder why babies die and that we are growing shorter in our life, because of our dereliction.

Dr. Walt (closing): Dr. Mann's suggestion that "we make examples of ourselves for the community" is a good one. No one is expected to be perfect; but one can do better when he tries, than when he does not. Excuses may answer in civilized law, but they do not meet the requirements in natural law.

If your medicine is good for your patients, it should be good for your patient's doctor. If your professional effort is not idealistic, your motive is not high and your aspirations should be developed in another field.

Every human life has paid a high price for ignorance and neglect. To a marked degree such ignorance and neglect would have been relegated to the past if we were all doing our best each day. All the "isms" and "pathies" of medicine today are doing

only when they have to, waiting until something happens in the shape of symptoms which are often called disease but never should have been allowed to happen. These symptoms may have been found by the x-ray, the microscope, or by the pathologists.

When we have done only when we had to and our loved ones have died, we have not done our best because we did not do every day. I venture the assertion, without fear of contradiction, that of the twenty-six names before us on the blackboard of the doctors who have died since we met one year ago, not one ever had six months' active care each day for his body, except when in distress, and these names represent some of the most intelligent and lovable men that ever belonged to our society.

The horse is frequently cared for in such a way that he maintains a high point of adjustment. He comes from the barn practically three hundred and sixty-five days in the year with arched neck, perched ears, dilated nostrils, pulling against the bits and pawing the air to go, expressing development to the point of limitation. This is often accomplished by the man with little or no book learning, on account of the system which represents intelligence and time combined with every day's care.

The most intelligent physician in the world cares for his body by a system of appetite, chance, time, and spasmodic care, which necessarily fails to develop him to the highest point of his limitation. Hunger, taste, appetite and reason differ from one another, reason being the culminating expression of the limit of all man's faculties. It being the highest tribunal man can appeal to for self-protection, reason must be used to get the greatest value out of all the others and protect his body—which represents his life and makes it possible for him to reach his highest efficiency.

We boast of our surgery which is made necessary through ignorance, accident or neglect. We remove gall-stone, the gall-bladder, the appendix, or tumors, and have the patients believe after operations that they are perfectly well. In truth, we have only removed symptoms that required time and had conditions to force them to the operating table. We have not removed the underlying conditions that expressed themselves in the shape of symptoms that we did remove.

I try to imitate the man who has succeeded, and he is the one who makes good animals. He feeds them owing to their condition, the weather and what they have to do. No one that knows would feed the race horse as he would feed the draft horse, nor the promiscuous cattle as he would the beef cattle. Still, this same man is so inconsistently educated that he knows better what he wants than what he needs. He knows that corn and wheat can hurt the horse; he does not seem to know that cakes and cornflakes can hurt himself; so he butters his bread on both sides, so to speak, that his family and he might eat more, because he has been taught that "bread is the staff of life." He feeds himself from appetite and his horse from reason.

In regard to Dr. Williams' remarks: I am glad that "what we often want instead of what we need" is a dead language. I hope the time will come when we shall have our reason to pass judgment on everything which we take into our bodies. Then, men and women will try each day to make the best conditions for their bodies, that they might demand the best expressions, as they do with everything that has a money value. Then, all things being equal, we shall have better men and women from every angle from which we might reason.

I have seen people, even under miserable conditions, who did not want to die when they had to. Possibly not a single one that has died, but would not have given all he had saved by struggle and privation to

have been as good as he might have been with proper care at the proper time.

I try to keep my patients in the best physical condition I can by constant care; I tell them frankly that their practice is of little interest to me if they are not willing to try and help me keep them the best we can. I also tell them that I do not have to be their doctor and they do not have to be my patients.

Gentlemen, I thank you. (Applause.)

ANALYSIS OF MORE THAN TWO HUNDRED CASES OF EPILEPSY TREATED WITH LUMINAL.*

By C. C. Kirk, M. D., Superintendent, Arkansas State Hospital for Nervous Diseases.

Epilepsy is always interesting in that the pathology of the disease is as yet unknown, and the manifestations are not always the same. Many object to the word epilepsy and prefer to speak of the epilepsies. Certainly convulsions occur in arteriosclerosis, hysteria, nephritis, certain forms of heart disease, many types of neuro-syphilis, multiple sclerosis, brain tumor, rabies, tetanus, alcoholism and strychnin poisoning; but these do not mean that they are genuine epilepsy. They are symptomatic of certain somatic changes. It really does not matter whether it is a disease entity or whether it is a syndrome, and it does not matter much whether it is spoken of as epilepsy or as the epilepsies. It is not the purpose of this paper to discuss the pathology or etiology of epilepsy. In our treatment of epilepsy we have not had under treatment any of the so-called symptomatic epilepsies, but have had under treatment the idiopathic or essential epilepsies with the exception of one case of traumatic epilepsy.

Two thousand years ago, Hippocrates recommended general hygienic measures in the treatment of the epilepsies. Perhaps our understanding and application of general hygienic measures are a little better than they were in the day of Hippocrates. Physicians who are familiar with the treatment of epilepsy always impress upon the patient and nurses the importance of diet. Indiscretion in diet probably produces more seizures than any other one thing. Next in importance is bowel elimination. Of course, other methods of elimination, occupation, fresh air, etc., are certainly necessary in the armamentarium

in combating epilepsy. Epilepsy is regarded as almost a hopeless condition.

Annual report Craig Colony for Epileptics shows ninety-two patients recovered out of more than five thousand treated, and these ninety-two have only been clear of seizures for two years, and it is probable that a certain number of these ninety-two will eventually have a recurrence of their disease if they continue to live any length of time. The one hundred and seventy-five thousand epileptics in the United States and their friends, besides the entire medical profession, have been grasping at straws in the way of treatment. Much damage has been done in the past as the result of fraudulent remedies advertised through the newspapers and other sources. They created a false hope in the mind of the epileptic, which eventually resulted in greater pessimism, less hope, and a feeling of despair in the minds of those who have been striving for relief from this strange and mysterious malady. For many years the medical profession has depended almost entirely on bromides in the treatment of this disease; but the relief from bromides is often incomplete, and the objections to their prolonged administration are so well known that I shall not undertake to discuss them in this paper. Many physicians reject their use entirely.

LUMINAL.

ACTIONS AND USES.—It is held that the introduction of the phenyl group increases the hypnotic power of luminal (phenobarbital) over that of barbital.

Luminal is said to produce sleep in the cat and dog with a satisfactory range between the effective and lethal doses, affording a deep, quiet sleep, without injury to the respiration or circulation. Very rarely a period of excitement precedes sleep.

It has a sedative action on respiration, lessening the frequency of breathing, although the volume of each respiration is increased. It kills by respiratory paralysis. It is eliminated by the kidneys, a certain portion being probably decomposed in the organism. No renal injuries or gastric disturbances have been observed.

Luminal is said to be a useful hypnotic in nervous insomnia and conditions of excitement of the nervous system.

DOSAGE.—From 0.2 to 0.3 gm. (3 to 5 grains), increased, if necessary, to 0.8 gm.

*Read by title before the Arkansas Medical Society, at the Forty-fourth Annual Session, Eureka Springs, June, 1920.

(12 grains). A maximum dose of 0.8 gm. (12 grains) should not be exceeded. Smaller doses are sometimes efficient (American Medical Journal, December 27, 1919).

LUMINAL-SODIUM.

DOSAGE.—For hypodermic injection luminal-sodium is used in the form of 20 per cent solution, prepared by dissolving the salt in boiled and cooled distilled water; 2 cc. (30 minims) of the solution contain 0.4 gm. (6 grains) of luminal-sodium. The dose of luminal-sodium is 10 per cent greater than that of luminal.

Luminal-sodium may be given hypodermically in doses of 0.1 to 0.3 gm. ($1\frac{1}{2}$ to 5 grains).

The use of luminal in the treatment of epilepsy in the United States was comparatively unknown until after the war. Luminal is a German product and was used by the Germans in the treatment of epilepsy in 1912. Grinker says that luminal was prepared in 1911 and given to the medical profession in 1912-13 by the Germans. He states that he began the use of this drug at that time, but after the beginning of the war was unable to secure luminal. Dereum made the first report of the use of luminal in the treatment of epilepsy in the *Therapeutic Gazette*, September 15, 1919. He states that his attention was first called to the use of luminal in the treatment of epilepsy in July, 1914, by Dr. Richard Eager of the Devon County Asylum, Ex-minister, England. He reported remarkable results even in the most confirmed epilepsies. He did not report any specific number of cases, but said the abolition of the convulsive seizures had not only extended over several months, but even over several years, and that the efficacy of the drug proved most remarkable in the essential and what was formerly termed idiopathic epilepsy. He said that luminal acted as a specific in certain cases. (Paper read before American Medical Association, New Orleans, May, 1920.)

The use of luminal in the treatment of epilepsies in the Arkansas Hospital for Nervous Diseases was instituted with considerable skepticism and only with the hope of controlling the seizures and not with the expectation of a cure of the disease. On December 8, 1919, we selected as cases to be treated a certain number of patients whose seizures were the most frequent and the most severe, some of whom had been bed-ridden for weeks, months and even years. We felt that if lumi-

nal would improve the condition of these patients we would then be justified in proceeding in the treatment of milder cases. The results in certain cases were so startling and so remarkable that within thirty days all cases of idiopathic epilepsy were placed under treatment. Our method of treatment consisted of $1\frac{1}{2}$ grains of luminal at bed time. Luminal was prepared in tablet form. After about sixty days our supply of luminal was exhausted and it was necessary to use luminal-sodium. The luminal-sodium seemed to be as effective as the luminal. At no time did we notice complaint on the part of the patient of being dizzy or heavy with this dosage. Within a few days we noticed a change in the number and severity of the seizures of the patients who were under treatment. We did not increase the dosage except in five instances. In these particular cases we used $1\frac{1}{2}$ grains of luminal or luminal-sodium night and morning, and in two instances we used it three times per day; but after the seizures were under control we then resumed our old method of $1\frac{1}{2}$ grains at bed time.

On May 1 our supply of luminal and luminal-sodium was exhausted with the exception of a small quantity which we reserved for the use of serial cases and cases of status epilepticus. Within a few days after our supply of luminal was exhausted there was a very noticeable increase in the number and severity of seizures; but this was not equal to the conditions as they existed previous to the treatment and up to the present time, May 26, 1920. We cannot agree with one writer who asserts that the seizures were more severe and more frequent than ever before.

All stimulants, tea, coffee, tobacco, were entirely prohibited. No change in the diet of patients was made except a closer supervision was had in regard to the quantity of food eaten. You are all familiar with the tendency of the epileptic to gourmandize. We learned that many of our patients were secreting food in their clothing while in the dining room and eating it after going to their rooms. This particular feature caused us considerable trouble for a time after the treatment was begun. The bowels were kept open, as usual, with cathartics consisting very largely of epsom and Rochelle salts. The treatment of serial seizures and of status epilepticus was carried out in the usual way, that is to say, by the use of elimination, restricted diet; but instead of using the drugs

we formerly used to combat these conditions, luminal was substituted. But it became necessary to use larger doses, as many as five grains of luminal every three hours were used.

NUMBER OF CONVULSIONS.—There were sixty-one patients who had no convulsions since treatment was begun; one hundred and six patients that had less than five convulsions while under treatment; forty-five patients that had more than five convulsions. February 8, one patient died of lobar pneumonia; February 25, one patient died of mitral regurgitation; March 9, one patient died from status epilepticus.

CASE REPORTS.

CASE No. 1.—A. N., age twenty-four years. Onset of seizures at the age of four years. Diagnosis, grand mal epilepsy with deterioration. Had been bed-ridden four months, having an average of twenty-five convulsions daily. Seizures were grand mal in type, very severe, at times throwing herself out of bed and injuring herself. December 8, 1919, $1\frac{1}{2}$ grains of luminal was instituted to be given daily at bed time. December 9, 9 convulsions; December 10, 10 convulsions; December 11, 4 convulsions; December 12, 5 convulsions; December 13, 4 convulsions; December 14, 6 convulsions; December 15, 2 convulsions. There were no more convulsions until December 23, 1 convulsion; December 27, 2 convulsions; December 29, 2 convulsions; January 2, 3 convulsions; January 4, 1 convulsion; January 6, 1 convulsion. Her mental and physical condition at that time was very greatly improved. She was much heavier and up on ward. No more convulsions until January 26, 2 convulsions; January 31, 1 convulsion. No convulsions during February. March 11, 2 convulsions. On March 1 the supply of luminal was exhausted and luminal-sodium was given, the same dosage except an increase of 10 per cent.

CASE No. 2.—M. D., female, age fourteen years. Onset of seizures at the age of two years. Diagnosis, grand mal epilepsy plus imbecility. Was confined to her bed having from two to thirty-six convulsions in twenty-four hours; untidy; had never learned to walk or talk. Treatment began December 17. December 18, 3 convulsions; December 31, 3 convulsions; January 1, 2 convulsions; January 4, 3 convulsions; February 1, 1 con-

vulsion. Patient is now out of bed and on the ward; has gained in weight; has learned to walk and talk, and is attending the school for the feeble-minded. Has had one convulsion up to May 15.

CASE No. 3.—A. J., female, age thirteen. Confined to her bed having convulsions ranging from five to fifteen daily. Placed on luminal, $1\frac{1}{2}$ grains daily, December 23. December 26, 1 convulsion. No seizures since that time. Patient able to be up on ward since January 1.

CASE No. 4.—L. B., female, age fifteen years. Onset at the age of two years. Diagnosis, grand mal epilepsy plus idiocy. Was having five to twelve convulsions weekly; bed-ridden because of the numerous injuries incurred before being placed in bed, nose having been broken on several occasions and other bruises on the face and body. Placed on treatment December 21. December 22, 4 convulsions; December 27, 2 convulsions; December 31, 1 convulsion. No convulsions since. Up on ward. Better condition physically.

CASE No. 5.—M. G., female, age seventeen years. Onset at the age of ten years. Diagnosis, grand mal epilepsy plus moron. Was having an average of fourteen convulsions weekly. Had very severe convulsions, falling on her face and frequently bruising herself; nose had been broken on one occasion. Treatment was instituted January 8. January 12, 1 convulsion; January 27, 1 convulsion; March 15, 2 convulsions. No further convulsions.

CASE No. 6.—D. S., female, age twenty-seven years. Onset at the age of ten years. Diagnosis, epilepsy plus imbecility. Was having six convulsions monthly. Treatment instituted January 8. March 4, 1 convulsion.

CASE No. 7.—G. E., female, age seventeen years. Onset at the age of eight years. Diagnosis, grand mal epilepsy plus imbecility. Was having an average of one to six convulsions daily. Treatment began December 15. December 30, 1 convulsion; January 7, 2 convulsions; January 18, 1 convulsion; January 21, 1 convulsion; January 27, 1 convulsion; March 5, 1 convulsion.

CASE No. 8.—S. S., female, age fourteen years. Onset at the age of three years. Diagnosis, grand mal epilepsy plus moron. Was

having ten convulsions weekly. Treatment began January 8. February 1, 1 convulsion; February 6, 1 convulsion; March 2, 1 convulsion.

The use of luminal in the treatment of epileptic seizures is in the experimental stage, and not until several thousand cases have been treated over a period of years will we be able to determine its true value.

CONCLUSIONS.—There was immediate decrease in the number of seizures, a decrease in the severity of the seizures, many of them changing from grand mal to petit mal; decrease in the severity of furor and a shortening of the time of confused states; an improvement of the mental and physical health of all patients; fewer accidents; a general improvement of the moral tone of the wards, and a complete cessation of the seizures in a large number of cases. No deleterious effects were observed on kidneys or stomach; circulation, temperature and respiration are uninfluenced. It is not a habit-producing drug and is not attended by any pleasurable or disagreeable sensation. In certain cases the drug is effective in twenty-four to forty-eight hours, in others not until a week or more has passed.

The purpose of this paper is to make a preliminary report on the effects of luminal on institutional cases, which are obviously the most severe types of epilepsy to be seen. The reports made by neurologists are apt to cover milder types of epilepsy which are treated in private practice. The results have been so gratifying that I desire to present to the medical profession our results that they may see for themselves just what can be done with the severest types of epilepsy. Luminal gives promise of being the most effective and the least harmful of all drugs that have ever been used in the treatment of epilepsy, and will be a God-send to these poor, afflicted, pitiful, hopeless defectives.

TOXICITY OF ARSPHENAMINE.—Roth has determined that if an alkalinized solution of arspenamine or a solution of neoarsphenamine is shaken in the presence of air for one minute, the toxicity is increased. He points out that arspenamine preparations which are soluble with difficulty are likely to be shaken to aid in the solution of the drug with the risk that chemical reaction may occur (*Journal A. M. A.*, October 16, 1920, page 1072).

EXAMINATION OF CASES.

Take nothing for granted.

Never hurry. Remember mistakes in medicine are usually due to want of care, rather than want of skill.

Always feel both pulses; it takes no longer, and inequality, etc., may give an important early clue.

Carefully note the pupils; inequality, marked contraction, or dilatation, are important signs.

Examine your patient in good light, if possible with your own face in shadow.

Notice everything; train your powers of observation in every possible way; quick, accurate observation is the key to successful diagnosis. Examine first the part to which the patient refers to his symptoms, and then, in order, the various symptoms.

Avoid "leading" questions; they often lead to trouble.

Make your patient as comfortable as possible in every way during the interview.—*Golden Rules of Medical Practice.*

TREATMENT.

Do not forget drugs are often the least important part of treatment. A prescription is not the be-all, or end-all, or mend-all of medicine.

Study to be precise. A "light diet" or a "little stimulant" are meaningless terms, and in the popular mind capable of the wildest interpretation.

Never prescribe sedatives or sleeping draughts loosely. Remember the danger of inducing drug habits.

Make it a rule to use hypodermic injections of morphia as little as possible; whenever practicable, order it as a draught or pill. Remember the increasing host of hopeless morpho-maniacs.

Remember that although to "treat" is an active verb, masterly inactivity may be the best treatment.

Do not forget that you have to treat the patient as well as the disease.

Diagnosis first, treatment last, is a rule without any exception.

Do not despise the "little things" in treatment; whatever will make your patient more comfortable is worth doing.

Make your prescriptions as palatable as possible; there is no special virtue in a nauseating drug.—*Golden Rules of Medical Practice.*

THE JOURNAL

OF THE

Arkansas Medical Society

Owned by the Arkansas Medical Society and published under the direction of the Council.

WILLIAM R. BATHURST, SECRETARY-EDITOR
810-812 Boyle Building, Little Rock, Arkansas.

Published monthly. Subscription \$2.00 per year; single copies 25 cents.

Entered as second-class matter, June 21, 1906, at the post-office at Little Rock, Arkansas, under the act of Congress of March 3, 1879.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized August 1, 1918.

The advertising policy of this Journal is governed by the rules of the Council on Pharmacy and Chemistry of the American Medical Association.

All communications of this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the state. Notice of deaths, removals from the state, changes of location, etc., are requested.

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Editorials.

DOCTORS WHO IGNORE THE LAW.

The Journal a few months ago called attention to the laxity of many physicians in ignoring the law requiring them to register births and the reporting of certain ailments, particularly venereal diseases.

This ignoring of a wise law has become so glaring that the Grand Jury of Pulaski County has threatened indictments if the violations continue. In violating this so persistently, members of the profession place themselves in the anomalous position of having advocated a law which they themselves habitually violate after securing its passage.

For the sake of the profession, for the welfare of the community and State, the doctors should be the first to see that the law is enforced.

STRENGTH NOT ALONE IN NUMBERS.

In this issue of The Journal we publish the complete list of members of the Arkansas Medical Society. For this year of 1920 the society numbers 1,134 members—the largest in its history. This is, indeed, a splendid showing, but it remains to be seen what numerical strength will accomplish. There is an ancient aphorism to the effect that in numbers there is strength. But, like many other maxims and terse phrases, it must not be taken too literally—or perhaps it were better to say that while there is strength in numbers, that strength is not always exercised. On the contrary, it is frequently concerted effort, plus noise, exercised by a minority, that wins. There are examples close at hand. It is certainly true that the majority do not demand anti-cigarette laws, for instance; but legislative bodies have passed them, even although they be not enforced, and they have passed them at the insistence of a small minority that made noise about it. It is conceded by the women themselves that only a minority, only a minority, indeed, clamored for suffrage, but they made a big noise and the minority won. It is asserted and is probably true that nation-wide prohibition—whether a good thing or not makes no difference—was “put over” by a clamorous minority whose clamor sufficed to scare politicians into voting for it. Practically every reform has been started by a small minority, and in many

eases the fight has been won while advocates of such reform were still in the minority.

The strength in numbers is effective only if the units work hard and in concert and make themselves heard. Noise and insistence are two great factors, and by noise we do not exactly mean noise in its literal interpretation, but in propaganda personally and publicly carried on without ceasing.

Read the following Article II from the Constitution of the purposes of the Arkansas Medical Society:

"The purpose of this society shall be to federate and bring into one compact organization the entire medical profession of the State of Arkansas and to unite with similar societies of other States to form the American Medical Association; to extend medical knowledge and advance medical science; to elevate the standard of medical education, and to secure the enactment and enforcement of just medical laws; to promote friendly intercourse among physicians; to guard and foster the material interests of its members and to protect them against imposition; and 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."

Are we advancing the standard of medical education and securing the enactment and enforcement of just medical laws? That we have not succeeded in so doing is abundantly in evidence by the existence of our cumbersome and improper multiplicity of boards under which we continue to welcome to Arkansas and permit to practice, graduates from an alleged medical college not recognized in its own State. We thus leave the door open to the entrance of charlatans and quacks—also cranks—discountenanced in our sister States, and in this dereliction we are not only failing "to advance the standard of medical education" or to "secure the passage of just medical laws" or "to protect our members against imposition," but we are also failing "to enlighten and direct public opinion" so as to make the profession more honorable and capable and more useful" in the prevention and cure of disease, and in prolonging and adding comfort to life.

Now, read over again the excerpt given above concerning the purposes of the Arkau-

sas Medical Society, and you may see that our inaction in failing to secure the legislation so badly needed, really violates about every purpose enumerated.

With more than 1,100 members scattered all over the State we ought to be able to accomplish a whole lot; but, as has been pointed out in previous articles on this subject, success depends not merely on the efforts of our Legislative Committee, but on individual effort of every member of the society. Every member should personally see the members and members-elect of the House and Senate for his own district, and impress them with the necessity of the legislation the profession demands. The Legislative Committee has the limited time while the Legislature is in session in which to work. During that time the average solon is too busy with his duties in trying to get bills passed of interest to his constituents, and the committee can accomplish little in propaganda work which should be carried on throughout the State before the Legislature meets. And this propaganda can be carried on only by personal effort of our members.

We are numerically strong. Let our strength assert itself. Numerical strength without intelligent and co-ordinated effort is futile.

Personals and News Items.

RESOLUTIONS ADOPTED BY THE HOUSE OF DELEGATES OF THE STATE MEDICAL SOCIETY OF WISCONSIN, AT ITS ANNUAL MEETING IN LA CROSSE, SEPTEMBER 8-10, 1920.

First:

Whereas, In our forty-eight States there are as many separate examining boards; and,

Whereas, Licensed physicians in one State may not always practice in other commonwealths without vexatious procedures; and,

Whereas, The practice of medicine is uniform throughout the length and breadth of the land; therefore, be it

Resolved, That it is the opinion of the House of Delegates of the State Medical Society of Wisconsin that the right to practice medicine in one State should be extended to include the right to practice medicine in any part of the United States.

Second :

Whereas, The practice of indiscriminate prescribing of liquor by some members of the medical profession on the mere request thereof, and without regard to the need of the individual, is bringing our profession into disrepute; and,

Whereas, The State Medical Society of Wisconsin as a body desires to affirm its wish that all its members shall render strict obedience to the laws, whatsoever they may be; therefore, be it

Resolved, That the State Medical Society of Wisconsin as a body condemns all and every effort on the part of the medical profession to take unfair advantage of the privilege to the physician under the law by the indiscriminate granting of prescriptions for the purchase of alcoholic stimulants.

Third :

Be It Further Resolved, That copies of the above resolutions be sent the proper officers of all State Medical Associations for such action as they might see fit to make.

Respectfully submitted,

ROCK SLEYSER, M. D.,
Secretary.

Wauwatosa, Wis., October 16, 1920.

County Societies.

LAWRENCE COUNTY.

(Reported by H. R. McCarroll, Sec'y.)

The Lawrence County Medical Society met in its regular monthly meeting at Walnut Ridge on Wednesday, November 3, 1920, with Dr. J. C. Land.

Dr. C. C. Ball not being present, the meeting was called to order by the vice president, J. C. Land. Minutes of the previous meeting were read and approved.

Drs. J. C. Swindle and G. A. Warren were the essayists for the evening and had two most excellent papers. The former had for his subject the "Serum and Vaccine Treatment of Local Infection," and the latter "Gonorrhoea in Women." We do not believe that there is a physician in the county who would not have profited by the above papers and the discussions that followed.

The following members were present: T. C. Guthrie, William Johnson, J. C. Land, H. R. McCarroll, W. J. Robinson, J. C. Swindle, Earl Thomas and G. A. Warren.

ARKANSAS COUNTY.

(Reported by M. C. John, Sec'y.)

The Arkansas County Medical Society met in DeWitt October 12. Present: Drs. Winkler, Rasco and Lumsden of DeWitt, and Drs. Morphew, Moorhead, Hill, Neighbors and John of Stuttgart, and Dr. M. A. Barber of the U. S. Public Health Service.

The secretary read a letter from the Pulaski County Medical Society asking our cooperation in a move to secure the passage by the next Legislature of a law creating a single Board of Medical Examiners in this State. After much discussion a resolution was adopted pledging our support and the treasurer was instructed to send check to the Legislative Committee of the State Medical Society.

The scientific part of the program consisted of two very fine papers. One by Dr. B. L. Hill on "Influenza," and the other by Dr. E. H. Winkler on "Eclampsia."

After the scientific program we enjoyed a social hour with Dr. Winkler as host, during which a two-course luncheon was served.

From both a scientific and a social standpoint this was one of the best meetings we have ever had.

Book Reviews.

HUMAN PARASITOLOGY, with Notes on Bacteriology, Mycology, Laboratory Diagnosis, Hematology and Serology.—By Damasco Divas, M. D., Ph. D., Assistant Professor of Parasitology and Assistant Director of the course in Tropical Medicine, University of Pennsylvania. Octavo volume of 715 pages, with 422 illustrations and eighteen plates, most of which are in colors. Published by W. B. Saunders Company, 1920, Philadelphia. Price, cloth, \$8.00 net.

This book reflects the personal experience and presents the fact of "Human Parasitology" in a form sufficiently brief to make it a well-balanced text-book.

For twenty years the author has interested himself on this subject, and now he presents the facts of parasitology in a form suitable to the needs of physicians.

TEXT-BOOK OF PHYSIOLOGY, for Students and Practitioners of Medicine.—By Russell Burton-Opitz, M. D., Ph. D., Associate Professor of Physiology, Columbia University, New York City. Octavo volume of 1,185 pages, with 538 illustrations. Published by W. B. Saunders Company, Philadelphia, 1920. Price, cloth, \$7.50 net.

This book includes in a large part the subject-matter of a series of lectures which the author delivered to the students of the Col-

lege of Physicians and Surgeons of Columbia University.

Part I describes "The Physiology of Muscle and Nerve." Part II, "The Blood and Lymph Immunity." Part III, "The Circulation of the Blood." Part IV, "Respiration, Voice and Speech." Part V, "The Central Nervous System." Part VI, "The Sense Organs." Part VII, "The External Secretions." Part VIII, "Metabolism," and Part IX, "Reproduction."

MEDICAL CLINICS OF NORTH AMERICA. Volume III, Number V. (Philadelphia Number, March, 1920.) By Philadelphia Internists. Octavo of 325 pages, with twenty-six illustrations. Issued serially, one volume every other month. Consisting of six numbers per clinic year. Published by W. B. Saunders Company, Philadelphia, 1920. Price, per year: Paper, \$12.00; Cloth, \$16.00.

This issue, the "Philadelphia Number," contains articles from eighteen different clinics. One of unusual interest is by Dr. Elmer H. Funk, Jefferson Hospital, "Malignant Diseases of the Lung." Summary: Malignant diseases often mistaken for tuberculosis; statistics relating to primary and secondary growths. Five case reports. Discussion of Etiology and Pathology. The symptoms and Signs; Shortness of Breath; Cough; Pain; Pressure Effects; General Symptoms. Charts illustrate five groups; Pathologic Specimens; References.

DISEASES OF THE CHEST, AND THE PRINCIPLES OF PHYSICAL DIAGNOSIS.—By George W. Norris, M. D., Assistant Professor of Medicine in the University of Pennsylvania, and Henry R. M. Landis, M. D., Assistant Professor of Medicine in the University of Pennsylvania, with a chapter on Electrocardiograph in Heart Disease, by Edward Krumbhaar, Ph.D., M. D., Assistant Professor of Research Medicine in the University of Pennsylvania. Second edition, thoroughly revised. Octavo volume of 844 pages, with 433 illustrations. Published by W. B. Saunders Company, Philadelphia, 1920. Price, cloth, \$8.00 net.

The author of this book presents a practical work on the physical diagnosis of the heart and lungs in health and disease.

New material in this edition includes: Spirochetal Bronchitis, Influenza, Streptococcus Empyema, Chronic Inflammatory Conditions of the Lungs, Pneumopericardium, etc.

THE AMERICAN RED CROSS IN THE GREAT WAR.—By Henry P. Davidson, Chairman of the War Council of the American Red Cross. Published by The MacMillan Company, New York, 1920. Price, \$2.00.

This book sets forth the scope, character and effect of the work of the American Red Cross during the Great War. The author summarizes the achievement of the thirty

million Americans that were enrolled as members in the organization, all working together. The book is a product of the American Red Cross. The files of the War Council have been frequently drawn upon in its preparation. It may be said in passing that the author's royalties on this book go to the Red Cross.

THE NEWER METHODS OF BLOOD AND URINE CHEMISTRY.—By R. B. H. Gradwohl, M. D., Director Gradwohl Laboratories, Chicago and St. Louis, and A. J. Blaivas. Second Edition. With seventy-five illustrations, four in colors. Published by C. V. Mosby Company, St. Louis, Mo., 1920. Price, \$5.00.

This volume represents and gives the technic just as they carry out their routine and research work. Readers of this book will readily recognize that blood chemical analysis far surpass in value the most exact and intricate qualitative and quantitative urinary analysis. The blood chemical analysis tells us what the blood is storing up, what the kidneys are doing and what they are not noting, and also the exact status of introgenous and carbohydrate equilibrium.

MEDICAL CLINICS OF NORTH AMERICA.—Volume III, Number VI. (Chicago Number, May, 1920.) By Chicago Internists. Octavo of 286 pages, with eighteen illustrations and complete index to Volume III. Issues serially, one volume every other month. Published by W. B. Saunders Company, Philadelphia, 1920. Price: Paper, \$12.00; Cloth, \$16.00 net. Consists of six numbers per clinic year.

This number represents the Medical Clinics of Chicago. Sixteen contributors are represented. We wish to refer to the Clinic of Dr. Arthur F. Byfield, Cook County Hospital, on "An Analysis of the More Important Causes of Errors in Diagnosis." He tabulates the common causes of errors in diagnosis as follows:

1. Incomplete or incorrect case-history taking.
2. Incomplete examination of patient.
3. Ignorance of certain pathologic complexes. This is not the ignorance of poor schooling, but of conditions which our texts fail to emphasize as clinical complexes.
4. Failure to explain the atypical in a case, or, conversely, failure to build up a diagnosis upon the typical.
5. A plus of laboratory detail and of ultramodern methods at the expense of sound judgment and good sense.
6. The riding of a hobby.

Annual List of Members of the Arkansas Medical Society

ARKANSAS COUNTY

Bunn, A. D.	Humphrey
Dobbins, Thos.	Stuttgart
Drennen, S. A.	Stuttgart
Fowler, Arthur	Humphrey
Guthrie, O. V.	Almyra
Hill, B. L.	Stuttgart
John, M. C.	Stuttgart
Kirtley, J. R.	Stuttgart
Moorhead, W. H.	Stuttgart
Morphew, L. H.	Stuttgart
Neighbors, J. E.	Stuttgart
Sillin, C. W.	Stuttgart
Swindler, E. B.	Stuttgart
Whitehead, R. H.	Gillett

ASHLEY COUNTY

Barnes, L. C.	Hamburg
Cone, A. E.	Portland
Cockerham, H. E.	Portland
Crandall, M. C.	Wilmot
George, B. F.	Hamburg
Harrington, C. B.	Wilmot
Holliday, B. F.	Parkdale
Hawkins, M. C.	Parkdale
Lee, D. C.	Boydell
Norman, W. S.	Hamburg
Parker, J. L.	Portland
Riley, J. D.	Montrose
Sherrer, F. M.	Portland
Sparks, J. E.	Crossett
Setzler, G. H.	Crossett
Simpson, J. W.	Hamburg
Simpson, J. C.	Hamburg

BAXTER COUNTY

Baldwin, W. S.	Cotter
Hipp, J. A.	Buford
Keceter, P. H.	Flippin
Morrow, J. J.	Cotter
Thompson, J. I.	Yellville
Tipton, W. C.	Mountain Home
Tipton, J. T.	Mountain Home
Weast, L. M.	Yellville

BENTON COUNTY

Buffington, G. H.	Gravette
Cargile, Chas. H.	Bentonville
Clegg, J. T.	Siloam Springs
Clemmer, J. L.	Springtown
Curry, W. J.	Rogers
Crockett, C. S.	Robinson
Duckworth, F. M.	Siloam Springs
Eubanks, F. G.	Decatur
Green, L. O.	Pea Ridge
Harrison, A. J.	Lowell
Horton, C. W.	Hiwasse
Highfill, E. J.	Cave Springs
Hodges, T. E.	Garfield
Hodges, Guy	Rogers
Hurley, C. E.	Bentonville
Hughes, G. A.	Siloam Springs
Huffman, K. B.	Bentonville
Ireland, W. W.	Gentry
Lindsey, J. H.	Bentonville
Love, Geo. M.	Rogers
McHenry, W. A.	Rogers
McNeil, Clyde L.	Port Jefferson, N. Y.
Moore, W. A.	Rogers
Powell, J. T.	Maysville
Pickens, W. A.	Bentonville
Perkins, C. F.	Rogers
Ramsey, T. C.	Gentry
Rice, R. S.	Rogers
Rice, C. A.	Rogers
Rice, T. M.	Avoca
Steele, R. W.	Decatur
Sexton, J. Z.	Siloam Springs
Smiley, J. L.	Siloam Springs
Thompson, J. S.	Gravette
Wilson, C. S.	Gentry

BOONE COUNTY

Baines, Swartz	Bergman
Bolinger, J. L.	Lead Hill
Butt, W. A.	Green Forest
Blackwood, J. C.	Harrison
Bruce, B. B.	Harrison
Brand, W. M.	Harrison
Crebs, R. S.	Olvey
Cooper, B.	Everton
Evans, D. E.	Harrison
Fowler, J. H.	Harrison
Gladden, J. G.	Western Grove

BOONE COUNTY—Continued

Jackson, G. J.	Valley Springs
Johnson, J. J.	Harrison
Kirby, F. B.	Harrison
Kirby, L.	Harrison
McCurry, D. K.	Alpena Pass
Poynor, Wm. H.	Harrison
Routh, C. M.	Harrison
Watkins, W. L.	Alpena Pass

BRADLEY COUNTY

Barnett, S. H.	Warren
Fike, W. T.	Warren
Green, B. H.	Warren
Gannaway, C. E.	Warren
Hartsell, W. L.	Warren
Martin, C. N.	Warren
Martin, R.	Warren
Roark, W. N.	Warren
Ellis, W. S.	Hermitage
Reasons, W. B.	Hermitage
Wilson, Geo. L.	Banks
Jackson, D. A.	Vick

CALHOUN COUNTY

Black, C. T.	Thornton
Jones, E. T.	Hampton
Rhine, T. E.	Thornton
Wilson, D. F.	Hampton

CARROLL COUNTY

Bohanon, J. H.	Berryville
Bolton, J. F.	Eureka Springs
Sisco, C. P.	Osage
Donaldson, C. W.	Green Forest
George, Chas. A.	Berryville
Huntington, R. H.	Eureka Springs
Harvey, W. A.	Berryville
John, J. F.	Eureka Springs
Pace, Henry	Eureka Springs
Poynor, E. E.	Green Forest
Poynor, I. M.	Berryville
Reynolds, J. R.	Grand View

CHICOT COUNTY

Anderson, A. G.	Eudora
Barlow, E. E.	Dermott
Craig, Wm. A.	Eudora
Clark, B. C.	Lake Village
Delaney, J. P.	Red Leaf
Douglass, S. W.	Eudora
Easterling, W. W.	Chicot
Henry, R. N.	Lake Village
McGehee, E. P.	Lake Village
Parr, H. H.	Eudora
Rigdon, F. E.	Readland
Tanquary, Reed J.	Lake Village
Wilson, J. S.	Lake Village

CLARK COUNTY

Alford, J. E.	Okolona
Daly, J. M.	Arkadelphia
Doane, S. N.	Arkadelphia
Kirkham, Z. L.	Okolona
Kirby, D. W.	Gurdon
McLain, C. W.	Gurdon
May, C. B.	Gurdon
Moore, J. S.	Arkadelphia
Moore, W. M.	Arkadelphia
Ross, J. S.	Okolona
Ross, H. A.	Arkadelphia
Rowland, W. T.	Arkadelphia
Townsend, Chas. K.	Arkadelphia
Townsend, N. R.	Arkadelphia
Tolleson, G. W.	Amity
Wallis, Chas.	Arkadelphia
Watson, W. S.	Amity
Wright, Chas. E.	Graysonia

CLAY COUNTY

Cunning, I. H.	Knobel
Harper, T. P.	Peach Orchard
Hiller, J. P.	Pollard
Jones, F. H.	Piggott
Lunt, J. P.	Leonard
Lynch, Richard C.	Success
Latimer, N. J.	Corning
McGuire, J. E.	Piggott
Newkirk, C. H.	Corning
Nelson, F. L.	Okmulgee, Okla.
Richardson, M. C.	Datto
Thornton, E. W.	Piggott
Simpson, A. R.	Corning
Smith, R. O.	Reyno

CLEVELAND COUNTY

Hamilton, A. J.	Rison
Sadler, H. D.	Rison
Wilson, H. O.	Rison
McMurtrey, J. S.	Rison
Leali, Chas.	Kingsland

COLUMBIA COUNTY

Baker, J. J.	Magnolia
Cooksey, W. P.	Magnolia
Longino, H. A.	Magnolia
Longino, H. E.	Magnolia
Longino, H. E.	Magnolia
McLeod, G. F.	Magnolia
Smith, P. M.	Magnolia
Stevens, C. D.	Magnolia
Souter, T. E.	McNeil
Keith, A. W.	McKamie
Kitchens, H. M.	Waldo
Walker, J. C.	Emerson
Horn, W. H.	Taylor
Hudnall, E. T.	Taylor
McWilliams, C. T.	Village
McDonald, A. J.	Spring Hill, La.
Mullins, Geo.	Emerson

CONWAY COUNTY

Bradley, A. R.	Morrilton
Jones, W. E.	Morrilton
Lewis, C. O.	Morrilton
Logan, B. C.	Morrilton
Mobley, H. E.	Morrilton
Goatcher, A. L.	Plumerville
Halbrook, J. F.	Plumerville
Fleming, J. T.	Springfield
Jackson, J. H.	Center Ridge
Sheriff, J. P.	Barringer
Horton, Neal	Plumerville

CRAIGHEAD COUNTY

Alcott, Geo. B.	Weiner
Altman, J. T.	Jonesboro
Barnes, P. R.	Bono
Bates, Chas. A.	Lake City
Barrett, R. B.	Black Oak
Baird, J. L.	Marked Tree
Blackwood, J. D.	Jonesboro
Clardy, Floyd	Jonesboro
Cothen, Thad	Jonesboro
Crawford, L. D.	Marked Tree
Ellis, Ira W.	Monette
Campbell, Geo. O.	Truman
Grady, N. H.	Monette
Haltom, W. C.	Jonesboro
Horner, E. J.	Jonesboro
Hale, C. S.	Cisco, Texas
Harrison, B. L.	Truman
Howell, J. C.	Nettleton
Jackson, W. W.	Jonesboro
Lutterloh, P. W.	Jonesboro
McAdams, H. H.	Jonesboro
McCracken, C. P.	Jonesboro
McDaniel, E. C.	Tyrzona
Nisbett, Frank	Brookland
Overstreet, W. C.	Jonesboro
Paulus, George E.	Marked Tree
Pollett, E. M.	Jonesboro
Rains, H. L.	Bav
Ramsey, J. W.	Jonesboro
Ratcliff, R. W.	Jonesboro
Roberts, Fred	Lake City
Smith, W. H.	Bono
Smith, O. V.	Bay
Stroud, H. A.	Jonesboro
Stevens, J. S.	Cash
Staudenmayer, M. E.	Leachville
Walker, B. F.	Jonesboro
Willett, R. H.	Jonesboro
Waddell, G.	Lunsford

CRAWFORD COUNTY

Bennett, B. L.	Catcher
Blakemore, J. E.	Van Buren
Bourland, O. M.	Van Buren
Campbell, C. J.	Mulberry
Dibrell, M. S.	Van Buren
Galloway, Q. R.	Alma
Grant, S. C.	Mulberry
Inman, Bruce	Alma
Kirkland, Saml. D.	Van Buren
Lucas, Giles	Van Buren
Mitchell, T. M.	Fort Smith
Mitchell, J. D.	Uniontown
Parchman, W. L.	Van Buren
Reves, W. R.	Alma
Sharp, J. C.	Alma
Trice, J. B.	Van Buren
Wigley, J. A.	Mulberry

CRITENDEN COUNTY

Burch, W. D. Scypell
 Hare, T. S. Crawfordsville
 Henry, Hugh B. Huihert
 Hicks, W. P. Earle
 McVay, L. C. Marion
 Parker, A. C. Clarksdale
 Read, F. M. Turrell
 Stevenson, B. M. Crawfordsville
 Watson, H. S. Earle

DALLAS COUNTY

Atkinson, H. H. Fordyce
 Cheatham, H. A. Princeton
 Harrison, F. E. Fordyce
 March, C. J. Fordyce
 Smith, J. Y. Sparkman
 Taylor, Marvin. Sparkman
 Wilson, J. F. Datarak
 Wozencraft, W. L. Holly Springs

DESHA COUNTY

Cheairs, J. T. Tillar
 Cheairs, D. T. Tillar
 DeClark, W. H. McGehee
 Francis, J. W. Arkansas City
 Furbish, L. P. McGehee
 Isom, A. Dumas
 Price, C. C. Dumas
 Smith, H. T. McGehee
 Watts, J. D. Dumas
 White, R. F. McGehee

DREW COUNTY

Butler, E. D. Wilmar
 Baker, J. P. Biissville
 Collins, A. S. J. Monticello
 Cotham, E. R. Monticello
 Duckworth, F. L. Monticello
 Gates, S. M. Monticello
 Kimbro, S. O. Monticello
 Lisenbce, A. M. Collins
 O'Connor, F. J. Monticello
 Pope, M. Y. Monticello
 Smith, R. N. Collins

FAULKNER COUNTY

Banister, B. F. Guy
 Baugh, W. F. Conway
 Brittain, A. J. Conway
 Brown, Geo. S. Conway
 Burnett, M. C. Wooster
 Benefield, C. E. Conway
 Cureton, H. E. Conway
 Dawson, R. L. Wooster
 Downs, J. H. Vilonia
 Dickerson, C. H. Conway
 Fraser, N. E. Conway
 Greeson, W. R. Conway
 Hardy, H. B. Greenbrier
 Harrod, George. Conway
 Henderson, G. L. Conway
 Huddleston, G. D. Conway
 Ingram, E. M. Holland
 Mabry, Thos. Holland
 McCollum, I. M. Conway
 McDonald, W. T. Conway
 McMahan, J. E. Conway
 Munn, J. B. Vilonia
 Muse, J. M. Conway
 Poindexter, J. C. Conway
 Summers, J. A. Mayflower
 Snoddy, T. B. Conway
 Voris, J. H. Conway
 Watson, T. C. Mount Vernon
 Williams, E. T. Greenbrier
 Westerfield, J. S. Conway

FRANKLIN COUNTY

Akin, W. F. Branch
 Allen, Chas. S. Altus
 Blackburn, E. W. Ozark
 Bollinger, W. H. Charleston
 Crocker, J. T. Mulberry
 Davis, J. H. Jethro
 Douglass, Thos. Ozark
 Gammill, S. P. Branch
 Gibbons, W. H. Webb City
 Hansberry, A. J. Watalula
 Higgins, J. H. Ozark
 Hudson, K. E. Charleston
 Hyden, L. N. Hunt
 King, W. J. Branch
 Manly, R. N. Clarksdale
 Porter, W. C. Ozark
 Post, J. L. Altus
 Powell, J. M. Coal Hill
 Sandlin, J. T. Coal Hill
 Turner, H. H. Ozark
 Vaught, W. E. Denning
 Williams, H. F. Ozark

GRANT COUNTY

Butler, J. L. Sheridan
 Blakely, M. M. Sheridan
 Capel, C. B. Grape Vine
 Cole, C. F. Prattsville
 Goodman, J. M. Sheridan
 Hope, O. W. Leola
 Jones, J. E. Sheridan
 Kelly, O. R. Sheridan

GREENE COUNTY

Baker, E. S. Paragould
 Blackwood, W. J. Walcott
 Bridges, G. P. Paragould
 Boyd, D. L. Paragould
 Cohen, Geo. Piggott
 Cupp, R. W. Beech Grove
 Castleberry, F. L. Paragould
 Dickson, P. L. Paragould
 Dillman, James, A. Paragould
 Ellis, B. E. Greenway
 Ellington, Edgar. Paragould
 Ellington, W. E. Paragould
 Haley, R. J. Paragould
 Hopkins, G. T. Paragould
 Hardesty, C. A. Paragould
 Huddins, J. J. Marmaduke
 Hutcherson, R. L. Delaplaine
 Hutchins, W. P. Walcott
 Kennedy, E. L. Marmaduke
 Lamb, J. H. Paragould
 Majors, Wm. M. Paragould
 McKenzie, J. G. Paragould
 Owens, W. R. Paragould
 Scott, F. M. Paragould
 Wood, J. F. Blytheville

GARLAND COUNTY

Black, T. N. Hot Springs
 Biggs, Orvis. Hot Springs
 Brewer, H. W. Hot Springs
 Burton, O. H. Hot Springs
 Brown, P. Z. Hot Springs
 Casada, B. F. Hot Springs
 Coffey, G. C. Hot Springs
 Connell, W. H. Hot Springs
 Chesnutt, Jas. H. Hot Springs
 Collins, H. P. Hot Springs
 Dake, Chas. Hot Springs
 Deaderick, W. H. Hot Springs
 Davis, R. G. Hot Springs
 DeWoody, L. C. Hot Springs
 Drennen, C. Travis. Hot Springs
 Drennen, D. Edward. Hot Springs
 Eckel, G. M. Hot Springs
 Ellsworth, E. H. Hot Springs
 Ellis, L. R. Hot Springs
 Fewks, J. M. Hot Springs
 Garratt, C. E. Hot Springs
 Greene, J. L. Hot Springs
 Hallman, V. H. Hot Springs
 Horner, J. S. Hot Springs
 Jackson, W. W. Hot Springs
 Jelks, J. T. Hot Springs
 King, O. H. Hot Springs
 Klugh, Walter G. Hot Springs
 McConnell, C. A. Hot Springs
 McClendon, J. W. Hot Springs
 McKenzie, E. M. Hot Springs
 Martin, E. H. Hot Springs
 Mount, M. F. Hot Springs
 Minor, J. C. Hot Springs
 Laws, W. V. Hot Springs
 Lautman, M. F. Hot Springs
 Proctor, J. M. Hot Springs
 Purdum, E. A. Hot Springs
 Roberts, C. M. Hot Springs
 Rowland, J. F. Hot Springs
 Sanders, T. E. Hot Springs
 Sharp, S. B. Hot Springs
 Short, Z. N. Hot Springs
 Simpson, W. F. Hot Springs
 Smith, E. R. Hot Springs
 Smith, W. K. Hot Springs
 Smith, J. H. Hot Springs
 Smith, J. W. Hot Springs
 Snyder, W. L. Hot Springs
 Steele, S. B. Hot Springs
 Stell, J. S. Hot Springs
 Stough, D. B. Hot Springs
 Strachan, J. B. Hot Springs
 Strachan, H. M. Hot Springs
 Tarkington, Grayson E. Hot Springs
 Thompson, M. G. Hot Springs
 Thompson, Loyd. Hot Springs
 Tillotson, C. H. Hot Springs
 Tribble, A. H. Hot Springs
 Vaughan, P. T. Hot Springs
 Wade, H. K. Hot Springs
 Weil, S. D. Hot Springs
 Wilkins, J. S. Hot Springs
 Williams, A. U. Hot Springs
 Winegar, E. F. Hot Springs
 Williams, F. M. Hot Springs
 Wootton, W. T. Hot Springs

HEMPSTEAD COUNTY

Allison, Walter G. Hope
 Autry, J. R. Columbus
 Cannon, G. E. Hope
 Carrigan, P. B. Hope
 Farrow, W. D. Hope
 Garner, T. J. Washington
 Garner, W. M. Hope
 Harris, Robert L. Blevins
 Kelly, John L. Hope
 Kolb, A. C. Hope
 Lile, L. M. Hope
 McKinney, Z. H. Fulton
 Russell, M. V. Hope
 Smith, Don. Hope
 Saner, W. F. Hope
 Weaver, Robt. Ellis. Hope
 Weaver, J. H. Hope
 Waddle, J. S. Hope

HOT SPRING COUNTY

Berry, Major, M. C. Camp Pike
 Blakeley, G. W. Social Hill
 Bramlitt, E. T. Malvern
 Cox, J. A. Donaldson
 Hodges, W. G. Malvern
 McCray, E. H. Malvern
 Norton, J. M. Friendship
 Phillips, R. Y. Malvern
 Williams, J. M. Malvern

HOWARD COUNTY

Alford, T. F. Murfreesboro
 Dildy, E. V. Nashville
 Gibson, W. M. Nashville
 Hale, A. W. Nashville
 Hopkins, J. S. Nashville
 Hutchinson, D. A. Nashville
 Roberts, J. L. Murfreesboro
 Toland, W. H. Nashville

INDEPENDENCE COUNTY

Bone, O. L. Newark
 Burge, T. G. Judsonia
 Burge, H. G. Sulphur Rock
 Case, J. W. Batesville
 Craig, M. S. Batesville
 Dorr, R. C. Batesville
 Evans, A. A. Newark
 Evans, L. T. Mt. Pleasant
 Gray, F. A. Batesville
 Hinkle, Chas. G. Batesville
 Jeffery, Paul H. Bethesda
 Johnson, O. J. T. Batesville
 Kennerly, J. H. Batesville
 Lawrence, W. B. Batesville
 King, K. W. Floral
 McAdams, V. D. Cord
 Moore, W. P. Little Rock
 Pascoe, V. L. Newark
 Rodman, T. N. Newark
 Roe, J. B. Newark
 Robertson, S. N. Sulphur Rock
 Reaves, L. E. Salado
 Smith, H. H. Calico Rock
 Wyatt, W. A. Rosie
 Woods, O. S. Salem
 Woods, T. J. Evening Shade

JACKSON COUNTY

Best, A. L. Newport
 Boyd, F. M. Antlers, Okla.
 Barr, A. F. Weldon
 Causey, G. A. Swifton
 Erwin, I. H. Newport
 George, C. E. Grubbs
 Gray, C. R. Newport
 Ivy, J. B. Tuckerman
 Jones, O. E. Newport
 Jamison, O. A. Tuckerman
 Kimberlin, K. K. Tuckerman
 Owens, M. B. Sulphur Rock
 Slayden, L. T. Tuckerman
 Stephens, G. K. Newport
 Walker, H. O. Newport
 Watson, E. L. Newport
 Wilson, W. F. Elmo

JEFFERSON COUNTY

Table listing names and locations for Jefferson County residents, including Breathwit, Wm., Blankenship, W. H., Caruthers, C. K., etc.

JOHNSON COUNTY

Table listing names and locations for Johnson County residents, including Barger, M. I., Boen, A. L., Burgess, M. E., etc.

LAFAYETTE COUNTY

Table listing names and locations for Lafayette County residents, including Baker, F. E., Benton, J. B., Hill, C. H., etc.

LAWRENCE COUNTY

Table listing names and locations for Lawrence County residents, including Ball, C. C., Clay, A. J., Guthrie, T. C., etc.

LEE COUNTY

Table listing names and locations for Lee County residents, including Bean, W. B., Beaty, W. S., Bogart, H. D., etc.

LINCOLN COUNTY

Table listing names and locations for Lincoln County residents, including Clark, J. M., Corney, R. B., Collins, T. F., etc.

LITTLE RIVER COUNTY

Table listing names and locations for Little River County residents, including Bonnette, J. Virgil, Castile, Herman, Johnson, J. J., etc.

LOGAN COUNTY

Table listing names and locations for Logan County residents, including Armstrong, N. E., Bennett, W. H., Foster, M. E., etc.

LONOKE COUNTY

Table listing names and locations for Lonoke County residents, including Benton, T. E., Beaty, S. S., Brewer, Jno. F., etc.

MADISON COUNTY

Table listing names and locations for Madison County residents, including Callen, L. H., Callen, C. B., Counts, G. D., etc.

MILLER COUNTY

Table listing names and locations for Miller County residents, including Beck, E. L., Buchanan, E. B., Cook, J. C., etc.

MISSISSIPPI COUNTY

Table listing names and locations for Mississippi County residents, including Barksdale, Oscar, Campbell, J. H., Crawford, H. F., etc.

MONROE COUNTY

Table listing names and locations for Monroe County residents, including Bradley, W. T., Gilbrich, A. H., Houston, Matt. F., etc.

NEVADA COUNTY

Table listing names and locations for Nevada County residents, including Buchanan, A. S., Buchanan, G. A., Chastain, J. S., etc.

OUACHITA COUNTY

Table listing names and locations for Ouachita County residents, including Byrd, E. J., Davison, A., Early, C. S., etc.

PERRY COUNTY

Table listing names and locations for Perry County residents, including Burge, J. W., Graves, D. W., Howard, M. E., etc.

PHILLIPS COUNTY

Table listing names and locations for Phillips County residents, including Altman, C. G., Bean, J. W., Brown, E. T., etc.

POLK COUNTY

Table listing names and locations for Polk County residents, including Connolly, D. W., Dunman, B. E., Fletcher, T. M., etc.

PRAIRIE COUNTY

Table listing names and locations for Prairie County residents, including Crow, L. M., J. C. Gilliam, Ellis, C. S., etc.

POPE COUNTY

Berryman, L. D.	Russellville
Brown, W. J.	Dover
Campbell, J. M.	Russellville
Campbell, C. K.	Dover
Drummond, R. M.	Russellville
Haney, A. C.	Atkins
Hays, J. F.	Russellville
Jones, G. W.	Moreland
Linzy, J. R.	Russellville
Linton, A. C.	Hector
Montgomery, W. A.	Atkins
Powell, J. W.	Russellville
Rye, A. W.	London
Stanford, J. M.	Russellville
Trautete, Ed.	Dover
Wright, Jerome	Russellville

PULASKI COUNTY

Arkebauer, C. A.	Little Rock
Ball, W. F.	Little Rock
Blakely, R. M.	Little Rock
Cates, Thos. H.	Tucson, Ariz.
Bailey, W. E.	Little Rock
Bond, S. P.	Little Rock
Browning, H. W.	Little Rock
Barlow, M. J.	North Little Rock
Bathurst, W. R.	Little Rock
Bentley, C. E.	Little Rock
Calcote, R. J.	Little Rock
Caldwell, R.	Little Rock
Carmichael, A. L.	Little Rock
Crawford, S. R.	Little Rock
Carruthers, F. W.	Little Rock
Chesnutt, C. R.	Little Rock
Cunningham, J. C.	Little Rock
Dewell Gann, Jr.	Little Rock
Day, E. O.	Little Rock
Daly, M. G.	Little Rock
Darnall, R. F.	Little Rock
Davis, E. N.	Little Rock
Dickinson, M. F.	Little Rock
Dibrell, J. R.	Little Rock
Dibrell, J. L.	Little Rock
Dooley, J. B.	Little Rock
Dunaway, W. C.	Little Rock
Estes, S. J.	Little Rock
Eubanks, R. M.	Little Rock
Fly, T. M.	Little Rock
French, F. L.	Little Rock
Freedman, Theo	North Little Rock
Garrison, C. W.	Little Rock
Grav, Oscar	Little Rock
Gray, W. E.	Little Rock
Hardeman, D. R.	Little Rock
Hardin, Nina V.	Van Buren
Harris, A. E.	Little Rock
Hinkle, S. B.	Little Rock
Higgins, Homer A.	Little Rock
Humphreys, Lincoln	Washington, D. C.
Hodges, E. E.	Little Rock
Holmes, G. M.	Little Rock
Hudson, E. M.	Little Rock
Hurrell, F. E.	Little Rock
Hughes, W. B.	Little Rock
Howell, A. R.	North Little Rock
Jewell, I. H.	Paris
Jobe, A. L.	Little Rock
Jones, H. F. H.	Little Rock
Jones, W. E.	Little Rock
Johnston, E. E.	Little Rock
Judd, O. K.	Little Rock
Kirby, H. H.	Little Rock
Kirk, C. C.	Little Rock
Kriesel, W. A.	Little Rock
Kory R. C.	Brooklyn, N. Y.
Lamb, W. A.	Little Rock
Lenow, Jas. H.	Little Rock
McKinney, A. T.	North Little Rock
McCaskill, M. E.	Little Rock
McCormack, G. A.	Little Rock
McCurry, W. T.	Little Rock
McGill, A. G.	Little Rock
McRae, W. M.	Little Rock
Monerief, J. J.	Bigelow
Mahoney, P. L.	Little Rock
Maxwell, R. L.	Little Rock
Manglesdorf, W. F.	Little Rock
Mav, W. S.	Little Rock
Meek, E.	Little Rock
Miller, W. H.	Little Rock
Murphey, Pat.	Little Rock
Moore, R. B.	Little Rock
Oates, Charles E.	Little Rock
Ogden, M. D.	Little Rock
Pate, C. N.	Hot Springs
Parmley, L. V.	Louisville, Ky.
Prothro, H.	North Little Rock
Patterson, R. O.	Little Rock
Prothro, E. W.	Little Rock
Pemberton, E. M.	Little Rock
Pettus, C. S.	Little Rock

Rose, W. D.	Little Rock
Robinson, F. C.	Little Rock
Reagan, L. D.	Little Rock
Reed, C. C.	Little Rock
Rhinehart, D. A.	Little Rock
Riegler, N. W.	Little Rock
Runyan, J. P.	Little Rock
Sadler, W. L.	Little Rock
Saxon, R. L.	Little Rock
Scarborough, J. I.	Little Rock
Scott, Homer	Little Rock
Scott, C. V.	Little Rock
Scroggins, J. H.	Little Rock
Shipp, A. C.	Little Rock
Sheppard, J. P.	Little Rock
Shinault, C. R.	Little Rock
Smiley, H. W.	Little Rock
Smith, Morgan	Little Rock
Smith, W. F.	Little Rock
Snodgrass, W. A.	Little Rock
Strauss, A. W.	Little Rock
Stroupe, H. V.	Little Rock
Stover, A. R.	Little Rock
Switzer, D. M.	North Little Rock
Thames, Jno. H.	Little Rock
Thompson, G. D.	Little Rock
Vaughan, Milton	Little Rock
Vaughter, S. P.	Little Rock
Villars, H. F.	Little Rock
Vinsonhaler, F.	Little Rock
Walt, D. C.	Little Rock
Watkins, Anderson	Little Rock
Watkins, John G.	Little Rock
Wayne, J. R.	Little Rock
Wayman, A. K.	Little Rock
Wilson, Olive	Little Rock
Witt, C. E.	Little Rock
White, L. W.	Little Rock
Wilkes, E. H.	Little Rock
Zell, A. M.	Little Rock

RANDOLPH COUNTY

Brown, J. W.	Pocahontas
Hamil, W. E.	Pocahontas
Hughes, W. E.	Pocahontas
Hall, L. H.	Pocahontas
Hull, H. B.	Ravenden Springs
Johnston, J. J.	Biggers
Johnson, T. Z.	Walnut Ridge
Johnson, R. R.	Walnut Ridge
Schide, Carl	Pocahontas
Spikes, J. M.	Swartz
Throgmorton, H. L.	Pocahontas

SALINE COUNTY

Buckley, E. A.	Bauxite
Crawford, J. B.	Benton
Gann, Dewell, Sr.	Benton
Gwaltney, B.	Haskell
Kelly, Warren	Benton
Melton, J. W.	Benton
Phillips, J. M.	Benton
Prickett, C.	Malvern
Steed, C. J.	Alexander
Vines, F. P.	Bauxite
Wright, J. D.	Mabelvale
Walton, J. W.	Benton
Ward, W. W.	Alexander

SCOTT COUNTY

Bevill, C.	Waldron
Cole, J. H.	Boothe
Crow, M. T.	Waldron
Duncan, L. D.	Waldron
Duncan, F. R.	Waldron
Plummer, N. H.	Winfield
Jones, Paul	Blue Ball
Robertson, L. K	Parks
Sorrell, L. B.	Waldron
Tollison, L. D.	Waldron

SEBASTIAN COUNTY

Brooksher, S. L.	Fort Smith
Brooksher, W. R.	Fort Smith
Buckley, J. H.	Fort Smith
Bungart, C. S.	Fort Smith
Butler, V. V.	Hartford
Benefield, J. H.	Huntington
Cooper, St. Cloud	Fort Smith
Dorente, D. R.	Fort Smith
Eberle, J. G.	Fort Smith
Epler, E. G.	Fort Smith
Eberle, Walter G.	Fort Smith
Foltz, Jas. A.	Fort Smith
Foster, J. H.	Fort Smith
Foster, M. E.	Fort Smith
Goldstein, D. W.	Fort Smith
Gray, E. M.	Lavaca
Harrod, R. T.	Checotah, Okla.
Hall, C. W.	Greenwood
Hampson, J. K.	Fort Smith
Hoge, A. F.	Fort Smith

Holt, C. S.	Fort Smith
Hunt, W. J.	Hartford
Johnson, Hugh	Fort Smith
Johnson, J. E.	Fort Smith
King, H. C.	Fort Smith
McKelvey, A. A.	Fort Smith
McGinty, John	Fort Smith
Means, C. S.	Jenny Lind
Moulton, E. C.	Fort Smith
Moulton, H.	Fort Smith
Riddler, P. A.	Fort Smith
Ryan, I. A.	Fort Smith
Rose, Willis F.	Fort Smith
Parks, R. F.	Bonanza
Jones, E. B.	Hartford
Scott, L. L.	Hackett City
Southard, J. D.	Fort Smith
Smith, H. H.	Fort Smith
Taylor, J. M.	Fort Smith
Thompson, H. B.	Fort Smith
Ware, B. L.	Greenwood
Wilson, Cons P.	Fort Smith
Wolferman, S. J.	Fort Smith
Woods, G. G.	Fort Smith
Wyatt, R. B.	Fort Smith

SEARCY COUNTY

Butler, I. S.	Marshall
Cotton, J. O.	Leslie
Dickens, G. W.	Leslie
Daniel, S. G.	Marshall
Fendley, E. G.	Leslie
Goggan, R. E. B.	St. Joe
Henley, J. A.	St. Joe
Hamm, S. G.	Bass
Heard, W. W.	Watts
Melton, A. S.	Marshall
Moore, W. T.	Gilbert
Rogers, W. F.	St. Joe
Wood, E. W.	Marshall

ST. FRANCIS COUNTY

Alley, W. H.	Forrest City
Bogart, J. A.	Forrest City
Boggan, P. P.	Forrest City
Caldwell, A. B.	Caldwell
Hare, J. L.	Wynne
McGown, N. C.	Forrest City
Proctor, F. L.	Forrest City
Pelton, D. A.	Forrest City
Oliver, R. E.	New Castle
Purnell, R. L.	Madison
Powell, Clyde V.	Round Pond
Rush, J. O.	Forrest City
Stewart, T. J.	Wynne

SEVIER COUNTY

Archer, C. A.	DeQueen
Clingan, A. J.	Lockesburg
Dickinson, R. C.	Horatio
Graves, J. C.	Lockesburg
Guthrey, J. E.	Brownstown
Hendrix, B. E.	Gillham
Hopkins, R. L.	DeQueen
Isbell, F. T.	Horatio
King, E. R.	Ben Lomond
Kitchens, C. E.	DeQueen
Musser, Jas. F.	Dierks
Norwood, F. A.	Lockesburg
Norwood, M. L.	Lockesburg
Smith, E. D.	Gillham
Wagley, P. V.	Dierks

UNION COUNTY

Burns, R. P.	Calion
Brewer, J. M.	El Dorado
Colvin, A. R.	Strong
Elkins, W. N.	Junction City
Irby, F. L.	Wesson
Jarrell, Foster	Huttig
Mitchell, J. G.	El Dorado
Moore, J. A.	El Dorado
Mahoney, F. O.	El Dorado
McGraw, S. J.	El Dorado
Mavfield, A. M.	El Dorado
Murphy, George D.	El Dorado
Murphy, G. W. T.	Strong
Niehuss, H. H.	El Dorado
Nolan, J. W.	El Dorado
Purifov, L. L.	El Dorado
Rowland, R. E.	Little Rock
Self, J. I.	Mt. Holly
Wharton, J. B.	El Dorado

WASHINGTON COUNTY

Ellis, E. F.	Fayetteville
Gabbert, W. T.	Fayetteville
Gregg, A. S.	Fayetteville
Harr, H. T.	Fayetteville
Lavson, Z. C.	Fayetteville
Miller, Otey	Fayetteville
Morrow, F. R.	Fayetteville
Moore, A. I.	Fayetteville

WASHINGTON COUNTY—Continued

Batchelder, F. P.....Farmington
 Bearden, J. M.....Springdale
 Brewster, J. H.....Prairie Grove
 Cannon, J. S.....West Fork
 Hathcock, P. L.....Lincoln
 Henry, R. T.....Springdale
 Martin, J. E.....Springdale
 Mock, W. H.....Prairie Grove
 McCormick, E. G.....Prairie Grove
 Paddock, C. B.....Fayetteville
 Southworth, Jas. R.....Fayetteville
 Swift, Chas. E.....Elkins
 Walker, J. W.....Fayetteville
 Wood, H. D.....Fayetteville

WHITE COUNTY

Abington, E. H.....Beebe
 Abington, W. H.....Beebe
 Albright, S. J.....Kensett

WHITE COUNTY—Continued

Brewer, T. E.....Antioch
 Cleveland, J. C.....Bald Knob
 Clark, W. A.....Bald Knob
 Hassell, J. W.....Searcy
 Harrison, A. G.....Searcy
 Hall, H. J.....Higden
 Hassell, A. B.....Rose Bud
 Hudgins, A. H.....Griffithville
 Jelks, J. M.....Searcy
 Jones, J. L.....Searcy
 Moore, L. E.....Searcy
 Peeler, C. M.....Pangburn
 Purnell, F. L.....Georgetown
 Runyan, J. R.....Searcy
 Tapscott, S. T., Jr.....Searcy

WOODRUFF COUNTY

Biles, L. E.....Augusta
 Brewer, E. F.....Augusta

WOODRUFF COUNT—Continued.

Bradford, T. B.....Cotton Plant
 Brewster, B.....McCrary
 Brown, E. B.....Cotton Plant
 Dungan, C. E.....Augusta
 Fraser, R. L.....McCrary
 Gephart, R. T.....Cotton Plant
 McKie, W. H.....Wynue
 Monroe, U. S.....Hunter
 Mathis, W. J.....Cotton Plant
 Maguire, F. C.....Gregory
 Morris, J. W.....De View
 Osborn, J. M.....Howell
 Smith, R. N.....Augusta
 West, J. H.....Grays

YELL COUNTY

Linzy, C. B.....Plainview
 Montgomery, H. L.....Gravelly

THE JOURNAL

OF THE Arkansas Medical Society

PUBLISHED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

Vol. XVII.

LITTLE ROCK, ARK., DECEMBER, 1920.

No. 7

Original Articles.

IS CASTOR OIL AN OXYTOCIC?*

By St. Cloud Cooper, M. D., Fort Smith.

About twenty years ago I read a paper before the Sebastian County Medical Society on the use of castor oil before parturition, giving my experience with this old-time remedy and explaining my theories as to its action. As I remember, the discussion which followed, most of the members were rather doubtful about castor oil having any oxytocic power. Owing to its nauseous taste, they thought it rather a poor remedy for any disease, except to give to babies who could not help themselves.

In my obstetrical practice, I continued to advise my parturient cases to take castor oil a few days before the expected time of labor, if they wished to have an easy time.

In the May 10, 1913, number of *The Journal A. M. A.* will be found my communication to the editor concerning the oxytocic power of castor oil, and his reply.

The following is the communication:

IS CASTOR OIL AN OXYTOCIC?

To the Editor: About twenty years ago I was told by an old negro midwife, if I wanted my labor patients to have an easy time during confinement, to give them castor oil every day for a few days before the expected event. Later I saw a short note in some medical publication, the name of which I cannot recall, stating that castor oil made labor easier.

In the seventh edition of Hare's "Practical Therapeutics," published in 1898, is found the following: "Previous to parturition castor oil has been largely used to relieve

the bowels of fecal matter, and is said by old practitioners to make labor easier than if any other purge is used."

After reading what Hare said about castor oil, I began to give to all pregnant women coming under my care, the following instructions about taking it: If they wished to have an easy time during labor, they should begin about two weeks before the expected time and take two tablespoonfuls of castor oil on retiring at night, and on the day labor began they should take two tablespoonfuls. Very few refused to take it. It was noticed, particularly in first labors, that the first stage was very short, the cervix rapidly and painlessly dilating. A more extended experience since confirms this action of castor oil. In first labors the cervix is frequently found fully dilated in from one to three hours.

Answer: The popular opinion expressed by our correspondent to the effect that castor oil given before parturition will make labor easier is noticed by Hare, it is true, but not at present with approval. We have not been able to consult the seventh edition of Hare's "Therapeutics;" but in the ninth and following editions the quotation is not complete. The statement in full is as follows:

"Previous to parturition it has been largely used to relieve the bowels of feces and it is said by some practitioners to make the labor easier than when other purge is used. This is doubtful."

The National Standard Dispensatory (Hare, Caspari and Rusby) says: "The idea that castor oil decreases the severity of labor more than any other purge, if given previous to parturition, is erroneous."

The experience of our correspondent has been very favorable and apparently differs from that of others. In drawing conclusions from such observations we should consider: (1) that a large number of cases must be observed in order to make conclusions safe;

*Read before the Arkansas Medical Society, at the Forty-fourth Annual Meeting, Eureka Springs, June, 1920.

(2) the psychic impression on the woman and the personal equation of the physician must be taken into consideration. Castor oil, on account of its mildness, is used much more frequently in pregnancy than other cathartics. Without doubt it may do good when judiciously used; but it should not be relied on as oxytocic. The cleansing of the bowel may have had something to do with the ease of labor in the cases observed."

Notwithstanding the learned editor's opinion, I continued to use castor oil as outlined above, with great satisfaction to myself and patients.

In the March, 1916, number of *The Journal of Surgery, Gynecology and Obstetrics*, in its report of the Transactions of the Chicago Gynecological Society, a paper was read before this society entitled, "Induction of Labor at Term," by Dr. Charles B. Read. In the discussion of this paper, Dr. Charles E. Paddock, a member, said:

"If I decide to terminate the pregnancy, my custom is to give the patient quinin and castor oil, which will in over 50 per cent of the cases induce labor. Knowing this, why, then, should the patient be submitted to the risks consequent upon insertion of a bag?"

Dr. Rudolph W. Holmes in his discussion of the same paper, said:

"I cannot see the expediency of using the bag when castor oil aided by ten grains of quinin, in those who can tolerate the drug, will bring on labor in at least 75 per cent of cases if the woman is near term. Castor oil as a means of induction of labor, at term is not so spectacular as the introduction of a bag; but, at least, it does no harm."

Other members spoke of castor oil bringing on labor at or near term.

In the August, 1918, number of the same journal, Dr. Charles B. Read read another paper on the same subject before the same society. Several members of the society spoke of the great advantage of the castor oil and quinin method over the use of the bag in the induction of labor at term.

It seems that some of the members of the Chicago Gynecological Society have great faith in castor oil and quinin when given near

term to bring on labor. The addition of quinin may be an advantage, but I do not believe that it alone has much effect.

I have sometimes wondered if my communication addressed to the editor of *The Journal A. M. A.*, in 1913, might not have been the origin of the use of castor oil by these members of the Chicago Gynecological Society.

I believe that castor oil when given near term has a selective action on the cervix uteri causing rapid cervical dilatation. I will not weary this society with a report of cases, but suggest that this old-time remedy be used by those who doubt its efficacy in all primipara, and I believe they will come to the conclusion that castor oil does shorten the first stage of labor and does bring on strong regular pains.

DISCUSSION.

Dr. R. Y. Phillips (Malvern): I appreciated that paper very much. I was glad to hear what the doctor had to say, because it was according to my experience.

I have noticed, with the bowels thoroughly cleaned with castor oil at the beginning of labor made it shorter and made it easier. As to the real thing that produced it, I was uncertain whether the castor oil had an oxytocic effect, or whether it was the cleansing of the bowels. I think probably it was the cleansing power that gave the effect. I appreciated the paper very much.

Dr. D. C. Walt (Little Rock): I think it a valuable suggestion and I wish to add my endorsement.

Dr. E. E. Barlow (Dermott): I enjoyed the paper very much. That is the line that I use right along in doing obstetrical work, and nearly everything else. If I were confined to any one drug, I would choose castor oil in the practice of medicine.

I wanted to say something a while ago in the case of eclampsia. The stomach tube first, plus castor oil, in such cases is a wonderful thing in the way of elimination; because I find, in these cases of eclampsia, if you will introduce a stomach tube, you will bring out anywhere from five pints to half a gallon of bile-colored fluid, and my plan is to run hot water, just as hot as one can possibly stand, two or three gallons in and out, and clean out the stomach, and then give them about four or five ounces of castor oil through the tube. I find that you nearly always get very prompt elimination.

Dr. M. S. Dibrell (Van Buren): I want to relate one case that I saw. A woman was in the hospital at Fort Smith, and passed three ounces of urine in twenty-four hours. The urine, when boiled, looked like it had pure egg albumen in it, when poured out of the test tube. She was having slight pains for twenty-four hours, with no results. Of course, I was very much alarmed about her condition. She was taken to the hospital.

Dr. Cooper was called in consultation, and his suggestion was to give her two ounces of castor oil and await results. We gave her two ounces of castor oil, and in a very short time, a few hours, labor began, the pains were regular, hard and progressive, and delivery was effected without instruments. I cannot but believe that the castor oil was the thing that did it. I had had very little experience with it until that case, but I do believe that that castor oil was the life saver for this particular person.

THE USE AND APPLICATION OF CARRELL-DAKIN SOLUTION.*

By W. T. Lowe, M. D.,
Pine Bluff.

The history of the origin of the Carrell-Dakin solution, I am sure you all know as well as I. In substance it is this: Soon after the beginning of the world war in Europe, Dr. Carrell went to France to work among the Allied soldiers. You all know the wounds found on the battle field are in a large measure traumatic in character and can be divided into a few general classes. In treating so many wounds of the same general character, caused by the same agents, he soon found the great need of some solution or agent for dressing wounds, that would be applicable to these wounds found so universally around the battle field, and, as has always been true heretofore, necessity proved to be the mother of invention. He and his co-workers began the search and soon brought forward the solution that we now know as the Carrell-Dakin solution, a solution that is rather difficult to make. This solution is easily handled and can be sent from place to place and may be used from same stock for forty-eight hours, though it is best to have it fresh each day.

The purposes for which he used this solution were to prevent the growth of bacteria in the wound, to stimulate healthy granulation, to dissolve any debris in the form of injured and devitalized muscle and fascial tissue—tissue that has been injured beyond recovery—to act in some way as a nutrient to the tissues; and last, but not least, to promote free drainage. These things we have known for a long time, were essential to the union and recovery of tissue. A great many wounds we see in general or civil practice can be treated more effectively than on the battle field, because we have more time and better facilities, and can give better care. It is to this type of wounds found in civil practice to which I refer in this short paper.

The efforts on the part of the surgeons in the early months of the war to close most of the wounds they saw at primary operations met with so many bad results that it was later made a standard order, that, with but few exceptions in certain kinds of wounds, no wound should be closed at primary

operations. When it was found best to leave all wounds open, the field of use for the Carrell-Dakin solution was unlimited, and it came to be used almost universally. Some British surgeon, I understand, claimed to get just as good results by using normal saline solution as by using the Carrell-Dakin solution. We were beginning to try this in Base 82 when the armistice was signed. Since that time I have tried normal saline, boracic acid solution and sterile water, but have not had the good results that I get from the Carrell-Dakin solution.

A general classification of wounds that can be beneficially treated by this method is rather indefinite; but all lacerating or penetrating wounds involving the subcuticular and muscle tissue, fractures that communicate with the skin, and especially where the bone is shattered, where we do an amputation and do not dare close the stump, this often occurs, when we desire to save a special amount of tissue, most all infected cavities (although here I think we get the best results from the free drainage which this method of treating affords us), may be very advantageously treated with this solution, provided the technique in applying it is good.

In applying this solution, there are some points that we should not overlook. The wound should be thoroughly debrided—that is, all tissue that has been badly soiled or injured should be cut away clean, and especially is this true with fascial or connective tissue, as this tissue does not recover well when injured and is dissolved very slowly by this solution. It often delays the secondary closure of wounds for several days when it is not removed at first. If we do it later, it is likely to give trouble, as it opens up a new field for infection. The skin should be trimmed away close at edges, as this solution is rather irritating and will cause pain.

If possible, the wound should be left in such way that it will hold some of the fluid which is directly the opposite to the usual way of preparing wounds. This can usually be done.

We should all remember that in cleaning up a lacerated wound, we are very prone to quit before we have finished our work, only to find in a few days some damaged piece of muscle or connective tissue that is going to slough off and this keeps the wounds soiled and interferes with further work. Gentlemen, if you are going to use this solution, the

*Read by title before the Arkansas Medical Society, at the Forty-fourth Annual Meeting, Eureka Springs, June, 1920.

wound must first be prepared correctly or you will not get the full benefit of your treatment.

The last thing, and of most importance, is to see that all hemorrhage is controlled. If this is not done it will disintegrate the Carrell-Dakin solution and prevent the good results we hope to get from its use. The wound may be packed lightly for a few hours; then the Dakin tubes inserted in bottom of wound. Any small rubber tubing may be used by tying the end and punching several small holes in it, depending on the depth of wound. The free ends should protrude well out of the dressing and the wound packed lightly with soft gauze and enough dressing applied to keep the site of wound warm. The French surgeons place a great deal of stress on this one point.

The edges of skin about the wound should be covered with sterile gauze soaked in liquid vaseline. The solution should be applied in small quantities every two hours, night and day, care being used not to use too much solution lest we soil the wound and cause our patient much discomfort. If we do not caution the nurses, they most always use too much solution, which does not increase its effectiveness.

After five to ten days, if the microscope fails to show the presence of streptococci and but few other bacteria, the wound may be closed. This can often be done by using a local anesthetic. After seeing a great many of these wounds one can usually tell by their appearance when they can be successfully closed.

In closing, I wish to say that if we select our cases, prepare them correctly, and adhere to the principle of Carrell in the use of Carrell-Dakin solution, we shall have good results following.

THE SPIRITUAL ADVANCEMENT OF THE PHYSICIAN.

It is evident that general educational and cultural advancement has occurred among physicians within the last few decades. The frontier atmosphere and the crude manners of pioneer days are largely giving way to the finer type and character of a more civilized state. This advancement may be traced definitely to the broad fundamental education now being required of medical students, which gives them the fine discriminating sense of

the cultured man and enables them to measure and elevate the factors that go to make up human life. Of course, such extension of medical education means also better professional equipment. In urging cultural advancement it is not meant that physicians should become artists, musicians or poets, or even perhaps experts in the realm of sciences indirectly related to medicine. Although the physician need not have an intimate knowledge of all those matters of higher education comprehended under the term "humanities," he should nevertheless have some acquaintance with these subjects. In every community today, one finds physicians who exhibit cultivated taste. While acknowledging first obedience to the vocation of healing the sick; they find in the by-paths of artistic activity not merely amusement and recreation, but also opportunity for contributing to community betterment.—Journal A. M. A., December 11, 1920.

To the Members of the Arkansas Medical Society, Greetings:

It is time for work and earnest co-operation in all our county societies. Let us get together for many good reasons, but principally for the good of each other.

Those who attended the Eureka Springs meeting must not forget their pledge, and I suggest that you begin now laying the ground work. Those who were not there should confer with their County Secretary at once and learn what we are striving to accomplish during the coming year.

Cordially and fraternally yours,

G. A. WARREN, *President.*

Black Rock, December 25, 1920.

CHAULMOOGRA OIL IN LEPROSY.—Continued trials made at the leprosy investigation station of the U. S. Public Health Service and the Kalihi Hospital at Hawaii seem to justify more than ever the statement that chaulmoogra oil contains one or more agents that exert a marked therapeutic action in many cases of leprosy. The intramuscular injection of the soluble ethyl esters of the fatty acids from chaulmoogra oil usually leads to a rapid improvement in the clinical symptoms of leprosy. The ethyl esters of iodine addition compounds of the unsaturated fatty acids in chaulmoogra oil have also been used. There is no experimental proof that this addition of iodine causes any increase in the effectiveness of the material used (Journal A. M. A., October 16, 1920, page 1071).

THE JOURNAL

OF THE

Arkansas Medical Society

Owned by the Arkansas Medical Society and published under the direction of the Council.

WILLIAM R. BATHURST, SECRETARY-EDITOR
810-812 Boyle Building, Little Rock, Arkansas.

Published monthly. Subscription \$2.00 per year; single copies 25 cents.

Entered as second-class matter, June 21, 1906, at the post-office at Little Rock, Arkansas, under the act of Congress of March 3, 1879.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized August 1, 1918.

The advertising policy of this Journal is governed by the rules of the Council on Pharmacy and Chemistry of the American Medical Association.

All communications of this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the state. Notice of deaths, removals from the state, changes of location, etc., are requested.

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Editorials.

AN INFORMAL POST-GRADUATE COURSE.

The Arkansas Medical Society has not, as some societies have in other States, any post-graduate courses. That it should have is admitted; that it may have some time in the near future is a possibility toward which we are striving.

Meanwhile, here is the next best thing to it:

Suggestions have been made from several sources to the various medical and surgical clinics in Little Rock to invite physicians and surgeons from all over the State to their clinics. Complying therewith, it has been decided by the staff at the City Hospital and the Isaac Folsom Clinics to give a series of free clinics throughout January and February, to which every physician and surgeon is invited. They will be absolutely free of cost to visitors of the profession. You who read this invitation may consider it a personal one.

It is believed that this plan will be the beginning of a movement which we believe to be essential in the development of the profession and incidentally likely to bring about a cohesion of the individual membership and prevent disintegration and scattering of the forces in the profession throughout the State.

Those of us who have labored long and strenuously in the organization of physicians feel that to hold this large and constantly increasing body together requires some system of post-graduate instruction. It is the opening wedge which will, we hope and believe, ultimately result in a full post-graduate course as a live factor in the activities of the Arkansas Medical Society.

We want every physician in the State to feel perfectly free to visit these clinics. All will be made cordially welcome.

LOUISVILLE MEETING OF THE SOUTHERN MEDICAL ASSOCIATION.

To our profession in Arkansas an important feature of the annual meeting of the Southern Medical Association at Louisville, November 15-18, was the fact that Hot Springs was chosen for the 1921 meeting and preparations are already under way to make it an unprecedented success.

Officers were elected as follows: President, Dr. Jere Crook of Jackson, Tenn., one of the founders of the association, one of the ablest surgeons in the South, and one of the associa-

tion's most zealous workers; First Vice President, Dr. E. Bates Block of Atlanta, Ga.; Dr. G. A. Hendon of Louisville, chairman of the Committee of Arrangements for the Louisville meeting, was chosen Second Vice President.

Hot Springs was selected as the next meeting place not alone for its ample hotel accommodations, but from its fame as a health resort second to none in America, and to which resort thousands of physicians all over the country send their patients. It is up to the Arkansas members of the association, as well as to physicians whether affiliated with it or not, to do all possible to fulfill the anticipations of the association that this meeting will be a record breaker.

The Southern Medical Association is, in fact, a great post-graduate school and it is stated that the Louisville meeting differed from those of most post-graduate schools in that every man who taught medicine was there to learn from others, as well as to impart what knowledge he himself possessed; which, as we have pointed out in referring to the meetings of the Arkansas annual meetings, is the best of all reasons for attending them.

The program of the Section on Medicine was, in the opinion of those present, the best ever held. There was a three-day program on the Section of Pediatrics and it is said that it never was excelled. The Section on Surgery offered an attractive program; railway surgeons were there in numerical strength and not an essayist on the program failed to fill his date. There were special sessions devoted to Ophthalmology, Rhinology, Oto-Laryngology, Urology, Roentgenology, Obstetrics, etc. Public health specialists were especially pleased with the course of instruction on malaria and the prevention work in communicable diseases in the South. In this connection the Kentucky State Board of Health was awarded first prize and the Alabama State Board of Health was given a certificate of special merit. The Medical Department of the U. S. Army also was awarded a certificate of merit for its remarkably fine exhibit at the meeting.

The commercial exhibits are said to have been the finest ever arranged for a medical meeting. The great hall of the armory, where they were arranged, looked like the main exhibition floor of a big State exposition. This is a feature of great importance. It is just as essential that the progressive physician

and surgeon know of the latest improvements in instruments, medical supplies, x-ray and other electrical and mechanical equipments as it is for him to learn of the advances made in any other branch of his profession.

USELESS NOISES IN CITIES.

Several months ago The Journal made a plea for the subjection or subjugation of unnecessary noises in this and other cities, with special reference to the possible detrimental effect on the nerves. Now comes an authority of sufficient weight in the profession to have his ideas published broadcast through the press agencies with exactly the same views, but leaving out what we regard as the principal noise nuisances. For, while the learned doctor expatiates at length on the racket made by auto klaxons, the ear-splitting shouts of newsboys, the ringing of bells, whistling by locomotives, day and night, and other evils, he omits the important item of the infernal din created by the factory whistle. The trouble about these engines of noise is that they start at 5:00 a. m., "hit her up again" at 5:30 and again at 6:00—hours at which the majority of people are getting their early morning sleep.

And these noises are absolutely useless. In these days of cheap clocks and watches, practically every household owns some sort of timepiece. No whistle is needed to call people to the theater, or to church, or to any business or social occasion. Before clocks were invented there might have been some occasion for noise-making to call people to work. There is none in the twentieth century. If the factories may disturb a whole community to call their workers to their daily labors, why should not every department store adopt the same plan and turn every city into a bedlam of noise? The factory alone adopts this system which annoys all who are in the sound wave radius of their whistle. Municipalities adopt ordinances against the unnecessary blowing of locomotive whistles within city limits; but stand for this greater daily nuisance of the factory whistle. Why should a factory have the privilege of disturbing the slumbers of a community to serve its private ends? Why should a church ring bells and awaken the ungodly with the godly? In St. Louis some years ago, residents nearby a church sporting a set of chimes applied to the courts for an injunction and the courts grant-

ed a permanent one putting the ehimes out of commission for good and all.

In serious cases of illness in which absolute quite is prescribed, the authorities have gone so far as to rope off a whole block to stop the traffic noises and with strange inconsistency have allowed the greater noise of the factory whistle to obtain without abatement. The autoist who blows his noisy and discordant klaxon horn is also a pest. Here is a ear stopped by a traffic policeman or by a street car stopped to discharge or take on passengers. It is quite plain that the first auto in line will proceed as soon as possible; but every idiot in a machine which comes behind will start his unmusical, jangling, discordant klaxon to making car-splitting noises to the disturbance of all within hearing. This matter has received the attention of municipal authorities in many cities even to the extent of shutting up the vociferous "newsy" crying his papers early in the morning or on the street at any time. The long and short of it is that no person or corporation or firm is justified in making useless noises either to help his factory, or mercantile business, or to gratify his personal whims. Let us have peace—and with peace, quietness.

A REAL CHRISTMAS PRESENT.

The holiday season with its joys and its problems is upon us. What shall we do to add to the happiness of the occasion? Each one of us would like not only to wish our friends a merry Christmas and a happy New Year, but to give them one. We cannot do this by means of ill-considered presents. Thoughtless gifts cause the January ash can to bulge with debris. Only when our gifts have lasting meaning do they carry the true message of good will which is the spirit of real giving.

We can give happiness and contentment and safety for the future as well as pleasure for the moment. Such gifts are within reach of all. They are to be found in the savings securities of the United States Government. From the 25-cent thrift stamp to the \$1,000.00 treasury savings certificate, they will carry with them not only the greetings of the season, but happiness for years to come. In presenting the child a card with one thrift stamp affixed, you bestow not only a present, but a habit which will grow in value as the days pass, for he will wish to fill the card. That little gift will have grown wonderfully before another Christmas comes around, and the

recipient will be on the way to a life of independence.

In recommending these lasting gifts, the Savings Division of the Treasury does not suggest that a single American curtail his Christmas giving. It suggests only that he broaden it to include this present which will bring future well-being to those he loves.

Thrift stamps, savings stamps and treasury savings certificates will be on sale throughout the year 1921. In continuing the sale of Government savings securities, the Government is giving the opportunity to every man, woman and child in the land through the coming year to enjoy the happiness, prosperity and contentment which is found in financial independence and security for the future.

Editorial Clippings.

THE CONTROL OF MEASLES.

Brownlee recognizes the great difficulty in controlling or limiting the spread of measles and makes some suggestions which are of value. He states that among the middle classes in England it is observed that children rarely take this disease until the eldest in the family reaches the school age. This is not so markedly the case with the working classes. Among these, greater facilities of infection are afforded by the children playing together in the streets. In spite of this, however, in the opinion of a number of medical officers, the fire is lighted in the schools and the flame is carried to the streets. Under six months of age, measles is not likely to be acquired; but when acquired, the death rate is higher. Brownlee finds that most cases occur between the ages of six months and six or seven years. If it may be assumed that in families of young children the children do not as a rule take measles until the eldest child has become sufficiently old to go to school, something can be done to prevent its spread, and this is suggested by Brownlee as follows:

"Each school will keep a register. When a child of five years is admitted to a class at school it will be noted in the record whether that child is the eldest, intermediate, or youngest member of the family. When measles breaks out in a class the register will be consulted. If the child exposed to infection be the youngest member of the family, nature may be left to take her way—there is no further danger. But if he or she be the eldest, especially if the younger children in

the house are of ages between six months and three years, the direct action of nature is no longer a matter of indifference. What is a mild disease at the age of five years may be a matter of grave danger at the age of six months. Now, it may be taken as practically certain that very few children develop the first symptoms of measles within seven days of the infection, and the higher limit may be set at fourteen days. If, therefore, the child who has been exposed to the infection stays in its home for seven days after exposure, no harm will ensue. It is the next seven days which are important. In the entourage of families in towns, especially where the families are very young, the house of one grandmother is usually available. There are also quite frequently houses of uncles and aunts in which there are either no children or in which the children have already passed through the necessary attack of measles. It is thus only a matter of arrangement that the child who has been exposed to infection stays with a grandmother or other relative for a specified seven days. It may be objected that this cannot be done. On the contrary, I have made such arrangements for many years with reference to cases of scarlet fever and diphtheria. Where on dismissal there was some doubt as to whether a patient were free from infection or not, and where it was obvious that continued residence in the hospital was not the best way to clear the patient of infection, I at once appealed to the parents. I found that arrangements made were loyally carried out in nearly every case; the average parents are not selfish as regards their children, but much the reverse. There are, of course, a number of unreasonable and untrustworthy people, but in my dealings I have found these the exception. Once the matter has been carefully explained, the ordinary person wishes to act for the best. Of course, at the institution of a new method of administration there will be a considerable amount of evasion, but from the moment that the opponents of the system see their children going to the grave while those who acceded find their children do not take the disease, the sarcasm of the neighbors will affect more than thousands of regulations. A few years of trial will put all the community on your side, and then the work is done."

Brownlee emphasizes the fact that early diagnosis is a matter of prime importance in controlling measles. He states that there is

no reason for believing that this disease is transmissible until the appearance of the first catarrhal symptoms. For early recognition purposes there are only two symptoms and signs that are of value. The usual advice is to look for Koplik spots, but by the time these are in evidence the disease has in all probability been transmitted. The temperature is one of the early evidences of this disease. When a child comes to school with suffused eyes and edema of the lower lids and is found to have a temperature, it may or may not be developing measles, but it should be immediately isolated under the best conditions possible and kept in bed for at least four days. If it be measles, at the end of that time the eruption will appear.

Incidentally, Brownlee makes it evident that the case mortality in this disease is much greater among those treated in hospitals than among those treated in their homes. He gives figures for two cities, Aberdeen and Glasgow. In the former, most children with this disease are treated in their homes. In Glasgow, on the other hand, Brownlee's statistics include only those treated in hospitals. The case mortality in Glasgow is much higher at all ages than in Aberdeen. It may be that there is some other factor besides hospital treatment accounting for the difference in the death rates in the two cities, but this is the testimony nearly everywhere. Uncomplicated measles is a mild disease and has a low death rate, but the virus of this disease opens gateways to secondary infections, and these kill. Whether a child with measles will be more likely to escape secondary infection in its home or in a hospital depends upon conditions which must be judged by the medical man in charge. In a contagious disease hospital constructed and manned in a modern way, the child with measles should find its safest place, but many such hospitals do not come up to this standard. The virus of measles is carried through the air for short distances, but in hospitals secondary infections are usually transported by careless attendants. The nurse in a measles hospital in going from one patient to another should exercise the same care and practice the same precaution as would be done if one of these children had measles and the other had scarlet fever. One child may harbor a deadly streptococcus and the careless attendant may carry this organism to every other child under her charge. Until the importance of pre-

venting secondary infections in measles is understood and efficient methods of prevention are practiced, the child with measles, under ordinary conditions, is much safer in an isolated room at home than it is in a hospital ward.—V. C. V. (The Journal of Laboratory and Clinical Medicine).

Personals and News Items.

Dr. L. E. Love of Dardanelle visited in Little Rock this month.

Dr. J. William Powell of Russellville has moved to Detroit, Mich.

Dr. J. T. Clegg of Siloam Springs and Dr. H. C. Jones of Searcy will represent their respective districts in the coming session of the Legislature.

NOTICE.—Now is the time to pay your dues for 1921. Prompt payments to your County Secretary facilitates early reports to the State Secretary, who in turn certifies your membership to the American Medical Association.

At the annual meeting of the Drew County Medical Society officers were elected for the ensuing year as follows: President, Dr. E. R. Cotham; Vice President, Dr. A. S. J. Collins; Secretary and Treasurer, Dr. F. L. Duckworth.

Dr. Glenn M. Holmes of Little Rock, former major in the Medical Department of the Arkansas National Guard, yesterday was appointed by the National Commander of the American Legion as chairman of the Hospitalization Committee for Arkansas. Dr. Holmes has had six years' service with the Arkansas Guard both during peace times and in the world war.

The plan of the committee is to appoint subcommittees representing every Legion post in the State for the purpose of visiting at least once a week all hospitals where ex-service men are being treated, and to care for their interests generally. Each post is to be assigned a definite hospital, and Dr. Holmes will have supervision over the entire work.

At the December meeting of the Pulaski County Medical Society the following officers were elected: President, Robert Caldwell; Vice President, J. B. Dooley; Secretary, D. A. Rhinehart; Treasurer, William R. Bathurst; member Board of Censors, W. A. Snodgrass.

"Every man owes some of his time to the upbuilding of the profession to which he belongs."

Dr. J. C. Cunningham of Little Rock has moved his offices from Third and Center to the Urquhart Building.

Drs. S. W. Colquitt of Grady and A. C. Kolb of Hope visited in Little Rock this month.

Authors of papers and those discussing papers are requested to return proof sent them for correction at the earliest possible time.

Dr. A. G. Henderson of Imboden, one of our tried and true veteran members, is spending the winter in Tampa, Fla. He is accompanied by his wife.

SYNTHETIC AMNIOTIC LIQUOR.

In the study of this subject since our report in the April (1919) issue, Dr. J. W. McDonald, Acting Assistant Surgeon, U. S. P. H. S., has determined two factors upon the development of which he thinks the success of this idea depends:

(a) Owing to the great absorptive action which even a diseased peritoneal surface is found to have, it will be necessary to add to the "synthetic amniotic liquor" some substance to prevent too rapid absorption. For this purpose, it is suggested that a "colloid," perhaps from agar, be used.

(b) For the purpose of obtaining a rapid "digestive" or rather solvent effect upon the unattached "end filaments" or unorganized plasma enzymes before they become "adhesions," it is believed that the addition of cholestrin is indicated. This idea is deduced from the fact that it is presumed that the pancreatin normally found in amniotic liquor comes from white blood cells. Further, that the addition of cholestrin will secure the chemical action of a mono- or tri-acid ester upon the fat globules in the extravasated serum.

From these studies, it is thought possible that a cholestrinized colloid may be had to use in the synthetic fluid.

A further suggestion has arisen as a result of these studies, which is, that there is possibly a great and varied field of usefulness to be developed by the use of hot fluids in large quantities in closed peritoneal cavities. It is believed that saline, saccharine or other substances in the proper physiological solutions may be used advantageously in cases of shock, "acidosis," and perhaps in hemolytic streptococcus or other known infections in which it seems desirable to "dilute the tox-

ins" and beget rapid physiological stimulation. Possibly there is also a wide field of usefulness for the administration of epinephrin or other endocrine derivatives by adding the proper quantity to hot injections given by means of a small trocar-cannula puncture at the site of the mid-abdominal line in the closed peritoneal cavity in such cases as above referred to.

He believes that the use of a synthetic amniotic fluid to prevent adhesions in abdominal cavities, joints and nerve sheaths is as practicable as it is original.

COUNCIL ON HEALTH AND PUBLIC INSTRUCTION FORMULATES ITS SOCIAL PROGRAM.

The House of Delegates of the American Medical Association, at its recent meeting in New Orleans, directed the Council on Health and Public Instruction to make a report at the next annual meeting on the relation of the medical profession toward the public. At its meeting, November 11, the Council considered this matter, and in doing so asked to sit with it Dr. Frank Billings of Chicago, Dr. Hugh Cabot of Ann Arbor, Dr. Wadsworth of the New York State Department of Health, and Dr. F. E. Sampson of Creston, Iowa.

The Council considered the following subjects and took action as stated below:

1. The Council believes it highly desirable that the nature and transmission of communicable diseases should be taught in the public schools of the country. This is already a legal requirement in a few States. In other States such instruction is confined to tuberculosis. The Secretary of the Council was requested to gather such information as he may be able to find bearing in this matter and to have framed a model bill for introduction into the Legislatures of the States which do not already provide for such instruction.

2. The Council believes that teachers in our public schools should know something about the communicable diseases and what should be done with pupils under their charge developing these diseases. The Council believes that a course in epidemiology should be required in all normal schools and in schools of education in our universities; in short, that no one should be licensed to teach without having had instruction in epidemiology. The Secretary of the Council was requested to have formulated a model bill bearing upon this subject.

3. The Council is of the opinion that there should be a closer co-operation between the medical profession and laymen who are interested in public health, and the Council recommends that sections on public health and sanitation be organized in State and local medical societies, and that laymen interested in public health be admitted as associate members of this society and referred to the sections. In the opinion of the Council, this matter should be discussed more fully at the next meeting of the Council in March, 1921.

4. In the opinion of the Council, it is highly desirable that the American Medical Association should, as soon as possible, begin the publication of a popular, up-to-date journal on sanitation and epidemiology, which should give to the public the latest, most complete and most scientific information concerning the prevalent and communicable diseases. It is the wish of the Council that this matter be referred to the Board of Trustees of the American Medical Association.

5. The Council on Health and Public Instruction believes that the American Medical Association should take steps to secure the following results:

(a) To assist local medical practitioners by supplying them with proper diagnostic facilities.

(b) To provide for residents of rural districts, and for all others who cannot otherwise secure such benefits, adequate and scientific medical treatment, hospital and dispensary facilities and nursing care.

(c) To provide more efficiently for the maintenance of health in rural and isolated districts.

(d) To provide for young physicians who desire to go to rural localities, opportunities for laboratory aid in diagnosis.

(e) The Council believes that these results can be best secured by providing in each rural community a hospital with roentgen-ray and laboratory facilities to be used by the legally qualified physicians of the community. The Secretary of the Council was requested to study the laws of the different States bearing upon this subject and to prepare a model bill to be studied more fully at the meeting of the Council in March, 1921.—Victor C. Vaughan, M. D., Ann Arbor Mich., chairman Council on Health and Public Instruction (*Journal A. M. A.*, December 4, 1920).

FIFTEENTH ANNUAL MEETING OF
THE MEDICAL ASSOCIATION OF
THE SOUTHWEST, HELD AT
WICHITA, KAN., NOV. 22-24.

The fifteenth annual meeting of the Medical Association of the Southwest, which was held in Wichita this year, while not quite so largely attended as usual, was really more interesting than usual. The smaller attendance could probably be accounted for by the fact that it followed the Southern meeting and the College of Surgeons so closely; but all who attended said they had never attended a better meeting in the district.

There were about three hundred members present, about fifty of whom were ex-service men and who enjoyed a reunion the first day.

The report of the Secretary-Treasurer showed more members had paid dues this year than in any previous year, and that the association was free from any debt. The hardship in maintaining *The Journal*, due to the great increase in everything that enters into the publishing of the same, was freely discussed, and a resolution of commendation for the conduct of *The Journal*, especially with reference to its advertising policy, was unanimously adopted.

Features of the scientific program this year were the two brilliant addresses made by Dr. F. M. Pottenger of Monrovia, Cal., and Dr. J. H. Stokes of the Mayo Clinic of Rochester, Minn. Dr. Pottenger certainly impressed everyone present with the need for greater proficiency in the diagnosis of tubercular conditions, as did Dr. Stokes as to syphilis.

The scientific program was unusually good and the clinics held each forenoon in every hospital in the city proved very interesting and helpful to all in attendance.

The officers elected for the ensuing year were: President, E. H. Skinner, Kansas City, Mo.; Vice Presidents, W. W. Rucks, Oklahoma City, Okla.; J. T. Axtell, Newton, Kan.; H. Moulton, Fort Smith, Ark.; R. H. Needham, Fort Worth Tex.; Secretary-Treasurer, Fred H. Clark, Oklahoma City, Okla.

The next meeting is to be a joint meeting with the Missouri Valley Medical Society, and will be held in Kansas City, Mo., beginning October 4, 1921.

INCREASE IN DUES OF THE A. M. A.

In *The Journal* of the American Medical Association of November 20, appears the report of a special meeting of the House of

Delegates of the American Medical Association called to act on a proposition submitted by the Board of Trustees to increase the annual Fellowship dues. The House of Delegates modified the by-laws, increasing these dues from \$5.00 to \$6.00, the new arrangement to be effective for 1921. As explained in the minutes of the meeting of the House of Delegates, this increase is made necessary by the greatly increased cost of material and labor in the printing trade. Considering merely the amount of material contained in *The Journal* each week, even at the new rate *The Journal* is lower in price by far than any other scientific periodical, medical or otherwise, in the world. The increase is 20 per cent—very small as compared with the increase in the subscription prices of other periodicals, especially those published by scientific organizations. The British Medical Association recently has increased its annual dues, which means subscription to the *British Medical Journal*, from \$10.50 to \$15.75. It may be well to recall that the income from *The Journal* supports the association's activities in the interest of the medical profession and the public; for instance, the work of the Council on Pharmacy and Chemistry, of the Chemical Laboratory, of the Council on Medical Education and Hospitals, of the Council on Health and Public Instruction, and of the Biographical and Propaganda departments. Thus, when a physician pays \$6.00 he is not only paying for *The Journal*, but also for the above enumerated enterprises and other activities in behalf of the medical profession and the public.

FIRST COUNCILOR DISTRICT MEDICAL SOCIETY.

Jonesboro, Ark., Nov. 10, 1920.

The First Councilor District Medical Society of Arkansas met with the Craighead County Medical Society today. The sessions were held in the assembly room of the Y. M. C. A. Building.

The meeting was called to order by the President, Dr. Throgmorton. Prayer was offered by the Rev. William Sherman, and the minutes of last meeting read and approved.

Dr. Walker next made us an address of welcome which put us at ease with the feeling that we were the honored guests of the Queen City of Arkansas and livestock county society in the State. Dr. Land, who was

slated to respond to this address, being unavoidably detained, Dr. G. A. Warren responded in his stead. He assured us that he believed everything Dr. Walker said and that he felt so welcome that it would not be necessary to sample him with *our moonshine*, which he had heard was *great*.

Next was a paper by Dr. Brown, "Benefits Obtained from Laboratory Examination," which was very timely and much enjoyed by all. The discussion of it was quite general and many interesting points were brought out.

Dr. Newkirk then read his paper, "Duties of the County and City Health Officer." He touched a tender spot with many of us and we all resolved to be more helpful to this overworked official than we had heretofore been. The discussion of this able paper was very thorough and interesting.

Dr. Lutterloh presented his paper, "Some Problems of Infection," which was very interesting and instructive in every detail. Many things were stressed in the very general discussion of this valuable paper and some diagnostic points were called to our attention in a way to be remembered.

Dr. McCarroll next read his paper, "The Doctor," which was quite a treat. It was so pithy and to the point that each of us felt that it was especially for him. The discussion of this "sermonette" was very short, as it was time for lunch, and the Entertainment Committee had outdone themselves in having a feast, gastronomic and mental, arranged for us in the banquet room of the Majestic Hotel.

The spread was all that could be desired. Many of the lovely ladies of our city were present and some of the prominent business and professional men. Some very interesting talks were made by Messrs. Chapin, Parr, Stroud and Warren; also by Misses Chambers, Ritter and Whitfield. This hour passed all too quickly.

The afternoon session was called to order and Dr. Altman read his paper, "Inflammatory Rheumatism," which was very generally discussed. The focus of infection was the point made in this valuable paper.

Dr. Willett next read his very able paper on "Focal Infection," which went a little further into the subject than had yet been done. The discussion of his paper was very general.

The real treat of the session now came in the form of a paper by Dr. M. D. Ogden, who

was our guest for this meeting. The title of his paper was "Chronic Indigestion," and he handled it in his usual able manner. Much light was given us on the various complaints our patients have.

Following Dr. Ogden, Miss Erle Chambers of Little Rock told us of the work of the Arkansas Public Health Association. Her talk was very timely and instructive.

Dr. Warren, President of our State Society, now gave us an interesting talk on "The Medical Needs of Arkansas," which was timely and instructive in every way; but the hour getting late, the discussion was very short.

There were some more good papers and the essayists present, but the election of officers having to be considered, they were carried over till our next meeting.

The election of officers resulted as follows: President, Dr. W. C. Haltun, Jonesboro, Ark.; Vice President, Dr. J. C. Swindle, Walnut Ridge, Ark.; Secretary and Treasurer, Dr. Thad Cothern, Jonesboro, Ark.

Jonesboro, Ark., was selected to be the meeting place for our next meeting, which will be held in the spring of 1921.

H. L. THROGMORTON, *President*;
THAD COTHERN, *Secretary*.

County Societies.

LAWRENCE COUNTY.

(Reported by H. R. McCarroll, Sec'y.)

The Lawrence County Medical Society met in regular session at Walnut Ridge, Ark., Wednesday, December 1, 1920, in the rooms of the Baptist Church, at 4:00 p. m.

The meeting was called to order by the Vice President, J. C. Land, and the minutes of the previous meeting were read and approved.

A vertebra of one of the large prehistoric animals was demonstrated to all present by the Secretary through the courtesy of Mr. S. C. Dowell.

J. C. Swindle was to have had a heart clinic, but his material failed to come.

Some clinical cases were taken up and discussed, after which the program of papers followed, which was a symposium on obstetrics.

J. C. Land read a paper on "The Indications and Uses of the Forceps;" Earl Thomas, "Episiotomy," and H. R. McCarroll, "Lacerations and Their Treatment." These papers were well discussed, and while all points under these subjects were not mentioned, we believe that most physicians would have enjoyed them and perhaps might have learned something.

After the above program, the physicians retired to the Sunday school room of the church, where a delicious supper of fried chicken, and many other good things too numerous to mention, had been prepared by the Amoma Class of the church. We had as a visitor R. R. Johnson of the Randolph County Society. We also invited as visitors or guests for supper Messrs. Walter Smith, Fred Kirkpatrick, Len Downen and O. W. Swicord. The following ladies were present: Mesdames Clay, Johnson, Land, McCarroll and Swindle. All were insistent in their praises of the ladies who prepared this most excellent repast.

This being the annual election time, the following members were chosen as officers for the following year: J. C. Land, President; J. C. Hughes, Vice President; H. R. McCarroll, Secretary and Treasurer; W. J. Robinson, Censor; Earl Thomas and W. W. Hatcher, delegates to the State Society; and G. Max Watkins and J. H. Stidham, Program Committee.

The average attendance of our members for the year that were located in the county was 54 per cent. It would be interesting to know how the attendance in other counties over the State would compare.

Members present: Clay, Hughes, Land, McCarroll, Neece, Robinson, Stidham, Swindle, Thomas, Townsend and Warren.

FRANKLIN COUNTY.

(Reported by Thos. Douglass, Sec'y.)

The Franklin County Medical Society met Monday, December 14, accompanying its proceedings with a splendid turkey dinner at the Bristow Hotel. The occasion was very enjoyable and we only regret the small attendance, only five members being present, Drs. Porter, Williams, Gammill, Higgins, and the writer. Dr. Powell arrived afterward.

A resolution was adopted regretting the illness of Dr. E. W. Blackburn.

A good letter from Dr. W. J. King, one of our ex-emergency army officers, now at Fort

Sam Houston, Texas, was read. He is rapidly recovering from a tuberculosis infection. Dr. King was our President this year.

The Johnson County Medical Society, as Dr. Porter remarked, "having got religion" and reorganized, we lost our two Clarksville members, Drs. Kolb and Manly, but elected them honorary members.

The Secretary was instructed to send a message of congratulation to the Johnson County Medical Society upon its reorganization, and to propose to them a joint meeting of the Johnson and Franklin County Societies once or twice during 1921.

The Secretary reported that twenty-three members had paid dues for 1920, leaving only two doctors in the county in arrears, and we think they can yet be persuaded to renew theirs, giving us a 100 per cent county in paid-up members.

A motion was adopted endorsing the Mason bill now before Congress. This bill provides for the retirement of disabled ex-emergency army officers.

The following officers were elected for 1921: President, S. P. Gammill, Branch; Vice President, J. M. Powell, Coal Hill; Secretary-Treasurer, Thos. Douglass, Ozark; Delegate, W. C. Porter, Ozark; Alternate, W. H. Bollinger, Charleston.

CRAIGHEAD COUNTY.

(Reported by Thad Cothern, Sec'y.)

The final meeting of the Craighead County Medical Society for the year 1920 was held December 10 in the office of Dr. Cothern.

Election of officers for the coming year was the first thing to be taken up after the reading of the minutes of the previous meeting were read and approved. The election resulted as follows: Dr. W. W. Jackson, Jonesboro, Ark., President; Dr. Floyd Clardy, Jonesboro, Ark., Vice President; Dr. Thad Cothern, Jonesboro, Ark., Secretary; Dr. H. A. Stroud, Jonesboro, Ark., Treasurer.

Dr. Cothern's time as Censor having expired, he was elected to succeed himself.

The Board of Censors is as follows: Dr. W. C. Haltum, Jonesboro, Ark., time expires December 31, 1921; Dr. R. H. Willett, Jonesboro, Ark., time expires December 31, 1922; Dr. Thad Cothern, Jonesboro, Ark., time expires December 31, 1923.

At a previous meeting a resolution was passed pledging each member to contribute

the sum of \$5.00 to a fund to be placed at the disposal of the Legislative Committee of our State Society. All present paid in the amount pledged to Dr. Jackson, chairman of the Legislative Committee of our County Society. Some who were unable to attend this meeting sent in their checks for this fund.

The Board of Censors having given the following letter to Dr. L. D. Crawford, who was present, he was asked if he wished to make any statement. He assured us that he did, and related the particulars of the ease in detail, assuring us that it was a "technical" mistake and not a "wilful" one. The letter was as follows:

BOARD OF CENSORS.

Dr. Cothern Dr. Haltum Dr. Willett
 Jonesboro, Ark., Dec. 10, 1920.
 Dr. L. D. Crawford, Marked Tree, Ark.:

Dear Doctor:—It has been reported to us that you were indicted and convicted in the Federal Court here for violating the Harrison Anti-Narcotic Law. We are very anxious to have the matter cleared up, as a "wilful" disregard of the law renders one ineligible for membership in our medical societies. Sometimes a law can be technically violated, when there was no intent to cater to the wants of a *known drug addict*. The matter is of grave import to all of us and we are anxious that justice and reasonableness be exercised.

Respectfully,
 THAD COTHERN,
 R. H. WILLETT,
 W. C. HALTUM.

After Dr. Crawford finished his talk, the chair appointed a committee to make a thorough investigation of Dr. Crawford's ease and report at our next meeting.

There being many activities in our city with which our doctors are in some way connected, it was decided to change the meeting dates to the *second* and *fourth* Thursdays in each month, one meeting each month to be in the afternoon and one in the evening.

The scientific part of our program was next taken up and many good papers and interesting discussions were had.

Book Reviews.

AMERICAN JOURNAL OF OBSTETRICS AND GYNECOLOGY.

Dr. George W. Kosmak, editor, and C. V. Mosby Company, St. Louis, publishers, have the honor to present The American Journal of Obstetrics and Gynecology to the medical profession for its approval.

Among the original articles in the first issue just out is one entitled, "A Program for American Gynecology; Presidential Address; American Gynecological Society," by Robert L. Dickinson, M. D., New York. In addition

to other original articles, we find records of special society transactions and a Department of Reviews and Abstracts. The subscription is given as \$6.00 per annum.

SYPHILIS.—By Loyd Thompson, Ph. B., M. D., Hot Springs, Ark., Lieutenant Colonel, Medical Reserve Corps, U. S. Army. Illustrated with 81 engravings and seven plates. Second edition, thoroughly revised. Published by Lea & Febiger, Philadelphia. Price, \$7.00.

The aim of Dr. Thompson is to present to the profession the subject of syphilis in a practical manner. Considerable space is devoted to diagnosis and treatment. The laboratory diagnosis, with which the author is quite familiar, receives its share of prominence.

We congratulate the author upon this splendid work, and trust our readers will take advantage of his research.

THE SYSTEMATIC TREATMENT OF GONORRHEA IN THE MALE.—By Norman Lumb, late R. A. M. C. specialist in Venereal Diseases, and officer in charge of Division 39 and 51 general hospitals, B. E. F. Second edition. Published by Lea & Febiger, Philadelphia. Price, \$1.75.

The object of this small volume is to give a description of the methods which, in practice, are found to be most efficacious in the treatment of gonorrhoea and its complications.

HELPING THE COUNCIL.—There are many physicians who, while figuratively patting the Council of Pharmacy on the back, do nothing to aid its efforts. On the other hand, there are men in the profession who give the Council active support. Such a man wrote to a pharmaceutical concern that he was receiving advertising concerning its products and suggested that until these products had been accepted by the Council, it was a waste of postage to send this. He explained that he depended entirely upon the Council in such matters as these (Jour. A. M. A., Nov. 6, 1920, p. 1275).

VACCINES FOR COMMON COLDS.—There is no scientific evidence that common colds can be prevented by the use of vaccines, despite the glowing recommendations of vaccine makers and the patter of the detail man. Colds characterized by catarrhal inflammation of the mucous membranes of the nose and throat are caused by various organisms. The organism concerned in one epidemic is different from that in another. It is impossible to anticipate what organism is about to invade the household or community. Inoculation of mixed vaccines fails to produce immunity (Jour. A. M. A., Nov. 13, 1920, p. 1361).

THE JOURNAL

OF THE

Arkansas Medical Society

PUBLISHED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

Vol. XVII.

LITTLE ROCK, ARK., JANUARY, 1921

No. 8

Original Articles.

THE VALUE OF REST IN VALVULAR DISEASES OF THE HEART.*

By R. Y. Phillips M. D.,
Malvern.

Chief among all the means at our disposal in a treatment of cardiac insufficiency must be placed complete bodily rest.

In our efforts to restore the heart muscles and to improve its tonicity, we are only too apt to overlook the fact that in many instances more may be accomplished by the removal of some of the work of the heart by complete rest, than by all other therapeutic measures taken together. Inasmuch as it is impossible to do more than reduce the work of the heart by relieving it of all unnecessary strain, and since the work of the heart entailed by the normal metabolic processes can be lessened only very slightly, it is evident that when we speak of complete rest for the heart, we are employing a relative term only.

It is impossible to do more than estimate in a rough way to what extent the work of the heart is lessened by absolute rest of the body in bed, but it can scarcely be doubted that it is materially lessened. This factor becomes, of course, a larger one in patients who habitually live an active life, since the amount of work taken off of the heart in these cases would be more than in those of a very sedentary habit. The ideal to be sought for and worked toward is to have the patient to observe the most complete repose of body and mind as possible; which is to be obtained only by observing strictly the horizontal position of the body, with the head raised only enough to give comfort to the patient. Keep the head in line with the body with every unne-

cessary movement avoided and every exertion relieved.

Urination and defecation should be attended with a minimum of worry and excitement. The value of this ideal rest is such as to make it to consider the minutest detail the successful mastery alone can produce, giving satisfactory results. The bed should be high and narrow, so that the nurse can look after the wants of the patient and readily carry out the minutest details of the patient, bearing in mind not to allow any exertion or strain upon the patient's heart.

The bed should be firm, preferably a hair mattress, fairly firm, not too hard; so that it will not sink down in the middle, letting the patient lie in a hollow like a trough. The most serious difficulty encountered is generally met with at the very beginning. The more serious cases of cardiac insufficiency, for which this absolute rest is all important in many, have a degree of dyspnea or uneasy breathing. Under such circumstances they should not be made to assume a posture so nearly the horizontal position as to cause distress, as this interferes with rest, so much desired at this time. The patient should be placed in a position to give as much comfort as possible. A front and back rest while in this inclining position will be found helpful. Even the adjustment of the patient in this position, seemingly very simple, is a detail which should not be overlooked by the physician. If this is properly done, there should be no difficulty in the patient sleeping and resting, in this position. A foot board will help to overcome to a marked degree the tendency of the patient to slip down in the bed. From the beginning the patient should be made to understand that the nearer the horizontal he can lie, the more rapidly he will improve. Begin as early as possible to lower the head. This should be continued until the horizontal position is reached. A common

*Read before the Arkansas Medical Society, at the Forty-fourth Annual Session, Eureka Springs, June, 1920.

practice where the edema of the legs is marked, is to elevate the legs. For several reasons this is bad practice. Not only because it places the body and the thighs of the patient at an angle which is exceedingly uncomfortable to the patient; but also, if it does succeed in reducing the legs, it only tends to increase the edema in the body. That is in a place much less desirable and productive of distinctly greater discomfort. The patient should on no account leave the bed to urinate or defecate, and both of these should be made as easy for him as possible. To urinate when lying down is quite a simple matter; but to defecate is of such importance to deserve our consideration. When straining at stool, there is a well-defined rise in blood pressure amounting to thirty to fifty millimeters and often more. Every effort should be made to regulate the bowels in such a way that there will be one or two soft stools in twenty-four hours. Some think more movements beneficial; but, in my opinion, the common practice of purging patients so freely should be condemned.

The frequently repeated act of defecation exhausts the patient to a much greater degree than would be productive from the loss of fluid through the bowels. In the beginning of the treatment, should the bowels be overloaded, a thorough cleansing by salts is beneficial; but do not continue to purge. Elimination being accomplished, some means should be taken to establish two or three soft movements every twenty-four hours. This is all the more important because the majority of patients placed in bed upon a restricted diet are certain to suffer from constipation to some degree. The custom of giving enemata of various kinds is not good practice and in most instances does very little good. There is a certain amount of excitement involved, hence these enemata should be avoided wherever possible. The introduction of large quantities of fluid into the rectum with patients suffering with myocardial insufficiency involves great risk and may cause sudden death, as some have reported. A mild, non-irritating laxative will be found best. Rest in the way of diet is also essential. An overloaded stomach will throw a certain amount of extra work on the heart. The diet should be rather concentrated, so as to give the patient proper nourishment and yet not disturb the stomach. The food should be of the most easily

digestible kind, so as to give as little work to the digestive functions as possible. In most cases visits of relatives and friends should be forbidden, except an occasional short visit of husband or wife, as the case may be. Sometimes a too exclusive quietude gives worry instead of rest; but we more often find the opposite. Reading and receiving letters, except in convalescent cases, should not be permitted. A certain number of patients do badly under a too restrictive limitation of movement, such as old people; or with a lung patient, as in bronchitis, which may cause hypostatic pneumonia. While complete rest is the ideal sought for, the fact must not be lost sight of that if the condition is one which is to last a long time, the good effects of this regime may be offset, to a greater or less degree, by a weakening of the heart resulting from a too long rest. While no rule can be laid down as applicable in every case, we may say that the more acute the case is, the shorter its probable duration, and the more imperative is the indication for relative rest of all of the functions of the body.

The length of time which the patient with cardiac insufficiency must observe this condition of strict rest varies within tolerably wide limits. The guiding principle should be that no attempt to sit up until the affusion into the serious cavities, if such has existed has disappeared. Not until the edema of the dependent part has entirely left or vanished. Not until a daily urinary output has reached normal or nearly so, taking into account the diet. Not until dyspnea shall no longer exist; at least, while the patient is at rest. When all of these conditions have ceased to exist, and not until then, should the patient be allowed to get up or move about. However, a change of the body is restful, as the condition improves, and a gradual exercising is to be continuously given by a thoroughly competent nurse who has had training along this line of treatment. There should be a slight increase each day for the heart to do; but it should never reach the point of weariness or exhaustion. Too long a walk or staying up may undo what days or weeks have accomplished in absolute rest. The gradual getting up or resuming the former occupations may tax the physician to his utmost as well as the nurse, to keep the patient from returning to his former invalidism from cardiac insufficiency. Rest of muscle, rest of the body,

rest of the mind and rest of the digestive functions give the quickest, surest and best results.

DISCUSSION.

Dr. A. U. Williams (Hot Springs): I think that rest in the treatment of valvular lesions of the heart is the most essential; digitalis next, and the warm baths later on. Under that treatment many a man's heart, with valvular lesions, can be so rejuvenated that he can live to a good old age.

Dr. E. F. Ellis (Fayetteville): I was much impressed with the doctor's paper, inasmuch as he omits drugs in the treatment of cardiac conditions. In my opinion, the withholding of drugs in the treatment of valvular insufficiency or myocardial insufficiency is a cardinal virtue. I think the average patient is ordinarily very much injured by the giving of drugs, especially in myocardial insufficiency and auricular fibrillation.

Dr. C. S. Pettus (Little Rock): This is essentially such a tremendous subject that I hardly know how to discuss it. I agree that in most cases rest and elimination are very satisfactory in the treatment of this condition. As to digitalis, I can hardly agree that this drug is as valuable as some believe it is. The truth about digitalis is that we do not know the strength and purity of the preparation. In the past, most preparations of digitalis were found inert, and today we are not sure about the preparation of digitalis. The safest method in the treatment of heart complications is rest. Heart lesions are so complex that I wouldn't attempt to discuss such a vexed question, unless I gave it considerable thought beforehand. Unfortunately, I was interrupted and did not hear all of the doctor's points. I am, therefore, unable to discuss the paper as I really would like to.

Dr. H. R. McCarroll (Walnut Ridge): This is a very important subject, and rather too large for most of us to discuss. During the 1918 epidemic of influenza, I had a boy, about fourteen years old, who had the influenza, followed with an attack of articular rheumatism, caused, possibly, from a lot of decayed teeth that he had; and the heart muscles became involved. It seemed that the mitral valves were almost completely destroyed. He had a very marked mitral lesion with all the bad consequences that usually come with a bad lesion. I advised keeping this boy in bed six months, and we followed out the treatment pretty well. He stayed in bed for at least four months, and then desired to be up some. He began to get cross, and, as the doctor brought out in his paper, it seemed he was worrying more about the confinement in bed than he would if allowed to get up. So we got a wheel chair for him, and had him to take a little exercise in it. I think he stayed at least two months more in the house; and, to my surprise, at the end of that time, instead of wanting to get out and take more exercise, he went the other way. He began to get afraid of exercise; possibly from the too long confinement, or from his study of the case; and it was almost six months more before that boy began to take any exercise at all, even to go as far as to town. He was carried out a few times in a car, in a very careful manner. As I see it, the problem about this particular case is, just what caused that boy to take the turn that he did at the end of the six months treatment. He scarcely takes any exercise now. And the boy has largely perished away; his muscles are very much smaller than they were when he took sick; he doesn't weigh as much, either. At the present time his heart is doing first rate and we are trying to get him to take gentle exercise. He walks to town possibly twice a day, and it looks like he will make further improvement, unless some other acute disease supervenes.

It seems, though, that his heart is getting stronger. Compensation is better, and the boy is able to resume his school work.

Rest in bed is mighty good, but where you confine these young people to bed as long as six months, you may have some bad consequences.

I had one other case like this, but patient developed scarlet fever and died.

Dr. H. D. Wood (Fayetteville): I think this is a very important subject, one too little appreciated by the medical profession. My friend, Dr. McCormick, had a brother, whose son was one of the finest specimens of physical boyhood that I ever saw. He developed a heart lesion from overstrain. He didn't know what fatigue was. They told me that boy would run from the home to the pasture after the cows, and that he didn't take any care of himself. He developed a valvular heart lesion. He rested a while, got better, and was up again. If we could only take care of those cases right, and impress upon the minds of those young persons especially, like the doctor said, that they must give the heart a rest, it would mean so much. The heart is a wonderful machine that has to do the pumping all through life without stopping; and, if you give it the right kind of rest, that heart will oftentimes repair itself. When you have valvular lesions in young persons, as it has been with some of my cases, they will grow to manhood or womanhood, and not the slightest trouble is there. They have had a good, long rest; they have taken care of themselves. I think it is right, to let patients know that it doesn't make any difference whether they lie down or not, exercise can be had lying in bed. Let them keep quiet, and roll gently, or take a very mild sort of exercise, so as to avoid overstraining the heart—that's what we want to accomplish—and give this diseased process time to repair itself.

CONSERVATISM IN MINOR SURGERY.*

By J. M. Lemons, M. D.,
Pine Bluff.

In presenting this paper, it is not with the idea of bringing anything new to you in minor surgery. It is only that we may stop and think. We are living in a very fast age; perchance in our hurry we do not stop to think as we should. Just a few years ago the physician and surgeon rode horseback to his country calls, and went on foot in town. Then came the buggy, then the auto, and now the airplane.

So we get into the habit of doing things in a hurry. It may be in our haste we may get the habit of not paying as much attention to our minor cases of surgery as we should. For instance, a patient comes into our office with a finger mashed very badly; bone broken; flesh bruised and lacerated; very ugly in appearance. It may be our first thought to see if we can save the finger; then we take another look and see how badly it is mashed,

*Read before the Arkansas Medical Society, at the Forty-fourth Annual Session, Eureka Springs, June, 1920.

cut and bruised, and we may think this is going to give a great deal of trouble. All this mashed tissue will slough off and, oh, my, the trouble it will be! So we just cut off the finger and get rid of so much trouble and dressing. It will take up so much of our time, and we are in a hurry!

Is this the right way for us to weigh our duty? It seems to me that we should stop and consider the patient's side just a little. He was given his members when he was created, and they are dear to him.

In industrial works I have seen almost all kinds of injuries.

After a man is hurt by machinery he comes to us to be cared for. His members are almost severed; so it is up to us as surgeons to save what can be saved. I have seen injuries that looked like it was almost impossible to save the injured part. If an arm is badly mangled between elbow and wrist, if circulation can be felt at the wrist, we should endeavor to save that arm even if it is not as good after it gets well as before the injury. It beats no arm.

I have seen cases where it looked like nothing short of an amputation would avail; but after dressing the parts as needed and waiting three days, I have been surprised to find the wound in much better condition than expected, and amputation unnecessary.

So, in our hurry and bustle, let's stop and get our bearings and see where we are.

DISCUSSION.

Dr. C. S. Pettus (Little Rock): Minor surgery is the most exacting part of surgery with which we have to deal. I believe that more disagreeable results follow faulty technic in minor surgery than in any other type. We find many surgeons who are removing gall-bladders with impunity, and doing gastro-enterostomies and appendectomies, but who in minor surgery may do inestimable damage to their patient, as the essayist has suggested. I think the reason of that is, that minor surgery is considered of so little importance that a large percentage of surgeons fail to give it the consideration it deserves. I think that, in the medical schools, more attention should be given to the teaching of minor surgery.

I remember, when I graduated, I believed that I could do a herniotomy, and, shortly afterward, was forced to do one, and was able to do it. But one of the first surgical cases that I received was an ingrowing toenail, and I had never received the necessary instruction as to its treatment, therefore was somewhat in the dark.

The average doctor, in going out, overlooks much that could be done in such injuries in conservation of limbs, as the doctor has suggested. Many limbs and fingers are sacrificed and much deformity results, because of a lack of judgment in handling these cases; and that lack of judgment is a result of a lack of instruction. I think it is very well that we give special consideration to the thoughts that the

doctor has brought out in his paper on conservatism in minor surgery.

Dr. A. U. Williams (Hot Springs): How much better it would be if the teachers would pay more attention to minor surgery. Dr. Pettus made the remark that students were taught in college how to make amputations and to take out the appendix, and to do major surgery; but very little attention was paid to minor surgery. And that is what puzzles the young practitioner. I could amputate a leg when I came out of college, with perfect ease; but I did not know whether to lance a bone felon or not.

Dr. H. R. McCarroll (Walnut Ridge): I would like to report one case which, I think, illustrates this type. I treated a boy with an injured finger, that was caught between a pulley and the belt. There was nothing left of the finger from the metacarpophalangeal joint to the end of the finger, except the bones and the tendons. The extensor and flexor tendons were loose and dangling, with three little bits of flesh, none of them larger than the quarter of a dime, one on each side of first phalanx and one at the second joint. I simply put the tendons back in place, and dressed that finger on a splint. At the end of about a week or ten days, I don't remember exactly, the terminal phalanx sloughed, turned black and became gangrenous, and I just lifted it off. I then clipped the ends of these tendons a little bit, tucked them gently over the end of the second bone and continued to dress the finger. At the end of three or four weeks these little islands of flesh had completely covered this bone; the tendons had become covered in place, and I began to make a little motion then in the joints. After the flesh completely covered over the finger, I skin-grafted it, and at the end of six weeks that finger was completely rounded down, completely covered over. When that boy left town, he could open and shut his hand. He could use that finger, which was the index finger, practically as good as he could the others. Of course, it was a little stiffer, and a little larger in size; but he had complete use of that finger, and of every joint.

I believe that is one case that would well illustrate conservation.

Dr. Thomas Douglass (Ozark): I think that most of us are not likely to neglect minor surgery, because it is always brought to us. The general surgeon attends to the major surgery. At the present time, tonsillotomy and tooth-pulling are the most fashionable surgical operations in the minor field. I don't like to do either one of them; but those are the most fashionable, like appendectomy has been in the past.

I think this paper is quite important. It is an excellent introduction to the subject of minor surgery. I wish that the doctor had gone into details and told us how to do all these things which are necessary for the saving of limbs that are mangled. He only emphasizes the importance of trying to do something, but doesn't tell us how to do it. I would like for him to tell us how we should go about saving mangled limbs; the dressing of the limb in the first place, the care in regard to a sepsis, the ligation of bleeding vessels, and the procedure which will do the most good in the direction of saving a badly mangled extremity.

Dr. L. Kirby (Harrison): Dr. Murphy was not the first one who taught conservatism in minor surgery. In 1875, Dr. John T. Hodgins brought a man into the clinic in St. Louis, Mo., with only his thumb and half of the injured little finger remaining on hand. He said he was going to lecture on surgery that day. He brought him in, and had him lifted upon a chair, and did various things with that piece of thumb and finger, and he wanted to illustrate the necessity of being conservative in our surgery of any kind and character, and especially in minor sur-

gery. It is a teaching as old as surgery itself. And we ought to learn, for the sake of the patient, if for nothing else, to give him, as Dr. Lemons in his able paper has stated, the benefit of every fragment of his body that we can, that he may make use of it. He doesn't like to part with any of it. As to anesthetics, one man may sit down and have his hand cut all to pieces, and another is so timid and nervous that he cannot stand it without an anesthetic. It is a question of judgment that should apply in each case. We should exercise more judgment in trying to save a part of the body.

Dr. H. D. Wood (Fayetteville): I sometimes wonder how it is that we pay so little attention to minor surgery. I have come to the conclusion that it is because of the minor fees that we get for it! I have done many minor operations, and I have felt ashamed of myself on account of the fee I have charged for such work. It doesn't make any difference what kind of operation we do, we ought to do it well, and minor surgery ought to be done with the greatest care possible. We would have less complaints and be better off if we would dignify minor surgery.

I suppose many of you remember reading in the surgical clinic a few years ago of that splendid surgeon, John B. Murphy, with reference to phlegmons of the hand. I believe, as Murphy said, that careless technic is going to do more to cause damage suits to be decided in favor of the patient than anything else. Because, as Murphy says, when you go to open a phlegmon of the hand or finger, the patient should be anesthetized. How often have we examined a hand or palm and thrust a knife into the finger or into the palm of the hand, even, without an anesthetic?

I remember once, one of the best surgeons in my county was called in on our way from a consultation to see a phlegmon on a man's hand. It was very badly swollen in the palm and in the back of the hand. He had been putting on flax-seed poultices. This doctor thrust the knife clear through that man's hand, between the metacarpal bones; and, to my utter amazement, he turned that knife in there; cut one way and then cut the other way, and turned it between the man's metacarpal bones. I wouldn't have done it for anything. I would have been afraid of cutting a vessel, which would necessitate some major surgery. Murphy says to thrust a knife blindly into a human hand is nothing if not a crime. The patient should be chloroformed; and we ought to do it in a way that we shall not be afraid of any damage suit. We ought to do it in a way that will redound to the best interest of the patient. Nothing that I have ever read impressed me more as to the importance of the little things we do in surgery, than that splendid article of John B. Murphy.

Dr. M. D. Ogden (Little Rock): Minor surgery, I believe, is sometimes a misnomer. The underlying principles of surgery apply just as much to what is called minor surgery as they do to major surgery. Both require a knowledge of anatomy and pathology, and surgical pathology in particular, regarding the healing of wounds and the treatment of infections. Minor surgery differs only as regards the possible and immediate effects on life. The function of parts sometimes is just as dear to a man as life itself; and minor surgery calls for just as much judgment in determining what has to be done as does major surgery. The results in minor surgery, in a way, are more apparent, in many instances, than those in major surgery. The wounds are very often healed up in plain view and not covered by the clothing.

Conservatism in minor surgery is just one side of it. There is another side, too, and the differentiation between the two calls for the most accurate surgical judgment. It is all right, when we have a crushed finger, to say, "Well, let's do this finger up, and wait and see how much we are going to have to take off."

(I am speaking from my own experience.) "Well, I think I can save that," and pack it here and there and suture here and there. Then, a week later, it is a little bit embarrassing when you have to go ahead and remove that finger. Or, after daily dressings, and after a good deal of daily suffering, perhaps several months later the patient comes to us with a finger that is perfectly stiff and straight and the patient can't reach down in his trouser pocket without that finger catching on the outside of his pocket. It is stiff; it is in his way; he cannot use it for anything. What good is it to him? You tell him the better way to get out of his difficulty is to take that finger off. You tell him, "You probably will have better use of that hand if it is taken off than with it on." And, the very first question that comes up in his mind is, "Then, why didn't you take it off in the first place?" He has undergone several weeks of suffering, painful dressings and loss of time. If it had been taken off, he probably would have been able to resume the use of the hand in about a week, if the healing had been by first intention. It is a little difficult to explain sometimes, and the only way we can explain it is that we used our best judgment at that time.

I mention this just simply to warn against ultra-conservatism, and not against conservatism as Dr. Lemons mentions in his paper. It is perfectly proper to conserve all tissue; but conserve it with two ideas in view. One is the period of morbidity. How long is that patient going to be ill of his injury? The other is, What function is he going to have of that part, if you succeed in saving it?

Another thing about minor surgery. There is no place in the whole practice of surgery where attention to detail gives better results. In the so-called major surgery, say, in abdominal surgery, you open the abdomen and do what you want inside for, and you can cover up what you do, by sewing up the wound. You have done it under favorable circumstances, in an operating room, and in practically ninety-nine times out of a hundred you get healing by primary union. The patient lies in bed a week or ten days or two weeks, and gets up. The abdominal wound has healed, he being unconscious of it. They don't have to be dressed. They don't have to undergo daily visits to the doctor's office.

But, in minor surgery, as a rule, in the big percentage of cases, you are dealing with infections, and the treatment of infections has made one of the biggest advances in recent years; due largely to the work done in the war. Daily dressings are done; the patient is subjected to intimate contact with the wound.

There is a wide variation in the technic of physicians with reference to dressing minor wounds. One man will have, for example, a finger where he will have to have a flap cover the end of the joint. Sometimes you haven't enough flap to cover it, and it must be healed by granulation. To heal by granulation, it must be covered by some sort of dressing. One man will use a dressing that will adhere, and will have to be pulled off every day, or every other day, which is painful, and the patient is nervous, perhaps, and the beads of perspiration are rolling off his face. Another man will use a dressing where he can do it with absolutely no pain at all. With a phlegmon of the hand, a drain is put in, after it is opened. One man puts gauze drainage in that clogs in a few hours, and will impede drainage. Another man uses some other method of drainage, and the pus drains out.

In my opinion, we should stress the avoidance of ultra-conservatism, and adherence to the conservative principles in minor as well as major surgery.

Continued on page 164

THE JOURNAL

OF THE

Arkansas Medical Society

Editorials.

MORE MEMBERS NEEDED.

At this writing the membership of the Arkansas Medical Society is larger than at any time in its history; but at that it numbers only about one-half of the practicing physicians in the State. There seems to be no good reason why a larger percentage should not be affiliated with the society. By joining, the physician is distinctly benefited by his membership and the society is strengthened by every increase in membership. There is strength in numbers and the physicians of Arkansas would have less trouble in obtaining such legislation as the profession needs, if the society showed still greater numerical strength. There is no business nor professional man who cannot continue to learn more about his business or profession as long as he remains in it. This is especially true of our profession. The doctor who thinks he knows it all, only thinks he does. He is the doctor who stands still while others progress. In medical science new facts, new discoveries and new modes of treatment are constantly being found. Were it not so, we still would be blistering, bleeding, leeching and purging already debilitated patients as of yore. We still would be keeping every bit of fresh air from tubercular patients and have them lie abed with closed windows. We would still be denying ice or cold drinks to those burning up with fever. Wherefore, it follows that affiliation with our fellow-physicians as brother members banded together for the common good of ourselves and the community, attending county society and State society meetings, hearing what is being done for unusual cases and their treatment, must broaden our viewpoint, teach us something—and we can perhaps teach others something, too—and in every way redound our advantage professionally and socially.

It is urgently necessary that county societies push their annual collections and try earnestly to induce every eligible physician in their respective counties to join us.

OUR ADVERTISERS.

This is the time of the year when our advertisers, many of them, will be asked to renew their annual advertising contracts.

Owned by the Arkansas Medical Society and published under the direction of the Council.

WILLIAM R. BATHURST, SECRETARY-EDITOR
810-812 Boyle Building, Little Rock, Arkansas.

Published monthly. Subscription \$2.00 per year; single copies 25 cents.

Entered as second-class matter, June 21, 1906, at the post-office at Little Rock, Arkansas, under the act of Congress of March 3, 1879.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized August 1, 1918.

The advertising policy of this Journal is governed by the rules of the Council on Pharmacy and Chemistry of the American Medical Association.

All communications of this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the state. Notice of deaths, removals from the state, changes of location, etc., are requested.

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Remember that the advertisers support The Journal; otherwise it would be a burden on the membership.

Advertisers naturally feel reluctant about renewing if they do not feel sure they are getting results. There is just one way to show them—or rather, there are two ways. One is to patronize those who use The Journal, and the other is to let them know you saw their advertisement in The Journal. It is only necessary to add just a line to your letter, reading, "I saw your ad in The Journal of the Arkansas Medical Society." No time, no trouble; but as a direct result it may make it easier for us to secure valuable advertising contracts.

We urge every reader to do this. It is due the advertiser and due The Journal—your Journal, you know. Don't forget that it is strictly your Journal.

THE CONTROL OF CANCER.

Arkansas is now represented by a Committee on the American Society for the Control of Cancer, an organization founded in May, 1913, for the purpose of disseminating knowledge concerning the symptoms, diagnosis and prevention of a disease which has not only baffled the efforts of the medical profession to check its ravages, but is actually showing an annual increase in the number of cases. Based on the mortality statistics of the registration area, it shows an annual mortality of 120,000. This terrible plague not only baffles all efforts to check its growth, but science is baffled in efforts to ascertain its cause. We know that in its early stages it is curable, and we as certainly know it to be incurable in its later stages. And the fact that in the early and curable stages the disease is not painful is a potent cause of neglect on the part of the persons afflicted to promptly seek medical aid, thus losing the opportunity of being cured. A proper dissemination of knowledge of the early symptoms and warnings not to delay seeking advice would doubtless result in largely diminishing the number of fatalities. This fact and the further facts that while this disease is most frequently found in patients between the ages of forty and fifty years—but occurring sometimes in the very young and sometimes in the aged—is about as far as medical science has progressed. But just as for centuries people suffering from appendi-

citis were allowed to die with it under the name of inflammation of the bowels, and just as thousands and thousands died of yellow fever before the discovery was made that it could be prevented by eliminating the germ-carrying mosquito, so we may hope for beneficial results following united effort and investigation by the profession throughout the country in the causes and treatment of cancer.

The Arkansas Committee under the direction of Dr. Fred J. Tausig of St. Louis follows:

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Mr. Walter Williams, President Arkansas Press Association.

It will be noticed that together with the Governor and other State officers, practically all State agencies and organizations, as well as physicians and surgeons of note, are represented, and with so splendid a committee nothing will be left undone that it is possible to do. The chairman has given an outline of what should be done, as follows:

That the committee write every physician in the State, telling him of what is being done,

send each one literature on cancer and ask his co-operation.

That the editor of The Journal publish an editorial on the subject in each issue of The Medical Journal during the year. [This will gladly be done.—Ed.]

That each county medical society name a Cancer Control Committee to co-operate with the State committee, receive and distribute cancer literature and arrange for lectures to lay organizations from time to time.

That the counties having no medical societies be grouped and be under the direction of a supervisor.

That cancer be included in the curriculum in the instruction of nurses.

That arrangements be made for public meetings in Little Rock and other principal cities of the State, at which meetings physicians of national repute will be asked to speak.

That speakers will at intervals address Chambers of Commerce, local clubs, and so forth, on the subject of cancer, and that later on "Cancer Weeks" will be named, during which throughout the State public meetings will be held and every effort put forth to reach the people.

That literature on the subject be sent to all public libraries and the libraries of hospitals, fraternal organizations, eleemosynary institutions, etc.

Publicity and co-operation in every way has been already promised by the Little Rock newspapers and newspaper agencies having circulation in the State, and doubtless the press generally will gladly help along so important a campaign.

Such a campaign like those for the prevention of tuberculosis should enlist the support of every physician worthy the name and every public-spirited citizen.

Personals and News Items.

Annual dues for 1921 are now due.

Dr. A. D. Bunn of Humphrey has moved to Savanna, Okla.

Dr. H. Castile of Foreman visited in Little Rock and Crossett last month.

Dr. W. H. Poyner has moved from Gaither to Harrison.

Dr. C. S. Pettus, until recently superintendent of the Pulaski County Hospital, has opened offices for private practice at 112 West Ninth Street, Little Rock.

Dr. W. J. King of Branch is at the Army Station Hospital (Ward 27), Fort Sam Houston, Tex., undergoing treatment for tuberculosis.

Drs. Wade and Stephenson of Denver, Col., announce that on January 1, 1921, Dr. Wade will retire from the practice of roentgenology to enter the field of general surgery. Dr. Stephenson will continue independently in roentgenology practice.

The 1921 dues are now payable and their prompt payment to the secretary of your county society is urged.

The annual meeting of the State Society will be in Hot Springs, Thursday, Friday and Saturday, May 19, 20 and 21.

A member of this society who does not patronize our advertising columns as far as possible, is directly doing his State Medical Society an injury.

The following physicians recently visited in Little Rock: T. G. Porter, Hazen; John Grace, Belleville; George S. Brown, Conway; J. J. Johnson, Harrison; S. W. Colquitt, Grady; J. C. Land, Walnut Ridge; R. H. Huntington, Eureka Springs; C. S. Holt, Fort Smith; R. L. Smith, Russellville.

The Arkansas section of the American College of Surgeons will hold a two-day session February 18-19, in Little Rock.

The so-called tuberculosis cure now being exploited in Pine Bluff has been condemned by the local medical society until such time as its effectiveness has been proven by scientific investigation.

Governor Brough on December 30, 1920, appointed Dr. Leonidas Kirby of Harrison a member of the State Board of Health to succeed Dr. J. T. Clegg of Siloam Springs, resigned. Dr. Kirby represents the Third Congressional District on the board. His term will expire December 31, 1923. Dr. O. L. Williamson of Marianna, First District; Dr. H. L. Montgomery, Fifth District, and Dr. F. O. Mahoney of El Dorado, Seventh District, were reappointed, the appointments to become effective December 31, when their present terms expire.

The American Red Cross desires a number of medical men for service in Europe. They also need a few men who have had experience in pediatries and public health work, to take charge of groups of workers. If you know

of such men who might care to enter this work, would you kindly notify Dr. C. W. Garrison, Little Rock, Ark.?

A lot of boys still in hospitals would be glad to pay a 1920 income tax. How about yours?

Dr. J. T. Clegg of Siloam Springs will be located at the Frederica Hotel, Little Rock, during his stay in the Legislature.

Dr. L. V. Parmley, formerly of Camp Zachery Taylor, Louisville, is taking a post-graduate course in surgery and gynecology in New York City. At its conclusion he will probably take service in the West Indies.

Dr. J. C. Simpson, formerly of Hamburg, is now in charge of the U. S. P. H. S. Hospital at Alexandria.

Dr. R. B. Moore has removed from 210 Southern Trust Building to 900 Scott Street.

Dr. J. M. Daly of Arkadelphia has moved to Little Rock.

Remember how you cheered on Armistice Day? Paying your income tax is evidence of real patriotism.

The New York Committee on After-Care of Infantile Paralysis cases has published and distributed the report of "The Survey of Cripples in New York City." Their aim has been to send this report to those in a position of responsibility in agencies for cripples and to all those who might have a general interest in cripples, and in plans for their aid. The undersigned would be glad to know of anyone who has been overlooked and would appreciate suggestions for further possible distribution of the report.

ROBERT STUART, *Director,*

N. Y. Committee on After-Care
of Infantile Paralysis Cases,
69 Schermerhorn Street,
Brooklyn, N. Y.

Taking off your hat when the band plays the national anthem doesn't get you anything with Uncle Sam, unless you pay your income tax.

The Medical School of Washington University is soon to publish and distribute an announcement of short courses for practitioners of medicine, varying in duration from six to sixteen weeks. These courses will be offered in medicine, surgery, gynecology, obstetrics, neurology, urology, orthopedic surgery, pediatrics, surgical pathology, roentgenology, ophthalmology, otology, rhinology and laryngology. The primary object of these courses, which will begin about April

4, 1921, is to furnish practitioners in Missouri and neighboring States with the opportunity of renewing contact with a large amount of well-correlated clinical material.

The Committee on Medical Legislation has completed the revision of our Medical Practice Act, and we hope to secure its passage in the present session of the Legislature.

The words "peace and victory" will have a holier meaning when you have paid your income tax.

It is inconceivable that doctors, who know so much of the physiological action of drugs, should so often be the victims of them. It is almost as strange that ministers should also indulge so frequently in the use of drugs, when they are teaching that it is sinful to injure the body. And last, and by no means least, it is a little short of a miracle that the great class of teachers should also be the victims of the octopus, drug habit. If doctors will teach by abstinence, if ministers will eschew and teachers teach by example, the youth of Arkansas will in a generation, almost cease the foolish, as well as pernicious, habit of using tobacco. Tobacco is nothing more nor less than a drug.

I trust that this article will be given a prominent place in the publications to which it is sent, so that he who runs may read.—T. B. Bradford, Sanitarian, Rock Island Lines, Arkansas and Oklahoma.

It's a shallow brand of patriotism that doesn't burn as brightly in time of peace as in time of stress. Have you paid your income tax?

At the regular meeting of the Sebastian County Medical Society on December 14, 1920, the following officers were elected for the year 1921: President, Dr. J. M. Taylor, Fort Smith; vice president, Dr. B. Wayne Freer, Fort Smith; secretary, Dr. H. J. Sims, Fort Smith; treasurer, Dr. H. H. Smith, Fort Smith; member of Board of Censors, Dr. A. F. Hoge, Fort Smith.

Every dollar of your income tax goes into the common till for the common good. Pay it today.

At the regular monthly meeting of the Garland County-Hot Springs Medical Society, held Tuesday, December 14, 1920, at 8:00 p. m., the following were elected officers of the society for the ensuing year: President, Dr. W. H. Deaderick; vice president, Dr. G. M.

Eckel; secretary-treasurer, Dr. O. H. King; censor, Dr. S. D. Weil. Drs. G. E. Tarkington, C. E. Garrett and J. M. Proctor were elected delegates to the State Society.

Dr. T. B. Bradford of Cotton Plant calls attention to the somewhat "new drug" that is being used by the Indians and many of our other American citizens in the southwestern part of the United States, namely, "peyote." It is of Mexican origin and is fast becoming a very much used drug. Note the splendid account of it in the January 1 edition of *The Literary Digest*. He says: "It seems very strange that the law-makers of the United States, having seen the very obnoxious and deleterious effects of 'drugs, whiskey and tobacco' have had on the American people, at last have had to resort to legislation with all its sharp criticisms. Why not take it by the forelock instead of having to wrestle with it and often be overcome by it? If the framers of National and State Constitutions had forbidden the commercialization of these drugs, the American people, everyone will admit, would have been much better protected and much misery would have been averted. Mention is made of this now to call attention in time to another drug which is attempting to fasten itself commercially on the unsuspecting public."

Marriages.

LUSBY-DEADERICK.—Mrs. Anna Van Lear Lusby and Dr. W. H. Deaderick of Hot Springs were married January 8, 1921.

FOURTEEN BACKWARD STATES.

Thirty-three States and the District of Columbia gather and record mortality statistics with sufficient accuracy and completeness to be included in the Census Bureau's registration area. Fourteen are so backward and so regardless of one of the very fundamentals of public health protection as to be classed in the non-registration area. For the year 1919 the registration area showed the record-breaking low death rate of 12.9 per 1,000. What the death rate was in the fourteen backward non-registration States no one knows. The presumption is that in most of them it was relatively high, since States that neglect to record the birth and death of their citizens are likely to do less than they should to con-

serve their health in the intervening period. Since all the Legislatures meet in 1921, an opportunity will be afforded to bring every State into the registration area and to pass needed sanitary legislation as well. The fourteen States in the non-registration area (shown in black, *Engineering News-Record*, April 8, 1920, p. 732) are as follows: Alabama, Arizona, Arkansas, Georgia, Idaho, Iowa, Nevada, New Mexico, North Dakota, South Dakota, West Virginia and Wyoming. Engineers in these States have a duty to perform. They should stir the people to insist that their legislators and administrative officers take immediate measures to place their States in the registration area. Some of the fourteen States outside that area are doing good work through their health departments; but, lacking complete and reliable vital statistics, those departments cannot work with full intelligence and efficiency.—*Engineering News Record*.

Obituary.

DR. O. O. WOZENCRAFT.—Dr. O. O. Wozencraft of Holly Springs died January 2, 1921; age, 72. Dr. Wozencraft, until recently, lived at Conway.

DR. BYRON E. DIXON.—Dr. Byron E. Dixon of Texarkana died December 6, 1920; age, 35.

CONSERVATISM IN MINOR SURGERY.

Continued from page 159

Dr. Lemons (in response): As to Dr. Douglass' inquiry, of course, I could not go into the treatment, because it would have taken too much time. I will say this, however: That every case of minor surgery for injuries that have come under my observation in some twenty odd years in practice in this kind of work, is a case unto itself. I cannot lay down any regular routine of treatment for every case. Probably one case I treat one way, and another case I treat another way.

As to Dr. Ogden's remarks, of course, we are aware of the fact that there are two sides to the subject. I am glad that the doctor discussed it from a well-balanced viewpoint.

In regard to the dressings, I will say that I try, at all times, to use the dressing wherein the patient will not experience that horror that Dr. Ogden mentioned, because I know it is very, very trying on the patient. When it comes to dressings, as I said, every man will have to be his own judge. We all have our hobbies, when it comes to applying dressings.

A BILL

FOR

AN ACT to be entitled "An Act for the protection of public health by regulating the practice of the science and art of healing in the State of Arkansas."

Be It Enacted by the General Assembly of the State of Arkansas:

Be It Enacted by the People of the State of Arkansas:

SECTION 1. That from and after the passage of this Act,
2 that Act No. 22 of the Acts of the General Assembly of the State
3 of Arkansas for the year 1903, entitled, "An Act to Regulate
4 the Practice of Medicine and Surgery, and for the Appointment
5 of Three State Medical Examiners and Defining Their Duties,"
6 and Act No. 219 of the Acts of the General Assembly of the State
7 of Arkansas for the year 1909 amending said Act No. 22, and
8 Act No. 126 of the General Assembly of the State of Arkansas
9 for the year 1915, approved March 11, 1915, be used, are hereby
10 repealed.

SECTION 2. That a board is hereby established to be known
2 by the name and style of State Board of Examiners for the Pro-
3 tection of Public Health; said board shall be composed of seven
4 practicing physicians of integrity and ability, who shall be resi-
5 dents of and have been duly licensed to practice medicine in this
6 State, and who shall have graduated from reputable medical
7 schools and have been engaged in the active practice of their
8 profession within this State for at least a period of five years,
9 but none of them shall in any way be connected with any medical
10 college. Said board shall perform such duties and possess and
11 exercise such powers relative to the protection of the public
12 health, and the control and regulation of the practice of medicine
13 in the State as shall be in this Act prescribed and conferred
14 upon it.

SECTION 3. Be it further enacted that the Governor shall
2 within thirty days after the passage of this act appoint seven
3 physicians, who shall possess the qualifications specified in Sec-
4 tion 2 of this Act, to constitute the members of this board. One
5 to be appointed from each present Agricultural School District.
6 Four members of this board shall be regular physicians; two
7 shall be eclectic physicians, and one homeopathic physician, all to
8 be appointed by the Governor from a list of names presented by
9 the respective medical societies. The successor of each member
10 shall be appointed in the same manner. Said members shall be

11 so classified by the Governor that the term of office of one shall
 12 expire in two years; two in three years; two in four years, and
 13 two in six years from the date of appointment. And subse-
 14 quently each successor shall be appointed by the Governor and
 15 serve for a term of four years from the time of the expiration
 16 of the term of his predecessor, and these appointments shall be
 17 made so as to preserve the original ratio of regular, eclectics and
 18 homeopaths, respectively. The Governor shall have power to
 19 remove from office any member of the board for neglect of duty
 20 required by this Act, for incompetency, or any unprofessional
 21 conduct. Any vacancy that may occur in said board in conse-
 22 quence of death, resignation, removal from the State, or from
 23 other cause, shall be filled for the unexpired term in the
 24 same manner. A majority of the board shall constitute a quorum.

2 SECTION 4. Be it further enacted, that immediately and
 3 before entering upon the duties of said office, the members of
 4 said board shall take the constitutional oath of office, and shall
 5 file the same in the office of the Governor of the State, who, upon
 6 receiving said oath of office, shall issue to each member a certifi-
 cate of appointment.

2 SECTION 5. Immediately after the appointment and qualifi-
 3 cation of said members, said board shall meet and organize, and
 4 shall elect a president, a vice president and a secretary-treasurer
 5 from its membership, whose salaries shall be fixed and paid by
 6 the board. All expenses of the board shall be paid out of the
 7 funds collected by the board. Said board shall hold not less than
 8 two regular meetings each year, at some time to be designated
 9 by the board. Call meetings may be held at the discretion of the
 10 president. The regular meetings shall be held at Little Rock.
 11 Said board shall adopt a seal, which must be affixed to all licenses
 12 issued by it. The board shall from time to time adopt such rules
 13 and regulations as it may deem necessary for the performance
 14 of its duties, and shall examine and pass upon the qualifications
 15 of applicants for the practice of the Science and Art of Healing
 in this State as herein prescribed.

2 SECTION 6. That any person wishing to obtain the right to
 3 practice medicine in this State, who has not heretofore been reg-
 4 istered or licensed so to do, shall, before it shall be lawful for
 5 him to practice medicine in this State, make application to the
 6 board through the secretary-treasurer thereof, upon such form
 7 and in such manner as shall be adopted and prescribed by the
 8 board, and obtain from the board a license to do so. Unless
 9 such person shall have obtained a license as aforesaid, it shall
 10 be unlawful for him to practice in this State, and if he shall prac-
 11 tice the Science and Art of Healing in this State without first
 12 having obtained such a license, he shall be deemed to have vio-
 13 lated the provisions of this Act. All applicants for a license to
 14 practice medicine or for a renewal of any such license which has
 been revoked, shall furnish the board with evidence of good

15 moral character. Applications from candidates to practice medi-
16 cine or surgery in any of the branches shall be accompanied with
17 proof that the applicant is a graduate of a legally incorporated
18 medical college or institution in good standing with the board;
19 the board shall have the power to revoke the certificate granted
20 to any applicant who makes any misstatement of any material
21 fact in his application for examination.

SECTION 7. That before any person who obtains a certificate
2 from said board may lawfully practice medicine and surgery in
3 this State, he shall cause the said certificate to be recorded in the
4 office of the clerk of the County Court of the county in which he
5 resides. The certificate shall be recorded by the clerk in a book
6 kept for that purpose. It shall be indexed in the name of the
7 person to whom the certificate is granted. The clerk's fee for
8 recording the certificates shall be the same as for recording a
9 deed. The clerk shall make a report to the secretary of the board
10 on the 31st of December of each year of all certificates registered
11 with him. Each applicant receiving a certificate from the board
12 shall cause the same to be registered within thirty days.

SECTION 8. That said board shall be empowered by this Act
2 to pass upon the good standing and repute of any medical col-
3 lege. Only such medical colleges will be considered in good
4 standing as possess a full and complete faculty for the teaching
5 of medicine, surgery and obstetrics in all their branches, afford
6 their students adequate clinical and hospital facilities, require
7 attendance upon at least 80 per cent of each course of instruction,
8 give four graded courses of instruction, the aggregate of which
9 amounts to at least 120 weeks, exclusive of holidays, of at least
10 forty hours each; that require at least forty-two months to have
11 elapsed between the beginning of the student's first course of
12 medical lectures and the date of his graduation, each session
13 composed of twenty-nine weeks of actual instruction, with at
14 least 40 per cent of laboratory instruction in the first and second
15 years and a minimum of 35 per cent of clinical work in the third
16 and fourth years; that require an average grade in each course
17 of instruction of at least 75 per cent in examination as a condi-
18 tion of graduation; that fulfill all their published promises,
19 requirements and other claims respecting advantages to their
20 students and the course of instruction; that enact a preliminary
21 educational requirement equal to that specified by this Act; that
22 require students to furnish testimonials of good moral standing;
23 and that give advanced standing only on cards from accredited
24 medical colleges. Students must have attended at least 8 per
25 cent of the course in the last year of the college from which
26 diploma is presented. In determining the standing of the medi-
27 cal college, the right to investigate and make a personal inspec-
28 tion of the same is hereby authorized.

SECTION 9. That beginning with the session of 1921-22, each
2 medical school or college in good standing with the board shall

3 have a minimum preliminary educational requirement for the
 4 completion of a two-year pre-medical college course based upon
 5 the completion of a four-year course of at least fifteen units in
 6 a standard accredited high school, or have the equivalent as
 7 demonstrated by examination. The pre-medical college course
 8 shall consist of at least sixty semester hours of standard college
 9 work in an approved college, of which at least twenty-eight
 10 semester hours are in chemistry, physics and biological sciences;
 11 of this twenty-eight hours there must be at least twelve hours of
 12 chemistry, eight of physics, and eight of biology, including at
 13 least ten hours of laboratory work. Evidence of such prelim-
 14 inary education which will entitle the applicant to admission to
 15 an Arkansas medical school shall be a certificate furnished by
 16 the Superintendent of Public Instruction, before whom an ex-
 17 amination may have been had to ascertain the preliminary edu-
 18 cational requirements as herein set forth. A fee of \$2.00 shall
 19 accompany each application for a certificate, and like amount
 20 shall be paid for each separate subject on which he is examined.
 21 The secretary of the board shall then issue an entrance permit
 22 for the student to enter medical college. Said official shall also
 23 pass upon the pre-medical education of all applicants to practice
 24 medicine in this State and certify equal standards for these as
 25 for Arkansas students to the board before the applicant is eligible
 26 for examination. He shall make an annual report to the board
 27 of the work of his office.

2 SECTION 10. Be it further enacted, that in the discretion of
 3 the secretary-treasurer of said board, with the approval of the
 4 president, he may issue temporary license to an applicant, which
 5 shall have the same force and effect of a permanent license until
 6 the next regular meeting of the board, when said license shall
 7 become void. Said license shall not be issued prior to sixty days
 8 before a regular meeting of the board. Said license shall not be
 recorded.

2 SECTION 11. That examination of applicants for license to
 3 practice medicine shall be made by said board according to the
 4 methods deemed by it to be the most practical and expeditious
 5 to test the applicant's qualifications. The board shall require
 6 the examination to be wholly or in part in writing; each appli-
 7 cant shall be designated by a number instead of his name, so
 8 that his identity shall not be disclosed to the members of the
 9 board until after the examination papers are graded. Examina-
 10 tion shall be on the following subjects: Anatomy, physiology,
 11 chemistry, hygiene, surgery, obstetrics, gynecology, pathology,
 12 physical diagnosis, preventive medicine, and such other branches
 as the board may deem advisable.

2 SECTION 12. That there shall be paid to the secretary-treas-
 3 urer of said board by each applicant for a license by examina-
 4 tion, a fee of twenty dollars, which shall accompany the appli-
 cation. The same fee shall be charged for issuing a temporary

5 license, which includes fee for examination for permanent
6 license; and a fee of fifty dollars shall be charged for issuing
7 a license by reciprocity. The Board of Examiners may grant a
8 license without examination to licentiates of boards from other
9 States requiring equal or higher qualifications, upon the same
10 basis as such States reciprocate with the State of Arkansas.
11 Said board may grant a license without examination to any licen-
12 tiates of the National Board of Medical Examiners of the United
13 States upon the reciprocity fee by such licentiate. No part of
14 any fee is returnable under any circumstances; nor shall this Act
15 be construed as affecting or changing in any way laws in refer-
16 ence to license tax to be paid by physicians and surgeons.

SECTION 13. That said board shall have authority to admin-
2 ister oaths, to summon witnesses and take testimony in all mat-
3 ters pertaining to its duties. Said board shall issue license to
4 practice medicine to all persons who shall furnish satisfactory
5 evidence of attainments and qualifications under the provisions
6 of this Act and the rules and regulations under the provisions
7 of this Act, and the rules and regulations of the board. Such
8 license shall be signed by the president and attested by the secre-
9 tary-treasurer of the board under its adopted seal, and it shall
10 give absolute authority to the person to whom it is issued to
11 practice medicine in this State. It shall be the duty of the secre-
12 tary-treasurer under the direction of the board, personally or by
13 deputy, to aid the solicitors of the State in the enforcement of
14 this Act and in the prosecution of all persons charged with viola-
15 tion of its provisions.

SECTION 14. That said board may refuse to grant a license
2 to practice the Science and Art of Healing in this State, or may
3 cause a licentiate's name to be removed from the records in the
4 office of any clerk of court in this State, on the following grounds,
5 to wit: The employment of fraud or deception in applying for
6 license or in passing the examination provided for in this act;
7 conviction of crime involving moral turpitude; conviction for
8 the violation of any penal provision of the "Opium Act of 1914,"
9 or "Harrison Act," also called the "Harrison Narcotic Law;"
10 the practice of medicine under a false or assumed name or the
11 impersonation of another practitioner of a like or different
12 name; habitual intemperance in the use of ardent spirits, nar-
13 cotics, or stimulants to such an extent as to incapacitate him for
14 the performance of professional duties; the procuring or aiding
15 or abetting in procuring a criminal abortion; the obtaining of a
16 fee on representation that a manifestly incurable disease can be
17 permanently cured; causing the publication and circulation of
18 an advertisement of any treatment by means whereby the monthly
19 periods of women can be regulated, or the menses, if suppressed,
20 can be re-established; causing the publication and circulation of
21 an advertisement relative to any disease of the sexual organs;
22 the employment of the practice of the division of fees, either

23 directly or indirectly, in any manner whatsoever. Said board
24 may, upon satisfactory proof made that any applicant or licen-
25 tiate has been guilty of any of the offenses above enumerated,
26 refuse to grant a license to said applicant or may revoke the
27 license of said licentiate upon a majority vote of said board.
28 There may be an appeal from the judgment of said board by
29 the party who is refused a license by the board, or whose license
30 is revoked, as the case may be; if dissatisfied with the judgment,
31 appeal may be had to the Supreme Court: In all cases wherein
32 a license has been revoked and no appeal has been entered within
33 the time allowed by law, it shall be the duty of the secretary-
34 treasurer of said board, immediately after the expiration of the
35 time allowed for appeal, to transmit to the clerk of the Circuit
36 Court, in whose office the revoked license is recorded, a copy of
37 the order of said board revoking said license, certified by said
38 secretary-treasurer with a fee of 25 cents, and it shall be the duty
39 of said clerk to cancel the record of said license by entering upon
40 the face thereof a copy of said certified order.

41 In a case wherein appeal proceedings are had and not sus-
42 tained, the revoked license shall be cancelled in the manner above
43 provided, immediately after the final termination of such case.

44 Upon the preferment before said board of either of said
45 charges above enumerated against any licentiate or applicant for
46 license, it shall be the duty of said board to cause written notices
47 of the time and place of hearing upon said charge, together with
48 a copy of the charge preferred, to be served upon such licentiate
49 or applicant twenty days before hearing.

50 Said board shall prepare two copies of said written notice
51 and attach to each of said notices a copy of the charge preferred,
52 and cause the same to be delivered to the sheriff or his
53 deputy of the county of the residence of the licentiate or appli-
54 cant against whom charge has been preferred, together with two
55 dollars as a fee for service, who shall within ten days deliver to
56 such licentiate or applicant personally, or leave at the most
57 notorious place of abode of such party, one of said notices, with
58 copy of said charge attached, and then return the other notice
59 with copy of charge attached thereto to said board, together with
60 said officer's entry of service thereon.

61 Said licentiate or applicant shall have the privilege to make
62 defense at said hearing, either in person or by attorney, and on
63 application to said board he shall be furnished, by said board,
64 with a subpoena for any witness in his behalf, or for the pro-
65 duction of any book, writing, paper or document to be used in
66 his behalf on said hearing.

67 Said board shall have the power to compel the attendance
68 of any witness or the production of any book, writing or other
69 document in the possession, custody or control of any witness or
70 other person, at such hearing of said board, and any witness or
71 person refusing to produce any book, writing or other document,

72 or to appear or testify, without legal excuse, at such hearing of
73 said board, after having been served with a subpoena issued by
74 said board requiring such witness to appear, produce any book,
75 writing or other document, or testify at such hearing, shall be
76 guilty of contempt, and upon certification of such act by said
77 board to the judge of the Circuit Court in whose jurisdiction
78 said hearing is held or to be held, the judge shall punish the same
79 as though committed before him.

80 No licentiate or any applicant shall be refused, no license of
81 any licentiate shall be revoked on account of the default or fail-
82 ure of the applicant or licentiate to appear, but in case of default
83 said board may proceed with the hearing and upon satisfactory
84 proof made of the truth of the charge preferred, refuse a license
85 to the defaulting applicant or revoke the license of such default-
86 ing licentiate regardless of the absence at said hearing of such
87 applicant or licentiate.

88 However, at any time after six months from the final ter-
89 mination of the proceeding, refusing or revoking a license, said
90 board may, by a majority vote, issue a new license or grant a
91 license to the person affected, restoring and conferring all the
92 rights and privileges of and pertaining to the practice of medi-
93 cine as defined and regulated by this act.

94 Any person to whom such rights and privileges have been
95 so restored shall pay to the secretary-treasurer a fee of twenty
96 dollars on the issuance of a new license.

SECTION 15. That the terms "practice of medicine," "to
2 practice medicine," "practicing medicine," and "practice medi-
3 cine," and "Science and Art of Healing," as used in this Act,
4 are hereby defined to mean holding one's self out to the public
5 as being engaged within this State in the diagnosis or treatment
6 of disease, defects or injuries of human beings, or the suggestion,
7 recommendation or prescribing of any form of treatment for the
8 intended palliation, relief or cure of any physical, mental or
9 functional ailment or defect of any person with the intention of
10 receiving therefor, either directly or indirectly, any fee, gift or
11 compensation whatsoever; or the maintenance of an office for
12 the reception, examination and treatment of any person suffering
13 from disease, defect or injury of body or mind; or attaching the
14 title M. D., Surgeon, Doctor, either alone or in connection with
15 other words, or any other words or abbreviation to his name, as
16 indicative that such person is engaged in the treatment or diag-
17 nosis of disease, defects or injuries of human beings. If any
18 person shall hold himself out to the public as being engaged
19 within this State in the diagnosis or treatment of disease or
20 injuries of human beings, or shall suggest, recommend or pre-
21 scribe any form of treatment for the palliation, relief or cure of
22 any physical or mental ailment of any person with the intention
23 of receiving therefor, either directly or indirectly, any fee, gift
24 or compensation whatsoever, or shall maintain an office for the

25 reception, examination or treatment of diseases or injured
26 human beings, or shall attach the title M. D., Surgeon, Doctor,
27 either alone or in connection with other words, or any other word
28 or abbreviation to his name indicative that he is engaged within
29 this State in the treatment of diseased, defective or injured
30 human beings, and shall not in any of these cases then possess in
31 full force and virtue a valid license to practice medicine under
32 the laws of this State, he shall be deemed to be practicing medi-
33 cine without complying with the provision of this Act, and in
34 violation thereof. Nothing in this Act shall be construed to pro-
35 hibit gratuitous service in the cases of emergency, nor the prac-
36 tice of the religious tenents or general beliefs of any church
37 whatsoever, nor shall it apply to commissioned surgeons of the
38 United States army, navy or Public Health Service while so en-
39 gaged, nor to regularly licensed physicians called in consulta-
40 tion from other States or territories to attend to special cases in
41 this State, nor to the practice of dentistry, nor to the practice of
42 osteopathy, nor to the practice of optometry, nor to the practice
43 of Christian Science, nor to midwives or nurses.

SECTION 16. That any person guilty of practicing medicine
2 in this State without complying with the provisions of this Act,
3 or any person who shall violate the provisions of this Act, shall
4 be deemed guilty of a misdemeanor, and upon conviction thereof
5 shall be punished as for a misdemeanor and fined not less than
6 \$100.00; each day shall be a separate offense. Any person pre-
7 senting or attempting to file as his own the diploma or certificate
8 or credentials of another, or who shall give false or forged evi-
9 dence of any kind to the board or any member thereof in con-
10 nection with an application for a license to practice medicine,
11 or shall practice the Science and Art of Healing under a false
12 name or an assumed name, or shall falsely impersonate another
13 practitioner of a like or different name, shall be deemed guilty
14 of a felony, and upon conviction thereof shall be punished by a
15 fine of not less than \$500.00 nor more than \$1,000.00, or by a term
16 of from two to five years in the penitentiary of this State.

SECTION 17. The provisions of this Act shall not apply to
2 any physician, surgeon or chiropractor now licensed in this
3 State, but before any licenses are hereafter issued to any indi-
4 vidual desiring to practice the Science and Art of Healing in the
5 State of Arkansas, the provisions of this Act shall be complied
6 with. This Act shall not repeal or modify existing laws pertain-
7 ing to osteopathy and optometry.

SECTION 18. This Act being necessary for the immediate
2 preservation of the public health, peace and safety, an emergency
3 is declared, and the same shall be in full force and effect from
4 and after its passage.

County Societies.

JOHNSON COUNTY.

(Reported by M. E. Burgess, Sec'y.)

The Johnson County Medical Society met at Clarksville, 1:30 p. m., on Thursday, December 9, 1920. Present: William R. Hunt, Earle H. Hunt, A. Hays, J. S. Kolb, M. E. Burgess, T. E. Burgess, R. N. Manly, A. L. Boen, L. C. Gray, George L. Hardgraves, M. I. Barger, J. F. Bradley.

Meeting called to order by the president, William R. Hunt.

Motion was made and passed, on agreement of Mrs. Mary Ellis Brown, statistician, representing C. W. Garrison, State registrar of the Bureau of Vital Statistics, to appoint Mr. Ol Moore as registrar for as long a time as he may prove acceptable to the Johnson County Medical Society by good service and refraining from giving publicity to birth certificates filed by physicians with him, that each physician would faithfully report all births attended by him or her in the future, beginning with December 1, 1920.

On the unanimous passage of this motion, Mrs. Brown agreed to call off indictments asked against a majority of the members of the Johnson County Grand Jury, and to nolle pros the suits now pending against certain members for violation of the Vital Statistics Law.

Dr. Emmett Irwin, representing the Bureau of Social Hygiene of the Arkansas State Board of Health, appeared before this meeting and explained how to make reports of venereal diseases, and emphasized the necessity therefor.

A motion was unanimously adopted that the Johnson County Medical Society pledge its support to the Bureau of Vital Statistics in the fight against venereal diseases and to all rulings of the State Board of Health, and that a copy of these minutes be sent to the State health officer.

Adjournment was had until the first Monday in January.

JEFFERSON COUNTY.

(Reported by J. T. Palmer, Sec'y.)

At the December meeting of the Jefferson County Medical Society the following officers were elected: J. F. Crump, president; T. W. Woodul, vice president; J. T. Palmer, secretary-treasurer; delegate to State meeting, J. T. Palmer; alternate, William Breathwit.

At a meeting in January "Symptoms, Pathology and Treatment of Pneumonia" were presented. Dr. Breathwit discussed the complications, more especially complications of the sinuses in and about the head.

The society went on record as endorsing the Jefferson County Public Health Work and a resolution was adopted condemning the so-called tuberculosis cure now being exploited in Pine Bluff, until such time as its effectiveness has been proven by scientific investigation.

PHILLIPS COUNTY.

(Reported by J. W. Butts, Sec'y.)

The Phillips County Medical Society held its annual election in December. The society endorsed compulsory vaccination in all schools, and where physicians were not available it was suggested the county health nurse would be permitted to vaccinate.

Report was read of a case of "Anthrax" and interesting discussion followed.

The following officers were elected for the ensuing year: M. Fink, president; E. T. Brown, vice president; J. W. Butts, secretary-treasurer; P. E. Johnson, delegate to the State Society; H. H. Rightor, alternate; J. W. Bean, censor.

Phillips County Medical Society numbers twenty-six members and we are glad to report it to be in a thriving condition, both professionally and financially.

WASHINGTON COUNTY.

(Reported by F. R. Morrow, Sec'y.)

The Washington County Medical Society met in regular session at Fayetteville, Tuesday, January 4, 1921. The president, Dr. R. T. Henry, being absent, the meeting was called to order by Dr. J. W. Walker.

Present: Gregg, Walker, Harr, Swift, Ellis, Wood, Paddock, Miller, Mock, McCormick and Morrow.

Minutes of previous meeting were read and approved.

The following officers were elected for the ensuing year: J. W. Walker, president; Charles E. Swift, vice president; C. B. Paddock, treasurer; F. R. Morrow, secretary.

After the conclusion of the ordinary program, the question of State legislation was presented to the society, which was discussed by various members and a committee composed of Drs. Wood, Walker and Ellis was appointed for the purpose of drafting a reso-

lution in relation to the matter. The committee submitted the following resolution, which was unanimously adopted:

Resolved, That we, the Washington County Medical Society, to better maintain the high professional standing of medical men in this State, hereby appeal to our representatives and senator from this county to use their influence to have a board of competent medical men appointed, consisting of nine members. Five of said members to be named by the State Medical Society; two of said members to be named by the Eclectic State Medical Society, and two of said members to be named by the Homeopathic State Medical Society, to pass on the qualifications of all applicants to practice medicine in this State. Not less than seven members of this board shall have the authority to pass on the qualifications of any applicant who may apply for license to practice medicine after this board is organized. A majority of the members of this board must agree on the qualification of any and all applicants before a license shall be granted anyone to practice medicine hereafter in this State.

Resolved further, We have been induced to make this request of our representatives by reason of the fact that this State has become the dumping ground of so many poorly equipped medical schools turning out men and women who are too incompetent to have the care of the health and lives of our citizens entrusted to their care. Not only that, but it is placing a stigma on the medical men of this State to such an extent that we shall soon be where we cannot affiliate or reciprocate with the medical profession of other States. We make this appeal to you to help maintain the honor and dignity of a great profession, whose members are called upon to preserve the health, the life, and sometimes the honor of the homes of our citizens.

LAWRENCE COUNTY.

(Reported by H. R. McCarroll, Sec'y.)

The Lawrence County Medical Society held its monthly meeting at Hoxie, 4:00 p. m., Wednesday, January 5, 1921.

Dr. G. A. Warren had a clinic before the society on lichen ruber, which was of interest because of its rarity.

The subject of "Eclampsia" was discussed and some interesting recent cases reported.

Dr. T. C. Guthrie read a good paper on "Bronchopneumonia," which elicited an interesting and instructive discussion.

Installation of officers came at this time, and G. A. Warren was appointed by the chair to make the address. J. C. Land, president; J. C. Hughes, vice president; H. R. McCarroll, secretary-treasurer.

Present: Warren, Thomas, Stidham, Robinson, McCarroll, Land, Guthrie, Hughes, Johnson and Clay.

MISSISSIPPI COUNTY.

(Reported by F. D. Smith, Sec'y.)

At a recent meeting of the Mississippi County Medical Society the following officers

were elected for the year 1921: President, T. F. Hudson, Luxora; vice president, N. B. Ellis, Keiser; secretary-treasurer, F. D. Smith, Blytheville. Board of Censors, E. N. Hosey, Joiner; T. F. Hudson, Luxora, and J. A. Saliba, Blytheville. Delegate to State Society, C. M. Marwell, Osceola; alternate delegate, Oscar Barksdale, Wilson. Committee on Public Health and Legislation, O. Howton, Osceola; J. F. Sanders, Blytheville, and M. F. Crawford, Wilson.

Book Reviews.

DIABETES.—A hand book for physicians and their patients. By Philip Horowitz, M. D. With twenty-seven text illustrations and two colored plates. Published by Paul B. Hoeber, 67 E. 59th St., New York. Price, \$2.00.

In this book the author gives in concrete form the daily regimen of the various forms of food permissible to suit the needs of different cases.

THE ENDOCRINES.—By Samuel Wyllis Bandler, M. D., F. A. C. S., Professor of Gynecology in the New York Post-Graduate School and Hospital. Octavo of 486 pages. Published by W. B. Saunders Company, Philadelphia. Price, cloth, \$7.00 net.

This work has been published with the hope of putting the basic principles of endocrinology into the hands of interested medical men.

The book is full of many new and unusual features. Interesting from beginning to end.

The author lays stress on the following suggestions in taking a patient's (gynecologic) history. He says: "Ask her what you like, but be sure to ask her this one small question: 'How many days before you menstruate can you tell that you are going to be unwell?' It is the simplest question to ask, but there is not a key that opens to you as much knowledge of the patient's state as that."

"If she says that she does not know until the blood comes, write on your chart, 'Good endocrines,' and write it in red ink. If she tells you that a week before such menstruation her breasts become full and she has a little pain, that is something. But if she says that a week before her menstruation she is excitable, restless, 'crazy;' that she slaps her children, though she does not at other times; that she quarrels with her husband, which she does not at other times, then write on your card that something is wrong with some of the endocrines."

THE JOURNAL

OF THE
Arkansas Medical Society

PUBLISHED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

Vol. XVII.

LITTLE ROCK, ARK., FEBRUARY, 1921

No. 9

Original Articles.

“THINGS WHICH I THINK WOULD MOST HELP THE PHYSICIAN FINANCIALLY AND NOT DO HIM ANY PROFESSIONAL DAMAGE.”*

By E. J. Mason, Banker,
Jonesboro.

Brooding over the subject assigned to me has left me in a state of indecision as to just what your committee had in mind. I do not know whether you want my opinion on your present investments, or whether you would have me lead you to new fields of endeavor. My opinion as to the value of your present investments would be of no use, as you have only to consult the financial statements of your various enterprises and there get the exact figures for yourself; so evidently that is not what you have in mind.

As to the fields for new investments, I am frank to say to you that, in my opinion, you have the field now fairly well covered. Outside of the practice of your profession, a short look into the lines of business with which some, or all, of the members of your society are engaged, comes to my notice some few, as follows: An active interest in the banking business; building and loan associations; fire insurance company; life insurance company; motor truck manufacturing company; hotel business; bonding and investment company; machine company; auto sales agency; chain drug stores; suburban realty company; general farming; rice growing; wholesale grocery business; railroad director; wholesale lumber and brick business; shoe business; and, in addition to this, exploiting a goodly portion of the oil fields of Texas. It will take but a glance at the above list to show you

gentlemen that the financial field is already pretty well covered by yourselves. I have no comment to make thereon, except that I sometimes wonder if we do not all fall into the same rut of getting too many irons in the fire. I am sure that all of this business, or practically all, is highly profitable to you gentlemen as an investment, and, of course, I would not have the heart to ask you to turn any of it loose. Your success along those lines, no doubt, makes you think that there are others which you have not yet discovered, and to which a man in a bank might lead you. In order that you may not feel that I am turning you down cold along this line, would suggest that you try the lightning rod business. I understand that is a good game. I have not any details of the business, but will be glad to put you in touch with someone who can help you out in that way, if you are interested.

It has long been said that doctors and lawyers are poor business men. That may be true of the lawyer; but it certainly is not true of the doctors of Craighead County. So far as I am able to see, nearly all of the wealth in the county has already been acquired by the medical fraternity, and the little remaining unacquired is in a fair way to soon be attached to the rest.

I noticed a few days ago in the paper where an eminent professional gentleman referred to your organization as a “medical trust.” I do not imagine that any of you took offense at that; but rather to the contrary. Most of us like to be thought of as being pretty well fixed, whether we are or not. The most of us try to leave the impression that we possess unusual ability along some lines; apparently even I have you gentlemen fooled to a certain extent. You had in mind that I would come here tonight to tell you a whole lot about finance; things that you never heard of before; when, as a matter of fact, any of you

*Read before the Craighead County Medical Society, January 27, 1921.

could, without unusual effort, show me things about finance of which I never even dreamed. Just as I might probably be able to tell you something new about the practice of medicine.

In one respect, at least, the doctor and the banker occupy similar positions—we both have patients; however, your patient never calls you until he has committed the indiscretion that made him sick. If he had asked you beforehand, you would have warned him against the foolish act that would impair his health. He gets sick, and then it is up to you to get him out of his physical trouble. The banker's patient always comes to him after he has made some foolish investment, and then it is up to the banker to get him out of the hole. Right there our interests diverge again. If your patient had consulted you beforehand, he would not have proven a source of revenue to you later on, while the banker's patient ceases to be a source of revenue because he did not consult the banker first.

You doctors have every advantage over any other business or profession. Hard times are simply an unknown quantity with you; sickness is no respecter of times or persons. You have an open season the year round. With a good, close organization such as you have in Craighead County there is hardly any limit to which you may not go in the way of charging for your services. However, do not understand me as even intimating that your charges are generally considered high. As a rule, I find people say that doctors' charges are very modest; but whatever these charges, you are always certain to make the collection. The reason I say this is, because when times get tight in a bank, like they are now, and you press a man pretty hard in an effort to get him to take up his note, he invariably either writes or brings in a story about as follows: "I made a pretty good little crop and I made some money, but I have had sickness in my family, and you know I have to pay the doctor." I have had enough men to tell me that this fall and winter to make you all rich. If what they tell is true, you will not have to do anything else for the remainder of this year. I do not know how you do it, but evidently you get the money. Possibly a course in a good medical school where that talent is developed might not be a bad thing for a man in a bank. Lending money is, comparatively speaking, a very easy matter; collecting it is where the work comes in.

If a banker could collect money like a doctor does, life for him would truly be one glad, sweet song.

If I were asked to say what, in my opinion, is the greatest curse in this country today, my answer would be greed and credit; and yet they both go hand in hand. Credit begets greed, and greed demands credit. We never stop to think of the futility of an effort to acquire all of this world's goods. Men have tried it and failed since the beginning of time, and yet the example is lost on us. Most of us live and so conduct our affairs as to leave the impression that we think that if we could but succeed in making a few more turns we would have it all, and then, having it all, that we would live forever; or if not, that, at least, we would take it along with us when we die. I do not mean to say by this that a reasonable ambition to improve our condition is a thing to be frowned on; but I do insist that a man laying any claim to sanity ought to be satisfied with a good deal less than what he seems to *think* belongs to him. A reasonable income that is acquired by hard work or good investments, a happy home, good health, and a clear conscience form the sum total of all that a man can hope to obtain in this world. But how few there are who are satisfied with these, or, at least, how few there are who lead such a life as to cause one to think that they would be satisfied with these. The most of us grab and grab and reach out still farther, using every dollar that we own and every dollar that we can borrow and go through life at a strain so terrific that the wonder is we do not blow up before we are forty years old. This kind of life is not peculiar to the members of the medical profession, and yet, at the same time there is no doubt that the percentage of these overenthusiasts among the doctors is reasonably high.

I cannot think of any better message to leave with you gentlemen tonight than to ask you, as a man who feels a lively interest in your welfare, that you take these things home with you, and that you begin in the morning by putting your house in order; that you try to get your affairs in such shape that outside of your professional work you will confine your finances to a few solid investments, such as will not require any especial thought or worry from you, and that they will be of such a nature that when the time comes for you to take that last long journey you will leave for your families a line of substantial

investments that will provide a reasonable income free of worry, and not a line of blue sky stock certificates that require the services of a magician to unravel. I know a hundred men in the circle of my acquaintance who are, to all appearances, quite comfortably fixed, who maintain good homes and the general appearance of affluence, and yet who, if they died tonight, would leave their families destitute. This is the condition that is brought on by greed and is fostered and encouraged by the credit extended to a man by his friends.

ECLAMPSIA.*

By Sam J. Allbright, M. D.,
Kensett.

If we could always have things as we like them, there would be no pathological labors and, with many of us, no labors of any kind. But as God's command, "Be fruitful, multiply and replenish the earth," is being obeyed more or less in every community; therefore, it is necessary that every general practitioner be an obstetrician as well. In no other field of medicine or surgery is there room for so much service to the human race as in the practice of obstetrics. No greater commendation can be given a practitioner than that he is a good obstetrician. To be a good obstetrician one must possess knowledge, skill and patience. Knowledge to differentiate normal from pathological conditions; skill to apply this knowledge and change, when possible, a pathological condition into a physiological one; and unlimited patience to wait for the natural forces to dilate the os uteri and rupture the membranes.

It is not my purpose to note all the conditions of labor that are abnormal; but to discuss briefly one of the most important and most dreaded complications of labor. I am not trying to bring out anything new, but rather to get this question before the society for discussion.

Some of the complications of labor come upon us suddenly and without warning; but not so with eclampsia, or probably I should say it should not be so with eclampsia.

Eclampsia is one of the most important complications of labor, because it is in most instances preventable; and most dreaded because of the suffering and convulsions always present, and because death often occurs.

Every pregnant woman should, early in her period of gestation, consult her physician, and, acting upon his advice, should see him every two or three weeks and have special instruction to report oftener, if unusual symptoms arise. She should be told that headache, spots before her eyes, edema of the limbs, and insomnia, are danger signals. Nor can the amount of toxemia be judged by any single symptom, but rather by the consideration of them all. She should be taught that even if Mrs. Smith or Mrs. Jones did have swollen feet and severe headache and got along with her baby, that it is not safe for her to take the risk, and that she should be properly safeguarded.

If these danger signs are seen in time and treatment instituted, the symptoms usually disappear and a pathological condition is changed into a physiological one and the woman goes to term and delivers a normal baby without serious trouble. These are the cases in which a practitioner deserves commendation which he rarely receives.

But one cannot always choose his cases; neither can he always have his patients do as he wishes them to do. Sometimes the first intimation he has that a woman is pregnant, or that he is expected to wait upon her in confinement, is when he is called to see her after labor has begun. Some of these cases have eclampsia. These are the cases we would all like for the other fellow to get; but as we must each have his share of troubles, it stands us well in hand to remember that most of these cases yield to morphin and time.

If the patient is thoroughly narcotized with hypodermics of morphin, prognosis is favorable in most cases. On account of the already existing high blood pressure in this condition, one should be extremely careful in the use of pituitary extract lest it cause sudden death by a rupture of a blood vessel in the brain.

If, after sufficient time has passed, there is no evidence of dilatation of the os—that is, after use of morphin—one should consider the advisability of Caesarean operation, taking into consideration the facilities for sterilization, the operator's technic, and the assistants available. Often this operation is worth while in an effort to save the child when there is no hope for the mother.

Upon the patients that die of eclampsia there is never a differential diagnosis made between uremia and nephritis. Autopsies show the same condition of the kidney; but

*Read before the Arkansas Medical Society, at the Forty-fourth Annual Session, Eureka Springs, June, 1920.

the fact that a woman recovers so quickly after the uterus is emptied leads to the conclusion that there is a distinction between eclamptic kidney and nephritic kidney, or probably a nephritis of eclampsia.

Eclampsia should never be discussed without some words of caution in regard to asepsis. It is a very easy matter at such times to neglect, because of haste or excitement, to properly cleanse our hands or sterilize our instruments. In this we should be very careful that the woman who has all she can do to recover from the original trouble shall not succumb to an infection a few days after labor. There is no excuse for carelessness in this—no more than in normal labors. Water, soap and fire can always be had, and these, if properly used, will prevent infection.

SUMMARY.

Eclampsia is, in the main, preventable. Its prophylaxis consists in watching for forewarnings of its appearance, and when they are present, treat by elimination.

If eclampsia is not prevented, control convulsions by giving $\frac{1}{4}$ gr. to $\frac{1}{2}$ gr. of morphin every four to six hours until the os dilates.

Because of the already existing high blood pressure, pituitrin should not be used.

After convulsions and restlessness are controlled by morphin—wait—do not try to make haste unduly.

Laparotomy should be the last resort, taking into consideration the life of both the mother and the child.

Hot water and soap should not be forgotten in the hasty preparation for treating this condition; nor should the instruments be laid on the bed or any other unsterile object and then used again.

DISCUSSION.

Dr. E. Meek (Little Rock): It is not often that I have the opportunity of seeing the results of seed sown a long while ago. It was my privilege to lecture to Dr. Albright. I want to commend him on the results that I see occurred in his practice, and his understanding of the situation. He has presented to us a very comprehensive paper, covering the principal points. The first one that he brought out is in regard to prophylaxis. It seems to me that the keynote of the whole situation is prophylaxis. If the case is taken early, as it should be, in every case of pregnancy, we would not meet with one-tenth of the cases of eclampsia that we do see.

In my efforts to impress upon the minds of the students of the school this condition, there was this very point: that, while pregnancy is a physiological condition, still, the patient is in a state of mind which is very susceptible to pathological conditions setting up. Therefore, it seems to me the people should be educated to a knowledge of the fact that these things may occur, and it should be impressed upon their minds forcibly; so that, when a woman

becomes pregnant, she would be immediately placed in the hands of a competent physician. If that is done, this condition of eclampsia, one of the most tragic conditions that the general practitioner meets with, at least, will be avoided in the majority of instances.

This is the main point presented for which I wish to commend the doctor, and I hope that the majority of the physicians will be impressed with the fact that they should teach the laity the necessity of pregnant women going to the physician early, that he may watch the case, and then there will be less of these harrowing results.

Dr. D. C. Walt (Little Rock): I haven't very much to add to that paper. I, like Dr. Meek, want to compliment the doctor, but I wish to add this: In my practice, when a woman tells me that she expects to have me as her doctor in confinement, I most emphatically say that, if she doesn't let me treat her every day from then on, I want her to get another doctor. She has her choice before the time comes. I don't wait until I find albumin. I don't wait until I find swollen feet. I don't wait until I find pain. I commence now—not tomorrow—and continue treatment every day. I educate my patients as to the reason why they should do this and do that, or shouldn't do this or shouldn't do that. I expect them, as long as they can, to come to my office. I examine their blood pressure, their lungs, as well as the urine, and I even make blood tests. But I want to strongly emphasize the fact that a woman who is pregnant has the right to and should have the protection, observance and active care of the physician, at least at short intervals, from the time she conceives until she is delivered.

Dr. O. C. Butler (England): This is a serious condition the physician has when he least expects it. I have seen it in patients whose urine was negative one week before delivery, and it has failed to appear in some who had albuminuria with edema.

I have had eight cases in the past two years, some with convulsions before and after delivery. I believe in free elimination, and, if pulse is very fast, I give veratrum. I also use from one to five hundred c.c. of a 5 per cent solution of sodium bicarbonate intravenously, which gives me excellent results. This increases the elimination from the skin and the kidneys and neutralizes any acidosis that might be present. I have never gotten any edema of the lungs from its use; however, my cases are too few to warrant any definite conclusion. This is where venesection is good therapy, especially if the patient is cyanotic.

Dr. H. D. Wood (Fayetteville): I think this is a very splendid paper by Dr. Albright. I don't know of anything better than the things he suggested for the treatment of eclampsia. You want to get as quick a delivery as possible, in this condition. I agree with him fully upon Caesarean section. It is safer for the mother, when eclampsia begins early in labor, where there is no dilatation, and certainly it will save the child's life. I think this operation should be done more frequently than it is done in these cases.

I think that the members of the State Society ought to take more interest in obstetrics than they have done heretofore. We don't pay enough attention to this important branch of our work. If we would take more interest in obstetrics and gynecology, we would save more lives. Therefore, the doctors all over this State, as well as every other State, should study obstetrics more than they do. It is to the disgrace of our profession that incompetent men and quacks, oftentimes, do the larger part of the obstetrical work in our neighborhood. Why? Because they charge a minimum fee. It seems like we haven't educated the people up to the point that a man should take care of his wife when she is undergoing the gravest dan-

ger it is possible for her to go through, to bring life to a new-born soul. I hope that this fact will be so impressed upon you that you will see the urgent need of more interest in your obstetrical work.

Dr. Bert L. Ware (Greenwood): I have enjoyed this paper immensely, and also the discussion; but I would inquire regarding one particular type of these cases. Suppose you see the case early, and you put it on your eliminative treatment, and after a month you get no results? What are you going to do? Will you induce labor at that time, or attempt to go to full term?

Dr. Earle H. Hunt (Clarksville): These cases that we get, that come to us beforehand and tell us they want us to wait on a confinement, we can take care of very easily. But, unfortunately, in the country we are just called to the case, when we are not the doctor they wanted in the first place. When the money is good, however, a fellow feels like going. With that case you may get into trouble; once in a while you get up against some eclampsia. We all understand how to take care of them when we get them early; but, when we get into a case, and then those convulsions come on, that is the exciting time, and the problem is what to do first. I invariably carry with me a bottle of croton oil. I have used it in some five or six cases, and it worked like a charm. In one case in particular, it didn't work at all. With the convulsions she had a hemorrhage in the brain, and I never could get any improvement at all. She would go on and have the convulsions; but the limbs never moved. I gave her in four hours 120 drops of croton oil, and gave her half a gallon of normal saline solution, and she never even expelled the solution. I think that croton oil is the first thing.

Then, I don't think there is any doubt in the world but what bleeding has saved many and many lives of women.

Of course, out in the country it is out of the question to consider Caesarean section, because it is entirely too slow. Personally, when I have a case like that, I just rely on croton oil, chloroform, bleeding, morphin and veratrum.

Dr. Thomas Douglass (Ozark): The difficulty about eclampsia is that, with ordinary treatment the majority of cases will get well; it doesn't make very much difference what the particular plan is.

We all know that the serious question is one of elimination. If we use a good method of elimination, and use some remedy like morphin or chloroform to control the convulsions, and we see that delivery follows shortly, the patient will recover. That is the treatment for the majority of cases.

The problem is the treatment of the exceptional case, for we will all see those cases as surely as we have obstetrics. Eclampsia is not a common condition. Without being able to give the figures, it seems to me that we do not have more than one case in a hundred, in ordinary obstetrical practice. And, if we have those cases, I think probably the majority will be moderately severe. The patient will have few convulsions, labor will be terminated and the condition will rapidly improve under eliminative measures, and there will be no trouble and there will be no nephritis follow. But, that is not the case with a good many serious cases of eclampsia, in which all these methods are inadequate.

I must object to the use of morphin, although there is good authority for the use of it. It seems to me that it is contraindicated, because it prevents elimination. Chloroform, morphin or chloral are better to control the convulsions; but none of the three agents will do more than arrest the convulsions temporarily. I have seen a good many cases of eclampsia, and, up to a few months ago, I could say that I have never seen a woman die with eclampsia.

But since then I have seen two die, and that in spite of everything we could do, with all kinds of eliminative measures, bleeding, the use of active purgatives, enemas, and everything else that we knew. One patient continued to have convulsions until she died; and the same thing happened just a few weeks later, with the same kind of case.

In these cases, I don't think that anybody knows what will save them. In fact, I think it is doubtful whether they can be saved. There are a few cases that will die in spite of anything that can be done.

Dr. H. R. McCarroll (Walnut Ridge): One point on the subject of elimination has not been mentioned. Calomel has been ignored. I think that it is not a bad idea to slip about ten grains of mercurous chlorid of calomel on the back of the tongue, and possibly not give quite so much croton oil. I haven't been using croton oil in those doses as he mentions; but I have used it in one or two minim doses every hour until I get free catharsis.

The other point I want to mention is the anesthetic. We know that we ought not to raise the blood pressure any more than we can help. And, the question arises, which is the proper anesthetic, chloroform or ether? I have been taught a good many times that ether was the suitable anesthetic to use. If I am wrong in this, under the present knowledge and teaching, I would like to be put right; because of the fact that chloroform adds a great deal of similar toxic matter to the system that you already have in the eclamptic state. I have been using ether all the time, and I like it in the cases that I have had. I haven't had one in three or four years.

Lots of times, in these cases, the pains give out and you have to use the forceps. While possibly we might wish to avoid their use, many of these cases will not deliver themselves. Lots of times you have dilatation all right; but the pains are so feeble that the forceps must be applied. In these cases where we must use an anesthetic of some kind, I prefer ether.

Dr. W. J. King (Branch): I would like to ask a question in regard to the difference between Caesarean section in the undilated cases and dilatation and delivery by version. In a recent case of mine, that was the course I followed. I used digital dilatation, and, when sufficient dilatation was accomplished, performed a version and delivered by version. I lost the baby, I will say, but the mother is on the road to health and happiness, I hope.

As to the elimination, we followed that course. I never tried croton oil. I would be a little afraid of it in those heroic doses. But, I am not afraid of the mild chlorid of mercury in what would be called heroic doses. I used 24 grains in the case to which I referred, and got elimination; but not until some ten hours after delivery. We got abundant elimination then. The objection that I have to the mild chlorid of mercury is its slowness of action. If croton oil will do the eliminating, and do it as quickly as it is reputed to do, then I would be in favor of croton oil. Croton oil has been a disappointment to me wherever I have attempted the use of it, although I have never tried it in eclampsia. I have practically discarded croton oil, probably because I wasn't quite brave enough.

Dr. Allbright (in response): There have been several questions asked, and most of them have been answered; the others have not. I am not able to answer them authoritatively; so, I think I care not to discuss the paper any further.

I want to thank the gentlemen for their comprehensive discussion of the paper. As stated in the paper, that was the main thing that I wanted. I wanted these questions asked, and to hear the members of the society answer them, in order to get their opinions, based on actual experience.

THE JOURNAL

OF THE

Arkansas Medical Society

Owned by the Arkansas Medical Society and published under the direction of the Council.

WILLIAM R. BATHURST, SECRETARY-EDITOR
810-812 Boyle Building, Little Rock, Arkansas.

Published monthly. Subscription \$2.00 per year; single copies 25 cents.

Entered as second-class matter, June 21, 1906, at the post-office at Little Rock, Arkansas, under the act of Congress of March 3, 1879.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized August 1, 1918.

The advertising policy of this Journal is governed by the rules of the Council on Pharmacy and Chemistry of the American Medical Association.

All communications of this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the state. Notice of deaths, removals from the state, changes of location, etc., are requested.

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CANCER RESEARCH—E. E. Barlow, Chairman, Dermott; J. P. Sheppard, Little Rock; William R. Bathurst, Little Rock.

INFANT WELFARE—H. R. McCarrroll, Chairman, Walnut Ridge; H. H. Niehuss, El Dorado; H. A. Stroud, Jonesboro; J. A. Lightfoot, Texarkana; W. H. Miller, Little Rock.

WORKINGMEN'S COMPENSATION AND SOCIAL INSURANCE—C. J. March, Chairman, Fordyce; J. M. Lemons, Pine Bluff; O. E. Jones, Newport.

HOSPITALS—C. S. Pettus, Chairman, Little Rock; John Stewart Booneville; W. W. Jackson, Jonesboro; R. C. Dorr, Batesville; S. J. Hesterly, Prescott.

ARKANSAS STATE BOARD OF HEALTH—C. W. Garrison, Little Rock, State Health Officer; O. L. Williamson, Marianna; C. F. Crosby, Heber Springs; Leonidas Kirby, Harrison; H. R. Webster, Texarkana; H. L. Montgomery, Gravelly; S. A. Southall, Lonoke; F. O. Mahoney, El Dorado.

STATE BOARD OF MEDICAL EXAMINERS OF THE ARKANSAS MEDICAL SOCIETY—J. A. Bogart, Forrest City; T. J. Stout, Brinkley; E. F. Ellis, Fayetteville; O. D. Ward, England; W. F. Smith, Little Rock; H. H. Henry, Eagle Mills; W. H. Toland, Nashville.

Editorials.

THE EYE SIGHT CONSERVATION COUNCIL OF AMERICA, INC.

A nation-wide "save your sight" campaign is to be conducted by the recently organized Eye Sight Conservation Council to acquaint the public with the importance of care of the eyes and to urge the universal eye examinations of school children, workers in industries and clerks in stores and offices.

Special literature will be sent to teachers, employers and those especially interested in the advancement of efficiency and welfare in industry. Charts and posters are to be placed in school rooms and factories visualizing eye care, depicting the advantages of correcting ocular defects, and warning against eye strain and its attending evils.

The Eye Sight Conservation Council is a membership organization. The directors and councilors are professional men representing various organizations devoted to health, welfare, education, science and industrial betterment.

The following are the officers:

President—L. W. Wallace, New York, N. Y., who is president of the American Society of Industrial Engineers.

Vice President—Cassius D. Wescott, M. D., Chicago, chairman of Committee on Conservation of Vision of the Council of Health and Public Instruction of the American Medical Association.

The other directors are:

R. C. Augustine, Decatur, Ill., president of the American Optometric Association.

Bailey B. Burritt, New York City, general director of New York Association for Improving the Condition of the Poor.

R. M. Little, New York City, director of the Safety Institute of America; member of the Executive Committee of the National Safety Council.

The personnel of the Board of Councilors is to be carefully selected, and so far but a few have been chosen, these being:

Dr. Thos. D. Wood, Teachers' College, Columbia University. Prominent in educational circles and chairman of the Joint Committee on Health Problems in Education of the National Council of the National Educational Association and the A. M. A.

Dr. Frederick R. Green, Chicago, secretary of the Council on Health and Public Instruction of the American Medical Association.

W. S. Rankin, M. D., Raleigh, N. C., State health officer of North Carolina; member Executive Committee, American Public Health Association.

Arthur L. Day, Ph. D. and Sc. D., director in charge of Geographical Laboratories, Carnegie Institute, Washington, D. C.

Allen McLoughlin, M. D., assistant surgeon-general, U. S. Public Health Service, Washington, D. C.

Guy A. Henry, Times Building, New York City, is the general director.

The financing has been handled in a manner quite unusual. The optical industry and trade were approached directly on the principle that a movement of this nature should first of all be supported by an industry which will ultimately be benefited. The subscribing and underwriting of a sum was realized sufficient to assure success to the undertaking. While at this stage the financing is by optical interests generally, support is not restricted to such interests and all activities of the organization will, at all times, be conducted free from the influence of commercial interests. The form of government safeguards against the possibility of any interest gaining ascendancy and assures the conduction of all activities along broad humanitarian lines strictly in accordance with the following:

OBJECTS.

To promote the general conservation and betterment of vision, by:

Arousing public interest to a proper appreciation of the importance of eye hygiene and the care of the eyes, especially in so far as it pertains to defective vision and protection in hazardous occupations:

Disseminating knowledge regarding the optics of the eye, the prevalence of and the need of correcting visual errors, and of suitable protection against the special hazards and eye strain encountered in various industrial occupations.

Circulating information on the proper lighting of homes, schools, factories, office and all private and public buildings.

Striving to bring about the universal eye examinations of industrial workers and of school children, both rural and urban; also, urging the importance of periodical eye examinations for everyone.

Developing or improving optical aids for the alleviation of visual troubles.

Compiling reliable data, publishing and circulating literature pertaining to eye care.

Enlisting the aid of and rendering service to State and Federal Governments and all departments of health and education.

Co-operating with all existing agencies concerned in any degree with the movement for better vision, and striving to co-ordinate their efforts.

To act in all of these enterprises without bias or prejudice, actuated pre-eminently by a desire to further the public welfare and to increase the efficiency, comfort and happiness of humanity.

The work of this organization will be of particular interest to the ophthalmologists of the country and their assistance and co-operation is desired.

Personals and News Items.

BETTER PRISON CONDITIONS, AS A MATTER OF HUMANITY.

Extract from Report of Dr. R. B. Corney,
Penitentiary Physician, Cummins
State Farm.

Following my discharge from the Army Medical Service, I took up the duties of penitentiary physician at Cummins Farm, April 1, 1919, succeeding my worthy predecessor, Dr. S. W. Colquitt.

The duties of penitentiary physician require something more than merely looking after the sick, wounded, sanitary conditions and the like. Much thought should be given to the mental and physical status of prison inmates. This might well be taken into consideration by courts in passing sentence upon criminals. The average prison inmate is mentally defective and will remain a criminal until the defect is cured. It is said that more than half a million human beings are sent yearly to the jails and prisons and as many released. An average of nearly 35 per cent drift back into prison again, showing clearly that years of confinement in prison do not reform.

It is unhappily known that mere punishment is an utter failure as a corrective for crime. A study should be made of what is wrong with the prisoner and an effort made

to remedy his shortcoming. Under the present prison system, convicts are simply exploited for their labor, and, after finishing their sentences, are sent back into society penniless and unimproved. The present laws governing the penitentiary give the citizens of our State the impression that the prime object is to make a profit out of the convict labor, ignoring the fact that society's fundamental concern should be to have her penitentiary turn out improved and reformed human beings instead of just a business success in turning out a money profit.

Almost without exception, prison inmates are obviously lacking in education. Some effort should be made by our legislative body to school these inmates. This would be the beginning of something constructive by which the prisoner could leave at the expiration of his sentence shaped to more definite form. Let it be known that the vast majority of our inmates are of the various labor elements whose mental capacity is of low average and inferior occupational intelligence, and let us remember that illiteracy and crime are companions.

It would be a mistake, of course, to hold those in charge of our penitentiary responsible for the lack of these improvements at the present time. Our laws and the traditions of our prison system have been handed down for generations by our penological forefathers. Nevertheless, there has been a marked improvement in the humane treatment of convicts, and much done in the way of sanitation, screening, improvement of buildings and equipment. Prisoners are well clothed and provided with wholesome food.

I want to urge the importance of a better water supply, the present supply being unwholesome and hardly fit for human consumption. Each camp should be provided with deep well water. This would be a means also of giving us some fire protection as well as adding to sewerage disposal and drainage, and especially better bathing facilities.

RESOLUTIONS ADOPTED AT THE VENEREAL CONGRESS, JANUARY 12, 1921, AT WASHINGTON, D. C.

Resolved: 1. That the educational work of the venereal control and social hygiene movements has been sufficiently effective in developing a sympathetic and supportive public sentiment to warrant its continuation.

2. That an effort should now be made to

evaluate the educational work in as exact social, psychologic and medical terms as possible.

Resolved: That the administration of public health measures relating to venereal disease control should apply equally to both sexes.

Resolved: That health officers should give preference to education and persuasion before having recourse to legal process in connection with enforcing laws and regulations relating to venereal disease control.

Resolved: That while the United States Public Health Service and the State Boards of Health recognize their public duty to see that every victim of a contagious disease receives adequate treatment for his own and the public's safety, they have no intention of supplanting effective private effort in this field.

Resolved: That there is urgent need for all physicians to recognize their responsibility to the community and the patient in the control and the treatment of venereal disease, by themselves raising the standard of treatment. This implies that a physician who is unfamiliar with or unprepared to employ modern methods in the management of these diseases should not accept such cases for treatment, but should refer them to some private or public physician who is properly equipped.

Resolved: That the venereal disease control movement cannot reach full effectiveness without the intelligent and sympathetic co-operation of the medical profession. This co-operation can best be obtained by:

1. The rapid extension of teaching facilities for medical students so that knowledge of the medical, social and public health aspects of these diseases may be taught by actual contact with patients in the clinic under the direction of qualified teachers.

2. By making available to all physicians by means of clinics, lectures, demonstrations and institutes, the most recent developments in medical and social knowledge of the venereal diseases.

3. By the development of the State diagnostic facilities for the use of the practicing physician.

Resolved: That the development and maintenance of a competent medical personnel under executive leadership in the field of venereal disease control demands training whose duration and character is varied with

the work for which preparation is sought; from six months for the routine performance of the technical work of treatment to three or more years for the preparation of men who are to assume the full medical and administrative responsibilities of the expert. For the purpose of such training, special post-graduate courses in association with medical schools and teaching centers providing liberal and accessible clinical material are essential. The development of such schools should be encouraged and active participation of their graduates in this work should be sought. The maintenance of an efficient personnel further requires the provision of inspiration and incentive to individual development and reward for initiative comprised in (a) adequate material equipment for laboratories and clinics; (b) adequate technical and medical assistance for the handling of routine work; (c) sufficient freedom from routine and provision of funds to make possible the conduct of research; (d) much more generous provision for the salary of personnel than is now the rule.

The continuance of public parsimony in this field will ultimately divert from the public service into more generously rewarded lines of activity those men whose training and capacity can redeem the work from mediocrity and the movement from futility.

Resolved: That the obligation of a public or private agency for the treatment of venereal disease does not end with the mere overcoming of a group of symptoms or the temporary control of the contagiousness, but should extend throughout the course of the disease. The fact that a person has a venereal disease should not, as such, act as a bar to his admission to any hospital or institution receiving public funds. The aim of all agencies for the care of venereal diseases should be to trace out infected individuals; to carry treatment to point of cure or arrest; to accumulate a body of records for the intelligent control of the individual case, and to further scientific research; to maintain a follow-up system and to provide special diagnostic facilities, careful and repeated observation, and expert advice for the individual patient throughout life.

PROFESSIONAL INCOME.

HOW THE FEDERAL INCOME TAX APPLIES TO THE MAN OF THE PROFESSIONS.

To the professional man the problem of correctly making out an income tax return for the year 1920 is somewhat more involved than that presented to the salaried man. The wage-earner on a fixed salary has an accurate estimate of the amount of compensation received for personal services, while the professional man's income varies from year to year. In the professional class may be included the physician, dentist, lawyer, architect, veterinarian, author, and clergyman. Each must figure up his net income for the last year. If single or if married and not living with his wife and his net income was \$1,000.00 or more, or if married and living with his wife and his net income was \$2,000.00 or more, a return must be filed.

The exemptions are the same as for the year 1919: \$1,000.00 for single persons and \$2,000.00 for married persons living with husband or wife, and heads of families, plus \$200.00 for each person dependent upon the taxpayer, if such persons are under eighteen years of age, or incapable of self-support because mentally or physically defective. The period of filing returns is from January 1 to March 15, 1921.

The professional man must make a return of all fees, salaries and other compensations for services rendered, together with income from all other sources. If he keeps his accounts on the "receipts and disbursement" basis—which means a record of the amount received and the amount paid for expenses—he should file his income tax return for the year 1920 on that basis. If he keeps books showing income accrued and expenses incurred during the year, he must make his return from his books and include all income, even though not entered on his books. If books are kept on the accrual basis, the taxpayer must include all income that accrued, even though not actually received, and may deduct items of expense, although not actually paid. Both the receipts and disbursement basis and the accrual basis are explained in instructions on the form for filing individual returns of income.

This constitutes gross income from which the taxpayer is allowed certain deductions in arriving at net income upon which the tax is assessed. Among such deductions are the

cost of supplies used by him in the practice of his profession, expenses paid in the operation and repair of an automobile used exclusively in making professional calls, dues to professional societies and subscriptions to professional journals, rent paid for office room, expense of fuel, light, water, telephone used in his office, and the hire of office assistants. Amounts expended for books, furniture and professional instruments and equipment of a permanent character are not allowable deductions. In the case of a professional man who maintains an office, but incidentally receives at his home patients, clients, or other callers in connection with his professional work, no part of the rent of the home is deductible. If, however, he uses part of the house for his office, such portion of the rent as is properly attributable to such office is a deductible item.

A reasonable allowance is made for depreciation, or wear and tear of equipment and instruments used by professional men. When through some new invention or radical change in methods or similar circumstances, the usefulness in his profession of some or all of his instruments or other equipment is suddenly terminated, so that he discards such asset permanently from use, he may claim as a loss for that year the difference between the cost (reduced by reasonable adjustment for wear and tear it has undergone) and its junk or salvage value. If the apparatus was owned prior to March 1, 1913—the date the first income tax law became effective—its fair market value at that date should be considered instead of its cost in figuring depreciation and obsolescence.

Deductions for uncollectible fees form an important item in the returns of many professional men. To be allowed as a deduction, a debt must be worthless and must have been charged off within the year in which its worthlessness was discovered. The return must show evidence of the manner in which discovery was made. For example, statement should be made that the debtor has been discharged from bankruptcy or has disappeared leaving no trace, or that all ordinary means of collections have been exhausted.

A debt proved to be worthless is not always a proper deduction. Unpaid amounts representing fees for professional services are not allowed as deductions unless included as in-

come in the return for the year in which the deduction is sought or in a previous year. The fact that expected income was not received does not reduce the taxable income.

If a debt is forgiven it cannot be deducted, because it is then regarded as a gift. A debt may not be charged off or deducted in part, but must be wholly worthless before any part can be deducted.

Compensation in any form for professional services must be included as income. If a physician, lawyer, or other professional man should receive from a merchant goods in payment for professional services, the fair market value of such goods must be included as net income.

Forms for filing returns are now available at offices of collectors of internal revenue and branch offices. Collectors will mail to each person who last year filed a return a copy of the return form for 1920. Failure to receive a form, however, does not relieve a taxpayer of his obligation to file a return and pay the tax on time. Taxpayers whose net income for the year 1920 was \$5,000.00 or less should use Form 1040A. Those whose net income was in excess of \$5,000.00 should use Form 1040.

In addition to the individual forms, partnerships must file a return of income, or even if there was no net income, on form 1065. Partnerships as such are not subject to the income tax. Individuals carrying on business in partnership, however, are taxable upon their distributive shares of the net income of such partnerships whether distributed or not, and are required to include such shares in their individual returns. The return must show the name and address of each partner and his share of net income.

The tax this year as last may be paid in full at the time of filing the return—on or before March 15, 1921—or in four equal installments, due on or before March 15, June 15, September 15, and December 15. Payment may be made by cash, money order or check, which should be made payable to "Collector of Internal Revenue." The return must be filed with the collector for the district in which the taxpayer lives or has his principal place of business. Heavy penalties are provided by the revenue act for failure to file a return and pay the tax within the time prescribed by law.

Dr. Stanley M. Gates of Monticello has returned from Chicago and Rochester.

Dr. William C. Minnich announces his practice limited to surgery. Office, Thompson Building, Hot Springs.

Dr. Thos. Douglass of Ozark, Dr. S. A. Drennen of Stuttgart and Dr. W. L. Hartsell of Warren visited in Little Rock this month.

The drug store of Dr. J. W. Colquitt at Grady was recently damaged by fire.

It is important that the Program Committee be advised early of papers to be submitted for the Hot Springs meeting. At least signify your intention to read a paper, giving the title.

Arkansas physicians visiting in Little Rock during the past month include: J. S. Hesterly, Prescott; T. J. Stout, Brinkley; G. A. Warren, Black Rock; O. E. Jones, Newport; George S. Brown, Conway; Sam J. Allbright, Kensett; Thad Cothorn, Jonesboro; E. E. Poyner, Green Forest; A. C. Haney, Atkins; Thomas Douglass, Ozark.

Dr. William H. Peters, Health Commissioner of Ohio, devoted the November number of *The Cincinnati Sanitary Bulletin* to the subject of "Cancer" by reprinting in full the Public Health Service circular entitled "Cancer—Facts Which Every Adult Should Know." An editorial note contains, among other important statements, the following:

"This is not the time for indecision. If we are to stay the ravages of cancer, we can no longer reverence a silence which obstructs, rather than advances, progress in early diagnosis and proper treatment. Wonderful strides have been made in the control of tuberculosis. Cancer, too, will yield to modern medical science, once the adult people understand the elementary facts."

Space does not permit the publishing of the action taken by all the county medical societies in presenting resolutions to the Legislature in support of the proposed revision of the medical practice act. It is a source of much encouragement to us that so many busy physicians have taken such active interest in preventive medicine and safeguarding public health.

Annual Congress, Medical Education, Licensure, Hospitals and Public Health. The Council on Medical Education and Hospitals, and the Council on Health and Public In-

struction of the American Medical Association. The Association of American Medical Colleges. The Federation of State Medical Boards of the United States. The American Conference on Hospital Service. March 7, 8, 9 and 10, 1921. Florentine room, Congress Hotel, Michigan Avenue and Congress Street, Chicago.

IT PAYS TO KEEP UP TO DATE.

The Laboratory of Surgical Technic of Chicago offers the physician an opportunity to perform actual operations himself, and under competent instruction and with strict attention to anesthesia, etc. Every physician in actual practice finds it desirable from time to time to make a review of surgical anatomy.

A SUGGESTION.

To prove the efficacy of our advertising page, you might send to the Abbott Laboratories, Chicago, for a free sample of *Aromatic Chlorazene Powder* (council-passed). This Dakin antiseptic is excellent for use as a gargle, mouth wash, or spray.

Obituary.

Dr. C. B. Dunn of Raiford died February 7, 1921, at Camden; aged 75.

County Societies.

JEFFERSON COUNTY.

(Reported by J. T. Palmer, Sec'y.)

At a regular monthly meeting of the Jefferson County Medical Society, held February 1, the attendance was unusually good.

J. F. Gill presented a meritorious paper on "Symptomatology of Influenza," which elicited a lively discussion. Dr. Crump made a short talk relative to the influenza complication of middle ear and sinuses.

A resolution was passed adopting the Washington County Medical Society memorial and the secretary was ordered to send a copy of said memorial to each of our representatives and senators, with the name of

every member of our society attached thereto.

Application of C. L. Vines and Clyde Ramsey tendered and referred to Board of Censors.

"Diphtheria" was chosen as the topic for the March meeting, and Drs. Glover, Hankinson and John selected to lead the discussion.

Present: Dr. Crump, presiding, and Drs. Pittman, Shelton, Spillyards, Caruthers, Blankenship, Lemon, Luck, Lowe, Gill, Breathwit, Glover, Jenkins, McMullen, Woodul and Palmer.

Adjourned.

PHILLIPS COUNTY.

(Reported by J. W. Butts, Sec'y.)

The Phillips County Medical Society held its regular meeting at the Business Men's League February 1, at 11:00 o'clock.

The newly elected officers installed were: President, Dr. M. Fink; secretary and treasurer, Dr. J. W. Butts; vice president, Dr. E. T. Brown, Lexa; delegate to Arkansas Medical Association, Dr. Paul Johnson. The president appointed a Committee on Public Health and Medical Legislation composed of Drs. King, Trotter and Bean.

A paper on "How to Prevent Tuberculosis" was read.

Out-of-town members present were: Drs. Eubanks, Wabash; O. Parker, Elaine; J. A. King, Mellwood; J. W. Bean, Marvell.

A social session was enjoyed after the meeting.

This is the society's fiftieth anniversary.

The society was organized in 1871, the same year as *The Helena World*, by Drs. D. A. Linthicum, F. N. Burke, A. A. Hornor, Helena; Drs. D. E. Byrd, father of Mrs. Whit Wall, Peter R. Ford of Marvell, and G. H. Vineyard, father of Judge and G. H. Vineyard of Helena.

It is the oldest medical organization in the State, even antedating the Arkansas State Medical Society, and enjoys a reputation locally and statewide for splendid achievements in all matters pertaining to public health and medical science.

Several of its members have been honored by the State by their selection to fill public health offices.

It has a membership of twenty-eight members, composed of reputable, regular physicians of the city and county.

It meets monthly at the Business Men's League quarters.

MILLER COUNTY.

(Reported by William Hibbitts, Sec'y.)

BOWIE AND MILLER MEDICAL SOCIETIES IN JOINT SESSION—LIVELY INTEREST TAKEN BY TEXARKANA PHYSICIANS IN THE WORK SOCIETIES ARE DOING HERE.

Much interest was shown in the first of this year's meetings of the Miller and Bowie County Medical Societies when both organizations met in joint session in the directors' room of the Texarkana National Bank last night. It was the regular meeting of the Miller County Society, with Dr. K. M. Kelley as presiding officer.

Dr. T. E. Fuller gave the paper on the scientific section of the program, and his subject was "Modern Methods of Examination of Diseases of the Ear." He explained a number of valuable procedures showing the great advancement in treating the auricular organ. His paper was much appreciated and a general discussion was elicited.

Resolutions formed at past meetings by special committees were read in memory of the late Dr. B. E. Dixon.

Dr. William Hibbitts, who is the health officer on the Texas side of the city, announced the opening of the free venereal clinic for indigent residents afflicted with syphilis, and outlined his method for handling it.

The physicians and officers of the societies expressed pleasure at the interest being shown in the societies and the work being done.

Those present were: Drs. J. A. Lightfoot, L. H. Lanier, R. L. Grant, J. N. White, B. C. Middleton, T. F. Kittrell, W. H. Robinson, E. M. Watts, Preston Hunt, R. H. T. Mann, S. A. Collom, T. E. Fuller, C. A. Smith, H. Murry, J. K. Smith, K. M. Kelley and William Hibbitts.

Dr. James McMahan, Texarkana's oldest physician and earliest settler, was made a life member of both societies.

WOODRUFF COUNTY.

(Reported by L. E. Biles, Sec'y.)

The Woodruff County Medical Society met in regular session at Jelks at 1:00 p. m., January 5, 1921. The president, Dr. E. E. Brewer, being absent, Dr. R. L. Fraser acted as president *pro tem*.

Present: Smith, Dungan, Biles, Fraser, Brewster, Bradford and West.

Officers for the ensuing year: President, R. L. Fraser; vice president, R. N. Smith;

secretary-treasurer, L. E. Biles; delegate, C. E. Dungan; alternate, T. B. Bradford.

Dr. T. B. Bradford was elected as a committee of one on Legislation.

Mrs. Dillard, representing the Anti-Tuberculosis Campaign, being present, made a very interesting talk and endeavored to impress on the minds of those present the need of funds to carry on the work.

Dr. Smith volunteered to see the county judge and try to get a fund set aside for prophylaxis.

Dr. Dungan made a plea for a more concerted effort among the people to enlist interest in the public health work.

Dr. Bradford outlined a bill in regard to use of tobacco, which he expects to introduce in the Legislature this session.

Dr. Dungan outlined the resolution gotten up recently in regard to the future practice of medicine in Woodruff County, which is as follows:

“Resolved: That we, the physicians of Woodruff County, in order to protect ourselves from disaster, do pledge ourselves to require all those not making satisfactory settlement to have the money or an order from their landlords or employers before other services are rendered.

“Resolved: That we will not accept practice from one who has not made satisfactory settlement with their former physician. All those working for salaries will be expected to pay when work is done, and in no case longer than thirty days. Statement to be rendered first of each month.

“Resolved: That we will keep each other informed as to nonpayment of accounts, and that we will not accept contract practice from any individual or firm.”

The following doctors were selected to meet with the business men at a meeting in the near future: Drs. C. E. Dungan, Augusta; E. B. Brown, Cotton Plant; B. Brewster, McCrory.

Adjourned to meet in Jelks, January 19, at 1:00 p. m.

CRAIGHEAD COUNTY.

(Reported by Thad Cothorn, Sec'y.)

The Craighead County Medical Society met in regular session January 27, 1921, at 7:30 p. m., in the office of Dr. Haltum. The attendance was very good.

The minutes of the previous meeting were read and approved.

The application of Dr. Tullos of Marked Tree, for membership in our society, was presented. The Board of Censors having made a favorable report, he was duly declared elected.

The secretary read a letter from the Arkansas State Committee of the American Society for the Control of Cancer. The chair will announce in a few days the appointment of a local committee to co-operate with the State committee.

Quite an interesting few minutes were now spent in some informal comments on the “Headline News of the Day” as each saw fit to express himself. What to do with the moron and sexual pervert was one of the features discussed. The murder and mutilation of the five-year-old Daily child in the vicinity of Memphis was the exciting factor in these talks.

“Our Duty,” when approached by some woman whose menses were long past due, was another topic quite freely discussed. There seems to be a frequent demand for services to re-establish this function from both the married and the near-married.

The scientific part of our program was now taken up. Drs. McCracken and McAdams, the first two essayists, being absent, the next paper, “My Idea of the Function of the County Medical Society and the Duties of the Officers and Members,” by Dr. Cothorn, was read. The theme voiced in this paper was approved by all, and a motion was made and carried “that the paper be sent to *The Journal of the Arkansas Medical Society* for early publication, in order that it may stimulate the interest in our societies throughout the State.”*

The greatest treat of the season now came in the form of a paper from a layman, “Things Which I Think Would Most Help the Doctor Financially and Not Do Him Professional Damage,” by Mr. E. J. Mason of the Jonesboro Trust Company. This paper was so ably arranged and had so much human nature in it that it was immensely enjoyed. A motion was made and carried “that it be sent to *The Journal of the Arkansas Medical Society* for publication, in order that the doctors of the State might enjoy it as well as we did. See page 175.

Some time was now spent in social conversation on various topics, chief of which was

*Will be published in a later issue.

the impending legislation so vital to the needs of our State.

Dr. Haltum, our host for this meeting, had us to adjourn to the parlors of the Central Drug Store, where we were served with delectable and dainty refreshments, under the supervision of his most estimable wife.

All are united in the opinion that this was the best meeting in the history of the Craighead County Medical Society. Among the doctors present were: Drs. Grady of Monette, Nisbett of Brookland, and Wadell. Everyone present voiced a determination to be present at all the coming meetings.

The hour being late, a motion to adjourn was carried.

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Jonesboro, Ark., January 13, 1920.

The Craighead County Medical Society met this afternoon at 2:00 o'clock p. m. in the office of Drs. Stroud and McAdams. Minutes of preceding meeting were read and approved.

The committee appointed to investigate the case of Dr. Crawford asked leave to make the following report:

We, your committee appointed to investigate the case of Dr. Crawford for violating the Harrison Narcotic Act, beg to report as follows:

We find that Dr. Crawford did furnish a Mrs. Blanton some morphin tablets and failed to make a record of the fact; that it was not for the purpose of profit from sales that he did this, nor was he, knowingly, catering to the whims or wants of an addict, but was acting from a sympathetic point of view in trying to make comfortable a "nervous, exacting woman." The doctor did technically violate the law, but "without wilful intent or moral turpitude in so doing."

We wish the statement from the U. S. Commissioner and the written statement of Dr. Crawford to be a part of our report.

The statements follow:

"Marked Tree, Ark., December 14, 1920.

"To Drs. Cothorn, Haltum and Willett, Jonesboro, Ark.:

"Gentlemen:—In regard to accusation against me, will say: My record will show I have never intentionally violated any law. This was purely a technical violation or from not understanding the law as applied to the practicing physician, not for profit or to cater to an addict. Only thought this would be the quickest and best way to settle. Am sure should case have come to trial would have proven myself clear. I leave this to the discretion of the gentlemen of the society.

"Yours fraternally,
(Signed) "L. D. CRAWFORD, M. D."

"Jonesboro, Ark., January 4, 1921.

"Dr. Floyd Clardy, Jonesboro, Ark.:

"Dear Sir:—Commissioner's Case No. 710, United States of America, vs. Dr. L. D. Crawford; violation Harrison Anti-Narcotic Act. Two counts—one for dispensing narcotic drugs not in the proper and

usual course of practice, and the other for not keeping proper record of morphin used.

"Under oath, C. A. Blanton, Marked Tree, Ark., made a statement to me to the following effect:

"Mrs. Cora Mae Blanton, formerly a trained nurse, and possibly at that time an addict, had had four major operations, and either became an addict taking morphin to ease pain after these operations, or resumed the use of same, and Blanton became aware of the fact; and further, that Crawford was supplying Mrs. Blanton with morphin not in the course of treatment. He went to Crawford and told him that Dr. G. E. Paullus was treating Mrs. Blanton, and that he did not want Crawford to supply her with any more morphin. Crawford did this on more than one occasion any way, and Blanton had in his possession a large number of small tablets of morphin sent to Blanton by Crawford by messenger, Blanton having signed Mrs. Blanton's name to a note requesting the tablets, and Crawford thinking that he was sending them to Mrs. Blanton.

"Mr. Lucien Matthews, the narcotic inspector who handled this case, stated to Judge Trieber in open court that his investigation convinced him that Crawford had not sold this morphin with a view to profit from the transaction, and on that account Dr. Crawford was allowed to plead guilty to the mere technical violation of not keeping his records in the proper manner, and the more serious charge of having improperly dispensed the morphin was dismissed without trial.

"Yours very truly,

(Signed) "E. P. MATHES,

"United States Commissioner."

We further wish to state that we have thoroughly gone into this matter and have carried our investigations to whatever place and party we thought would be worth while seeing. We think, perhaps, a little professional jealousy and personal enmity are at the bottom of the whole affair. "He that is without sin, let him cast the first stone," should be our motto when tempted to do something "to get even" with our fellow-physician or something to cause him worry or trouble.

Very respectfully submitted,

J. T. ALTMAN,
FLOYD CLARDY,
THAD COThERN,
Committee.

A motion was made and carried that the committee's report be accepted and the committee discharged.

The secretary next read a letter from a man, McDonald, of Washington, who wished us to pass a resolution endorsing him for the position of census director under the incoming administration.

A motion to table the matter indefinitely was carried.

The scientific part of our program was now taken up. The first paper was by Dr. Stroud, "Twilight Sleep," and was very ably handled. The discussion was quite general and many comments were made.

The next was a paper, "Diagnosis and Symptoms of Hereditary Syphilis," by Dr. Clardy. This doctor gave us an excellent

paper and we all felt that a valuable lesson was had. The discussion was general and very instructive.

The last paper on the program was "How Best to Realize On Our Past Due Accounts," by H. M. Johnson, banker. Mr. Johnson assured us that all the money had not absolutely disappeared, but that it was beginning to again get back into circulation; that he could see no reason why a doctor should not get his statements out on time and insist on prompt settlements for his work. His talk was very instructive and was a valuable lesson to us all.

A motion was made and carried that the president and secretary be instructed to send a wire to Mr. Caraway asking him to use all the influence in his power to get the rice growers in northeast Arkansas recognized when Mr. Hoover went to purchase rice to relieve the distress in Europe.

Practically all the doctors present paid their dues for the present year, and a general get-together meeting was had. Some out-of-town members were present, among them being Drs. Bates of Lake City, Crawford of Marked Tree, and Simpson of Pitts.

The following resolution was passed and the secretary was instructed to forward the same immediately to the General Assembly as a memorial:

"In order to better maintain the high professional standard of the medical practitioners of the State, we hereby petition our legislators from this county to use their influence in support of the proposed revision of the Medical Practice Act, establishing a composite Board of Examiners, which board shall pass upon the qualifications of all persons desiring to practice the art of healing in our State.

"This change is urgently recommended to avoid the making of Arkansas the dumping ground of incompetent men and women graduating from poorly equipped medical schools of other States to look after the life and health of our citizens, who unwittingly entrust themselves to their care.

"We make this appeal to you to help maintain the honor and dignity of a great profession, whose members are daily called upon to preserve the health and life, and sometimes the honor, of some homes of our citizens."

Adjourned.

GREENE COUNTY.

(Reported by F. M. Scott, Sec'y.)

The Greene County Medical Society held its regular monthly meeting at Paragould February 3, at 7:00 p. m.

Present: Drs. Baker, Dickson, Dillman, Ellis, Haley, Hopkins, Lamb, Majors, Owens and Scott.

After regular business was disposed of, Dr. Hopkins conducted a "quiz" on "Obstetrics," which was very helpful and interesting.

Adjourned.

MISSISSIPPI COUNTY.

(Reported by F. D. Smith, Sec'y.)

The Mississippi County Medical Society met in regular session in Blytheville Tuesday, February 8.

Present: Marwell, Wilson, Stevens, Chambers, Stacey, Sanders, Saliba, Usrey, Nall, Miley and Smith.

An interesting program was rendered. Drs. C. E. Wilson, C. M. Marwell and E. L. Miley read papers which were thoroughly discussed and enjoyed. All regular physicians of the county are urged to affiliate with the society and attend the meetings when possible.

CHICOT COUNTY.

(Reported by J. S. Wilson, Sec'y.)

The Chicot County Medical Society met in regular session January 13, 1921, at Lake Village. Report of last meeting was made and approved. The election of officers resulted in the unanimous election of S. W. Douglas of Eudora for president and J. S. Wilson of Lake Village for secretary. S. W. Douglas was elected delegate to the State convention at Hot Springs this year, and E. P. McGehee as alternate.

Motion was made and carried for the secretary to memorialize our representative and senator in the State Legislature to do their utmost to have passed a bill creating a one-board, uniform system of licensing doctors in Arkansas to replace the disgraceful, dangerous, multiple system now used. It was decided to have a scientific program every two months and the secretary was named a committee of one to get up this program. Three papers will be asked for each time on different subjects that are of interest to this particular community.

JOHNSON COUNTY.

(Reported by M. E. Burgess, Sec'y.)

The Johnson County Medical Society met in the office of Dr. Kolb of Clarksville Monday evening, February 7, in joint session with the dentists of the county and physicians of adjoining counties.

Present: W. R. Hunt, J. S. Kolb, E. H. Hunt, L. C. Gray, A. L. Boen, R. N. Manley, George L. Hardgraves, J. P. Bradley, H. L. Boyer and M. E. Burgess. Visiting physicians: Councilor Dr. Robert Caldwell of Little Rock, L. H. Slocomb of Fort Smith, Drs. Douglass, Porter, Hansberg, Higgins and Post of Franklin County, and Drs. Smith, Wright and Gardner of Pope County. Dentists present: P. D. McKennon, B. E. Farmer and W. R. Hunt, Jr.

Dr. J. R. Lowther, who began to practice medicine in 1852, wrote a letter of thanks to the society for an invitation to attend the banquet and regretting that he could not attend. Upon motion, Dr. Lowther was elected as an honorary member of the society for life.

Drs. E. H. Hunt, R. N. Manley and J. S. Kolb were appointed a committee to visit Dr. Lowther and inform him of the action of the society.

Welcome address was given by Dr. W. R. Hunt. Response by Dr. Douglass.

Dr. E. H. Hunt talked on the subject of "Rural Surgery." Discussed by Drs. Kolb, Caldwell, Douglass, Slocomb, Higgins, W. R. Hunt and R. L. Smith. Dr. Farmer read a very interesting paper on "Dental Hygiene." Adjournment for banquet, where Toastmaster W. R. Hunt presided. "Mistakes" was the principal theme for discussion, as follows: "What the Practice of Medicine Would Be if Every Doctor Was as Ethical as He Should Be," by Dr. Douglass; "Why Doctors Should Be Strictly Ethical," by Dr. Caldwell; "Some of My Mistakes," by Dr. Manley; "How I Avoid Mistakes," by Dr. Gray; "Are Mistakes Necessary?" by Dr. Smith; "Are Mistakes Avoidable?" by Dr. Boen; "Mistakes of Strictly Rural Nature," by Dr. Hardgraves; "How I Correct My Mistakes," by Dr. M. E. Burgess; "Why We Should Have Only One Board of Medical Examiners," by Dr. Smith; "What I Think of You," by Dr. Kolb.

Committee on Arrangements was Manley, Kolb and E. H. Hunt. Nothing was left undone by them to make the program interesting and helpful.

Adjourned to meet Monday, March 27, at 1:30 p. m.

Correspondence.

H. NICHOLS

Doctor of Mechano-Therapy

England, Ark. Feb 12 / 21.

Dr. William. R. Bathurst.
Little Rock.

Dear Doctor:—:

I see by the paper the demand that the sate medical society are making on the present legilature and to show You that My heart is in the right place I Am mailing You a copy of the letter that I have wrote to them. with best wishes I Am very truly yours.

(Signed) DR. H. NICHOLS.

H. NICHOLS

Doctor of Mechano-Therapy

England, Ark. Feb 12 / 21.

Mr. C. A. Walls. State Senator.
Mr. Jake. Gates. Representative.
Mr. Ross. Williams. Representative.
Little Rock. Ark.

Gentlemen:—: I Am writeing You relative to Senate Bill No. 139 and House Bill No 319. I see By the papers the stand that the Medical Doctors are making to pass this bill. now please do what You can to keep this bill from passing, as it is not in the interest of the suffering public for these bills to become laws, let the public have what they want in the line of treatment for disease, if they want the services of an M D well and good and also if they want the services of a drugless practisioner let them have it, and for the good of the suffering block these bills.

I Am A drugless practitioner and have been in practice here in Lonoak county for the past eight years, and I now have a nice practice and if the people did not want it I would not have this practise.

most of My practise is to correct the mistakes of some M D and also most of practise is patients that that cant help and they become discouraged and try something else, and My success can be looked into and verified as a drugless practioner with most all kids of disease.

if these bills pass it would be gag law and would put lots of good Men out of business, and cause lots of peole to suffer when they could get releif and in most of cases a cure by the aid of a drugless practioner, hoping that You gentlemen will give this matter the proper consideration. I Am very truly Yours.

(Signed) DR. H. NICHOLS.

THE JOURNAL

OF THE Arkansas Medical Society

PUBLISHED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

Vol. XVII.

LITTLE ROCK, ARK., MARCH, 1921

No. 10

Original Articles.

MY IDEA OF THE FUNCTION OF THE COUNTY MEDICAL SOCIETY AND THE DUTIES OF THE OFFICERS AND MEMBERS.*

By Thad Cothorn, M. D.
Jonesboro.

"Where words are scarce, they are seldom spent in vain; for they breathe truth, that breathe their words in pain."

However that may be it can scarcely be denied that words depend largely for their meaning upon who it is that uses them. Whether the foregoing is applicable to the present instance I am unable to say, but this I realize and that is that you will have to suffer with me until my IDEA is given birth and voice.

The functions of the County Medical Society are many and some of them are many-sided.

It is the base of all co-ordinated medical alliances, societies, or associations. It is the basic unit; you might say the personal unit; the doctor unit of all medical organizations.

It is presumed that it is small enough in membership to be not unwieldy in its handling; that it is composed of men whose community or geographic interests are the same; that the social and medical interests of all are on a composite or common basis. This being granted we naturally infer that harmony should and will prevail.

A doctor who does not wish to see his profession advanced; who does not use his efforts towards its advancement, "has denied the faith and is worse than an infidel." To his selfish and sordid soul oblivion is too good. We can "hide our light under the bushel measure" till we have no light to hide. By

being too engrossed and mercenary in our work, our finer sensibilities are blunted. We become narrow and bigoted in our views and lose all power or capacity for advancement. Now with us or convenient to us is our county unit or society, which is the open door, "the sesame" to self and community progress. In it and at its meetings, we meet men whose interests are our interests. They are wanting to make their professional interests better, which of course includes your own and my own interests. In union there is strength and in council there is safety.

A great function of the County Society is the educational value derived from its attendance. The papers read and the topics discussed give all a chance to broaden their views. The one who is selected to read a paper is benefited most of all because of the study and thought given to its preparation. "Reading makes a full man; writing makes an exact man, and speaking makes a ready man." All three faculties are brought into play in the preparation and delivery of a paper.

The backward timid man is given more self-reliance and self-confidence and the overconfident egotist is led to see that others have thoughts almost as good as his. A happy, you might say a common medium is established, where all feel free to talk; to ask and answer questions; to express their views or to listen to others who have something to say. We become more tolerant and receptive to ideas of advancement.

The social side of our society is very interesting indeed, and is one of its most valuable functions. There are more little jealousies among and between doctors than in any of the other professions, with the possible exception of the ministry. If the doctor across or down the street gets our patient, why should we be offended at the doctor? Why should our face burn or that peculiar sensation of discomfort go over us when one of

* Read before the Craighead County Medical Society, Jonesboro, January 27, 1921.

OUR PATIENTS extols the excellencies of some other physician? We should all remember that all of our patients are from some other doctor and we, ourselves, like to be commended for our excellencies, whether they are assumed or real.

We all know that on his entrance into the profession the doctor is an educated and cultured man. That he has been trained in all but the great school of experience is understood. Here our society should give him, if worthy, a welcome into its fold. Here the ETHICS of our great and noble profession should be shown him by the daily conduct of its membership in its relations and dealings with each other. Now, ETHICS, what is it or what do we mean? To some of us, it seems, it means for me to *do as I please* and for you to agree with me entirely; that whatever *I do or say* must be accepted without question or dissent and that, if you dare take issue with me, you are a very unethical man and are a fit subject to be lectured by the board of censors.

Webster's definition of ETHICS is "the science of human duty." Doctors are human and what better definition for MEDICAL ETHICS than "the science of a doctor's duty toward both his fellow doctor and the patient"? When my patient comes to you and tells you what I have advised, what are you going to say to that patient even though your opinion is not in accord with mine? Now I think one of the greater, if not the greatest, function of the County Society is to shield a doctor from unjust censure for his opinion in a given case or his honest mistake in handling it. Understand, I think it in no sense should shield the grossly negligent, the pretentious incompetent, the near criminal, the criminal, or abortionist.

Enough on the function of the County Medical Society save one other thing and that is, it is the safeguard to the membership of other, so-called higher or greater medical societies, organizations, or associations. The first and main requirements for membership in any of them is the exhibition of evidence of membership in your COUNTY ORGANIZATION. As before stated, it is presumed that the county organization is small enough in its scope for the membership to know each other and to be able to exclude the unworthy. It is the duly elected representatives or delegates of the County Society who make up the governing or ruling body of our State

Society and the House of Delegates is the stabilizing influence of our State and National Associations.

The DUTIES of its officers are to be faithful in the performance of the particular duties of the office or position for which they were chosen; to be regular in attendance at its meetings; to hold in check the overzealous and to stimulate the backward; to give all an equal chance for self expression and to show as little favoritism as is possible. They should study the needs of the society as a whole and the needs of its members individually, in order that they may guide the topics for discussion in such channels as will help most. They should consider the Society as *belonging to* its membership and themselves only as its honored servants; they should be ever ready to carry out the will of the majority. Each of the officers for his work should possess "A high standard of accuracy, a chivalrous loyalty to exact truth, generosity to his fellow-workers, indifference to results, distrust of all that is showy, self-discipline and undiscouraged patience through all difficulties; for these are among the first and greatest conditions for good work."

The DUTIES of its members are the same as for the officers only more intensified. They should be faithful in attendance at the meetings; ready to advise when called upon; to quickly respond for requests for papers or discussions and not wait for the other fellow to do it all. We should all hold in view our illustrious Washington's high resolve, which was "I hope I shall always possess firmness and virtue enough to maintain what I consider the most enviable of all titles, the character of an HONEST MAN": As our Philip Brooks said on a memorable occasion: "Let us beware of losing our enthusiasm. Let us ever glory in something, and strive to retain our admiration for all that would ennoble, and our interest in all that would enrich and beautify life." As a doctor I am for my profession and its nearest or immediate symbol is the County Medical Society which is US. Every one of us should be proud to point to it and say: "It is ME (WE); for I am a part of it."

Remember our Society is what we, you and I, make it. The truth that Emerson voiced regarding the personal worth and reward of man is applicable to us in this sphere: "If a man can write a better book, preach a better

sermon, or make a better mouse-trap than his neighbor, though he build his house in the woods, the world will make a beaten path to his door."

THE IMPORTANCE OF AN EARLY
DIAGNOSIS AND TREATMENT
OF SYPHILIS.*

By O. C. Butler, M. D.
England.

With our present knowledge of Syphilis in its primary state, the simple and accurate methods of diagnosis and the efficient treatment we have at hand, there should be no necessity of the great fear of this disease, which has been so detrimental to the human race.

We no doubt could prevent many cases of tabes, paresis and congenitally syphilitic if treatment had been instituted at the beginning of the infection.

If syphilis was more fatal to the person infected, I dare say there would be less tertiary cases and fewer syphilitic babies born, in proportion to the number infected than we have today.

There are many cases who stop coming for treatment as soon as the clinical symptoms disappear and can only be brought in by the public health law, which is very good in such instances, if it is carried out as it was planned.

There are other cases we do not see until the secondaries are well manifested and their chances for recovery are very low.

There are few who have used salvarsan and mercury in the beginning of the infection, who doubt that it is not effective to the extent of a cure. Therefore we should make the diagnosis as soon as possible to get the best results.

DIAGNOSIS.

You are familiar with the saying that all lesions appearing on the genitalia should be

suspected as syphilitic until proven otherwise. This lesion is the first known collection of *spirocheta pallida* and our efforts should be directed to this first.

Many chaneres can be diagnosed by inspection and history; all can be diagnosed by our laboratory methods.

We do not all have to be bacteriologists, but we do need to know the *spirocheta pallida* under the microscope or send these doubtful cases to a laboratory for diagnosis and not tell them to wait for a positive Wassermann or the appearance of secondaries no more than we would tell a case of diphtheria to wait until the membrane had spread beyond the tonsils before giving antitoxin.

I will only mention the methods used in finding the *spirocheta*. The most reliable is the dark field, hanging drop and staining methods. The technique for collecting the material for examination is important to get the best results. That I use is described in most text books. The lesion is washed with water to remove pus and surface bacteria and then with a little cotton, twisted tightly on a wood applicator, rub the surface briskly; this will cause serum to collect on the surface; then with a capillary pipette draw off the serum by capillary attraction, as one drop is all that is needed.

We should also insist that antiseptics be not applied to these lesions until a diagnosis is established, as it will likely destroy the surface *spirocheta*.

I think we should make the examination even though antiseptics have been applied, however, if it is negative we should keep all antiseptics away for a few days and make another examination.

The examination for *spirocheta* is like that of malaria. If you look long enough you will find them if it is positive.

In a positive case the blood should be taken for a Wassermann to determine the amount of treatment necessary. In a case of a positive Wassermann, it requires more treatment and these cases should have a spinal puncture to

*Read before the Arkansas Medical Society, at the Forty-fourth Annual Session, Eureka Springs, June, 1920.

be sure there is no brain involvement before the patient is discharged as cured. In some instances the spirocheta seem to have an affinity for nerve tissue.

PROGNOSIS.

The prognosis of all uncomplicated luetic lesions is good, if heroic treatment is instituted in the beginning of the infection. Cabot says, "The curability of syphilis depends on making a prompt diagnosis, for the earlier a case comes under observation, the easier it is to effect a cure."

HYGIENIC TREATMENT.

All cases should be instructed as to the danger of infecting others and refrain from close social relations. I have seen young men with an active case of syphilis, dancing with innocent girls which, needless to say, is very dangerous.

LOCAL TREATMENT.

None should be instituted until a diagnosis is made. Then, antiseptics should be applied, preferably mercurials in the form of calomel or black-wash.

With reference to the excision of the chancre, I do not think much of this unless the incision can extend a considerable distance behind the lesion and during the first few days of infection.

SYSTEMIC TREATMENT.

As soon as the diagnosis is made, internal treatment should be begun at once, as there is no time to lose. Every moment is valuable. The treatment I have adopted, is to give 1 to 1½ gr. of salicylate of mercury, intra-muscularly and .3 to .4 gms. of salvarsan, intravenously. Then, because of the pain of mercury injections, I give bichloride of mercury by mouth until I get salivation. In case of a negative Wassermann, I give six doses of salvarsan at weekly intervals, increasing all that the patient can stand up to 6 gms. and continue the mercury for three months. In none of these cases I have had, has the Wassermann ever been positive after this treatment. Some I have watched for two years.

Cases in which the Wassermann is positive, but the secondaries have not appeared I give a second course of salvarsan after one month's rest. I will present you the summary of the treatment of two cases that you may see the importance of an early diagnosis.

Case No. 1. White male, age 18 years, came to me May 15, 1918 with a small ulcer on the foreskin of three days duration. Microscopical examination with the India ink method was positive, took blood for a Wassermann which was negative and gave him .4 gms. of salvarsan intravenously, and 1 gr. of salicylate of mercury, intra-muscularly. Also the following prescription: Rx. Bichloride of mercury gr. XII, Water q. s. oz. IV, Sig. 10 drops t. i. d.

I instructed him to increase one drop every third day until salivation. He became salivated on dose of 15 drops of mercury which was reduced to 10 drops and continued for three months. He returned on May 23rd and was given .4 gms., May 30 .5 gms., June 13 .5 gms., June 20 .6 gms. of salvarsan.

His clinical symptoms and serological findings have been negative ever since.

Case No. 2. White male, age 39 years, came to me on April 15th, 1919. In September, 1918 he noticed a sore on his abdomen, for which he consulted a physician, who gave him medicine to apply locally and told him it looked very much like a chancre but would wait and see if any secondaries appeared. About two weeks later, a rash was noticed and he was given medicine by mouth and two shots of salvarsan and three of Neo-salvarsan. At the time he came to me, which was about eight months after infection, his blood was XXXX positive. He was unable to work and had a bad iritis. I gave him mercury by mouth as in the above case and six .6 gms. of salvarsan.

Potassium iodide was added to the mercury in full doses for four months after the last dose of salvarsan. His blood was XXX positive on January 1, 1920, however, he had gained forty pounds in weight and all clinical symptoms had disappeared.

He is now on his second course of salvarsan; but it is very doubtful in my mind if I can ever safely say that he is cured.

DISCUSSION.

Dr. A. U. Williams (Hot Springs): The doctor opened up a very large question. I have been treating syphilis for nearly forty years, and I must say that I have never been able to get down to any routine treatment. And, as for the diagnosis of a chancre, I think I can come as near guessing what a chancre is by inspection, when I see one, as any man, though older than I am even, or anybody else. I don't believe that the man lives, or ever did live, who could diagnose a chancre with any great degree of certainty from inspection alone. A chancre, often, is a very insignificant affair; so insignificant that many people have one and don't know it. A majority of cases

of locomotor ataxia will give you the same history, one after another. "Did you ever have a chancre?" "No. I had a little sore once five, ten, fifteen or twenty-five years ago," as the case may be, "but I don't know whether I have had syphilis or not." And, some of them never take much treatment for it. Some of them take treatment of various kinds at the hands of various doctors, and good ones. Some of them have been to Hot Springs a trip or two, and do not know whether they have had syphilis or not; still, in later years, they develop locomotor ataxia.

The spirocheta pallida may be found sometimes, but may not be discovered. I never heard of a man who found it in all cases. But in some of them, secondary symptoms followed, and later on time proved that there was no doubt as to its being a specific ulcer. It is uncertain. The Wassermann test is uncertain. I have seen numbers of cases where men had syphilitic symptoms, and the Wassermann, made by good men, failed to show a positive reaction. And, yet, there was no doubt, from the clinical symptoms, but what that man had syphilis. You all know a negative finding is not to be relied on, absolutely. A man may have syphilis, and get a negative Wassermann after negative Wassermann, modified either by the character of the sore, or some condition of the blood or by the technique employed in making the test. I don't know what it is, but I know they don't always find it. You should not treat syphilis unless you know a man has it or have very good reasons for your diagnosis. I have seen numbers of cases of locomotor ataxia caused undoubtedly by syphilitic infection. I have seen a number of cases of men who *thought* they had syphilis, and have known them to treat it for twenty years, who never had the secondary symptoms, and probably never had syphilis. The chancres are they never did have it. There are numbers and numbers of them who are taking treatment of various kinds for years who never had syphilis in their lives. And, it is a very sad mistake for a doctor to commence treating a man for syphilis when he don't have it; almost as bad as to make the mistake of not treating him. Because this man will have syphilomania perhaps for years, and his life will be ruined with the idea that he has syphilis, and he goes on taking treatment after treatment, from doctor to doctor, and gets no better, or his symptoms are the same; probably, he is run down, his system is run down and debilitated from the treatment that he has received. There are very sad cases of syphilomania, or syphilophobia. And, they are almost as bad as the case that is incurable, for there are some cases of syphilis incurable. I believe *some* are really incurable. Most of them can be cured; or, at least, if they can not be cured, they never have any trouble from it as long as they live, and their children do not have it.

I have studied the subject of hereditary syphilis very thoroughly, and I do not think there is the danger in hereditary syphilis that I was taught to believe there was. I was taught to believe that, if a man had syphilis, his children would have it, even to the third and fourth generation. I do not think it necessarily follows that children should have it by any means, even if the father has it. After a time, the infection passes from the acute stage, and he is not so apt to transmit it. He may, but, if they all did, there would be a great many more cases of hereditary syphilis than you have ever seen. While there is danger in hereditary syphilis, I don't think there is the danger that we have been taught to believe.

The number of injections you may give your patient cuts very little figure. There is no certain number to give. I have seen men who had taken as many as twenty injections of salvarsan, and still had secondary syphilis. I have seen them when they were filled up with mercury and potash, until they were

debilitated and invalided almost from it, and still have syphilis. There is no routine treatment, or any certain number of injections, nor is there any routine treatment with mercury, potash or any other remedy that has ever been found yet that you can rely on to follow as an absolute rule. You must take each patient as you find him, and do your best for him. Give him all kinds of treatment that you think will do him good, or whatever he bears best. Some men don't bear everything. Some men can not stand injections of salvarsan. And, in those cases, you must treat them as they can stand it. The idea in treating syphilis that I have found most successful is to treat it like you were in a fight. Grab with both hands and give all the man can stand, and, when you reach the limit (and the only limit is what he can stand) hold up on him.

As for the excision of the chancre, I think many chancres could be excised and the man saved from systemic infection. The chancre is often located on the prepuce. A man with a long prepuce, if you excise the chancre, circumsise him, as ought to be done anyhow, he will escape the secondary infection if done early enough. I have seen numbers of cases of that kind, where I thought it was chancre. My best judgment was that it was a chancre. And, I excised it, and saved any infection.

Dr. D. A. Rhinehart (Little Rock): One fact that I want to emphasize in connection with this paper is not to treat the patient until after a positive diagnosis of syphilis. Dr. Butler and I were discussing that last night, and he disagreed with me. I agree with Dr. Williams, that a case should not be treated until a positive diagnosis of syphilis has been made.

A case in point, if you pardon me, came to my attention recently. A young man with a suspicious although not a typical sore on the prepuce, came to the laboratory for examination. We made an examination that day, and on each successive day for about four or five days, and we didn't find the spirocheta pallida present. We waited for about two weeks, and took a blood Wassermann test, which was negative. A week later the Wassermann was positive. Then treatment was instituted. If we had begun treatment immediately, he probably would never have had a positive Wassermann. He never would have had a positive spirochete finding; he never would have had a positive diagnosis. We couldn't have been sure we were treating him for syphilis.

As to the Wassermann test, it is not infallible. A positive Wassermann is worth a good deal more than a negative Wassermann. The Wassermann test itself is a qualitative test for something in the blood.

We do know, in the regular classical Wassermann test, heating the blood destroys a certain part of that something that is tested for. The Wassermann test, I expect, is having as much work done on it as any other laboratory procedure at the present time, and I am living in hopes that someone will perfect a Wassermann test that is more delicate than the old classic Wassermann test.

Dr. Williams: I too, was taught that when a chancre appeared, the man had syphilis. It is not always the case. I have seen several cases that had every appearance of a chancre. The history of the case, the period of the incubation and all were perfect, and it looked like a chancre. But, in those cases there was such an amount of induration around the sore that I don't believe the spirocheta ever entered the system at all. I remember two cases very distinctly, that I have had under observation for nearly twenty years, that had an indurated sore and the characteristic appearance of a chancre. They never took any treatment for it. They were not excised, but the induration remained there for several months. And, the men never developed any secondary symptoms.

Now, you might say that wasn't a chancre, for that reason. I believe it was. And, I have seen other cases where there was excessive induration, and I excised those chancres, excised the induration, and the man never had any constitutional symptoms; I think due to the fact that the amount of induration that took place around the sore prevented the absorption of the spirocheta. That's a fact. I never heard anybody else state that, but I believe it is true.

The doctor spoke about the "Chaneroid." One is local, the other constitutional. The chaneroid is more apt to make a bubo than the syphilis. The period of incubation is shorter with the chaneroid and is the most reliable diagnostic test, if you can get a clear history of the time of exposure. Of course, if the spirocheta pallida can not be found, and the Duerey-Una bacillus is found, the diagnosis is made. Herpes on the genitals is often mistaken for chancre, or chaneroid. There is not often any excuse for the mistake. Chaneroid, as a rule is more painful, and is capable of auto-inoculation. There are many other points of difference; but you can not depend on the appearance alone of the initial lesion.

Dr. J. T. Jelks (Hot Springs): I think Dr. Butler brought out a very important point in making early diagnosis in these conditions. However, I think he has given us a lot of doubtful propaganda on the question of routine treatment, and on the question of treating the patient for one, two or three months. I think, in these cases, we ought to treat them until they are cured, and, under all circumstances, they should be under the observation of some capable man for at least two or three years, with intermittent treatment during that time.

As far as the treatment for this condition is concerned, you have to give salvarsan. You have to give mercury internally, externally and hypodermically. Salicylate of mercury, while very painful, is efficacious. In a great many of these cases, you can give oxycyanate of mercury or benzoate of mercury hypodermically without any appreciable degree of pain.

Regarding excision of the chancre, I think Dr. Williams is mistaken, although he is an older man than I am. When you have a chancre, I believe that you have systemic infection. No matter how early it may be excised your patient still has syphilis.

Dr. C. E. Benefield (Conway): With reference to Dr. Williams' remarks upon this subject, we were taught, when I was in college, that one of the differential points between chancre and a chaneroid was that one was auto-inoculable and the other was not. One being only a local lesion, symptomatic of a constitutional condition, and the other purely a local condition. I don't understand how we could excise a chancre and hope to relieve a systemic condition when that is only a local symptom of that systemic condition. So if your theory be correct I am of the opinion that the doctor's sore was not a chancre or he would not have cured his syphilitic case by excision.

Dr. Butler (closing): I enjoyed the remarks very much, also the criticism. I did not attempt to outline any routine treatment in all stages of syphilis—only had reference to primary and early secondary stages. Nor did I discharge one as cured after three months' treatment, but kept them under observation for at least two years. As to the microscopical tests, when it is positive you should by all means begin treatment at once, if negative, wait for the Wassermann reaction, which should be taken at least once a week.

Excision is justifiable in some cases, depending on the location of the lesion and should be examined by a pathologist. If found positive, treatment should be given as though it were not excised.

Negative Wassermann in syphilis is rarely true. But in such cases if your primary examination is negative your patient has not syphilis.

The point I want to leave with you is: Try to make as early a diagnosis as possible, then institute most heroic treatment.

WHAT A LAWYER THINKS OF THE DOCTOR.

Alton B. Parker, formerly chief justice of the Court of Appeals of the State of New York, says: "Where will you find another man to match the average doctor? He lives the true altruistic life, devoting himself unreservedly to others. His skill and time are yours on the shortest notice, in the blackest hour of night, and in the worst of weather. His devoted unselfishness, ready sympathy and healthy good humor but increase his gray hairs. I, for one, expect to find a neat M. D. shingle decorating very many of the more palatial Heavenly Mansions on Good-and-faithful Avenue."—*Medical Review of Reviews.*

* * * Another illustration of their lack of attention to the needs of the profession is found, I think, in their failure to make the profession solid with the public on account of our services in the war. The Japanese first showed the absolute need to any army of a well-organized medical corps. What would our army have been without the medical men? Does the public know anything of the medical men's service? It does not. We hear a great deal about the engineers, and the flyers, and the artillery, etc., etc., but, outside of medical journals, nothing of the doctor. *The public does not read medical journals. Many medical men do not.* Possibly there is no provision for such publicity, but there ought to be. The "Christian Scientists," already having the best lobby, have now engaged, it is rumored, several noted screen stars to produce "Christian Science" movie plays. Eternal vigilance is the price of safety. The medical profession must recognize that truth, and act upon it, if it is to survive.—Dr. S. A. Braun, *Illinois Medical Journal.*

"If your county society is not alive and worth while to every member; if the state society does not promote the activities you think it ought to promote; if either of them fall short of what *you* think they should do and be, consider well your own part in them and mend your ways. The fault lies exactly with you. The State Society is a democratic institution and is governed solely by the votes of the majority."

THE JOURNAL

OF THE

Arkansas Medical Society

Editorials.

OUR ANNUAL MEETING.

In two months the annual meeting of the Arkansas Medical Society will be held at Hot Springs, and probably never in the history of the society have more elaborate plans been made for both the scientific program and social entertainment of the members and visitors. The convention will be held May 3, 4 and 5 at the Eastman Hotel, which is large and commodious and well located.

The meeting is near by—this issue of the Journal and that of next month will be the only issues prior to the date we assemble. It is therefore imperative that all members willing to contribute papers apply at once for space on the program, giving the subject and mailing it to this office or the chairman, Dr. J. T. Jelks, Hot Springs. While a few distinguished visitors are expected at this meeting much of the program will be "home talent" affair. Arkansas has the physicians of requisite ability and experience, including men who have seen service overseas, where, in both medical and surgical cases, they have gained more experience in the brief war period than they might have had in a lifetime of private practice. The delegates would like to hear from them. The suggestion has been made—and it is a good one—that each county society in the state select some of its members to represent the county on the scientific program. If you have been open to reproach for having been neglectful, diffident and indifferent in the past as to helping make the annual meeting a success, now is the time to redeem yourself.

Remember the old couplet:

"As long as the lamp holds out to burn
The vilest sinner may return."

A few counties remain on the delinquent list. Remember that unless your dues are paid delegates are ineligible. *Dues* must be paid to your local secretary who will remit them to this office and a receipt and membership card goes directly to the member.

Hot Springs is accessible from every part of the state. Not so far from the geographical center of the state, no strenuous journey is required to reach the famous American Spa. No other city in the South (Southern Medical Journal take notice) equals Hot Springs in hotel accommodations, the scenery,

Owned by the Arkansas Medical Society and published under the direction of the Council.

WILLIAM R. BATHURST, SECRETARY-EDITOR
810-812 Boyle Building, Little Rock, Arkansas.

Published monthly. Subscription \$2.00 per year; single copies 25 cents.

Entered as second-class matter, June 21, 1906, at the post-office at Little Rock, Arkansas, under the act of Congress of March 3, 1879.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized August 1, 1918.

The advertising policy of this Journal is governed by the rules of the Council on Pharmacy and Chemistry of the American Medical Association.

All communications of this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the state. Notice of deaths, removals from the state, changes of location, etc., are requested.

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the famous springs and other attractions should bring to this convention the largest attendance on record.

MEDICAL PRACTICE ACT.

Before this issue of the Journal reaches our readers the Legislature of 1921 will have adjourned. That the Legislative Committee of the Arkansas Medical Society has been alive to the situation is in evidence by the efforts to amend the Medical Practice Act by establishing one composite examining board instead of the present cumbersome and unsatisfactory multiplicity of boards. As before stated we have no quarrel with the disciples of any pseudo-medical sect, but we do maintain that every person who is given a legal permit to treat the sick should have a good general education, supplemented by adequate training in all the fundamental branches which have to do with an intelligent knowledge of the human body in health and disease.

THE M. D. AND THE V. S.

Carlyle in one of his satirical moods, described a certain matter of fact as "a pickle-herring farce at which one scarce knows whether to weep or to laugh." One is reminded of it by that bill fearfully and wonderfully made which in salary cutting in a spasm of economy placed the salary of the State Veterinary considerably higher than that of the State Health Officer. Both by Congress and some State Legislatures, (including Arkansas) pig culture takes precedence over child culture. More money is appropriated in behalf of preserving the health of the pig and cow, than for the health of mere man. More money is freely spent to banish hog cholera or the fever tick from cows or glanders from horses than for the prevention of contagious or infectious diseases among people. In the words of Louis Mann "It is to laugh"—yes, but it is to weep too at such absurd ideas of the solons who make and unmake our laws. Even the pay of a fertilizer inspector exceeded that of a Health Officer—which suggests a story:

Two stranded actors at New Orleans obtained permission from a tug boat captain going up the river to ride on the barge behind the tug. The barges carried odoriferous manure with boards running lengthwise over the load and the actors strode along

the board in true tragedian style. Approaching a landing the wharf master hailed the Captain shouted:

"What you loaded with Cap?"

"Oh, a load of manure and actors," the Captain shouted.

And in telling the story later, one of the actors indignantly declaimed:

"And I do think the Captain might have given us the precedence."

Likewise we feel that the State Health Officer might well be given precedence in salary over the veterinarians and fertilizer inspectors. So also thought two progressive legislators and they succeeded in having the measure referred back to the committee for readjustment of these curious inequalities.

In our next issue the results of medical legislation sought and matters concerning public health will be further set forth.

Editorial Clippings.

THE CHIROPRACTOR.

(The following extracts are sufficient to indicate that Chiropractic is a menace to public health, as it violates every basic principle on which preventive medicine is founded.)

The effort of the chiropractors to secure State licensure has resulted in more earnest attempts to determine exactly what is meant by chiropractic and what influence its licensed practice might have on public health. The *New Jersey State Journal*, in its December issue, quoted extracts from a most valuable investigation made by the Hon. Mr. Justice Hodgins, the Commissioner appointed by the Lieutenant-Governor of the Province of Ontario to inquire into and report upon, among other things, the present position, status and practice of chiropractors, and to make such recommendations in regard thereto as he might think desirable. This commission was dated September 29, 1915, and the report was made on October 13, 1917, the elapsed period allowing a thorough, painstaking and eminently just legal investigation, study and opinion. This report is so complete and convincing by detailed facts based on evidence, and the opinions are so logical, that it should be carefully studied by everyone concerned. Though inclined to reprint it here, some additional extracts must suffice, if only to stimulate the reader to secure a copy of the original report, printed by order of the Legislative Assembly of Ontario.

"The education received by chiropractors is of such short duration and is so fundamentally different from that of any other school, that it is difficult to regard their desire for legislative recognition as seriously as that of the osteopaths. As compared with the osteopaths, there is a more marked weakness in numbers, in training, and an absolute want of real investment in educational facilities There is nowhere apparent any desire to approximate either the regular medical standards or even to those of the osteopaths. This school is quite irreconcilable, as appears from their statements and literature, and any attempt at fusion or co-operation would be quite futile."

"Their repudiation of all modern scientific knowledge and methods is such that it would be impossible to recommend any way in which they could be allowed to practice by which the public could be safeguarded."

"I cannot bring myself to the point of accepting, as part of our legalized medical provision for the sick, a system which denies the need of diagnosis, refers 95 per cent. of disease to one and the same cause, and turns its back resolutely upon all modern medical scientific methods as being founded on nothing and unworthy even to be discussed."

"A very clear illustration of the sort of instruction which may be picked up at a so-called chiropractic college is found in the evidence of one Pickles, taken at an inquest in St. Thomas, Ontario, in April, 1917, extracts from which are transmitted with this report. He was a farm hand and took a correspondence course extending over three months, in which he wrote about twelve or thirteen letters, and received about the same number. He then went to the college in Sault Ste. Marie, carried on in three rooms, under Dr. Robbins, and spent two months there—heard lectures on anatomy, physiology and dietetics, and attended clinics, that is, saw treatment of patients, saw charts showing nerves, but did no dissection. This was his whole medical education, and on its conclusion, in 1912, he got a diploma as 'Doctor,' put out his sign, advertised and began practicing."

The following part description of the Palmer School of Chiropractic of Davenport, Iowa, generally acknowledged as the foremost one, is credited to the Pennsylvania Bureau of Medical Education and Licensure.

"They pretend to give a course in obstetrics with no practical experience. A person who assumed to practice on information gained from this course alone would be dangerously incompetent."

"Some of the professors are exceedingly ignorant. The 'professor' of chemistry alleged he taught the 'Widal Test' chemically, but chemicals for even ordinary tests were not in evidence; those in evidence showed no marks of use, most of the bottles being still sealed."

"The institution is not physically equipped to turn out safe graduates."

"What is asked by chiropractors is that they should visit patients in hospitals and sanitarium, examine for insurance and issue death certificates. This seems to me to be open to all objections and difficulties I have stated as to osteopaths, and to others even more formidable having regard to the exceedingly narrow theory upon which chiropractic is based. The plea that the want of 'recognition' has hitherto prevented the expenditure of money in the establishment and equipment of a college or colleges does not seem to be in accord with facts as they are found in the United States."

"Dr. Palmer . . . makes a far-reaching remark. He says: 'Dr. Edwards told you that the secret of their legislative success lay in their publicity campaign; they educated the public mind to the acceptance of the chiropractic idea. The rest of us who

are in contact with the situation realize that chiropractic education must come before chiropractic legislation.'"

The above extracts are sufficient to indicate that chiropractic is a menace to public health, as it violates every basic principle on which preventive medicine is founded.

In the opposition to legalizing chiropractors it is essential to direct the attention of the public and the lawmakers to the reasons why such license should not be granted, and to present logical evidence in support of these reasons. General statements and personal opinion only, easily lend the impression that the issue is between the licensed physician and the unlicensed chiropractor, which is by no means the case. The State is not interested in the welfare of the doctors or in protecting them against elements which interfere with their work or income. The issue is between the people of the State and persons who desire liberty to heal the sick without having the fundamental knowledge to recognize disease, thereby establishing a menace to public health. It is the duty of the physician to direct attention to this and to prove the truth of his assertion.—*New York State Journal of Medicine.*

Personals and News Items.

Dr. Paul E. Johnson of Helena is now on active duty as surgeon in the Reserve Corps of the United States Public Health Service and stationed at present at Camp Logan Hospital, Houston, Texas.

Renew your subscription at once, by paying your dues to your county Secretary.

Several places remain unfilled on the program for the Hot Springs meeting. Those interested should send their names and title of paper to Dr. J. T. Jelks, Hot Springs.

At a recent meeting of the Lonoke County Medical Society the following officers were elected: President, H. N. Street, Lonoke; Secretary, Henry Thibault, Scotts.

If you have paid your dues, and your County Secretary has made his report you should have received your 1921 membership card.

An announcement of the organization of the Holt Clinic and taking over of the St. John's Hospital for the practice of surgery and clinical medicine gives the staff as follows: Dr. Chas. S. Holt, Surgeon and Con-

sultant; Dr. Leith H. Slocumb, Surgeon and Gastro-Intestinal Diagnosis; Dr. H. C. Dorsey, Diseases of the Chest and Internal Medicine; Dr. Noble D. McCormack, Diseases of Infants and Children; Dr. John H. Harvey, X-Ray and Pathology; Dr. R. O. Bruton, General Dentistry.

Dr. R. B. Corney is now associated with Dr. W. C. Dunaway, 9th and Main Street, Little Rock.

Dr. Anderson Watkins, Little Rock, has returned from an extended trip north and west.

Dr. W. E. and H. Fay Jones, Little Rock, have moved their office to the Donaghey Building.

Dr. C. Jeff Miller of New Orleans made an address at the public session February 18, 1921 on "How the Public Can Assist in Reducing the Mortality of Cancer."

The Arkansas Section of the American College of Surgeons met last month in Little Rock. The Executive Committee includes Dr. Wm. V. Laws, Hot Springs, Dr. M. D. Ogden, Little Rock and Dr. W. R. Brooksher, Fort Smith. An interesting program was given including clinics in the local hospitals and addresses and papers at the auditorium of the Marion Hotel. A number of Arkansas physicians and many distinguished visitors were present.

It is the Editor's desire to have a report of every meeting that is held by local societies. Secretaries are urged to promptly send in these reports.

Hospital Equipment for Sale: Complete equipment for fifty-bed Hospital for sale. Communicate with Dr. E. P. McGehee, Lake Village, Arkansas.

For Sale: New \$75.00 Hydrogen X-Ray Tube, price \$50.00. Hegarty Drug Company, Little Rock, Arkansas.

Good location for general practitioner, \$4,000.00 to \$6,000.00 business, on K. O. & G. R. R., midway between Joplin and Muskogee, in thickly settled farming district. No opposition. Will introduce buyer of property; reason for selling, want to specialize.—D. C. Roberts, M. D., Ketchum, Okla.

Have You a White Card?—The membership card for 1921 is in marked contrast with that of 1920. It is white. As fast as dues are received in the office of the State Secretary these cards are mailed to the members for whom payments are made.

The date of the Hot Springs Meeting has been changed to May 3, 4, 5.

MEDICAL FACTS AND CHIROPRACTIC FICTION.

Throughout the length and breadth of the country there has recently been heralded an alleged marvelous cure of what the newspapers have been pleased to call "talking sickness." Not only have newspapers made sensational stories out of it, but the chiropractors have used it as a basis for flaming newspaper advertisements extolling the virtues of their cult. Reading these news articles and advertisements one learns that an 8-year-old child was suffering from a "strange talking malady" that was so remarkable that "specialists from all parts of the country were interested in her case." Further, one learns that "every form of sedative had been administered without improvement," and "all the medical physicians and consulting specialists whose services were tendered" failed to bring relief. Finally, a chiropractor "pleaded for the opportunity to save the child and gained consent of the parents." In a "few moments" the chiropractor "adjusted" the "second and fifth vertebrae," and "the talking stopped"! And, continued the full page advertisements, in very large and very black type: "She Has Completely Recovered and Is as Healthy and Happy as You." So much for the fiction. It made a good newspaper story, especially for those newspapers that saw in it the opportunity to suggest to the chiropractic fraternity that, as their business had been given a magnificent boost in the news columns, it was highly desirable that they should add to this free advertising momentum an additional urge through the advertising pages. Rate card enclosed. What about the facts? Briefly these: That the child did not suffer from so-called "talking sickness"; that the alleged adjustment of the spine did not "cure" the "sickness" and, finally, that the child has not "completely recovered," but is still dangerously ill. The case was one of epidemic encephalitis, with a temperature ranging between 99 and 103 and active delirium, inequality of the pupils and strabismus. The improvement was gradual and that incident to the ordinarily observed progress of the disease. As shown by the case record, the chiropractor's "treatment" did not modify the course of the disease. The "talking" had ceased at intervals previous to his visit and continued at intervals after his "treatment."

But the publicity given the case offered great opportunities for advertising and, as advertising is an important part of the chiropractic curriculum, it is but natural that this cult should take advantage of it.—*Jour. A. M. A.*, March 5, 1921.

The following changes in the Constitution and By-Laws are to be ratified at the Hot Springs meeting May 3, 4, 5, 1921:

Article XI, on the fifth line, to read: "\$3.00 per capita per annum," instead of \$2.50 as shown.

Chapter IV, Section 1, to read: "The House of Delegates shall meet on the first day of the annual session," instead of the day before.

Chapter IV, Section 3, to read: "The Treasurer shall give bond in the sum of \$6,000.00," in place of \$3,000.00.

Chapter VII, Section 1, to read: "The Council shall meet on the first day of the annual session," in place of the day preceding.

Chapter VIII, Section 1, to read: "Committee on Health and Public Instruction," in place of Committee on Public Policy and Legislation. And add: "Committee on Medical Legislation," "Committee on Scientific Exhibit."

Chapter VIII, Section 3, first line, to read: "Committee on Health and Public Instruction."

Chapter VIII, Section 1, fifth paragraph, to read: "Such committees shall be appointed by the President, unless otherwise provided, so that the term of office of one member shall expire every year."

"Also to make provision for the permanent filling of all vacancies that may occur through the death, resignation or removal of any member."

Chapter III, Section 2, seventh line, to read: "On or before March 1 of each year," in place of "thirty days prior to the annual meeting."

Obituary.

Dr. C. W. Sillin, one of the best known physicians in Arkansas County, died at Stuttgart, December 18, 1920. Deceased was born in Wapakoneta, Ohio, May 3, 1856. Age 64 years, 5 months and 15 days. His remains were removed to Spencerville, Ohio, for interment.

County Societies.

ASHLEY COUNTY.

(Reported by L. C. Barnes, Sec'y.)

The Ashley County Medical Society met January 27, 1921. The following officers were elected: President, H. E. Cockerham; Vice-President, M. C. Hawkins; Secretary-Treasurer, L. C. Barnes; B. J. George was elected delegate to the State Society.

SEARCY COUNTY.

(Reported by Sam G. Daniel, Sec'y.)

The Searey County Medical Society met at Marshall, February 16, 1921. The following officers for the ensuing year were elected: A. S. Melton, Marshall, President; J. A. Henley, Marshall, Vice President; E. W. Wood, delegate to the State meeting at Hot Springs and Sam G. Daniel, Secretary-Treasurer.

A resolution was passed making it compulsory that the regular annual meeting be held not later than December of each year and for the annual dues to State Society to be sent in not later than January 1st.

Since our last annual report, Dr. L. D. Robertson, of Leslie, has moved to Texas; Dr. I. S. Butler of Marshall has moved to Oklahoma and Dr. S. G. Hamm of Eula, Arkansas has moved to Bass, Newton County, Arkansas.

Our membership is now the largest in the history of organized medicine in Searey County. We hope to make our County full 100 per cent. in the near future.

LAWRENCE COUNTY.

(Reported by H. R. McCarroll, Sec'y.)

The Lawrence County Medical Society held its regular monthly meeting at Hoxie, Wednesday, March 2, 1921.

Some interesting cases were reported and discussed. Two valuable papers were presented and discussed: "Crystitis," by Dr. J. C. Swindle, and "After Care of Mother and Child," by Dr. G. A. Warren.

Members present: Ball, Guthrie, Henderson, Hughes, Land, McCarroll, Robinson, Swindle, Thomas, Townsend, Warren.

JEFFERSON COUNTY.

(Reported by J. T. Palmer, Sec'y.)

The Jefferson County Medical Society held its regular monthly meeting on March 1, 1921 with Chairman Dr. Crump, presiding.

Members present: Lowe, Jenkins, Woodul, Blankenship, Breathwit, Williams, Shelton, Troupe, Hankinson, Jordan, Gill, Lemon, Glover and Palmer. Dr. Garrison was present and presented a logical talk on "Health Improvement." The subject for discussion for the evening was "Diphtheria."

C. L. Vines and Clyde Ramey were elected to membership.

The following telegram was sent to our Senator and to each one of our Representatives:

"The Jefferson County Medical Society in session has just learned that a salary bill will be introduced in the House on the 2d of March materially affecting the State Board of Health. We earnestly request that the budget prepared by the budget committee as applied to the State Board of Health be adopted. Efficiency of board depends on qualified officers and efficient personnel. Reduced appropriations will not secure same. Especially retain sanitary engineer because of helpfulness in securing pure water and aiding in malaria control and installation of sewer system."

Dr. H. E. Williams presented a rather unique specimen of mucus from a case of mucus colitis.

FRANKLIN COUNTY.

(Reported by Thos. Douglass, Sec'y.)

The Franklin County Medical Society held its regular meeting at Ozark, March 8. Dr. Gammill presided. Also present: Drs. Porter, Williams, Higgins, Blackburn and Douglass.

Dr. Porter read a resolution from the report of the Woodruff County Society which was published in the February Journal with regard to delinquent debtors, and a committee was appointed to draft a similar resolution for this society. One of our members, Dr. W. J. King, is now at Fort Sam Houston, San Antonio with tubercular trouble. The society voted to pay his dues for the year.

The following resolution was read and adopted:

Resolved: That we think it inadvisable and improper for the members of the medical profession to countenance or aid in any way the chiropractor. We regard the chiropractic as unworthy the support of medical men. Using an altogether incompetent method of treatment, requiring no diagnosis or knowledge

of the human body or of disease and requiring practically no training, the chiropractor has nothing in common with the medical profession. A doctor cannot afford to attempt to treat a case with a chiropractor and when called to see a patient who has been having a chiropractor he should require the prompt dismissal of him before having anything to do with the case. It is hereby declared to be the sense of this society that its members abide by this resolution.

Program for next meeting:

"Dispensing of Alcohol Through the Medical Profession," by Dr. W. F. Akin.

"Relation of Habitual Constipation to Other Disease Conditions," by Dr. S. P. Gammill.

"Ectopic Pregnancy," by Dr. J. L. Post.

This society endorsed the work of the Committee on Medical Legislation of the Arkansas Medical Society in endeavoring to get a better medical practice law.

LOGAN COUNTY.

(Reported by H. M. Keck, Sec'y.)

The Logan County Medical Society met March 8, 1921 at the Arkansas Tubercular Sanatorium at Booneville.

The following officers were elected for the ensuing year: President, J. J. Smith, Paris; Vice President, John Stewart, Booneville; Secretary-Treasurer, H. M. Keck, Paris; Delegate, N. E. Armstrong, Booneville; Alternate, John Stewart, Booneville.

Book Reviews.

MEDICAL CLINICS OF NORTH AMERICA (New York number, July, 1920). Volume IV, Number 1, by New York Internists. Octavo of 370 pages with forty-four illustrations. Issued serially, one volume every other month. Consisting of six numbers per clinic year. Published by W. B. Saunders Company, Philadelphia. Paper \$12.00; Cloth \$16.00.

Among the clinics in this issue of particular interest we wish to refer to the subject of "Nephritis" by Dr. Nellis B. Foster, and "Clinical Types of Chronic Parenchymatous Nephritis—Their Treatment and Results" by Dr. Albert A. Epstein.

AMERICAN RED CROSS WORK AMONG THE FRENCH PEOPLE.—By Fisher Ames, Jr., Published by The MacMillan Company, New York, 1921. Illustrated. Price \$2.00.

This book presents the various aspects in a general fashion of the activities of the American Red Cross among the French during the World War period and the months immediately following.

THE SURGICAL CLINICS OF CHICAGO—October, 1920. Volume 4, Number 3, with forty-six illustrations. Published by W. B. Saunders Company, Philadelphia. Price per year, \$12.00.

Among the many instructive articles in this number we wish to mention the clinic of Drs. E. Wyllys and Edmund Andrews and Dr. Charles Louis Mix, St. Luke's Hospital, on "Dumping Stomach" and other results of gastrojejunostomy; Operative cure by disconnecting old stoma.

SUMMARY.

Dr. Mix: History of the case. Physical, X-Ray and laboratory findings prove that previous gastrojejunostomy was not justified.

Dr. Andrews: Ill-results in undoing gastrojejunostomy in present case. Indications for closing gastro-enterostomy stomas. Types of operation employed for this purpose.

MEDICAL CLINICS OF NORTH AMERICA—Boston Number. September, 1920. Published bi-monthly by W. B. Saunders Company, Philadelphia. Price per year, \$12.00.

An interesting contribution in this number is by Ida M. Cannon, chief of the Social Service Department, Massachusetts General Hospital, on "A Medical-Social Clinic." As stated "The general trend of medical treatment during the past twenty years has been distinctly away from pills and powders. Hygienic living with carefully regulated diet, rest, exercise or work is often more effective than specific drugs."

A number of cases are presented illustrating the bearing of the social facts on prognosis, and the interpretation of social and medical treatment.

THE ANATOMY OF THE NERVOUS SYSTEM, from the standpoint of development and function.—By Stephen W. Ransom, M. D., Ph. D., Professor of Anatomy in Northwestern University Medical School, Chicago. Octavo volume of 394 pages with 260 illustrations some of them in colors. Published by W. B. Saunders Company, Philadelphia, 1920. Cloth \$6.50, net.

In this splendid volume of anatomy of the nervous system emphasis has been laid on the developmental and functional significance of structure. This method of presentation makes more easy the correlation of the various neurologic courses in the medical curriculum.

A TEXT-BOOK OF PATHOLOGY.—By William G. MacCallum, M. D., Professor of Pathology and Bacteriology, Johns Hopkins University. Second Edition. Thoroughly revised. Octavo of 1155 pages with 575 original illustrations. Published by W. B. Saunders, Philadelphia, 1920. Price \$10.00, net.

This book is planned to discuss disease as far as possible upon the basis etiology. It speaks of the disturbances of function and of chemical interchange in the course of dis-

ease and even to describe symptoms. And unlike many works on this subject, it seems like a treatise on clinical medicine. Pathology and clinical medicine are after all, the same thing viewed from different angles.

THE AMERICAN YEAR BOOK OF ANESTHESIA AND ANALGESIA 1917-1918.—(Copyrighted January, 1921) F. H. McMechan, M. D., Editor. Large quarto. Bound in Art Buckram and printed on Natural Tint Paper. 471 Text Pages, 175 illustrations. Containing a cumulative Index of the Pertinent Literature for 1917-1918 and Contributions by 84 Eminent Authorities. Surgery Publishing Co., Publishers, 15 East 26th St., New York City. Price \$10.00.

The American Year-Book of Anesthesia and Analgesia, (Copyrighted January, 1921) covering the advances in these subjects during 1917-1918, is just at hand in its de luxe format making as much of a typographical as a scientific appeal. Delayed in publication by the World War, it contains those methods of anesthesia and analgesia introduced to expedite military surgery, which are to find a place for themselves in the civilian practice for the benefit of all concerned.

A MANUAL OF PATHOLOGY.—By Guthrie McDonnell, M. D., Associate in Pathology, Western Reserve University Medical School, Cleveland, O. Fourth edition, thoroughly revised. 12 mo. volume of 611 pages, with 18 illustrations. Published by W. B. Saunders Company, Philadelphia, 1920. Price, cloth, \$4.50 net.

This small book will enable the student and the physician especially to readily acquire the salient points of pathology.

THE FORM AND FUNCTIONS OF THE CENTRAL NERVOUS SYSTEM.—An introduction to the study of nervous diseases. By Frederick Tilney, M. D., Ph. D., Professor of Neurology, Columbia University, and Henry A. Riley, A. M., M. D., Associate in Neurology, Columbia University. Foreword by George S. Huntington, Sc. D., M. D., Professor of Anatomy, Columbia University. 591 pages, containing 763 illustrations, of which 56 are colored. Published by Paul B. Hoeber, 67-69 East Fifty-ninth Street, New York. The price of this book is \$12.00.

This work is designed to fill the gap between morphology and the practical requirements of clinical medicine. It aims to visualize the living nervous system, to make accessible an appreciation of its vital relations to the functions which go to make up life as well as the defects in these relations which results in disease.

This work should have a wide field of readers, as no other single work provides a clinical and physiological interpretation of the brain and spinal cord adequate to the requirement of practical application. It has been estimated that from 50 to 70 per cent of the physician's work is concerned with disease of the nervous system.

1919 COLLECTED PAPERS OF THE MAYO CLINIC, ROCHESTER, MINN.—Octavo of 1,331 pages, 490 illustrations. Published by W. B. Saunders Company, Philadelphia. Price, cloth, \$12.00 net.

The subjects covered in this splendid volume are as follows: Alimentary Canal; Urogenital Organs; Heart; Blood; Skin and Syphilis; Head, Trunk and Extremities; Nerves; Technic and General.

PRACTICAL PREVENTIVE MEDICINE.—By Mark F. Boyd, M. D., C. P. H., Professor of Bacteriology and Preventive Medicine in the Medical Department of the University of Texas. Octavo volume of 352 pages, with 135 illustrations. Published by W. B. Saunders Company, Philadelphia, 1920. Price, cloth, \$4.00 net.

This book presents briefly the salient features of modern preventive medicine.

The author gives five groups of diseases whose etiology is sufficiently well known to warrant their classification as preventive. The groups are: I—Diseases produced as the result of the invasion of the body of micro-organism; II—Diseases the result of a faulty or deficient diet; III—Diseases the result of unhygienic or unsanitary conditions of employment; IV—Diseases arising as the result of the puerperal state; and V—Diseases transmitted from parent to offspring. The medical profession can play an important role in the field of preventive medicine and public health.

LABORATORY MANUAL OF THE TECHNIC OF BASAL METABOLIC RATE DETERMINATIONS.—By Walter M. Boothby, M. D., and Irene Sandiford, Ph. D., Section on Clinical Metabolism; the Mayo Clinic, Rochester, Minn., and the Mayo Foundation, University of Minnesota. Octavo volume of 117 pages, with 11 tables and charts of explanations. Published by W. B. Saunders Company, 1920. Cloth, \$5.00 net.

According to the authors of this book, this manual has been prepared in the effort to render this valuable diagnostic method available to any well-equipped and scientifically conducted clinical laboratory, and with the hope that the result of indirect calorimetry will not be thrown into general discredit by a neglect of the details requisite for obtaining a true basal metabolic rate.

Propaganda for Reform.

GLOVER'S CANCER SERUM.—The Toronto Academy of Medicine reports unfavorably on the cancer cure put out by J. Glover of Toronto, Canada. The report of the special committee appointed by the academy may be summed up by the paragraph which reads: "The

data which your committee has been able to obtain have not convinced it that the results of treatment obtained by the use of Doctor Glover's Serum are better than those obtained by similar methods introduced by others and which have ultimately disappointed the hopes entertained of them." The committee reported that it was unable to obtain any evidence to substantiate the experimental claims of Doctor Glover, as he had refused to permit members of the committee to visit his laboratory. The committee also reported that it found no evidence for the clinical claims made by Doctor Glover. (Jour. A. M. A., Feb. 5, 1921, p. 396).

THE WILLIAM F. KOCH CANCER REMEDY.—In 1918 William F. Koch graduated from the Detroit College of Medicine and Surgery. Less than a year after his graduation Doctor Koch declared he had "developed a real specific cure for cancer." In the Detroit Medical Journal for July, 1919, there appeared a brief article by William F. Koch entitled "A New and Successful Treatment and Diagnosis of Cancer." A more extensive article was published in the New York Medical Journal of October 30, 1920. As a result of the publicity given the Koch treatment, the Wayne County (Detroit) Medical Society appointed a committee to investigate the matter. The committee reported that Doctor Koch had submitted no proof that his injections had any particular merit and concluded that the study was entirely experimental and improperly supervised. Evidently the most that can be said for this alleged cure for cancer is that the claims made for it have not been supported by independent investigators (Jour. A. M. A., Feb. 12, 1921, p. 466.).

THE WILLIAM F. KOCH CANCER REMEDY.—A physician writes about a case treated by Doctor Koch and submits a letter written by Doctor Koch a week before the woman died of generalized carcinomatosis. The two letters bring out the optimism engendered in the husband of the poor cancer patient by the widely vaunted treatment of Koch. Herein lies the most pernicious feature connected with the exploitation of alleged cures for cancer, tuberculosis, etc. All of such remedies, whether fraudulent or merely worthless, produce profound and temporary change in the patient's condition. It is this that tends to warp the judgment, not only of the layman but also of the physician (Jour. A. M. A., Feb. 19, 1921, p. 537).

THE JOURNAL

OF THE Arkansas Medical Society

PUBLISHED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

Vol. XVII.

LITTLE ROCK, ARK., APRIL, 1921

No. 11

Original Articles.

ORTHOMELIC.*

By H. D. Wood, M. D.
Fayetteville.

I have chosen this word as the most descriptive of the device which I wish to explain to you for a few minutes, if you will bear with me. If this is the first time you have seen the word, I will say in justification of my action that I consulted some eminent authorities and they agreed with me that it was good; thus good humoredly supporting my superior judgment.

My apparatus is made of 13/64 steel wire held in place by ferrules made of brass tubing. My experience is that it is far superior to plaster of Paris for keeping fractures in apposition. As it is a modification of the Hodgen splint I thought of naming it the "Wood-Hodgen splint" or "the Wood improvement on the Hodgen splint." I am still open to suggestion as to the name if the idea deserves any designation.

I showed it to Dr. Deaver at Philadelphia and he said it was a good thing and inquired the price, and I offered my sample to him with my compliments. I wish to warn you, however, that I cannot repeat that action here among my friends, much as I would like to do so, because I neglected to bring a supply with me.

Dr. Ellis and I have had some good results from its use and I feel no hesitancy in suggesting that you give it a trial in your practice. It is especially efficacious in fractures of humerus, elbow and forearm, being light and strong and permitting ample ventilation. It is very simple and easy to manipulate and the adjustments are not so tiresome bearing so constantly on the muscles, as in the case of plaster of Paris ten, fifteen and twenty-five pounds as the case may be. The less weight you have the freer will be the muscles, thus facilitating muscular action. I shall be pleased to have you examine the appliances and

the adjustments for which they are peculiarly adapted.

(Figures 1, 2, 3 and 4 illustrate the appliances demonstrated by Dr. Wood.—Ed.)

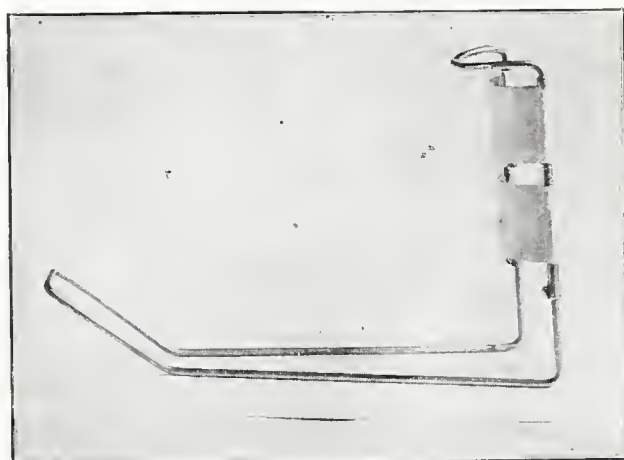


Fig. 1. H. D. Wood's Orthomelic Appliance: For fracture lower portion of humerus.

When this appliance is used for fractures of middle or lower portion of humerus, adhesive strips should be placed on the limbs of splints in contact with forearm with bandage or adhesive strips. Extension should then be made until the fragments are in place. Then, adhesive strips should secure splints or appliance to the humerus. The appliance can then be adjusted with set screws on lower end of tubes.

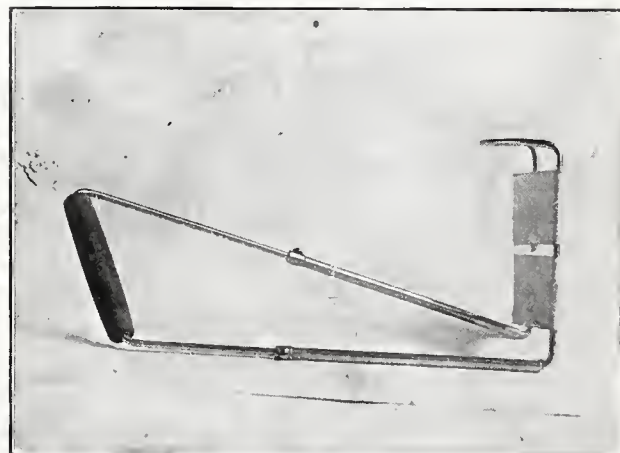


Fig. 2. H. D. Wood's Orthomelic Appliance: For making extension in fractures of both bones of forearm.

*Read before the Arkansas Medical Society, at the Forty-fourth Annual Session, Eureka Springs, June, 1920.

Secure the upper end of appliance to the humerus; then fasten lower end to hand by placing wooden piece in palm and securing it with adhesive tape to the wrist over a few thicknesses of gauze passed around the wrist. Passing adhesive tape around ulnar part of hand and securing to radial end of splint; then passing adhesive tape around radial side of hand or wrist and securing to ulnar end of splint. Make sufficient extension to adjust fragment and secure with set screws.

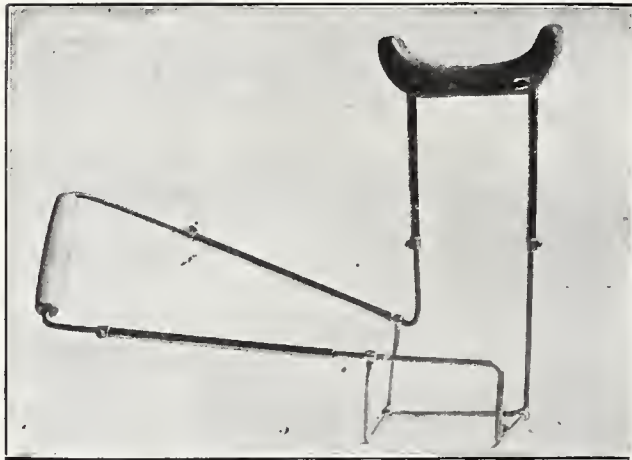


Fig. 3. H. D. Wood's Orthomelic Appliance: For fracture of upper portion of humerus.

Adhesive strips are secured to the lower third of humerus when the arm is flexed at right angles. The upper end of splint is placed in the axilla and the lower end of the splint is clasped by the hand. The adhesive strips are secured to the horizontal bars at elbow. Extension is then made and the wires are then held in place by the set screws.

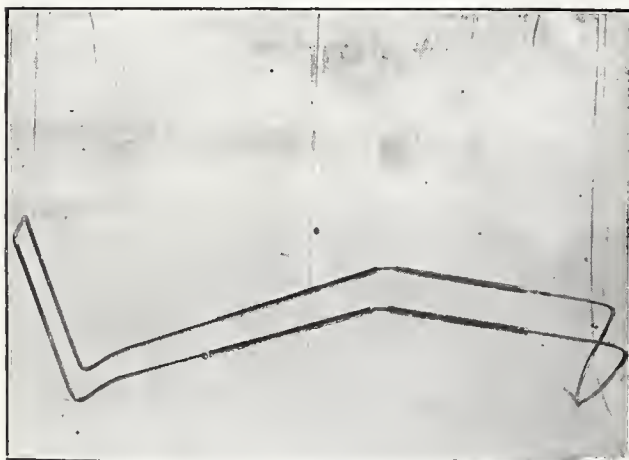


Fig. 4. H. D. Wood's Improved Hodgen Splint.

DISCUSSION.

Dr. E. F. Ellis, (Fayetteville): I wish to endorse Dr. Wood's appliance as well worthy a trial. I have seen it work satisfactorily while assisting Dr. Wood in the treatment of fractures; and I have used it in my own practice independently. I must say that I have found it especially good in bone surgery in facilitating extensions.

Dr. W. H. Mock, (Prairie Grove): I think that Dr. Wood has by his ingenuity and mechanical ability made a contribution to medical science for which his colleagues in Washington County feel justly proud. He is to be congratulated for his distinct improvement in the method of treating fractures, a most important branch of our work. I trust that he will lose no time in placing his appliance in the hands of every progressive, conscientious surgeon.

Dr. Wood (closing): Dr. Ellis and my other professional friends in Fayetteville, do not seem to esteem very highly my ability as a surgeon and rarely ask me to assist them. They seem to prefer that I confine my activities to normal obstetrical cases; as on account of my extreme age, they believe that senile deterioration has impaired my efficiency. As a prophet is not without honor save in his own country, I decided to bring my modest device to your attention for what it is worth; and, if you find its application helpful under your hands, I shall feel amply rewarded. It is the evolution of about eight years of practical demonstration and observation and I have faith in its efficacy as an aid to good surgery.

"CARE AND TREATMENT OF CLUB FEET."*

(Lantern Slide Demonstration).

By F. Walter Carruthers, M. D.
Little Rock.

It is with great pleasure indeed that the opportunity has presented itself to me, to read a paper before this great State Medical Association on this occasion, and furthermore to try to interest you physicians and surgeons in orthopedic surgery to which I am strongly attached.

In taking up this subject I feel that we should consider the varieties of club foot. First, from a general point of view club feet are divided into two main classes, namely, congenital and acquired. In speaking of club feet we mean a congenital or acquired deformity in which the anatomical relations of the leg to the foot, or some part of the foot to another part, is abnormally placed. Second from a variety standpoint, and if you will pardon me, I will quote Dr. Fred H. Albee's classification, as I feel it is about the best I have seen.

Simple Forms

1. Talipes Equinus (plaster flexion).
2. Talipes Calcaneus (dorsal flexion).
3. Talipes Varus (adduction and inversion).
4. Pes cavus (increased convexity of longitudinal arch).
5. Talipes Valgus (adduction and eversion).
6. Pes planus (flattened longitudinal arch).

Complicated Forms

7. Talipes equinovarus (extension and inversion).

* Read before the Arkansas Medical Society at the Forty-fourth Annual Session, Eureka Springs, June, 1920.

8. Talipes Calcaneo valgus (flexion and eversion).
9. Talipes Equino-valgus (extension and eversion).
10. Talipes Calcaneo-varus with cavus (flexion and inversion).

According to Dr. Whitman's Clinic of New York, 77.4 per cent have the variety known as Talipes Equinovarus.

In this paper I will not take up or discuss the etiology, but those interested in that phase of the subject will find a thorough discussion by Julius Wolff on "Club Foot, Its Cause, Nature and Treatment," Berlin Journal, 1903.

In taking up the treatment of club feet, whether of the acquired or congenital type, we must bear in mind the following things in considering the treatment and prognosis:

1. What is the age of the patient? How much deformity?
2. The amount of rigidity and what is cause of rigidity?
3. Is there any other deformity present as a complication?
4. Can you have constant supervision of the patient over a long period of time?

In infants the chief obstacles to reduction are offered by the internal lateral ligament of the ankle, the plantar ligaments and fascia and also the different muscles of the foot and leg which have attachment to the bones of the foot. However, all of these obstacles are removable in infants by either tenotomy, fasciotomy or manipulation and immobilization. In the adult, all of the above obstacles must be taken into consideration, as well as the following: (1) Abnormal shape of the bone, especially astragalus, cuboid, scaphoid, tibia and fibula. (2) Fixation of ligaments. (3) Formation of new joints.

As to treatment in infancy: Institute procedure as soon as the deformity is discovered. Dr. Albee, in his course of lectures to make this impressive, states that in case of an attending physician at the time of birth of a club foot if he finds a breech presentation, to start at once before the child's head is born to begin corrective manipulation of the foot. And so it is, we must begin treatment at once, either some member of the family, the nurse or physician, must start manipulating the foot into the proper position. However, bear this in mind, if the manipulation seems to interfere with the general condition of the babe, why, of course, it must be discontinued, though only for a short time, and then start again. When the child is two or three weeks old the manipulations should be supplemented by the use of adhesive plaster strips half an inch in width, properly applied to the foot, on top

of which is wrapped plain gauze bandage.



Fig. 1—Illustrating Article by F. Walter Caruthers.

This does not interfere with the mother attending to the child. Along with this the manipulation must be carried on just the same. These strips of adhesive should be removed at least once a week.

In cases at the age of three to five months, or older, plaster of Paris dressings are substituted for the adhesive. This must be applied with the foot in the overcorrected position as much as is possible to secure, and the plaster renewed every three or four weeks. Most of the cases at this early duration can be cured without radical operation; however, it is sometimes necessary to do simple tenotomy of the plantar fascia or tendon Achilles. In the cases of longer standing it goes without saying that a more radical procedure is necessary, along with the above it is necessary in the severe cases to do fasciotomy-tenotomy and probably an arthrodesis, or removal of wedge shaped pieces from the different bones of the foot depending upon the case. In applying the plaster of paris in these cases I want to call your attention to the following point in technique which, I venture to say, is overlooked by more surgeons than any other one point in treatment, namely: That the plaster of paris bandage should continue on the thigh to the junction of the middle and upper third, with the knee flexed to right

angles to the thigh. This splint then maintains eversion and overcorrection of the foot by means of the reverse leverage action of the thigh with the leg flexed.



Fig. 2. Illustrating Article by F. Walter Carruthers.

It is absolutely necessary to have these cases under your observation from three to five years. In the mild cases a cure can be secured in a few months; but at that they should be under your observation for some time. In the severe cases time is a small item, the thing to do is to get results as soon as possible; but most of these causes require some time.

Conclusion: (1) Diagnose your case early and instigate treatment at once. (2) I will venture to say that there is more butchering surgery and improper treatment given club feet that almost any other surgical condition known to man, and, as a result, there is a world of crippled children and adults going about due to inefficient care and treatment.

Dr. A. U. Williams (Hot Springs): The doctor's paper was very plain and explicit and I cannot elaborate on it. In cases of this kind, it is not so important to have somebody interpret the plates as in those of the intestinal tract. It is not so important in bone fractures, because most of us can see what that is.

Dr. C. W. Garrison (Little Rock): I cannot discuss the paper, except to emphasize the point that the essayist brought out; that is, with reference to a great many physicians not treating these cases early enough. In going over the state, I have found a considerable number of physicians who are inclined to advise the mothers and fathers to wait two or three years, at which time they advise that surgical

procedure can make the corrections and it will grow right. Certainly, the important point, it seems to me, is that of immediate procedure.

Dr. Carruthers (closing): I just wish to thank Dr. Garrison for what he said, because that is one of the most important points I wanted to impress upon you and bring home to you. Do not let these cases be delayed. Institute treatment at once. If you cannot think of anything else, think of the fact that you must treat these cases as soon as possible.

Book Reviews.

THE SURGICAL CLINICS OF CHICAGO.—Volume IV, Number 6 (December, 1920). Octavo of 1336 pages, with fifty-seven illustrations and complete index to Volume IV. Published bi-monthly by W. B. Saunders Company, 1920. Price per year, paper \$12, cloth \$16.

The Clinic of Dr. Allen B. Knavel, Wesley Memorial Hospital on "The After Treatment of Infections of the Hand" appears among many other clinics in this issue. A summary of his article is as follows: The most valuable asset of the working man is his hand. In infections it is the surgeons duty not only to control the infection, but to see that proper and adequate after-treatment is carried out. The first consideration in the operative treatment of infections of the hand is to make incisions in the proper locations and of sufficient size to evacuate the pus. Of equal importance is the restoration of function in the after-treatment, which involves the use of active and passive motion, of hot baths, dry heat, massage, suitable splints, and other mechanical aids.

THE SURGICAL CLINICS OF CHICAGO—(August 1920) Volume IV, Number 4, with eighty illustrations. Published by W. B. Saunders Company, Philadelphia. Price per year, paper \$12.00, cloth \$16.00.

Among the many clinics described in this issue we wish to make mention of the clinic of Dr. Carey Culberson, Cook County Hospital, on "The Management of General Pelvic Peritonitis." Summary as follows: Acute Pelvic Peritonitis; differential diagnosis; treatment; indications for operation; T-shaped incision for posterior colpotomy; radical operation by abdominal route; peritonization of pelvis; technic and results in present case.

MEDICAL CLINICS OF NORTH AMERICA—(St. Louis Number). Volume IV, Number 4. November, 1920. Octavo of 280 pages. Thirty illustrations. Published bi-monthly by W. B. Saunders Company. Price per Clinic year, paper \$12.00, cloth \$16.00.

In this issue of several interesting clinics we will refer to the clinic of Dr. William Engleback, St. John's Hospital on "Endocrine Amenorrhea." Of the four cases demonstrated he refers to the comparison of endocrine types; Analysis of the "Hormonic Signs" diagnostic of these secretory disorders; Report of classical cases of amenorrhea due to pituitary, thyroid and ovarium insufficiency. The article closes with treatment of the menstrual disorders.

THE JOURNAL

OF THE

Arkansas Medical Society

Owned by the Arkansas Medical Society and published under the direction of the Council.

WILLIAM R. BATHURST, SECRETARY-EDITOR
810-812 Boyle Building, Little Rock, Arkansas.

Published monthly. Subscription \$2.00 per year; single copies 25 cents.

Entered as second-class matter, June 21, 1906, at the post-office at Little Rock, Arkansas, under the act of Congress of March 3, 1879.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized August 1, 1918.

The advertising policy of this Journal is governed by the rules of the Council on Pharmacy and Chemistry of the American Medical Association.

All communications of this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the state. Notice of deaths, removals from the state, changes of location, etc., are requested.

Editorials.

THE ANNUAL MEETING.

With a possibility of some minor changes, the complete program for the annual meeting of the Arkansas Medical Society at Hot Springs, May 3, 4, and 5, is published elsewhere in this issue. We hope every reader will be interested in it and that he will be so impressed that he will make up his mind to attend, supposing him to be in doubt. Look at the titles of the papers to be read. You will see at a glance that they promise a scientific program equal to those of any previous meeting and far superior to those of many such gatherings. Can you afford to miss this meeting? The answer is that you cannot, unless circumstances absolutely unavoidable prevent you from attending.

At the close of 1920 the total membership of the State Society was 1140—the largest in the history of the society. That should indicate a record breaking attendance at the 1921 convention.

It should mean a renewal of membership for this year on the part of every member. We cannot afford to go backward. We want not only a renewal by every member but we want to recruit the ranks by the addition of eligibles. "Excelsior" must be our motto.

As we have before stated, to attend these meetings works to the benefit of every member. The very finest practitioner may learn something and he may teach something. Nothing so develops an organization of any kind, professional or otherwise, like personal contact with others of the same profession or business. Business organizations understand this very thoroughly and at the various commercial and manufacturing conventions there is never a lack of members present. Members of firms will make very considerable sacrifices of time and money to attend such meetings, even crossing the continent to reach them. In fact, you can hardly keep them away. That is the spirit which should animate us. That if it does not entail some personal sacrifice, be there "for the good of the order."

Then, you know Hot Springs is a great place in which to enjoy life. The Entertainment Committee has been by no means slow. There is a good time coming to all who attend. The visiting ladies will have special attention. The meetings will be held in the splendid Arlington Hotel, in service and equipment and luxury equal to any other hostelry in the United States, because it was built and equipped to cater to people with money who come from all over the world to visit the wonderful Arkansas Spa.

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ARKANSAS STATE BOARD OF HEALTH—C. W. Garrison, Little Rock, State Health Officer; O. L. Williamson, Marianna; C. F. Crosby, Heber Springs; Leonidas Kirby, Harrison; H. R. Webster, Texarkana; H. L. Montgomery, Gravelly; S. A. Southall, Lonoke; F. O. Mahoney, El Dorado.

STATE BOARD OF MEDICAL EXAMINERS OF THE ARKANSAS MEDICAL SOCIETY—J. A. Bogart, Forrest City; T. J. Stout, Brinkley; E. F. Ellis, Fayetteville; O. D. Ward, England; W. F. Smith, Little Rock; H. H. Henry, Ea e Mills; W. H. Toland, Nashville.

Editorial Clippings.

THE MEDICAL PROFESSION IS THE ONLY CLASS OF MEN WHO WORK AGAINST THEIR OWN WELFARE, INTEREST AND BUSINESS.

Of all people, all professions and classes we, of the medical profession, stand alone, distinctly and unquestionably the only class of men on earth who work directly against their own welfare, interest and business. We not only adapt ourselves to killing our own business, but have gone so far as to pay taxes to take business directly from us. We are showing the people how to overcome all things unsanitary, discover and combat all things that convey and produce disease, urge legislation for safety devices in all lines of life and commerce. Where can a grocer be found who would advise his patrons to quit eating meat or groceries, the merchant who will advise you to wear old clothes and quit buying new ones; the shoemaker who will tell you to go barefooted; the railroad man urging the public to walk instead of riding, or the legal profession teaching people how to avoid lawsuits?—*Illinois Medical Journal*.

Abstracts.

THE MEDICAL PROFESSION AND THE PUBLIC.

William J. Mayo, Rochester, Minn. (*Journal A. M. A.*, April 2, 1921), discusses individualism in medicine and medical co-operation. He states that the highest intelligence is a political liability, and lowest intelligence is a menace to good government. Functional nervous diseases are the smoke screen of quackery because the public at large fails to appreciate the essential differences between what we speak of as functional nervous diseases and their mimicry of the physical. The various cults patronized by the public represent treatment without knowledge, in response to the desire of the people for a remedy for existing ills, real or imaginary. The "patent medicine" business is based on the same desire for a remedy and faith in a suggested cure. The public is satisfied with each new cult until its failure becomes known. Hope springs eternal in the human breast, and quack remedies and cults with new names takes the place of the old. The striking feature of the medicine of immediate future in Mayo's opinion will be the development of medical co-operation, in which the state, the community and the physician must play a part. Health insurance, while sound in theory, has not taken human nature sufficiently into account. The medical

profession can be the greatest factor for good in America. The greatest asset of a nation is the health of its people. The real job of the medical profession is the extension of knowledge of what the medicine of today is doing and can do in the future, and this must be done by collective effort. Properly considered, group medicine is not a financial arrangement, except for minor details, but a scientific co-operation for the welfare of the sick. Medicine's place is fixed by its services to mankind; if we fail to measure up to our opportunity it means state medicine, political control, mediocrity, and loss of professional ideals. The members of the medical fraternity must co-operate in this work, and they can do so without interfering with private professional practice. Such a community of interest will raise the general level of professional attainments. The internist, the surgeon and the specialist must join with the physiologist, the pathologist and the laboratory workers to form the clinical group, which must also include men learned in the abstract science, such as biochemistry and physics. Union of all these forces will lengthen by many years the span of human life, and as a byproduct will do much to improve professional ethics by overcoming some of the evils of competitive medicine.

Personals and News Items.

Headquarters for the Hot Springs meeting have been changed from the Eastman Hotel to the Arlington Hotel. Remember the dates, May 3, 4 and 5.

Dr. J. H. Stidham of Hoxie has moved to Hope.

Dr. W. Hornsby of Booneville has moved to Haileyville, Okla.

Dr. Sam N. Hutchison of Benton has moved to Los Angeles, California.

The American Medical Association will hold its annual meeting June 6-10 at Boston.

The American Proctologic Society will meet June 3, 4, and 6 at Boston.

Class A. Graduate, in active practice with Military Service since 1914, wishes to form an association as assistant to busy ethical surgeon, Hospital or Group in Arkansas. Chief object surgical training and experience. Any reasonable financial arrangement will be considered. Good minor-surgeon and anesthetist. Can do ordinary routine Laboratory work. Age 33. Married. Mason. Good personal and professional references. Address Dr. D. care of Journal. (Advt.)

The Public Health Committee of the New York Academy of Medicine desires to emphasize the fact that the principles of Chiropractic and the understanding on the part of Chiropractitioners of the cause of communicable disease are so completely at variance with the principles of medical science as to constitute a menace to the public health. By legal recognition of the Chiropractors, the public might be led to believe that the practitioners are capable of offering competent treatment.

Pittman's Drug Store, Little Rock, is confining their business exclusively to prescriptions and sick room supplies.

AMERICAN MEDICAL EDITORS' ASSOCIATION.

The Fifty-second Annual Meeting of the American Medical Editors' Association will be held at the Hotel Lenox, Boston, Mass., on Monday and Tuesday, June 6th and 7th, under the Presidency of Dr. H. S. Baketel, Editor of the Medical Times.

A novel feature of our literary program will be introduced this year in the shape of a symposia, which will be discussed by various members. The subjects will be:

"Group Practice and the Diagnostic Clinic."

"What Should Be the Attitude of the Profession Toward Health Centers."

"The Correlation Between Editorial, Advertising and Subscription Work."

Every doctor, even remotely interested in medical journalism, will find it to his advantage to attend, and is most cordially invited.

FACTS ABOUT CANCER.

Cancer is unquestionably increasing throughout the world.

At the beginning cancer is usually painless and difficult to detect.

At its first small growth it can be safely and easily removed by a competent surgeon.

Cancer is not a constitutional, or "blood" disease.

Cancer is not contagious.

Cancer is, practically speaking, not hereditary.

Every lump in the breast should be examined by a competent physician.

Persistent abnormal discharge or bleeding is suspicious.

Sores, cracks, lacerations, lumps, and ulcers which do not heal, and warts, moles, or birthmarks which change in size, color or appearance, may turn into cancer unless treated and cured.

Probably 60 per cent of cancers in the rectum are first regarded as piles. Insist on a thorough medical examination.

Continued irritation in some form is the usual cause of cancer. It rarely results from sudden injury.

A doctor who treats a suspicious symptom without making a thorough examination does not know his business.

As the chiropractor educates the public, so should the medical profession educate the masses that they may have a clearer perception of the effect of disease. This campaign of education should convince the public that an individual untrained in the diagnosis of communicable disease is a serious public menace. National, state and municipal organizations should join, waging the campaign comprehensively, intensively and unceasingly. Newspapers and lay magazines should be utilized in convincing the public that: (1) a minimum standard of education should be required of every one who seeks the authority of the state to practice any system of the healing art. 2. Chiropractic nomenclature must be changed so that (a) the hour of instruction will be at least fifty-three minutes and not as now, but thirty minutes; (b) the year of instruction will conform to that of modern education, which cannot concede that three years of education can be completed in eighteen months' continuous work.—*Dr. Chas. B. Pinkham, Sec. Board of Medical Examiners of California, Journ. A. M. A., April 2, 1921.*

INDEPENDENCE COUNTY.

(Reported by F. A. Gray, Acting Sec'y.)

The Independence County Medical Society met in Batesville Monday, April 11, 1921. Present: Pasco, Rodman, Owens, Burge, Jeffrey, Evans, King, Wyett, Dorr, Hinkle, Kennerly, Case, Johnston, Craig, Robertson, Huskey, McAdams and Gray.

Visiting doctors present: Baxter of Melbourne, Gray and Laman of Cave City.

The meeting was called to order by the President Dr. V. D. McAdams and the Secretary, Dr. Bone, being absent, Dr. F. A. Gray was elected secretary pro tem.

Dr. Pasco was elected as a delegate to the Arkansas Tuberculosis Society Meeting in Little Rock, April 27-28.

Dr. Evans read a very interesting paper on "Epilepsy." Dr. Jeffrey reported a case of cancer of the gall bladder. Dr. Burge reported two interesting cases. Dr. F. A. Gray read a paper on "Endocrine Therapy."

All these papers were freely discussed and all were glad that they attended.

Supper was served and a social good time enjoyed.

Adjourned to meet the second Monday night in June.

PROGRAM

FORTY-FIFTH ANNUAL SESSION

OF THE

ARKANSAS MEDICAL SOCIETY

HOT SPRINGS, MAY 3, 4, 5, 1921

OFFICERS

President—G. A. Warren, Black Rock.
 First Vice President—R. H. Huntington, Eureka Spgs.
 Second Vice President—A. J. Clingan, Lockesburg.
 Third Vice President—Thad Cothorn, Jonesboro.
 Secretary—Wm. R. Bathurst, Little Rock.
 Treasurer—R. L. Saxon, Little Rock.

COUNCILORS AND COUNCILOR DISTRICTS

First Councilor District—Clay, Crittenden, Craighead, Greene, Lawrence, Mississippi, Poinsett and Randolph Counties. Councilor, J. H. Stidham, Hoxie. Term of office expires 1921.

Second Councilor District—Cleburne, Fulton, Independence, Izard, Jackson, Sharp and White Counties. Councilor, J. L. Jones. Term of office expires 1922.

Third Councilor District—Arkansas, Cross, Lee, Lonoke, Monroe, Phillips, Prairie, St. Francis and Woodruff Counties. Councilor, T. J. Stout, Brinkley. Term of office expires 1921.

Fourth Councilor District—Ashley, Bradley, Chicot, Drew, Desha, Cleveland, Jefferson and Lincoln Counties. Councilor, J. M. Lemons, Pine Bluff. Term of office expires, 1922.

Fifth Councilor District—Calhoun, Columbia, Dallas, Lafayette, Ouachita and Union Counties. Councilor, F. E. Baker, Stamps. Term of office expires 1921.

Sixth Councilor District—Hempstead, Howard, Little River, Miller, Nevada, Pike, Polk and Sevier Counties. Councilor, Don Smith, Hope. Term of office expires 1922.

Seventh Councilor District—Clark, Garland, Hot Spring, Montgomery, Saline, Scott and Grant Counties. Councilor, W. T. Wootton, Hot Springs. Term of office expires 1921.

Eighth Councilor District—Conway, Johnson, Faulkner, Perry, Pulaski, Yell and Pope Counties. Councilor, Robert Caldwell, Little Rock. Term of office expires 1922.

Ninth Councilor District—Baxter, Boone, Carroll, Marion, Newton, Searcy, Stone and Van Buren Counties. Councilor Leonidas Kirby, Harrison. Term of office expires 1921.

Tenth Councilor District—Benton, Crawford, Franklin, Logan, Sebastian, Madison and Washington Counties. Councilor, John Stewart, Booneville. Term of office expires 1922.

DELEGATES TO AMERICAN MEDICAL ASSOCIATION

William R. Bathurst, Little Rock.
 George S. Brown, Conway.

COMMITTEES

SCIENTIFIC PROGRAM

J. T. Jelks, Chairman, Hot Springs; J. H. Stidham, Hoxie; William R. Bathurst, Little Rock.

MEDICAL LEGISLATION

Thad Cothorn Chairman, Jonesboro; C. S. Pettus, Little Rock; W. F. Smith, Little Rock.

NECROLOGY

F. Vinsonhaler, Chairman, Little Rock; W. R. Brooksher, Fort Smith; J. C. Cleveland, Bald Knob.

HEALTH AND PUBLIC INSTRUCTION

C. W. Garrison, Chairman, Little Rock; O. L. Williamson, Marianna; R. Y. Phillips, Malvern; Thomas Douglass, Ozark; M. L. Norwood, Lockesburg.

CANCER RESEARCH

E. E. Barlow, Chairman, Dermott; J. P. Sheppard, Little Rock; William R. Bathurst, Little Rock.

INFANT WELFARE

H. R. McCarroll, Chairman, Walnut Ridge; H. H. Niehuss, El Dorado; H. A. Stroud, Jonesboro; J. A. Lightfoot, Texarkana; W. H. Miller, Little Rock.

WORKINGMEN'S COMPENSATION AND SOCIAL INSURANCE

C. J. March, Chairman, Fordyce; J. M. Lemons, Pine Bluff; O. E. Jones, Newport.

HOSPITALS

C. S. Pettus, Chairman, Little Rock; John Stewart, Booneville; W. W. Jackson, Jonesboro; R. C. Dorr, Batesville; S. J. Hesterly, Prescott.

ANNOUNCEMENTS

All meetings of the House of Delegates and the Scientific Sessions will be held in the Arlington Hotel. Commercial Exhibit and the Registration Booth will be in the lobby of the hotel.

REGISTRATION

It is important for all members on arriving to register at the Secretary's desk in the lobby of the Arlington Hotel and receive the official program and a badge.

ENTERTAINMENTS

There will be a luncheon for the visiting ladies May 4. Automobile ride Wednesday afternoon. Reception and dance Wednesday evening in the ball room, Arlington Hotel. Alumni reunions' dinner and other entertaining features will be announced later.

Fraternity Dinner (Chi Zeta Chi), Wednesday, 7:00 p. m., Arlington Hotel.

ARKANSAS STATE BOARD OF HEALTH

C. W. Garrison, Little Rock, State Health Officer; O. L. Williamson, Marianna; C. F. Crosby, Heber Springs; Leonidas Kirby, Harrison; H. R. Webster, Texarkana; H. L. Montgomery, Gravelly; S. A. Southall, Lonoke; F. O. Mahoney, El Dorado.

STATE BOARD OF MEDICAL EXAMINERS OF THE ARKANSAS MEDICAL SOCIETY

J. A. Bogart, Forrest City; T. J. Stout, Brinkley; E. F. Ellis, Fayetteville; O. D. Ward, England; W. F. Smith, Little Rock; H. H. Henry, Eagle Mills; W. H. Toland, Nashville.

NOTICE

All papers read at this meeting are the property of the Arkansas Medical Society, and as soon as read should be handed to the Secretary.

COMMERCIAL EXHIBIT

Promises to be of high grade, and will be in the corridors of the Arlington Hotel.

HOUSE OF DELEGATES

The regular annual meeting of the House of Delegates of the Arkansas Medical Society will be held on May 3, 1921, at 9:00 a. m. at the Arlington Hotel, Hot Springs.

G. A. WARREN, *President*,
WM. R. BATHURST, *Secretary*

Meeting called to order by G. A. Warren, President.

Invocation—By Rev. C. E. Hicock, Pastor Presbyterian Church, Hot Springs.

Address of Welcome for the City—Mr. Sydney Nutt, President Business Men's League, Hot Springs.

Address of Welcome for the Physicians of Hot Springs—W. H. Deaderick.

Response to the Addresses of Welcome on Behalf of the Delegates of the Arkansas Medical Society—M. L. Norwood, Delegate of the Sevier County Medical Society.

Appointment of the Credentials Committee and their report.

Calling roll of Delegates.

Adoption of the Minutes of the Forty-fourth Annual Meeting as published in the July issue of the Journal of the Arkansas Medical Society.

Appointment of Reference Committee.

President's Address to the House of Delegates.

REPORT OF COMMITTEES

Scientific Program—J. T. Jelks, Chairman.

Medical Legislation—Thad Cothorn, Chairman.

Necrology—F. Vinsonhaler, Chairman.

Health and Public Instruction—C. W. Garrison, Chairman.

Cancer Research—E. E. Barlow, Chairman.

Infant Welfare—H. R. McCarroll, Chairman.

Workmen's Compensation and Social Insurance—C. J. March, Chairman.

Hospitals—C. S. Pettus, Chairman.

Arrangements and Entertainment—G. H. Tarkington, Chairman.

Report of the Council—Robert Caldwell, Chairman.

Report of the Secretary.

Report of the Treasurer.

Reading of Communications.

Reading of Memorials and Resolutions.

Selection of the Nominating Committee.

Selections for the State Board of Medical Examiners.

Vacancies will exist after this meeting of the State Society as follows:

Dr. T. J. Stout (Second District).

Dr. E. F. Ellis (Third District).

Dr. O. D. Ward (Sixth District).

Dr. H. H. Henry (Seventh District).

Miscellaneous business.

Proposed amendments to the Constitution and By-Laws to be voted on at this meeting:

Article XI, on the fifth line, to read: "\$3.00 per capita per annum," instead of \$2.50 as shown.

Chapter IV, Section 1, to read: "The House of Delegates shall meet on the first day of the annual session," instead of the day before.

Chapter VI, Section 3, to read: "The Treasurer shall give bond in the sum of \$6,000.00," in place of \$3,000.00.

Chapter VII, Section 1, to read: "The Council shall meet on the first day of the annual session," in place of the day preceding.

Chapter VIII, Section 1, to read: "Committee on Health and Public Instruction," in place of Committee on Public Policy and Legislation. And add: "Committee on Medical Legislation," Committee on Scientific Exhibit."

Chapter VIII, Section 3, first line, to read: "Committee on Health and Public Instruction."

Chapter VIII, Section 1, fifth paragraph, to read: "Such Committees shall be appointed by the President, unless otherwise provided, so that the term of office of one member shall expire every year."

"Also to make provision for the permanent filling of all vacancies that may occur through the death, resignation or removal of any member."

Chapter VIII, Section 2, seventh line, to read: "On or before March 1 of each year," in place of "Thirty days prior to the annual meeting."

Adjournment until 8.30 in the morning.

FORTY-FIFTH ANNUAL MEETING

GENERAL SESSION

TUESDAY, MAY 3, 1921, 2:00 P. M.

Calling of the Society to order—G. A. Warren, President.

Invocation—Rev. C. E. Collins, Episcopal Church, Hot Springs.

Address of Welcome for the City—Hon. Walter Ebel, Hot Springs.

Address of Welcome for the Profession—J. C. Minor, Hot Springs.

Response to the Address of Welcome on Behalf of the Arkansas Medical Society—F. Vinsonhaler, Little Rock.

President's Annual Address—G. A. Warren, Black Rock.

"A lantern slide demonstration showing some end results in bone and joint surgery, with special reference to the management of fractures of the neck and upper end of the femur, by the use of the author's fracture table."—Hugh McKenna, Chicago.

"Industrial Medical Department of the Future"—A. E. Chace, St. Louis.

SECTION MEETING

TUESDAY, MAY 3, 7:00 TO 8:00 P. M.

For designated local examiners and attending specialist Bureau War Risk Insurance and United States Public Health Service.

"Problems of Medical Examiners in the Field and Instruction as to Solution"—P. A. Surgeon, R. E. Gramling, District Field Official Fourteenth District.

PUBLIC MEETING

MAY 3, 8:00 P. M.

C. W. Garrison, Chairman, Committee on Health and Public Instruction.

"The American Menace"—T. B. Bradford, Cotton Plant.

"Whose Fault Is it That Cancer Is not More Frequently Cured?"—Fred J. Taussig, St. Louis.

WEDNESDAY, MAY 4, 8:30 A. M.

Second meeting of the House of Delegates, called to order by President.
Unfinished business.

MEMORIAL SESSION

WEDNESDAY, MAY 4, 9:30 A. M.

To be conducted by the Committee on Necrology, F. Vinsonhaler, Chairman, Little Rock; W. R. Brooksher, Fort Smith; J. C. Cleveland, Bald Knob.

DECEASED MEMBERS

T. H. Bowles, Dumas, May 21, 1920.
W. O. Forbes, Hot Springs, August 26, 1920.
A. G. McAlister, Cash, September 7, 1920.
J. A. White, Dumas, October 7, 1920.
B. E. Dixon, Texarkana, December 6, 1920.
C. W. Sillin, Stuttgart, December 18, 1920.
D. A. Jackson, Vick, February 18, 1921.
Wm. T. Gabbert, Fayetteville, March 21, 1921.
J. W. McClendon, Hot Springs, April 12, 1921.
J. M. Daly, Little Rock, April 17, 1921.

SCIENTIFIC SESSION

10:30 A. M.

"Oration on History of Medicine"—C. S. Pettus, Little Rock.

"Glioma of the Retina"—H. Moulton, Fort Smith.

"Diseases of the Accessory Sinuses"—R. H. T. Mann, Texarkana.

"Vincent's Angina"—J. W. Butts, Helena.

WEDNESDAY, MAY 4, 2:00 P. M.

"Some Phases in Acidosis"—A. C. Kirby, Little Rock.

"Difficulties and Superstitions Encountered in Practice Among Negroes"—S. W. Douglass, Eudora.

"Cardiac Neurosis"—G. H. Tarkington, Hot Springs.

"Encephalitis"—W. M. McRae, Little Rock.

"Management of Chronic Nephritis, with report of cases"—G. M. Eckel, Hot Springs.

"A Research Study of Mumps"—S. F. Hoge, Little Rock.

"Preventive and Early Diagnosis of Pulmonary Tuberculosis"—O. M. Bourland, Van Buren.

WEDNESDAY, MAY 4, 7:30 P. M.

(Lantern Slide Demonstrations.)

"Clinical Observations in Orthopedic Surgery"—F. W. Carruthers, Little Rock.

"The Skin Lesions of Syphilis"—Lloyd Thompson, Hot Springs.

THURSDAY MORNING, MAY 5, 9:00 A. M.

"History of the Care of the Insane"—C. C. Kirk, Little Rock.

"Indigestion and Dyspepsia"—M. D. Ogden, Little Rock.

"Differential Diagnosis of Diseases of the Right Lower Quadrant of the Abdomen"—W. R. Brooksher, Fort Smith.

"In Cancer of the Neck of the Uterus, Should Cautery, Radium and X-Ray Precede or Follow the Radical Operation of Excision?"—R. C. Dorr, Batesville.

"Diagnosis and Surgical Treatment of Gastric and Duodenal Ulcers"—L. H. Slocumb, Fort Smith.

"Bowel Obstruction; Report of cases"—G. E. Cannon, Hope.

FINAL MEETING OF HOUSE OF DELEGATES

THURSDAY, 1:30 P. M.

Roll Call.

Report of Nominating Committee and Election of Officers:

President.

First Vice President.

Second Vice President.

Third Vice President.

Secretary.

Treasurer.

Five Councilors.

Further new business.

Adjournment.

FINAL GENERAL SESSION

(Thursday afternoon, May 5, immediately after adjournment of the House of Delegates.)

Calling meeting to order by G. A. Warren, President.

Report of Nominating Committee.

Report of other committees.

New business.

Selection of place of next meeting.

Adjournment sine die.

IN MEMORY.

of Dr. D. A. Jackson
Vick, Ark.

At the meeting of the Bradley County Medical Society, held March 8, 1921, the following Resolution was unanimously adopted:

Whereas, it has pleased Almighty God to call from the labors of this life our friend and fellow, D. A. Jackson, M. D., and

Whereas, in the death of our late fellow, the Bradley County Medical Society has sustained a great loss, the county has lost one of its most respected citizens, and the family has lost a devout and loving husband and father. To his family we extend this evidence of our sympathy in such loss, for we, too, feel that we have lost one of our best advisers in the profession.

Therefore Be It Resolved, that a copy of these resolutions be spread on our minutes, and a copy be sent to each the local papers, the Arkansas Medical Society, and the bereaved family.

Dr. Jackson was born June 30, 1852 at Yorkville, S. C., and came to Arkansas De-

ember 24, 1871, and went back to South Carolina to finish school, and returned to Arkansas January, 1875. He studied medicine under Drs. Meek and Sadler of Warren, and went to Tulane University graduating from there in 1887. He began the practice of medicine at Johnsville. In 1879 he moved to Moro Bay, and later formed a partnership with Dr. W. B. Jones, and practiced at Summerville until 1882, and moved back to Jonesville, and practiced until January 31, 1911 on which date he moved to Vick, where he followed his profession till his death, on February 18, 1921.

County Societies.

CRAIGHEAD COUNTY.

(Reported by Thad Cothorn, Sec'y.)

The Craighead County Medical Society met in regular session March 10 at 2:30 p. m. in the office of Dr. Pollett. The minutes of the last regular and a special called meeting were read and approved.

The Secretary read a letter from the Secretary of the A. M. A. regarding the head line newspaper article recently appearing in many of the daily papers concerning the "mysterious" malady of Miriam Rubin of Waukegan, Illinois. Unfortunately the Chiropractics have extensively used this as an advertisement and the public is misled, possibly, regarding the "miraculous" cure one of their followers claims to have made. This letter asked us to take the matter up with our local papers and ask them, in all fairness, to publish the truth concerning this case. Many expressed their opinions on the various phases of the matter and the probable attitude of the *uninformed* public toward statements refuting misstatements of this character was considered. A motion was made and carried that a committee be appointed to place the facts before the editors of our local papers and ask them to handle it in such fashion as they thought best. The child is still seriously ill and the glaring full page advertisement misstating a cure is an insult to the intelligence of the public. Drs. Pollett and Cothorn were appointed on the committee.

Mr. Burress came before us asking our indorsement and co-operation in the establishment of a milk depot here for the purpose of supplying our city with a standard, uniform, Pasteurized milk. In the discussion of the subject the unsanitary features of some of the dairies now selling milk within our city were pointed out. Many of the doctors frankly stated that they would not use milk in their own homes from any of the dairies they had inspected. Mr. Burress assured us that anyone who supplied the plant with milk would

have to meet the standards required by the Board of Health both in the grade of milk and the handling of the same.

A motion was made and unanimously carried that we give him our heartiest indorsement and co-operation in getting the facts before the public.

Drs. McAdams and Haltum, the two essayists first on the program, being absent, Dr. Willett asked that the subject be assigned him: "Quiz. The Care of the Mother the Month Before and the Month After Delivery" be carried over till next meeting and be amended to "Care of the Mother from Conception to Two Months After Delivery." His request was granted.

Many valuable suggestions were made regarding the schedule of programs for our future meetings. It was finally decided that we have a program committee for each quarter; that they report the topics to be studied and discussed during the quarter not later than the last meeting of the preceding quarter; that there be one main paper on the program for each meeting and one substitute paper; that a connected course of quizzes be a feature of the meeting; and that any member who failed two consecutive meetings to make good with a paper on whatever topic assigned him, be fined not less than five dollars, said money to go into the banquet fund for the Society.

PERRY COUNTY.

(Reported by R. A. Jones, Sec'y.)

The Perry County Medical Society met at Casa on March 17, 1921 and re-organized. Dr. Caldwell and Dr. Snodgrass of Little Rock attended the meeting. Dr. Caldwell read a very interesting paper on "Medical Organization." Dr. Tucker of Bigelow read a paper on "Puerperal Eclampsia." Both papers elicited general discussion and were much enjoyed.

Dr. E. L. Mathews was re-elected president and R. A. Jones of Houston was elected Secretary. Dr. G. E. Tucker was elected as Delegate to the State Convention with E. L. Mathews as Alternate.

It was agreed that we meet every two months, the next meeting to be at Casa, May 12.

ARKANSAS COUNTY.

(Reported by M. C. John, Sec'y.)

The following officers have been elected for the ensuing year: President, R. H. Whitehead, Gillett; Vice President, C. W. Raseo, DeWitt; Secretary-Treasurer, M. C. John, Stuttgart; Delegate to State Convention, W. H. Moorhead; Alternate L. H. Morphey.

Post-Graduate Courses for Practitioners

Offered by

WASHINGTON UNIVERSITY
SCHOOL OF MEDICINE
ST. LOUIS, MO.

U Post-graduate instruction will be offered, beginning April 4, 1921, in internal medicine, general surgery, obstetrics and gynecology, pediatrics, orthopedic surgery, genito-urinary surgery, neurology, dermatology, ophthalmology, laryngology and rhinology, otology, anatomy, and current medical literature. Courses run from four weeks to one year. Fees range from \$25.00 to \$500.00. For full information, address

The Dean, Washington University
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ST. LOUIS, MO.

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BALTIMORE

The Forty-Fifth Annual Meeting

of the

Arkansas Medical Society

Will Be Held in the

ARLINGTON HOTEL

May 3, 4, and 5

Hot Springs

Arkansas

THE JOURNAL

OF THE Arkansas Medical Society

PUBLISHED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

Vol. XVII.

LITTLE ROCK, ARK., MAY, 1921.

No. 12

Original Articles.

WHOSE FAULT IS IT THAT CANCER IS NOT MORE FREQUENTLY CURED?*

By Fred J. Taussig, M. D.
St. Louis, Mo.

Whose fault is it that more cancers are not cured? Of course a large share of the blame must at the outset be ascribed to the nature of the disease and our ignorance of its cause. But when, acknowledging this as responsible for perhaps 60,000 to 80,000 deaths that occur in the United States annually from cancer, there still remain 20,000 deaths that might have been avoided merely by utilizing to the fullest degree the measures available at the present time to combat the disease. These figures are based on an analysis of the mortality statistics of 1916, figuring separately the various forms of cancer and taking into account their relative malignancy. *Twenty thousand unnecessary deaths* from cancer every year! And due to what?

Due first of all to the ignorance of the masses concerning the nature of the disease. The responsibility for such wide-spread ignorance must primarily fall upon the federal government as the directing force in public education. There seems every reason to believe that the next few years, however, will witness a rapid change in their present policy of indifference. The women's vote has already made itself felt here and there in increasing the emphasis on public health. The Shepard-Towner bill, providing for the education of women concerning proper care at maternity, is an instance of this. The special interest that women naturally have in the cancer problem on account of its greater frequency among members of that sex will doubtless lead in the near future to some big educational movement for the control of cancer, fostered by the federal government, and the Red Cross.

At the present time, the American Society for the Control of Cancer, of which Dr. Dewell Gann is the representative in the State of Arkansas, with a limited budget, is carrying on such an educational campaign, with the result that many hundreds of lives are saved every year by its emphasis on the importance of early recognition of the disease. If the federal government would apportion but \$100,000 annually for the control of cancer, the work at present being done could be quadrupled.

Nor are the States and municipalities any more far-seeing in their attitude toward public health. Acknowledging the considerable improvement in this regard that has taken place in the past decade, we are still far behind the record of many European cities. Take the matter of radium alone, which, as I shall explain more fully later, ranks next to surgery in effecting a cure in certain forms of cancer. Radium is found in greater quantity in the United States than anywhere else in the world. Do you know where a large part of this radium was going previous to the outbreak of the war in 1914? It was being sent to several of the principal cities of Germany; and contracts for large additional amounts were only cancelled because of the war. Yes, Munich, Breslau and Magdeburg were buying radium with municipal funds for the treatment of their poor cancer patients, while Philadelphia, Chicago, St. Louis—even Denver, a few miles from the source of supply in Colorado, had none. Even at the present moment hardly a single municipal institution in this country has radium for the treatment of its cancer cases. Half a dozen private institutions, such as The Barnard Free Skin and Cancer Hospital, at St. Louis, give free radium treatment to the poor; but no city or state (with the exception of New York) has lifted a finger thus far. It is safe to say that radium is accessible to not over 10 per cent of the patients who need it.

And now let us consider how much the blame for the high cancer death rate lies with the medical profession. While the standards

*Read before the Public Session of the Arkansas Medical Society at the Forty-fifth Annual Session held at Hot Springs, May 3-5, 1921.

of medical education have been rapidly raised and have led to marked improvement in the caliber of the average physician, there is still much ignorance and carelessness among the doctors. This leads at times to unnecessary delay in recognizing the disease. Ignorance is not so reprehensible as carelessness. Look out for the doctor who is too busy or too lazy to make a careful physical examination. You probably know that type. He asks you a few questions and writes you a few prescriptions and that is the end of it. The earmark of the good physician is that he insists upon a complete examination of the body to determine as accurately as possible everything that is abnormal. The busiest doctors are sometimes the poorest. Another type of doctor to look out for is the one who recognizes no limitations—the universal specialist. Cancer surgery ranks among the most difficult of all operative measures. It requires special skill and experience, and yet large numbers of physicians will for financial reasons hold on to a case and do some palliative or useless operation when only a complete operation will give any hope of cure. How large is the per cent of cases that we fail to cure because their home doctor tried his hand at some such half-way procedure it is difficult to say; but it seems to me from my own experience that almost every third or fourth case has been thus mistreated and so lost the opportunity for permanent cure.

The patients themselves are to blame, however, even more than the doctors for those 20,000 unnecessary cancer deaths. We are inclined to get very angry over the petty fears of our children. We tell Johnny to go straight upstairs to bed and not to be so afraid of the dark. If he would just turn on the light, he would see that cloak hanging up in the corner is not a robber after all. But aren't we, in our turn, just as much cowards as our children, only that we are afraid of different things? Such a bugaboo to many is cancer. They don't *want* to know anything about it. The very word "Cancer" causes them to shudder, as if there were something loathsome about the disease. No one can deny that in some of its forms it is indeed terrifying; but no more so than many other diseases that do not to the same degree inspire fear.

Now, we cannot escape these dangers, such as they are, by following the example of the ostrich and burying our heads in the sand. On the contrary, we must try to find out all we can about cancer, for only by knowing the essential facts concerning the disease shall we be able to avoid unnecessary risks, recognize its early signs and symptoms and eradicate

it by prompt and effective treatment. Closely associated with the fear of cancer is the dread of hospitals and operations. The combination of reasonable intelligence and courage in our patients would greatly multiply the number of our cures. As it is, most patients will procrastinate, will put off going to the doctor, will put off the necessary operation or treatment until the golden opportunity of cure has passed. Fully three out of every four of our patients allow a period of months, or even a year, to elapse before taking the first necessary steps toward an examination.

What are some of these early signs and symptoms of cancer? They vary to some degree with the different forms. In external cancers, (those on the skin or about the mouth), it is usually the presence of a sore or ulcer with thickened edges that does not heal rapidly under simple applications. Every such case in a person over thirty to thirty-five years should be looked after. In perhaps four cases out of five it will prove to be something else; but don't trust to luck. That fifth time it may be cancer, and if taken promptly before it gets out into the system, it can be cured in a high percentage of cases. It is this fact that every cancer starts as a local disease, that makes it curable in its early form. Warts that show evidence of irritation and enlargement; cracks about the lips or gums or tongue that are slow to heal, all need the advice of a competent physician. I do not mean to infer that the patient should make the diagnosis himself; but he should be able to recognize the danger signal so as to get the necessary advice without delay. In internal cancer the recognition of symptoms is more complicated; but unusual discharges especially if accompanied with bleeding or a bloody tinge, require investigation. Pain is a symptom of late cancer. When pain begins, the chance of cure is already very small. Don't wait for pain to drive you to the doctor. If cancer would only cause pain at the beginning of the disease, instead of appearing only when the disease is already advanced, we would doubtless get many more early cases. Unusual bloody discharge is the important early symptom. In cancer of the digestive organs, a rapid loss in weight with symptoms of impaired digestion is the first warning of possible trouble. The rule of a complete physical examination twice a year by your family physician is a wise one and will often lead to the correction of some of those chronic irritations that predispose to cancer. Certainly if you go twice a year to your dentist to look after your teeth, it is not expecting too much of you—particularly after you have reached the forties—to

go twice a year for a general physical examination. In this way many internal cancers may probably be avoided or recognized at a time when operation will give a reasonable chance of permanent cure. In the last analysis, therefore, the laity are more to blame for failure than anyone else. They are responsible for the policy of the government and State; they are responsible for the selection of improper medical advisers; they are responsible for the failure to recognize the danger signals of cancer and attend promptly to their relief.

I have told you that in the beginning cancer is a local disease. In many ways cancer may be compared to a social revolution. Just as in the state certain groups of people are kept in a ferment, are oppressed and irritated for a long period of time by some unwholesome condition till finally they conspire against the government, set up a government of their own, and wage war upon their fellowmen; so do certain cells in the body, irritated by chronic inflammation, change their character, snatch away food from their neighbors, break the pre-existing harmony of things, start a rebellion in the body that only too often not even the army of blood cells or lymphocytes sent out by the body cells can overcome; so that the rebellion, so to speak, spreads to other parts until finally the individual is destroyed.

Whether or not some particular germ is in addition responsible for this peculiar change of the body cells into cancer, we do not as yet know. Many investigations have been made; but as yet we have no definite information. Be that as it may, we know that cancer is not contagious. No nurse or doctor ever contracted the disease from the patient, though many times in operations or treatments they have handled cancerous tissues with little cuts or pin pricks on their finger. The common prejudice against having a cancer patient in your house is unjustified, and is cruel to the patient who thus at times becomes an outcast from his family.

It is also untrue that you can inherit cancer from your parents. Life insurance statistics on this point show that children of persons dying from cancer are no more likely to contract the disease than the children of persons dying from other causes. There is to some degree a racial or a tribal predisposition, as shown in the appearance of cancer in certain strains of mice; but there is no direct inheritance from parent to child.

Now, a few words as to cancer prevention. Chronic irritation predisposes to cancer; therefore, avoid chronic irritation. Here are

a few examples: Cancer of the lip or tongue from excessive smoking; cancer of the gums or cheek from bad teeth or chewing tobacco; cancer of the stomach from very hot or highly spiced foods; cancer of the skin from burns of all sorts, X-Ray or sunburns and from irritated warts; cancer of certain internal organs from neglected infections and lacerations. It is no doubt easier to say "avoid chronic irritation" than to carry it out in everyday life. Still, many of these things: The extraction of bad teeth; the restriction of excessive use of tobacco; the protection of the skin from unnecessary injury or friction; the avoidance of certain kinds of food; the proper care of chronic infectious processes, no matter what organ they may affect, will do a great deal to reduce the frequency of cancer. And it is well to keep in mind that there is certainly a relative, and probably, an actual, increase in the spread of cancer; so that such preventive measures as these are doubly justified.

The treatment of cancer is successful only to a limited extent because we possess at present no specific remedy such as quinine in malaria, or salvarsan in syphilis, that acts directly upon the disease. The nearest thing that we possess to such a remedy is radium and X-Rays, which seem at least at first to have a specially distinctive effect upon certain forms of cancerous growths. There is not time to tell you much concerning the action of these substances. Suffice it to say that their application is not painful, though often followed by certain disagreeable symptoms for a time; that radium in particular, produces marked improvement in many advanced cases for months and even years; that the percentage of permanent cures in certain forms of cancer produced by radium equals those produced by surgical removal. The field of surgery in cancer is far more extensive. Only certain forms of cancer, more particularly those of the skin, the lips and the womb, are favorably affected by radium; whereas, surgery can be employed in cancer of almost any organ of the body. Particularly in cancer of the breast and the digestive organs is surgery greatly preferred. Ofttimes a combination of surgery and radium is preferable—but at all times the sine qua non to success is early recognition and prompt treatment.

In conclusion, a word of warning about cancer quacks and fake cancer cures. The human race is always looking for miracles. The wonderful, the mysterious, the incomprehensible, is what appeals to us. It is not strange, therefore, that in the field of cancer charlatans should reap a golden harvest by playing on the credulity of their patients.

THE JOURNAL

OF THE

Arkansas Medical Society

Owned by the Arkansas Medical Society and published under the direction of the Council.

WILLIAM R. BATHURST, SECRETARY-EDITOR
810-812 Boyle Building, Little Rock, Arkansas.

Published monthly. Subscription \$2.00 per year; single copies 25 cents.

Entered as second-class matter, June 21, 1906, at the post-office at Little Rock, Arkansas, under the act of Congress of March 3, 1879.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917, authorized August 1, 1918.

The advertising policy of this Journal is governed by the rules of the Council on Pharmacy and Chemistry of the American Medical Association.

All communications of this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the state. Notice of deaths, removals from the state, changes of location, etc., are requested.

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WHOSE FAULT IS IT THAT CANCER IS NOT MORE FREQUENTLY CURED?

(Continued from page 219.)

These quacks resemble nothing so much as the Harpies of the old Greek mythology whose music enticed the sailors to their shores only to be dashed to pieces on the rocks and later devoured by them. Many a poor farmer has been lured by the positive promises of cure from these quacks to mortgage his farm to the last penny in order to pay for some wonderful salve or serum, that left him in worse condition than before, and robbed him of those precious moments when it might still have been possible to effect a cure by radical surgical removal.

My final word of advice to you, therefore, is: Don't be afraid to know the truth. If you note some of the danger-signals I have mentioned, go promptly to some careful, conscientious physician and have him make a thorough physical examination. Follow his advice. If he suggests an operation, do not delay; but have it done at once.

In the early recognition and prompt treatment of cancer lies the hopes of cure.

On May 19 Gov. McRae appointed the following physicians from among the names submitted by the Arkansas Medical Society to fill vacancies on the State Medical Board: J. C. Swindle, Walnut Ridge; J. W. Walker, Fayetteville; J. T. Palmer, Pine Bluff and H. A. Ross, Arkadelphia.

Editorials.

OUR ANNUAL MEETING.

The Forty-Fifth annual meeting of the Arkansas Medical Society convened at the Arlington Hotel, Hot Springs, on May 3rd, remaining in session for three days.

The following officers were elected:

President—Chas. H. Cargile, Bentonville.

First Vice President—Don Smith, Hope.

Second Vice President—A. M. Elton, Newport.

Third Vice President—J. O. Rush, Forrest City.

Secretary—William R. Bathurst, (re-elected) Little Rock.

Treasurer—R. L. Saxon, (re-elected), Little Rock.

COUNCILORS.

First District—Thad Cothorn, Jonesboro.

Third District—E. D. McKnight, Brinkley.

Fifth District—F. E. Baker, Stamps.

Sixth District—J. H. Stidham, Hope.

Seventh District—W. T. Wootton, Hot Springs.

Ninth District—R. H. Huntington, Eureka Springs.

Delegate to American Medical Association—William R. Bathurst, Little Rock.

Alternate to American Medical Association—G. A. Warren, Black Rock.

Little Rock was chosen for the next annual meeting in 1922.

More than 300 physicians attended the session and seemed to thoroughly enjoy the program which was at once interesting and instructive. Many papers were read and addresses delivered pertaining to the most important subjects of the early recognition and prevention of diseases, especially diagnosis of cancer and tuberculosis in their incipient stages.

The reports of the various standing committees made to the House of Delegates gave evidence of excellent work done during the past fiscal year and showed that much had been accomplished since the last annual meeting for the advancement of the medical profession throughout the state and for the protection of public health.

The report of the Secretary-Editor showing marked increase of membership in the State

Society and also increased earnings of the Journal was favorably commented upon.

The annual address of the President, Dr. G. A. Warren, dwelt on the history of the Society and many valuable suggestions in regard to future were made, which, if followed, must redound to its advantage. His address in full with editorial comment will appear in a later issue.

Not only was the meeting greatly enjoyed by the members but the visiting ladies were entertained in the hospitable manner characteristic of Hot Springs. To Mrs. W. T. Wootton, Chairman of the Entertainment Committee must be accorded much praise for her efforts in the social aspect of the gatherings. Members and ladies alike unanimously reported having had a splendid time.

The proceedings in detail, including the reports of the committees, will appear in the July issue of the Journal.

Editorial Clippings.

CANCER INFECTION.

Of the unsolved problems of medicine there is none which offers a more inviting field than the etiology of cancer. And despite the endless amount of scientific investigation that has been pursued for decades by the best medical minds in the world, we seem about as much in the dark as ever, as to the ultimate solution of this knotty problem. However, there has been acquired a vast fund of valuable information which, even though much of it of a negative kind, will finally lend tremendously toward the end sought.

Many promising clues have in the past been relentlessly pursued only to find that in the final analyses, the answer was not there. Among such may be mentioned Cohnheim's theory of embryonic origin, Hauseman's "anaplasia", Ribbert's "tissue tension", Adami's "habit growth", "heredity", etc. Each has been proven to have its fallacies, and for many years the failure of experiments at transplanting human cancer from one person to another has been accepted as proof of the non-transmissibility of cancer from person to person, despite the success of such experiments upon the lower animals. The theory of long-continued local irritation become attractive by the illustrations of the smoker's cancer, cancer of the betel-nut chewers, that of paraffin workers, chimney sweeps, cancer of the breast, more common in those races where the breasts are covered and pressure exerted by the clothes than in those whose breasts were left uncover-

ed and exposed to the air, a fact brought out by W. J. Mayo¹.

Electric irritation, as in X-Ray workers, and heat as in workers in certain trades and the Kangri burns of Kashmir causing cancer of the abdominal skin under the charcoal warmers worn over the abdomen, are credited with an etiologic valuation. W. J. Mayo is not averse to ascribing to hot drinks and food a place among the caustive irritative factors in cancer of the alimentary tract, particularly gastric carcinoma where there is already provided the acid medium so favorable to the growth of cancer.

One of the most interesting among the recent articles upon the subject is that of Ochsner² on "Cancer Infection", wherein he calls attention to the fact that only patient perseverance revealed the tubercle bacillus, the spirochæte of syphilis, the bacillus of leprosy, the plasmodium malariae, etc. Hence we should not accept a negative answer as final in the search for an organism that fulfills Koch's postulates upon the cancer problem. He recalls the fact that cancer occurs almost exclusively in those portions of the body exposed to outside irritation, including the gastro-intestinal tract which is constantly in contact with filthy food in locations in which stasis insures long-continued contact and persistent irritation. Cancer of the stomach is common in manure-eating people, i. e., those eating raw vegetables growing in soil fertilized with night-soil or with barn-yard manure. Such a condition obtains with the Japanese who eat abundantly of such vegetables and with the Chinese who fertilize their gardens with human excrement, in both of which races there exists a high incidence of carcinoma of the stomach. On the other hand the people of India with their uncleanly skins are frequent sufferers from cancer of that appendage. Likewise barn-yard fowl and pigs, both feeding upon manure, if they survive young life, are very prone to cancer. Dogs, rats and mice are subject to cancer while animals that eat a more cleanly food, like the rabbit, seldom have it.

Marine and Gaylord developed cancer on the gills of fish living in ponds infected with excrement, while control animals in pure water remained free from the disease.

In that part of Luckau where human excrement is extensively used for fertilizing

(1) Mayo, W. J., Surg Gynecol. Obstet. Vol. 26, No. 4, p. 367.

(2) Ochsner, A. J., An. of Surg. Vol. 73, No. 3, pp. 294-301.

vegetable gardens, Behla found the populace severely afflicted with cancer.

Ochsner believes the most convincing argument for the infectiousness of cancer to lie in the studies of Smith, who has proven to the satisfaction of most competent judges that cancer in plants is due to a micro-organism which he has been able to isolate and cultivate and which produces cancer when inoculated upon healthy plants.

On the other hand, C. H. Mayo very pertinently observes³ that "in taking a general survey of the various theories and reviewing the clinical evidence, it would seem that not one, but several conditions are essential to the development of cancer. The influence of heredity probably does not extend beyond an inherited cell weakness in which extra demand on the cell for division may early exhaust its controlling agent. The great influence of local irritation, which in some instances is undoubtedly chronic infection, is a fact quite generally accepted. No one theory, however, can account for the change in the cell that causes it to adopt lawless existence and to lose its harmony with community life."—*The Journal of the Indiana State Medical Association*.

(3) Mayo, C. H., *An. Surg.*, 1919, LXX, pp. 237-240.

Personals and News Items.

The First Councilor District Medical Society met May 11 at Jonesboro.

Dr. R. Y. Phillips of Malvern has greatly enlarged his office quarters and has installed new and modern equipment.

The next annual session of the American Medical Association will be held at Boston, Mass., June 6-10, 1921.

In proportion to its size the personnel of the U. S. Public Health Service probably includes more highly trained and specialized women than any branch of the Federal Government.

Dr. W. A. Lamb of Little Rock has been appointed Coroner of Pulaski County by Gov. McRae to fill the unexpired term of the late Dr. S. P. Vaughter.

The Second International Eugenics Congress requests the members of the Arkansas Medical Society to attend their meeting in New York City, September 22-28, 1921.

The Institute of Venereal Disease Control and Social Hygiene proposes to conduct a

general public health institute in Washington this fall and offers a number of courses to physicians interested. Full information can be secured by writing U. S. Public Health Service, 16 Seventh Street, S. W., Washington, D. C.

The Lonoke County Medical Society met in England, May 18th. There was a general discussion of professional relations and business methods, also a fish supper was served by the England physicians. It was said previous to the meeting that those who did not attend would have ever after a void in their lives and other parts that ordinary food and affairs would not fill.

RATES TO AMERICAN MEDICAL SOCIETY MEETING.

For the information of those who wish to attend the meeting of the American Medical Association, at Boston, June 6-10, we give the following special excursion fares, Little Rock to Boston and return. Selling dates May 31, June 1, 2; returning not later than June 14:

Via St. Louis and Albany, \$91.29.

Via St. Louis and New York, \$93.92.

Via Chicago, \$101.69.

Summer tourist rate, on sale June 1; return limit October 31:

To Atlantic City, \$93.92.

To Oak Bluffs, Mass., \$104.28.

To Portland, Maine, \$116.50.

One way fare Norfolk, Va. to Boston, M. & M. T. Steamers, \$20.74; sailing Mondays, Tuesdays and Saturdays, includes meals and berth in saloon stateroom. Upper deck .75 to \$1.25. Add tourist rate to Old Point Comfort, \$74.40, total \$115.88.

From Little Rock to Boston and return, via Savannah and Ocean Steamship Co., \$114.48. This includes meals and stateroom on steamer. Leave Little Rock June 1, 3:10 p. m., arrive Savannah 6:40 p. m., June 2. Leave Savannah 4 p. m., June 3. Arrive Boston Tuesday morning, June 7.

A very cordial invitation has been received from the Chicago Medical Society suggesting that Arkansas physicians join them at Chicago 8:30 a. m. June 5, for the round trip to Boston. "All expense" fare on the Medical de Luxe Special will be \$142.98; returning, leave Boston 7:30 p. m., June 11.

Through sleeper to Chicago leaves Little Rock, via Missouri Pacific, 7:50 p. m., arrive

Chicago 4:30 p. m.; via Rock Island, leave 3:10 p. m., arrive Chicago 11 a. m.

Those wishing to use Illinois Central should wire or write John P. Walsh, Grand Central Station, Memphis. Reservation via Missouri Pacific should be addressed to I. C. Caldwell, Little Rock; Via Rock Island to Geo. J. Cissell, Little Rock.

DISREGARD OF PUBLIC HEALTH BOARD RULES.

One of the most serious drawbacks to all efforts made to prevent the spread of disease lies in the ignorance in some cases and the reckless—one may say criminal—disregard of health rules on the part of parents.

It is gratifying to note that the Little Rock City Health Officer, Dr. John Thames, is taking steps to prosecute, if necessary, parents who ignore rules by sending children, convalescent from contagious diseases, back to school without a permit or without notifying the Health Officer. There are mothers, hundreds of them, who with small children under school age suffering from such diseases, will send older children to school and conceal the fact that such diseases exist in their homes. Mothers will take children suffering with whooping cough to crowded picture shows or other public gatherings and take them home again on street cars. Common observation will convince anyone of this practice. Women utterly selfish, again one may say criminally selfish, merely to be relieved of the care of their children during school hours will pack them off to school regardless of the fact that they may carry the contagion to a score of other children, put other mothers to the trouble and cost of nursing sick youngsters—and perhaps bring death in their train. Other selfish mothers, merely that they may be amused, are equally willing to risk the spread of disease by taking sick children to theatres and other public places. In very many ways careless, thoughtless or reckless parents, by ignoring health and sanitary rules, make the work of the health officer infinitely more difficult and menace the public health to an untold degree.

The old idea was that calomel was a hepatic only. The new idea is that calomel stimulates all the glands of the internal secretion, with a special affinity for the thyroid and suprarenals. Calomel got a bad name from its association with ignorance. There is no other one single agent that will combat as many toxins as calomel given in small doses, sufficient to stimulate the glands of internal secretion.—*Delaware State Medical Journal*.

MEETING OF STATE BOARD OF MEDICAL EXAMINERS.

The State Board of Medical Examiners of the Arkansas Medical Society composed of J. A. Bogart, Forrest City; T. J. Stout, Brinkley; E. F. Ellis, Fayetteville; O. D. Ward, England; W. F. Smith, Little Rock; H. H. Henry, Eagle Mills, and W. H. Toland, Nashville, held their spring examination in Little Rock, May 10-11, 1921.

The following questions constituted the examination:

THERAPEUTICS.

1. Give therapeutic uses of (a) Quinine, (b) Sodium Salicylate, (c) Ergot.
2. Describe treatment of Lobar Pneumonia.
3. (a) Give treatment of Opium Poisoning, (b) Carbolic Acid Poisoning.
4. Give the therapeutic use of the Iodides.
5. How would you treat case of obstinate Hiccough?
6. What is the therapeutic use of (a) Elaterin, (b) Pilocarpine, (c) Atropine?
7. Name the drugs used in the correction of Anemic Conditions.
8. Define and name (a) Narcotic, (b) Anesthetic, (c) Sedative.
9. Describe Hypodermoclysis and state when indicated.
10. Give treatment for Intermittent Malarial Fever.

ANATOMY.

1. Describe the humerus.
2. Name the ligaments of the knee joint.
3. Name the varieties of articulations. Give an example of each.
4. Describe the elbow joint.
5. Name muscles that form the quadriceps extensor and give insertion of conjoined tendon.
6. Give origin and course, and main branches of the axillary artery.
7. Locate and describe Peyer's patches.
8. Give origin and distribution of the pneumogastric nerve.
9. Briefly describe the heart.
10. Briefly describe the liver.

THEORY AND PRACTICE OF MEDICINE.

1. What are the causes, symptoms and prognosis of Bell's palsy?
2. Mention the causes and symptoms of gastralgia.
3. What symptoms would lead you to suspect cancer of the stomach?
4. Give symptoms, treatment and prognosis of erysipelas.
5. State your treatment, including diet, of typhoid fever; name one important complication and one important sequel of typhoid fever.

6. Describe the mitral regurgitant murmur; give the topography of the chest, where this sound is best heard.
7. Give the causes of vertigo.
8. What are the manifestations of hereditary syphilis? Give diagnostic point in secondary syphilis.
9. Give etiology, symptoms and treatment of gastro-intestinal catarrh of infancy and childhood.
10. Give symptoms of uremia and differentiate from alcoholic narcosis.

CHEMISTRY.

1. Define chemistry.
2. (a) Define a metal. (b) Define a non-metal.
3. Describe Hydrogen and give one method of producing it. Give equation.
4. Describe Oxygen and give one method of producing it. Give the equation.
5. Name members of the halogen group. Describe one.
6. Give symbols for five elements.
7. Give formula for five compounds.
8. Differentiate between a chemical and mechanical change with example of each.
9. Describe in detail one test for sugar in urine.
10. Describe in detail two tests for albumen in urine.

OBSTETRICS.

1. (a) Give fetal circulation. (b) On which side would you turn baby immediately after ligating the cord? (c) State why. (d) How soon after ligation of the cord does the foramen ovale close?
2. (a) Give symptoms of a dead fetus in utero. (b) Give causes and management of a case.
3. (a) Give management, treatment and prognosis of pregnancy complicated with glycosuria from the fourth month to delivery. (b) Give after care of the mother.
4. Give your management of a transverse presentation. (b) Give indications for Cæsarean section.
5. Give fetal, maternal and paternal causes of premature labor.
6. Discuss the treatment of puerperal infection.
7. Differentiate tubal pregnancy, appendicitis and pyosalpinx.
8. Discuss briefly the causes of syncope and sudden death during labor.
9. (a) What effect does the over-indulgence in the administration of opium have on the child during and after labor. (b) Discuss the probable interference in delivery which may follow the over-indulgence of opium.
10. (a) Discuss the uses and abuses of Pituitrin in obstetrics. (b) Give symptoms of rupture of the uterus.

PATHOLOGY.

1. (a) Discuss the possible after effect of anesthesia on the various organs of the body. (b) Name one of the more frequent.
2. Define, give diagnosis and causes of hydrocele.
3. (a) Name the various causes of intestinal adhesions. (b) What are Jackson bands; and state what condition may be produced by same.

4. Discuss the pathogenesis of a hypostatic abscess.
5. (a) Name the terminations of pneumonia. (b) Discuss the more frequent complications in old age. (c) In children.
6. Discuss the cause, diagnosis and prognosis of acidosis.
7. Give etiology of non-union of fractured bones.
8. Give specific gravity, reaction, chemical and microscopical diagnosis and blood pressure of chronic parenchymatous nephritis.
9. Give symptoms and diagnosis of cerebral syphilis; and discuss the termination of same.
10. Name some of the predisposing causes of tuberculosis of bone.

SURGERY.

1. Give causes, complications and treatment of acute mastoiditis.
2. Differentiate gastric ulcer, duodenal ulcer, gall bladder infection and chronic pancreatitis.
3. (a) Give symptoms and physical signs of lung abscess. (b) Give recent method of treatment for same.
4. (a) What intracranial conditions would indicate a decompression operation? (b) Describe the operation for decompression.
5. (a) What are the sources of wound infection? (b) Give aseptic and anti-septic method of treating wounds.
6. Give indications for thyroidectomy; describe operation, complications and after care of patient.
7. (a) Give different dislocations of the head of the femur; (b) the complications that may arise or attend the reduction; (c) methods of reducing any variety.
8. Give in detail how you would manage a case of compound Potts fracture, which had been permitted to become infected.

GYNECOLOGY.

1. Define endometritis. Give cause, symptoms and treatment.
2. What injuries to birth canal are incident to labor? Give treatment.
3. Differentiate between a Uterine and a vaginal leucorrhœa.
4. Symptoms and sequelæ of gonorrhœal infection in female.
5. Name ligaments of uterus.
6. Give diagnosis and treatment of uterine fibroids.
7. Define vaginismus, cause and treatment.
8. Define caruncle of urethra. Give treatment.
9. When would you euret?
10. Give symptoms of ectopic pregnancy.

PHYSIOLOGY.

1. Describe the blood as to physical appearance, its composition, specific gravity, uses, etc.
2. Name the principal glands of the body and give some of their uses.
3. Give the physiology of blushing, pallor, tear-shedding, etc.

4. Describe Osmosis and give examples in the human body.
5. What is Asphyxia? How does it produce death?
6. What is digestion? What are the various details of same?
7. State the origin and uses of lymph.
8. What are the principal uses of water when taken into the body?
9. Name the circumstances influencing secretion.
10. Define (a) afferent, (b) efferent, (c) trophic, (d) inhibitory and (e) Motor and Vasomotor nerve fibers.

BACTERIOLOGY.

1. Give morphological, biological, virulent and divisional classification of bacteria.
2. What is meant by chromogenic bacteria?
3. Define bacteremia and bacteriorrhea.
4. Give description of *spirocheta pallida* and reliable method of demonstrating in the living state.
5. How do bacteria propagate?
6. What would you expect to find in the fluid from spinal puncture from a case of cerebro-spinal meningitis?
7. (a) What are protozoa? (b) Name a pathogenic protozoa.
8. Name and differentiate those bacilli closely resembling the tubercle bacillus.
9. When should the sputum of a pneumonia patient be examined? Why?
10. What pathogenic bacteria may be found in urine?

HYGIENE.

1. What are the principal dangers to the sources of public water supply?
2. Give approximate composition of healthy drinking water.
3. Name several diseases due to faulty nutrition from foods.
4. What are the effects on the circulation of (a) long continued strenuous exercise, (b) deficient exercise.
5. Name some pathogenic bacteria capable of living in the soil for a long period of time.
6. What prophylactic measures should be used to prevent the spread of parasitic diseases in schools?
7. What instructions should be given parents and teachers to prevent neurosis in children?
8. Give hygienic-dietetic treatment for tuberculosis.
9. Define the term "Incubation Period" and give incubation period of (a) Scarletina, (b) Erysipelas, (c) Pertussis, (d) Rubeola, (e) Variola.
10. What hygienic measures should be observed in psychotherapy?

MATERIA MEDICA.

1. Define and describe alkaloids.
2. (a) Define and give dosages of tinctures; (b) Fluid Extracts; (c) Ointments.
3. Define Spirits.

4. How is opium obtained? What per cent of Morphine should it contain? Its usages and dosages? Toxicology?
5. What are the uses of Salicylic Acid?
6. Name the various preparations of Mercury? Dosage, usages, etc.
7. Name some of the various preparations of Febrifuges, Cholagogues, Antiperiodotics, Tonics and Analgesics, Diuretics, Salines, etc.
8. Name ten drugs most commonly used and give their dosage, usage; Symptoms of overdosing and remedy for overdose.
9. Name and describe the various modes of administration of medicine to the circulation.
10. (a) What is cumulative action? (b) Give example and names of drugs having that effect.

New and Nonofficial Remedies.

ARSPHENAMINE-SQUIBB.—A brand of arspphenamine N. N. R. (see New and Non-official Remedies 1921, p. 41). Arspphenamine-Squibb is marketed in ampules containing, respectively, 0.1 Gm., 0.2 Gm., 0.3 Gm., 0.4 Gm., 0.5 Gm., 0.6 Gm. Arspphenamine. E. R. Squibb & Sons, New York.

NEOARSPHENAMINE-SQUIBB.—A brand of neoarsphenamine N. N. R. (see New and Non-official Remedies 1921, p. 45). Neoarsphenamine-Squibb is marketed in ampules containing, respectively, 0.15 Gm., 0.3 Gm., 0.45 Gm., 0.6 Gm., 0.75 Gm., 0.9 Gm. Neoarsphenamine.

SODIUM ARSPHENAMINE-SQUIBB.—A brand of sodium arspphenamine N. N. R. (see New and Non-official Remedies 1921, p. 48). Sodium arspphenamine-Squibb is marketed in ampules containing respectively, 0.15 Gm., 0.3 Gm., 0.45 Gm., 0.6 Gm., 0.75 Gm., 0.9 Gm. sodium arspphenamine. E. R. Squibb & Sons, New York.—*Jour. A. M. A.*, April 9, p. 1007.

Propaganda for Reform.

HEXAMETHYLENAMIN AND SODIUM ACID PHOSPHATE.—Hexamethylenamin acts in acid urine only. Hence, if the urine is not acid, sodium acid phosphate should be given in doses of 1 to 2 gm. midway between the doses of hexamethylenamin. Enough of the sodium acid phosphate should be given to render the urine acid, but not enough to cause diarrhea. (*Jour. A. M. A.*, April 9, 1921, p. 1031).

LASH'S BITTER'S.—A physician reports that he was called to see a patient who had consumed ninety-one bottles of Lash's Bitters in thirty-six days. Previously the patient had consumed Wine of Pepsin in about the same amount. The amount of Lash's Bitters con-

sumed is equal to about twenty ounces of straight whiskey daily. The label on the Lash's Bitters bottle declares "Guaranteed free from habit-forming drugs." (*Jour. A. M. A.*, April 9, 1921, p. 1029).

ALUMINUM POTASSIUM NITRATE.—The product advocated in the July 17, 1920, issue of the Chicago Medical Bulletin for the treatment of osteomyelitis is not on the market. The product, which is said to be used, has been analyzed for the Council on Pharmacy and Chemistry in the Association Chemical Laboratory. Analysis showed that it did not have the composition claimed. For practical purposes the preparation may be regarded as a mixture of 97.5 per cent potassium nitrate U. S. P. (saltpetre) and 2.5 per cent of aluminum nitrate (which may be purchased from chemical supply houses) (*Jour. A. M. A.*, April 30, 1921, p. 1265).

MORE MISBRANDED NOSTRUMS.—The following preparations have been the subject of prosecution by the federal authorities charged with the enforcement of the Food and Drugs Act, on the ground that the therapeutic claims made for them were false and fraudulent. *Treatamiento Zendejas* (Panfilo Zendejas), a solution containing potassium iodid, plant extractives and sugar. *Helmitol* (Bayer Co., Inc.), tablets consisting of Hexamethylenamin, Methylencitrate and talc. *Self-help E.* and *I. Treatment* (Henry S. Wampole Co.), consisting of a liquid which was essentially zinc chlorid and glycerin and tablets containing cubeb, copaiba balsam with small amounts of santal oil, alum and magnesium oxid. *Urisepic Pills* (G. J. Fajardo), consisting essentially of hexamethylenamin, cubeb, santal oil and kava kava. *Pinkolo Ointment* (Custer Chemical Co.), an ointment containing camphor, red mercuric oxid and zinc oxid (*Jour. A. M. A.*, April 9, 1921, p. 1029).

BENZYL BENZOATE.—This drug has been widely accepted, chiefly on the basis of experiments on excised organs as an efficient antispasmodic agent for smooth muscle in various regions. Few observations have been made, however, as to its action on intact organs. Recent investigation has raised serious doubt as to the efficiency of benzyl benzoate as an antispasmodic for the intact uterus, intestines, stomach and bronchi. Large doses injected into dogs intravenously (so that the drug might act on the smooth muscles of these organs) gave almost totally negative results. This investigation suggests that allowances should be made for impressions, reflex influ-

ences, the psychic state and natural recovery before drawing definite conclusions as to the beneficial effect of benzyl benzoate, especially in such capricious conditions as hiccough, whooping cough, asthma and dysmenorrhea for which it has been advocated (*Jour. A. M.*, April 30, 1921, p. 1252).

COD LIVER OIL IN RICKETS.—For many years cod liver oil has been regarded almost as a specific against rickets in children. During recent years it has been made reasonably certain that the administration of cod liver oil alters the calcium balance in such a manner that calcium will be retained in the body and that it increases the capacity of rachitic children to take up and hold calcium. Since the beneficial effects of cod liver oil on rickets may be due to its liberal content of vitamine A, frequently described as the Fat-Soluble food accessory, it is interesting to know that crude unrefined cod liver oil may be 250 times as rich as butter in vitamine A and that samples of refined oil, although not so active as the crude oil, were also far superior to butter in their vitamine potency. The ease with which the Fat-Soluble A Vitamine of cod liver oil is destroyed by reagents and drastic manipulations make the various 'refinements' of cod liver oil products sold as proprietary preparations even more reprehensible than they have seemed in the past. (*Jour. A. M. A.*, April 9, 1921, p. 1009).

SOME OF LOESER'S INTRAVENOUS SOLUTIONS. The Council of Pharmacy and Chemistry reports that Loeser's Intravenous Solution of Hexamethylenamin, Loeser's Intravenous Solution of Hexamethylenamin and Sodium Iodid, Loeser's Intravenous Solution of Sodium Salicylate, Loeser's Intravenous Salicylate and Iodid, Loeser's Intravenous Solution of Sodium Iodid and Loeser's Intravenous Solution of Mercury Bichlorid, manufactured by the New York Intravenous Laboratory, were not accepted for New and Non-official Remedies because they are sold under misleading claims regarding their alleged safety and efficiency. The fundamental objection to the claims made for these preparations is the general claim of superiority and safety of the intravenous method. The Council continues to hold that intravenous medication generally is not as safe as oral medication, even with relatively harmless substances and that it does not give "improved clinical results" except under rather narrowly confined circumstances, namely, if the drug undergoes decomposition in the alimentary tract, if it is not absorbed, if it causes serious direct local reactions, or

if time is an urgent element. The Council has recognized intravenous preparations which satisfy these requirements. The Council concluded that these solutions did not meet these conditions (*Jour. A. M. A.*, April 16, 1921, p. 1120).

MORE MISBRANDED NOSTRUMS.—The following preparations have been the subject of prosecution by the federal authorities charged with the enforcement of the Food and Drugs Act, chiefly because the therapeutic claims were held to be false and fraudulent: Anti-brule (Crescent Chemical Co.), essentially a watery solution of picric acid and a small quantity of picrates. Burkhart's Vegetable Compound (Dr. W. A. Burkhart), consisting essentially of aloes, capsicum, and plant extractives, including resins, probably podophyllum. S. O. S. (Pfeiffer Manufacturing Co.), consisting of two preparations: one, a watery solution containing thymol, zinc, magnesium sulphates and glycerin; the other, pearls containing santal oil, copaiba balsam, oil of cinnamon and fixed oil. Osgood's Special Capsules (H. Planten & Son), consisting of volatile gurjun oil, a phenolic compound and a sulphurated fixed oil. Gin-berry Capsules (Henry S. Wampole Co.), composed essentially of cubeb, balsam of copaiba, santal oil, magnesia and alum. Benetol Vaginal Suppositories (Bentol Co), consisting essentially of alpha and beta naphthol, boric acid and traces of menthol and phenol in a cacao butter base. Mowery's Gonorrhoea Paste (Binkley Medicine Co.), essentially powdered cubeb, copaiba balsam, alum and magnesia (*Jour. A. M. A.*, April 30, 1921, p. 1263).

DIGIFOLIN NOT ADMITTED TO N. N. R.—Digifolin-Ciba is a product of the Society of Chemical Industry of Basle, Switzerland. It is claimed to be "a preparation of digitalis leaves, that has been freed from their useless and harmful principles such as digitonin (saponin), coloring and inert matter, etc., but does contain all the really valuable and therapeutically active constituents of the leaves, namely: digitoxin and digitalein in their natural proportions."

The Council on Pharmacy and Chemistry reports that there is no evidence that digifolin contains all of the glucosides of digitalis as they exist in the leaf and that it is extremely improbable that this is the case, because one cannot remove the saponin without altering the other active principles of digitalis. The Council also held unwarranted the claim that Digifolin does not have the disadvantages of

galenical digitalis preparations since it is well established that the untoward effects of digitalis are inherent in the principles that exert the desired effects of digitalis and that these may be avoided largely by a carefully regulated dose of any digitalis preparation. The claim that Digifolin-Ciba has all the advantages and none of the disadvantages of digitalis has been refuted so frequently that manufacturers must be aware that it is untenable. Further, the report concludes, the claim now made for Digifolin are essentially those made nearly four years ago, at which time the attention of the American agent was called to their unwarranted character. (*Jour. A. M. A.*, April 2, 1921, p. 952).

MORE MISBRANDED NOSTRUMS.—The following products have been the subject of prosecution by the federal authorities, chiefly because the therapeutic claims advanced for them were held false and fraudulent: Methylax Blue Pearls (Pfeiffer Chemical Co.), capsules containing cubeb, methylene blue and probably copaiba and kava kava. Jax Capsules and Antiseptic Injection (The Tropical Cooperative Co.), the capsules containing cubeb, balsam of copaiba and corn starch while the injection was reported to consist of a solution containing phenol, thymol, methol, boric acid and zinc sulphate. Stops It In One Day (O. K. Remedy Co.), consisting of two preparations, a bottle containing a dilute solution of berberin sulphate, and a tube containing a mixture of potassium permanganate and potassium sulphate. Purola Kidney and Liver Remedy, Diarrhoea Mixture, Femalin, Sarsaparilla Compound and Compound Extract of Buchu (The Blumauer-Frank Drug Co.), the first, a solution containing vegetable extractives carrying emodin and resin, potassium acetate, sugars and a trace of salicylic acid; the second, a solution of opium, camphor, capsicum extractives, rhubarb, oils of peppermint and anise and a trace of gambir; the third, a solution containing glycyrrhiza extractives, emodin, resin, a trace of alkaloid, sugar, glycerin and aromatics; the fourth, a solution of vegetable extractives carrying emodin, indications of saponin, glycyrrhizin, alkaloids, volatile oil, sugar, glucose and potassium iodid; the fifth, a solution of buchu extractives, sugar, licorice and extractives, potassium acetate and little, if any emodin. Planter's Golden Crown Special (Planter Medicine Co.), consisting essentially of oil of cassia, methyl salicylate, copaiba, alkaloids of sanguinaria, ethyl nitrate, water and alcohol (*Jour. A. M. A.*, April 23, 1921, p. 1185).

Obituary.

DR. H. L. MERRITT.—Dr. H. L. Merritt, of Forrest City, died April 8, 1921.

DR. S. P. VAUGHTER.—Dr. S. P. Vaughter, of Little Rock, died May 4, 1921. Aged 50. He is survived by his father, two daughters and three sons.

EDWARD HAMILTON MARTIN, Hot Springs, Ark.; Medical Coll. of Ohio, Cincinnati, 1887; aged 56; Member A. M. A., Ark. Med. Society, Garland County Med. Society, Tri-State Med. Ass'n of Arkansas, Miss., Tenn., (Prs. 1899), Tri-State Med. Ass'n of Texas, Arkansas and Louisiana (Prs. 1912), Southern Med. Ass'n, Med. Ass'n of the Southwest, (Pres. 1918), Miss. State Med. Ass'n, (Prs. 1906), Organizer Clarksdale, (Miss.) and Six Counties Med. Soc.; organized The Martin Clinic in January, 1920, which will be continued by his staff; died May 5th, from angina pectoris.

MISSISSIPPI COUNTY.

(Reported by F. D. Smith, Sec.)

The Mississippi County Medical Society held its regular meeting Tuesday, April 12, 1921 in the Court House at Oseeola. Present: Drs. C. M. Harwell and W. J. Sheddan, Oseeola; M. E. Chambers and N. B. Ellis, Keiser; T. F. Hudson and S. A. Lowry, Luxora; H. F. Crawford, Wilson; R. L. Johnson, Bassett and F. D. Smith, Blytheville.

Dr. Ellis presented a paper on "Diagnosis and Treatment of Lobar Pneumonia" and Dr. Johnson one on "Puerperal Eelampsia". Both papers elicited a lively discussion and an enjoyable and profitable hour was spent.

It is to be hoped that more of our members will wake up and take some active part in the work of the society.

Book Reviews.

HYGIENE OF COMMUNICABLE DISEASES.—A handbook for sanitarians, medical officers of the army and navy and general practitioners. By Francis M. Munson, M. D., Yale University, 1920. Published by Paul F. Hoeber, New York. Price, \$5.50.

This book presents in a concise form the information now available concerning epidemiology and the management of communicable diseases.

MEDICAL CLINICS OF NORTH AMERICA—(The Philadelphia Number) January, 1921. Volume IV, Number 4. Octavo of 355 pages. Thirty-seven illustrations. Published bi-monthly by W. B. Saunders Company, 1921. Price per Clinic year, paper \$12.00, cloth \$16.00.

The first clinic described in this number is that of Dr. Alfred Stengel, University Hospital, Philadelphia. His subject is: "On the Use of Serum and Blood of Convalescent Patients in the Treatment of Lobar Pneumonia, and Influenzal Pneumonia." He presents two cases of lobar pneumonia, one showing spontaneous recovery, the second an immediate crisis and beginning convalescence on the fifth day of the disease following intravenous injection of blood serum from the first case, and follows with a report of his experience in other cases.

HEART AFFECTIONS, THEIR RECOGNITION AND TREATMENT.—By S. Calvin Smith, M. S., M. D., Instructor in Medicine, University of Pennsylvania, Graduate School of Medicine. Illustrated Military reference with the permission of the Surgeon General. Published by F. A. Davis Company, Philadelphia. Price \$5.50.

We copy from the author's frank remarks in the preface saying "This is a book that does not pre-suppose a knowledge of the subject and that strives to encompass in a small volume sufficient fundamentals of anatomy, physiology, pathology, diagnosis and treatment to give the busy physician a working knowledge of the more recent advanced in studies of the heart."

The author advises a systematic method of heart examination in which auscultation is to be the last, not the first, of the physical methods employed.

CHEMICAL PATHOLOGY.—Being a Discussion of General Pathology from the Standpoint of the Chemical Processes Involved. By H. Gideon Wells, Ph. D., M. D., Professor of Pathology in the University of Chicago, and in the Rush Medical College, Chicago. Fourth Edition, Revised and Reset. Octavo of 695 pages. Published by W. B. Saunders Company, Philadelphia, 1920. Price, Cloth \$7.00, net.

This book presents to the readers in medicine the advances that are being made along lines that are of fundamental importance to clinical medicine. The rapidly growing information concerning the nutritional factors that are essential to growth and repair, and without which serious "Deficiency Diseases" may arise, has necessitated the introduction of a new chapter to cover this subject. We find numerous sections of this edition entirely rewritten and a few pages have not required revision or addition.

IN MEMORY OF DR. E. H. MARTIN.

By C. S. Pettus, Little Rock.

Just when the blast of winter had blown its last gust, and the zephyrs of springtime had whispered to Nature, re-arranging the stage of Mother Earth from a forest of lifeless forms, with trees reaching out bare arms so hideous that chirping birds were frightened away, with the ground beneath the bare trees devoid of cover, giving the appearance of ehilliness and causing one to shudder; just when a world of cheerfulness had made its appearance with chirping birds, clear skies, and with the decorations of forest and field with leaves and flowers, with blossoming dog-wood and elinging vines of the beautiful honey-suckle, with the carpeting of the earth with soft green grass, giving a spring to steps among this wonderful change that nature had wrought, at such a time when we rightfully revel in living—the cold hand of Death came among our clan of true and tried men—members of the State Medical Society—and gently led away one of our greatest members, Dr. E. H. Martin of Hot Springs, Arkansas.

The voice of Death seemed to say, "It is best to take him now while your Society is gathered together in annual meeting to consider your great problems of health, in order that your thoughtful members may in each yearly convention remember the sacredness of the day and fittingly commemorate the life of this great doctor."

Until prevented by failing health in recent years, he was among the leaders of the Arkansas Medical Society, and assisted in arranging the meetings each year. At the meeting of any scientific medical gathering he had no peer and was ready to perform his duties always. As an essayist, he was logical and interesting, and on the floor of medical meetings in the discussion of questions, he was in his arena.

I knew him well and because of our close friendly relations I learned to love him. Often we traveled together attending medical meetings at various places.

He was a learned man and a rare student. He was a most honorable man.

His humor was rich and spontaneous. His heart always beat in tenderness and kindness, and I found him at all times most lovable. He seemed never to know dislike for anybody or anything, but found beauty and worth in all things and in all of whom he spoke.

While traveling with him on several occasions, I have expressed to him my admiration of his consideration of all he met, his courtly manners, and good nature, to which he would answer, "I trust you are speaking the truth, and that I may be instrumental in awakening

in you the desire to do good and thoughtful things for your fellow-men."

Apparently he was distant and thoughtless, because he was so unassuming and tried to appear ordinary. Because of his independence and progression he was often criticised, but such men usually are criticised, but criticism of him received no response from him. Unthoughtedly, on one occasion I mentioned the criticism of one of his colleagues—with that unassuming manner of his and apparently without irony or sarcasm, he said, "I may be wrong since the doctor doesn't agree with me, because he is capable and certainly he knows." With this he changed the subject of conversation.

His kindness and consideration for others could not be better demonstrated than by relating an incident that I recall when we were returning from a medical meeting in Oklahoma City some years ago. Dr. Martin was shaving himself in a crowded dressing room. He had only partly shaved when a blind man, partly dressed and feeling his way with his cane, entered the dressing-room in search of a place to complete his toilet, when Dr. Martin, upon turning around, realized his predicament and immediately took him in charge. He led him to his own basin, cleaned it, and washed the blind man's face and hands and then seated him. The doctor then finished his own toilet.

He manifested a great interest in boys, who seemed to know in coming in contact with him that they had found a friend.

His fondness for the Southern negro was amusing and beautiful. When a negro accosted him and informed him that he was from Mississippi, he found a hearty welcome from Dr. Martin, who invariably tipped him and sent him on his way rejoicing.

Some years ago while I was standing with him on the corner of a street in a great eastern city, he noticed a woman with a baby in her arms attempting to cross the street, but hesitating because of the automobiles and street cars. For him to see was to act, so he immediately excused himself and assisted the mother and child across the street.

He never saw an elderly woman with packages or grip without relieving her of her burden. No one to whom he offered assistance doubted the spirit in which he made the offer.

His love of all people was one of the most beautiful characteristics that I have ever known in any one.

In the death of Dr. Martin scientific medicine has lost a valuable man, his family a loving member, and I a dear, sweet, true friend.

The Secretary of the County Society will please notify the State Secretary immediately of any error or change in these officers.

D I R E C T O R Y

OF THE

C O U N T Y S O C I E T I E S O F T H E A R K A N S A S

M E D I C A L S O C I E T Y

1921.

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MISSISSIPPI.....	T. F. Hudson, M.D.	Luxora.....	F. D. Smith, M.D.	Blytheville
MONROE.....	J. H. Phipps, M.D.	Roe.....	M. F. Houston, M.D.	Clarendon
NEVADA.....	W. W. Rice, M.D.	Prescott.....	O. G. Hirst, M.D.	Prescott
OUACHITA.....	S. A. Thompson, M.D.	Buena Vista.....	J. B. Jameson, M.D.	Camden
PERRY.....	E. L. Mathews, M.D.	Casa.....	R. A. Jones, M.D.	Houston
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