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The New York Academy of Medicine

By *Medical & Surgical Faculty*  
*of Maryland* 19









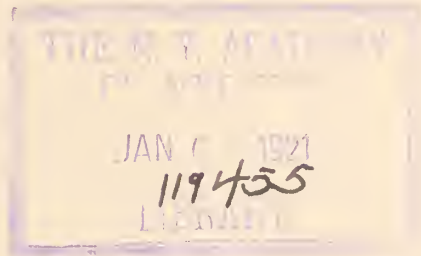
# THE BULLETIN

OF THE

## Medical and Chirurgical Faculty of Maryland

Vol. X

October 1917—May 1918



BALTIMORE

1918



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# THE BULLETIN

OF THE

# Medical *and* Chirurgical Faculty of Maryland



OWNED AND PUBLISHED BY THE ABOVE-NAMED STATE MEDICAL SOCIETY  
SOLELY IN THE INTEREST OF THE MEDICAL PROFESSION

1211 CATHEDRAL ST., BALTIMORE, MD. 25c. PER ANNUM

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VOL. X

OCTOBER, 1917

No. 1

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## OFFICERS AND COMMITTEES FOR 1917

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Guy Steele

*President-Elect*  
W. S. Halsted

*Vice-Presidents*  
D. E. Stone  
A. H. Hawkins  
J. M. H. Rowland

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*Treasurer*  
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Hiram Woods, W. S. Archer, C. O'Donovan, L. C. Carrico, Peregrine Wroth, Jr.;  
J. F. Crouch, Wilmer Brinton, Randolph Winslow, H. B. Stone, H. L.  
Naylor, W. J. Todd, L. F. Barker, G. Milton Linthicum,  
R. Lee Hall, H. G. Simpers

### *Committees*

*Scientific Work and Arrangements*—A. M. Shipley, W. A. Fisher, Jr., H. B. Stone.

*Library Committee*—John Ruhräh, H. B. Jacobs, Harry Friedenwald, R. B. Warfield, L. F. Barker.

*Finnery Fund Committee*—H. Friedenwald, H. L. Naylor, J. W. Williams, John Ruhräh, R. B. Warfield.

*Delegates to A. M. A.*—Randolph Winslow; *alternate*, E. B. Claybrook; Alexius McGlannan; *alternate*, J. Hall Pleasants.

*Public Instruction*—Lilian Welsh, H. Warren Buckler, J. Hall Pleasants, C. W. Vest, E. E. Wolff.

*Post Graduate Work and Instruction*—Peregrine Wroth, Jr., H. O. Reik, E. H. Richardson, J. W. Holland, W. H. Hopkins.

*Midwifery Law*—L. E. Neale, J. L. Riley, H. F. Nichols, T. H. Brayshaw, J. C. Monmonier, Jr.

*Memoir*—J. T. Smith, Compton Riely, L. G. Smart, G. R. Myers, N. S. Dudley.

*Fund for Widows and Orphans*—S. K. Merrick, J. D. Reeder, W. J. Todd, L. H. Gundry, Philip Travers.

*Defense of Medical Research*—W. S. Thayer, T. S. Cullen, Nathan Winslow, Standish McCleary, C. A. Penrose.

*Medical Education*—Herbert Harlan, W. F. Lockwood, Randolph Winslow.

## STATE PRACTICE ACT

*State Board of Medical Examiners*—Herbert Harlan, J. McP. Scott, Harry L. Homer, J. L. Riley, H. M. Fitzhugh, L. A. Griffith, E. E. Wolff, A. L. Wilkinson.

*Regular Meetings of the Board of Medical Examiners of Maryland*—Fourth Tuesday in April; first Tuesday in June; first Wednesday in October; first Wednesday in December,

*Regular Examinations*—Examinations are held in Baltimore. Third Tuesday in June for four consecutive days. Second Tuesday in December for four consecutive days.

Maryland is in reciprocal relationship with the following States: Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Michigan, Minnesota, Missouri, Nebraska, New Hampshire, Ohio, Oklahoma, S. Carolina, Texas, Vermont, Virginia, W. Virginia and Wisconsin, subject to requirements and fees imposed by the respective States.

Information connected with Medical Examinations and licensure by addressing Secretary, J. McP. Scott, Hagerstown, Md.



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N.Y.ACADEMY OF MEDICINE,  
NEW YORK,  
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MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND.  
1211 CATHEDRAL STREET.

Bulletin Correction.

V. 10, which was to have been issued in 8 nos., Oct. 1917-May 1918 inclusive, was issued in 4 nos. Oct. and Nov. 1918 which read v. 10, no. 5 and 6 should be corrected to read v. 11, no. 1 and 2. Dec. 1918 was corrected to read v. 11, no. 3, but the paging of v. 10 and 11 will run continuously. Title page and index for v. 10 will be mailed you in a few days with the January issue. V. 11 will be run in 8 nos.

*bind this in —*

# THE BULLETIN

OF THE

## MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND

CONTROLLED BY THE COUNCIL AND EDITED BY A COUNCILLOR,  
DR. CHARLES O'DONOVAN  
PUBLISHED MONTHLY EXCEPT JUNE, JULY, AUGUST AND SEPTEMBER

VOL. X

BALTIMORE, OCTOBER, 1917

No. 1

LETTER FROM CAPTAIN HARVEY B. STONE, M.O.R.C.

July 23, '17.

DEAR COUSIN FRANK:

As you have probably learned, we reached France safely and after a little delay in getting adjusted, are now at work. So far all the surgery, of which there has been quite a lot, has been largely civil practice among the troops, as they are not yet in action, and probably will not be for some time until they are trained in the conditions of this new warfare. We have had appendicites, hernias, hemorrhages, goiters, fractures, and other accidental injuries in good number. I am in charge of this hospital on the surgical side, as our unit has been temporarily broken up and assigned to different bases until the need of a large unit at the front develops, when we expect to be re-assembled again. There are two other general surgeons with me, and none of us has had any experience in the specialties, but nevertheless, the first operation we had to do when we got here was a bad mastoid with sinus thrombosis, and edema and congestion of his eye, temperature 104.5°. We ligated his jugular and cleaned out the mastoid, etc., and he has done very well. I did another mastoid yesterday, and took out an eye for purulent panophthalmitis a week ago. So far all have done remarkably well. Out of a couple of hundred cases, varying all the way from ingrown toe-nail to peritonitis and fractured skull, we have not had a death. I am knocking on wood as I write this. Our troops are in very good physical shape, and generally speaking have behaved themselves excellently. The cases of drunkenness are remarkably few and there has been practically no disorder. We are afraid that later venereal infections may become serious, as it seems nearly impos-

sible to keep a large body of men in a country like this, where the people are friendly and sexual relations less rigid than with us, from incurring extensive exposure to infection. The buildings we are using are those of a so-called "college" or high school, and are easily adaptable for hospital purposes. The French, however, are less advanced in sanitary matters than is desirable. Very little running water in the buildings, toilet facilities quite meager, no screens in doors or windows, lots of flies and some mosquitoes. We are trying to get these matters straightened out, some of them, the plumbing and heating for winter, will be hard to fix. Our water is not potable without boiling, and there is practically no general sewage system. Every gutter is full of slops, there are many open toilets with flies galore, and the streets and roads are almost never swept or cleaned. Part of this no doubt is due to the scarcity of labor, in fact, most of the work is done by women. All our floors, walls, dishes, etc., were done by women until we had enough convalescents to put on the jobs to release the French women. All the men between eighteen and forty-five are engaged in some form of state activity, either at the front, in the mail or train services, as interpreters, sailors, or some other government controlled activity. The French, although naturally most heartily tired of war, are far from being depressed in spite of their many losses and hardships. They have become so accustomed to war that a soldier returns to the front from his furlough home with as little emotional evidence of distress as we would exhibit when leaving for an annoying but necessary business trip. They are not bitter against the Germans individually, give them credit for being excellent soldiers and brave men, but think them dupes of their government and rather stupid fellows to continue fighting a cause that seems not only unrighteous but doomed to certain defeat. The majority of those whom I have talked with have been privates or petty officers, and know little of the larger movements of troops except such news as appears in the papers, but they have a very good idea of international politics and relationships. Their attitude towards America is most appreciative. They seem to understand clearly our internal difficulties and divisions of sentiment, and to have great confidence in Wilson's breadth of view and ability to solidify American opinion. I was talking to a young non-com. on his way back to the front a couple of days ago. He had been at Verdun, the Somme, Champagne, etc., for two years—twenty years old now—and had the "croix de guerre" on his breast. I asked him why he got it and he laughed and said "I was too scared to run away," and that was all I could get out of him. When our big army gets over and gets into it, I hope they may be able to live up to the example the French have set. No one could excel it.

I am perfectly well. No sinus trouble so far. Lots of interesting work



and not too much of it to keep me from getting a swim every couple of days and plenty of long walks. Except for missing my family and friends I am perfectly happy. Wish you or Clapp could be with us as we will surely need more men in your line. You might show this letter to O'Donovan if he wants any of it for the BULLETIN.

Yours,  
HARVEY.

*Base Hospital No. 18, American Expeditionary Force, France.*

### MINUTES OF THE HOUSE OF DELEGATES.

The 57th meeting of the House of Delegates was held at the Faculty Building, on Tuesday, April 24, at 2 p.m. The meeting was called to order by the President, Dr. Guy Steele. The minutes of the Semi-Annual Meeting of the House of Delegates were accepted as printed. There were present Drs. G. L. Broadrup, L. B. Henkel, Jr., J. S. Bowen, L. G. Smart, Philip Briscoe, Howard Bratton, E. E. Wolff, W. R. White, H. B. McDonnell, A. A. Parker, Roades Fayerweather, J. H. Pleasants, Standish McCleary, T. R. Chambers, J. T. Geraghty, Emil Novak, Hiram Woods, G. M. Linthicum, W. S. Archer, Charles O'Donovan, Peregrine Wroth, Jr., J. F. Crouch, Wilmer Brinton, Randolph Winslow, W. J. Todd, Guy Steele, J. S. Davis, W. S. Gardner, John Ruhräh and J. McPherson Scott.

A verbal report was made for the State Board of Medical Examiners by Dr. J. McPherson Scott, and a resolution was submitted to the House of Delegates in reference to the advisability of continuance of fee required by the Board for the preparation of transfer papers of licentiates to other states, and of licentiates from other states; that the Board's expenses were met by its fees exclusively, and this class was benefited to and from the state, and should assist in meeting the expenses of the Board. The resolution was discussed by Drs. Williams, Davis, Woods, Winslow and Harlan and referred to the Council for consideration.

The reports from the various officers were read as follows: The report of the Secretary was read by Dr. Davis. Adopted. The report of the Treasurer, Dr. W. S. Gardner, was accepted as printed. Dr. Woods read the report of the Council. Adopted. Report of Committee on Scientific Work and Arrangements read by Dr. A. M. Shipley. Dr. Ruhräh read the report of the Library Committee and Finney Fund Committee.

Auxiliary Congressional and Legislative Committee of the A. M. A., no report.

Report of Committee on Medical Education read by Dr. Harlan.

Report of the Public Instruction Committee read by Dr. Lilian Welsh.

Committee on Midwifery Law, no report.

Committee on Defense of Medical Research, no report.

Memoir Committee, report read by Dr. J. T. Smith.

Report of Committee for Relief of Widows and Orphans read by Dr. S. K. Merriek.

Committee on Post Graduate Work and Instruction, no report.

Osler Testimonial Committee, no report.

The report of the Trimble Fund Committee was deferred.

The meeting then adjourned.

*April 25, 1917, 9 a.m.*

The 58th meeting of the House of Delegates was called to order by the President, Dr. Guy Steele, in the Small Hall of the Faculty Building at 9 a.m., April 25, 1917. The minutes of the previous meeting were read and approved. There were present Drs. J. S. Bowen, L. G. Smart, Philip Briscoe, D. O. George, M. D. Norris, E. E. Wolff, W. S. Archer, W. R. White, J. L. Lewis, L. A. Griffith, W. H. Fisher, A. A. Parker, Roades Fayerweather, J. H. Pleasants, Standish McCleary, T. R. Chambers, Gordon Wilson, F. H. Baetjer, Emil Novak, C. A. Penrose, J. W. Williams, Hiram Woods, L. F. Barker, G. M. Linthicum, R. Lee Hall, W. S. Archer, Charles O'Donovan, Peregrine Wroth, Jr., J. F. Crouch, Wilmer Brinton, Randolph Winslow, H. B. Stone, Guy Steele, J. S. Davis, W. S. Gardner, J. McP. Scott, A. McGlannan.

Dr. Steele reported that the committee appointed by the Council was in favor of asking the Southern Medical Association to Baltimore for the meeting in November, 1918. The committee consisted of Drs. L. F. Barker, W. E. Magruder and Guy Steele. It was moved by Dr. Barker, and seconded, that the President extend the invitation to the Southern Medical Association to hold its meeting in Baltimore in November, 1918; also that the President appoint a committee of five to have the general supervision of the matter, with power to appoint sub-committees. This committee consists of Drs. L. F. Barker, W. E. Magruder, Gordon Wilson, C. E. Brack, and Hiram Woods. A telegram was read from the Secretary of the Southern Medical Association inviting the members of the Medical and Chirurgical Faculty to the meeting in Memphis in November, 1917.

It was moved by Dr. Barker, and seconded by Dr. Williams, that the proposed amendments to the Constitution and By-Laws to admit the members of the Maryland State Dental Association as associate members of the Faculty be accepted. Carried.

A resolution was presented by Dr. Williams which is as follows:

*Resolved:* That the House of Delegates of the Medical and Chirurgical Faculty of Maryland inform the Mayor and the Presidents of both branches of the City Council of Baltimore, that it strongly urges the passage of the pending ordinance regulating the preservation and sale of milk, which was prepared by a committee of prominent men and women under the chairmanship of Dr. William H. Welch.

This resolution was carried.

A resolution was introduced by Dr. Linthicum as follows:

*Resolved:* That it is essential for the conservation of food, in order that the health and happiness of the people of this world be maintained, that grain be used only for food purposes,

And that the future use of grain be prohibited for the making of alcoholic beverages during the period of the war.

That this resolution be transmitted to each member from Maryland of the United States Congress.

This was discussed by Drs. Bowen, O'Donovan, Brinton, Fayerweather, Gardner and Penrose. Carried.

Dr. Wilson introduced a resolution for conserving the practices of men going into active service in the U. S. Army or Navy. This was carried. (This resolution having been accepted by the Council and ordered printed in the May "Bulletin" the text may be found in that issue.)

Dr. J. L. Lewis reported that at a recent meeting of the Montgomery County Medical Society this resolution had been accepted. Dr. L. A. Griffith, of Prince George County, reported that at a recent meeting this was accepted, and a further step taken in that the doctors who attended the patients of those going to the front would accept no fee for their work.

Dr. Woods moved that the amendments to the Constitution and By-Laws as presented be accepted. Carried.

Dr. O'Donovan offered the following resolution:

*Resolved* by the House of Delegates of the Medical and Chirurgical Faculty of the State of Maryland, that the House hereby urges the members of its component societies to offer themselves to the government for medical service during the war as promptly as possible, and that they invite other physicians to do this also. Carried.

Resolutions from the Allegany County Medical Society in regard to chiropractic was referred to the Legislative Committee.

Dr. O'Donovan offered the following resolution:

*Resolved:* by the Medical and Chirurgical Faculty of the State of Maryland assembled in annual convention that the selective draft as proposed by the Army Bill in Congress be supported by the Senators and Congressmen from the state of Maryland, and a copy of this resolution be sent to each of these gentlemen."

Dr. Linthicum offered an amendment advocating the drafting of medical officers. The subject was discussed by Drs. Linthicum, Bowen, Stone, Woods, Novak, Griffith and Winslow. The amendment was lost and resolution was carried.

Dr. Woods reported that the Council after careful consideration deemed it best that the fee of \$15.00 remain for the transfer certificates to other states.

The nominations of officers were then in order, and the following were nominated:

*President*, Dr. William S. Halsted.

*Vice Presidents*, Drs. J. E. Deets, J. McF. Diek, Julius Friedenwald.

*Secretary*, Dr. J. Staige Davis.

*Treasurer*, Dr. W. S. Gardner.

*Committee on Scientific Work and Arrangements*, Drs. Alexius McGlannan, A. G. Rytina, A. M. Shipley.

*Library Committee*, Drs. John Rubräh, H. B. Jacobs, Harry Friedenwald, R. B. Warfield, L. F. Barker.

*Councillors*, Dr. T. S. Cullen, Dr. Charles O'Donovan, vote for one. Dr. W. S. Archer, Peregrine Wroth, Jr., T. B. Johnson.

*Finney Fund*, Dr. Harry Friedenwald.

*Delegate to A. M. A.*, Dr. Randolph Winslow, *Delegate*, Dr. E. B. Claybrook, *Alternate*.

*State Board of Medical Examiners*, Dr. C. C. W. Judd, Dr. A. L. Wilkinson.

It was moved by Dr. Gardner, and seconded, that only two names for the State Board of Medical Examiners be sent to the floor by the House of Delegates. Carried.

The meeting then adjourned.

*April 26, 1917, 9 a.m.*

The 59th meeting of the House of Delegates was called to order by the President, Dr. Guy Steele, at 9 a.m., in the Small Hall of the Faculty Building on Wednesday, April 26, 1917. The minutes of the previous meeting were read and approved.

There were present Drs. J. S. Bowen, L. G. Smart, W. H. Houston, T. B. Johnson, W. S. Archer, J. E. Deets, Roades Fayerweather, J. H. Pleasants, Standish McCleary, Emil Novak, C. A. Penrose, J. W. Williams, Hiram Woods, L. F. Barker, G. M. Linthicum, R. Lee Hall, Charles O'Donovan, J. F. Crouch, Wilmer Brinton, Randolph Winslow, H. B. Stone, W. J. Todd, Guy Steele, J. S. Davis, W. S. Gardner, J. McP. Scott.

It was moved by Dr. Woods and seconded by Dr. Winslow, that Dr. T. B. Johnson, of Fredrick, be nominated to fill the vacancy of the Western Shore for the Council. Carried.

It was moved by Dr. Linthicum, seconded by Dr. Barker, that the Secretary be asked to find out from Mr. Dennis a legal ruling on the question of the State Board of Medical Examiners being connected with medical schools. This was discussed by Drs. Steele, McCleary, Hall, Winslow, Linthicum, Houston, and Deets.

It was moved by Dr. Penrose, and seconded by Dr. Pleasants, that the Medical and Chirurgical Faculty endorse food economy measures and use their influence to further this matter. Discussed by Drs. Linthicum, Hall and Gardner. Carried.

It was moved by Dr. Pleasants, and seconded by Dr. Brinton, that a committee of seven be appointed for the consideration of Health Insurance. Discussed by Drs. Barker, Brinton, Todd, Houston and Williams. Carried. The committee appointed consists of Drs. Pleasants, Magruder, Barker, Williams, Houston, Archer and Hawkins.

The election of officers was next held. It was moved by Dr. Bowen, seconded by Dr. Hall, that as there was no opposition except for the Council that the Secretary cast the ballot. Carried. It was moved by Dr. Bowen, and seconded, that the Secretary cast the ballot for Drs. Archer, Johnson and Wroth for the Council. Dr. O'Donovan was later elected to succeed himself. The elections were as follows:

*President*, Dr. William S. Halsted.

*Vice-Presidents*, Drs. J. E. Deets, J. McF. Dick, Julius Friedenwald.

*Secretary*, Dr. J. Staige Davis.

*Treasurer*, Dr. W. S. Gardner.

*Committee on Scientific Work and Arrangements*, Drs. A. McGlannan, A. G. Ry-tina, A. M. Shipley.

*Library Committee*, Drs. John Ruhräh, H. B. Jacobs, Harry Friedenwald, R. B. Warfield, L. F. Barker.

*Councillors*, Drs. Charles O'Donovan, W. S. Archer, Peregrine Wroth, Jr., T. B. Johnson.

*Finney Fund*, Dr. Harry Friedenwald.

*Delegate to A. M. A.*, Dr. Randolph Winslow, *Delegate*, Dr. E. B. Claybrook, *Alternate*.

It was decided to recommend the names of Dr. A. L. Wilkinson and E. E. Wolff to the general meeting, as nominations for the State Board of Medical Examiners.

The meeting then adjourned.

SUMMARY OF RESULTS OF EXAMINATIONS HELD BY THE  
BOARD OF MEDICAL EXAMINERS OF MARYLAND,  
JUNE 19, 20, 21 AND 22, 1917.

NUMBER	COLLEGE OF GRADUATION	EXAMINATIONS										
		ANATOMY	SURGERY	PATHOLOGY	OBSTETRICS	PRACTICE	CHEMISTRY	MATERIA MEDICA	THERAPEUTICS	PHYSIOLOGY	TOTAL	AVERAGE
1	Univ. of Maryland, '16.....	71	90	70	90	79	78	79	83	40	680	75
2	Univ. of Maryland, '16.....	75	90	76	81	84	75	84	79	83	727	80
3	Johns Hopkins, '16.....	79	90	75	92	93	79	77	90	72	747	83
4	Univ. of Maryland.....	82	.....	.....	.....	.....	75	92	.....	87	.....	.....
5	Univ. of Maryland, and Col. of P. & S., '17.....	79	86	84	79	95	75	88	74	88	738	82
6	Johns Hopkins, '17.....	77	77	82	66	84	85	70	85	82	698	77
7	Univ. of Maryland, '17.....	88	91	80	66	94	70	97	83	97	755	83
8	Johns Hopkins, '17.....	80	78	82	65	93	80	90	70	88	726	80
9	Univ. of Maryland, and Col. of P. & S., '16.....	84	75	64	67	95	75	93	70	79	702	78
10	Johns Hopkins Medical School, '15....	62	84	80	63	79	75	68	79	62	652	72
11	Univ. of Maryland, '17.....	76	91	75	82	86	75	80	64	79	708	78
12	Univ. of Maryland, '16.....	96	84	81	93	91	75	97	80	92	789	87
13	Johns Hopkins, '17.....	88	89	80	87	94	80	80	83	94	785	87
14	Univ. of Maryland, '17.....	82	90	82	92	88	98	88	75	90	785	87
15	Johns Hopkins, '17.....	65	82	67	75	93	80	75	84	80	701	77
16	Johns Hopkins Medical School, '17....	90	75	76	75	83	85	75	86	79	724	80
17	Johns Hopkins Medical School, '17....	81	86	75	80	92	100	92	86	90	782	86
18	Univ. of Maryland, '17.....	77	85	80	84	83	60	86	75	79	709	78
19	Univ. of Maryland.....	89	.....	.....	.....	.....	100	97	.....	87	.....	.....
20	Jeff. Med. Col., '17.....	75	91	78	78	90	65	80	80	80	717	79
21	Univ. of Maryland, '17.....	68	92	81	88	90	75	50	70	75	689	76
22	Univ. of Maryland, '17.....	80	91	91	87	91	100	86	92	94	812	90
23	Johns Hopkins, '17.....	79	92	90	92	87	90	75	75	75	755	83
24	Johns Hopkins, '17.....	75	74	74	73	83	75	78	80	65	677	75
25	Univ. of Maryland, '17.....	66	75	85	88	86	75	67	75	61	678	75
26	Johns Hopkins, '17.....	82	95	78	95	95	95	96	92	96	824	91
27	Col. of P. & S., '16.....	75	.....	.....	.....	.....	75	86	.....	81	.....	.....
28	Johns Hopkins Medical School, '16....	73	79	76	79	89	68	85	77	80	706	78
29	Johns Hopkins, '17.....	76	90	90	83	91	85	78	90	83	766	85
30	Johns Hopkins Medical School.....	94	.....	.....	.....	.....	90	95	.....	90	.....	.....
31	Univ. of Maryland.....	74	.....	.....	.....	.....	75	89	.....	76	.....	.....
32	Howard Medical School, Washington, '17.....	78	77	79	80	94	75	93	86	100	762	84
33	Univ. of Maryland, '17.....	85	84	80	83	93	65	69	78	82	718	79
34	Johns Hopkins Medical School, '17....	69	80	75	77	91	75	83	78	79	707	78
35	Johns Hopkins, '17.....	90	84	90	83	89	75	92	81	95	779	86
36	Univ. of Maryland.....	75	.....	.....	.....	.....	75	.....	.....	.....	.....	.....
37	Jeff. Med. Col. '16.....	91	91	78	88	94	75	93	80	80	770	85
38	Univ. of Maryland.....	80	.....	.....	.....	.....	95	80	.....	73	.....	.....
39	Johns Hopkins Medical School, '16....	63	88	78	85	86	75	88	77	89	729	81
40	Johns Hopkins Medical School, '17....	82	81	78	93	92	90	92	83	93	784	87
41	Johns Hopkins, '17.....	80	89	87	87	92	75	91	79	88	768	85
42	Johns Hopkins Medical School, '16....	81	90	81	87	95	98	93	96	99	820	91
43	Johns Hopkins Medical School, '17....	82	80	90	91	88	95	89	92	84	791	87

NUMBER	COLLEGE OF GRADUATION	COLLEGE OF GRADUATION										AVERAGE
		ANATOMY	SURGERY	PATHOLOGY	OBSTETRICS	PRACTICE	CHEMISTRY	MATERIA MEDICA	THERAPEUTICS	PHYSIOLOGY	TOTAL	
44	Johns Hopkins, '17.....	78	80	76	88	91	100	78	65	89	745	82
45	Johns Hopkins, '17.....	89	90	90	93	91	100	94	75	89	811	90
46				Failed to appear.								
47	Johns Hopkins, '17.....	81	76	89	92	95	90	93	74	95	785	87
48	Johns Hopkins Medical School, '17....	72	90	75	85	87	80	80	82	86	737	81
49	Johns Hopkins Medical School, '17....	83	81	82	98	93	80	95	86	85	743	82
50	Johns Hopkins, '16.....	87	83	75	89	87	100	78	88	76	763	84
51	Johns Hopkins Medical School, '17....	86	78	80	78	78	100	80	73	83	736	81
52	Univ. of Maryland.....	88					95	90		82		
53	Johns Hopkins Medical School, '17....	75	79	75	79	85	85	50	72	78	678	75
54	Univ. of Maryland, '16.....	84	88	60	92	75	75	78	72	81	705	78
55	Johns Hopkins Medical School, '16....	79		84	75							
56	Md. Med. Col., '04.....	49	66							69		
57	Johns Hopkins Medical School.....	77					78	93		84		
58	Mehorry Med. Col., Tenn., '16.....	79	75	76	70	77	75	90	73	72	707	78
59	Loyola Univ., Chicago, '14.....			63		80	50					
60	Univ. of Maryland.....	81					66	65		50		
61	Univ. of Maryland.....	73					70	70		62		
62	Univ. of Maryland, '17.....	62	86	72	77	80	45	55	77	60	614	68
63	Univ. of Maryland, '17.....	85	85	70	79	92	75	83	75	77	721	80
64	Johns Hopkins Medical School.....	68					80	78		88		
65	Johns Hopkins Medical School, '17....	85	85	89	85	94	98	75	80	82	773	85
66	Univ. of Md. Col. of P. & S.....	87					78	86		81		
67	Jeff. Med. Col., '17.....	79	87	75	75	90	66	94	86	93	745	83
68	Univ. of Maryland, '17.....	75	90	78	69	82	40	52	49	69	604	67
69	Md. Med. Col., '13.....	27					50			71		
70	Johns Hopkins Medical School, '17....	98	85	95	74	94	98	75	77	87	783	87
71	Med. Col. of Virginia, '17.....	73	87	64	92	82	75	78	64	60	675	75
72	Univ. of Maryland, '17.....	56	82	75	84	93	80	60	75	87	692	76
73	Johns Hopkins, '17.....	92	84	75	75	85	90	80	83	83	747	83
74	Univ. of Maryland, '03.....	64	79	97	83	92	80	77	89	75	736	81
75	Col. P. & S., '16.....	62		60			75		67			
76	Univ. of Maryland, '16.....	69	88	75	66	92	50	91	84	76	691	76
77	Col. of P. & S., '15.....	69	75	62			50			75		
78	Johns Hopkins, '17.....	64	91	75	75	87	90	58	89	89	718	79
79	Johns Hopkins Medical School, '17....	75	89	77	76	91	98	75	59	87	717	79

In the above summary an average of 75 is required of those participating in the examination for the first time in order to secure a license. Those who have failed are eligible to re-examination at the expiration of six months. They are then obliged to receive a rating of 75 in each branch in which they are re-examined before license can be issued. Under the Maryland laws, students who, at the end of their second year, have successfully passed their college examination in Anatomy, Chemistry, Materia Medica and Physiology, are entitled to examination by the Board of Medical Examiners in these branches. The ratings made by these students in the examination known as the "second-year examination" are carried forward and made part of the final examination, when an average of 75 must be obtained to secure a license. We trust that this statement will make clear the apparently incomplete examination of certain participants.

## STATE BOARD OF MEDICAL EXAMINERS OF MARYLAND.

## QUESTIONS.

## CHEMISTRY

Omit one question, answer ten.

1. (a) State the properties of metals and name five (5) "heavy" metals. (b) Name three (3) univalent and three (3) bivalent metals.
2. Show by symbols the action of potassium on water and of zinc on nitric acid.
3. How may the presence of ammonium compounds be recognized in a solution containing other metals?
4. Why are Br. and I liberated from their salts when solutions of these salts are treated with chlorine water?
5. (a) How does an alcohol differ from an organic acid? (b) Give names and formulae of two (2) alcohols and two (2) organic acids.
6. Mention some chemical impurities in drinking water and state their significance.
7. What is diaeetic acid? Give qualitative test and state significance when present in the urine.
8. Why and in what form are alkalies administered in diabetic coma and in certain post-operative conditions accompanied by vomiting and marked prostration?
9. Give one method in detail for quantitative estimation of urea in urine and state its clinical value.
10. What is peptone and what other products accompany its formation?
11. What changes are produced by the pancreatic secretion upon proteids and fats in the food?

DR. A. L. WILKINSON,  
*Examiner.*

*Tuesday, June 19, 1917.*

## ANATOMY.

1. Describe upper third of femur giving attachments of muscles.
2. Name and classify the joints of the lower extremity.
3. Name muscles of eyeball and eyelids and give their nerve supply.
4. Bound the mediastinum and name contents of superior mediastinal space.
5. Describe the pleura.
6. Name the coverings of the spinal cord and state at what level the spinal cord begins and ends.
7. In case of ligation of superficial femoral artery in Scarpa's triangle how would collateral circulation be established?
8. Describe the quadriceps extensor muscle.
9. Give origin, course and termination of the saphenous veins.
10. Describe the pituitary body.

DR. HERBERT HARLAN,  
*Examiner.*

*Tuesday, June 19, 1917.*

## THERAPEUTICS.

1. Physiological action of turpentine? Therapy of terpinhydrate.
2. Therapy of strophanthus? Wherein does it differ from digitalis?
3. Notable therapy and use of four salts of sodium: Bicarbonate, chloride, bromide, salicylate?

4. Therapy of senna? Name two of its preparations least disagreeable and most effective.

5. Therapy of scilla? In what combination with other drugs is it important and for what conditions?

6. Plumbum: external and internal therapy and in what combination?

7. Write two prescriptions in official terms without abbreviation containing four ingredients; one for bronchitis with persistent cough and scant secretion, the other for bronchitis with abundant secretion.

8. Aqua hydrogenii dioxide; its therapy.

9. Colchicum, physiological action, special therapy.

10. Arsenium, therapy and preferable preparations.

DR. J. MCPHERSON SCOTT,  
*Examiner.*

*Wednesday, June 20, 1917.*

#### MATERIA MEDICA.

1. (a) Define and describe alkaloids. (b) Mention the alkaloids of nux vomica. (c) Why would you prescribe the salts of the alkaloid instead of the alkaloids themselves? (d) What is the principal alkaloid of belladonna and its dose?

2. (a) What is formed if lime water and calomel are administered at the same time? (b) Give two derivatives of morphine used in medicine with dose of each.

3. (a) How is opium obtained? (b) Name two alkaloids of opium and give dose of each.

4. (a) What is the official name and dose of tartar emetic? (b) What is the ordinary name of potassium nitrate? (c) Give official name and dose of Donovan's solution. (d) Write a prescription for nitrate of silver to be used in the eye of an infant.

5. Name the official preparations and doses of digitalis, cascara sagrada, ipecac and strophanthus.

6. Give the hypodermic dose of the following: Sulph. strychnine, sulph. morphine, apomorphine hydrochloride, nitroglycerine and pilocarpine hydrochlorate, sulph. atropine.

7. (a) What are antipyretics? (b) By what methods do they act? (c) Name some of the antipyretics.

8. (a) Name four diuretics and give dose of each. (b) Mention three diaphoretics and give doses.

9. Define a laxative, a saline purgative, a drastic purgative, a hydragogue purgative and an example of each and dose.

10. How do styptics and hemostatics differ? Give two examples of each. Define astringents and name three mineral and three vegetable astringents with dose of each.

DR. L. A. GRIFFITH,  
*Examiner.*

*Wednesday, June 20, 1917.*

#### PHYSIOLOGY.

1. (a) What is blood pressure? (b) What factors determine normal blood pressure? (c) Give method of taking blood pressure and the average in male and female.

2. (a) Give mechanism of respiration. (b) What is about the normal ratio of respiration to heart pulsation?



3. Define and give physiologic significance of dyspnea, dysphagia and apnea.
4. (a) What is meant by digestion? (b) Name the secretions of the alimentary tract, their reactions and functions.
5. State the physiologic functions of the liver.
6. (a) How are the proteids, (b) carbohydrates, (c) fats and (d) salts utilized in the process of metabolism?
7. (a) What are ptomaines and how are they produced? (b) What proportion of nitrogenous and non-nitrogenous elements in the diet is most advantageous? (c) What becomes of the nitrogen ingested with the food?
8. (a) What post mortem test should be applied to prove that air has entered the lungs of a supposedly still born child? (b) Give a method of producing artificial respiration.
9. Describe the arrangement of the sympathetic nervous system.
10. (a) Give composition, reaction, specific gravity and uses of blood. (b) What conditions retard, suspend or prevent the coagulation of blood? (c) What changes take place in the composition of the blood as it passes through the kidneys?

DR. L. A. GRIFFITH,

*Wednesday, June 20, 1917.*

*Examiner.*

PATHOLOGY.

Give pathology of:

1. Acute lymph adenitis of inguinal region.
2. Purpura hemorrhagica.
3. Acute tonsillitis.
4. Cholera infantum.
5. Tabes dorsalis.
6. Lobar pneumonia.
7. Catarrhal jaundice.
8. Gonorrhoeal conjunctivitis.
9. Arteriosclerosis.
10. Describe spirochaeta pallida.

DR. H. M. FITZHUGH,

*Thursday, June 21, 1917.*

*Examiner.*

PRACTICE.

1. Define the following: Koplik's spots; Cheyne-Stokes breathing; Babinski's reflex; Graves' disease; auto-intoxication.
2. Describe the technique of a lumbar puncture and of what diagnostic value is it.
3. Give the treatment of lues.
4. Give causes, symptoms, differential diagnosis and treatment of chronic interstitial nephritis.
5. What is meant by pulse pressure? What conditions would you suspect in a patient with a systolic blood pressure of 200 mm. or over.
6. Give symptoms and prophylaxis of typhus fever.
7. Give the causes, general symptoms and treatment of obstructive jaundice.
8. Give the etiology and treatment of acute cystitis.

9. Give comparative table of contents of cow's milk and women's milk. How would you modify cow's milk for a baby three months old?
10. Describe scabies. How would you treat a well developed case?

DR. E. E. WOLFF,  
*Examiner.*

*Thursday, June 21, 1917.*

SURGERY.

1. Give symptoms and treatment of acute glaucoma.
2. What are the symptoms and treatment of acute inflammation of the mastoid.
3. Give symptoms and treatment of extra capsular fracture of the femur.
4. Name the varieties of dislocation of the shoulder joint. Give symptoms and treatment of the commonest form.
5. Give the differential diagnosis between scirrhus and non-malignant tumors of the breast. Briefly outline treatment for each condition.
6. What are the symptoms of strangulated inguinal hernia.
7. Describe briefly a typical case of acute empyema, giving all aids to diagnosis of said condition.
8. Give symptoms and treatment of gun-shot and stab wounds of the abdominal wall involving the intestine.
9. Describe the clinical picture which a patient with peritonitis presents to the observer and give the physical signs on which a diagnosis of peritonitis is based.
10. Give causes and symptoms of ischemic contracture (Volkmann's). How may it be avoided?

DR. H. L. HOMER,  
*Examiner.*

*Friday, June 22, 1917.*

OBSTETRICS AND GYNECOLOGY.

1. Trace the fetal circulation, and describe what changes occur at birth.
2. What is Baudelocque's diameter? How is it taken? What is its normal measurement?
3. In the description of a normal birth, define the terms: (a) Engagement. (b) Internal rotation. (c) Disengagement. (d) External restitution.
4. In the examination of a pregnant woman, state where you would find the fetal heart in the several presentations and positions.
5. Describe the mechanism of the third stage of labor.
6. (a) Give treatment of ptyalism of pregnancy. (b) Give treatment of chorea gravidarum.
7. Give symptoms and treatment of incomplete abortion.
8. Give diagnosis and treatment of coccygodynia.
9. Give some of the causes of "One child sterility."
10. What conditions demand a hysterectomy?

DR. JOHN L. RILEY,  
*Examiner.*

*Friday, June 22, 1917.*

# MEDICAL SOCIETY MEETINGS

Component Societies of the Faculty, with a list of their officers and times of meeting

NOTE.—*Secretaries are requested to advise the Secretary of the State Society promptly of the election of new officers in their respective Societies*

- BALTIMORE CITY MEDICAL SOCIETY.** President, THOMAS S. CULLEN; Vice-President, WILLIAM T. WATSON; Secretary, EMIL NOVAK; Treasurer, W. S. GARNNER; Censors, R. WINSLOW, A. C. GILLIS, H. B. STONE, Delegates, R. FAYERWEATHER, H. FRIEDENWALD, J. H. PLEASANTS, S. McCLEARY, J. W. WILLIAMS, T. R. CHAMBERS, GORDON WILSON, F. H. BAETJER, C. PENROSE, J. T. GERAOHTY, EMIL NOVAK.  
SECTION OF CLINICAL MEDICINE AND SURGERY. First and Third Fridays, 8.30 P.M., October to May. Chairman, J. STAIGE DAVIS, M.D.; Secretary, E. B. FREEMAN, M.D.  
SECTION OF DERMATOLOGY. Third Wednesdays. Chairman, J. WILLIAMS LORD, M.D.; Secretary, I. R. PELS, M.D.  
SECTION OF GYNECOLOGY AND OBSTETRICS. Second Fridays in October, December, February and April. Chairman, J. M. H. ROWLAND, M.D.; Secretary, EMIL NOVAK, M.D.  
SECTION OF LARYNOLOGY. Fourth Fridays monthly, 8.30 P.M. Chairman, LEE COHEN; Secretary, G. W. MITCHELL.  
SECTION OF MEDICAL EXAMINERS. Third Fridays in November and March. Chairman, J. D. IOLEHART, M.D.; Secretary, W. E. MAORUBER, M.D.  
SECTION OF NEUROLOGY. Second Friday, monthly. Chairman, C. M. BYRNES, M.D.; Secretary, D. D. V. STUART, M.D.  
SECTION OF OPHTHALMOLOGY AND OTOLOGY. Third Wednesdays. Chairman, E. A. KNORR; Secretary, E. A. LOOPER, M.D.
- ALLEGANY COUNTY MEDICAL SOCIETY.** President, W. O. McLANE, Frostburg; Secretary, H. V. Deming; Treasurer, J. H. WILSON, Cumberland, Md.; Delegate, G. L. BROADRUP, Second Wednesdays of January, April, July and October; annual meeting in January.
- ANNE ARUNDEL COUNTY MEDICAL SOCIETY.** President, C. R. WINTERSON, Elkridge, Md.; Secretary, F. E. WEITZMAN, Annapolis, Md.; Treasurer, F. H. THOMPSON, Annapolis, Md.; Delegate, L. B. HENKEL, Second Tuesday of January, April, July and October.
- BALTIMORE COUNTY MEDICAL SOCIETY.** President, M. F. SLOAN, Towson, Md.; Secretary-Treasurer, F. W. KEATINO, Owings Mills, Md.; Delegates, J. S. BOWEN and L. G. SMART, Mt. Washington, Md., Third Wednesdays, at 2 P.M.
- CALVERT COUNTY MEDICAL SOCIETY.** President, W. H. TALBOTT, Willows, Md.; Secretary-Treasurer, J. W. LEITCH, Huntingtown, Md.; Delegate, P. BRISCOE. Second Tuesdays in April, August and December; annual meeting second Tuesday in December.
- CAROLINE COUNTY MEDICAL SOCIETY.** President, S. S. STONE, Ridgely, Md.; Secretary-Treasurer, J. R. DOWNES, Preston, Md.; Delegate, J. C. MANARA, Ridgely, Md.
- CARROLL COUNTY MEDICAL SOCIETY.** President, D. B. SRECHER, Sykesville, Md.; Secretary-Treasurer, H. M. FITZHUGH, Westminster, Md.; Delegate, M. D. NORRIS. April, July, October, December; annual meeting in October.
- CECIL COUNTY MEDICAL SOCIETY.** President, CHARLES F. MILLER, North East, R. D. 2, Md.; Secretary-Treasurer, H. BRATTON, Elkton, Md.; Delegate, C. P. CARRICO, Elkton R. D. 5. Third Thursdays at Elkton, April, July, October, January; annual meeting in April.
- CHARLES COUNTY MEDICAL SOCIETY.** President, JAMES J. EDELEN, Bryantown, Md.; Secretary-Treasurer, ERNEST SPENCER, Bel Alton, Md.; Delegate, L. C. CARRICO.
- DORCHESTER COUNTY MEDICAL SOCIETY.** President, LOUIS G. FRAZIER, Hurlock, Md.; Secretary-Treasurer, W. H. HOUSTON, Fishing Creek, Md.; Delegate, E. E. WOLFF, Cambridge, Md. Meetings first Tuesday in June and December.
- FREDERICK COUNTY MEDICAL SOCIETY.** President, T. B. JOHNSON, Frederick, Md.; Secretary, DR. B. O. THOMAS, Frederick, Md.; Treasurer, E. L. BOWLUS, Middletown, Md.; Delegate, I. J. McCURRY. January, April, August and November.
- HARFORD COUNTY MEDICAL SOCIETY.** President, P. F. SAPPINOTON, Belair, Md.; Secretary-Treasurer, DR. CHARLES BAOLEY, Bagley, Md.; Delegate, W. S. ARCHER. Second Wednesdays in January, March, May, July, September and November.
- HOWARD COUNTY MEDICAL SOCIETY.** President, W. N. GASSAWAY, Ellicott City, Md.; Secretary-Treasurer, FRANK O. MILLER, Ellicott City, Md.; Delegate, W. R. WHITE, Meetings (quarterly) first Tuesdays in January, April, July and October.
- KENT COUNTY MEDICAL SOCIETY.** President, H. G. SIMPERS, Chestertown, Md.; Secretary-Treasurer, F. B. HINES, Chestertown, Md.; Delegate, F. B. HINES.
- MONTGOMERY COUNTY MEDICAL SOCIETY.** President, E. L. BULLARD, Rockville, Md.; Secretary-Treasurer, F. N. HENDERSON, Rockville, Md.; Delegate, JOHN LEWIS. Third Tuesdays in April and October.
- PRINCE GEORGE'S COUNTY MEDICAL SOCIETY.** President H. B. McDONNELL, College Park, Md.; Secretary, S. M. McMILLAN, Riverdale, Md.; Treasurer, W. ALLEN GRIFFITH, Berwyn, Md.; Delegate, L. A. GRIFFITH, Upper Marlboro. Second Saturday of January, April, July, October.
- QUEEN ANNE'S COUNTY MEDICAL SOCIETY.** President, W. W. BOWEN, Pricce, Md.; Secretary-Treasurer, H. F. McPHERSON, Centerville, Md.; Delegate, W. H. FISHER. ST. MARY'S COUNTY. No active organization.
- SOMERSET COUNTY MEDICAL SOCIETY.** President, C. C. WARD, Crisfield, Md.; Secretary-Treasurer, H. M. LANEFORD, Princess Anne, Md.; Delegate, G. C. COULBOURN, First Tuesday in April at Crisfield; first Tuesday in October at Princess Anne.
- TALBOT COUNTY MEDICAL SOCIETY.** President, L. H. SETH, McDaniel, Md.; Secretary-Treasurer, W. T. HAMMOND, Easton, Md.; Delegate, J. A. ROSS. Annual meeting third Tuesday in November and semi-annual meeting third Tuesday in May.
- WASHINGTON COUNTY MEDICAL SOCIETY.** President, C. R. SCHELLER, Hagerstown, Md.; Secretary, H. D. GILMER, Hagerstown, Md.; Treasurer, J. C. PITSNOGLE, Hagerstown, Md.; Delegate, V. D. MILLER, JR.; Second Thursdays of February, May, September and November.
- WICOMICO COUNTY MEDICAL SOCIETY.** President, J. M. ELNERICE, Mardella Spings; Secretary and Treasurer, H. S. WAILES, Salisbury, Md.; Delegate, G. W. Tonn.
- WORCESTER COUNTY MEDICAL SOCIETY.** President, PAUL JONES, Snow Hill, Md.; Secretary and Treasurer, R. LEE HALL, Pocomoke City, Md.; Delegate, A. A. PARKER, Pocomoke City, Md.



# THE BULLETIN

OF THE

# Medical *and* Chirurgical Faculty of Maryland



OWNED AND PUBLISHED BY THE ABOVE-NAMED STATE MEDICAL SOCIETY  
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No. 2

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## OFFICERS AND COMMITTEES FOR 1917

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*Library Committee*—John Ruhräh, H. B. Jacobs, Harry Friedenwald, R. B. Warfield, L. F. Barker.

*Finney Fund Committee*—H. Friedenwald, H. L. Naylor, J. W. Williams, John Ruhräh, R. B. Warfield.

*Delegates to A. M. A.*—Randolph Winslow; *alternate*, E. B. Claybrook; Alexius McGlannan; *alternate*, J. Hall Pleasants.

*Public Instruction*—Lillian Welsh, H. Warren Buckler, J. Hall Pleasants, C. W. Vest, E. E. Wolff.

*Post Graduate Work and Instruction*—Peregrine Wroth, Jr., H. O. Reik, E. H. Richardson, J. W. Holland, W. H. Hopkins.

*Midwifery Law*—L. E. Neale, J. L. Riley, H. F. Nichols, T. H. Brayshaw, J. C. Monmonier, Jr.

*Memoir*—J. T. Smith, Compton Riely, L. G. Smart, G. R. Myers, N. S. Dudley.

*Fund for Widows and Orphans*—S. K. Merrick, J. D. Reeder, W. J. Todd, L. H. Gundry, Philip Travers.

*Defense of Medical Research*—W. S. Thayer, T. S. Cullen, Nathan Winslow, Standish McCleary, C. A. Penrose.

*Medical Education*—Herbert Harlan, W. F. Lockwood, Randolph Winslow.

## STATE PRACTICE ACT

*State Board of Medical Examiners*—Herbert Harlan, J. McP. Scott, Harry L. Homer, J. L. Riley, H. M. Fitzhugh, L. A. Griffith, E. E. Wolf, A. L. Wilkinson.

*Regular Meetings of the Board of Medical Examiners of Maryland*—Fourth Tuesday in April; first Tuesday in June; first Wednesday in October; first Wednesday in December.

*Regular Examinations*—Examinations are held in Baltimore. Third Tuesday in June for four consecutive days. Second Tuesday in December for four consecutive days.

Maryland is in reciprocal relationship with the following States; Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Michigan, Minnesota, Missouri, Nebraska, New Hampshire, Ohio, Oklahoma, S. Carolina, Texas, Vermont, Virginia, W. Virginia and Wisconsin, subject to requirements and fees imposed by the respective States.

Information connected with Medical Examinations and licensure by addressing Secretary, J. McP. Scott, Hagerstown, Md.

# THE BULLETIN

OF THE

## MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND

CONTROLLED BY THE COUNCIL AND EDITED BY A COUNCILLOR,  
DR. CHARLES O'DONOVAN

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### NOTICE

Owing to various delays, which could not be avoided, the BULLETIN has fallen far behind in its schedule. The amount of material which should have appeared in the eight numbers will therefore have to be printed in four issues. The October number has appeared and the present issue contains the copy set aside for November and December, 1917. Copy apportioned to January, February and March, 1918, will follow as the March issue and April, May and June will be run as June. In this way all the transactions will have been printed.

### PERSONNEL OF STANDING COMMITTEES APPOINTED FOR 1918

*Public Instruction:* Lilian Welsh, Louis Hamman, J. Hall Pleasants, C. W. Vest, J. E. Deets.

*Post Graduate Work and Instruction:* Peregrine Wroth, Jr., J. T. King, Jr., H. J. Walton, G. E. Bennett, W. H. Hopkins.

*Midwifery Law:* L. E. Neale, C. H. Riley, C. R. Foutz, T. H. Brayshaw, S. M. Wagaman.

*Memoir:* N. R. Gorter, E. B. Sterling, G. H. Cairnes, G. H. Riggs, S. S. Stone.

*Fund for Widows and Orphans:* S. K. Merrick, M. S. Rosenthal, W. J. Todd, J. I. Pennington, C. P. Carrico.

*Defense of Medical Research:* L. F. Barker, T. S. Cullen, W. R. Stokes, Standish McCleary, Compton Riely.

*Medical Education:* Herbert Harlan, Randolph Winslow, J. M. H. Rowland.

PRESENTATION OF PORTRAITS AT ANNUAL MEETING,  
APRIL 24, 1917

DR. JOHN W. CHAMBERS

By ALEXIUS MCGLANNAN, M.D.

On January 21, 1917, the sudden death of Dr. John W. Chambers removed from the Mercy Hospital a familiar presence, a good friend and the senior surgeon of the staff.

Since 1878, when he graduated at the College of Physicians and Surgeons, Dr. Chambers served continuously in one capacity or another as a member of the staff of the College and the Hospital. Beginning as resident house officer in the Baltimore City Hospital, the institution which later on became the Mercy Hospital, he successively became Prosector, Demonstrator and Professor of Anatomy, Professor of Operative and Clinical Surgery, and Professor of Surgery in the College; Associate Surgeon and Visiting Surgeon to the Hospital. For many years he was the dominant influence in the work of the hospital, and always held a great popularity with the students of the College.

The Alumni all recall his energy and enthusiasm, especially those who came under him during the early nineties, when he began to teach operative and clinical surgery.

Systematic teaching never attracted Dr. Chambers. His course in surgery was valuable in proportion to the time he spent at the bed-side and in the clinics. His dry clinic was probably his best class.

Diagnostic signs and pathological pictures, as they could be recognized or indicated by physical study of the patients, would be pointed out as they showed to his keen observation. The discussion of treatment would be thorough and well balanced, the result of large experience and sound judgment.

From his resident days Dr. Chambers was an untiring student. His reading was varied and serious. In medicine he followed the English school. Hilton's *Rest and Pain* was the constant companion and mentor of his period of hospital residence. Frequently he quoted from it, and declared that he had committed the work to memory in those early days.

With an unflinching memory his wide reading, sound judgment, and large practice brought him a knowledge of disease processes that was marvelous. This combination of qualifications gave him that almost intuitive ability to detect and discover disease, which was the wonder and admiration of his assistants and associates. The internalists and the specialists, as well as the surgeons, learned to respect his insight and judgment.



Outside of medicine, Dr. Chambers had wide interests. History, particularly the study of the early political history of the United States, was a favorite recreation. Alexander Hamilton and Abraham Lincoln appeared to be the heroes of his reading.

Political questions always attracted him and he was the friend and intimate of the practical politicians as well as of the theorists.

Personally Dr. Chambers was a loyal and warm hearted friend. His kindness to the young men in medicine is a by-word in Baltimore. Encouraging and instructive to any one in difficulty, tolerant to those who differed from him in opinion, he is mourned by a host of friends in the medical profession and in every walk of life.

On the day of his funeral the assembly of former students and associates was filled with the desire to make some tangible and lasting tribute to his memory. The project was taken up by the Alumni Association of the College of Physicians and Surgeons and Dr. Vogel, the president of the Association, appointed a committee to collect a fund and secure a suitable memorial.

A portrait to be hung in our Medical Hall of Fame at once suggested itself as the most fitting tribute. The committee has been fortunate in securing the services of Miss Kellar for making the portrait, because she has not only brought to the work artistic skill of great ability, but has painted into the picture her hearty admiration for an old friend.

It is now my pleasant duty as chairman of the committee to present to the Medical and Chirurgical Faculty of Maryland in the name of the Alumni Association of the College of Physicians and Surgeons, this portrait of Dr. Chambers.

DR. A. F. DULIN

BY DR. S. T. EARLE

This charming portrait of Dr. Alexander Franklin Dulin was given to the Faculty by his daughters, Miss Dulin and Mrs. Henry, and faithfully portrays the physician of his time: the kindly family doctor who was all things to all men.

Dr. Dulin was born in Fairfax Co., Va., May 7, 1806, and took his medical degree at the University of Pennsylvania in 1830. He became a member of this faculty in 1831, and practiced medicine in this city all his lifetime, except for the several years spent in travel and study in Europe. Dr. Dulin was an intimate friend of Dr. Samuel Chew, and resigned the deanship of the University of Maryland, which had been tendered him, in Dr. Chew's favor in 1842. After nearly a half-century of practice Dr. Dulin died on November 25, 1874.

These were accepted by the president, Dr. Guy Steele, who spoke of the place in the community held by the physician and surgeon.

DR. JACOB H. HARTMAN

BY HARRY FRIEDENWALD, M.D.

The portraits that have from time to time been placed in these halls present the likenesses of members of the profession, to whom their friends and colleagues desired to show honor, whose memory they wished to make enduring. For they were men who had distinguished themselves in their lives and in their work. The Medical and Chirurgical Faculty found it fitting to rear this "Hall of Fame" to such members. The portraits which now look down upon us form an honorable company. It is my privilege tonight to present another portrait to this collection, that of our late member, Jacob Henry Hartman; I present it in the name of one of his long time patients and friends.

Dr. Hartman was born in Baltimore, November 15, 1847, the son of the late J. P. Hartman. His early education was received in private schools. Later he was graduated from Princeton University and in 1869 from the medical department of the University of Maryland, having been an office student of Prof. Nathan R. Smith. From 1869 to 1872 he studied in Paris and Vienna, London and Berlin. He then returned to his native city and took up the practice of the specialty of diseases of the nose, throat and chest. From 1874 to 1877 he was Lecturer on Diseases of the Nose, Throat and Chest at the Washington University of Baltimore. From 1875 to 1882 he was attending surgeon at the Baltimore Throat Dispensary and when in 1882 this dispensary merged with other special dispensaries and formed the Baltimore Eye, Ear and Throat Charity Hospital, he became one of its staff of surgeons and served this institution for thirty-four years. He was one of the founders of the American Laryngological Association in 1898 and was elected Vice-president in 1883 and again in 1890 and President in 1903. He died July 28, 1916.

Dr. Hartman was a gentleman. In his relation with his friends he was cordial and loyal. His every act was that of a man of culture, refinement and dignity. The standards he set for his own thought and action were high; and he was firm and fearless in the stand he took concerning what he thought right or wrong. These standards he likewise applied to others, admiring what met with his approval and condemning in equal terms what he had reason to disapprove of. His sense of duty in all the relations of life met the highest demands. This was very manifest in his professional work. It was shown in equal measure in private practice, in the hospital and in the dispensary.

Nothing that I can say will illustrate better his relation to his patients than the story of the gift of this portrait. The lady who presents it was treated by him for many years; for a time her means were greatly reduced. During this period he refused in spite of many requests to render any bill. The practice of medicine was not a commercial undertaking with Dr. Hartman; he regarded it as a lofty profession, a service to human kind. It was in this spirit that he applied himself, his good sense, his wide knowledge, his kind sympathy, his operative skill to its service. The profession of this state and the members of his specialty have reason to cherish the memory of Dr. Hartman with pleasure and pride. In placing his portrait on our walls we are setting before us a man whom we can look upon as an example to admire and to emulate.

#### REMARKS OF DR. JOHN N. MACKENZIE IN ACCEPTING THE PORTRAIT OF DR. HARTMAN.

To the words which have been so admirably spoken by Dr. Friedenwald let me add just one of love and affection.

In receiving, on behalf of the Faculty, in its life-like likeness, this testimonial to the sterling worth of my old friend, Jacob Hartman, my heart and soul go swiftly back to other and joyous hours when the old hospital on Franklin Street was founded by Russell Murdoch, Samuel Theobald, Samuel Johnston, Jacob Hartman and John Mackenzie. Those days in Franklin Street were halcyon days. I doubt if there ever came together anywhere a company of more congenial and friendly souls than those five men—working earnestly together, in perfect harmony, without friction, without antagonism, without jealousies—laboring happily in their little home and world where science and good fellowship met together and walked hand in hand.

Two of that little band are gone; but those of us who remain will forever bear them in remembrance with never-tiring devotion as the days to come, go by.

A gentleman in every sense of the word, a true and steadfast friend, a lovable nature, a delightful companion both at home and in our walks abroad, Jacob Hartman was a type of the olden school of medical men that is fast passing away.

I knew him in friendly rivalry and intimate association for over thirty-four years and in all that time I can truthfully say that there was no harsh word, no discordant note to disturb or mar the kindly feeling and good comradeship that existed between us, and this friendly spirit will live in my memory as long as I live as a happy and priceless recollection.

In the name of the Faculty in whose house we are assembled, in the

name of the profession which by his many manly traits of character he both honored and adorned, I accept this gracious gift, this graceful tribute to the memory of our dead comrade, in its spirit of admiration and affection—in loving and enduring memorial.

REPORTS READ BEFORE HOUSE OF DELEGATES  
APRIL 24, 1917.

REPORT OF THE SECRETARY.

MEMBER-SHIP		PAID IN ADVANCE		REINSTATED	TRANSFERRED	NEW MEMBERS	DECEASED	RESIGNED	REMOVED	DROPPED
1916	1917									
54	55	50	Allegheny-Garrett County Medical Society..	1		3	1		1	1
18	17	17	Anne Arundel County Medical Society.....							1
569	560	442	Baltimore City Medical Society.....	9		29	11	4	9	23
75	80	64	Baltimore County Medical Society.....	3	2	4	2		2	
11	11	11	Calvert County Medical Society.....							
13	13	12	Caroline County Medical Society.....							
40	37	36	Carroll County Medical Society.....	1			3			1
24	25	18	Cecil County Medical Society.....	1		1	1			
1	2	0	Charles County Medical Society.....			1				
18	19	14	Dorchester County Medical Society.....	1		1			1	
50	47	40	Frederick County Medical Society.....	1		1			1	4
15	17	11	Harford County Medical Society.....	2		4			1	3
13	14	13	Howard County Medical Society.....	1						
7	7	7	Kent County Medical Society.....							
41	39	35	Montgomery County Medical Society.....							
17	19	14	Prince George County Medical Society.....	3						2
9	8	5	Queen Anne County Medical Society.....							1
1	1	1	St. Mary's County Medical Society.....							1
18	18	16	Somerset County Medical Society.....			1	1			
15	16	15	Talbot County Medical Society.....	1						
49	50	49	Washington County Medical Society.....			3	2			1
12	11	4	Wicomico County Medical Society.....							
13	15	12	Worcester County Medical Society.....	1		1				
7	8		Non-resident members.....	1						
1090	1089	886		26	2	49	21	4	15	38

REPORT OF THE TREASURER.

Printed in April BULLETIN.

REPORT OF COUNCIL.

At each annual meeting it is the duty of the Council to furnish to the House of Delegates an outline of the year's work. The members of the Council have been faithful in attending the meetings and special mention should be made of those representing County Societies.

A number of important things have been considered; among them may be mentioned the income from the Ellis Fund which amounts to \$1800 annually. In his will Dr. Ellis expressed a desire that the use of the income from his estate be settled after consultation with Drs. Wm. H. Welch, Wm. S. Halsted and Henry Barton Jacobs. These gentlemen have been consulted, and with their approval the Council has appropriated one half of the income to the needs of the Faculty, the other to the purchase of books, journals, etc.

The Public Instruction Committee will submit its own report. The work of this Committee this year will be more difficult owing to our failure to realize on the state appropriation. The Board of State Aid and Charities recommended the continuance of the appropriation and those looking out for our interests in Annapolis were assured that the recommendation had been adopted. Be that as it may, whether through accident or design, there is no mention of appropriation of money to the Faculty in any bill passed by the last Legislature. It is useless to spend time and money in investigating this, for the loss is irrevocable.

Our debt on the new building has been reduced by \$5000.

A special committee appointed to revise the Constitution will offer certain amendments to be acted upon a year hence. The House of Delegates will also be asked at this meeting to pass upon others looking toward the admission into the Faculty as associate members of the members in good standing of the State Dental Association.

The BULLETIN has received very careful consideration from the Council and important changes will go into effect after the first of July. All advertisements will be dropped and Dr. Harvey Stone will be the Editor. The reasons for dropping the advertisements are numerous, the most important being the difficulty in keeping them up to a high ethical standard, the limited circulation of the BULLETIN as an advertising medium and the failure to make them pay. There is a loss of several hundred dollars in the past year. This has been due to the necessity of paying commissions to the advertising agent as soon as he secures the advertisements, the Faculty taking the risk of the money coming in. For one reason or another a great deal has not been paid and the Council thinks it well to abolish advertisements altogether.

The Council is acting in connection with the A. M. A. for increase in membership and it is hoped that definite gains will be made in the near future.

There is a gratifying falling off in the number of suits for alleged malpractice; also we have satisfactory results obtained in the courts. We have had to consider but four of these cases. In one a verdict was obtained in the lower court, in the second the decision of the lower court acquitting the physician was confirmed in the Court of Appeals, one settled out of court and the fourth is still pending.

A movement is on foot to extend an invitation to the Southern Medical Association to meet in Baltimore. This will come up in this meeting.

It was a matter of great regret to the Council that Senator France found it necessary to resign as Secretary. Dr. J. Staige Davis is temporarily filling the position. The Council trusts that the House of Delegates will elect him at this meeting.

The Council desires to express its appreciation of the services of the Faculty's attorneys, Messrs. Dennis and Dennis. In a number of instances the matters referred to them demanded considerable investigation. Mr. James U. Dennis has always been ready to attend the meetings of the Council and give his advice.

Respectfully submitted,

HIRAM WOODS,  
*Chairman*

## REPORT OF THE BOARD OF MEDICAL EXAMINERS.

In accordance with the established purpose of your Board to maintain close and intelligent association with kindred organizations, Dr. Harlan, and Dr. H. M. Fitzhugh, as delegates, attended the annual conference at Chicago in February. In addition to the meeting of the National Board of Medical Examiners there were four other bodies holding meetings day and night for three days. Conference on Health and Public Instruction and Conference on Medical Education, Annual Meeting of Federation of State Medical Boards of the United States and Annual Meeting of Association of American Medical Colleges. All the meetings were of interest and importance and a number of valuable papers were presented.

The Board's representatives were chiefly interested in the Conference of the Council on Education and the meeting of the Federation of State Boards. Perhaps the most interesting statement from the Council on Medical Education was to the effect that the standard of education is now high enough. No further attempt is to be made to raise it for the present.

The question of practical examination came in for a free discussion and particularly the examination, written, oral and practical of the National Board of Medical Examiners as held in Washington last December.

The Federation of Medical Examining Board seems now to be fairly established. Its officers are interested and efficient.

Dr. Harlan declined re-election to the Executive Committee on account of its meetings conflicting with the meetings of other important committees of which he is a member.

Lest the profession and the public forget, it may be well to recall that medical licensure was instituted primarily for the protection of the public from the medical faker and imposter. At the same time a system of registration of physicians and surgeons, was established whereby, knowledge as to who were legally qualified to practice medicine and surgery, could be speedily and accurately ascertained. Furthermore, lest the public forgets, as is characteristic, it may be well to reiterate that requirement of licensure and registration originated within the medical profession, with the sole object of placing its members upon such a plane of efficiency that the general public would be the beneficiary thereof, through the superior service made available in the care of suffering incidental to disease and injury.

It is unnecessary to refer to the conditions prevalent at the time the necessity for licensure and registration was recognized, except to state that the medical profession and the general public were both in such relationship to these conditions, that the former was discredited and shorn of the distinction it had borne as "A Learned and Honorable Profession," and the latter was the constant and easy victim of the designing and unscrupulous pretender. Such were the conditions out of which medical licensure and registration were evolved; a humiliated and discredited profession, and a public plundered of its health and pocket.

Maryland under the influence of the Medical and Chirurgical Faculty, which through its long, useful and honored career, has always been foremost in advocacy of helpfulness, and the promotion of the public welfare, was among the first of the states to enter the crusade against these evils, the presence of which was universally admitted. The first effective legislation in Maryland, having for its object the regulation of medical practice, was enacted in 1892.

Twenty-five years have, therefore, elapsed and the passing of a quarter of a century surely should provide some data upon which to estimate the value of our

YEAR	NUMBER EXAMINED	PER CENT REJECTED
1902	116	37
1903	119	27
1904	182	42
1905	165	40
1906	151	42
1907	213	36
1908	178	34
1909	163	20
1910	172	23
1911	196	19
1912	209	26
1913	153	30
1914	129	24
1915	143	23
1916	132	29

procedures and determine, whether or not, as a result, thereof, the medical profession today stands more honored, respected and trusted by the public than it did twenty-five years ago, and whether or not the general public, for whom, and in whose interest, this licensure and registration was primarily established, has received the expected, improved service and protection in health and purse.

You are of course familiar with the methods followed by your Board, to ascertain the qualifications of those applying for license to register as physicians and surgeons. The questions used in the examinations are published in the Annual Report, and are therefore, under the view, not only of the profession in general, but of the teaching bodies connected with the medical colleges, and by whom, naturally and properly, a more critical analysis would be made. Our observations of questions used by Examining Boards of other states, justify the assumption that those of your Board are standard. There have been suggestions that the examinations should embody clinical features, and while this might be regarded as undeniably advantageous, it has been attempted by your Board, and found, by lack of facilities and the great amount of time required, to be, at present, impracticable. During this twenty-five year period, the course of study in medical colleges has been much enlarged and provided with additional clinical, operating and laboratory facilities. Academic educational requirements for matriculation of medical colleges have been increased, and the ascertainment of the possession of these requirements placed in charge of an entrance medical examiner, capable, reliable and free from any association or influence tending to an indulgent or unfair discrimination.

This presentation of the gradual expansion of the scope of medical instruction in the colleges, through extended periods of study, enlarged and perfected facilities for clinical and laboratory work, and a student body practically selected and approved by an entrance examiner, as possessed of an academic or premedical education, qualifying for the study of medicine, should justify an expectation that the standard of medical education had been far advanced, and that the general public, as the recipients of this improved service, was appreciative of these results,

generous in its commendation and ready to endorse and assist the profession in its efforts in behalf of individual and community health.

We have thus endeavored succinctly to present the methods pursued by your Board in the discharge of its admittedly responsible and important work since its inception twenty-five years ago, and it may prove interesting, and likewise important, to attempt to ascertain whether or not we have attained what we expected, and, if not, why not? To this end we submit, herewith, a summary of results of examinations, showing the percentage of rejections in each year's examination from 1902 to 1916 inclusive:

This tabulation of 1902 shows the number examined in that year to have been 116 with a rejection of 37 per cent. The tabulation of 1909 shows the number examined in that year to have been 163 with a rejection of 20 per cent and the tabulation of 1916 shows the number examined in that year to have been 132 with a rejection of 29 per cent, that is to say, that with the supposedly better selected student body, with the methods of teaching steadily improving, as compared with fifteen years ago, the difference in the standard of educational and professional qualifications, as represented by the work of your Board of Examiners in the issue of Licenses, is that of eight per cent (8%) improved; 37 per cent in 1902, and 29 per cent in 1916. In the fifteen years covered by this observation, the highest rejection was 42 per cent in 1906, and the lowest rejection was 19 per cent in 1911; an average for the period of 33 per cent. Like many others we may find little in statistics, but we give the above for what it may be worth, in assisting to a conclusion as to whether better academic preparation, or better medical teaching are actualities, and really securing the maximum of results, for which we have been working.

It may be argued, that the value of an examination is determined by the individual conducting the examination and attaching thereto his estimate of its worth, and that therefore, it must be fluctuating and uncertain, which may be true, unless each individual called upon to do this work, applies the same exact measure of value to each answer as would his predecessor, which is of course impossible. It is, nevertheless, the universal method.

In connection with this presentation of methods and percentages, we extract from the books of the examiner in therapeutics a few exhibits which may assist you in judging whether or not academic education and medical school training have met a justifiable expectation.

In answer to the inquiry as to the use of cantharidal collodion, the answer was—"Cantharidal Collodion is used internally as an emetic, also as a purgative, as an emetic, in large doses, and as a purgative in small doses sometimes allaying nausea and vomiting." Year 1916.

As to the therapy of santonin, it was stated that "Santonin has a selective action on the mucous membrane of the genito-urinary tract. It is therefore, given in inflammation of the genito-urinary tract, is a seditive soothing agent to the mucous membrane. It is also slightly antiseptic action. It lessens inflammation." Year 1913.

Answer to question as to symptoms of opium poisoning and treatment—"Headache, vertigo, ringing in the ears, dimness of vision and nomness. Give magnesium sulphate. Wash out the stomach."

Another says of strychnia poisoning—"Patient is in a depressed condition, heart is depressed, respiration is depressed, patient lies around in a sort of stupor. Treatment consists of withdrawing the drug, washing out the stomach, stimulating the heart and respiration, setting up elimination, and then treat symptomatically." Year 1915.



Another says—"The therapy of Hydrg Bychloride, internal for constipation, acute fever, gonorrhoea, jaundice and infection, eryphilies." Year 1914.

Another says that "Ammonii Chlorid and Ipecac are respiratory stimulants." Year 1914.

These are a few random selections in one department. The books of other examiners will furnish many similar discreditable illustrations of failures, notwithstanding, the progress of medical education under the improved methods of today. These percentage ratings of fifteen years and the samples of unpreparedness which we have presented, emphasize the need of more thorough training, more rigid requirements before granting a commission to undertake the management of conditions involving life or death.

If there are defects in the system of education, whereby such a proportion of incapables would be turned loose upon the public, except for the intervention of the examining and licensing boards, these defects should be laid bare and the remedy applied. It is one of the highest functions of the Faculty to do this. The function of the examining and licensing boards is not to prepare, to train nor to educate, but, so far as it may be possible, to stand at the portal of professional activity and do its uttermost to protect the public from the consequences of unprepared and ignorant service.

This paper has grown to such unexpected proportions as to preclude inquiry, as was our purpose, as to whether the attitude of the general public toward the profession has been marked by any evidence of increased appreciation of the effort of the profession to secure a more highly trained and capable service for that public. We fear we have had much negative evidence. Pretenders and faddists under the plea of individual liberty, and robed in many disguises, proclaim their power to heal, and a multitude of victims respond. Law is tolerant, under indifference or timidity, as indicated by a recent occurrence in Baltimore, as presented in *The Evening News* of January 20, 1917. "The prisoner was arraigned for practicing medicine without a license. His patient was a cancer victim. The assistant State's Attorney in charge suggested, according to our advices, that it would be better to fine the accused, than to parole him, as in his opinion, a parole would be merely an invitation to others to violate the law. The judge concurred and fined the man one dollar (\$1.00)."

Are we justified in believing that a profession yet better trained, more high-minded, more ethical, with more real consecration to the highest ideals of the profession, is the correct and only remedy, or is the problem with which our efforts are confronted, merely another manifestation of the generally disordered attitude of the public mind.

J. MCP. SCOTT,  
*Secretary.*

#### REPORT OF THE ENTRANCE EXAMINER OF THE BOARD OF MEDICAL EXAMINERS OF MARYLAND FOR YEAR ENDING MARCH 31, 1917.

The work has continued during the past year along the lines laid down in previous reports. Two hundred fifty-four (254) new cases have been submitted for investigation since March 31, 1916. Of these, one hundred twenty-three (123) have received full certificates of preliminary education showing them qualified for the study of medicine.

The income for the calendar year 1916 was (\$755) an increase of (\$237) over that of the year 1915. The first two months of 1917 already show an increase of (\$16.50) over the corresponding period of 1916. This is due chiefly to the increasing demand

for certified copies of the records on deposit with the entrance examiner and bears eloquent testimony to the value of, I may say absolute necessity for, such records obtained and kept according to the system now in use. This necessity is also shown by the pathetic cases continually coming to the notice of your entrance examiner of men whose records of preliminary training were neither procured nor kept, before you undertook the work, in a manner to make them available or valuable now, when there is urgent need for them. The increase is also partly due to the increasing use made of your entrance examiner's office by similar institutions of other states, either through definite reciprocity arrangements or through informal agreements.

May I be permitted to urge upon you some things now made clear by the experience of a little more than a year under the changed conditions brought about by the removal of the office to the University of Maryland building.

While every courtesy is shown your examiner and he is absolutely free in prosecuting his work, there are, nevertheless, many reasons why it is unfortunate to have the office in the building of a school for which he certifies. Moreover, the burden of the expense of the office should be borne entirely by your board. This might be done by taking the logical step of requiring that all candidates for your licensing examinations must show your own entrance examiner's preliminary certificate, a procedure pretty generally obtaining now. Then, whatever deficit there were between income and expense, could either be made up by an appropriation from the legislature, or it might be obtained through the State University of Maryland by having that institution adopt your entrance examiner's work as part of its own work. I understand that the law creating the State University would permit of this and that it also has at its disposal ample funds for such a purpose.

I. L. OTIS,  
*Entrance Examiner.*

#### THE REPORT OF THE LIBRARY COMMITTEE.

During the past year the work of the Library Committee has been very greatly hampered for lack of funds. At present the purchase of books and journals is limited to the income from the Finney fund for surgical publications, the income of the Baker fund for work on therapeutics, and contributions to the Frick fund. The Book and Journal Club has also contributed toward the purchase of journals. During 1916, there has been a falling off in the contributions of the Book and Journal Club and the Frick fund, and this has curtailed greatly the number of books purchased for that year, but in spite of this a very considerable number of valuable books have been ordered, part of which are now on the shelves of the library. It is to be hoped that during the ensuing year that the newly created Osler fund will be available for books on medicine and allied subjects and that it will do for medicine what the Finney fund has done for books on surgery. The special report for this latter fund shows what a valuable asset it has been. The report of the Frick fund is appended and as it covers the twenty years since the fund was started, some idea may be gathered as to what such a foundation means to the library. It has been decided by the Council that a part of the Ellis bequest will be available for books.

In order to keep our files complete, it was decided to have the German and Austrian journals held at the agents until after the war, as the risk of having them sent was too great. The journals are being printed only in sufficient number for actual subscribers and if lost could only be replaced with great difficulty and expense. This has lessened the number of regular journals that are bound and in conse-

quence some very much needed rebinding has been done, but there is still very much more to do if funds are available.

The library is the most important part of the work of the Faculty and should have the generous support of all the members and the financial aid which it needs. During the past years necessities have curtailed the amount of money spent on the library, but it is to be hoped that from now on all the desirable recent publications may be placed on the shelves promptly. Every member of the Faculty can help the library directly by subscribing to the Book and Journal Club. Surgery, medicine and therapeutics will be pretty well taken care of, but we are greatly in need of sufficient funds, which, of course, could be memorial funds, for subjects of the eye, ear, nose, and throat, nervous diseases, gynecology, orthopedics, and pediatrics. It would seem that in an organization as large as the Faculty sufficient funds could be started to take care of these special branches of medicine and surgery. There are books on other specialties that are much needed; the ones mentioned are the chief deficiencies.

The number of new journals worth subscribing to has increased very rapidly and we have added a number to the list, but it is desirable to have many others which we do not at present take for lack of funds.

The committee desires to thank Miss Noyes and her assistants for their painstaking work during the past year.

The special report of the library is appended.

The donations for the year 1916 are as follows:

*Books:* American Association of Genito-Urinary Surgeons, 1; American Association of Home Economics, 22; American Association for the Study and Prevention of Infant Mortality, 8; American Climatological Association, 1; American College of Surgeons, 1; American Gastro Enterological Association, 1; American Gynecological Society, 1; American Jewish Commission, 1; American Laryngological Association, 2; American Laryngological, Rhinological and Otological Society, 1; American Library Association, 1; American Medical Association, 1; American Pediatric Society, 1; American Proctologic Society, 1; American Surgical Association, 2; Association of American Physicians, 2; Dr. L. F. Barker, 1; Bellevue and Allied Hospitals, New York, 1; P. Blakiston's Son & Co. (through the BULLETIN) 1; Mrs. S. W. Bond, 14; Boston City Hospital, 1; Dr. J. S. Bowen, 29; Dr. Lawrason Brown, 1; Dr. D. W. Cathell, 1; Dr. J. A. Chatard, 107; Church Home and Infirmary, 1; Dr. F. L. Dunham, 2; Dr. R. H. Ferguson, 1; Dr. J. M. T. Finney, 2; Dr. G. A. Fleming, 37; Dr. H. Friedenwald, 44; Dr. B. W. Goldsborough, 1; Dr. J. H. Hartman, 360; Dr. F. E. Hoopes, 1; Interstate Commerce Commission, 1; International Health Commission, 1; Dr. H. B. Jacobs, 1; Johns Hopkins Press, 1; Kansas City Medical Library Club, 1; Leland Stanford Junior University, 3; Library of Congress, 1; Library of Surgeon General's Office, 1; Life Extension Institute, 1; Hon. J. C. Linthicum, 3; J. B. Lippincott Co. (through the BULLETIN) 3; MacMillan Co. (through the BULLETIN) 1; Medical Library Association, 3; Mrs. W. A. Mills, 46; New York Academy of Medicine, 4; New York Bureau of Laboratories, 1; New York State Lunacy Commission, 1; Peter Bent Brigham Hospital, 1; Dr. W. B. Platt, 2; Prudential Insurance Co., 1; Mrs. Whitelaw Reid, 1; Rockefeller Foundation, 1; Rockefeller Institute for Medical Research, 3; Dr. J. Ruhrah, 4; Russell Sage Institute for Pathology, 1; W. B. Saunders & Co. (through the BULLETIN) 1; Dr. J. McP. Scott, 6; Society of New York Hospitals, 1; Southern Surgical and Gynecological Society, 1; Dr. W. S. Thayer, 3; United States Bureau of the Census, 2; United States Bureau of Education, 1; United States Navy, 1; United States Public Health Service, 7; University of Buffalo, 1; University of Pennsylvania, John Herr Musser Department of Research Medicine, 1; Dr. J. W. Williams, 5; Dr. R. Winslow, 4.

*Reprints, Monographs, etc.:* Dr. C. D. Aaron, 4; Dr. R. Abercrombie, 18; American Association for Study and Prevention of Infant Mortality, 26; Dr. W. S. Bainbridge, 3; Board of State Aid and Charities, 1; Dr. W. S. Bryant, 11; Dr. T. Burrow, 1; Dr. S. C. Cohen, 2; Collis P. Huntington Memorial Hospital for Cancer Research, 1; Dr. J. W. Downey, 6; Dr. A. Duane, 3; Dr. I. Dyer, 2; Enoch Pratt Free Library, 2; Dr. H. Friedenwald, 150; Dr. S. P. Goodhart, 4; Dr. C. Goodman, 2; Dr. J. H. Hartman, 243; Hawaii, Board of Health, 2; Dr. A. F. Hess, 20; Dr. J. B. Holmes, 3; Dr. H. B. Jacobs, 2; Dr. T. C. Janeway, 31; Kaiserliche Universitäts Bibliothek, Göttingen, 42; Kansas City Medical Library Club, 2; Dr. A. McGlannan, 44; Dr. H. O. Marcy, 1; Massachusetts General Hospital, 2; New York State Board of Charities, 1; New York State Library, 1; Peter Bent Brigham Hospital, 24; Dr. W. B. Platt, 63; Dr. J. Ruhrah, 3; Dr. W. W. Russell, 123; Dr. J. T. Smith, 1; Spring Grove State Hospital, 1; Springfield State Hospital, 1; Dr. W. S. Thayer, 64; Dr. E. K. Tullidge, 2; United Fruit Co. Medical Department, 1; United States Bureau of the Census, 2; United States Public Health Service, 6; Dr. A. Vander Veer, 32; Dr. C. W. Waldron, 3; Western Reserve University, 1; Dr. J. W. Williams, 2; Dr. S. W. Williams, 2; Dr. T. A. Williams, 8; Dr. R. Winlow, 6; Dr. E. Zueblin, 5.

*Miscellaneous unbound journals:* American Association of Home Economics; Dr. B. M. Bernheim; Dr. T. R. Boggs; Dr. F. E. Brown; Dr. T. S. Cullen; Dr. J. S. Davis; Dr. J. M. T. Finney; Dr. F. W. Hachtel; Dr. L. V. Hamman; Dr. J. R. Hunt; Library of Congress; Mrs. W. A. Mills; Dr. W. B. Platt; Dr. J. H. Pleasants; Dr. A. C. Pole; Dr. J. Ruhrah; Dr. W. W. Russell; Dr. M. Sherwood; Mrs. G. L. Taneyhill; Dr. W. S. Thayer; Dr. S. Theobald; Dr. J. W. Williams.

The record of current journals for the year is as follows:

Subscribed to by the Faculty.....	77
Subscribed to by the Book and Journal Fund.....	46
By Exchange.....	64
Baker Fund.....	3
Finney Fund.....	22
Frick Fund.....	1
Gift of the American Medical Association.....	3
Gift of Dr. L. F. Barker.....	1
Gift of Dr. C. M. Byrnes.....	1
Gift of Dr. H. Friedenwald.....	1
Gift of Sir William Osler.....	1
Gift of Dr. J. Ruhrah.....	6
Gift of U. S. Bureau of Medicine and Surgery, Navy Department.....	1
Gift of Dr. J. W. Williams.....	3

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230

308 books and journals were bound during the year.

#### FINNEY FUND.

##### FINANCIAL STATEMENT, 1916.

###### *Receipts.*

Balance, December 31, 1915.....	\$251.95
Income.....	460.00
Interest.....	13.30

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\$725.25

*Expenses.*

Books (69 v.).....	\$211.56	
Subscription to journals (23 files).....	174.64	
Total.....		386.20
Balance.....		\$339.05

Books purchased on Finney Fund..... 69

JOURNALS SUBSCRIBED TO BY FINNEY COMMITTEE.

- American Journal of Orthopedic Surgery.
- Annals of Surgery.
- Archiv für Klinische Chirurgie.
- Beitrage zur Klinischen Chirurgie.
- British Journal of Surgery.
- Bulletin et Memoires de la Societe de Chirurgie.
- Bulletin de la Soc. d. Obstetrique de Paris.
- Centralblatt für Chirurgie.
- Centralblatt für die Grenzgebiete der Medizin und Chirurgie.
- Deutsche Zeitschrift für Chirurgie.
- Folia Urologia.
- International Abstract of Surgery (In Surgery, Gynecology and Obstetrics).
- Journal of Cancer Research.
- Journal d' Chirurgie.
- Mitt. a. d. Grenzgebiete der Medizin und Chirurgie.
- Monatsschrift für Geburt und Gynäkologie.
- Revue de Chirurgie.
- Revue de Orthopedie.
- Surgery, Gynecology and Obstetrics.
- Zeitschrift für Geburt und Gynäkologie.
- Zentralblatt für die Gesamte Gynäkologie.
- Monatsschrift für Ohrenheilkunde.
- Frommels Jahresbericht für Gynäkologie.

BOOKS PURCHASED BY FINNEY COMMITTEE.

- Jacobson. Operations of Surgery. 2 v. 1915.
- Sonnenburg and Tschmarke. Die Verbrennungen und die Erfrierungen. 1915.
- George and Leonard. The Röntgen diagnosis of surgical lesions of the gastro-intestinal tract. 1915.
- Kelly and Burnam. Diseases of the kidneys, ureters and bladder. 2 v. 1914.
- Johnson, A. B., *ed.* Operative therapeutics. 5 v. 1915.
- Wood, C. A., *ed.* American encyclopedia and dictionary of ophthalmology. v. 8-9. 1916.
- Murphy, J. Surgical Clinics. v. 4. 1915.
- Nagel, A., *ed.* Jahresbericht u. d. Leistungen und Fortschritte im Gebiete der Ophthalmologie. 22 v. 1872-76, 1894-95, 1898, 1900, 1903. (From Library of Dr. G. Reuling.)
- Hoffmann and Schwalbe, *eds.* Jahresbericht u. d. Fortschritte der Anatomie und Physiologie. 9 v. 1876, 1878-1881. (From Library of Dr. G. Reuling.)

- Ophthalmologische Gesellschaft. Heidelberg. Bericht. 11 v. 1877, 1883, 1897, 1899, 1901, 1904, 1907, 1911-13. (From Library of Dr. G. Reuling.)  
 Graves, W. P. Gynecology. 1916.  
 Thoma, K. H. Oral abscesses. 1916.  
 Thoma, K. H. Oral anaesthesia. 1914.  
 Jackson, C. Peroral endoscopy and laryngeal surgery. 1910.  
 Kolle and Wassermann. Handbuch der pathogenen mikroorganismen. 9 v. 1912-1913.

#### REPORT OF THE FRICK LIBRARY, 1916.

The Charles Frick collection of the Medical and Chirurgical Faculty Library was founded twenty years ago by Messrs. Wm. F. Frick and Frank Frick in memory of their brother, Dr. Charles Frick. Mr. Wm. F. Frick furnished the Reading Room in the old Faculty Building, 847 N. Eutaw Street, and when the Library was moved to its present site, the furniture, as far as it would fit, was brought to the present Frick Room. Other furnishings for this room have been provided out of the Frick Fund.

Since the death of its founder and of Mr. Reverdy Johnson, who contributed \$300 in memory of his friend, Dr. Charles Frick, the Library has been maintained by two of the children of Mr. Wm. F. Frick and by Sir William Osler.

The collection now contains 4178 volumes, representing the best recent medical publications in English, French, and German, it being especially rich in treatises upon Urinary Diseases, a subject in which Dr. Frick was especially interested. In these past twenty years the Library of the Medical and Chirurgical Faculty has had to depend almost entirely for its new books upon this Fund, as all other available money of the Faculty has been needed for the expenses of the Faculty and to maintain its journal files. The value of the collection can be estimated by referring to the number of books borrowed in the year, and the number of its readers.

Books borrowed for home use in 1916.....	2005
Books borrowed for home use in 1915.....	1620
	<hr/>
Increase.....	385
Number of readers in 1916.....	3374
Number of readers in 1915.....	3128
	<hr/>
Increase.....	246

There were added to the collection in the year 1916-74 volumes, 73 by purchase, and one presented by Dr. H. B. Jacobs.

JOHN RUHRÄH,  
*Chairman, Library Committee.*

MARCIA C. NOYES,  
*Librarian.*

#### FINANCIAL STATEMENT FOR 1916

Balance January 31, 1916.....	\$280.08
Expenditures.....	140.50
	<hr/>
Balance January 31, 1917.....	£139.58

HENRY BARTON JACOBS,  
*Treasurer Frick Committee.*

## REPORT OF COMMITTEE ON MEDICAL EDUCATION.

The announcement by the Council on Education of the A. M. A. at the February Conference in Chicago, that it is not the intention of that body to make any further raise in the standards of medical and preliminary education is, in the opinion of your Committee, perhaps the most interesting and important event that has occurred in medical educational matters in the past year. The present standard of two years preliminary college work, four years in a good medical school, followed by one year interne is regarded as quite sufficient.

A new law now in force in Illinois marks a new departure, and its practical working out will be watched with much interest. The placing of the examination and registration of physicians and all the various so-called cults under a single board, and that the Board of Education, has many things to recommend it. How it will work in practice remains to be seen.

The bill was passed unanimously in the senate and by a vote of 131 to 2 in the house. It abolishes or combines about 130 boards, bureaus and other separate governing agencies into nine departments, each under a director. The directors of the boards of finance, trade and commerce, and public welfare boards are to receive an annual salary of \$7000; the directors of the departments of agriculture and public health, a salary of \$6000, and the directors of the departments of education and registration, labor, and mines and minerals, \$5000 each. From a public health standpoint the most radical changes are the creation of a department of health with a commissioner in place of the state board of health, and the consolidation of the work of examining and registering physicians, dentists, pharmacists, nurses, osteopaths, optometrists, drugless healers and all other registered professions under a department of education and registration, which will be conducted as a part of the educational machinery of the state.

Respectfully submitted,

HERBERT HARLAN.

## REPORT OF THE COMMITTEE ON SCIENTIFIC WORK AND ARRANGEMENTS.

In 1916, two meetings were held—the spring meeting at the Faculty Building in Baltimore, April 25, 26, and 27. Three evening sessions were held for the first time in several years owing to the delivery of the Trimble lecture by Colonel Gorgas.

The semiannual meeting was held at Rockville, October 17. There was a morning and afternoon session.

The Committee had on hand at the beginning of the year \$39.40. There was a deficit on the smoker of \$5.65, as only 98 tickets were sold. This left on hand at the end of the year \$33.85.

For 1917, the Committee reports the schedule of the spring meeting, which is herewith attached.

For the Committee { ARTHUR M. SHIPLEY  
WILLIAM A. FISHER, JR.  
HARVEY B. STONE

## WIDOWS AND ORPHANS FUND.

As shown in the Treasurer's report the income for this fund at the disposal of your committee is \$135.00 per year.

During the past year only one person, the daughter of a physician, has benefitted by this; but the case was so urgent that not only several boxes of groceries were sent her, but clothing as well, and the accrued taxes were paid on the small piece of property where she makes her home.

Another appeal for help was received, but as there were relatives who could help and the need was not imperative it was the judgment of the committee that the sum remaining at the disposal be reserved for necessitous cases.

Groceries.....	\$16.22
Clothing.....	25.14
Taxes.....	32.78
Total.....	\$74.34

S. K. MERRICK,

*Chairman Widows and Orphans Committee.*

#### REPORT OF THE MEMOIR COMMITTEE.

THOMAS ALMOND ASHBY, M.D., LL.D., F.A.C.S., was born in Front Royal, Va., November 18, 1848. His literary education was obtained at Washington College, now Washington and Lee University. He entered under the Presidency of General Robert E. Lee who wrote a special letter of approval to his father; this was highly prized by Dr. Ashby and he gave it a prominent place in his library. He obtained his medical education at the University of Maryland from which he graduated in 1873. In 1875 he was appointed resident physician at the University Hospital; in 1877 with several associates he founded the *Maryland Medical Journal* and was its editor for fourteen years; he founded the *Hospital Bulletin* of the University of Maryland; in 1882 he with others established the Woman's Medical College and was elected to the chair of Obstetrics; he resigned his position later to accept the chair of Diseases of Women in the Baltimore Medical College and in 1897 he was called to occupy the chair of Diseases of Women in the University of Maryland made vacant by the death of Professor Howard. In the late eighties he took charge of a campaign to increase the membership of this Faculty which resulted in the addition of 122 names to the roll; in 1890 he was elected President of the Faculty; he was President of the Baltimore Medical Association, of the Baltimore Gynaecological and Obstetrical Society and a Founder and Fellow of the American College of Surgeons.

In 1910 he was elected to the Maryland House of Delegates. He wrote a book on *Diseases of Women* but the manuscript was destroyed in the fire of 1904; he published a text book on *Gynaceology*, also the *Life of Turner Ashby*, *The Valley Campaign*, and *A Hurried Trip to Europe*.

Dr. Ashby was genial, kind and sympathetic, always taking a roseate view of life. After his death, I was talking with an influential member of our profession who said: "I never knew Tim to say a disparaging word about any of his associates." He won the affection of all and was called Tim by his intimates.

He died in Baltimore, June 26, 1916, aged 68 years.

JAMES HOWELL BILLINGSLEA, M.D., was born in 1843.

He obtained his medical education at the University of Maryland and was graduated in 1864.

He practiced his profession for 50 years in Westminster, Md.

He was president of the Union National Bank, Consolidated Public Utilities Company and Democratic Advocate Publishing Company.



He died January 29, 1917, aged 73 years.

CLOTWORTHY BIRNIE, M.D., was born in 1843; in 1870 he received his degree of M.D. from the University of Pennsylvania.

He came of a family of note in Western Maryland. He was a Republican and served in the Maryland Legislature when Hon. Lloyd Lowndes was governor.

He was President of this Faculty 1899-1900.

He died at Taneytown, Md., March 16, 1917, aged 74 years.

WILLIAM THACKERY CATHELL, A.B., A.M., M.D., was born in Baltimore, December 4, 1864.

His literary education was obtained at Loyola College from which he received the degree of A.B. in 1884 and A.M. in 1896.

He obtained his medical education at the College of Physicians and Surgeons of Baltimore from which he graduated in 1886.

He made a specialty of diseases of the nose and throat.

He died in Baltimore, August 24, 1916, aged 52 years.

JOHN WESLEY CHAMBERS, M.D., was born in Kent County, Delaware, September 9, 1856.

He obtained his literary education at Centreville, Md., Academy and his medical education at the College of Physicians, Baltimore from which he graduated in 1878.

He was Assistant and then Resident Physician at the City, now Mercy Hospital, 1878-80; Prosector, 1879-81; Demonstrator of Anatomy, 1881-91; Professor of Anatomy, 1891-94; Professor Operative and Clinical Surgery, 1894 all in his Alma Mater; Demonstrator of Anatomy in Baltimore College of Dental Surgery; Consulting Physician to St. Joseph's and Hebrew Hospitals.

He was one of the Vice-Presidents of this Faculty 1892-93.

We cannot do better than quote from Dr. Harry Friedenwald, who says, "Dr. Chambers was more than a physician and surgeon . . . . He had wide interests and clear judgment. He was interested in every field of human activity and thought . . . . He was strong and courageous, as he was kind and generous and tender . . . ."

He died January 21, 1917, aged 61 years.

IRVING DRURY CHANEY, M.D., was born in 1881.

He was graduated from the Medical Department of the University of Maryland in 1906.

He practiced his profession at Mt. Airy, Md., where he died, January 18, 1917, aged 36 years.

THOMAS HALL EMORY, M.D., was born at Taylor, Baltimore County, Md., July, 1874. He graduated from the University of Maryland in 1896.

He was Sanitary Officer for the Tenth District of Baltimore County.

He died August 15, 1916, aged 43 years.

FREDERICK W. FOCHTMAN, M.D., was born in 1867.

He was graduated in medicine from the College of Physicians and Surgeons, Baltimore, in 1889.

He was a pioneer worker with the Roentgen Ray in Western Maryland.

He died in Cumberland, Md., January 5, 1917, aged 49 years.

WILLIAM GOMBEL, M.D., was born in 1854.

He received his degree in medicine from the College of Physicians and Surgeons of Baltimore in 1877.

He died November 29, 1916, aged 62 years.

JACOB H. HARTMAN, M.D., was born in 1847.

He obtained his literary education at Princeton College, now University; his medical education from the University of Maryland where he graduated in 1869.

He made a speciality of diseases of the nose and throat and was for many years surgeon in that department of the Franklin Street Hospital.

He died July 28, 1916, aged 67 years.

HOLLIDAY H. HAYDEN, M.D., was born in Queen Anne's County, Md., August 22, 1869. His literary education was obtained at the Centreville, Md., Academy and his medical education at the College of Physicians and Surgeons, Baltimore from which he received the degree of M.D. in 1892.

He was Assistant Resident Physician at City Hospital in 1892-93; Resident Physician at Bay View 1893-94; one of the city vaccine physicians.

He died December 20, 1916, aged 47 years.

PEARCE KINTZING, M.D., was born in 1861 at Lock Haven, Pa.

He graduated in medicine from the University of Pennsylvania in 1887.

He was a member of the teaching corps of the Woman's Medical College of Baltimore; of the Maryland Medical College and at the time of his death of his Alma Mater.

He died January 30, 1917, aged 56 years.

LOUIS L. LLOYD, M.D., received his medical degree from the Baltimore Medical College in 1904.

He died September 28, 1916.

VICTOR DAVIS MILLER, M.D., was born February 1, 1838.

His literary education was received from public schools and Pennsylvania College at Gettysburg; his medical education from the Jefferson College in Philadelphia in 1861.

He was Coroner of Franklin County, 1864-66.

He was one of the best known physicians in Washington County.

He died at his home, Mason and Dixon, May 28, 1916, aged 78 years.

WILLIAM PRESTON MILLER, M.D., was born in 1870.

Graduated in medicine from the University of Pennsylvania in 1894. He died in Hagerstown, Md., October 5, 1916.

ELMER NEWCOMER, M.D., was born in 1889.

He obtained his medical education at the University of Maryland from which he was graduated in 1913.

He was Superintendent of Maryland General Hospital and gave great promise of becoming a surgeon of note. He died of blood poisoning at the Hospital March 11, 1917, aged 27 years.

CHARLES F. NOLEN, M.D., was born in 1868.

He graduated from the Medical Department of the University of Maryland in 1890.

He was ophthalmic surgeon to the Baltimore and Ohio Railroad and Assistant Surgeon to the Presbyterian Eye, Ear and Throat Hospital of Baltimore.

He died June 30, 1916, aged 48 years.

GORDON T. SIMONSON, M.D., was graduated from the University of Maryland in 1896.

He practiced in Crisfield, Md., where he died March 10, 1917, aged 44 years.

WILLIAM L. SMITH, M.D., was born in 1862.

He was graduated from the College of Physicians and Surgeons of Baltimore in 1889.

He was one of the Vice-Presidents of this Faculty 1908-1909.

He died at Riderwood, Md., November 28, 1916, aged 54 years.

LOUIS McLANE TIFFANY, A.B. (Cambridge), M.D., was born in Baltimore, October 10, 1844. He was the son of Henry Tiffany. His mother's maiden name was Sally McLane, his uncle Robert McLane was Ambassador to France.

He received his preliminary education in Baltimore, then went to Cambridge, England, where he completed his studies in 1866 and was given the A.B. degree. He returned to Baltimore and entered the Medical Department of the University of Maryland where, in 1868, he received the degree of M.D.

He was Demonstrator of Anatomy in his Alma Mater 1869-1874; in 1874 he was made Professor of Operative Surgery and in 1880 succeeded Professor Christopher Johnson in the chair of Surgery. For fifteen years he was Chief Surgeon to the Baltimore and Ohio Railroad.

He was Resident Physician at Bay View; Consulting Surgeon to Johns Hopkins, St. Joseph's and Church Home Hospitals.

He was President of this Faculty, 1892-93; of the Baltimore Medical Association; of the Clinical Society of Baltimore; of the American Surgical Association and of the Southern Surgical and Gynaecological Society.

In 1914 a fund was raised from among his medical associates, a portrait of him painted and presented to this Faculty.

In his younger days he was a noted athlete and was presented with a handsome trophy bowl as evidence of his skill as a runner at Cambridge.

He was held in the highest esteem by all who knew him. He was kind hearted, courageous and fearless in the discharge of his duty. He performed difficult operations with the greatest skill. He was the students' friend and always gave him freely of his time and labor.

He died at his summer home, Mt Custis Va., October 24, 1916, aged 72 years.

## SOCIETY NOTICES

### BALTIMORE CITY MEDICAL SOCIETY

The regular meeting was held at the Medical Library on Friday, November 2, 1917, at 8.30 p.m., Dr. Thomas S Cullen presiding. The minutes of the previous meeting were read, and after the adoption of a correction, suggested by Dr. Winslow, were approved.

A motion was made by Dr. W. S. Gardner that the Society appropriate \$100.00 to complete an endowment fund which had been inaugurated by Dr. Osler. On explanation by the Secretary that the meeting could not be devoted to the transaction of business the motion was withdrawn.

The first paper of the scientific program was by Dr. A. G. Rytina, whose subject was "Recent urological advances of interest to the general practitioner." Discussions by Drs. Winslow, Hunner, Goldstein, Cullen, and, in closing, Dr. Rytina. The second paper, by Dr. James C. Lumpkin, was devoted to the subject of "The use of the Dakin-Carrel method in the treatment of infected wounds." Discussion by Drs. Linthicum, G. W. Mitchell and Kirby. The final paper of the evening was presented by Dr. Alexis McGlannan, whose subject was "Dichloramin T in the treatment of infected wounds." There was no discussion.

The meeting was then adjourned.

The Annual Meeting of the Baltimore City Medical Society was held in Osler Hall on Friday, December 7, 1917, at 8.30 p. m. Dr. Thomas S. Cullen presided. The reading of the minutes of the previous meeting was dispensed with. Before proceeding to the business of the meeting the Chairman introduced Major Franklin Martin, of the Council of National Defense, who spoke briefly on the duty of the medical profession in the present war crisis.

The annual report of the Secretary was read by Dr. Emil Novak, and the report of the Treasurer by Dr. W. S. Gardner. Both were accepted as read. The report of the Board of Censors was read by the Secretary, in the absence of any of the members of the Board.

The names of the following physicians were presented as eligible for election to the Society:

Dr. W. W. Hobson, 931 Munsey Building.

Dr. Harris Goldman, 1816 W. North Avenue.

Dr. Thomas P. Sprunt, 1035 N. Calvert Street.

Dr. Amelia V. Zimmerman, 1805 W. North Avenue.

Drs. Woods and Warfield were appointed to act as tellers of the election. All the applicants were duly elected.

The report of the Nominating Committee was then read by the Chairman, Dr. A. G. Rytina, who presented the following list of nominees for the various offices of the Society:

*President*, Dr. Randolph Winslow.

*Vice-President*, Dr. N. R. Gorter.

*Secretary*, Dr. Emil Novak.

*Treasurer*, Dr. W. S. Gardner.

*Board of Censors*, Dr. J. M. Hundley.

*Board of Honor*, Dr. Harry Adler.

*Delegates*, Drs. T. S. Cullen, Standish McCleary, Louis Hamman, G. W. Mitchell, H. E. Peterman.

On the motion of Dr. Woods, duly seconded, the report of the Nominating Committee was accepted, and the Secretary was instructed to cast the ballot for the Society for the nominees as read.

Motion was then made by Dr. Gardner, and duly seconded, that the Society appropriate \$100.00 to be presented to the Osler Endowment Fund of the Medical and Chirurgical Faculty. The motion was carried.

The scientific program was devoted to a Symposium on the Standardization of Hospitals. The first speaker was Mr. John S. Bowman, of Chicago, Director of the American College of Surgeons, who spoke on "The standardization of hospitals from the viewpoint of the American College of Surgeons." The second speaker was Dr. J. Montgomery Baldy, of Philadelphia, President of the State Board of Medical Examiners of Pennsylvania, who presented the subject from "The viewpoint of the State Boards of Medical Examiners." The Chair then called upon Rev. C. V. Moulinier, of Milwaukee, President of the Catholic Hospital Association, who discussed the subject along general lines. The final report of the evening was by Dr. J. C. Bloodgood, who presented a preliminary report of the "Committee on hospital standardization" of the American College of Surgeons.

The Chair then expressed the thanks of the Society to the speakers who had contributed to the program.

The meeting then adjourned.

*Secretary's Report.*

Membership December 1916.....		584
New Members.....	18 gain	18
Removed and transferred.....	4	
Dropped.....	23	
Deceased.....	5	
Resigned.....	3	
	—	
	35 loss	35
Actual loss.....		17
		—
Membership December, 1917.....		567
Members paid in advance.....	442	
Members in arrears for 1917.....	38	

*Treasurer's Financial Statement.*

*Receipts.*

Balance brought forward.....	\$490.19
Dues and membership fees.....	5402.00
	—
Total.....	\$5892.19

*Expenditures.*

Medical and Chirurgical Faculty, dues.....	\$4366.00
Medical and Chirurgical Faculty, use of halls.....	200.00
Medical and Chirurgical Faculty, clerical assistant.....	180.00
Printing postcard notices, etc.....	215.45
Postage.....	40.00
Addressograph Company.....	13.12
Lantern operator and repairs.....	41.60
Films, etc.....	8.55
Returned fee.....	10.00
Incidentals.....	3.00
Washington smoker.....	152.37
Extra service.....	2.10
Balance as per bank book.....	660.00
	—
Total.....	\$5892.19

SEMI-ANNUAL MEETING OF THE FACULTY, AT HAVRE DE GRACE, MD.,  
OCTOBER 31, 1917

MINUTES OF THE HOUSE OF DELEGATES

The President of the Faculty, Dr. Guy Steele, presided, and Dr. Hiram Woods acted as Secretary in the absence of Dr. Davis, Secretary of the Faculty. There were present the President and the following members of the Faculty: J. S. Bowen, Baltimore County, E. E. Wolff, Dorchester County, J. L. Lewis, Montgomery County

W. C. Stone, Howard County, alternate for Dr. W. R. White; H. L. Naylor, Baltimore County, W. J. Todd, Baltimore County, Herbert Harlan, alternate for J. McPherson Scott, Secretary of State Board of Medical Examiners, Randolph Winslow, A. McGlannan, and Hiram Woods, Baltimore City.

The President stated that the only business he had to present to the House was the proposition to ask the Legislature at its session in 1918 to amend the Medical Practice Law. He then asked Dr. Harlan, President of the State Board of Medical Examiners, to explain the proposed changes. After Dr. Harlan had done so, Dr. Bowen moved that the present Committee on Education, consisting of Drs. Harlan, Randolph Winslow and W. F. Loekwood be appointed a Committee to consider the proposed changes and that this Committee confer with the Council. After some discussion this motion was carried by a vote of seven to three. Immediately following the vote, the Chair asked Dr. Bowen which body he meant to be authoritative, in ease of difference of opinion,—the Committee or the Council. Dr. Bowen replied "the Committee." After some remarks by Dr. Woods, through permission of the Chair, Dr. W. C. Stone moved that the motion of Dr. Bowen be reconsidered: Carried. Dr. Woods then moved that the matter be referred to a joint committee of the Council and Committee on Education. This motion was unanimously carried.

The House then adjourned.

HIRAM WOODS,  
*Secretary pro tem*

#### MINUTES OF THE GENERAL SESSION

The Semi-Annual Meeting of the Medical and Chirurgical Faculty was held at Havre de Grace on Wednesday, October 31, 1917. The meetings were held in the Masonic Temple, and, in the absence of Dr. P. F. Sappington, the President of the Harford County Medical Society, Dr. F. W. Steiner, of the local Committee of Arrangements, welcomed the members.

Dr. Guy Steele, the President of the Faculty, presided and read a paper on "Pelagra in Maryland." The paper of Dr. J. T. Geraghty "A Brief Review of Advances in Urology" was read by title. An illustrated talk on "Interesting and Unusual Findings in Recent Röntgen Ray Examinations" was given by Dr. Max Kahn. Dr. Herbert Harlan then presented the "Proposed Changes in the Medical Practice Act" showing the reasons that these changes be adopted in time for action at the next Legislature. The matter was referred to the House of Delegates, which was to convene at 2.15 p.m., and adjournment for dinner was made.

Afternoon session, 2.30 p.m.

The discussion of the Medical Practice Act before the House of Delegates was so spirited that the afternoon session did not begin until 3 p.m., and this with the delay in the train service necessitated some of the papers being read by title, as the members were compelled to leave. Dr. Hiram Woods gave a paper on "Some Lessons to be Derived from Recurrent Ocular Inflammations or from Eye Discomforts Not Always Relieved by the Oculist," and Dr. E. A. Jones, of Cambridge, spoke on "The Practitioner and the Deputy State Health Officer." This latter was discussed by several of the health officers who were present, and it was voted that same be printed in the BULLETIN that it reach all of the members. There were about sixty in attendance, including the ladies, and all voted Havre de Grace an interesting meeting place.

# MEDICAL SOCIETY MEETINGS

Component Societies of the Faculty, with a list of their officers and times of meeting

*NOTE.—Secretaries are requested to advise the Secretary of the State Society promptly of the election of new officers in their respective Societies*

- BALTIMORE CITY MEDICAL SOCIETY**, President, THOMAS S. CULLEN; Vice-President, WILLIAM T. WATSON; Secretary, EMIL NOVAK; Treasurer, W. S. GARDNER; Censors, R. WINSLOW, A. C. GILLIS, H. B. STONE, Delegates, R. FAYERWEATHER, H. FRIEDENWALD, J. H. PLEASANTS, S. MCCLEARY, J. W. WILLIAMS, T. R. CHAMBERS, GORDON WILSON, F. H. BAETJER, C. PENROSE, J. T. GERAGHTY, EMIL NOVAK.
- SECTION OF CLINICAL MEDICINE AND SURGERY**. First and Third Fridays, 8.30 P.M., October to May. Chairman, J. STAIG DAVIS, M.D.; Secretary, E. B. FREEMAN, M.D.
- SECTION OF DERMATOLOGY**. Third Wednesdays. Chairman, J. WILLIAMS LORD, M.D.; Secretary, I. R. PELS, M.D.
- SECTION OF GYNECOLOGY AND OBSTETRICS**. Second Fridays in October, December, February and April. Chairman, J. M. H. ROWLAND, M.D.; Secretary, EMIL NOVAK, M.D.
- SECTION OF LARYNGOLOGY**. Fourth Fridays monthly, 8.30 P.M. Chairman, LEE COHEN; Secretary, G. W. MITCHELL.
- SECTION OF MEDICAL EXAMINERS**. Third Fridays in November and March. Chairman, J. D. IGLEHART, M.D.; Secretary, W. E. MAGRUDER, M.D.
- SECTION OF NEUROLOGY**. Second Friday, monthly. Chairman, C. M. BYRNES, M.D.; Secretary, D. D. V. STUART, M.D.
- SECTION OF OPHTHALMOLOGY AND OTOLOGY**. Third Wednesdays. Chairman, E. A. KNORR; Secretary, E. A. LOOPER, M.D.
- ALLEGANY COUNTY MEDICAL SOCIETY**. President, W. O. McLANE, Frostburg; Secretary, H. V. DEMING; Treasurer, J. H. WILSON, Cumberland, Md.; Delegate, G. L. BROADRUP, Second Wednesdays of January, April, July and October; annual meeting in January.
- ANNE ARUNDEL COUNTY MEDICAL SOCIETY**. President, C. R. WINTERSON, Elkridge, Md.; Secretary, F. E. WEITZMAN, Annapolis, Md.; Treasurer, F. H. THOMPSON, Annapolis, Md.; Delegate, L. B. HENKEL, Second Tuesday of January, April, July and October.
- BALTIMORE COUNTY MEDICAL SOCIETY**. President, M. F. SLOAN, Towson, Md.; Secretary-Treasurer, F. W. KEATING, Owings Mills, Md.; Delegates, J. S. BOWEN and L. G. SMART, Mt. Washington, Md., Third Wednesdays, at 2 P.M.
- CALVERT COUNTY MEDICAL SOCIETY**. President, W. H. TALBOTT, Willows, Md.; Secretary-Treasurer, J. W. LEITCH, Huntingtown, Md.; Delegate, P. BRISCOE, Second Tuesdays in April, August and December; annual meeting second Tuesday in December.
- CAROLINE COUNTY MEDICAL SOCIETY**. President, S. S. STONE, Ridgely, Md.; Secretary-Treasurer, J. R. DOWNES, Preston, Md.; Delegate, J. C. MANARA, Ridgeley, Md.
- CARROLL COUNTY MEDICAL SOCIETY**. President, D. B. SPRECHER, Sykesville, Md.; Secretary-Treasurer, H. M. FITZHUGH, Westminster, Md.; Delegate, M. D. NORRIS, April, July, October, December; annual meeting in October.
- CECIL COUNTY MEDICAL SOCIETY**. President, CHARLES F. MILLER, North East, R.D. 2, Md.; Secretary-Treasurer, H. BRATTON, Elkton, Md.; Delegate, C. P. CARRICO, Elkton R.D. 5. Third Thursdays at Elkton, April, July, October, January; annual meeting in April.
- CHARLES COUNTY MEDICAL SOCIETY**. President, JAMES J. EDELEN, Bryantown, Md.; Secretary-Treasurer, ERNEST SPENCER, Bel Alton, Md.; Delegate, L. C. CARRICO.
- DORCHESTER COUNTY MEDICAL SOCIETY**. President, LOUIS G. FRAZIER, Hurlock, Md.; Secretary-Treasurer, W. H. HOUSTON, Fishing Creek, Md.; Delegate, E. E. WOLFF, Cambridge, Md. Meetings first Tuesday in June and December.
- FREDERICK COUNTY MEDICAL SOCIETY**. President, E. E. KEFAUVER, Frederick, Md.; Secretary-Treasurer, E. L. BOWLUS, Middletown, Md.; Delegate, I. J. MCCURDY, January, April, August and November.
- HARFORD COUNTY MEDICAL SOCIETY**. President, P. F. SAPPINGTON, Belair, Md.; Secretary-Treasurer, DR. CHARLES BAGLEY, Bagley, Md.; Delegate, W. S. ARCHER, Second Wednesdays in January, March, May, July, September and November.
- HOWARD COUNTY MEDICAL SOCIETY**. President, W. N. GASSAWAY, Ellicott City, Md.; Secretary-Treasurer, FRANK O. MILLER, Ellicott City, Md.; Delegate, W. R. WHITE, Meetings (quarterly) first Tuesdays in January, April, July and October.
- KENT COUNTY MEDICAL SOCIETY**. President, H. G. SMYERS, Chestertown, Md.; Secretary-Treasurer, F. B. HINES, Chestertown, Md.; Delegate, F. B. HINES.
- MONTGOMERY COUNTY MEDICAL SOCIETY**. President, E. L. BULLARD, Rockville, Md.; Secretary-Treasurer, F. N. HENDERSON, Rockville, Md.; Delegate, JOHN LEWIS, Third Tuesdays in April and October.
- PRINCE GEORGE'S COUNTY MEDICAL SOCIETY**. President H. B. McDONNELL, College Park, Md.; Secretary, S. M. McMILLAN, Riverdale, Md.; Treasurer, W. ALLEN GRIFFITH, Berwyn, Md.; Delegate, L. A. GRIFFITH, Upper Marlboro. Second Saturday of January, April, July, October.
- QUEEN ANNE'S COUNTY MEDICAL SOCIETY**. President, W. W. BOWEN, Price, Md.; Secretary-Treasurer, H. F. MCPHERSON, Centerville, Md.; Delegate, W. H. FISHER, St. MARY'S COUNTY. No active organization.
- CRISFIELD COUNTY MEDICAL SOCIETY**. President, C. C. WARD, Crisfield, Md.; Secretary-Treasurer, H. M. LANEFORD, Princess Anne, Md.; Delegate, G. C. COULBOURN, First Tuesday in April at Crisfield; first Tuesday in October at Princess Anne.
- TALBOT COUNTY MEDICAL SOCIETY**. President, L. H. SETH, McDaniel, Md.; Secretary-Treasurer, W. T. HAMMOND, Easton, Md.; Delegate, J. A. ROSS. Annual meeting third Tuesday in November and semi-annual meeting third Tuesday in May.
- WASHINGTON COUNTY MEDICAL SOCIETY**. President, CHARLES BAKER, Rohersville, Md.; Secretary, W. D. CAMPBELL, Hagerstown, Md.; Treasurer, J. C. PITSNOGLE Hagerstown, Md.; Delegate, V. D. MILLER, JR. Second Thursday of February, May, September and November.
- WICOMICO COUNTY MEDICAL SOCIETY**. President, J. M. ELDERDICE, Mardella Spings; Secretary and Treasurer, H. S. WAILES, Salisbury, Md.; Delegate, G. W. TOND.
- WORCESTER COUNTY MEDICAL SOCIETY**. President, PAUL JONES, Snow Hill, Md.; Secretary and Treasurer, R. LEE HALL, Pocomoke City, Md.; Delegate, A. A. PARKER, Pocomoke City, Md.





# THE BULLETIN

OF THE

# Medical *and* Chirurgical Faculty of Maryland



OWNED AND PUBLISHED BY THE ABOVE-NAMED STATE MEDICAL SOCIETY  
SOLELY IN THE INTEREST OF THE MEDICAL PROFESSION

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*Memoir*—E. B. Sterling, G. H. Cairnes, G. H. Riggs, S. S. Stone.

*Fund for Widows and Orphans*—S. K. Merrick, M. S. Rosenthal, W. J. Todd, J. I. Pennington, C. P. Carrico.

*Defense of Medical Research*—L. F. Barker, T. S. Cullen, W. R. Stokes, Standish McCleary, Compton Riely.

*Medical Education*—Herbert Harlan, Randolph Winslow, J. M. H. Rowland.

## STATE PRACTICE ACT

*State Board of Medical Examiners*—Herbert Harlan, J. McP., Scott, Harry L. Homer, J. L. Riley, H. M. Fitzhugh L. A. Griffith, E. E. Wolf, H. T. Collenberg.

*Regular Meetings of the Board of Medical Examiners of Maryland*—Fourth Tuesday in April; first Tuesday in June; first Wednesday in October; first Wednesday in December.

*Regular Examinations*—Examinations are held in Baltimore. Third Tuesday in June for four consecutive days. Second Tuesday in December for four consecutive days.

Maryland is in reciprocal relationship with the following States; Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Michigan, Minnesota, Missouri, Nebraska, New Hampshire, Ohio, Oklahoma, S. Carolina, Texas, Vermont, Virginia, W. Virginia and Wisconsin, subject to requirements and fees imposed by the respective States.

Information connected with Medical Examinations and licensure by addressing Secretary, J. McP. Scott, Hagerstown, Md.

THE BULLETIN  
OF THE  
MEDICAL AND CHIRURGICAL FACULTY  
OF MARYLAND

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CONTROLLED BY THE COUNCIL AND EDITED BY A COUNCILLOR,  
DR. CHARLES O'DONOVAN  
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EDITORIAL

POSTPONEMENT OF SEMI-ANNUAL MEETING.

At a meeting of the Council, held June 17, after full discussion, it was decided to omit the Semi-Annual Meeting of 1918. This conclusion was reached with great regret, but the absence of so many of our members, who are in service, and the consequent stress of work which has fallen on those remaining in civil practice, caused the Council to fear a very small attendance: hence its action.

Our only excuse for issuing this number of the BULLETIN in July, instead of March, is that the great war has so interfered with the activity of our printers that they have been able only now to go ahead with our work satisfactorily. We hope that the contents will be sufficiently interesting to repay careful scrutiny, as they contain matters of vital importance to the membership.

The BULLETIN asks letters from any members serving at the front, or in any of the camps or hospitals, which might be of general interest and will gladly use them.

## THE PRACTITIONER AND THE DEPUTY STATE HEALTH OFFICER.

BY EDGAR A. JONES.

*Deputy State Health Officer.*

This paper is not intended to give a detailed statement of the official duties of the deputy state health officer, but rather a general outline of the duties so far as they may be of interest to the general practitioner.

The act of the Legislature in 1914, providing for the division of the state into sanitary districts and the employment of a deputy state health officer in each district, as a representative of the State Board of Health, has brought about new relationships between the general practitioner and the health officers.

The profession and the general public have, I believe, rather an indefinite idea as to the duties of the deputy health officers. When they know of their existence at all, they think that all the functions and duties of all the health officers have been assumed by the deputies. The facts are these: the deputy is the representative of the State Board of Health in his district, and has the same supervision over health matters and local health officers as does the State Board of Health, but in no wise assumes the duties of the local health officers.

Individuals, both in the profession and among the laity, frequently make requests involving the abatement of nuisances and similar minor matters that belong strictly to the local health officers. At the direction of the State Board of Health the deputies undertake special work, such as the investigation of all cases of typhoid or large outbreaks of other communicable diseases. Their duties also include the medical supervision of schools, as far as practical.

The medical profession has probably during all time been a board of health, inasmuch as its members have given instructions and orders to prevent the spread of disease from their patients to other members of the family, and to the community. The modern Board of Health expresses the knowledge and opinion of the profession as a whole, in a legalized way, disseminating the knowledge to larger groups of persons and enforcing by law, if necessary, the regulations that otherwise would have only the effect of advice. With the rapid strides and specialization that has occurred in medicine in recent years, the public health official must become, according to his ability, a specialist, and if he is to accomplish results, his opinions must carry the same weight in their sphere as does a specialist in any other branch with equal training and experience. The profession must expect and be willing to receive new opinions and decisions from

health officials, just as he does from the surgeon or the internist. This is rather difficult, because with most of us it is much more difficult to unlearn a thing than to learn it.

The laity, and to a certain extent the profession, sometimes look upon the health official as a type of persecutor, issuing and forcing obedience of arbitrary, useless, and unjust regulations. This fortunately, is not the general view today. As a matter of fact, the health authorities of Maryland are devoting much thought to means of reducing the inconvenience of health regulations in families, and communities afflicted with communicable diseases. The day of shotgun quarantine is past, and within the past two years I have seen an outbreak of smallpox, involving thirty patients, and almost as many families, in a neighboring town, that was perfectly controlled almost without visible signs of force. In fact, the only indication of law was the yellow cards. The regulations in force, until recently, regarding several of our common communicable diseases, were entirely too stringent. I refer to the quarantine of forty-two days in scarlet fever, fourteen days in measles, after eruption, and the absolute quarantine of all except the breadwinner in practically all the acute communicable diseases. The requirement of terminal disinfection of houses has also proven of doubtful value.

The present policy is to have the field workers, the deputy state health officer, get as close to each focus of infection—that is, each patient with the communicable disease—as is possible, to see that these people are isolated not only from the community, but from all persons in the family, except the attendant, and to see that all body discharges, whether from the nose, throat or intestines, are immediately disinfected or destroyed. If this is done, and all persons known to have been exposed to the patient, are kept under observation during the possible period of incubation, then communicable diseases are practically mastered. This of course, leaves out of consideration the missed cases and the so called “carrier cases” and it is a well established fact that typhoid fever, diphtheria, and probably scarlet fever, may be spread by perfectly healthy persons carrying the organisms of these diseases in their apparently normal secretions.

The State Board of Health of Maryland, in addition to prescribing regulations for the control of communicable diseases and furnishing, as far as possible, assistance in tracing the source of infection, also furnishes prophylactic supplies for all cases of tuberculosis, typhoid fever, and other intestinal diseases, as well as typhoid and whooping cough vaccine, and provides laboratory facilities for the examination of sputum or other discharges in suspected tuberculosis, examinations of blood, urine and faeces in suspected typhoid fever, and indeed other special examinations in matters of interest on special request.

The deputies make the investigations of the premises of the patient, see that the physician has ordered or furnished proper disinfecting materials, urged the use of typhoid vaccine, and see that the prophylactic supply and culture stations are centrally located, and kept stocked with supplies.

The value of these efforts may best be understood by reference to the greatest work we are now engaged in, and have been since 1914, and that is typhoid fever. In the state at large our results are very encouraging. For the six years prior to 1914, the average deaths from typhoid fever, exclusive of Baltimore City, was 306. The lowest year claiming 227. In 1914 the deaths numbered 197; in 1915, 202, in 1916, 162, an average of 187. The mark set for this year is not less than last.

The results that have been obtained have been largely due to the co-operation of the physicians in the state. I fear, however, that the failure to reduce the rates still further is in a measure due to the failure of physicians to utilize all their knowledge toward the control of typhoid fever. To illustrate. Of the cases seen by me in one county, I have definite information as to the method of excreta disposal and bedside prophylaxis employed. These cases had all been seen long enough to make a diagnosis of typhoid, for the physician to fill out his report, send it to the County health officer, be forwarded by him to the Baltimore office, returned to me, and then the case seen by me as soon as practical thereafter. Surely this period of time should give every physician abundant opportunity to establish proper excreta disposal and bedside prophylaxis, yet what do we find? Of these 109 cases, in forty, such methods were satisfactorily established, in thirty-nine, some effort was being made toward the protection of the family and the community, but in these, either no disinfectant was used, or no effort at bedside prophylaxis, and in quite a few, nothing but simply burial of the excreta was done. In the other thirty cases absolutely no attempt had been made to limit the spread of the disease, and this, in spite of the fact that there is a specific State law providing punishment for failure on the part of the attending physician to enforce these measures, and remember also that the prophylactic material can be always obtained and kept on hand by the attending physician without cost to himself or patient, and as a matter of fact, nearly every physician in that county has had constantly in his office a supply of this disinfectant. I have no desire to criticize, and I am sure that in many instances this apparent neglect could be satisfactorily explained by the attending physician. This year, in that county, the results are more encouraging.

Every family in which a case of typhoid fever occurs that is visited by a deputy, and found to have no proper method of sewage disposal, will be ordered to install a sanitary privy. I hope you will all break this

news to your patients before we reach the premises, as it will sometimes save both the deputy and your patient's family time and discussion. The use of typhoid vaccine is a particularly difficult question. We are anxious that all persons in every infected family receive this treatment, and as many other persons as possible in the community. This is a service that should be performed by the attending physician, and for which he should be paid by the family. The bulk of our typhoid cases, however, occur in persons who are not in the habit of paying for medical services of any sort, and in these cases it would seem unjust to expect the attending physician to do the work. On the other hand, if the health officers undertake to give the vaccine without charge to the charity cases, it becomes impossible to draw the line, and as a result it is giving free services to many persons perfectly able to pay for the same. Physicians, I expect, sometimes would resent this. As the health officer's first duty, however, is to the public, he finds it necessary to give the vaccine in those cases that have not commenced to take it before his investigation, if he can find the time to do so. In fact, I think this is a rather fair procedure. A physician who is desirous of immunizing his patients certainly has time to make his arrangements with the family and get in the first dose before they are seen by the health officer. In fact, I believe he can add much to the safety of his people and something to his own pocket book by prompt immunization in every case where typhoid may be suspected, rather than waiting until the diagnosis is made.

While we desire and expect the full coöperation of practitioners in an effort to limit infectious diseases, the field force is always at the service of the local health officer, and indeed any physician in the state in any question of diagnosis where communicable disease is suspected, and we welcome reports of cases occurring or rumored as occurring in families that have no attending physician, that investigation may be made. We welcome opportunities to advise communities, especially incorporated towns as to the most practical methods of securing proper water supplies, and proper sewage disposal methods.

In our relations with patient and physician we always endeavor to say or do nothing that might fairly be objected to by any member of the profession. Of course, any statement made by one of us may at times be so distorted either consciously or unconsciously, when repeated by members of the family that it would sound as a possible criticism or at least a difference of opinion. I know that I have at times made mistakes of this sort, but at any time should such unfortunate occurrences arise, I am ready to make proper explanations. On the other hand, one can hardly be blamed for showing some impatience at the failure of a physician to properly protect at least the members of the family of his patient from typhoid fever, diphtheria, and scarlet fever.

To review—the general practitioner and health officials are members of the same profession having equal rights and duties. The health authorities of Maryland are making efforts to promulgate the most rational regulations for the control of communicable diseases. While coöperation on the part of the profession has been gratifying in the past, we have a right to expect an even more careful help in the future. Typhoid mortality has been definitely reduced in Maryland, and indications point to continued reductions. Other communicable diseases may be expected to follow a like course. The district health officer is always available for purposes of investigation at the request of any physician, subject of course, to prior engagements.

## STATE BOARD OF MEDICAL EXAMINERS OF MARYLAND.

### QUESTIONS.

#### CHEMISTRY.

1. Describe phosphorus and name and give formulae of three (3) of its compounds.
2. Why should solutions of silver nitrate not be employed after irrigations with salt solution? Illustrate by formulae.
3. How is chlorine made and what are its chemical properties?
4. What are simple and what are compound proteids?
5. What is glucose? Why is it sometimes employed in solution intravenously?
6. Name three (3) hydrocarbons and give formulae. Name three (3) carbohydrates and give formulae.
7. What is Fisher's solution? What is its chemical effect when administered by the vein?
8. Describe two (2) important chemical tests used in examining stomach contents.
9. Describe two (2) important chemical tests used in examining urine.
10. What chemicals are used in purifying water for drinking purposes, and how are they employed?

DR. A. L. WILKINSON,  
*Examiner.*

*Tuesday, December 11, 1917.*

#### ANATOMY.

1. Define marrow, periosteum, compact and cancellous bone, epiphysis, diaphysis.
2. Bound the superior carotid triangle and name the contents of same.
3. Name the organs of generation in the male and female and describe the ovary.
4. Define hernia and name and locate all hernias which occur in abdomen (not traumatic).
5. State what muscles enter into the formation of (a) Anterior abdominal wall and (b) Floor of pelvis.
6. State definitely the result of cutting in living subjects the following nerves: radial, peroneal, pudic, anterior femoral (below Poupert's ligament).



7. What anatomical structures pass through the sphenoidal fissure (foramen lacerum anterius).
8. Name salivary glands and locate orifices of their ducts.
9. Through what vessels does blood pass in going from spleen to under surface of middle toe.
10. Name bones and ligaments entering into formation of ankle joint.

DR. HERBERT HARLAN,  
*Examiner.*

*Tuesday, December 11, 1917.*

#### THERAPEUTICS.

1. Name four salts of sodium and special uses.
2. Write two prescriptions in official terms, without abbreviation, containing three ingredients; one a stomachic, the other for acute rheumatism.
3. Therapy of nux vomica; preferable preparations and mode of administration.
4. Acid tannicum, therapy and preferable preparations.
5. Emetinae hydrochloridum, therapy and administration.
6. Epinephrina, therapy and administration.
7. Paraffinum, therapy and method of use.
8. Therapy of hydrg. bichlor. and hydrg. chlor. mite.
9. Three salts of ammonium; therapy of each.
10. Therapy of belladonna; symptoms of overdose and treatment.

DR. J. McPHERSON SCOTT,  
*Examiner.*

*Wednesday, December 12, 1917.*

#### MATERIA MEDICA.

1. Tartar emetic. The official preparation and dose as an expectorant and as an emetic and the incompatibles.
2. Name six official preparations of mercury. (b) Name two alkaloids of opium.
3. (a) Give the official name and dose of Epsom salts, Rochelle salts and Glauber's salts. (b) State strength of dilute hydrochloric acid as compared to absolute acid.
4. What is incompatibility in medicines and what are the different kinds of incompatibles. Give example of each.
5. How does an antagonist differ from an antidote? Give examples.
6. (a) Define briefly electricity as a remedial agent. (b) Define massage.
7. (a) Name the official preparations of zinc. (b) Mention the alkaloids of nux vomica.
8. Name a vesicant derived from the animal kingdom, one derived from the vegetable kingdom, and one from the mineral kingdom.
9. (a) Define antiseptics. (b) Name two intestinal antiseptics most generally used. (c) Name three most generally used externally.
10. Define toxins and antitoxins and mention some conditions in which serum therapy has proven successful.

DR. L. A. GRIFFITH,  
*Examiner.*

*Wednesday, December 12, 1917.*

## PHYSIOLOGY.

1. State causes of pressure in the arteries, capillaries and veins.
2. Name some of the bodily states which lessen the alkalinity of the blood.
3. Describe the process of osmosis and give examples in the human economy.
4. (a) Name the secretions of the alimentary canal, their reactions and functions. (b) Name the active principles of the digestive secretions.
5. (a) Describe bile and its uses, where first found. Trace its course. (b) Name the bile salts.
6. State the general classes into which foods are divided and give examples of each.
7. (a) What are the functions of the skin and its appendages? (b) What matters are excreted by the skin? (c) How may the function be affected as to the amount of excretions?
8. (a) Describe the functions of the kidneys. (b) Do both kidneys constantly act? (c) How does the impairment of the functions of the kidneys affect that of the skin and lungs? (d) Give the variations within limits of health in the specific gravity of urine.
9. Describe nerve-cells and fibers.
10. (a) Define reflex action and give example. (b) Give illustrations of morbid reflex action.

*Wednesday, December 12, 1917.*

DR. L. A. GRIFFITH,  
*Examiner.*

## PATHOLOGY.

Give pathology of:

1. Acne vulgaris.
2. Acute otitis media.
3. Pernicioua anemia.
4. Angina pectoris.
5. Locomotor ataxia.
6. Tuberculous meningitis.
7. Acute nephritis.
8. Dental caries.
9. Reynaud's disease.
10. Duodenal ulcer.

*Thursday, December 13, 1917.*

DR. H. M. FITZHUGH,  
*Examiner.*

## PRACTICE.

1. Give the differential diagnosis between measles and scarlet fever. What complications are likely to accompany or follow scarlet fever and give their treatment.
2. Give the symptoms, physical signs and differential diagnosis of acute lobar (croupous) pneumonia.
3. Give the etiology, diagnosis and treatment of cirrhosis of the liver.
4. Give the clinical symptoms, laboratory findings and differential diagnosis of Hodgkin's disease.

5. Describe in detail how you would manage a case of typhoid fever so as to prevent its spreading. Tuberculosis? Diphtheria?
6. What is psoriasis? Give its symptoms and treatment.
7. Give the causes, clinical symptoms and treatment of arteriosclerosis.
8. Give the symptoms and treatment of chorea.
9. Give the causes, symptoms and treatment of acute ileocolitis in a child one year of age.
10. What are the chief causes of convulsions in children and infants?

DR. E. E. WOLFF,

*Examiner.*

*Thursday, December 13, 1917.*

OBSTETRICS AND GYNECOLOGY.

1. What changes occur in the breasts during pregnancy.
2. How can you predict the day of confinement.
3. Give some of the causes of abortion and premature labor.
4. In the case of twins, how can you tell from the placenta whether they are from the same ova, or from different ones?
5. What is strictura uteri and what is its treatment?
6. What are some of the dangers of precipitate labor?
7. What is the chief cause of hemorrhage prior to the time of labor and what is your treatment for this condition?
8. Under what conditions would you do an internal podalic version, and describe in detail how you would perform it?
9. Give treatment of vaginitis of pregnancy.
10. Differentiate between a sloughing myoma and a cancer of the uterus.

DR. JOHN L. RILEY,

*Examiner.*

*Friday, December 14, 1917.*

SURGERY.

1. Give the differential diagnosis between acute catarrhal conjunctivitis and gonorrhoeal ophthalmia.
2. Give symptoms and treatment of acute catarrhal otitis media.
3. Give symptoms and treatment of tuberculosis of the hip joint.
4. What technique and treatment would you employ for a gun shot wound of the leg.
5. What do you understand by a Colles' fracture? Give signs, symptoms and treatment.
6. What are the symptoms of a chronic luxation of a semilunar cartilage of the knee joint? Give treatment.
7. Describe rodent ulcers. Give their common locations and treatment.
8. Name the varieties of goitre and mention the indications for surgical interference.
9. What is the most frequent dislocation of the shoulder. Give diagnosis, two methods of induction with after treatment.
10. Give diagnostic characteristics of (a) varicose, (b) tubercular, (c) luetic ulcer.

DR. H. L. HOMER,

*Examiner.*

*Friday, December 14, 1917.*

SUMMARY OF RESULTS OF EXAMINATION HELD BY THE  
BOARD OF MEDICAL EXAMINERS OF MARYLAND  
DECEMBER 11, 12, 13 AND 14, 1917.

NUMBER	COLLEGE OF GRADUATION	EXAMINATION RESULTS										TOTAL	AVERAGE
		ANATOMY	SURGERY	PATHOLOGY	OBSTETRICS	PRACTICE	CHEMISTRY	MATERIA MEDICA	THERAPEUTICS	PHYSIOLOGY			
1	Univ. of Maryland, '17.....	81	89	80	76	79	75	90	88	91	749	83	
2	Univ. of Maryland, '17.....	83	78	80	81	81	75	86	84	80	728	81	
3	Univ. of Maryland, '17.....	75	88	80	87	83	75	70	94	75	727	81	
4	Meharry Med. Col., '16.....	58	85	75	64	70	50	76	58	55	591	66	
5	Univ. of Maryland, '17.....	89	96	90	92	91	85	88	87	85	807	90	
6	Col. P. & S., '16.....	75	...	75	75	...	...	...	76	...	...	...	
7	Univ. of Maryland, '17.....	Failed to appear										...	...
8	Johns Hopkins, '17.....	73	93	80	88	80	76	77	75	87	729	81	
9	Johns Hopkins, '17.....	76	92	78	87	82	85	99	97	82	778	86	
10	Johns Hopkins, '14.....	76	93	83	78	79	85	86	64	90	734	81	
11	Univ. of Virginia, '17.....	67	94	98	90	85	90	86	88	83	781	87	
12	Univ. of Maryland, '17.....	77	97	80	89	81	57	66	90	86	723	80	
13	Johns Hopkins, '16.....	76	83	90	76	84	80	88	97	83	757	84	
14	Univ. of Maryland, '17.....	57	94	85	75	82	75	86	88	85	727	81	
15	Med. Col. of Va., '17.....	64	91	57	74	74	60	63	70	48	601	67	
16	Col. P. & S., Baltimore, '17.....	58	92	82	90	80	75	77	75	52	681	76	
17	Univ. of Maryland, '17.....	66	90	75	86	78	75	75	90	70	705	78	
18	Univ. of Maryland, '17.....	...	...	...	78	...	60	68	75	75	...	...	
19	Chicago Col. of Med., '15.....	86	89	94	98	88	80	83	96	94	808	90	
20	Johns Hopkins, '17.....	63	91	90	57	71	85	82	64	69	672	74	
21	Maryland Med. Col., '13.....	33	...	...	...	...	70	...	...	46	...	...	
22	Col. P. & S., '15.....	76	...	75	...	...	75	...	...	...	...	...	
23	Howard Univ., '14.....	66	95	75	80	75	70	88	97	75	711	79	
24	Univ. of Maryland, '17.....	48	90	91	82	75	75	77	78	78	694	77	
25	Med. Col. of Va., '17.....	50	89	80	76	85	65	86	69	77	677	75	
26	Med. Col. of Va., '17.....	75	92	75	69	75	75	80	79	67	687	76	
27	Long Island Col., '05.....	93	93	75	74	79	85	98	98	90	785	87	
28	Johns Hopkins, '17.....	86	94	90	85	85	75	87	87	96	785	87	
29	Bennett Med. Col., '14.....	...	...	75	...	...	75	...	...	...	...	...	

In the above summary an average of 75 is required of those participating in the examination for the first time in order to secure a license. Those who have failed are eligible to re-examination at the expiration of six months. They are then obliged to receive a rating of 75 in each branch in which they are re-examined before license can be issued. Under the Maryland laws, students who, at the end of their second year, have successfully passed their college examination in Anatomy, Chemistry, Materia Medica and Physiology, are entitled to examination by the Board of Medical Examiners in these branches. The ratings made by these students in the examination known as the "second-year examination" are carried forward and made part of the final examination, when an average of 75 must be obtained to secure a license. We trust that this statement will make clear the apparently incomplete examination of certain participants.

## MINUTES OF THE ANNUAL MEETING.

APRIL 24, 25, 26, 1917.

*Tuesday, April 24, 1917 8.15 p.m.*

The opening session of the 119th Annual Meeting of the Medical and Chirurgical Faculty was held in Osler Hall on Tuesday, April 24, 1917, at 8.15 p. m., the President, Dr. Guy Steele, presiding. The Vice-President, Dr. J. M. H. Rowland, took the chair while Dr. Steele gave his presidential address. Dr. Steele made a plea for the closer fellowship of the county and city men, and for a more general interest in the Faculty and its meetings.

Dr. C. W. Mitchell gave a stirring address on the "Physicians' duty in the present crisis," and gained many recruits for the M. O. R. C., cards for which were distributed at the close of the meeting.

The names of the 21 members who were deceased during the year were read by Dr. J. T. Smith. A tribute was paid to these men by the physicians present who stood during the reading of the list.

Dr. H. B. Jacobs, Secretary of the Osler Fund reported that the money remaining at the time Osler Hall was built had been increased to nearly \$10,000 by some of the professional friends of Dr. Osler, and that the Osler Committee wished to present this fund, to be known as the Osler Testimonial Fund, to the Faculty, the income to be devoted to the upkeep of Osler Hall and for the purchase of books for the Library in those subjects of most interest to Dr. Osler. This amount was increased to \$10,000 by subscriptions from the floor, and the Committee was instructed to invest same in safe securities to yield if possible \$500 a year. It was further voted to send Dr. Osler a cablegram announcing the establishment of this fund.

There were three portraits presented at this meeting, Dr. Alexius McGlannan made the presentation of the portrait of Dr. J. W. Chambers, and Dr. S. T. Earle that of Dr. Alex. F. Dulin. These were accepted by Dr. Steele on behalf of the Faculty, and Dr. Harry Friedenwald presented the portrait of Dr. Jacob Hartman, which was accepted for the Faculty by Dr. J. N. Mackenzie.

*Wednesday, April 25, 1917, 10 a.m.*

The meeting was called to order by the President, Dr. Guy Steele, and the following program was carried out:

1. Unusual forms of epithelioma of the skin (illustrated), Dr. L. W. Ketron.
2. Hemiplegia, spontaneous and traumatic, Dr. W. D. Wise.
3. A discussion of gallstone disease, Dr. A. C. Harrison.
4. Gall-bladder surgery with special reference to cholecystectomy, with lantern slide demonstration, Dr. Frank Martin.
5. Treatment of ankylosis of jaw (illustrated), Dr. W. S. Baer.
6. Roentgen lantern slide demonstration, Dr. F. H. Baetjer.

*Wednesday, April 25, 1917, 2.30 p.m.*

The meeting was called to order by the President, Dr. Guy Steele, and the program was as follows:

1. Health insurance, its relation to the medical profession, and to the public health, Dr. B. S. Warren, United States Public Health Service, Washington, D. C.
2. Health insurance; proposed legislation, Dr. J. Hall Pleasants.

3. The use of free grafts of whole thickness skin for the relief of contractures (illustrated), Dr. John Staige Davis.

*Wednesday, April 25, 1917, 8.15 p.m.*

The meeting was called to order by the President, Dr. Guy Steele, at 8.15 p.m. The out of town guests for this evening were Dr. A. Murat Willis, of Richmond, Va., who gave a talk on "Surgery of the gall-bladder" and Dr. Joshua Edwin Sweet, of Philadelphia, who spoke on "Shock. Transfusion and infusion." These very interesting papers were followed by the annual smoker in the Banquet Hall, 112 men attending.

*Thursday, April 26, 1917, 10 a.m.*

The meeting was called to order by the Vice-President, Dr. J. H. M. Rowland, and the following program was carried out:

1. Physical and mental aspects of sexual impotence, Dr. A. J. Underhill. Discussion by Drs. Winslow and Rowland.
2. The office treatment of rectal diseases, and its limitations, Dr. J. D. Reeder.
3. Syphilis of the lung, Dr. T. B. Fatcher. Discussion: Drs. Pearce, Underhill, Steele and in closing Dr. Fatcher.
4. Infectious mononucleosis, Drs. Walter Baetjer and S. R. Miller. Read by title.
5. Local anaesthesia in ano rectal diseases, Dr. L. J. Rosenthal. Discussion: Drs. Steele, Hebb, H. B. Stone and J. R. Abercrombie.

The voting for the two members of the State Board of Medical Examiners at 12 o'clock resulted in the election of Dr. A. L. Wilkinson and Dr. E. E. Wolff.

*Thursday, April 26, 1917, 2 p.m.*

The meeting was called to order by the President, Dr. Guy Steele, and the following program was carried out:

1. A simplified technic for impassable urethral strictures, Dr. A. G. Rytina.
2. Case of extra uterine pregnancy, Dr. W. S. Gardner.
3. A case simulating ectopic pregnancy, Dr. Hugh Brent.
4. Report of a case of huge dilation of the esophagus with demonstration of specimen (illustrated), Drs. Julius Friedenwald, Albertus Cotton and A. C. Harrison.
5. Notes on acute appendicitis, Dr. Alexius McGlannan.

*Thursday, April 26, 1917, 8.15 p.m.*

The meeting was called to order by the President, Dr. Guy Steele, and the session was devoted to a Symposium on Medical Education. "The attitude of the State to the medical school" was brought out by Dr. J. McPherson Scott. "Hospital standardization" was explained in detail by Dr. John G. Bowman, Director, American College of Surgeons, Chicago, Ill. "The problem of hospital internes and how best to meet it in the future" was depicted by Dr. Gordon Wilson, and this subject was discussed by Drs. J. W. Williams and J. M. H. Rowland.

The meeting was then adjourned.

## TREASURER'S FINANCIAL STATEMENT.

*January 1, 1917 to December 31, 1917.*

### RECEIPTS.

Balance Continental Trust Company, January 1, 1917.....	\$2,255.60	
Dues members County Medical Societies.....	1,672.10	
Dues members Baltimore City Medical Society.....	4,318.00	
Clerical assistant Baltimore City Medical Society.....	180.00	
Use of halls, Baltimore City Medical Society.....	200.00	
Use of halls, offices, etc.....	1,795.00	
J. M. T. Finney Fund.....	383.68	
Trimble Fund.....	1,012.50	
Baker Fund.....	40.00	
Ellis Bequest, interest.....	1,800.00	
Widows and Orphans Committee.....	34.32	
Telephone tolls.....	8.50	
Andirons, Friedenwald Room.....	12.00	
Frick Fund.....	300.00	
By sale of books.....	5.00	
Liberty Bonds.....	1,800.00	
Coöperative Medical Advertising Bureau.....	10.65	
Hynson, Westcott Company, overpayment.....	1.00	
Harford County, Constitutions.....	2.00	
Interest to date.....	77.50	
Total.....		\$15,907.85

### EXPENDITURES.

Salaries.....	\$3,402.85
House expenses.....	148.62
Gas and electricity.....	461.19
Coal and wood.....	790.80
Maintenance of property.....	488.58
Postage.....	70.00
Telephone.....	148.63
Annual Meeting.....	107.59
Semi-Annual Meeting.....	41.25
Cochran Fund.....	225.72
Supplies.....	165.91
Water rent.....	11.04
Bulletin subscription.....	275.00
By transfer to Building Fund.....	806.25
Paid on mortgage.....	1,000.00
Physicians Defense.....	456.05
Printing.....	100.25
Printing Physicians Defense.....	57.95
Incidentals.....	244.20

Library account, journals, etc.....	575.52	
Binding.....	175.45	
Library of Congress cards.....	17.18	
Supplies.....	5.20	
Association dues.....	15.00	
Finney Fund.....	383.68	
Baker Fund.....	51.60	
Widows and Orphans Committee.....	34.32	
Frick Fund.....	300.00	
Treasurer's Bond.....	50.00	
Trimble Fund.....	1,012.50	
Insurance.....	102.00	
Liberty Bonds.....	1,800.00	
Bulletin account.....	110.10	
Overpaid dues Carroll and Allegany Counties.....	12.00	
Osler Endowment Fund.....	623.47	
Total.....		\$14,269.90
Balance Continental Trust Company.....		1,637.95
		<u>\$15,907.85</u>

## BULLETIN FINANCIAL STATEMENT.

## RECEIPTS.

Balance Continental Trust Company, January 1, 1917.....	\$4.59	
Subscriptions.....	275.00	
Advertisements.....	954.92	
Total.....		<u>\$1,234.51</u>

## EXPENDITURES.

Printing and mailing.....	\$1,231.51	
Commission on "ads".....	3.00	
Total.....		<u>\$1,234.51</u>

## PERMANENT ACCOUNTS ON DECEMBER 31, 1917.

## OSLER ENDOWMENT FUND.

The investments of this Fund are:	INVESTMENTS	CASH
One United Railway 4 per cent bond.....	\$1,000.00	
One United States 4 per cent bond.....	1,000.00	
Thirty shares Norfolk R. & L. stock, par value.....	750.00	
Cash in bank, December 31, 1916.....		\$789.26
Income from United Railway bond.....		40.00
Income from Norfolk R. & L. stock.....		- 5.00
Donated by Baltimore City Medical Society.....		100.00
Interest from Continental Trust Company.....		42.15
		<u>\$1,016.41</u>
Paid for United States Bond.....	\$1,000.00	
Balance in bank.....	16.41	
		<u>\$1,016.41</u>



## TRIMBLE LECTURESHIP FUND.

The investments of this Fund are:	INVESTMENTS	CASH
Three Chicago Railway 5 per cent bonds.....	\$3,000.00	
Two Georgia and Alabama Railway 5 per cent bonds....	2,000.00	
Cash in bank, December 31, 1916.....		\$743.57
Income from Chicago Railway bonds.....		150.00
Income from Georgia and Alabama bonds.....		100.00
Interest from Eutaw Savings Bank.....		24.23
		<u>\$1,017.80</u>
Paid on order of Committee.....	\$1,012.50	
Balance in bank.....	5.30	
	<u>\$1,017.80</u>	

## FINNEY FUND.

The investments of this Fund are:	INVESTMENTS	INCOME
Baltimore City Stock, par value.....	\$4,000.00	
Two Minn. and St. Paul Railway 5 per cent, par value...	2,000.00	
Two Milwaukee R. & L. 5 per cent, par value.....	2,000.00	
Two Chicago City Railway 5 per cent, par value.....	2,000.00	
	<u>\$10,000.00</u>	
Cash in bank, December 31, 1916.....		\$339.05
Income from City Stock.....		160.00
Income from Minn. and St. Paul Railway.....		100.00
Income from Milwaukee R. & L.....		100.00
Income from Chicago Railway.....		100.00
Interest from Continental Trust Company.....		17.60
		<u>\$816.65</u>
Paid on order of Committee.....	\$383.68	
Cash in bank.....	432.97	
	<u>\$816.65</u>	

## WIDOWS AND ORPHANS FUND.

The investments of this fund are:	INVESTMENTS	INCOME
One University of Maryland 5 per cent, par value.....	\$500.00	
One City of Aberdeen 5 per cent, par value.....	500.00	
One Milwaukee Gas and Electric 4½ per cent.....	1,000.00	
One United Railway 4 per cent bond, par value.....	1,000.00	
One United States 4 per cent.....	500.00	
Cash in bank December 31, 1916.....		\$415.60
Income from University of Maryland bond.....		25.00
Income from Aberdeen bond.....		25.00
Income from Milwaukee bond.....		45.00
Income from United Railway bond.....		40.00
Interest Continental Trust Company.....		17.08
		<u>\$567.68</u>
Expenditures:		
Paid for United States 4 per cent bond.....	\$500.00	
Paid on order of Committee.....	34.32	
Balance in bank.....	33.36	
	<u>\$567.68</u>	

## BAKER FUND.

	INVESTMENTS	CASH
The investments of this Fund are:		
One United Railway 4 per cent bond, par value.....	\$1,000.00	
One United States 4 per cent.....	300.00	
Cash in bank, December 31, 1916.....		\$291.43
Income United Railway bond.....		40.00
Interest Continental Trust Company.....		12.00
		<u>\$343.43</u>
Paid for United States bonds.....	\$300.00	
Paid on order of Library Committee.....	4.00	
Cash in bank.....	3.43	
		<u>\$343.43</u>

## ELLIS BEQUEST.

	INVESTMENTS	INCOME
The investment of this Fund is:		
60 shares stock National Bank of Elkton.....	\$6,000.00	
Annual income.....		\$1,800.00

## OSLER TESTIMONIAL FUND.

	INVESTMENTS	INCOME
The investments of this Fund are:		
Two Southern Railway 5 per cent bonds.....	\$2,000.00	
Two Atlanta and Charlotte Railway 5's.....	2,000.00	
Two Wabash Railway 5's.....	2,000.00	
Two French Republic 5½'s.....	2,000.00	
Two United Kingdom of Great Britain and Ireland 5½'s....	2,000.00	
Income from Southern Railway bonds.....		\$50.00
Income from Atlanta and Charlotte bonds.....		50.00
Income from Wabash Railway bonds.....		50.00
Income from French Republic bonds.....		55.00
Income from United Kingdom of Great Britain and Ireland bonds.....		55.00
		<u>\$260.00</u>

March 28, 1918.

*Medical and Chirurgical Faculty  
of the State of Maryland,  
Baltimore, Md.*

GENTLEMEN: In conformity with your instructions, we report we have made an audit of the Cash Transactions of your Faculty for the year ended December 31, 1917, and have found same to be correct. We have also examined the securities called for by your books and have found same to be intact and in good order.

Respectfully submitted,

WILLIAM A. GILLESPIE AND COMPANY,  
*Certified Public Accountants.*

# MEDICAL SOCIETY MEETINGS

Component Societies of the Faculty, with a list of their officers and times of meeting

*NOTE.—Secretaries are requested to advise the Secretary of the State Society promptly of the election of new officers in their respective Societies*

- BALTIMORE CITY MEDICAL SOCIETY.** President, THOMAS S. CULLEN; Vice-President, WILLIAM T. WATSON; Secretary, EMIL NOVAK; Treasurer, W. S. GARDNER; Censors, R. WINSLOW, A. C. GILLIS, H. B. STONE, Delegates, R. FAYREWEATHER, H. FRIEDENWALD, J. H. PLEASANTS, S. MCCLEARY, J. W. WILLIAMS, T. R. CHAMBERS, GORDON WILSON, F. H. BAETJER, C. PENROSE, J. T. GERAOHY, EMIL NOVAK.
- SECTION OF CLINICAL MEDICINE AND SURGERY.** First and Third Fridays, 8.30 P.M., October to May. Chairman, J. STAIOS DAVIS, M.D.; Secretary, E. B. FREEMAN, M.D.
- SECTION OF DERMATOLOGY.** Third Wednesdays. Chairman, J. WILLIAMS LORD, M.D.; Secretary, I. R. PELS, M.D.
- SECTION OF GYNECOLOGY AND OBSTETRICS.** Second Fridays in October, December, February and April. Chairman, J. M. H. ROWLAND, M.D.; Secretary, EMIL NOVAK, M.D.
- SECTION OF LARYNGOLOGY.** Fourth Fridays monthly, 8.30 P.M. Chairman, LEE COHEN; Secretary, G. W. MITCHELL.
- SECTION OF MEDICAL EXAMINERS.** Third Fridays in November and March. Chairman, J. D. IOLEHART, M.D.; Secretary, W. E. MAORUDER, M.D.
- SECTION OF NEUROLOGY.** Second Friday, monthly. Chairman, C. M. BYRNES, M.D.; Secretary, D. D. V. STUART, M.D.
- SECTION OF OPHTHALMOLOGY AND OTOTOLOGY.** Third Wednesdays. Chairman, E. A. KNORR; Secretary, E. A. LOOPER, M.D.
- ALLEGANY COUNTY MEDICAL SOCIETY.** President, W. O. McLANE, Frostburg; Secretary, H. V. Deming; Treasurer, J. H. WILSON, Cumberland, Md.; Delegate, G. L. BROADRUP, Second Wednesdays of January, April, July and October; annual meeting in January.
- ANNE ARUNDEL COUNTY MEDICAL SOCIETY.** President, C. R. WINTERSON, Elkridge, Md.; Secretary, F. E. WEITZMAN, Annapolis, Md.; Treasurer, F. H. THOMPSON, Annapolis, Md.; Delegate, L. B. HENKEL, Second Tuesday of January, April, July and October.
- BALTIMORE COUNTY MEDICAL SOCIETY.** President, M. F. SLOAN, Towson, Md.; Secretary-Treasurer, F. W. KEATING, Owings Mills, Md.; Delegates, J. S. BOWEN and L. G. SMART, Mt. Washington, Md., Third Wednesdays, at 2 P.M.
- CALVERT COUNTY MEDICAL SOCIETY.** President, W. H. TALBOT, Willows, Md.; Secretary-Treasurer, J. W. LEITCH, Huntingtown, Md.; Delegate, P. BRISCOE. Second Tuesdays in April, August and December; annual meeting second Tuesday in December.
- CAROLINE COUNTY MEDICAL SOCIETY.** President, S. S. STONE, Ridgely, Md.; Secretary-Treasurer, J. R. DOWNES, Preston, Md.; Delegate, J. C. MADARA, Ridgeley, Md.
- CARROLL COUNTY MEDICAL SOCIETY.** President, D. B. SPRECHER, Sykesville, Md.; Secretary-Treasurer, H. M. FITZHUGH, Westminster, Md.; Delegate, M. D. NORRIS. April, July, October, December; annual meeting in October.
- CECIL COUNTY MEDICAL SOCIETY.** President, CHARLES F. MILLER, North East, R.D. 2, Md.; Secretary-Treasurer, H. BRATTON, Elkton, Md.; Delegate, C. P. CARRICO, Elkton R.D. 5. Third Thursdays at Elkton, April, July, October, January; annual meeting in April.
- CHARLES COUNTY MEDICAL SOCIETY.** President, JAMES J. EDELEN, Bryantown, Md.; Secretary-Treasurer, ERNEST SPENCER, Bel Alton, Md.; Delegate, L. C. CARRICO.
- DORCHESTER COUNTY MEDICAL SOCIETY.** President, LOUIS G. FRAZIER, Hurlock, Md.; Secretary-Treasurer, W. H. HOUSTON, Fishing Creek, Md.; Delegate, E. E. WOLFF, Cambridge, Md. Meetings first Tuesday in June and December.
- FREDERICK COUNTY MEDICAL SOCIETY.** President, E. E. KEFAUVER, Frederick, Md.; Secretary-Treasurer, E. L. BOWLUS, Middletown, Md.; Delegate, I. J. MCCURDY. January, April, August and November.
- HARFORD COUNTY MEDICAL SOCIETY.** President, P. F. SAPPINOTON, Belair, Md.; Secretary-Treasurer, DR. CHARLES BAOLEY, Bagley, Md.; Delegate, W. S. ARCHER. Second Wednesdays in January, March, May, July, September and November.
- HOWARD COUNTY MEDICAL SOCIETY.** President, W. N. GASSAWAY, Ellicott City, Md.; Secretary-Treasurer, FRANK O. MILLER, Ellicott City, Md.; Delegate, W. R. WHITE, Meetings (quarterly) first Tuesdays in January, April, July and October.
- KENT COUNTY MEDICAL SOCIETY.** President, H. G. SIMPERS, Chestertown, Md.; Secretary-Treasurer, F. B. HINES, Chestertown, Md.; Delegate, F. B. HINES.
- MONTGOMERY COUNTY MEDICAL SOCIETY.** President, E. L. BULLARD, Rockville, Md.; Secretary-Treasurer, F. N. HENDERSON, Rockville, Md.; Delegate, JOHN LEWIS. Third Tuesdays in April and October.
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- WICOMICO COUNTY MEDICAL SOCIETY.** President, J. M. ELDERDICE, Mardella Springs; Secretary and Treasurer, H. S. WAILES, Salisbury, Md.; Delegate, G. W. TODD.
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# THE BULLETIN

OF THE

# Medical *and* Chirurgical Faculty of Maryland



OWNED AND PUBLISHED BY THE ABOVE-NAMED STATE MEDICAL SOCIETY  
SOLELY IN THE INTEREST OF THE MEDICAL PROFESSION

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*Regular Examinations*—Examinations are held in Baltimore. Third Tuesday in June for four consecutive days. Second Tuesday in December for four consecutive days.

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Information connected with Medical Examinations and licensure by addressing Secretary, J. McP. Scott, Hagerstown, Md.

# THE BULLETIN

OF THE

## MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND

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CONTROLLED BY THE COUNCIL AND EDITED BY A COUNCILLOR,  
DR. CHARLES O'DONOVAN  
PUBLISHED MONTHLY EXCEPT JUNE, JULY, AUGUST AND SEPTEMBER

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### OUR MOST IMPORTANT WORK

The most important matter before the medical profession of Maryland at present is to furnish a sufficient number of competent physicians to care for those of our soldiers who may be wounded in their glorious battle for Democracy. As far as we can learn between 50,000 and 60,000 physicians will be required for this noble work. Of these Maryland must furnish her quota. Already a large number have been enrolled and others are offering themselves every day, but still there are places for many more.

We wish to call the attention of every doctor in the State to this opportunity to do his bit for the good cause. There is room for everyone in the Volunteer Medical Service Corps. We wish also to remind those physicians who are disinclined to join because of one or another reason that the new draft act will reach everyone between 18 and 45, and that those who did not go in as doctors may be ordered in as privates. Before it is too late we appeal to the patriotism as well as the sense of justice of every man to shoulder his own burden and not let some one else do his work. If we wish to escape the horrors of Belgium and Northern France we must win this war, and nothing enables a man to fight with better spirit than the knowledge that he will be well cared for if he should fall wounded in the battle.

Rouse yourselves therefore members of the Faculty, and prepare for active duty as promptly and as willingly as you can. There is room for everyone. There are the best reasons for joining the fray.

## THE RESPONSIBILITIES OF THE MEDICAL PROFESSION IN THIS WAR.

BY COL. VICTOR VAUGHN,  
*Medical Corps, National Army.*

We are participants in the most destructive war the world has ever known. This conflict in which the greater part of the civilized world is now engaged is more than a war. It is a cataclysm in the history of man comparable in the wide extent and thoroughness of its destructive effects to the great ice age with its glacial movements. The recession of the German people from a condition regarded by the rest of the world as one of a high degree of civilization to a state of barbarism unsurpassed since the stone age, and indeed unsurpassed either in history or in tradition, has given us a shock which renders it difficult for us to adjust ourselves to altered conditions. Some of the greatest architectural monuments, conceived of the brain and executed by the hand of man, have been wantonly and ruthlessly destroyed. Cities, villages and hamlets, unarmed and unfortified have been bombed with apparently the sole object of striking terror to the hearts of peaceful inhabitants. Hundreds and thousands of unarmed Belgians have been reduced to a condition of the basest servitude. Ships carrying women and children on errands of duty and pleasure have been sunk. Hospitals beneath the flag of the International Red Cross have been chosen and marked for destruction. Solemn treaties have been torn to pieces as mere scraps of paper and neutral countries have been violated without hesitation. Indeed, the policy of Germany seems to be to completely depopulate and destroy certain smaller nations like Servia and Belgium. Poisonous gases, the use of which has been forbidden by the agreement of nations, have been sent out to deal death. Every barbarity conceivable in the brain and mind and made available by the science of our enemy has been brought to bear to secure for him the domination of the earth, and its subjugation to his imperious rule. With many other nations we have entered this conflict against the modern savage who has made science his most effective weapon of destruction and who claims God as his chief aid and director. This war is to be continued to the bitter end. The welfare of the world demands it. It is a gigantic struggle for the survival of the fittest. It is a great biological contest in which certain mental and spiritual forces are the primary and most potent factors. The issues of this war are clear. The result will determine whether the individuals of our genus shall determine the future of human effort or the masses are to be directed by a few who pronounce themselves supermen; whether government, which determines the conditions under which men live and



labor, shall be by the people and for the good of the people or by Kaisers and junkers for their own glory; whether men are to be free or slaves; whether small nations have rights which should be respected or might makes right; whether nations, as well as individuals, should be bound by moral laws and held to solemn promises, or should acknowledge no such obligation and be free to break every covenant at convenience or desire. Whether a nation even when at war should abstain from unnecessary barbarities, or should be free to utilize any and every weapon to wound, terrorize and kill non-combatants as well as the armed forces of the adversary; whether the nations like the French, English, Italians and ourselves have the right and strength to be free or are inferior to the Germans. Our property to the last dollar and our lives to the last man if need be, are to be freely given to the cause. These, clumsily stated, are the problems involved in the war and they must be definitely and conclusively solved before a lasting peace can come to this troubled earth. This war is to shape the environment under which coming generations of men are to live and function; to determine the composition of the medium from which all sustenance for the individual is drawn. The year 1914 marked an epoch in the development of civilization, at that time there was lit a fire through which the race must pass. Will man come through this ordeal still a man or with the spirit and behavior of a devil?

We hesitated long before we entered the war. To have waited longer would have placed a stain upon our honor which all time could not wash away. For nearly three years we stood in the doorway of our National Home or occupied ourselves in our daily duties and pleasures in its spacious rooms and extensive gardens with an occasional conscious recognition of the great storm raging in Europe. We heard the crash of thunders when little, but heroic Belgium was felled by the savage blow of the Barbarous Hun. We saw the repeated flashes of lightning as village after village in Belgium and Northern France were consumed. We saw some of our own household caught in the storm, ships wrecked and passengers sunk. We saw these things clearly and plainly and rarely one of our household raised a warning voice, but the family combined in calling him a fool.

Our conduct during the time of our long delaying reminds me of a story that is told of a man in my own state. Some forty or more years ago this man had grown immensely rich by selfishly harvesting the great pine forests with which extensive sections of the state were covered. In his work as a timber inspector he had been pleased with one of the many beautiful lakes dotting the state. He preserved the forests about this locality and on the hill near the lake he built a great house. One day, while the decorators were giving the finishing touches to the walls, the costly furniture was being placed and a great army of employees were building

roads and beautifying the extensive park, there came a call for help. "A fearful forest fire is raging near Mackinaw and the north wind is driving it rapidly southward. Send all the help that you can," but the owner of the great estate ordered his men to continue at their several tasks, saying "Mackinaw is 90 miles away."

The next day a more urgent call came. "Send all available men, the fire has reached Petoskey," but the selfish owner repeated the order of the previous day, saying, "Petoskey is 40 miles away." Early the next morning the consuming, devastating fire swept away the great pine trees of the park, left only a few stumps to mark the place where the palatial house had stood and the owner and his servants fled for their lives.

For nearly three years we followed the example of the foolish lumberman in Michigan, but at last, after the sparks of the great conflagration had repeatedly fallen on our own property we were aroused and now we are trying to help put out the fire and we must realize that on account of our long delay we will receive many burns before we succeed, yes, many of our household must lose their lives in the urgent and onerous task made heavy by our insane delay.

We will leave to the historian of the future the task of explaining why we were asleep when we should have been wide awake, blind when we most needed the keenest vision, deaf when we should have heard.

Possibly the historian will consider this problem beyond his ken and call upon the psychiatrists to explain.

There will be no difficulty in explaining why we became one of the great allied nations on the battlefields of Europe, but the difficulty will lie in explaining why we entered this alliance so reluctantly and so tardily. I would be glad to claim that a spirit of altruism induced us to enter this war, as was the case in the Spanish-American War, but my regard for the truth forbids. I believe that now that we are in the struggle we are going to be wise in legislation, prompt and efficient in preparation and valiant in action, but to speak positively on this point would be to attempt to read the future and being only a mortal man I lay no claim to this gift. Letters from France tell me that our fighting men there in the face of the great sorrows the French are bearing so heroically are awaiting the time when deeds not words may speak for the American soldier.

With whom are we at war? It is no part of wisdom to underestimate the strength of our antagonist. We are at war with Germany and its vassals, Austria, Bulgaria and Turkey. Essentially we are at war with Germany, the nation that planned, provoked, has dominated and continues to dominate this war; a nation with forty years of preparation in which no detail has been omitted; with a Germany which so far, has been able not only to hold every foot of her original territory, but has greatly extended

her boundaries and multiplied several times the population under her dominion, at the beginning of the war; with a Germany which today sees her dream of a great Empire extending from the North Sea to the Persian Gulf materialized, but which she must not be permitted to hold. England and our own country have been fast drifting into a state of pacifism or should I say to a medical audience, undergoing a fatty degeneration, while Germany was training her muscles for the great struggle. Moreover, Germany made no attempt to conceal her preparations and frequently and openly announced that she was planning to take her place in the sun and drinking toasts to "the day" when her mighty and well trained armies and her enlarged navy would go forth to dominate the world. In her preparations for the great conquest, Germany has not failed to see the benefits which would come from scientific investigation. She has encouraged scientific discovery as no other nation has done. She has utilized and applied these discoveries to an extent unknown to other people. Her numerous, well-equipped and excellently manned universities have attracted the attention and secured the attendance of scientific men from every part of the world. To the scientists of this country Germany has been for the past forty years the great graduate school.

The relation of the scientific men of this country to those of Germany during the past fifty years has been intimate and for the most part pleasant. This has been true in all lines of research and is not confined to the so-called natural sciences. In philology, psychology, history, physics, chemistry, and in short in every branch of learning, the American has felt that he must go to Germany in order to get the fullest and most exact information in his specialty, whatever that happened to be. It will not be admitted by me, at least, that German minds have excelled those of other nations, notably those of France, England and Italy in fundamental scientific discoveries. However, it is not my intention to go deeply into this matter as it lies quite outside the scope of my thesis. I am ready to admit that during the past half century, probably somewhat longer, the German investigator has on the whole done more in the development of scientific details than has his contemporary of any other nationality. This, in my opinion, has been due to a variety and combination of circumstances, some of which are inherently characteristic of the German mind and some due to the environment under which the German has worked. He excels in detail in the development of the finer and more exact methods of scientific procedure. In continuous and untiring application, in patience and singleness of purpose, he stands without a rival. These qualities have made the German universities the great schools of scientific research, and as I have said, attracted to them the most earnest seekers of exact knowledge from every part of the civilized world. In this work the

natural fitness of the German mind has been favored and made efficient by the wise and liberal support given to scientific investigation by his government. In this particular Germany has been without a rival and the governmental aid, in financial help, in opportunities for research, in honors conferred upon scientific investigators has been greater than that of all other nations combined.

The German government has utilized and applied scientific discovery as no other nation has done. Illustrations of this fact are so numerous and so striking that one is embarrassed in selecting examples. By scientific methods an inferior iron ore rich in phosphates, constituting an undesirable contamination, has been so treated chemically as to yield not only a large supply of the best iron, but the impurities, the phosphates, have been so utilized as a fertilizer that relatively sterile fields, exhausted by centuries of cultivation, have produced a greater yield per acre than the virgin soils of the Dakotas and the Canadian Northwest. German chemists have reaped a harvest of gold in this and other countries by the sale of their patented synthetical medicinal preparations, such as salvarsan, asperin, etc. They played this game on us so long and so successfully that they had about as much respect for our intelligence as the card-shark has for that of the victim whom he has fleeced not only once but repeatedly. They sold us—not hesitating to advertise and sell directly to the public—anti-pyrine and antifibrine until the patents for these were about to expire and then they produced a new product, asperin, telling us how superior it is to its predecessors and started out to reap a still greater harvest of gold during the life of a new patent. A year ago a dose of salvarsan cost from \$3.00 up and this went into the German pocket. Now it costs from \$1.00 down.

These are not the only illustrations of the way in which we have played into the hands of the German scientific vendor. Many of us have insisted on supplying our laboratories with microscopes and apparatus of various kind made in Germany. We would have nothing but Zeiss and Leitz microscopes, Griner and Fredrich's made our glassware, while Grubler and Kalbaum only could guarantee our c.p. chemicals and dyes. The truth is that the best American microscopes have, for a long time, been quite equal to the imported ones. Had Spencer forty years ago received the support of the scientific men of this country and been allowed to supply our laboratories, I have no doubt that today the firm would be making a microscope much superior to those which we have imported from Germany. The glassware now supplied by American manufacturers is equal to that formerly made in Germany and the "pure chemicals" of the Berlin houses have abused our confidence and led us into difficulties more than once.

This is not the worst of it. In filling our professional chairs we have often insisted on German recommendations and sometimes we have asked that Germans should fill them. However, our experience in the last named particular has, as a rule, been so disastrous that even with our exaggerated admiration of German science we have not repeated the request.

I must ask pardon for introducing here a personal experience of my own. My school was in need of a professor of anatomy, and I hoped to get the best man possible without regard to nationality. With this in view, I wrote to a widely and justly celebrated German professor. He recommended one of his assistants in most unqualified terms. I was elated. The Board of Regents authorized me to secure the services of this distinguished man of science. My first impulse was to close the matter with a cablegram, but fortunately, I postponed cabling and began to look up this man's contributions. I was disappointed in finding that these were few in number and mediocre in quality. I knew a round dozen young Americans who had made a better record and who had not received any substantial recognition. Finally I had opportunity of seeing this German improvement on Vessalius. He was absolutely impossible, both in esse and posse. I should have blushed to have been compelled to introduce him to my confrères as one whom I had selected as the head of a great department in a medical school. Later the distinguished man who had made the recommendation told one of his own colleagues that he had hoped to get rid of his assistant and that he regarded him as good enough for a professorship in an American university. We may take this as an indication of the real estimate placed upon us and our scientific institutions by our former teachers in the universities of Germany.

Worst of all our sins in the adoration of German science was the fact that we were not inclined to recognize work done by our own colleagues and countrymen until it had received German support. German scientists as the arbiters of the scientific work of other nations have taken the products brought to them for the stamp of their approval and treated them in their own characteristically arrogant manner. Many have been pronounced worthless, some of which subsequently proved to be of fundamental value, while others have been revamped and marked "Made in Germany," and reintroduced to the scientific world.

Years ago I learned, when looking up the literature of any scientific subject, to go first to German handbooks and lexicons, because of their completeness and detail, and then to seek in other literature for the real fountain head of the fundamental facts and these are frequently to be found recorded in a few pages in some English transaction, or some French

Compt Rendu, but in most instances the German compilers have forgotten to give reference to these original contributions.

Many of us here tonight have taken graduate courses in Germany and have greatly profited thereby. We knew at least the fundamental facts of the specialties we were pursuing before we went to Germany. Therefore we were to some extent both pupils and critics of those who gave us instruction. At the beginning of the great war, before we had entered it, our former German teachers assumed that the German nation had our sympathy and might have our more active support, at least in speech and in the written page. I am sure that some of them at least, were greatly disappointed when they found that on the whole the intellectual men of this country were not pro-German. Some of the most prominent German scientists issued a statement which led to a reply from scientific men in this country. As students in their classes and laboratories we showed our appreciation of whatever of value they gave us and were silent when they made unfounded and erroneous statements and claims, as they frequently did.

I heard one of Germany's greatest medical men in a lecture on the development of the abdominal surgery say without hesitation or modification that Billroth was the first surgeon to perform an ovariectomy. I smiled and wondered if the shades of Ephraim McDowell and Spencer Wells and their immediate successors in America and England heard this statement. In a course of lectures on the contributions to our knowledge of alimentary digestion there was no reference to Beaumont or Dunglison. It is rare to find among German articles on history of the researches in the etiology of tuberculosis any mention of the studies of Villemin and usually the German in writing upon this subject begins with the work of Koch. Even Koch himself in his researches on malaria finds no space for the mention of the work of predecessors in this line. In one respect the German scientist's devotion to his work is greatly overshadowed and the colossal figure that towers above him and dominates his very being is his arrogance and sense of superiority. From my observation arrogance is the dominant force in the German mind, individually and nationally. He accepts the Darwinian doctrine of the "survival of the fit" but decides that he is the fittest. Moreover, he has come to the conclusion that the chief function of the German nation is to eliminate the unfit and in this category he includes all mankind save himself, and those who acknowledge his superiority. In short the glorification of the ego in the German has become an obsession, resulting in a national madness which has led to a world conflict unparalleled in history.

We are fully aware of the misinterpretations put by great Germans on the work of Darwin, and we have frequently had occasion to observe the

omissions of the name of Pasteur and other great Frenchmen. American students of science flock to German universities, but in the mass they were not idiots, nor were they blind and deaf, and now, for the most part they understand the German mind and are not greatly surprised at the brutally selfish manifestation it has displayed since the war began.

I am here to speak especially of the part which the medical profession, collectively and individually, must take in the great task which still lies before us. Naturally, war is abhorrent to both the spirit and practice of medicine, whose purpose is preservation and not destruction. Medical men are trained in the conservation of life from its earliest beginning until at last it is compelled to yield to inevitable death. Medicine is an agent of succor and not of injury; it is the bearer of hope, strength and life; it feeds and does not poison.

The importance of medicine in war has been amply demonstrated during the past years. Without modern sanitation, infection would have long since supplanted warfare in its destructive effects; but preventive medicine has demonstrated its effectiveness in all the great armies in Europe, both those of our allies and our enemies. The only signal victories won so far have been those of medicine, both preventive and curative. Our old foes, the infections which in past wars have often proved more destructive than missiles and frequently decided the fate of nations, have been halted and forbidden admission to military camps. More than 80 per cent of the injured have been returned to the fighting line. It has been stated that the Germans justify their attacks on hospitals, forbidden by the agreement of all nations involved, on the ground that they were striking at an effective agent of their enemies. Medical men have been able to neutralize poisonous gases; the complicated conditions of trench warfare have been met, and from the Front constantly comes the news that the health of the troops is better than among the civilian population at home.

The duties of the medical profession in this war are plain. There are those which fall upon us as citizens and which are common to all; and there are special obligations which come to us on account of our profession. The common duty of every citizen in this crisis is to devote himself whole-heartedly and without reserve to the defense of his country, to give his property, his knowledge and even his life—if it be necessary. The result of this war will have a large share in shaping the future of our children and their children through many generations. The man who is not willing to sacrifice his own comfort for the good of his offspring is grossly lacking in the spirit of highest manhood. The individual who places his own interests before those of his race, estimates his own importance too highly, and fails to correctly appreciate the relation between the individual

and the nation. The whole includes every part, and the relative values of part and whole differ more widely as the size and the functions of the part diminish.

As a nation we number about 100,000,000, and of this great host the individual is a small factor whose importance is determined by the service he renders the whole. Even primitive man understood these fundamental facts and in all stages of development men have been ready to defend their homes, families and country at whatever sacrifice has been required. This is certainly true of the normal, progressive type of man. In all countries and at all times there are degenerates, known in this country and at this time as pacifists. These are abnormal and deserve to be treated as such. In the performance of common duties, the medical men on the whole will bear his part unhesitatingly and uncomplainingly. This expectation has already been justified by the fact that quite one-seventh of the legally qualified practitioners of medicine in this country have voluntarily offered their services to the Government.

I come now to speak of the special obligations resting upon us as medical men. Of first importance, we must see to it that our soldiers have the best possible medical service. Our medical corps must consist of the most skillful, intelligent and competent men of the profession, and this must be true of every branch of the service. The soldier is in the hands of the physician from the time of recruitment until discharge.

I sometimes hear men of the Medical Reserve Corps expressing quite positively the desire that they should not be put at such work as the examination of recruits. This is a mistake, and the examination of recruits should be regarded as no perfunctory procedure. The unfit volunteer with his best foot foremost, and the unwilling conscript with his desire to shun service, should both be detected and properly disposed of. The Surgeon General has provided for a most thorough and scientific examination of enlisted men. In addition to the usual examination to which these men are subjected, both prospective officers and enlisted men are being examined by experts in the detection of tuberculosis, cardio-vascular, venereal and mental diseases. In short, the Government has placed the selection of its soldiers, and to a large extent of its officers, in the hands of the medical profession and depends upon medical men to say who shall serve and who shall be exempt. The extent of professional responsibility involved in this work is fundamental, and the Surgeon General, recognizing this fact, has called to his aid a large staff selected from the most eminent specialists in the country and the response has been both willing and unanimous. It is not an overestimate to state that of the 1000 most eminent specialists in this country under 45 years of age, more than 50 per cent had already accepted commissions in the Medical Officers' Corps, and others are ready to do so.



On every local draft board there is a medical man, and ours is the only profession which has been entrusted with so heavy a responsibility. I am glad to say that, with a few individual exceptions, this responsibility has been worthily borne. The President of the United States, recognizing the importance of the medical profession in the conduct of the war and to the civilian population, has made a wise provision whereby our students may continue their studies in order that they may be better fitted to serve their country. No drafted medical student has been exempted from the obligation to serve, but every one has been placed in the Medical Enlisted Reserve Corps and told to fit himself for the most efficient service. This is another honor which has been conferred upon our profession and our students and teachers must see that they prove worthy of the trust thus imposed on them and that our medical schools do not become houses of refuge for slackers, but develop into efficient training camps for patriots.

The Surgeon General is now wanting from 5000 to 10,000 more medical officers. There has been some talk of a special draft. To many distinguished members of the profession this appears to be highly objectionable. Some fear that it would, apparently at least, cast a reflection upon our profession which has responded already beyond any other profession, trade or calling. I believe that 10,000 more medical officers can be obtained without a special draft, but if we fail in securing this number or the needed number voluntarily, a draft will be necessary. Most medical men who have gone into the Army would have preferred to remain at home with their patients. Many have made heavy financial sacrifices. I am sure that the average income of those who have gone into the service greatly exceeds the financial recompense allowed by the Government, even if every one of the medical officers could have the highest rank provided. Some of us have been in the profession for many years and had come to feel that we could take life a little easier and allow our younger colleagues to do the night practice and attend more distant patients. Others, having done the exacting work of a general practitioner for many years, had recently chosen a specialty in which they were just establishing a reputation when the country's call came. Many others had recently completed university and interne work at great cost in time and money; had purchased homes not yet fully paid for; had assumed the highest function of man—parenthood; had looked forward to years of happiness under their own roof and by their own firesides with the dearest helpmate in all the world; had felt the joy of watching over the development of the immortal part of themselves in healthy and intelligent children. Others, still, had just left school and hospitals in order to undergo their professional baptism amidst scenes of war. To all who have enlisted honor is due. The country in distress has called for help and there has been readiness to respond.

Some will cross the seas and witness the horrors of the world's most brutal war. In carrying aid to others, some, indeed many, will lose their lives, will make the supreme sacrifice, but whatever fate may bring they will have shown themselves worthy men.

The man whom I pity today is the one who is not doing his bit, and he is not altogether a rare bird in this country. He may be found in every community and in every calling. He is not altogether unknown in our profession and he will win material benefit. He will fatten on the opportunities afforded by the absence of his colleagues. When the medical officer returns, he will probably be contented to live modestly on a side street while the man who stayed at home will live in a mansion on the Avenue. The officer will be happy if he can put an occasional deposit in the bank of which his stay-at-home competitor is one of the directors. The returned medical man will drive a Ford, the man who stayed at home will drive a Packard. But the lot of the man who did his duty will be, after all, far more to be envied than the man who failed when his country called him.

#### SURGEON-GENERAL GORGAS IS SIXTY-THREE YEARS YOUNG\*

The *Washington Post* on May 7 is responsible for the statement that Surgeon-General Gorgas will reach the retiring age of sixty-four on October 3, 1918. Of course this does not mean that General Gorgas will be retired in October, because no one would consider retiring a man who every day is demonstrating his youth and efficiency in a position of such great responsibility as that of Surgeon-General of the United States Army during the greatest war in history.

Those who are in a position to know, regard General Gorgas as second in efficiency only to President Wilson; and they marvel at the work he has accomplished in the past year. Only a young man in vigorous health could have lived through what the General has done since the war began.

If one knows of the regular life and simple and abstemious habits of General Gorgas he can understand how at sixty-three years he is younger than many men at forty.

Aside from the fact that there is no one who could so ably take the place of General Gorgas as Surgeon-General, the United States and the world owe him such a debt of gratitude that he could not be retired until his labors during the present war have been completed.

If the President has not the legal right to appoint a retired officer as Surgeon-General, Congress will enact a law giving him that privilege. Our country and the world need General Gorgas too much for his retirement to be considered until we and our Allies have conquered the Huns.

\**Journal of the Southern Medical Association*, May, 1918, page 400.

## DIRECTORY.

### MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND.

Officers and Committees for 1918 are given on first two pages of Bulletin each month.

#### LIST OF PRESIDENTS—1799-1918.

- |                                   |                                   |
|-----------------------------------|-----------------------------------|
| 1799-1801—Upton Scott.            | 1886-1887—George W. Miltenberger. |
| 1801-1815—Philip Thomas.          | 1887-1888—I. Edmondson Atkinson.  |
| 1815-1820—Ennalls Martin.         | 1888-1889—John Morris.            |
| 1820-1826—Robert Moore.           | 1889-1890—Aaron Friedenwald.      |
| 1826-1836—Robert Goldsborough.    | 1890-1891—Thomas A. Ashby.        |
| 1836-1841—Maxwell McDowell.       | 1891-1892—Wm. H. Welch.           |
| 1841-1848—Joel Hopkins.           | 1892-1893—L. McLane Tiffany.      |
| 1848-1849—Richard Sprigg Steuart. | 1893-1894—George H. Rohé.         |
| 1849-1850—Peregrine Wroth.        | 1894-1895—Robert W. Johnson.      |
| 1850-1851—Richard Sprigg Steuart. | 1895—J. Edwin Michael.            |
| 1851-1852—William W. Handy.       | 1895-1896—Charles G. Hill.        |
| 1852-1853—Michael S. Baer.        | 1896-1897—William Osler.          |
| 1853-1854—John L. Yeates.         | 1897-1898—Charles M. Ellis.       |
| 1854-1855—John Fonerden.          | 1898-1899—Samuel C. Chew.         |
| 1855-1856—Jacob Baer.             | 1899-1900—Clotworthy Birnie.      |
| 1856-1857—Christopher C. Cox.     | 1900-1901—Samuel Theobald.        |
| 1857-1858—Joshua I. Cohen.        | 1901-1902—J. McPherson Scott.     |
| 1858-1859—Joel Hopkins.           | 1902-1903—Wm. T. Howard.          |
| 1859-1870—Geo. C. M. Roberts.     | 1903-1904—Eugene F. Cordell.      |
| 1870—John R. W. Dunbar.           | 1904-1905—Edward N. Brush.        |
| 1870-1872—Nathan R. Smith.        | 1905-1906—Samuel T. Earle, Jr.    |
| 1872-1873—P. C. Williams.         | 1906-1907—Hiram Woods.            |
| 1873-1874—Charles H. Ohr.         | 1907-1908—Charles O'Donovan.      |
| 1874-1875—Henry M. Wilson.        | 1908-1909—Brice W. Goldsborough.  |
| 1875-1876—John F. Monmonier.      | 1909-1910—G. Milton Linthicum.    |
| 1876-1877—Christopher Johnston.   | 1910-1911—Franklin B. Smith.      |
| 1877-1878—Abram B. Arnold.        | 1912—Hugh H. Young.               |
| 1878-1879—Samuel P. Smith.        | 1913—Archibald C. Harrison.       |
| 1879-1880—Samuel C. Chew.         | 1914—Randolph Winslow.            |
| 1880-1881—H. P. C. Wilson.        | 1915—J. W. Humrichouse.           |
| 1881-1882—Frank Donaldson.        | 1916—J. Whitridge Williams.       |
| 1882-1883—William M. Kemp.        | 1917—Guy Steele.                  |
| 1883-1884—Richard McSherry.       | 1918—W. S. Halsted.               |
| 1884-1885—Thomas S. Latimer.      |                                   |
| 1885-1886—John R. Quinan.         |                                   |

#### LIST OF VICE-PRESIDENTS.

- |   |  |
|---|--|
| 1799-1848—(Unknown.)                            | 1851-1853—(Unknown.)   |
| 1848-1849—John Readel, Jacob Baer, P. Wroth.    | 1853-1854—John Fonerden, Albert Ritchie, P. Wroth.           |
| 1850-1851—Joel Hopkins, P. Wroth, Jacob Fisher. | 1854-1855—Geo. C. M. Roberts, Samuel P. Smith, Joel Hopkins. |

- 1855-1856—George C. M. Roberts, G. W. Miltenberger, M. Diffenderfer.
- 1856-1857—P. Wroth, Wm. H. Davis, Samuel Smith.
- 1857-1858—William Waters, Frederick Dorsey, Joel Hopkins.
- 1858-1859—Samuel Chew, Stephen N. C. White, Samuel K. Handy.
- 1859-1863—John R. W. Dunbar, Samuel Chew, Wm. M. Kemp.
- 1863-1871—John R. W. Dunbar, Wm. M. Kemp, John C. Hopkins.
- 1871-1872—C. H. Ohr, Edward Warren, Richard McSherry.
- 1872-1873—(Unknown.)
- 1873-1874—S. C. Chew, H. M. Wilson, A. B. Arnold.
- 1874-1875—Francis T. Miles, James A. Steuart, D. A. O'Donnell.
- 1875-1876—Christopher Johnston, A. B. Arnold, J. C. Thomas.
- 1876-1877—P. C. Williams, James A. Steuart, Francis T. Miles.
- 1877-1878—S. C. Chew, F. E. Chatard, Charles H. Jones.
- 1878-1879—James C. Thomas, L. McLean Tiffany.
- 1879-1880—H. P. C. Wilson, James A. Steuart.
- 1880-1881—L. McLane Tiffany, G. Ellis Porter.
- 1881-1882—A. H. Bayly, I. E. Atkinson.
- 1882-1883—Thomos S. Latimer, Richard McSherry.
- 1883-1884—W. Stump Forward, J. S. Lynch.
- 1884-1885—John R. Quinan, I. E. Atkinson.
- 1885-1886—E. C. Baldwin, J. E. Michael.
- 1886-1887—Thomas Opie, Richard Gundry.
- 1887-1888—Charles H. Jones, James Carey Thomas.
- 1888-1889—J. E. Michael, Thomas P. Evans.
- 1889-1890—T. A. Ashby, C. G. W. Macgill.
- 1890-1891—Geo. H. Rohé, J. McPherson Scott.
- 1891-1892—J. W. Humrichouse, David Street.
- 1892-1893—J. W. Downey, J. W. Chambers.
- 1893-1894—John D. Blake, John S. Fulton.
- 1894-1895—Charles H. Jones, W. M. Nihiser.
- 1895-1896—Charles G. Hill, Clotworthy Birnie.
- 1896-1897—Wilmer Brinton, Randolph Winslow.
- 1897-1898—W. F. A. Kemp, George J. Preston.
- 1898-1899—Mary Sherwood, J. McPherson Scott.
- 1899-1900—Samuel Theobald, David Street.
- 1900-1901—Samuel T. Earle, Jr., J. B. R. Purnell.
- 1901-1902—Harry Friedenwald, B. W. Goldsborough.
- 1902-1903—Samuel T. Earle, Jr., Wilmer Brinton.
- 1903-1904—Franklin B. Smith, James M. Craighill.
- 1904-1905—Samuel T. Earle, Jr., D. C. R. Miller, Julius A. Johnson.
- 1905-1906—Charles O'Donovan, Thomas M. Chaney, Joseph B. Seth.
- 1906-1907—William T. Watson, Philip Briscoe, William F. Hines.
- 1907-1908—Roger Brooke, Henry L. P. Naylor, George Dobbin.
- 1908-1909—Philip Briscoe, William L. Smith, G. Milton Linthicum.
- 1909-1910—Philip Briscoe, A. P. Herring, Compton Riely.
- 1910-1911—J. Staige Davis, H. B. Gantt, Timothy Griffith.
- 1912—J. L. Riley, D. E. Stone, J. A. Chatard.
- 1913—J. Staige Davis, C. F. Davidson, E. B. Claybrook.
- 1914—C. R. Winterson, A. L. Franklin, Gordon Wilson.
- 1915—A. McGlannan, J. E. Deets, R. Lee Hall.
- 1916—L. C. Carrico, M. D. Norris, J. A. Chatard.
- 1917—D. E. Stone, A. H. Hawkins, J. M. H. Rowland.
- 1918—Julius Friedenwald, J. E. Deets, J. McF. Dick.

ACTIVE MEMBERS OF COMPONENT SOCIETIES. 1918

*Allegheny County.*

Boucher, S. A., Barton, Md.  
 \*Bove, Chas. F. W., Cumberland, Md.  
 Bowen, R. C., Grantsville, Md.  
 Broadrup, George L., Cumberland, Md.  
 Broadwater, N. I., Oakland, Md.  
 Bullock, James O., Lonaconing, Md.  
 Burns, Wm. L., Cumberland, Md.  
 \*Cavanaugh, Leo M.,  
 Charles, F. H., Midland, Md.  
 Claybrook, Edwin B., Cumberland, Md.  
 Cobey, James C., Frostburg, Md.  
 Conroy, Timothy L., Frostburg, Md.  
 Cowherd, F. G., Cumberland, Md.  
 \*Cowherd, J. K., Ridgeley, W. Va.  
 \*Darby, J. D., Oakland, Md.  
 Deming, Herbert V., Cumberland, Md.  
 Enfield, S. E., Mt. Savage, Md.  
 Fechtig, Robert Y., Cumberland, Md.  
 Franklin, A. L., Cumberland, Md.  
 \*Frantz, Winter R., Cumberland, Md.  
 Gardner, Charlotte B., Cumberland, Md.  
 Gracie, W. A., Cumberland, Md.  
 Harris, Edward, Jr., Cumberland, Md.  
 Hawkins, Arthur H., Cumberland, Md.  
 Hinebaugh, Mallon C., Oakland, Md.  
 Hodges, William R., Cumberland, Md.  
 Hodgson, H. M., Lonaconing, Md.  
 Hodgson, Henry W., Cumberland, Md.  
 Johnson, James T., Cumberland, Md.  
 Jones, Emmett L., Cumberland, Md.  
 \*Kalbaugh, A. B., Westernport, Md.  
 Kemp, H. M., Bloomington, Md.  
 Keim, P. S., Cumberland, Md.  
 Koon, Thomas L., Cumberland, Md.  
 Legge, John Edwin, Cumberland, Md.  
 \*Littlefield, John R., Cumberland, Md.  
 McComas, H. W., Oakland, Md.  
 McDonald, T. B., Cumberland, Md.  
 McGann, John H., Barton, Md.  
 McLane, W. O., Frostburg, Md.  
 Mason, Allen J., Friendsville, Md.

\*Miller, Ed. Judson, Kitzmillerville, Md.  
 Nedrow, Willey Clayton, Friendsville,  
 Md.  
 O'Neil, Francis P., Cumberland, Md.  
 Owens, C. L., Cumberland, Md.  
 Owens, M. E. B., S. Cumberland, Md.  
 Price, James Marshall, Frostburg, Md.  
 Raphael, Eugene F., Cumberland, Md.  
 Robinson, H. T., Cumberland, Md.  
 \*Sharrett, G. O., Cumberland, Md.  
 Skilling, William Quail, Lonaconing,  
 Md.  
 Smith, J. Carl, Eilerslie, Md.  
 Spear, J. M., Cumberland, Md.  
 Spicer, Jos. H., Cumberland, Md.  
 Stewart, E. J., Cumberland, Md.  
 Trevaskis, R. W., Cumberland, Md.  
 Twigg, Wm. F., Cumberland, Md.  
 White, Edward H., Cumberland, Md.  
 \*Wilson, F. M., Cumberland, Md.  
 \*Wilson, J. Homer, Cumberland, Md.  
 Wilson, Jacob Jones, Cumberland, Md.

*Anne Arundel County.*

Benson, Thomas P., Hanover, Md.  
 Billingslea, James Snow, Armiger, Md.  
 Brayshaw, Thomas H., Glen Burnie,  
 Md.  
 Brooke, Charles H., Brooklyn, Md.  
 Collison, John, South River, Md.  
 \*Gantt, H. B., Jr., Millersville, Md.  
 Henkel, Charles B., Annapolis, Md.  
 Henkel, Louis B., Jr., Annapolis, Md.  
 Hepburn, Sewall S., Annapolis, Md.  
 Hopkins, Walton H., Annapolis, Md.  
 Murphy, James J., Annapolis, Md.  
 Perrie, Alfred Hall, McKendree, Md.  
 Purvis, Jesse Oliver, Annapolis, Md.  
 Thompson, Frank H., Annapolis, Md.  
 Weitzman, Frances E., Annapolis, Md.  
 Winterode, R. Preston, Crownsville, Md.

\*Stars indicate men in service.

*Baltimore County.*

Beitler, Frederick V., Halethorpe, Md.  
 Benson, Benjamin R., Cockeyville, Md.  
 \*Benson, E. H., Cockeyville, Md.  
 Benson, Joshua Edward, Cockeyville, Md.  
 Berngartt, Bernard M., Reisterstown, Md.  
 Bowen, Josiah S., Mt. Washington, Md.  
 \*Boyd, Wm. A., Schofield Barracks, Hawaii, H. I.  
 Brush, Edward N., Towson, Md.  
 Bubert, John D., 4836 Park Heights Ave.  
 Bussey, Bennett F., Texas, Md.  
 Campbell, W. H. H., Owings Mills, Md.  
 Cassidy, Henry F., Roland Park, Md.  
 Clarke, Sydenham R., Roland Park, Md.  
 Cohen, Jacob, 223 S. Broadway  
 Cox, N. H. D., Arlington, Md.  
 \*Dorsey, G. H., St. Agnes Hospital, Baltimore  
 Drach, John H., Butler, Md.  
 Dunton, William Rush, Govans, Md.  
 Ebert, J. Wm., Lutherville, Md.  
 Eldred, Frank C., Sparrows Point, Md.  
 Ensor, Charles B., Station E., Baltimore, Md.  
 \*Fort, S. J., Catonsville, Md.  
 Fritz, G. A., Overlea, Md.  
 Garrett, Robert Edward, Catonsville, Md.  
 Glann, Raymond V., Mt. Winans, Md.  
 Glantz, Frank A., 3244 Eastern Ave. Extd.  
 Gorsuch, James F. H., Fork, Md.  
 Green, John S., Gittings, Md.  
 Green, Joshua Royston, Towson, Md.  
 Green, Morris B., Hamilton, Md.  
 Gundry, Alfred T., Athol, Catonsville, Md.  
 Gundry, Lewis H., Relay, Md.  
 Gundry, Richard F., Catonsville, Md.  
 Hall, Thomas B., Mt. Winans, Md.  
 Harrison, John W., Middle River, Md.  
 Hess, Harry Clyde, Station H., Govans, Md.  
 Hyde, E. W., Parkton, Md.  
 Hill, Chas. G., Arlington, Md.  
 Hill, Milton P., Arlington, Md.  
 Hocking, George H., Govanstown, Md.  
 Jarrett, H. S., Towson, Md.

Jarrett, J. H., Towson, Md.  
 \*Johnson, R. W., St. Agnes Hospital, Baltimore  
 \*Jones, K. B., Owings Mills, Md.  
 Katzenberger, J. W., St. Agnes Hospital, Baltimore  
 Keating, Frank W., Owings Mills, Md.  
 Kerr, Eugene, Towson, Md.  
 Kieffer, G. S. M., Morrell Park, Md.  
 \*McClennahan, Wm. E., Highlandtown, Md.  
 McCormick, G. C., Sparrows Point, Md.  
 Macgill, John Charles, Catonsville, Md.  
 Manning, John, Melrose Ave., Govans, Md.  
 Mattfeldt, Charles L., Catonsville, Md.  
 Mitchell, A. R., Monkton, Md.  
 \*Monmonier, J. Carroll, Jr., Catonsville, Md.  
 \*Naylor, Harry A., Pikesville, Md.  
 Naylor, Henry L. P., Pikesville, Md.  
 Nichol, E. E., Pikesville, Md.  
 \*Ostendorf, Walter G., U. S. A. in Texas.  
 Pearson, C. B., Arlington, Md.  
 Porter, Minor Gibson, Roland Park, Md.  
 Reitzel, E. C., Owings Mills, Md.  
 Ruhl, Frank H., Lansdowne, Md.  
 \*Runkel, J. G., Catonsville, Md.  
 \*Sargeant, George F., Towson, Md.  
 Shermantine, R. W., Sparks, Md.  
 Slade, H. M., Reisterstown, Md.  
 Sloan, Martin F., Towson, Md.  
 Smart, L. Gibbons, Lutherville, Md.  
 Smink, A. C., Forest Park, Md.  
 Smink, C. C., Lauraville, Md.  
 \*Smith, Merrick A. V., Colon Hospital, Cristobal, C. Z.  
 Todd, William J., Mt. Washington, Md.  
 Wade, J. Percy, Catonsville, Md.  
 \*Wantz, Sherman R., Arlington, Md.  
 Webster, A. G., Overlea, Md.  
 West, Marshall B., Catonsville, Md.  
 \*Wilkinson, A. L., Raspeburg, Md.  
 Wilson, James H., Fowlesburg, Md.  
 Wolff, Geo. B., Towson, Md.  
 Wyse, Wm. P. E., Pikesville, Md.

*Calvert County.*

Briscoe, Philip, Mutual, Md.  
 Chambers, George F., Lusby, Md.  
 Coster, Earle S., Solomons, Md.

Hinman, Ellsworth H., Lower Marlboro, Md.  
 King, Isaac N., Barstow, Md.  
 Leitch, John W., Huntingtown, Md.  
 Marsh, William H., Solomons, Md.  
 \*Peterson, George, St. Leonards, Md.  
 Talbot, William H., Willows, Md.  
 Talbott, D. R., Dunkirk, Md.  
 Wilson, Compton, Friendship, Md.

*Caroline County.*

\*Downes, John Raymond, Preston, Md.  
 \*Fisher, Percy R., Denton, Md.  
 Galloway, George F., Federalsburg, Md.  
 George, D. O., Denton, Md.  
 Goldsborough, William W., Greensboro, Md.  
 Jefferson, R. K., Federalsburg, Md.  
 \*Madara, Jacob C., Ridgely, Md.  
 Malone, Frederick R., Greensboro, Md.  
 Nichols, Frederick N., Denton, Md.  
 Page, R. B., Denton, Md.  
 Phillips, James R., Preston, Md.  
 Rowe, H. W. B., Hillsboro, Md.  
 Silver, H. Fletcher, Goldsborough, Md.  
 Stone, S. S., Ridgely, Md.

*Carroll County.*

Bare, S. Luther, Westminster, Md.  
 Benner, Chandos M., Taneytown, Md.  
 Bott, M. L., Westminster, Md.  
 Brown, George H., New Windsor, Md.  
 Brown, William Durbin, Union Bridge, Md.  
 Bush, E. N., Hampstead, Md.  
 Clark, Joseph Clement, Sykesville, Md.  
 \*Coonan, Thomas J., Westminster, Md.  
 Cronk, Abraham T., Westminster, Md.  
 Cronk, Edwin D., Winfield, Md.  
 Denner, W. R. S., Manchester, Md.  
 Diller, Charles H., Detour, Md.  
 Diller, Roland R., Detour, Md.  
 Fitzhugh, Henry M., Westminster, Md.  
 Foutz, Charles R., Westminster, Md.  
 Geatty, J. Sterling, New Windsor, Md.  
 Heffenger, Clarence W., Sykesville, Md.  
 Kemp, Luther, Uniontown, Md.  
 Legg, T. H., Union Bridge, Md.  
 Lucas, W. Frank, Sykesville, Md.  
 Morris, J. N., Sykesville, Md.

Norris, Milton D., Sykesville, Md., R. F. D. No. 2.  
 Purdum, H. D., Sykesville, Md.  
 Seiss, F. H., Taneytown, Md.  
 Snavely, E. H., Essex Co. Hosp. for Insane, Cedar Grove, N. J.  
 Sprecher, Daniel B., Sykesville, Md.  
 Stewart, John J., Union Mills, Md.  
 Waters, Somerset R., Watersville, Md.  
 Watt, James, Union Bridge, Md.  
 Weaver, John F. B., Manchester, Md.  
 Wells, Robert F., Gambler, R. F. D., Md.  
 Wetzel, G. Lewis, Union Mills, Md.  
 Whitehill, Ira E., New Windsor, Md.  
 Woodward, Lewis K., Westminster, Md.  
 Ziegler, John S., Melrose, Md.

*Cecil County.*

\*Benson, C. I., Port Deposit, Md.  
 Black, Robert M., Cecilton, Md.  
 Bratton, Howard, Elkton, Md.  
 Cantwell, H. A., North East, Md.  
 Carrico, Camillus P., Cherry Hill, Md.  
 \*Cawley, William D., Elkton, Md.  
 Collins, C. B., North East, Md.  
 Conrey, Thomas J., Chesapeake City Md.  
 Dare, George S., Rising Sun, Md.  
 Dodson, R. C., Rising Sun, Md.  
 Fisher, Sam'l Groome, Jr., Port Deposit, Md.  
 France, Joseph Irwin, Port Deposit, Md.  
 Gifford, David L., North East, R. F. D., Md.  
 Gillespie, G. W., Rowlandville, Md.  
 Jamar, John Henry, Elkton, Md.  
 Laws, Clifton C., Chesapeake City, Md.  
 McDowell, R. I., Cecilton, Md.  
 McKnight, Vernon H., North East, Md.  
 Magraw, James F., Perryville, Md.  
 Miller, Charles F., R. F. D. 2, North East, Md.  
 \*Mitchell, Henry Arthur, Elkton, Md.  
 Pearson, G. Benton, Elkton, Md.  
 \*Richards, G. Hampton, Port Deposit, Md.  
 Rowland, Ernest, Liberty Grove, Md.  
 Stump, Geo. M., Perryville, Md.  
 \*Taylor, Leslie George, Perryville, Md.

*Charles County.*

Carrico, Louis C., Bryantown, Md.  
Chappellear, F. D., Hughesville, Md.

*Dorchester County.*

Carey, C. J., Cambridge, Md.  
Carroll, Victor C., Cambridge, Md.  
Frazier, L. G., Hurlock, Md.  
Goldsborough, Brice W., Cambridge, Md.  
Goldsborough, M. W., Cambridge, Md.  
\*Houston, William H., Fishing Creek, Md.  
Hunt, E. V., Vienna, Md.  
Jones, E. A. P., Cambridge, Md.  
\*Lamkin, Edward E., Vienna, Md.  
Mace, John, Cambridge, Md.  
Meade, J. W., Jr., Fishing Creek, Md.  
Myers, George Roger, Hurlock, Md.  
Nichols, Harry F., East New Market, Md.  
Shriver, Joseph K., Jr., Taylors Island, Md.  
\*Smith, M. D., Cambridge, Md.  
Steele, Guy, Cambridge, Md.  
Tawes, P. H., Wingate, Md.  
Wolff, Eldridge E., Cambridge, Md.

*Frederick County.*

Beckley, Edwin Luther, Middletown, Md.  
Birely, Morris A., Thurmont, Md.  
Bowlus, E. L., Middletown, Md.  
Brown, W. Hayes, Jefferson, Md.  
Browning, Ralph, Myersville, Md.  
\*Conley, Charles H., Frederick, Md.  
Fahrney, Henry P., Frederick, Md.  
Goodell, Charles F., Frederick, Md.  
Goodman, James Monroe, Frederick, Md.  
Hauver, R. V., Middleton, Md.  
Hedges, Frank Hill, Frederick, Md.  
Hedges, Henry Slicer, Brunswick, Md.  
Hendrix, John Oliver, Frederick, Md.  
Horine, Arlington G., Brunswick, Md.  
Hume, R. Caldwell, Adamstown, Md.  
\*Johnson, T. B., Frederick, Md.  
Jamison, Booker J., Emmittsburg, Md.  
Johnson, Wm. Crawford, Frederick, Md.  
Kable, Wm. H., Woodsboro, Md.  
Kefauver, E. C., Thurmont, Md.  
Kuhlman, H. S., Jefferson, Md.  
Liggett, John J., Ladiesburg, Md.  
Long, James A., Frederick, Md.

\*Long, John W., Walkersville, Md.  
McCurdy, Ira J., Frederick, Md.  
\*Magruder, C. L., Monrovia, Md.  
Mentzer, C. A., Sabillasville, Md.  
Neighbors, Eutaw D., Lewistown, Md.  
Pearre, M. S., Unionville, Md.  
Perry, Benjamin C., Urbana, Md.  
Price, Walter, Walkersville, Md.  
Ran, R. M., Frederick, Md.  
Remsburg, J. J., Walkersville, Md.  
Riggs, George Henry, Ijamsville, Md.  
Routson, Thomas Clyde, Buckeystown, Md.  
Smith, Alvey J., Wolfsville, R.F.D. Md.  
Smith, J. G. F., Brunswick, Md.  
Smith, W. M., Frederick, Md.  
Stone, Daniel Edwin, Mt. Pleasant, Md.  
Stone, Daniel Edwin, Jr., Emmittsburg, Md.  
Stone, Otis B., Libertytown, Md.  
\*Thomas, Bernard O., Frederick, Md.  
Thomas, Joseph G., Adamstown, Md.  
Trapnell, Richard W., Point of Rocks, Md.  
Tyson, Robert S., Frederick, Md.  
West, Levin, Brunswick, Md.

*Harford County.*

Archer, William S., Bel Air, Md.  
Arthur, W. E., Cardiff, Md.  
Bagley, Charles, Bagley, Md.  
Bay, James H., Havre de Grace, Md.  
Bradley, Hugh L., Jarrettsville, Md.  
Dulaney, H. K., Perryman, Md.  
Famous, C. W., Streett, Md.  
Gallion, Wm. E., Jr., Darlington, Md.  
Hughes, Fred. L., Gibson, Md.  
Kirk, Wm. B., Darlington, Md.  
Page, R. S., Bel Air, Md.  
Richardson, Charles, Bel Air, Md.  
\*Sappington, Purnell F., Bel Air, Md.  
Smith, R. H., Havre de Grace, Md.  
Snodgrass, Frank, Darlington, Md.  
Steiner, F. W., Havre de Grace, Md.  
Sterling, W. M., Fallston, Md.  
Van Bibber, Armfield F., Bel Air, Md.

*Howard County.*

Cissel, William W. L., Highland, Md.  
Eareckson, William Rose, Elkridge, Md.



Gambrill, Wm. B., Ellicott City, Md.  
 Gassaway, Wm. N., Ellicott City, Md.  
 Lacy, John William, Lisbon, Md.  
 Linthicum, Thos. Waters, Savage, Md.  
 \*Miller, Frank O., Ellicott City, Md.  
 Nichols, Samuel A., Dayton, Md.  
 Stone, William Carter, Ellicott City, Md.  
 Travers, C. E., Relay, Md.  
 Tumbleson, Charles, Guilford, Md.  
 White, W. Rushmer, Ellicott City, Md.  
 Williams, Arthur, Elkridge, Md.

*Kent County.*

Bates, J. Herbert, Millington, Md.  
 Brice, Merritt, Millington, Md.  
 \*Hines, Frank B., Chestertown, Md.  
 Maxwell, W. S., Still Pond, Md.  
 Simpser, Henry G., Chestertown, Md.  
 Smith, Frank W., Chestertown, Md.  
 Whaland, Charles W., Chestertown, Md.

*Montgomery County.*

Bird, J. W., Sandy Spring, Md.  
 \*Boyer, George M., Damascus, Md.  
 Brown, William T., Silver Spring, Md.  
 Bullard, Ernest L., Rockville, Md.  
 Butler, W. K., Chevy Chase, Md.  
 Chappell, J. W., Grant Road, N. W.,  
 Tenley, D. C.  
 Chichester, P. M., Bethesda, Md.  
 \*Conrad, T. K., Chevy Chase, Md.  
 Deets, James E., Clarksburg, Md.  
 \*Devereux, Ryan, Chevy Chase, Md.  
 DeVilbiss, C. N., Laytonsville, Md.  
 Dyson, Vernon H., Laytonsville, Md.  
 Elgin, W. F., Bethesda, Md.  
 Etchison, C. N., Gaithersburg, Md.  
 Gough, Thos. Reeder, Barnesville, Md.  
 Haddox, Horace B., Gaithersburg, Md.  
 Heald, G. H., Takoma Park, Md.  
 Hendry, E. S., Bethesda, Md.  
 \*Howlett, H. H., Silver Spring, Md.  
 Jones, Eugene, Kensington, Md.  
 Kress, Daniel H., Takoma Park, D. C.  
 Kress, Lauretta E., Takoma Park, D. C.  
 \*Lewis, G. E., Rockville, Md.  
 Lewis, William L., Kensington, Md.  
 Linthicum, Otis M., Rockville, Md.

Mann, A. H., Jr., Poolesville, Md.  
 Manner, Claiborne H., Rockville, Md.  
 Miller, H. W., Takoma Park, Md.  
 \*Morgan, James Dudley, Chevy Chase,  
 Md.  
 Moulden, William R., Bethesda, Md.  
 Muncaster, Stuart B., Rockville, Md.  
 Nourse, Upton D., Dawsonville, Md.  
 Pratt, W. T., Rockville, Md.  
 \*Shorkley, T. M., Kensington, Md.  
 Simpser, Isaac Newton, Germantown,  
 Md.  
 White, E. W., Poolesville, Md.  
 \*White, James M., Barnesville, Md.  
 Wright, Geo. H., Forest Glen, Md.

*Prince George County.*

Bennett, Robert A., Riverdale, Md.  
 Brady, Z. M., Seat Pleasant, Md.  
 Coe, John Alexander, Brandywine, Md.  
 Coggins, Jesse C., Laurel, Md.  
 Duvall, J. M., Springfield, Md.  
 Etienne, Arthur O., Berwyn, Md.  
 Gibbons, Williams H., Croom, Md.  
 Griffith, Lewis Allen, Upper Marlboro,  
 Md.  
 Griffith, W. Allen, Berwyn, Md.  
 Jones, G. Wilson, Laurel, Md.  
 Keenan, John F., Brentwood, Md.  
 Latimer, T. E., Hyattsville, Md.  
 McDonnell, Henry B., College Park,  
 Md.  
 McMillan, Samuel M., Riverdale, Md.  
 Sansbury, J. E., Forestville, Md.  
 Taylor, W. F., Laurel, Md.  
 Willis, H. F., Hyattsville, Md.

*Queen Anne's County.*

Bowen, W. W., Price, Md.  
 Dudley, Norman S., Church Hill, Md.  
 Fisher, W. H., Centerville, Md.  
 Ford, R. H., Queenstown, Md.  
 McPherson, H. F., Centerville, Md.  
 Metcalfe, C. Hoyden, Sudlersville, Md.

*St. Mary's County.*

Hodgdon, Alexander L., Pearson P. O.,  
 Md. .

*Somerset County.*

Alexander, H. G., Deal's Island, Md.  
 Allen, Ira A. B., Marion, Md.  
 Atkinson, Gordon T., Crisfield, Md.  
 Barnes, Harry A., Princess Anne, Md.  
 Collins, Clarence E., Crisfield, Md.  
 Coulbourn, George C., Marion Station,  
 Md  
 Coulbourn, Wm. H., Crisfield, Md.  
 Dickinson, G. E., Upper Fairmount, Md.  
 Fisher, C. T., Princess Anne, Md.  
 Hall, William Fletcher, Crisfield, Md.  
 Lankford, Catharine F., Princess Anne,  
 Md.  
 Lankford, Henry M., Princess Anne,  
 Md.  
 \*Norris, R. Ranson, Crisfield, Md.  
 Ruby, J. T., Oriole, Md.  
 Schwatka, C. F., Crisfield, Md.  
 Smith, Teackle J., Princess Anne, Md.  
 Wainwright, Chas. W., Princess Anne,  
 Md.  
 \*Woodland, John C., Ewell, Md.

*Talbot County.*

Davidson, Charles F., Easton, Md.  
 Hammond, W. T., Easton, Md  
 Hope, James C., St. Michael's, Md.  
 Hoyt, R. L., Christiana, Pa.  
 Merritt, J. B., 3d, Easton, Md.  
 Palmer, W. N., Easton, Md.  
 Ross, Joseph A., Trappe, Md.  
 Seth, Lewis H., McDaniel, Md.  
 Seymour, William S., Trappe, Md.  
 Stevens, James A., Easton, Md.  
 Travers, Philip Lee, Easton, Md.  
 Trippe, Edward R., Easton, Md.  
 Trippe, Samuel E., Royal Oak, Md.  
 Wilson, S. Kennedy, Tilghman, Md.

*Washington County.*

Baker, Charles D., Rohrersville, Md.  
 Beck, J. Chas., Highfield, Md.  
 Bender, W. R., Hagerstown, Md.  
 Boose, Theodore B., Williamsport, Md.  
 \*Branin, Charles N., Hagerstown, Md.  
 Campbell, William D., Hagerstown, Md.  
 Cullen, Victor Francis, State Sanatorium,  
 Md.

Davis, S. Seibert, Boonsboro, Md.  
 Fleming, P. L., Hagerstown, Md.  
 Gardner, S. Howell, Sharpsburg, Md.  
 Gilmer, H. D., Hagerstown, Md.  
 Gordon, W. A., Hagerstown, Md.  
 Herman, Henry S., Hagerstown, Md.  
 Hoff, David, E., Hagerstown, Md.  
 \*Hoffmeier, F. N., Hagerstown, Md.  
 Humrichouse, James W., Hagerstown,  
 Md.  
 Kefauver, Maurice D., Smithsburg, Md.  
 Kohler, G. A., Smithsburg, Md.  
 Laughlin, Mary A., Hagerstown, Md.  
 Layman, J. W., Williamsport, Md.  
 Maisch, Augustus C., Hagerstown, Md.  
 Miller, D. C. R., Mason & Dixon, Pa.  
 Miller, Victor Davis, Jr., Hagerstown,  
 Md.  
 Miller, W. D., Hagerstown, Md.  
 Morrison, William B., Hagerstown, Md.  
 Nihiser, Winton M., Hagerstown, Md.  
 Perry, Jonathon P., Clear Spring, Md.  
 Pittsnogle, Jephtha E., Hagerstown, Md.  
 Ragan, O. H. William, Hagerstown, Md.  
 Reichard, V. Milton, Fairplay, Md.  
 Richardson, William S., Williamsport,  
 Md.  
 Scheller, Christian R., Hagerstown, Md.  
 Schindel, E. M., Hagerstown, Md.  
 Scott, John McPherson, Hagerstown,  
 Md.  
 Simmerman, H. H., Keedysville, Md.  
 Stouffer, A. P., Hagerstown, Md.  
 Tabler, Homer E., Hancock, Md.  
 Tobias, I. H., Hancock, Md.  
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 Watkins, Daniel A., Hagerstown, Md.  
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 Wroth, Peregrine, Jr., Hagerstown, Md.  
 \*Zimmerman, I. M., Williamsport, Md.

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 \*Elderdice, John Martin, Salisbury, Md.  
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 Gordy, L. L., Sharptown, Md.

Lynch, J. H., Delmar, Del.  
 Mackintosh, J. A., Quantico, Md.  
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 N. J.  
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 Service, 163 Dryades St., New Orleans,  
 La.  
 Vogel, Chas. W., Marine Hospital, Bal-  
 timore, Md.  
 Wattenscheidt, Charles, Orlando, Fla.

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 Collins, Rollin P., Bishopville, Md.  
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 Hall, R. Lee, Pocomoke City, Md.  
 Holland, C. A., Whaleysville, Md.  
 Jones, Paul, Snow Hill, Md.  
 Landers, A. E., Snow Hill, Md.  
 Lingo, Marvel S., Newark, Md.  
 Parker, A. A., Pocomoke City, Md.  
 Riley, John L., Snow Hill, Md.  
 Sartorius, N. E., Pocomoke City, Md.

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 \*Cushing, H., 305 Walnut St., Brookline,  
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 Lassman, George E., Tampa, Florida.  
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 Chaille, Stanford E., New Orleans, La.  
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- Aaronson, Myer W., 2016 Madison Ave.  
 Abercrombie, Anna S., 1316 N. Charles St.  
 Abercrombie John Robert, 1316 N. Charles St.,  
 Abercrombie, Ronald T., 18 W. Franklin St.  
 Abrams, Michael A., 1634 E. Baltimore St.  
 Adler, Harry, 1718 Eutaw Place.  
 Ahroon, Carl R., 1621 Linden Ave.  
 Algire, Harry Cairnes, 3640 Roland Ave.  
 Arthur, Harry H., 1426 W. Lanvale St.  
 \*Ashbury, Howard E., 827 N. Charles St.  
 Athey, Caleb N., 100 S. Patterson Park Ave.  
 Athey, H. B., 200 N. Patterson Park Ave.  
 \*Atkinson, A. Duvall, 921 N. Charles St.  
 Austrian, Charles R., 1417 Eutaw Place  
 Bacon, Robert B., 631 Maryland Ave. N. E., Washington, D. C.  
 \*Baer, William Stevenson, 4 E. Madison St.  
 \*Baetjer, Fredrick Henry, 4 E. Madison St.  
 \*Bactjer, Walter A., 11 E. Chase St.  
 \*Bagley, Charles, Jr., 5 W. Chase St.  
 Ballard, Edwin Kemp, 1622 Mt. Royal Ave.  
 Barker, Lewellys F., 1035 N. Calvert St.  
 Barrett, Arthur G., 1631 Madison Ave.  
 Baxley, Henry Minifie, 1126 W. North Ave.  
 Bay, Robert Parke, The Walbert.  
 Baylin, Morris J., 212 Aisquith St.  
 \*Bayne-Jones, Stanhope, Johns Hopkins Hospital.  
 Beck, Harvey G., 20 E. Preston St.  
 Belt, Mabel, The Arundel.  
 Belt, Samuel Jones, 1516 E. Preston St.  
 Bennett, George E., 4 E. Madison St.  
 Bergland, John McF., 56 W. Biddle St.  
 Berkley, Henry J., 1305 Park Ave.  
 \*Bernheim, Bertram M., 2319 Eutaw Place.  
 Biedler, Hampson Hubert, 119 W. Saratoga St.  
 Billups, Gains W., 2224 W. North Ave.  
 \*Bishop, G. W., Sheridan Ave. and York Road.  
 Blake, Chas. French, 20 E. Preston St.  
 \*Blake, Herbert C., 1014 W. Lafayette Ave.  
 Blake, John D., 1014 W. Lafayette Ave.  
 Blake, R. L., 637 Columbia Ave.  
 \*Bloodgood, Joseph Colt, 904 N. Charles St.  
 Bloomfield, Arthur L., Johns Hopkins Hospital.  
 \*Boggs, Thomas R., 21 W. Chase St.  
 Bond, Allen Kerr, 3104 Walbrook Ave.  
 Booker, William D., 208 W. Monument St.  
 Bordensky, Nathan B., 2114 Wilkens Ave.  
 \*Bordley, James, Jr., 330 N. Charles St.  
 Brack, Charles Emil, 500 E. 20th St.  
 Branham, J. H., 2200 Eutaw Place.  
 \*Brent, Hugh, 1506 Eutaw Place.  
 Bressler, Frank C., 125 S. Broadway.  
 Brinton, Wilmer, 1232 N. Calvert St.  
 Brown, Francis Edward, 609 St. Paul St.  
 Brown, Thomas Richardson, 19 W. Biddle St.  
 Browne, Bennet Bernard, 510 Park Ave.  
 Browne, Jennie Nicholson, 510 Park Ave.  
 Brumback, Joseph E., 1327 E. North Ave.  
 \*Brush, Nathaniel H., Johns Hopkins Hospital.  
 Buck, Jefferies, 2844 St. Paul St.  
 Buckler, Humphrey Warren, 806 Cathedral St.  
 Burdick, William, McCoy Hall.  
 Burnam, Curtis Field, 2 Chancery Sq., Guilford.  
 Burrow, Trigant, The Washington.  
 Butler, John Camp, 1809 N. Charles St.  
 Buxton, Gilbert F., 301 E. Cross St.  
 \*Byers, Horace W., 745 W. North Ave.  
 Byrnes, Charles Metcalf, 207 E. Preston St.  
 Cairnes, George Henry, 21 W. 25th St.  
 Campbell, R. E. L., 1644 Hanover St.  
 Carman, Richard Perry, 1701 N. Caroline St.  
 Carpenter, Frances A., Bellevue-Manchester.  
 Carroll, Albert Hynson, The Walbert.  
 Carroll, Charles J., 1740 E. Baltimore St.

- Carroll, James Joseph, 405 N. Charles St.  
 Casler, DeWitt B., 19 W. Chase St.  
 Caspari, William, 1603 Madison Ave.  
 Cathell, Daniel Webster, The Emerson  
 Chambers, Albert T., 1012 W. Lafayette  
 Ave.  
 \*Chambers, Thomas R., 18 W. Franklin  
 St.  
 \*Chatard, Joseph Albert, Fort McHenry.  
 Chunn, William P., 1023 Madison Ave.  
 Clapp, Clyde A., 513 N. Charles St.  
 \*Clarke, James V., 529 N. Charles St.  
 \*Clift, J. W. V., 735 Columbia Ave.  
 Clopton, W. G., 2919 Huntingdon Ave.  
 Clough, M. C., Johns Hopkins Hospital.  
 Clough, Paul W., Johns Hopkins Hos-  
 pital.  
 \*Cobb, Stanley, Johns Hopkins Hospital  
 \*Cohen, Lee, 1820 Eutaw Place.  
 Cole, John Wesley, 2202 Garrison Ave.  
 Collenberg, H. T., 904 N. Charles St.  
 \*Colston, J. A. C., 1016 St. Paul St.  
 Cone, Claribel, The Marlborough.  
 \*Cone, Sydney, 2326 Eutaw Place.  
 Conser, Charles Carlisle, 1101 N. Fulton  
 Ave.  
 Cook, Carlton M., 1107 W. Lanvale St.  
 Cooke, Theodore, Jr., 914 N. Charles St.  
 Coolahan, Edward V., 24 N. Fulton Ave.  
 Cooper, Harrison F., 2425 St. Paul St.  
 Cophage, W. G., 2 S. Patterson Park Ave.  
 Cotton, Albertus, 1303 Maryland Ave.  
 Craighill, James M., 1800 N. Charles St.  
 \*Cross, Roseoe Z. G., 2438 Maryland Ave.  
 Crouch, J. Frank, 513 N. Charles St.  
 Crowe, Samuel J., 1206 Linden Avenue  
 Cullen, Thomas Stephen, 20 E. Eager  
 St.  
 Dabney, William Minor, Ruxton, Md.  
 Dashiell, Nicholas Leeke, 2927 St. Paul  
 St.  
 Davidson, W. B., 347 W. Preston St.  
 Davis, Hoagland Cook, 405 N. Charles  
 St.  
 \*Davis, John Staige, 1200 Cathedral St.  
 Davis, Samuel Griffith, 1230 Light St.  
 Deetjen, Christian, 1702 Eutaw Place.  
 \*Deibel, Harry, 1217 Hanover St.  
 Delevett, James M., 621 Columbia Ave.  
 Demarco, Salvatore, 1604 Linden Ave.  
 Dickey, Ezra A., 14 N. Monroe St.  
 Didenhover, C. W., 3611 Park Heights  
 Ave.  
 Dobbin, George W., 56 W. Biddle St.  
 Dodds, S. A., 3101 Clifton Ave.  
 Dohme, Gustavus Charles, 3014 St. Paul  
 St.  
 Douglas, Eugene, 830 W. North Ave.  
 Downey, Jesse W., Jr., 529 N. Charles  
 St.  
 Drain, Shepherd, 1227 Columbia Ave.  
 Duker, Otto H., 928 E. North Ave.  
 Dunham, F. L., The Ceel  
 Dunnott, D. Z., 1005 N. Calvert St.  
 Eareekson, Edith, 922 Madison Avenue  
 Earle, Samuel T., 1431 Linden Ave.  
 Ebaugh, Irwin, 700 W. North Ave.  
 \*Edmunds, Page, Wentworth Apartments.  
 \*Edwards, Chas. R., 720 W. North Ave.  
 Eilau, Emanuel W., 1908 Madison Ave.  
 Ellis, A. Lee, 924 Madison Ave.  
 Esker, Harry Hood, Clarksburg, W. Va.  
 \*Evans, A. M., 240 W. Lanvale St.  
 \*Evans, John, 501 Franklin Terrace.  
 \*Fayerweather, Roades, 529 N. Charles St.  
 Fehsenfeld, Arthur Louis, 2806 Garrison  
 Ave., Forest Park, Md.  
 Fenby, Edwin B., 1223 N. Caroline St.  
 \*Finney, John Miller T., 1300 Eutaw Pl.  
 \*Fisher, William A., Jr., 715 Park Ave.  
 Fiske, John Dwinelle, 51 S. Gay St.  
 Fleekenstein, H. K., 1624 Mt. Royal Ave.  
 Fleming, George A., 1018 Madison Ave.  
 Follis, Richard Holden, 3 E. Read St.  
 Ford, William W., 1027 Cathedral St.  
 Forsythe, Hugh, 424 E. North Ave.  
 \*Foster, H. M., Chestnut Avenue and  
 33rd Street  
 Franklin, David, 122 W. Lee St.  
 Franks, H. Lee, 1228 S. Charles St.  
 Frantz, William, Johns Hopkins Hospital  
 Freeman, Elmer Bert, 412 Cathedral St.  
 Freeman, Howard N., 1611 Linden Ave.  
 Freilinger, M. C., 682 Columbia Ave.  
 French, B. F., 1707 Edmondson Ave.  
 Fried, Hiram, 2551 Madison Ave.  
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 Friedenwald, Harry, 1029 Madison Ave.  
 Friedenwald, Julius, 1013 N. Charles St.  
 Funek, J. William, 1631 Eutaw Place.

- Futcher, Thomas Barnes, 23 W. Franklin St.
- Gabriel, C. N., 2413 St. Paul St.
- \*Gaddess, H. W., 321 E. 25th St.
- Gage, A. S., 709 N. Broadway.
- Gaither, Ernest H., 19 W. Biddle St.
- \*Galvin, Thos. K., Mercy Hospital
- \*Gamble, Cary B., Jr., 26 W. Biddle St.
- Garb, Nathaniel, 2731 Parkwood Ave.
- Gardner, William Sisson, 6 W. Preston St.
- \*Gately, Joseph Edward, 1822 N. Charles St.
- Geraghty, John T., 330 N. Charles St.
- \*Geraghty, Wm. R., 1237 N. Caroline St.
- Getz, Charles, 1111 W. Lanvale St.
- Gibbons, Edward Englar, 1102 W. Lafayette Ave.
- Gichner, Joseph Enoch, 1516 Madison Ave.
- Giering, Herman J., 1900 Eastern Ave.
- Gilchrist, Thomas Caspar, 330 N. Charles St.
- \*Gillis, Andrew Colin, 914 N. Charles St.
- Goetsch, Emil, Johns Hopkins Hospital
- Goldbach, Leo John, 322 N. Charles St.
- Goldberg, Harry, 2031 W. Pratt St.
- Goldman, Harris, 1816 W. North Ave.
- Goldstein, A. E., 444 N. Luzerne Ave.
- Gorsuch, Harry Kepler, 117 W. Saratoga St.
- Green, R. J., 120½ Aisquith St.
- Greenbaum, Harry S., 1614 Eutaw Place.
- Grey, Ernest G., 3406 Fairview Ave.
- \*Gross, Harry, 1340 S. Charles St.
- Hachtel, Frank W., 122 W. Lafayette Ave.
- Hall, Elmer G., 1617 E. North Ave.
- Hall, William S., 32 Gunther Bldg.
- Halsted, William Stewart, 1201 Eutaw Place.
- Hamburger, Louis P., 1207 Eutaw Place.
- Hamman, Louis V., 714 Park Ave.
- Harlan, Herbert, 516 Cathedral St.
- Harris, John C., 773 W. Lexington St.
- \*Harrison, Archibald C., 31 E. North Ave.
- Hartman, George A., 1121 N. Caroline St.
- Hawkins, J. F., 1 E. Randall St.
- \*Hayward, Eugene H., Preston & Valley Sts.
- Hazelhurst, Franklin, Jr., 904 N. Charles St.
- Hebb, Arthur, 2011 E. Pratt St.
- Heck, John J., 936 E. Monument St.
- Hemmeter, George W., 800 Harlem Ave.
- Hemmeter, John C., Latrobe Bldg.
- Hempel, John Frederick, 3310 W. North Ave.
- \*Herring, Arthur P., 330 N. Charles St.
- Herzog, B. Philip, 1305 N. Patterson Park Ave.
- Hesser, Fred. E., 1301 N. Patterson Park Ave.
- Hoag, J. Morley, 729 Columbia Ave.
- Hobson, W. W., 931 Munsey Bldg.
- Hobelmann, Frederick William, 1908 W. Baltimore St.
- Hodge, Mary, 2635 St. Paul St.
- \*Hoffman, C. W., 2100 W. North Ave.
- Hoffman, O. H., 2100 W. North Ave.
- Hogan, J. F., Health Department.
- Holland, Joseph W., 1624 Linden Ave.
- Holmes, A. M., 311 Cathedral St.
- Holmes, Jas. B., 16 E. Read St.
- Homer, Harry L., 714 Park Ave.
- Hooker, Donald R., "Upland," Roland Park, Md.
- Hoopes, Fannie E., 1307 N. Charles St.
- Hopkinson, B. Merrill, 330 N. Charles St.
- Horn, August, St. Paul and 25th St.
- Houff, John, 1843 W. Baltimore St.
- Howard, Wm. T., 1213 N. Calvert St.
- \*Howland, John, 20 E. Eager St.
- Hundley, John Mason, 1009 Cathedral St.
- Hunner, Guy Le Roy, 2305 St. Paul St.
- Hurd, Henry Mills, 1023 St. Paul St.
- \*Hurdon, Elizabeth, Maltese Islands.
- \*Hutchins, Amos F., 2217 St. Paul St.
- Hutchins, Elliot H., 2217 St. Paul St.
- Hyde, Harry C., 1100 E. North Ave.
- Iglehart, James Davidson, 211 W. Lanvale St.
- Iglehart, Nathan E. B., 1008 Cathedral St.
- Jacobs, Henry Barton, 11 W. Mt. Vernon Place.
- Janney, Francis W., 405 N. Charles St.

- Janney, O. Edward, 825 Newington Ave.  
 Jay, John G., 906 Cathedral St.  
 \*Jennings, F. Leslie, The Latrobe.  
 \*Johnson, Harry H., Sydenham Hospital  
 Johnson, Robert W., 101 W. Franklin St.  
 Johnston, Samuel, 204 W. Monument St.  
 \*Jones, C. Hampson, 2529 St. Paul St.  
 Jones, David W., 1013 S. Ellwood Av .  
 Jones, Howard W., 1296 Frederick Ave.  
 \*Joslin, Charles L., 745 W. North Ave.  
 Joyce, James Burch, 1800 W. North Ave.  
 Judd, Chas. C. W., Plymouth Hall, Madison and Wilson Sts.  
 Kahn, Howard, 2027 W. Pratt St.  
 Kahn, Max, 677 Columbia Ave.  
 Keidel, Albert, 330 N. Charles St.  
 Keirle, Nathaniel G., 1419 W. Lexington St.  
 Keller, Charles J., 222 W. Monument St.  
 Kelley, Bernard V., 100 N. Linwood Ave.  
 Kelly, Howard Atwood, 1418 Eutaw Pl.  
 Kelly, Vernon F., 405 Falls Road.  
 Kemler, J. I., 1908 Eutaw Place.  
 Keown, Thomas William, 1938 Linden Ave.  
 Ketrn, Lloyd W., 900 St. Paul St.  
 Keyser, R. L., Wentworth Apartments  
 Kimzey, F. J., 2700 Harford Ave.  
 \*King, John H., 1100 N. Charles St.  
 King, John Theodore, 1425 Eutaw Pl.  
 King, John Theodore, Jr., 1400 Eutaw Place  
 Kirby, Francis Joseph, 110 E. North Ave.  
 Kloman, E. H., The Walbert.  
 \*Knapp, Hubert Clement, 1216 E. Preston St.  
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 Kolb, Henry B., 1203 Light St.  
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 Lockard, George C., 4 E. Preston St.  
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 Long, Oscar L., 2701 Eastern Ave.  
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 Lord, Jere Williams, 1011 N. Charles St.  
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 Luetscher, John Arthur, 1025 Madison Ave.  
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 MacCallum, W. G., Johns Hopkins Hospital.  
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# MEDICAL SOCIETY MEETINGS

Component Societies of the Faculty, with a list of their officers and times of meeting

*NOTE.—Secretaries are requested to advise the Secretary of the State Society promptly of the election of new officers in their respective Societies*

**BALTIMORE CITY MEDICAL SOCIETY.** President, THOMAS S. CULLEN; Vice-President, WILLIAM T. WATSON; Secretary, EMIL NOVAK; Treasurer, W. S. GARDNER; Censors, R. WINSLOW, A. C. GILLIS, H. B. STONE, Delegates, R. FAYERWEATHER, H. FRIEDENWALD, J. H. PLEASANTS, S. McCLEARY, J. W. WILLIAMS, T. R. CHAMBERS, GORDON WILSON, F. H. BAETJER, C. PENROSE, J. T. GERAGHTY, EMIL NOVAK.

**SECTION OF CLINICAL MEDICINE AND SURGERY.** First and Third Fridays, 8.30 P.M., October to May. Chairman, J. STAIGE DAVIS, M.D.; Secretary, E. B. FREEMAN, M.D.

**SECTION OF DERMATOLOGY.** Third Wednesdays. Chairman, J. WILLIAMS LORD, M.D.; Secretary, I. R. PELS, M.D.

**SECTION OF GYNECOLOGY AND OBSTETRICS.** Second Fridays in October, December, February and April. Chairman, J. M. H. ROWLAND, M.D.; Secretary, EMIL NOVAK, M.D.

**SECTION OF LARYNGOLOGY.** Fourth Fridays monthly, 8.30 P.M. Chairman, LEE COHEN; Secretary, G. W. MITCHELL.

**SECTION OF MEDICAL EXAMINERS.** Third Fridays in November and March. Chairman, J. D. IGLEHART, M.D.; Secretary, W. E. MAGRUDER, M.D.

**SECTION OF NEUROLOGY.** Second Friday, monthly. Chairman, C. M. BYRNES, M.D.; Secretary, D. D. V. STUART, M.D.

**SECTION OF OPHTHALMOLOGY AND OTOLGY.** Third Wednesdays. Chairman, E. A. KNORR; Secretary, E. A. LOOPER, M.D.

**ALLEGANY COUNTY MEDICAL SOCIETY.** President, W. O. McLANE, Frostburg; Secretary, H. V. Deming; Treasurer, J. H. WILSON, Cumberland, Md.; Delegate, G. L. BROADRUP, Second Wednesdays of January, April, July and October; annual meeting in January.

**ANNE ARUNDEL COUNTY MEDICAL SOCIETY.** President, C. R. WINTERSON, Elkridge, Md.; Secretary, F. E. WEITZMAN, Annapolis, Md.; Treasurer, F. H. THOMPSON, Annapolis, Md.; Delegate, L. B. HENKEL, Second Tuesday of January, April, July and October.

**BALTIMORE COUNTY MEDICAL SOCIETY.** President, M. F. SLOAN, Towson, Md.; Secretary-Treasurer, F. W. KEATING, Owings Mills, Md.; Delegates, J. S. BOWEN and L. G. SMART, Mt. Washington, Md., Third Wednesdays, at 2 P.M.

**CALVERT COUNTY MEDICAL SOCIETY.** President, W. H. TALBOTT, Willows, Md.; Secretary-Treasurer, J. W. LEITCH, Huntingtown, Md.; Delegate, P. BRISCOE, Second Tuesdays in April, August and December; annual meeting second Tuesday in December.

**CAROLINE COUNTY MEDICAL SOCIETY.** President, S. S. STONE, Ridgeley, Md.; Secretary-Treasurer, J. R. DOWNS, Preston, Md.; Delegate, J. C. MADARA, Ridgeley, Md.

**CARROLL COUNTY MEDICAL SOCIETY.** President, D. B. SPRUCHER, Sykesville, Md.; Secretary-Treasurer, H. M. FITZHUGH, Westminster, Md.; Delegate, M. D. NORRIS, April, July, October, December; annual meeting in October.

**CECIL COUNTY MEDICAL SOCIETY.** President, CHARLES F. MILLER, North East, R. D. 2, Md.; Secretary-Treasurer, H. BRATTON, Elkton, Md.; Delegate, C. P. CARRICO, Elkton R. D. 5. Third Thursdays at Elkton, April, July, October, January; annual meeting in April.

**CHARLES COUNTY MEDICAL SOCIETY.** President, JAMES J. EDELEN, Bryantown, Md.; Secretary-Treasurer, ERNEST SPENCER, Bel Alton, Md.; Delegate, L. C. CARRICO.

**DORCHESTER COUNTY MEDICAL SOCIETY.** President, LOUIS G. FRAZIER, Hurlock, Md.; Secretary-Treasurer, W. H. HOUSTON, Fishing Creek, Md.; Delegate, E. E. WOLFF, Cambridge, Md. Meetings first Tuesday in June and December.

**FREDERICK COUNTY MEDICAL SOCIETY.** President, E. C. KEFAUVER, Thurmont, Md.; Secretary-Treasurer, E. L. BOWLUS, Middletown, Md.; Delegate, I. J. MCCURDY, January, April, August and November.

**HARFORD COUNTY MEDICAL SOCIETY.** President, P. F. SAPPINGTON, Belair, Md.; Secretary-Treasurer, DR. CHARLES BAGLEY, Bagley, Md.; Delegate, W. S. ARCHER, Second Wednesdays in January, March, May, July, September and November.

**HOWARD COUNTY MEDICAL SOCIETY.** President, W. N. GASSAWAY, Ellicott City, Md.; Secretary-Treasurer, FRANK O. MILLER, Ellicott City, Md.; Delegate, W. R. WHITE, Meetings (quarterly) first Tuesdays in January, April, July and October.

**KENT COUNTY MEDICAL SOCIETY.** President, H. G. SIMPERS, Chestertown, Md.; Secretary-Treasurer, F. B. HINES, Chestertown, Md.; Delegate, F. B. HINES.

**MONTGOMERY COUNTY MEDICAL SOCIETY.** President, E. L. BULLARD, Rockville, Md.; Secretary-Treasurer, F. N. HENDERSON, Rockville, Md.; Delegate, JOHN LEWIS, Third Tuesdays in April and October.

**PRINCE GEORGE'S COUNTY MEDICAL SOCIETY.** President H. B. McDONNELL, Colledge Park, Md.; Secretary, S. M. McMILLAN, Riverdale, Md.; Treasurer, W. ALLEN GRIFFITH, Berwyn, Md.; Delegate, L. A. GRIFFITH, Upper Marlboro. Second Saturday of January, April, July, October.

**QUEEN ANNE'S COUNTY MEDICAL SOCIETY.** President, W. W. BOWEN, Price, Md.; Secretary-Treasurer, H. F. MCPHERSON, Centerville, Md.; Delegate, W. H. FISHER, ST. MARY'S COUNTY. No active organization.

**SOMERSET COUNTY MEDICAL SOCIETY.** President, C. C. WARD, Crisfield, Md.; Secretary-Treasurer, H. M. LANKFORD, Princess Anne, Md.; Delegate, G. C. COULBOURN, First Tuesday in April at Crisfield; first Tuesday in October at Princess Anne.

**TALBOT COUNTY MEDICAL SOCIETY.** President, L. H. SETH, McDaniel, Md.; Secretary-Treasurer, W. T. HAMMOND, Easton, Md.; Delegate, J. A. ROSS. Annual meeting third Tuesday in November and semi-annual meeting third Tuesday in May.

**WASHINGTON COUNTY MEDICAL SOCIETY.** President, CHARLES BAKER, Rohrer'sville, Md.; Secretary, W. D. CAMPBELL, Hagerstown, Md.; Treasurer, J. C. PITSNOGLE Hagerstown, Md.; Delegate, V. D. MILLER, JR. Second Thursday of February, May, September and November.

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**WORCESTER COUNTY MEDICAL SOCIETY.** President, PAUL JONES, Snow Hill, Md.; Secretary and Treasurer, R. LEE HALL, Pocomoke City, Md.; Delegate, A. A. PARKER, Pocomoke City, Md.



# THE BULLETIN

OF THE

# Medical *and* Chirurgical Faculty of Maryland



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## STATE PRACTICE ACT

*State Board of Medical Examiners*—Herbert Harlan, J. McP., Scott, Harry L. Homer, J. L. Riley, H. M. Fitzhugh L. A. Griffith, E. E. Wolff, H. T. Collenberg.

*Regular Meetings of the Board of Medical Examiners of Maryland*—Fourth Tuesday in April; first Tuesday in June; first Wednesday in October; first Wednesday in December.

*Regular Examinations*—Examinations are held in Baltimore. Third Tuesday in June for four consecutive days. Second Tuesday in December for four consecutive days.

Maryland is in reciprocal relationship with the following States; Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Michigan, Minnesota, Missouri, Nebraska, New Hampshire, Ohio, Oklahoma, S. Carolina, Texas, Vermont, Virginia, W. Virginia and Wisconsin, subject to requirements and fees imposed by the respective States.

Information connected with Medical Examinations and licensure by addressing Secretary, J. McP. Scott, Hagerstown, Md.

THE BULLETIN  
OF THE  
MEDICAL AND CHIRURGICAL FACULTY  
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VOLUNTEER MEDICAL SERVICE CORPS

During the summer the chief work of the Faculty was the organization of the Volunteer Medical Service Corps, in conjunction with the Office of the Surgeon General of the United States, and the medical section of the State Council of Defense. At the time that this drive was undertaken, it was thought that the world war would last at least one, and perhaps several years longer; so the primary object of the enrollment was for service in the home or foreign camps of the Army; no idea was in our minds of any urgent demand for medical service outside of the military necessities. But early in the autumn the "Spanish Flu" appeared in the United States and began its record of appalling disaster. From many neighborhoods came urgent appeals for medical aid, so that the Faculty was overwhelmed by requests to send doctors and nurses to stricken communities in various parts of Maryland and adjacent states. The extreme value of medical preparedness became apparent immediately. We had on file the names of those members who were willing to respond to the call of suffering, whether civil or military, and we were able to furnish doctors and nurses very liberally and promptly until the appearance of the epidemic in Baltimore which rapidly assumed very serious proportions, compelled the return to work at home of those who had so generously given their aid elsewhere. During the month of October the doctors of Maryland strove manfully with the terrible scourge. Many of them contracted the disease in the line of duty, and not a few paid the great price as an evidence of their devotion to the sacred cause to which their lives were devoted. It was time for men to show what spirit animated them, when life records could be made as truly as on the battle

field of Europe. Death stalked in our midst insidiously striking one after another of our people; a pestilence was abroad, attacking mysteriously, developing swiftly, killing many. It was as if the enemy had invaded our homes; but the enemy was unseen, and to be recognized early and fought only by medical means. Our army of defense was composed of the doctors and nurses of the community, and most nobly did they respond, working day and night they attended the sick and instructed the public in the methods of prophylaxis, quieting the fears of the people and upholding the hands of the boards of health of the state and city, until they had the happiness of seeing the storm pass by. The record of achievement of this Faculty during that trying time deserves recognition as truly as that of our victorious troops abroad. There was no roar of cannon nor poisonous gas let loose, but pale death was invading equally the home of the rich and the homes of poverty, and everywhere our army of doctors met and fought him.

#### PRESENTATION OF PORTRAITS AT ANNUAL MEETING.

APRIL 23, 1918

DR. T. S. LATIMER

BY HARRY FRIEDENWALD, M.D.

On behalf of the University of Maryland, School of Medicine and College of Physicians and Surgeons, it is my privilege to present the portrait of Thomas Sargent Latimer to this Faculty. I esteem this privilege all the more because of the exceptional character of the man it portrayed, a man who occupied a preëminent position in our community in his day and generation; but I esteem the privilege most because he was my teacher and my friend whom I revered and loved. Dr. Latimer was born in Savannah, Georgia, June 15, 1839. His early life was spent in Pennsylvania. At 18, he entered the Medical Department of the University of Maryland and graduated in 1861. He enlisted forthwith as a private in the First Maryland Infantry of the Confederate Army, took part in many of the great battles, was promoted to Assistant Surgeon and later to Chief Surgeon, was placed in charge of a military hospital in Richmond and served until the close of the war. From 1866-68 he was a resident physician of the University Hospital, then the Baltimore Infirmary and on leaving, he took up the practice of medicine in Baltimore, in partnership with his friend Edward Lloyd Howard. The two young physicians edited the *Baltimore Medical Journal* and later the *Physician and Surgeon*.



Soon he engaged in the teaching of medicine and at various times during a period of more than thirty years taught Physiology, Anatomy, Surgery and Medicine at The College of Physicians and Surgeons and The Baltimore College of Dental Surgery.

He was active and prominent in the local and national medical societies and in 1884 was elected president of this Faculty. He died in Baltimore May 16, 1906.

These brief statements are an outline of his life but they afford as little knowledge of the man as measurements and weights of a great work of art would convey of its grandeur, its pathos, and its beauty. He won his place in the hearts of all who knew him not through the fact that he was a physician of ability and skill, but that he practiced medicine as the embodiment of the noblest service to humanity. No one has ever held our profession higher, no one has ever practiced medicine with more kindness or deeper sympathy for those who suffered than did Dr. Latimer. No one was better able by tenderness and consideration to assuage the suffering of those to whom the fates had been merciless and severe. This was seen in his treatment of children whom he loved, of the students who came to him in great numbers, of the many widows and families of other physicians, of the poor in the hospitals. His every word was kind and sympathetic.

There was no better friend than Dr. Latimer. He was always interesting and interested, in conversation delightful, jovial, enjoying the respect and the confidence quite as much as the affection of all who knew him well.

He loved the world and its beauty, enjoyed traveling, hunting, fishing. His love of the beautiful manifested itself especially in his fondness for poetry which he was able to repeat with marvellous memory. His keen sense of language made him a charming speaker, a clear writer and an excellent teacher of the large bodies of students of medicine and of dentistry whom he instructed. Dr. Latimer was a man of excellent common sense and judgment. His dealings with men were marked by a keen sense of truth and justice. He was wise, had acquired a vast knowledge in many fields. This explains the confidence and reliance placed upon his judgment and advice. It was because of this same love of truth that he inspired his friends and his students with the longing for truth and with the ideality of the study of science. As one of his pupils I feel the great debt which we owe him. But greater even than our admiration and our reverence and deeper even than our gratitude is the love we cherish for the man Thomas S. Latimer, for our cherished friend. We loved him the good and noble, the kind and gentle friend, we loved him who so truly was "strong and manly in action and tender as woman in speech."

We are happy to know that his portrait will be placed among the best of the profession of our State. In the years to come his writings, his teaching, his services to this community may be forgotten but his friendly countenance shall be a lasting reminder of one who added dignity and nobility to our profession, of one who helped to make this world better and more worthy, of one who was beloved by all who knew him.

DR. I. R. TRIMBLE

By R. B. WARFIELD, M.D.

We do not need to be reminded of the large qualities of mind and heart of our late colleague, Isaac Ridgeway Trimble. The establishment several years ago of the lectureship in his name and the associated beautiful bronze which is now in our possession bear testimony to the Faculty's appreciation of the man. Nevertheless to those of us who knew him well there are even after ten full years constant almost daily suggestions of a remarkable impression made on the community by a personality singularly rich and attractive, of which certain features are enhanced rather than obscured in the clarifying circumstance of elapsed time. First of all, he had the will to labor. He rejoiced in work itself and in its accomplishment. He was restless in inactivity, and could with difficulty sit out an empty consultation hour. Among the toilers in our medical hive it is certain that notable industry is not uncommon, but with Ridge Trimble it was inveterate. I have never known a man who more gladly and inevitably put his own back under the burden.

And so he achieved, not by indirection, nothing came to him easily but by incessant painstaking work. He became a skilled surgeon, authoritative in casualty practice, in which for years he held controlling position. He knew his own mind and sure of himself he inspired confidence in others. As a teacher he was direct, practical and without sophistry; he had even in his youth and to the end the last attainment of simplicity. But it was in his human relation that he excelled. A devoted son, husband and father, he loved besides his fellow-man. Rugged and strong, of potent masculinity, he had somewhat in him of the divine feminine in gentleness and sympathy and complete understanding. Always kind, especially to the needy, for the comfort of others he gave of himself without stint and lavishly of his possessions. He cared for no pleasure unshared. He was supreme as a host and although personally abstinent his greatest enjoyment was in welcoming friends to his bountiful table. He had in him that emanation from the heart in genuine hospitality which, as Washington Irving said, can not be described but is imme-

diately felt and puts the stranger at his ease. Like Chaucer's Knight "he loved chivalry, truth and honor, freedom and courtesy."

Fatally infected while operating, his life was terminated at its meridian, sacrificed on the battle-field of duty not less nobly, perhaps, than had the field been Flanders. And so passed a "man of soul and body, formed for deeds of high resolve."

Mr. President: The Faculty of Physic of the University of Maryland begs to offer to the Medical and Chirurgical Faculty of Maryland this portrait of Dr. Trimble.

MINUTES OF THE ANNUAL MEETING, APRIL 23, 24, 25,  
1918.

TUESDAY, APRIL 23, 1918.

The 120th Annual Meeting was called to order in Osler Hall by the President, Dr. William S. Halsted, at 8.30 p.m. Dr. Halsted delivered his Presidential address on "The history and development of surgery with special references to the thyroid" which was illustrated by lantern slides. Dr. R. W. Johnson was given a space on the program to make an appeal for subscriptions for the Liberty Loan, which he did with telling effect and pledge cards were passed around among the members. Dr. W. W. Keen, of Philadelphia, then made an address, and much to the surprise of everyone in place of speaking on some general surgical matter gave a stirring talk on war conditions, backing up Dr. Johnson's appeal for the Liberty Loan with some telling illustrations. Dr. Keen was in uniform serving as advisor on the Medical Section of the Council of National Defence. Dr. N. R. Gorter, Chairman of the Memoir Committee, paid a tribute to the members who had died during the year, and the audience rose while a list of their names was read. Two portraits which had belonged to the College of Physicians and Surgeons were given to the Library by the Trustees of the College and the University of Maryland. The one of Dr. T. S. Latimer, which was presented by Dr. Harry Friedenwald, and that of Dr. I. R. Trimble by Dr. R. B. Warfield. These were accepted on the part of the Faculty by the President, Dr. W. S. Halsted.

WEDNESDAY, APRIL 24, 1918, 10 A.M.

The meeting was called to order by the President, Dr. W. S. Halsted, at 10.30 a.m. and the following program was carried out:

1. Ligature of the great arteries: A clinical and experimental study,  
Dr. Mont R. Reid.

2. Remarks on the treatment of fracture of the neck of the femur, Dr. W. D. Wise. Read by title.
3. Esophagoscopy, Dr. E. B. Freeman.
4. Diagnosis and treatment of hyperthyroidism with special reference to thyroid adenomata (illustrated), Dr. Emil Goetsch.
5. Internal hydrocephalus (illustrated), Dr. W. E. Dandy.
6. Urinary lithiasis (illustrated), Dr. Jonathan E. Burns, Jr.

WEDNESDAY, APRIL 24, 1918, 8.30 P.M.

The evening session was called to order in Osler Hall by the President, Dr. W. S. Halsted, at 8.30 p.m. Colonel Victor Vaughn, of the Medical Corps of the National Army, gave a stirring address on "The responsibilities of the medical profession in the war." Dr. T. B. Fitcher, who had just returned from a six months service in a Canadian war hospital on the outskirts of London, told of the enormous amount of medical work done at this hospital and gave a short explanation of the kind of cases that were received. A paper by Dr. B. M. Hopkinson on "What should be the real significance of the entrance of the State Dental Association into associate membership in the Medical and Chirurgical Faculty" was then read, and the meeting adjourned to the banquet room in the basement where the annual smoker was held, 96 members attending.

THURSDAY, APRIL 25, 1918, 10 A.M.

The morning session was called to order by the President, Dr. W. S. Halsted, at 10 a.m., and the following program was carried out:

1. End to end suture of the intestine: An experimental study, Dr. Ernest Grey.
2. Venereal disease: A vital social, medical and military problem, Dr. Herbert Schoenrich.
3. Governmental control of the venereal diseases, Dr. John S. Fulton, Secretary State Board of Health. Discussion by Dr. O E. Janney.
4. Pneumonia in an army camp (illustrated), Dr. W. G. MacCallum.
5. The fractional analysis of the gastric secretion in ulcer of the stomach, Dr. Julius Friedenwald and Dr. T. F. Leitz.
6. Results of the medical treatment of hypertrophic stenosis of the pylorus, Dr. John Howland. (Read by title.)

The election of the State Board of Medical Examiners resulted in the return of Dr. J. McPherson Scott and Dr. H. M. Fitzhugh, and the

election of Dr. H. T. Collenberg to fill the unexpired term of Dr. A. L. Wilkinson resigned because of service in the Army.

The meeting then adjourned.

#### CLINICS.

At this session a change was made by holding clinics at the different hospitals in the afternoons instead of scientific sessions.

#### TUESDAY, APRIL 23.

Clinics were held at Mercy Hospital by Drs. W. D. Wise, A. G. Rytina and Alexius McGlannan. Dr. Wise showed a patient with rupture of the abdominal viscera for traumatism. Dr. Rytina showed cases of kidney surgery. Dr. McGlannan discussed the treatment of infected wounds by Dichloramin-T.

This was attended by about 20 members.

#### WEDNESDAY, APRIL 24.

A clinic, attended by about thirty doctors, was held at the University Hospital. The following subjects were presented:

Tumor of the brain, and nerve paralysis, Dr. Irving Spear.

Chronic tetanus, and aneurysm of the aorta, Dr. J. E. Giechner.

Ovarian tumors, Dr. J. M. Hundley.

Traumatic glaucoma, Dr. Hiram Woods.

Fractures of the pelvis, Dr. F. S. Lynn.

Fractured neck of the femur, Dr. Randolph Winslow.

Thyroid, Dr. R. P. Bay.

Exhibition of pathological specimens, Dr. H. J. Maldeis.

#### THURSDAY, APRIL 25.

A clinic was held at the Johns Hopkins Hospital at which Dr. Mont R. Reid operated on a thyroid and Dr. Walter Dandy on a brain tumor.

The holding of these clinics was felt to be a move in the right direction although at no one time was a large number of men present. Those who did attend took part in the discussion of the cases presented and the committee in charge felt that the clinics had been of considerable value.

## SOCIETY NOTICES

## BALTIMORE CITY MEDICAL SOCIETY

The regular meeting was held in Osler Hall on Friday evening, March 15, 1918, at 8.30 p.m., Dr. Randolph Winslow presiding. The minutes of the previous meeting were read and approved.

The meeting was devoted to the presentation of an illustrated address by Col. C. K. Morgan, of the British Army Medical Service, on the subject of "Medical and other experiences on the western battle front." Colonel Morgan was introduced by Dr. Thomas S. Cullen. The Chairman expressed the thanks of the Society to Colonel Morgan for his interesting and instructive address.

The meeting was then adjourned.

The regular meeting was held in Osler Hall on Friday, April 5, 1918, at 8.30 p.m., Dr. Randolph Winslow presiding. The minutes of the previous meeting were read and approved.

The report of the Board of Censors was read by the Secretary in the absence of any of the members of the Board, the names of the following physicians were reported as eligible for election to the Society:

Dr. Bernard S. French, 1707 Edmondson Avenue.

Dr. Anderson M. Holmes, 17 W. Franklin Street.

Dr. Wm. C. Leavenworth, Johns Hopkins Hospital.

Dr. George McLean, 20 E. Preston Street.

All of the applicants were duly elected.

The scientific program was devoted to a Symposium on the work of the Health Department of Baltimore. Introductory remarks were made by Dr. John D. Blake, Health Commissioner of Baltimore. The following papers were then read: "The course of certain diseases in Baltimore as determined by the study of the death rate for ninety years (1827-1917) (Illustrated)," Dr. William T. Howard, Assistant Commissioner of Health. "Methods and possibilities in the control of communicable diseases in Baltimore City," Dr. John F. Hogan, Assistant Commissioner of Health. "The importance of modern laboratory methods in the diagnosis and control of communicable diseases," Dr. William R. Stokes, City Bacteriologist. Owing to the lateness of the hour the final paper on the program by Dr. Marion B. Hopkins, Chief of Food and Dairies Bureau, on the subject of "The milk supply of Baltimore" was, on motion of Dr. Blake, duly seconded, postponed to a subsequent meeting of the Society. The various papers were then discussed by Drs. Maldeis, Ford and, in closing, Dr. Blake.

The meeting was then adjourned.

# MEDICAL SOCIETY MEETINGS

Component Societies of the Faculty, with a list of their officers and times of meeting

*NOTE.—Secretaries are requested to advise the Secretary of the State Society promptly of the election of new officers in their respective Societies*

- BALTIMORE CITY MEDICAL SOCIETY.** President, THOMAS S. CULLEN; Vice-President, WILLIAM T. WATSON; Secretary, EMIL NOVAK; Treasurer, W. S. GARDNER; Censors, R. WINSLOW, A. C. GILLIS, H. B. STONE, Delegates, R. FAYNEWEATHER, H. FRIEDENWALD, J. H. PLEASANTS, S. McCLEARY, J. W. WILLIAMS, T. R. CHAMBERS, GORDON WILSON, F. H. BAETJER, C. PENROSE, J. T. GERAGHTY, EMIL NOVAK.
- SECTION OF CLINICAL MEDICINE AND SURGERY.** First and Third Fridays, 8.30 P.M., October to May. Chairman, J. STATOR DAVIS, M.D.; Secretary, E. B. FREEMAN, M.D.
- SECTION OF DERMATOLOGY.** Third Wednesdays. Chairman, J. WILLIAMS LORD, M.D.; Secretary, I. R. PELS, M.D.
- SECTION OF GYNECOLOGY AND OBSTETRICS.** Second Fridays in October, December, February and April. Chairman, J. M. H. ROWLAND, M.D.; Secretary, EMIL NOVAK, M.D.
- SECTION OF LARYNGOLOGY.** Fourth Fridays monthly, 8.30 P.M. Chairman, LEE COHEN; Secretary, G. W. MITCHELL.
- SECTION OF MEDICAL EXAMINERS.** Third Fridays in November and March. Chairman, J. D. IOLEHART, M.D.; Secretary, W. E. MAGRUDER, M.D.
- SECTION OF NEUROLOGY.** Second Friday, monthly. Chairman, C. M. BYRNES, M.D.; Secretary, D. D. V. STUART, M.D.
- SECTION OF OPHTHALMOLOGY AND OTOTOLOGY.** Third Wednesdays. Chairman, E. A. KNORR; Secretary, E. A. LOOPER, M.D.
- ALLEGANY COUNTY MEDICAL SOCIETY.** President, W. O. McLANE, Frostburg; Secretary, H. V. Deming; Treasurer, J. H. WILSON, Cumberland, Md.; Delegate, G. L. BROADRUP, Second Wednesdays of January, April, July and October; annual meeting in January.
- ANNE ARUNDEL COUNTY MEDICAL SOCIETY.** President, C. R. WINTERSON, Elkridge, Md.; Secretary, F. E. WEITZMAN, Annapolis, Md.; Treasurer, F. H. THOMPSON, Annapolis, Md.; Delegate, L. B. HENKEL, Second Tuesday of January, April, July and October.
- BALTIMORE COUNTY MEDICAL SOCIETY.** President, M. F. SLOAN, Towson, Md.; Secretary-Treasurer, F. W. KEATING, Owings Mills, Md.; Delegates, J. S. BOWEN and L. G. SMART, Mt. Washington, Md., Third Wednesdays, at 2 P.M.
- CALVERT COUNTY MEDICAL SOCIETY.** President, W. H. TALBOTT, Willows, Md.; Secretary-Treasurer, J. W. LITCH, Huntingtown, Md.; Delegate, P. BRISCOE. Second Tuesdays in April, August and December; annual meeting second Tuesday in December.
- CAROLINE COUNTY MEDICAL SOCIETY.** President, S. S. STONE, Ridgely, Md.; Secretary-Treasurer, J. R. DOWNES, Preston, Md.; Delegate, J. C. MADARA, Rideley, Md.
- CARROLL COUNTY MEDICAL SOCIETY.** President, D. B. SPRECHER, Sykesville, Md.; Secretary-Treasurer, H. M. FITZGUGH, Westminster, Md.; Delegate, M. D. NOBRIS. April, July, October, December; annual meeting in October.
- CECIL COUNTY MEDICAL SOCIETY.** President, CHARLES F. MILLER, North East, R.D. 2, Md.; Secretary-Treasurer, H. BRATTON, Elkton, Md.; Delegate, C. P. CARRICO, Elkton R.D. 5. Third Thursdays at Elkton, April, July, October, January; annual meeting in April.
- CHARLES COUNTY MEDICAL SOCIETY.** President, JAMES J. EDELEN, Bryantown, Md.; Secretary-Treasurer, ERNEST SPENCER, Bel Alton, Md.; Delegate, L. C. CARRICO.
- DORCHESTER COUNTY MEDICAL SOCIETY.** President, LOUIS G. FRAZIER, Hurlock, Md.; Secretary-Treasurer, W. H. HOUSTON, Fishing Creek, Md.; Delegate, E. E. WOLFF, Cambridge, Md. Meetings first Tuesday in June and December.
- FREDERICK COUNTY MEDICAL SOCIETY.** President, E. C. KEFAUVER, Thurmont, Md.; Secretary-Treasurer, E. L. BOWLUS, Middletown, Md.; Delegate, I. J. MCCURDY. January, April, August and November.
- HABFORD COUNTY MEDICAL SOCIETY.** President, P. F. SAPPINOTON, Belair, Md.; Secretary-Treasurer, DR. CHARLES BAILEY, Bagley, Md.; Delegate, W. S. ARCHER. Second Wednesdays in January, March, May, July, September and November.
- HOWARD COUNTY MEDICAL SOCIETY.** President, W. N. GASSAWAY, Ellicott City, Md.; Secretary-Treasurer, FRANK O. MILLER, Ellicott City, Md.; Delegate, W. R. WHITE, Meetings (quarterly) first Tuesdays in January, April, July and October.
- KENT COUNTY MEDICAL SOCIETY.** President, H. G. SMYERS, Chestertown, Md.; Secretary-Treasurer, F. B. HINES, Chestertown, Md.; Delegate, F. B. HINES.
- MONTGOMERY COUNTY MEDICAL SOCIETY.** President, E. L. BULLARD, Rockville, Md.; Secretary-Treasurer, F. N. HENDERSON, Rockville, Md.; Delegate, JOHN LEWIS. Third Tuesdays in April and October.
- PRINCE GEORGE'S COUNTY MEDICAL SOCIETY.** President H. B. McDONNELL, College Park, Md.; Secretary, S. M. McMILLAN, Riverdale, Md.; Treasurer, W. ALLEN CRIFFITH, Berwyn, Md.; Delegate, L. A. GRIFFITH, Upper Marlboro. Second Saturday of January, April, July, October.
- QUEEN ANNE'S COUNTY MEDICAL SOCIETY.** President, W. W. BOWEN, Price, Md.; Secretary-Treasurer, H. F. McPHEBSON, Centerville, Md.; Delegate, W. H. FISHER.
- ST. MARY'S COUNTY.** No active organization.
- SOMERSET COUNTY MEDICAL SOCIETY.** President, C. C. WARD, Crisfield, Md.; Secretary-Treasurer, H. M. LANKFORD, Princess Anne, Md.; Delegate, G. C. COULBOURN. First Tuesday in April at Crisfield; first Tuesday in October at Princess Anne.
- TALBOT COUNTY MEDICAL SOCIETY.** President, L. H. SETH, McDaniel, Md.; Secretary-Treasurer, W. T. HAMMOND, Easton, Md.; Delegate, J. A. ROSS. Annual meeting third Tuesday in November and semi-annual meeting third Tuesday in May.
- WASHINGTON COUNTY MEDICAL SOCIETY.** President, CHARLES BAKER, Rohersville, Md.; Secretary, W. D. CAMPBELL, Hagerstown, Md.; Treasurer, J. C. PITSNOLE Hagerstown, Md.; Delegate, V. D. MILLER, JR. Second Thursday of February, May, September and November.
- WICOMICO COUNTY MEDICAL SOCIETY.** President, J. M. ELDERDICE, Mardella Springs; Secretary and Treasurer, H. S. WAILES, Salisbury, Md.; Delegate, G. W. TODD.
- WORCESTER COUNTY MEDICAL SOCIETY.** President, PAUL JONES, Snow Hill, Md.; Secretary and Treasurer, R. LEE HALL, Pocomoke City, Md.; Delegate, A. A. PARKER, Pocomoke City, Md.





# THE BULLETIN

OF THE

# Medical *and* Chirurgical Faculty of Maryland



OWNED AND PUBLISHED BY THE ABOVE-NAMED STATE MEDICAL SOCIETY  
SOLELY IN THE INTEREST OF THE MEDICAL PROFESSION

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NOVEMBER, 1918

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## OFFICERS AND COMMITTEES FOR 1918

### *President*

William S. Halsted

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*Library Committee*—John Ruhräh, H. B. Jacobs, Harry Friedenwald, R. B. Warfield, L. F. Barker.

*Finney Fund Committee*—Harry Friedenwald, H. L. Naylor, J. W. Williams, John Ruhräh, R. B. Warfield.

*Delegates to A. M. A.*—Alexius McGlannan; *alternate*, J. Hall Pleasants; Randolph Winslow; *alternate*, C. B. Claybrook.

*Public Instruction*—Lilian Welsh, Louis Hamman, J. Hall Pleasants, C. W. Vest, J. E. Deets.

*Post Graduate Work and Instruction*—Peregrine Wroth, Jr., J. T. King, Jr., H. J. Walton, G. E. Bennett, W. H. Hopkins

*Midwifery Law*—L. E. Neale, C. H. Riley, C. R. Foutz, T. H. Brayshaw, S. M. Wagaman.

*Memoir*—E. B. Sterling, G. H. Cairnes, G. H. Riggs, S. S. Stone.

*Fund for Widows and Orphans*—S. K. Merrick, M. S. Rosenthal, W. J. Todd, J. I. Pennington, C. P. Carrico.

*Defense of Medical Research*—L. F. Barker, T. S. Cullen, W. R. Stokes, Standish McCleary, Compton Riely.

*Medical Education*—Herbert Harlan, Randolph Winslow, J. M. H. Rowland.

## STATE PRACTICE ACT

*State Board of Medical Examiners*—Herbert Harlan, J. McP. Scott, Harry L. Homer, J. L. Riley, H. M. Fitzhugh, L. A. Griffith, E. E. Wolf, H. T. Collenberg.

*Regular Meetings of the Board of Medical Examiners of Maryland*—Fourth Tuesday in April; first Tuesday in June; first Wednesday in October; first Wednesday in December.

*Regular Examinations*—Examinations are held in Baltimore. Third Tuesday in June for four consecutive days. Second Tuesday in December for four consecutive days.

Maryland is in reciprocal relationship with the following States; Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Michigan, Minnesota, Missouri, Nebraska, New Hampshire, Ohio, Oklahoma, S. Carolina, Texas, Vermont, Virginia, W. Virginia and Wisconsin, subject to requirements and fees imposed by the respective States.

Information connected with Medical Examinations and licensure by addressing Secretary, J. McP. Scott, Hagerstown, Md.

# THE BULLETIN

OF THE

## MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND

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CONTROLLED BY THE COUNCIL AND EDITED BY A COUNCILLOR,  
DR. CHARLES O'DONOVAN  
PUBLISHED MONTHLY EXCEPT JUNE, JULY, AUGUST AND SEPTEMBER

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VOL. X

BALTIMORE, NOVEMBER 1919

No. 6

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### THE INFLUENZA EPIDEMIC

The great facts that have interested us during the past month are the terrible epidemic of influenza, which played such havoc with our camps and devastated our homes and the apparent end of the conflict of nations, which has torn the world during the past four years.

About the influenza volumes will be written most deservedly. Its mystery, its universality, its deadliness, its many qualities each merit most careful study. One characteristic is noteworthy, that it seemed to have manifested itself in different ways etiologically in different places; from one laboratory comes the report of the existence of Pfeiffer's bacillus in a very large proportion of cases, while from another is reported its recognition in very few cases. Yet clinically we must recognize a great similarity in its symptoms. The escapes of so many older members of families where the young and middle aged have fallen victims forces us to believe that old people have in some way acquired immunity against it. Children have seemed most prone to attacks, and repeated human incubations in a household gave rise to increasing virulence of the infection. It is quite possible that some very fine virus may eventually be discovered which predisposes to the invasion by the Pfeiffer bacillus as well as to invasion by streptococci, for there is universal testimony of the great part played by streptococci in the conditions found in the lungs of all fatal cases. Both streptococci and the bacillus of Pfeiffer are indigenous throughout modern communities, so we are driven to suppose that some unknown element inflicted into a quiescent situation stirred up the cataclysm. Time and study will probably solve the riddle.

Of the ending war we must speak happily notwithstanding the huge price in blood that we and our allies have paid, the glorious prospect of a world "safe for Democracy" is well worth it. We must tremble when we consider how close to attaining their villainous purpose came the savage autocrats of Prussia. We may tremble safely now, but before those conscienceless savages our valiant armies never trembled. Letters from the front tell of the struggle against the human war-machine on land and the sneaking pirates of the seas, in which every arm of our service bore its part, leading to the destruction of the fiendish doctrines that Might is Right, and that nations have no consciences. As doctors we are proud of the record made by our brother physicians during these grueling months. They never flinched, but served their fighting brothers on the fighting line, in the evacuation hospitals and in the great base hospitals with equal fortitude and fidelity; gas nor shrapnel could not drive them from the front, nor could air bombs make them leave their work of mercy in the tents of the Red Cross. Many of them, and of their assistant nurses, have given their lives that we might remain safe and free. Heroes all, may they rest peacefully after their weary work so well done!

## MINUTES OF THE HOUSE OF DELEGATES

*April 23, 1918, 2 p.m.*

The 61st meeting of the House of Delegates was called to order in the Small Hall of the Faculty Building, at 2 p.m. April 23, 1918, Dr. J. E. Deets, Vice-President presiding. The reading of the minutes of the last meeting was dispensed with. There were present Drs. J. S. Bowen, L. G. Smart, Philip Briseoe, M. D. Norris, John Maece, W. S. Archer, W. C. Stone, J. E. Deets, L. A. Griffith, G. C. Coulbourne, W. S. Seymour, W. J. Todd, J. T. Geraghty, Emil Novak, C. A. Penrose, J. W. Williams, T. S. Cullen, Ständish McCleary, Louis Hamman, G. W. Mithell, H. E. Peterman, Hiram Woods, G. M. Linthicum, Charles O'Donovan, T. B. Johnson, Peregrine Wroth, Jr., H. G. Simperts, Wilmer Brinton, Randolph Winslow, John Staige Davis, W. S. Gardner, John Ruhrah, J. McPherson Scott.

Dr. Herbert Harlan reported on the work of a special Legislative Committee as to the new Medical Practice Law. Dr. T. S. Cullen, seconded by Dr. H. E. Peterman, moved that the House of Delegates extend to this Committee a vote of thanks. Dr. Woods moved that Dr. Harlan, Dr. H. V. Beitler and Dr. J. B. Schwatka send in a list of personal expenses, incurred during the work of this Committee, to the Faculty. Carried. It was moved by Dr. Linthicum, seconded by Dr. Brinton, that a vote of thanks be sent to Hon. Carville Benson for his aid in looking after the medical bills at the last session of the Legislature.

The reports of the various officers were read as follows:

Report of the Secretary, read by Dr. Davis.

Report of the Treasurer, by Dr. Gardner. Accepted as printed.

Report of Council, Dr. Hiram Woods.

Delegates to A. M. A., Dr. Randolph Winslow.

State Board of Medical Examiners, Dr. J. McP. Scott.

Committee on Scientific Work and Arrangements, no report.

Library Committee, Dr. John Ruhräh.

Finney Fund Committee, Dr. Harry Friedenwald.

Auxiliary Congressional and Legislative Committee A. M. A. No report.

Committee on Medical Education, Dr. Herbert Harlan.

This report was discussed by Dr. O'Donovan and Dr. Penrose.

It was moved by Dr. Scott and seconded by Dr. Brinton, that the report of Dr. Harlan be referred to a committee appointed by the Chair for careful consideration of the subject. The committee appointed is as follows: Drs. Charles O'Donovan, Herbert Harlan, J. McP. Scott, J. M. H. Rowland, J. W. Williams.

Committee on Public Instruction. No report.

The report of the committee on Midwifery Law was made by Dr. L. E. Neale, who suggested the names of those who should be appointed to succeed him. This was discussed by Dr. Bowen.

Committee on Defense of Medical Research, note from Dr. Barker read by Secretary.

Memoir Committee, Dr. N. R. Gorter.

Committee on Fund for Relief of Widows and Orphans of Deceased Members, verbal report to Secretary of relief extended in two cases as per amount reported by Treasurer, Dr. S. K. Merrick.

Committee on Post Graduate Work and Instruction, Dr. Peregrine Wroth, Jr.

The meeting then adjourned.

*April 24, 1918, 9.15 a.m.*

The 62nd meeting of the House of Delegates was called to order by the Vice-President, Dr. J. E. Deets, at 9.15 a.m. Wednesday, April 24, 1918 in the Small Hall of the Faculty Building. The minutes of the previous meeting were read and approved. There were present Drs. J. S. Bowen, L. G. Smart, Philip Briscoe, Howard Bratton, John Mace, J. E. Deets, W. S. Seymour, V. D. Miller, C. A. Penrose, J. W. Williams, T. S. Cullen, Standish McCleary, Louis Hamman, H. E. Peterman, Hiram Woods, G. M. Linticum W. S. Archer, C. O'Donovan, Randolph Winslow, H. L. Naylor, W. J. Todd, J. S. Davis, W. S. Gardner, John Ruhräh, J. McP. Scott.

Dr. O'Donovan, chairman of the committee appointed to discuss the system of premedical education, presented a resolution which was discussed by Drs. Penrose, Woods, Winslow, Williams, O'Donovan and Scott. It was moved by Dr. Woods, and seconded by Dr. Smart, that a special committee of three members be appointed by the Chairman to consider Dr. O'Donovan's resolution, and to report tomorrow morning. The committee consisted of Drs. O'Donovan, Williams and Scott.

Dr. Scott announced the resignation of Dr. A. L. Wilkinson as one of the Board of Medical Examiners, on account of his call to active service in the Medical Reserve Corps.

The nominations for the officers of the Faculty are as follows:

*President*, Dr. John Ruhräh.

*Vice-Presidents*, Dr. J. McF. Bergland, Dr. Philip Briscoe, Dr. J. E. Deets.

*Secretary*, Dr. John Staige Davis.

*Treasurer*, Dr. William S. Gardner.

*Council*, Dr. Alexius McGlannan, Dr. J. B. Schwatka, Dr. J. F. Crouch, Dr. Standish McCleary, Dr. Randolph Winslow. Baltimore City, vote for 4. Dr. W.

R. White, Dr. W. H. Hopkins, Dr. H. L. Naylor. Western Shore, vote for 2. Dr. H. G. Simpser, Eastern Shore vote for 1.

*Committee Scientific Work and Arrangements.* Dr. Alexius McGlannan, Dr. A. G. Rytina, Dr. Emil Novak.

*Library Committee.* Dr. J. W. Williams, Dr. H. B. Jacobs, Dr. Harry Friedenwald, Dr. R. B. Warfield, Dr. L. F. Barker.

*Finney Fund,* Dr. F. L. Barker.

*Delegate to A. M. A.* Dr. T. S. Cullen, Alternate, Dr. Charles O'Donovan.

*State Board of Medical Examiners.* Dr. J. McP. Scott, Dr. H. M. Fitzhugh.

Dr. Howard Bratton, Dr. H. T. Collenberg, vote for 1 (to fill unexpired term).

The meeting then adjourned.

*Thursday, April 25, 1918, 9.15 a.m.*

The 63rd meeting of the House of Delegates was called to order in the Small Hall of the Faculty Building at 9.20 a.m. Dr. Hiram Woods presided until Dr. J. McF. Dick, one of the Vice-Presidents, was able to take the chair. The minutes of the previous meeting were read and approved. There were present Drs. Philip Briscoe, W. S. Archer, Emil Novak, C. A. Penrose, Standish McCleary, H. E. Peterman, Hiram Woods, G. M. Linthicum, Charles O'Donovan, Randolph Winslow, W. J. Todd, J. S. Davis, W. S. Gardner.

Dr. O'Donovan reported the following resolution:

"In view of the fact that recently published statistics show that 27 years is the average age of graduation from our American Medical Colleges, and that this high average age tends to increase rather than diminish, be it

*Resolved* by the House of Delegates of the Medical and Chirurgical Faculty of the State of Maryland that it is highly desirable that steps be taken to rearrange the system of pre-medical education so as to enable prospective students to begin their medical studies at an earlier age than is possible at present: and be it further

*Resolved*, that a copy of this Resolution; duly certified, be presented by our Delegates to the next meeting of the American Medical Association, with the request that it receive favorable consideration. Moved by Dr. O'Donovan, seconded by Dr. Gardner, and reported from committee appointed for its consideration consisting of Drs. O'Donovan, Williams and Scott.

The Secretary was then instructed to cast the ballot and the following officers were elected:

*President,* Dr. John Ruhräh.

*Vice-Presidents,* Drs. J. McF. Bergland, Philip Briscoe, J. E. Deets.

*Secretary,* Dr. John Staige Davis.

*Treasurer,* Dr. William S. Gardner.

*Council,* Drs. Alexius McGlannan, J. F. Crouch, Standish McCleary, Randolph Winslow (Baltimore City), Drs. W. R. White, W. H. Hopkins (Western Shore), Dr. H. G. Simpser (Eastern Shore).

*Committee on Scientific Work and Arrangements,* Drs. Alexius McGlannan, A. G. Rytina, Emil Novak.

*Library Committee,* Drs. J. W. Williams, H. B. Jacobs, Harry Friedenwald, R. B. Warfield, L. F. Barker.

*Finney Fund,* Dr. L. F. Barker.

*Delegate to A. M. A.* Dr. T. S. Cullen, Alternate, Dr. Charles O'Donovan.

The names recommended to the General Session for State Board of Medical Examiners were: Dr. J. McP. Scott, Dr. H. M. Fitzhugh and Dr. H. T. Collenberg.

The meeting then adjourned.

Hagerstown, Md., November 13, 1918.

*Editor Bulletin,  
1211 Cathedral St.,  
Baltimore, Md.*

DEAR SIR:

Owing to general conditions and the limited number of inquiries concerning December Examination for Licensure the Board of Medical Examiners of Maryland has determined to omit the usual December meeting.

Very truly Yours,  
J. McP. SCOTT,  
*Secretary.*

REPORTS READ BEFORE HOUSE OF DELEGATES,  
APRIL 23, 1918.

REPORT OF THE SECRETARY

MEMBERS		PAID IN ADVANCE		REINSTAT-ED	TRANS-FERRED	NEW MEM-BERS	DECEASED	RESIGNED	REMOVED	DROPPED
1917	1918									
55	60	54	Alleghany-Garrett County Medical Society.	2		4			1	
17	16	16	Anne Arundel County Medical Society . . . . .				1			
560	542	463	Baltimore City Medical Society . . . . .	1	1	15	6	1		28
80	81	69	Baltimore County Medical Society . . . . .			4		1	2	
11	11	11	Calvert County Medical Society . . . . .							
13	14	14	Caroline County Medical Society . . . . .			1				
37	35	34	Carroll County Medical Society . . . . .				1			1
25	26	23	Cecil County Medical Society . . . . .			2				1
2	2	2	Charles County Medical Society . . . . .							
19	19	14	Dorchester County Medical Society . . . . .							
47	46	43	Frederick County Medical Society . . . . .			2	1		1	1
17	18	12	Harford County Medical Society . . . . .			1				
14	13	12	Howard County Medical Society . . . . .						1	
7	7	7	Kent County Medical Society . . . . .							
39	39	28	Montgomery County Medical Society . . . . .	2		2	3			1
19	17	12	Prince George County Medical Society . . . . .	1						3
7	6	2	Queen Anne County Medical Society . . . . .							1
1	1	1	St. Mary's County Medical Society . . . . .							
18	18	15	Somerset County Medical Society . . . . .	1						1
16	14	13	Talbot County Medical Society . . . . .				1	1		
50	46	43	Washington County Medical Society . . . . .			1	2	2		1
11	13	6	Wicomico County Medical Society . . . . .	1		3				2
15	12	12	Worcester County Medical Society . . . . .				1			2
8	6		Non-resident members . . . . .							2
1088	1062	906		8	1	35	16	5	5	44

REPORT OF THE TREASURER

Printed in March, 1918, BULLETIN.

## REPORT OF COUNCIL.

Since the last annual meeting, the Council has held eight meetings. Little more than routine business has come to our attention.

The BULLETIN lost its editor, Dr. Stone, when he went abroad and his place has been temporarily taken by Dr. O'Donovan. As reported a year ago, the number of issues of the BULLETIN has been reduced to eight each year, omitting June to September inclusive. So far, only the October number has appeared. Circumstances which could not be overcome have delayed subsequent issues, but it is expected that they will now appear promptly. The BULLETINS for November and December will appear together and those for January, February and March will be issued as one number. This plan saves paper, labor and postage, all three very important items at present.

There has been quite a falling off in suits for alleged malpractice. But two are now outstanding. Mr. Dennis, our legal advisor, gives these matters prompt and efficient attention.

It is gratifying to report the completion of the Osler Testimonial Fund of \$10,000. This investment is in charge of the Council. The income is used for the maintenance of Osler Hall and the purchase of books and journals.

The Council has appropriated money for the use of the Medical branch of the National Defence Committee, as requested.

Twice have there been mailed to every doctor in the State, blanks requesting their coöperation in maintaining the practice of physicians who have gone into the Service and their pledge to the so-called "Maryland Plan." It is surprising that of about 3000 men to whom these blanks were sent, only 172 have replied. It seemed inadvisable to pursue the matter further.

We are again disappointed in receiving an appropriation from the Legislature. Our former President, Dr. Steele, personally visited the Governor and presented the cause of the Faculty. So far as the Chairman of the Council has been able to discover, the matter under present circumstances did not appeal to the Governor's judgment. With the absence of the State appropriation and the reduction of income, due to payment of annual dues being voluntary to each member who is in the Service, it is doubtful if we can do much this year in the way of public instruction. The finances of the Faculty are in fairly good condition as will appear in the Treasurer's report but we will have to sail rather close to the wind.

During the past year \$1000 was paid on the mortgage, the amount still due being \$15,000. The Council has invested \$1800 of the Faculty's money in Liberty Loan Bonds of the second issue.



A year ago it was suggested that the Southern Medical Association be invited to meet in Baltimore next November. The matter was left in the hands of Drs. Barker and Magruder who attended the meeting in Memphis with authority to invite the Association if it seemed best to do so. It was decided, however, by the Southern Association, to ask Baltimore to withhold its invitation until after the war when a large city will be needed to accommodate the greater attendance. It seems to be understood that the first meeting after the war will be held in Baltimore.

At the Semi-Annual Meeting of the House of Delegates at Havre-de-Grace, Dr. Harlan, Chairman of the State Board of Medical Examiners, presented the proposed amendments to the Medical Practice Act. The House appointed a special committee consisting of the Council and the Educational Committee, to take charge of the matter. The bill was presented and met with considerable opposition from Christian Scientists, Homeopaths, Osteopaths, Chiropractors, etc. Dr. Harlan, in whose hands the legislative work was left, made every effort possible to have the Bill enacted into law. He has been asked to give the House of Delegates a special report, to be considered as part of the Council's report.

(Signed) HIRAM WOODS,  
*Chairman,*

#### REPORT BY THE BOARD OF MEDICAL EXAMINERS TO THE HOUSE OF DELEGATES OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

The number of participants in the Examinations during the past year has been notably less, the cause of which is subject to much speculation. It is difficult to understand the influence of the war in reducing the number, unless medical students have dropped out of College and entered the Ambulance and Hospital service. The need of physicians is becoming more urgent, and it is a subject deserving attention particularly of Medical Colleges. Men enter the practice of medicine, as they do any vocation, primarily to "make a living and provide for the future." It is very much a commercial proposition and the heavy investment of money and time involved in the long training now imposed may deter many from following their inclinations or ambitions. Qualifying to play a fad or fancy upon the public and reap a rich reward is a much less expensive proposition than taking a preacademic and present approved medical course. It is, therefore, probably a potent factor in keeping men out of the practice of Regular Medicine, and suggest the desirability of such revision of the medical and premedical curriculum that men may be freed

from the many valueless restrictions by which they have been embarrassed or halted in following the calling of their choice.

The Report of the Board of Medical Examiners for 1917 presented the percentage of rejections in each year's examinations from 1902 to 1916 inclusive, the tabulation of 1902 showing a rejection of 37 per cent, the tabulation of 1909, the middle year of the period, showing a rejection of 20 per cent, and the tabulation of 1916, the final year of the period, showing a rejection of 29 per cent. The interpretation of these percentages meant that with the supposedly better selected student body, with the methods of teaching steadily improving, as compared with fifteen years ago, the difference in the standard of education and professional qualifications as represented by the work of your Board of Examiners in the issue of licenses is that of 8 per cent improved; 37 per cent in 1902 and 29 per cent in 1916. In connection with this presentation of methods and percentages we submitted a few exhibits of answers in the examination to assist you in judging whether or not Academic Education and Medical School Training have met a justifiable expectation.

Whether you have given any consideration to the significance of these figures we know not, but do they not carry a serious, even a portentous meaning, the correct interpretation of which involves not only service to the public but the maintenance of a standard of service which should receive recognition and appreciation from the public? Are we getting both or either? The percentages do not indicate an advancing standard in the student body, and we have yet to discern in the attitude of the general public, such endorsement or appreciation of effort as would encourage the training and preparation of a profession capable and meritorious. Are not these facts? If you are in doubt your individual experience is rare if it does not so inform you, and the exploitation of doctors and remedies in every newspaper, religious as well as secular, with the accumulations of millions, as disclosed by the recent deaths of three or four cure-all celebrities, will help to enlighten as to the degree of appreciation manifested by that public doomed to distress and death, except through the efforts of a profession which would appear to live and thrive only through its altruism.

If there is any doubt as to the attitude of the general public recent experience should so light the way that he who runs could read. A carefully prepared law, perhaps questionable in some features, yet, nevertheless, endorsed by a broad minded liberalism and supported by the Faculty quickly met its death before the people's representatives. Certain disappointed beneficiaries of the defeated legislation sought legalization of methods unquestionably vicious, and rescue was effected only by S O S flashed to every county, and sufficient votes thus secured to table

the proposition by a majority of six. Perhaps this review is satisfying and gratifying, as we ponder upon what "might have been," had we not thus warred for what we regard as right, these many years. Certainly, however, there should have been more fruit. Greater reward should have come to both profession and public, to the former in a recognized standing and authority, to the latter in the establishment of a relationship concededly helpful and indispensable.

To our mind the direction of effort and correction of the difficulty should be made with proper regard or deference to public sentiment. The attitude of the popular mind is always uncertain. Frequently its first impulse is along the right lines, but the wreckage of fads and theories attests its fondness for vagaries and heedlessness. Are we not attempting standards too exalted, methods incomprehensible and procedures apparently unjust and unnecessary in the estimation of the average lay mind? Have we not apparently forgotten that all law comes from the governed? Have we failed to remember that every law regulating medical practice, sanitation or any of the procedures we regard as necessary in preserving health or life is in peril through ignorance, or suspicion of purpose? Do we ignore the fact that, in the opinion of many, regulation of medical practice is to dupe or dope, as you please to term it, the people, and deprive them of the exercise of their individual liberty to secure salvation of soul and body through Christian Science, of alleviation of every pain or ailment through "manual manipulation" of displaced vertebrae, or any other manipulation agreeable to the victim and profitable to the operator, or of the supreme joy experienced in magnetic healing, or the exhilaration and fancied cure by restoratives whose magic virtues are nowhere so positively recognized as in Districts popularly known as "dry."

And why not? In this land of liberty why not? Should "Local Option" be limited to alcoholic indulgences? Why not freedom in therapy, as in religion? What class so orthodox as to monopolize the soul's salvation. What class so endowed that the mysteries of the physical organism and its operation shall be illumined as by Divine Light? We are not indulging in extravaganza, only presenting the experiences of daily life, and do they not suggest the advisability of considering legislation which shall not discriminate, which shall not exclude but include any system of healing, based upon scientific study of human anatomy, physiology, pathology, recognition of disease and means of restoration to health? Knowledge, having been obtained by attendance upon legally established institutions of learning, properly officered and equipped, wherein teaching is in accordance with recognized tenets and which shall be certified as to quality, just as this Board now limits its

recognition, should have standing, licensure to be secured through certification by a representative composite Board of Examiners. Why not? How else end the otherwise interminable conflict between those contesting as to how best maintain health and save life? It is a subject with many sides and troublesome features, demanding careful thought if we are to maintain a standard of efficiency and liberalism so essential to the fulfillment of our mission.

There is very little to embody in the Report of the Board upon its routine work, and we have gone away from the beaten path easily finding some subjects which should interest the Faculty and the profession.

J. MCP. SCOTT,  
*Secretary.*

REPORT OF THE ENTRANCE EXAMINER TO THE BOARD  
OF MEDICAL EXAMINERS OF MARYLAND FOR THE  
YEAR ENDING MARCH 31, 1918.

Since the last report the work of your entrance examiner has been continued in practically the same way as for the last two years. During the year there have been 178 applications for the preliminary students' certificate and 124 certificates have been issued.

The value of the records of this office as authoritative information concerning the preliminary training of professional students is being constantly made clear. This has been strikingly illustrated just recently by the case of a woman whose preliminary training was inspected for dentistry some years back when your entrance examiner was serving the Dental Department of the University of Maryland. This young woman's preliminary work was largely done in Berlin, Germany. Recently in a fire she has suffered the loss of her original credentials and now needs certification concerning them. By the methods used by your entrance examiner, an original certificate of her work was secured direct from her school in Berlin in 1913, before the great world upheaval came, so that it is possible for her now from our records to secure a photographic copy of her original certificate from Berlin.

During the past year the effort has been continued and pressed a little harder to induce the State Education Department of Maryland to do its duty toward the matter of the investigation of preliminary training and its certification. A great many things may be said as to why this should be done. First, there is the fact that the Education Department of the State of Maryland by its very reason for existence should be the agency through which this work is being done, not only for medicine but for all the professions. Then, too, it would meet a very important need of the State Superintendent of Public Instruction who has told me during

the past year of how frequently he is called upon for just the kind of information that such a bureau must gather and keep record of. Then there is the matter of making an accredited list of the educational institutions of the State, both secondary and higher, both public and private. This was done in the scholastic year 1914-15 by your entrance examiner for other than the public schools. It has not been done on a general scale since and a new inspection and rating of these educational institutions ought to be made in order to keep the list right up to date. This is a work, however, which really belongs completely within the domain of a State Education Department. In the course of my talks with both the superintendent of public instruction and the assistant superintendent for the State of Maryland during the past year, it has seemed as if this department would undertake such a rating for the colleges and universities of the state if not for secondary private schools. So far nothing has yet been done by them, as far as I know.

Finally there is the ever recurring need to have the work of your entrance examiner placed upon a definite legal basis. Of course, if this work were adopted by the State Board of Education and incorporated into a bureau of their own, this would completely solve that question. This last question of a definite legal backing can also be solved by the adoption by your board of the policy of requiring that every applicant for the licensing examination shall furnish the preliminary certificate of your own entrance examiner. Constantly I am reminded that other state boards of medical examiners not only require the preliminary certificate of their own authorities handling such business but even require the preliminary certificate of the Board of Medical Examiners of Maryland where the man's medical education has been acquired in Maryland. It looks rather inconsistent for the Board of Medical Examiners not to require of every man who takes its licensing examinations the preliminary certificate of its own entrance examiner when the same man would be required to furnish that certificate before the medical boards of other States. To return to the question of the need of definite legal foundation for the work of entrance examiner, the adoption by your board of such policy as has just been described would give this, since I understand that the Medical Practice Act can be so construed as to confer upon your board the authority to make such a requirement, and the State of Pennsylvania and New Jersey have definitely refused to enter into reciprocity arrangements on the preliminary certificates until such definite legal backing can be shown.

Recently, a young man of Baltimore who is going to move to New Jersey made inquiry as to whether the high school in which he had taken his training would be recognized by the New Jersey authorities. I had

to reply that I did not know since it was impossible to enter into any arrangements whereby the recognition of his school by the Board of Medical Examiners in Maryland would carry with it similar recognition in New Jersey as it does carry similar recognition by the regents in the State of New York.

Respectfully submitted,  
(Signed) ISAAC L. OTIS.

### REPORT OF THE LIBRARY COMMITTEE.

The past year has been in many ways a quiet one but as the appended report of the Librarian shows the usual amount of work has been done, and about the expected number of readers used the library, and the number of books consulted and borrowed continues at about normal. The slight dropping off being doubtless due to the number of the members who are with the colors.

During the past year there have been a number of additions made to the library. The dentists, through the labors of Dr. Grieves and his associates, have succeeded in collecting the nucleus for a fine library of dental books. These include a number of books relating to the sinuses and oral surgery and are of great importance to the surgeons as well as the dentists. The income from the Osler Fund is now available and is being used to buy books and journals along medical, and historical lines and will help fill up many gaps.

Another interesting feature is permitting the medical students to take out books on their matriculation card without any introductory card from a member. This has worked very well and so far there have been no books lost.

Notices about the library have been given from time to time on the post cards announcing meetings, and notice of important accessions and other items of importance will continue to be announced in this way.

The Library Committee has added to the store of books many of the newer works on war surgery, military and naval sanitation and allied topics. The use of the Library has been extended to the medical officers at the camps and hospitals and indeed to all military and naval medical officers. The Library is also a depot where donations of books and magazines may be left to be forwarded to the libraries for soldiers and sailors.

The details of the operation of the Library are shown in the appended reports of the Librarian. The Committee wishes to express their thanks to Miss Noyes and her associates for their interest and zeal.

*(Continued in December Issue)*

# MEDICAL SOCIETY MEETINGS

Component Societies of the Faculty, with a list of their officers and times of meeting

*NOTE.—Secretaries are requested to advise the Secretary of the State Society promptly of the election of new officers in their respective Societies*

- BALTIMORE CITY MEDICAL SOCIETY.** President, THOMAS S. CULLEN; Vice-President, WILLIAM T. WATSON; Secretary, EMIL NOVAK; Treasurer, W. S. GARDNER; Censors, R. WINSLOW, A. C. GILLIS, H. B. STONE, Delegates, R. FAYRWATHER, H. FRIEDENWALD, J. H. PLEASANTS, S. McCLEARY, J. W. WILLIAMS, T. R. CHAMBERS, GORDON WILSON, F. H. BAETJER, C. PENROSE, J. T. GERAUGHTY, EMIL NOVAK.
- SECTION OF CLINICAL MEDICINE AND SURGERY.** First and Third Fridays, 8.30 P.M., October to May. Chairman, J. STAIGE DAVIS, M.D.; Secretary, E. B. FREEMAN, M.D.
- SECTION OF DERMATOLOGY.** Third Wednesdays. Chairman, J. WILLIAMS LORD, M.D.; Secretary, I. R. PELS, M.D.
- SECTION OF GYNECOLOGY AND ORSTETRICS.** Second Fridays in October, December, February and April. Chairman, J. M. H. ROWLAND, M.D.; Secretary, EMIL NOVAK, M.D.
- SECTION OF LARYNGOLOGY.** Fourth Fridays monthly, 8.30 P.M. Chairman, LEE COHEN; Secretary, G. W. MITCHELL.
- SECTION OF MEDICAL EXAMINERS.** Third Fridays in November and March. Chairman, J. D. IGLEHART, M.D.; Secretary, W. E. MAGRUDER, M.D.
- SECTION OF NEUROLOGY.** Second Friday, monthly. Chairman, C. M. BYRNES, M.D.; Secretary, D. D. V. STUART, M.D.
- SECTION OF OPHTHALMOLOGY AND OTOLOGY.** Third Wednesdays. Chairman, E. A. KNORR; Secretary, E. A. LOOPER, M.D.
- ALLEGANY COUNTY MEDICAL SOCIETY.** President, W. O. McLANE, Frostburg; Secretary, H. V. Deming; Treasurer, J. H. WILSON, Cumberland, Md.; Delegate, G. L. BROADRUP, Second Wednesdays of January, April, July and October; annual meeting in January.
- ANNE ARUNDEL COUNTY MEDICAL SOCIETY.** President, C. R. WINTERSON, Elkridge, Md.; Secretary, F. E. WEITZMAN, Annapolis, Md.; Treasurer, F. H. THOMPSON, Annapolis, Md.; Delegate, L. B. HENKEL, Second Tuesday of January, April, July and October.
- BALTIMORE COUNTY MEDICAL SOCIETY.** President, M. F. SLOAN, Towson, Md.; Secretary-Treasurer, F. W. KEATING, Owings Mills, Md.; Delegates, J. S. BOWEN and L. G. SMART, Mt. Washington, Md., Third Wednesdays, at 2 P.M.
- CALVERT COUNTY MEDICAL SOCIETY.** President, W. H. TALBOTT, Willows, Md.; Secretary-Treasurer, J. W. LEITCH, Huntingtown, Md.; Delegate, P. BRISCOE, Second Tuesdays in April, August and December; annual meeting second Tuesday in December.
- CAROLINE COUNTY MEDICAL SOCIETY.** President, S. S. STONE, Ridgely, Md.; Secretary-Treasurer, J. R. DOWNS, Preston, Md.; Delegate, J. C. MADARA, Ridgeley, Md.
- CARROLL COUNTY MEDICAL SOCIETY.** President, D. B. SPRECHER, Sykesville, Md.; Secretary-Treasurer, H. M. FITZHUGH, Westminster, Md.; Delegate, M. D. NORRIS, April, July, October, December; annual meeting in October.
- Cecil County Medical Society.** President, CHARLES F. MILLER, North East, R.D. 2, Md.; Secretary-Treasurer, H. BRATTON, Elkton, Md.; Delegate, C. P. CARRICO, Elkton R.D. 5. Third Thursdays at Elkton, April, July, October, January; annual meeting in April.
- CHARLES COUNTY MEDICAL SOCIETY.** President, JAMES J. EDELEN, Bryantown, Md.; Secretary-Treasurer, ERNEST SPENCER, Bel Alton, Md.; Delegate, L. C. CARRICO.
- DORCHESTER COUNTY MEDICAL SOCIETY.** President, LOUIS G. FRAZIER, Hurlock, Md.; Secretary-Treasurer, W. H. HOUSTON, Fishing Creek, Md.; Delegate, E. E. WOLFF, Cambridge, Md. Meetings first Tuesday in June and December.
- FREDERICK COUNTY MEDICAL SOCIETY.** President, E. C. KEFAUVER, Thurmont, Md.; Secretary-Treasurer, E. L. BOWLUS, Middletown, Md.; Delegate, I. J. McCURDY, January, April, August and November.
- HARFORD COUNTY MEDICAL SOCIETY.** President, P. F. SAPPINGTON, Belair, Md.; Secretary-Treasurer, DR. CHARLES BAGLEY, Bagley, Md.; Delegate, W. S. ARCHER, Second Wednesdays in January, March, May, July, September and November.
- HOWARD COUNTY MEDICAL SOCIETY.** President, W. N. GASSAWAY, Ellicott City, Md.; Secretary-Treasurer, FRANK O. MILLER, Ellicott City, Md.; Delegate, W. R. WHITE, Meetings (quarterly) first Tuesdays in January, April, July and October.
- KENT COUNTY MEDICAL SOCIETY.** President, H. G. SIMPERS, Chestertown, Md.; Secretary-Treasurer, F. B. HINES, Chestertown, Md.; Delegate, F. B. HINES.
- MONTGOMERY COUNTY MEDICAL SOCIETY.** President, E. L. BULLARD, Rockville, Md.; Secretary-Treasurer, F. N. HENDERSON, Rockville, Md.; Delegate, JOHN LEWIS, Third Tuesdays in April and October.
- PRINCE GEORGE'S COUNTY MEDICAL SOCIETY.** President H. B. McDONNELL, College Park, Md.; Secretary, S. M. McMILLAN, Riverdale, Md.; Treasurer, W. ALLEN GRIFFITH, Berwyn, Md.; Delegate, L. A. GRIFFITH, Upper Marlboro. Second Saturday of January, April, July, October.
- QUEEN ANNE'S COUNTY MEDICAL SOCIETY.** President, W. W. BOWEN, Price, Md.; Secretary-Treasurer, H. F. McPHERSON, Centerville, Md.; Delegate, W. H. FISHER.
- ST. MARY'S COUNTY.** No active organization.
- SOMERSET COUNTY MEDICAL SOCIETY.** President, C. C. WARD, Crisfield, Md.; Secretary-Treasurer, H. M. LANKFORD, Princess Anne, Md.; Delegate, G. C. COULBOURN, First Tuesday in April at Crisfield; first Tuesday in October at Princess Anne.
- TALBOT COUNTY MEDICAL SOCIETY.** President, L. H. SETH, McDaniel, Md.; Secretary-Treasurer, W. T. HAMMOND, Easton, Md.; Delegate, J. A. ROSS, Annual meeting third Tuesday in November and semi-annual meeting third Tuesday in May.
- WASHINGTON COUNTY MEDICAL SOCIETY.** President, CHARLES BAKER, Rohrsersville, Md.; Secretary, W. D. CAMPBELL, Hagerstown, Md.; Treasurer, J. C. PITNOGLE Hagerstown, Md.; Delegate, V. D. MILLER, JR, Second Thursday of February, May, September and November.
- WICOMICO COUNTY MEDICAL SOCIETY.** President, J. M. ELDERDICE, Mardella Spings; Secretary and Treasurer, H. S. WAILES, Salisbury, Md.; Delegate, G. W. TODD.
- WORCESTER COUNTY MEDICAL SOCIETY.** President, PAUL JONES, Snow Hill, Md.; Secretary and Treasurer, R. LEE HALL, Pocomoke City, Md., Delegate, A. A. PARKER, Pocomoke City, Md.





THE BULLETIN  
OF THE  
Medical *and* Chirurgical  
Faculty of Maryland



OWNED AND PUBLISHED BY THE ABOVE-NAMED STATE MEDICAL SOCIETY  
SOLELY IN THE INTEREST OF THE MEDICAL PROFESSION

1211 CATHEDRAL ST., BALTIMORE, MD. 25c. PER ANNUM

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VOL. XI

DECEMBER, 1918

No. 3

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## OFFICERS AND COMMITTEES FOR 1918

### *President*

William S. Halsted

### *President-Elect*

John Ruhräh

### *Vice-Presidents*

J. E. Deets

J. McF. Dick

Julius Friedenwald

### *Secretary*

John Staige Davis

### *Treasurer*

W. S. Gardner

### *Councillors*

Hiram Woods, J. F. Crouch, Wilmer Brinton, Randolph Winslow, H. B. Stone, H. L. Naylor, W. J. Todd, L. F. Barker, G. Milton Linthicum, R. Lee Hall, H. G. Simpser, W. S. Archer, Charles O'Donovan, T. B. Johnson, Peregrine Wroth, Jr.

### *Committees*

*Scientific Work and Arrangements.*—Alexius McGlannan, A. G. Rytina, A. M. Shipley.

*Library Committee*—John Ruhräh, H. B. Jacobs, Harry Friedenwald, R. B. Warfield, L. F. Barker.

*Finney Fund Committee*—Harry Friedenwald, H. L. Naylor, J. W. Williams, John Ruhräh, R. B. Warfield.

*Delegates to A. M. A.*—Alexius McGlannan; *alternate*, J. Hall Pleasants; Randolph Winslow; *alternate*, C. B. Claybrook.

*Public Instruction*—Lilian Welsh, Louis Hamman, J. Hall Pleasants, C. W. Vest, J. E. Deets.

*Post Graduate Work and Instruction*—Peregrine Wroth, Jr., J. T. King, Jr., H. J. Walton, G. E. Bennett, W. H. Hopkins

*Midwifery Law*—L. E. Neale, C. H. Riley, C. R. Foutz, T. H. Brayshaw, S. M. Wagaman.

*Memoir*—E. B. Sterling, G. H. Cairnes, G. H. Riggs, S. S. Stone.

*Fund for Widows and Orphans*—S. K. Merrick, M. S. Rosenthal, W. J. Todd, J. I. Pennington, C. P. Carrico.

*Defense of Medical Research*—L. F. Barker, T. S. Cullen, W. R. Stokes, Standish McCleary, Compton Riely.

*Medical Education*—Herbert Harlan, Randolph Winslow, J. M. H. Rowland.

## STATE PRACTICE ACT

*State Board of Medical Examiners*—Herbert Harlan, J. McP., Scott, Harry L. Homer, J. L. Riley, H. M. Fitzhugh, L. A. Griffith, E. E. Wolff, H. T. Collenberg.

*Regular Meetings of the Board of Medical Examiners of Maryland*—Fourth Tuesday in April; first Tuesday in June; first Wednesday in October; first Wednesday in December.

*Regular Examinations*—Examinations are held in Baltimore. Third Tuesday in June for four consecutive days. Second Tuesday in December for four consecutive days.

Maryland is in reciprocal relationship with the following States; Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Michigan, Minnesota, Missouri, Nebraska, New Hampshire, Ohio, Oklahoma, S. Carolina, Texas, Vermont, Virginia, W. Virginia and Wisconsin, subject to requirements and fees imposed by the respective States.

Information connected with Medical Examinations and licensure by addressing Secretary, J. McP. Scott, Hagerstown, Md.

THE BULLETIN  
OF THE  
MEDICAL AND CHIRURGICAL FACULTY  
OF MARYLAND

CONTROLLED BY THE COUNCIL AND EDITED BY A COUNCILLOR,  
DR. CHARLES O'DONOVAN  
PUBLISHED MONTHLY EXCEPT JUNE, JULY, AUGUST AND SEPTEMBER

VOL. XI 10

BALTIMORE, DECEMBER, 1918

No. 3 7

APPOINTMENT ON COMMITTEES

The following announcement is made of the members appointed by the incoming President, Dr. John Ruhrah, to serve on special committees for 1919. The full list of officers and committees for that year will be given on the cover of the January BULLETIN.

*Public Instruction.*—Albert Keidel, Harry Goldberg, C. R. Austrian, D. B. Casler, J. H. Pleasants.

*Post Graduate Work and Instruction.*—Jefferies Buck, H. W. Buckler, J. H. M. Knox, C. W. Larned, G. E. Bennett.

*Midwifery Law.*—F. V. Beitler, Karl Wilson, G. W. Dobbin, J. W. Williams, Philip Briscoe.

*Memoir.*—T. P. McCormick, W. M. Dabney, T. F. Leitz, W. B. Platt, F. D. Sanger.

*Fund for Widows and Orphans.*—G. W. Mitchell, Anna S. Abercrombie, W. W. Requardt, P. L. Travers, E. H. Hinman.

*Defense of Medical Research.*—T. S. Cullen, W. R. Stokes, Standish McCleary, S. R. Miller, W. S. Baer.

*Medical Education.*—Herbert Harlan, J. W. Williams, J. M. H. Rowland.

## REPORT OF THE LIBRARY COMMITTEE

*(Continued)*

The donations to the Library during 1917 are as follows:

*Books:* American Association of Obstetricians and Gynecologists, 1; American Climatological and Clinical Association, 1; American Gastroenterological Association, 1; American Laryngological, Rhinological and Otological Society, 1; American Otological Society, 1; American Pediatric Society, 1; American Urological Society, 1; Association of American Physicians, 1; Augusta Department of Health, 1; Dr. L. F. Barker, 4; P. Blakiston's Son & Co., through the BULLETIN, 1; Bobbs-Merrill Co., through the BULLETIN, 1; Boston City Hospital, 1; Peter Bent Brigham Hospital, 1; Dr. W. C. Burket, 1; Carnegie Endowment for International Peace, 1; College of Physicians and Surgeons, 1; College of Physicians and Surgeons, Research Society, 2; Congress of American Physicians and Surgeons, 1; Dr. L. D. Coriell, 1; District of Columbia Health Department, 1; Dr. G. W. Dobbin, 3; Dr. J. M. T. Finney, 5; Dr. S. J. Fort, 1; Dr. H. Friedenwald, 23; Dr. C. J. Grieves, 26; Dr. C. C. Harris, 3; Havana Health Department, 6; Dr. J. C. Hemmeter, 1; George Williams Hooper Foundation for Medical Research, 1; Institute of Medicine of Chicago, 1; International Health Board, 1; Interstate Commerce Commission, 1; John Crerar Library, 1; Dr. H. E. Kelsey, 1; Mrs. P. Kintzing, 124, and 4 diplomas; Lane Medical Library, 1; Lippincott Co., through the BULLETIN, 1; MacMillan Co., through the BULLETIN, 9; Dr. A. McPhedran, 1; New York Obstetrical Society, 2; New York State Hospital Commission, 1; Ohio Agricultural Experiment Station, 1; Dr. I. R. Pels, 12; Pennsylvania Commission of Health, 4; Enoch Pratt Free Library, 7; Prudential Insurance Company, 1; Dr. H. O. Reik, 37; Rhode Island Medical Society, 1; Riverton Press, through the BULLETIN, 1; Rockefeller Institute for Medical Research, 1; Mrs. E. H. Rowe, 77; Royal Victoria Hospital, 1; Dr. John Ruhräh, 64; Rush Medical College, 1; St. Luke's Hospital, New York, 1; San Diego Chamber of Commerce, 1; W. B. Saunders, through the BULLETIN, 2; Dr. G. M. Smith, 4; State Charities Commission, Springfield, Illinois, 1; Mrs. G. Lane Taneyhill, 79; Dr. S. Theobald, 1; Mrs. L. McL. Tiffany, 13; United States Bureau of the Census, 1; United States Public Health Service, 3; Dr. J. W. Williams, 10; Dr. R. Wilson, 740; Dr. C. A. Wood, 1.

*Reprints, Monographs, etc.* American Association of Home Economics; 7; American Society for the Control of Cancer, 2; Dr. W. W. Babcock, 16. Dr. W. S. Bainbridge, 2; Chicago Society of Internal Medicine, 1; Dr. J. C. Clark, 1; Dr. S. S. Cohen, 3; Dr. T. S. Cullen, 25; Enoch Pratt Free Library, 2; Dr. H. Friedenwald, 186; Collis P. Huntington Memorial Hospital, 1; John Crerar Library, 1; Colonel C. C. McCulloch, Jr., 11;

Massachusetts General Hospital, 2; New York Conference on Hospital Social Service, 2; Peter Bent Brigham Hospital, 47; Dr. J. Rosett, 1; Dr. J. Ruhräh, 1; Dr. W. W. Russell, 85; Society of Lying-in Hospital, New York, 1; United States Bureau of the Census, 1; U. S. Department of Labor, Children's Bureau, 7; United States Public Health Service, 7; Women's Municipal League of Boston, 1.

*Miscellaneous unbound journals:* American Association of Home Economics, American Association for Prevention of Infant Mortality; Dr. T. S. Cullen; Dr. J. S. Davis; Dr. S. T. Earle; Enoch Pratt Free Library; Dr. J. M. T. Finney; Dr. W. A. Fisher; Dr. H. Friedenwald; Dr. C. J. Grieves; Dr. F. H. Hoopes; Dr. H. E. Kelsey; Dr. G. F. Libby; Library of Congress; Dr. Flora Pollack; Dr. M. S. Rosenthal; Mrs. E. H. Rowe; Dr. W. W. Russell; Dr. Mary Sherwood; Dr. G. M. Smith; Dr. S. Theobald; Dr. C. W. Vest; Dr. G. L. Wilkins; Dr. R. Wilson.

The record of current journals for the year is as follows:

Subscribed to by the Faculty . . . . .	82
Subscribed to by Book & Journal Club . . . . .	45
By Exchange . . . . .	65
Baker Fund . . . . .	4
Finney Fund . . . . .	25
Frick Fund . . . . .	2
Gift of the American Medical Association . . . . .	3
Gift of Dr. L. F. Barker . . . . .	2
Gift of Dr. C. M. Byrnes . . . . .	1
Gift of Dr. H. Friedenwald . . . . .	1
Gift of Dr. H. B. Jacobs . . . . .	1
Gift of Dr. G. F. Libby, Denver, Col . . . . .	2
Gift of Sir William Osler . . . . .	1
Gift of Dr. John Ruhräh . . . . .	6
Gift of State Char. Comm., Springfield, Ill . . . . .	1
Gift of U. S. Public Health Service . . . . .	1
Gift of Dr. J. W. Williams . . . . .	1
153 books and journals were bound during the year.	243

FINNEY FUND.

FINANCIAL STATEMENT.

The Investments of this fund are:	INVEST.	INCOME.
Baltimore City Stock, par value . . . . .	\$4,000.00	
Two Minn. and St. Paul Railway 5%, par value . . . . .	2,000.00	
Two Milwaukee R. & L. 5%, par value . . . . .	2,000.00	
Two Chicago City Railway 5%, par value . . . . .	2,000.00	
	<u>\$10,000.00</u>	

	INVEST.	INCOME.
Cash in bank, December 31, 1916.....		\$339.05
Income from City Stock.....		160.00
Income from Minn. and St. Paul Railway.....		100.00
Income from Milwaukee R. & L.....		100.00
Income from Chicago Railway.....		100.00
Interest Continental Trust Co.....		17.60
		<u>\$816.65</u>
Paid on order of Committee.....	\$383.68	
Cash in bank.....	<u>432.97</u>	
	\$816.65	
Amount paid for new books.....	\$136.07	
Amount paid for old books.....	85.00	
Amount paid for new journals.....	<u>162.61</u>	
	\$383.68	

#### REPORT OF THE FRICK LIBRARY, 1917.

In reporting upon the twenty-first year of the existence of the Charles Frick Memorial Library, it may be well to recall that no longer does this Library alone supply the requirements of the leaders of the Medical and Chirurgical Faculty, inasmuch as the Finney Fund established in 1912 as a tribute to Dr. J. M. T. Finney has an income sufficient to provide for the pressing needs in surgery, and the income of the Osler Testimonial Fund given to the Faculty in 1917 for the use of the Library Committee is large enough to purchase books relating to general medicine and to such other subjects as were of special interest to Dr. Osler. It may be considered creditable that in this the fourth year of the great world War in which America has been involved since April 6th, 1917, that there should have been such large use of the Library.

Books borrowed for home use in 1917.....	2297
Books borrowed for home use in 1916.....	<u>2005</u>
Increase.....	292
Number of readers in 1917.....	3148
Number of readers in 1916.....	<u>3374</u>
Decrease.....	226
There were added to the collection in the year 1917 by purchase 72 vols., making the total number of books in the Frick Library.	4250

JOHN RUHRÄH,

*Chairman, Library Committee*

MARCIA C. NOYES,

*Librarian.*

FINANCIAL STATEMENT FOR 1917.

Balance January 31, 1917 . . . . .	\$139.58
Received from Mrs. Henry Barton Jacobs. . . . .	300.00
	-----
Total cash in hand . . . . .	\$439.58
Expenditures for books, etc. . . . .	157.43
Balance, January 31, 1918. . . . .	\$282.15

HENRY BARTON JACOBS,  
*Treasurer.*

REPORT OF COMMITTEE ON MEDICAL EDUCATION.

Two items may be reported to the House of Delegates, as perhaps of sufficient interest to have attention called to them.

First: The general adoption, by all the better Medical Schools, of the preliminary requirement of two years of college work in Chemistry, Biology, Physics and a Modern Language other than English.

Secondly: That great, but so far unsuccessful, efforts have been made to get the Medical College Entrance Examiner's work turned over to the Maryland State Board of Education. It is still hoped, however, that something may yet be accomplished along this line.

Respectfully submitted,

(Signed) HERBERT HARLAN,  
*Chairman.*

REPORT OF COMMITTEE ON MIDWIFERY LAW, FOR 1918.

As about one-fourth of child-birth cases in the State of Maryland are attended by midwives, in some counties the proportion being as high as 40 per cent; and as these midwives are mostly ignorant aliens or colored women utterly untrained in obstetrics; and, furthermore, as our laws intended to maintain a standard and regulate the practice in this class of work have for one reason or another thus far proved more or less inefficient, it is easily conceivable why many of us favor the entire abolition of the midwife and in her place the perfection and extension of well conducted obstetric charities.

While such a view of the existing situation might appear to be "a consummation devoutly to be wished," it would seem to some of us, for the present at least, that the midwife is a necessity, especially among the poor in our rural and suburban districts, and therefore her proper legal regulation is of no less than vital importance.

At the time of this writing, March 1918, there is knowledge of 1675 midwives practicing in the State of Maryland, of which number 904 are licensed and registered and 771 are not. Baltimore City has 232 midwives and the counties 1443.

The entire subject is rather a big one and, your Committee apprehends, will require no little medical, legal and legislative work,—more than this Committee is able to render; it has therefore deemed it expedient, under the circumstances, to make this a report of things suggested rather than of things actually accomplished, especially as many of its details must be discussed in concrete form by this faculty before the stamp of its approval can be placed upon a better Midwifery Law to be submitted to the Governor of the State and finally to the Legislature.

Your Chairman, when notified of his appointment, being somewhat unfamiliar with the existing situation, consulted Dr. Frederick V. Beitler, Chief of the Bureau of Vital Statistics of the State of Maryland, and frankly confesses that the following is essentially the embodiment of his views, in which this Committee concurs.

Briefly stated, the present law seems imperfect in the following particulars:

1. Definition of Midwife.
2. Method of Licensure and Registration is too elaborate.
3. Restrictions to Midwifery practice are not properly stated.
4. No appropriation to carry out provisions of the Act.

Therefore the entire law should be revised to correct the above imperfections and better correlate with the existing midwifery situation in the State.

To improve this situation there should be:

1. An obstetrically trained and graduate Nurse to practically and personally instruct, as may be deemed necessary and expedient, such licensed and registered midwives as may show evidence of the need of such instruction.

The work of this Nurse should correlate with that of the District Nurses' Association and may be directed to a particular midwife upon her initiative, upon the suggestion from a physician and particularly upon the order of a special investigator.

2. An Investigator, who should be a lawyer, whose duty it should be to discover and report to the proper authorities those midwives who do not comply with the law and institute legal proceedings against them.

3. A special appropriation by the Legislature of \$5000 to pay the salaries and to meet the necessary expenses of these two officers.

It is furthermore suggested that this Faculty appoint a Committee on Midwifery Law, for which Committee the following names are recom-



mended: Dr. F. V. Beitler (Chairman), Dr. J. W. Williams, Dr. George Dobbin and Dr. Phillip Briscoe.

This Committee shall draw up a new Bill, carrying with it a \$5000 appropriation; the Bill shall be reported to and discussed before this Faculty, and after such alterations and amendments as the Faculty may approve, the Bill be filed for insertion in the next Legislative Budget, and, when so inserted, be presented to the Governor for final submission to the State Legislature at its next session in 1918-19.

Respectfully submitted,

L. E. NEALE,  
*Chairman.*

#### REPORT OF COMMITTEE ON POST-GRADUATE WORK AND INSTRUCTION.

Your Committee begs to report that courses were held during the spring of 1917 in Cumberland, Hagerstown, Westminster, and Pocomoke City. We have now seen enough of this work to feel sure that the plan as originally tried out can be made to work successfully in any town in the State. While the growth of the idea has been slow if judged by the number of towns taking it up, we find much encouragement in the fact that our course almost invariably becomes an annual affair in every town that once tries it.

Unfortunately, owing to the impossibility of securing instructors, we will be able to offer this year only a very limited program. In the past we have been able to supply courses covering from four days to a week, but for 1918 we can do no more than offer to provide for those towns which apply, one man for one day's work.

The Committee wish to express formally their appreciation of the splendid work done in the past by the men who have gone out into the counties, often at great sacrifice, and for the future they bespeak the continued interest of the county medical societies.

Respectfully submitted,  
(Signed) PEREGRINE WROTH, JR.,  
*Chairman.*

#### REPORT OF SPECIAL LEGISLATIVE COMMITTEE.

This Committee, consisting of Drs. F. V. Beitler, and J. B. Schwatka, in addition to the Chairman, was directed by the Council first, to look after the proposed new medical practice law, and secondly, to look out for and oppose any other bills which might be offered at the Legislature, and which might adversely affect the regular profession and the people of Maryland.

The proposed Bill was introduced by Mr. Benson and referred to the Committee on Judiciary. A hearing was asked for by the Homeopaths, and at the hearing a number of that branch of the profession opposed the Bill, as did one Osteopath and one Chiropractor. The real opposition, however, came silently, but most effectively from the Christian Scientists who happened to be very influential with that Committee.

An unfavorable report was made to the House. Mr. Benson made a strong fight to have the Bill substituted for the unfavorable report. He would probably have succeeded in this had it not been for the violent opposition of Mr. Howard Bryant. The report was adopted and the Bill defeated.

A day or two later the Christian Scientists, probably encouraged by their success in defeating the new Medical Law, had a Bill introduced by Mr. Arthur B. Connelly amending our present Medical Law so as to exempt the Christian Scientists. This was referred to the same Judiciary Committee, of which Mr. Connelly was Chairman, and Mr. Bryant, a very influential member. Very promptly and without hearing, this Bill was reported favorably. It was found, however, that the Christian Scientists were not so strong in the House as in the Judiciary Committee, and the Bill was defeated on the second reading without great difficulty.

Just about this time, within a few days of the end of the session, came the real work of the Committee. The Osteopaths had introduced in the Senate a Bill amending the present Osteopathic Bill so as to give that cult the right to sign birth and death certificates, and to practice all branches of medicine taught in the recognized schools of Osteopathy. This, of course, meant the Practice of Medicine in all its branches. When the Bill for the proposed new Medical Law was introduced in the House your Chairman was promised that this Senate Bill should die in the Committee or should be withdrawn. This was repeated, and on one occasion the most active of the Osteopaths, then on his way to Annapolis, promised me the Bill should be withdrawn that day. It was found, however, that the Bill had been quietly going on its way without opposition and was on the last reading file in the Senate and actually passed that body without any senator from President Campbell down, that your Chairman was able to find, knowing anything about it or its passage. In the House, however, we got a hearing before the Committee to which it was referred, and succeeded in getting an unfavorable report. To our surprise, however, the Osteopaths, or to be more accurate, the Osteopath lobbyists, got enough votes in the House to pass the Bill to the third reading, notwithstanding the unfavorable report. And this within three days of the end of the Session.

The aid of leaders of both political parties was sought, and I believe

extended. Several hundred telegrams were sent to members of the House from doctors all over the State, with the result that the Osteopathy amendment was laid on the table the next day by a vote of 43-37.

In closing, this Committee would strongly advise that on the occasion of all future meetings of the Maryland Legislature a Legislative Committee be appointed and supplied with funds to pay for having all Bills having a bearing on Medical Legislation watched for and reported to the Committee in order that they may be aided and pushed or opposed, as may seem to be for the best interests of this Faculty and the people of the State.

The personal check of the Chairman for \$75.00 has been sent to an attorney, who aided the Committee in its work, as was authorized by the Council.

Respectfully submitted,  
(Signed) HERBERT HARLAN,  
Chairman.

#### DEFENSE OF MEDICAL RESEARCH.

DR. JOHN STAIGE DAVIS,  
Baltimore, Md.

*Dear Dr. Davis:*—As the Committee for the Defense of Medical Research has done no work, I would suggest that its report to the House of Delegates be simply a report of progress.

Yours sincerely,  
(Signed) LEWELLYS F. BARKER.

#### REPORT OF THE MEMOIR COMMITTEE

It is a sad and sacred duty to bring to your attention the names of those members of this Association who have passed away during the last year.

These men lived and died in the service of humanity, and the love of those to whom they ministered, was their chief reward on earth.

Their names should be inscribed upon the honor roll of this Association; and we honor ourselves in honoring them.

In the words of our martyred President James A. Garfield: “. . . . We hold re-unions, not for the *Dead* for there is nothing in all the earth that you and I can do for the dead.

“They are past our help and past our praise.

“We can add to them *no glory*, we can give to them *no immortality*. *They do not need us*, but forever and forever more *we need them.*”

## DECEASED MEMBERS 1917-1918

Dr. Edward Anderson, Rockville, Md. Born 1841. Died August 15, 1917.

Dr. E. Tracy Bishop, Smithsburg, Md. Born 1833. Died March 11, 1918.

Dr. J. E. Bromwell, Ridgeville, Md. Born 1839. Died November 9, 1917.

Dr. L. A. Burck, Frederick, Md. Born ——. Died ——, 1917.

Dr. Theodore Cooke, 914 N. Charles Street. Born 1838. Died January 14, 1918.

Dr. F. N. Henderson, Rockville, Md. Born 1880. Died April 7, 1918.

Dr. J. L. Hirsh, 2360 Eutaw Place. Born 1872. Died March 17, 1918.

Dr. Ebe Holland, Berlin, Md. Born 1861. Died April 16, 1916.

Dr. T. C. Janeway, 714 St. Paul Street. Born 1872. Died December 26, 1917.

Dr. Maurice Jones, 423 E. Fort Avenue. Born 1844. Died January 16, 1918.

Dr. John R. Laughlin, Hagerstown, Md. Born 1872. Died December 13, 1917.

Dr. C. W. Mitchell, 9 E. Chase Street. Born 1859. Died December 28, 1917.

Dr. C. H. Nourse, Darnestown, Md. Born 1844. Died October 11, 1917.

Dr. C. M. Stelle, Cardova, Md. Born 1854. Died December 26, 1917.

Dr. J. F. Tearney, 2210 Maryland Avenue. Born 1855. Died June 25, 1917.

Dr. C. R. Winterson, Elkridge, Md. Born 1847. Died October 28, 1917.

Of the sixteen men who have fallen from our ranks in the past year two fell in the service of their country as truly as though it were on the battle field, Dr. T. C. Janeway, who died from pneumonia and Dr. F. N. Henderson, of Rockville, who died of meningitis, after a long illness. In some instances it has been impossible to secure the accurate date of birth and death.

NATHAN R. GORTER.  
*Chairman.*

## SOCIETY NOTICES

## BALTIMORE CITY MEDICAL SOCIETY

The regular meeting of the Baltimore City Medical Society was held in the Medical Library on Friday, May 17, 1918, at 8.30 p.m., Dr. Randolph Winslow presiding. The reading of the minutes of the previous meeting met with approval.

The meeting was devoted to a presentation of two addresses on the general subject of the present war. The first speaker was Lieut. R. A. Shaw, of the Canadian Expeditionary Force, who spoke on "Three years personal experience on the western Front." The second address was delivered by Mr. Richard H. Bond, of Halethorpe, Maryland, who spoke on "The awakening American spirit."

At the conclusion of the addresses the Chairman expressed to the speakers the sincere thanks of the Society for their interesting and illuminating addresses.

The Board of Censors then, through the Secretary, presented the names of the following as eligible for election to membership in the Society:

Dr. Isaac M. Macks, 1802 E. Baltimore Street.

Dr. Theodore H. Morrison, 1528 Eutaw Place.

Dr. Wm. Guy Townsend, 2740 St. Paul Street.

Dr. C. W. Waters, 18 W. Franklin Street.

All the applicants were duly elected.

There being no further business the meeting was adjourned.

The regular meeting was held in Osler Hall on Friday, November 8, 1918, at 8.30 p.m., the President, Dr. Randolph Winslow, presiding. The reading of the minutes of the previous meeting was dispensed with.

The Board of Censors, through the Secretary, presented the following names as eligible for election to the Society:

Dr. R. L. Blake, 637 Columbia Avenue.

Dr. C. H. Buber, 1100 W. Lafayette Avenue.

Dr. Benjamin Kader, 252 N. Payson Street.

Dr. R. L. Hoyt, 6 S. Patterson Park Avenue (transfer from Talbot County).

Dr. M. S. Schimmel, Garrison and Fairview Avenues.

Dr. H. J. Strickler, Jr., 632 Gorsuch Avenue.

Dr. J. B. Vassalli, 525 N. Fulton Avenue.

Dr. J. Scott Willock, 801 Falls Road Terrace.

Dr. J. N. Zierler, 1003 Poplar Grove Street.

Dr. W. G. MacCallum, Johns Hopkins Hospital.

Dr. J. M. Nicklas, Bay View Hospital.

Dr. Compton Riely and Dr. S. Demarco were appointed to act as tellers. All the applicants were duly elected.

Major Herman W. Johnson, of Fort McHenry, who was to have addressed the Society on "Personal experiences on the Western Front" was unable to be present.

The following moving picture films were then presented:

The animated diagram as a method of teaching medicine, Col. W. O. Owen.

Fit to fly, Major Eugene Lewis.

Combatting the cootie, Major Harry Plotz.

The animated diagram plus the moving picture film as a method of demonstrating surgical technique, Major R. Tunstall Taylor.

At the conclusion of the program the Chairman expressed to the speakers the thanks of the Society for their very interesting and instructive presentations.

The meeting was then adjourned.

## CECIL COUNTY MEDICAL SOCIETY

The Autumn meeting of the Cecil County Medical Society was held in the Union Hospital, Elkton, Maryland, on Thursday, November 7, 1918, at 11 a. m.

Subject "Influenza."

Each member was requested to tabulate and report on his cases during the recent epidemic. He thereby rendered an important public service.

DR. T. JACKSON CONREY,  
*President.*

DR. HOWARD BRATTON,  
*Secretary.*

# MEDICAL SOCIETY MEETINGS

Component Societies of the Faculty, with a list of their officers and times of meeting

*NOTE.—Secretaries are requested to advise the Secretary of the State Society promptly of the election of new officers in their respective Societies*

- BALTIMORE CITY MEDICAL SOCIETY.** President, THOMAS S. CULLEN; Vice-President, WILLIAM T. WATSON; Secretary, EMIL NOVAK; Treasurer, W. S. GARDNER; Censors, R. WINSLOW, A. C. GILLIS, H. B. STONE, Delegates, R. FAYRWEATHER, H. FRIEDENWALD, J. H. PLEASANTE, S. McCLEARY, J. W. WILLIAMS, T. R. CHAMBERS, GORDON WILSON, F. H. BAETJER, C. PENROSE, J. T. GERAOHTY, EMIL NOVAK.
- SECTION OF CLINICAL MEDICINE AND SURGERY.** First and Third Fridays, 8.30 P.M., October to May. Chairman, J. STAIGE DAVIS, M.D.; Secretary, E. B. FREEMAN, M.D.
- SECTION OF DERMATOLOGY.** Third Wednesdays. Chairman, J. WILLIAMS LORD, M.D.; Secretary, I. R. PELS, M.D.
- SECTION OF GYNECOLOGY AND OBSTETRICS.** Second Fridays in October, December, February and April. Chairman, J. M. H. ROWLAND, M.D.; Secretary, EMIL NOVAK, M.D.
- SECTION OF LARYNGOLOGY.** Fourth Fridays monthly, 8.30 P.M. Chairman, LEE COHEN; Secretary, G. W. MITCHELL.
- SECTION OF MEDICAL EXAMINERS.** Third Fridays in November and March. Chairman, J. D. IGLEHART, M.D.; Secretary, W. E. MAORUDER, M.D.
- SECTION OF NEUROLOGY.** Second Friday, monthly. Chairman, C. M. BYRNES, M.D.; Secretary, D. D. V. STUART, M.D.
- SECTION OF OPHTHALMOLOGY AND OTOTOLOGY.** Third Wednesdays. Chairman, E. A. KNORR; Secretary, E. A. LOOPER, M.D.
- ALLEGANY COUNTY MEDICAL SOCIETY.** President, W. O. McLANE, Frostburg; Secretary, H. V. Deming; Treasurer, J. H. WILSON, Cumberland, Md.; Delegate, G. L. BROADRUP, Second Wednesdays of January, April, July and October; annual meeting in January.
- ANNE ARUNDEL COUNTY MEDICAL SOCIETY.** President, C. R. WINTERSON, Elkridge, Md.; Secretary, F. E. WEITZMAN, Annapolis, Md.; Treasurer, F. H. THOMPSON, Annapolis, Md.; Delegate, L. B. HENKEL, Second Tuesday of January, April, July and October.
- BALTIMORE COUNTY MEDICAL SOCIETY.** President, M. F. SLOAN, Towson, Md.; Secretary-Treasurer, F. W. KEATING, Owings Mills, Md.; Delegates, J. S. BOWEN and L. G. SMART, Mt. Washington, Md., Third Wednesdays, at 2 P.M.
- CALVERT COUNTY MEDICAL SOCIETY.** President, W. H. TALBOTT, Willows, Md.; Secretary-Treasurer, J. W. LEITCH, Huntingtown, Md.; Delegate, P. BRISCOE. Second Tuesdays in April, August and December; annual meeting second Tuesday in December.
- CAROLINE COUNTY MEDICAL SOCIETY.** President, S. S. STONE, Ridgely, Md.; Secretary-Treasurer, J. R. DOWNES, Preston, Md.; Delegate, J. C. MADARA, Ridgeley, Md.
- CARROLL COUNTY MEDICAL SOCIETY.** President, D. B. SPRECHER, Sykesville, Md.; Secretary-Treasurer, H. M. FITZHUGH, Westminster, Md.; Delegate, M. D. NORRIS. April, July, October, December; annual meeting in October.
- CECIL COUNTY MEDICAL SOCIETY.** President, CHARLES F. MILLER, North East, R.D. 2, Md.; Secretary-Treasurer, H. BRATTON, Elkton, Md.; Delegate, C. P. CARRICO, Elkton R.D. 5. Third Thursdays at Elkton, April, July, October, January; annual meeting in April.
- CHARLES COUNTY MEDICAL SOCIETY.** President, JAMES J. EDELEN, Bryantown, Md.; Secretary-Treasurer, ERNEST SPENCER, Bel Alton, Md.; Delegate, L. C. CARRICO.
- DORCHESTER COUNTY MEDICAL SOCIETY.** President, LOUIS G. FRAZIER, Hurlock, Md.; Secretary-Treasurer, W. H. HOUSTON, Fishing Creek, Md.; Delegate, E. E. WOLFF, Cambridge, Md. Meetings first Tuesday in June and December.
- FREDERICK COUNTY MEDICAL SOCIETY.** President, E. C. KEFAUVER, Thurmont, Md.; Secretary-Treasurer, E. L. BOWLUS, Middletown, Md.; Delegate, I. J. McCURDY. January, April, August and November.
- HARFORD COUNTY MEDICAL SOCIETY.** President, P. F. SAPPINGTON, Belair, Md.; Secretary-Treasurer, DR. CHARLES BAGLEY, Bagley, Md.; Delegate, W. S. ARCHER. Second Wednesdays in January, March, May, July, September and November.
- HOWARD COUNTY MEDICAL SOCIETY.** President, W. N. GASSAWAY, Ellicott City, Md.; Secretary-Treasurer, FRANK O. MILLER, Ellicott City, Md.; Delegate, W. R. WHITE, Meetings (quarterly) first Tuesdays in January, April, July and October.
- KENT COUNTY MEDICAL SOCIETY.** President, H. G. SIMPSON, Chestertown, Md.; Secretary-Treasurer, F. B. HINES, Chestertown, Md.; Delegate, F. B. HINES.
- MONTGOMERY COUNTY MEDICAL SOCIETY.** President, E. W. WHITE, Rockville, Md.; Secretary-Treasurer, E. L. BULLARD, Rockville, Md.; Delegate, J. E. DEETS, Third Tuesdays in January, April, July and October.
- PRINCE GEORGE'S COUNTY MEDICAL SOCIETY.** President H. B. McDONNELL, College Park, Md.; Secretary, S. M. McMILLAN, Riverdale, Md.; Treasurer, W. ALLEN GRIFFITH, Berwyn, Md.; Delegate, L. A. GRIFFITH, Upper Marlboro. Second Saturday of January, April, July, October.
- QUEEN ANNE'S COUNTY MEDICAL SOCIETY.** President, W. W. BOWEN, Price, Md.; Secretary-Treasurer, H. F. McPHERSON, Centerville, Md.; Delegate, W. H. FISHER. ST. MARY'S COUNTY. No active organization.
- SOMERSET COUNTY MEDICAL SOCIETY.** President, C. C. WARD, Crisfield, Md.; Secretary-Treasurer, H. M. LANFORD, Princess Anne, Md.; Delegate, G. C. COULBOURN. First Tuesday in April at Crisfield; first Tuesday in October at Princess Anne.
- TALBOT COUNTY MEDICAL SOCIETY.** President, L. H. SETH, McDaniel, Md.; Secretary-Treasurer, W. T. HAMMOND, Easton, Md.; Delegate, J. A. ROSE. Annual meeting third Tuesday in November and semi-annual meeting third Tuesday in May.
- WASHINGTON COUNTY MEDICAL SOCIETY.** President, CHARLES BAKER, Rohrsersville, Md.; Secretary, W. D. CAMPBELL, Hagerstown, Md.; Treasurer, J. C. PITSONGLE Hagerstown, Md.; Delegate, V. D. MILLER, JR. Second Thursday of February, May, September and November.
- WICOMICO COUNTY MEDICAL SOCIETY.** President, J. M. ELDERDICE, Mardella Spings; Secretary and Treasurer, H. S. WAILES, Salisbury, Md.; Delegate, G. W. TODD.
- WORCESTER COUNTY MEDICAL SOCIETY.** President, PAUL JONES, Snow Hill, Md.; Secretary and Treasurer, R. LEE HALL, Pocomoke City, Md., Delegate, A. A. PARKER, Pocomoke City, Md.







# THE BULLETIN

OF THE

# Medical *and* Chirurgical Faculty of Maryland



OWNED AND PUBLISHED BY THE ABOVE-NAMED STATE MEDICAL SOCIETY  
SOLELY IN THE INTEREST OF THE MEDICAL PROFESSION

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THE BULLETIN  
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MEDICAL AND CHIRURGICAL FACULTY  
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CONTROLLED BY THE COUNCIL AND EDITED BY A COUNCILLOR,  
DR. CHARLES O'DONOVAN  
PUBLISHED MONTHLY EXCEPT JUNE, JULY, AUGUST AND SEPTEMBER

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PROBLEMS OF RECONSTRUCTION.

With the dawn of the New Year we are accustomed to review the great events of the past and consider what the future has in store for us; but this year may very properly be an exception to this custom inasmuch as every one is inclined to forget the horrid past, with its bloodshed and revolting cruelties on land and sea, and scan the brilliant horizon of the glorious dawn of peace. Let us hope that the day may be as happy and prosperous as the present outlook promises. There will arise certainly many problems of demobilization and of reconstruction which must concern us both as physicians and citizens, and it would be well for the members of this Faculty to begin to consider them now.

Has the great mobilization of physicians accomplished its purpose fully?

Is its work over? We feel that this splendid reorganization of the profession for effective war-work has shown what can be done by our brothers throughout the United States when an emergency arises. But have we not emergencies constantly arising? We believe that the Volunteer Medical Service Corps should still exist, even after peace shall have been de-

clared, and so afford an army of health that could be dispatched in any direction when needed. Perhaps from this experience may arise a more insistent demand for a distinct Department of Health in the National Government, with a Secretary in the Cabinet of the President. This is a question that has been agitated for a number of years with varying opinions held by the people of the country, oppressed at times by dread of some epidemic, or serenely indifferent in times of healthfulness. Of this matter physicians should be the best judges. It merits most careful study. How do we stand in reference to the labor of women and children? Are we willing to see our children and grandchildren bear the burdens that must follow the employment of these weaker members of the race in work that must interfere with their growth and healthfulness? Who is better able than the physician to decide how long or how hard a woman or child may work without detriment? We must make ourselves heard after studying carefully this matter which so vitally concerns the human race. Why should we stand aside when others decide the eternal questions of wages and hours of work as between capital and labor? While these matters may seem at first glance to be quite outside our sphere, they concern us very closely as citizens, conservative as a body, apart from the strife, and thus able to consider these questions calmly and judicially, offering excellent material for boards of arbitration because of those very qualities, as well as because of unusual knowledge of the local conditions in special cases. We believe that much bitterness and suffering could be avoided if physicians would interest themselves in these matters and endeavor to stifle in their inception the petty jealousies and enmities that originate so often the strikes or lock outs that agitate the world of workers.

And in the greater problems of politics we doctors should make our voices heard more strenuously; if not actually in the halls of Congress, as least in those meetings where our Congressmen and Legislators are selected. Here we could be of inestimable service. Our knowledge of local conditions, of available men, of the necessities of any given case, are so wide spread that by casting our voices and our influence for a good man rather than for a self-seeker we could not infrequently select a delegate who would be a leader of men, a statesman, not a mere politician.

These are some of the questions that are now presented to the members of the Medical and Chirurgical Faculty of the State of Maryland for consideration during this year. There are, and will arise many more, so that our profession need not dread the return of peace as a time of rest or stagnation. In ourselves lies the remedy.



SUMMARY OF RESULTS—*Continued.*

NUMBER	COLLEGE OF GRADUATION	EXAMINATION RESULTS										AVERAGE
		ANATOMY	SURGERY	PATHOLOGY	OBSTETRICS	PRACTICE	CHEMISTRY	MATERIA MEDICA	THERAPEUTICS	PHYSIOLOGY	TOTAL	
40	Johns Hopkins, '18.....	93	93	92	78	95	97	80	94	77	799	89
41	Johns Hopkins, '18.....	82	98	85	61	96	80	77	94	85	758	84
42	Johns Hopkins, '18.....	91	92	88	81	84	96	87	97	94	811	90
43	Johns Hopkins, '17.....	78	96	75	64	79	87	79	89	75	722	80
44	Johns Hopkins, '18.....	71	93	87	80	86	95	75	89	75	751	83
45	Johns Hopkins, '18.....	89	94	84	75	87	100	81	90	81	781	87
46	Johns Hopkins, '18.....	84	93	85	82	91	94	98	91	89	807	89
47	Long Island Col.....	77	.....	.....	.....	.....	90	94	.....	90	.....	.....
48	Meharry Med., '18.....	95	95	65	98	93	93	98	100	91	828	92
49	Johns Hopkins, '18.....	77	86	75	50	80	78	62	63	69	640	71
50	Johns Hopkins.....	80	.....	.....	.....	.....	83	70	.....	85	.....	.....
51	Univ. of Maryland, '18.....	59	91	66	88	91	75	58	89	75	692	77
52	Univ. of Maryland, '18.....	70	92	75	65	82	75	75	75	69	678	75
53	Univ. of Maryland, '18.....	75	96	84	80	79	76	65	65	80	700	78
54	Univ. of Maryland, '17.....	.....	.....	.....	.....	.....	77	80	.....	.....	.....	.....
55	Howard Med., '18.....	75	94	68	62	81	86	70	75	55	666	74
56	Univ. of Maryland, '14.....	.....	.....	Failed	to	ap	pe	ar	.....	.....	.....	.....
57	Howard Univ., '18.....	92	90	88	87	89	100	94	95	92	827	92
58	Howard Univ., '18.....	92	94	88	75	88	98	93	98	93	819	91
59	Maryland Med., '04.....	75	92	.....	.....	.....	.....	.....	.....	75	.....	.....
60	Univ. of Maryland, '17.....	.....	.....	Failed	to	ap	pe	ar	.....	.....	.....	.....
61	Univ. of Maryland, '18.....	80	96	75	82	89	95	96	75	86	774	86

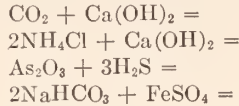
In the above summary an average of 75 is required of those participating in the examination for the first time in order to secure a license. Those who have failed are eligible to re-examination at the expiration of six months. They are then obliged to receive a rating of 75 in each branch in which they are re-examined before license can be issued. Under the Maryland laws, students who, at the end of their second year, have successfully passed their college examination in Anatomy, Chemistry, Materia Medica and Physiology are entitled to examination by the Board of Medical Examiners in these branches. The ratings made by these students in the examination known as the "second-year examination" are carried forward and made part of the final examination, when an average of 75 must be obtained to secure a license. We trust that this statement will make clear the apparently incomplete examination of certain participants.

## QUESTIONS.

## CHEMISTRY.

1. State the chemical names of (a)  $\text{CaCO}_3$ , (b)  $\text{MgSO}_4$ , (c)  $\text{H}_2\text{O}_2$ , (d)  $\text{KMnO}_4$ , (e)  $\text{AgNO}_3$ , (f)  $\text{Na}_2\text{CO}_3$ , (g)  $\text{C}_6\text{H}_{12}\text{O}_6$ , (h)  $\text{C}_6\text{H}_5\text{OH}$ , (i)  $\text{C}_2\text{H}_6$ .
2. What is the valence of mercury? Give formulas and names of some of its compounds that are used in medicine.

3. Complete the following equations and give the names of the resulting substances.



4. Give a qualitative and a quantitative test for glucose in the urine.
5. What is meant by (a) metabolism; (b) catabolism; (c) anabolism?
6. What is the difference between organic and inorganic acids?
7. How would you estimate the quantity of hydrochloric acid in gastric contents?
8. What is an alcohol? An ether? Give the formulas of two common alcohols and the formula of ordinary ether.
9. Name six metals and six non-metals and give symbol and valence of each.
10. How would you test for blood in the urine?

DR. H. T. COLLEBERG,  
*Examiner.*

*Tuesday, June 18, 1918.*

#### ANATOMY.

1. Describe the circulation in bone and discuss the growth and repair of bone tissue.
2. What structures are supplied by the following nerves: Phrenic, ninth cranial, radial.
3. Describe the inguinal canal. (No reference to hernia.)
4. Trace bile from a lobule of the liver to the intestine and state at what point it enters the intestine.
5. Name and locate the principal lobes and fissures of the cerebrum.
6. Give relations, division and branches of subclavian and axillary arteries.
7. Attachments, action and nerve supply of following muscles: Brachialis anticus, orbicularis palpebrarum, biceps femoris, psoas magnus.
8. Name salivary glands and locate orifices of their ducts.
9. Locate surface lines dividing abdominal cavity into regions, name regions and state contents of upper region on right side.
10. Describe any one ductless gland.

DR. HERBERT HARLAN,  
*Examiner.*

*Tuesday, June 18, 1918.*

#### THERAPEUTICS.

1. Write a prescription in Latin, without abbreviation, containing four ingredients for use in chronic bronchitis with abundant secretion, with direction for use.
2. Define chemical incompatibility and physiological antagonism, and write two prescriptions in Latin, without abbreviation, illustrative, and explain the incompatibility and antagonism.
3. Give the therapy of digitalis.
4. Ergotum, physiological action and therapy in parturition.
5. Give therapy in belladonna—its action in opium poisoning.
6. Therapy of ferrum.

7. Define the term antispasmodic and name four drugs of the class.
8. Give the indications for and physiological action of venesection.
9. Give the therapy of the "lead salts," and treatment of plumbism.
10. Give the therapy of hypodermoclysis.

DR. J. MCP. SCOTT,  
*Examiner.*

*Wednesday, June 19, 1918.*

MATERIA MEDICA.

1. Define alkaloids, tincture, extract and ointment.
2. (a) How is opium obtained? (b) Name two alkaloids of opium, and give doses. (c) Give two derivatives of morphia used in medicine with dose of each.
3. Give the official names of tartar emetic, saltpeter, Fowler's solution, Donovan's solution, paregoric and laudanum.
4. Name and describe the methods of introducing medicines into the circulation.
5. What is incompatibility in medicine and what are the different kinds of incompatibles? Give example of each.
6. How does an antagonist differ from an antidote. Give examples.
7. (a) Mention three vegetable emmenagogues and state dose of each. (b) Name a vesicant derived from the animal kingdom, one from the vegetable kingdom and one from the mineral kingdom.
8. (a) Name the two most active vasomotor stimulants, the most active respiratory stimulants and state how they are useful in shock. (b) Name two arterial sedatives; give dose for an adult.
9. (a) Name four diuretics and give dose of each. (b) Name three emetics and give dose of each.
10. (a) Define narcotics, anesthetics general and local. (b) Mention three general anesthetics.

DR. L. A. GRIFFITH,  
*Examiner.*

*Wednesday, June 19, 1918.*

PHYSIOLOGY.

1. (a) Name some of the bodily states which lessen the alkalinity of the blood. (b) What is the normal proportion of blood in the human body and how is it renewed after hemorrhage?
2. (a) Give the composition, specific gravity, reaction and uses of blood. (b) State some causes of variation in specific gravity of blood.
3. (a) What is the function of the suprarenal glands? What is the effect of their removal? (b) Give function of thyroid gland. What effect does removal have?
4. Describe the normal heart sounds.
5. Describe the pulse mechanism. State the factors active in its maintenance and give the average rate during infancy, youth and adult age.
6. Give the mechanism of respiration.
7. (a) How is asphyxia produced? (b) What are the causes of death from asphyxia? (c) Define dyspnea, dysphagia, and apnea.
8. Name the active principles of the digestive secretions and state how each affects the food.



9. Into what general classes is food divided? Give examples of each.
10. (a) Describe the function of the kidneys. (b) Do both kidneys act constantly? (c) How does the impairment of the function of the kidneys affect that of the skin and lungs.

DR. L. A. GRIFFITH,  
*Examiner.*

*Wednesday, June 19, 1918.*

PATHOLOGY.

1. Give method of preparing fresh tissue for microscopic examination?
2. Give method of estimating the number of bacteria in a specimen of milk.
3. Define fistula; sinus. Describe the manner of its formation and give examples of each.
4. What are the essential lesions of tuberculosis? Describe them.
5. How is anti-typhoid vaccine prepared? How is it administered, and to what is its effectiveness due?
6. Describe the lesions of typhoid fever?
7. Describe the gross and microscopic lesions of broncho-pneumonia.
8. Mention five diseases that are transmitted by insects, and describe the exact method of transmission.
9. Discuss arterio-sclerosis from the standpoint of pathology.
10. Give the gross and microscopic pathology of osteo-myelitis of the tibia.

DR. H. M. FITZHUGH,  
*Examiner.*

*Thursday, June 20, 1918.*

PRACTICE.

1. Give the symptoms and treatment of two common complications of typhoid fever occurring during the second or third week.
2. Give the symptoms and treatment of laryngeal tuberculosis.
3. Name the disease most likely to follow chronic inflamed tonsils and the treatment for it.
4. Give the differential diagnosis between spasmodic laryngitis and laryngeal diphtheria.
5. Give the differential diagnosis between variola and varicella.
6. Name the causes of hematuria and differentiate between cystic and renal.
7. Give the symptoms and treatment of pertussis.
8. Give the symptoms and treatment of erysipelas occurring on the face.
9. Give the causes and symptoms of multiple neuritis.
10. What is the principal cause of acidosis? Name the conditions in which you usually find it.

DR. E. E. WOLFF,  
*Examiner.*

*Thursday, June 20, 1918.*

SURGERY.

1. Symptomatology and treatment of acute otitis media.
2. Give symptoms, diagnosis, most common cause and treatment of interstitial keratitis.

3. A patient has a continued fever lasting two weeks, ranging from 99 in the morning to 101.5 at night. She has two to four loose stools daily. The tongue is coated. Her abdomen is slightly tender to pressure to the left of the bladder region, and below the margin of the ribs 1 inch to the right of the right mammary line there is another tender area with slight resistance. Two years ago she had her breast removed for a so-called fibroid tumor. She has a negative Widal. She has a white count of 15,000. What would you do?

4. Differentiate between appendicitis and renal colic from the standpoint of pain, tenderness, vomiting, urine, blood, and Röntgen ray examination.

5. (a) Name the different varieties of goitre. (b) When is the removal of thyroid gland indicated? (c) When is the ligation operation indicated? (d) When is no surgical interference indicated?

6. Give the differential diagnosis between fracture of neck of humerus and dislocation of shoulder joint. Briefly outline treatment.

7. On what symptoms may an early diagnosis of cancer of the breast be based? What treatment would you recommend to the patient?

8. Give symptoms, diagnosis and treatment of Pott's disease in the dorsal region.

9. Define volvulus. Give symptoms and treatment.

10. State the most common seat of fracture of the clavicle. Give symptoms and treatment.

DR. H. L. HOMER,  
*Examiner.*

*Friday, June 21, 1918.*

#### OBSTETRICS AND GYNECOLOGY.

1. What are the external measurements of a normal pelvis?

2. How should a face presentation be treated?

3. What instructions should be given the mother regarding the care of her infant?

4. What is your diagnosis and treatment in following case: Primipara, fourth day after full term delivery, symptoms of uterine infection, no hemorrhage, severe pains in lower abdomen.

5. What are the terminations in tubal pregnancy?

6. Give treatment for pruritus vulvæ during pregnancy.

7. What is meant by spontaneous evolution or expulsion occurring in a shoulder presentation?

8. Give usual cause, course, symptoms and treatment of salpingitis.

9. What is the menopause or climacteric and mention some things that determine the time at which it occurs.

10. Give in detail the technique and method of repairing a perineum lacerated posteriorly through the sphincter muscle during delivery.

DR. J. L. RILEY,  
*Examiner.*

*Friday, June 21, 1918.*

SOCIETY MEETINGS

BALTIMORE CITY MEDICAL SOCIETY

The Annual Meeting was held at the Medical Library, on Friday, December 6, 1918, at 8.30 p.m., Dr. Randolph Winslow presiding. The minutes of the previous meeting were read and adopted.

The report of the Secretary was read by Dr. Novak, and that of the Treasurer by Dr. Gardner.

*Secretary's Report.*

December 1, 1917-December 1, 1918.

Membership December 1917.....	567
New members.....	19
Reinstated.....	8
	—
	27 gain 27
Dropped.....	28
Deceased.....	9
Resigned.....	1
	—
	38 loss 38
	—
Actual loss.....	11
	—
Membership December 1918.....	556
Members paid in advance (1918).....	459
Members in arrears for 1918.....	23
Members in service, carried.....	87

*Treasurer's Report.*

December 1, 1917, to December 1, 1918.

Receipts.

Balance brought forward.....	\$660.00
Dues and membership fees.....	4,588.00
	—
Total.....	\$5,248.00

Expenditures.

Medical and Chirurgical Faculty, dues.....	\$3,660.00
Medical and Chirurgical Faculty, use of halls.....	200.00
Medical and Chirurgical Faculty, clerical asst.....	180.00
Printing post card notices, etc.....	124.10
Postage.....	40.00
Addressograph Company.....	5.46
Incidentals.....	6.72

Lantern operator, etc.....	\$34.00
Contribution to Osler Endowment Fund.....	100.00
Balance in bank.....	897.72
	<hr/>
Total.....	\$5,248.00

The Secretary presented a communication from Dr. A. T. Gundry, the Secretary of the Baltimore County Medical Association, notifying the City Society of the enactment of the following amendment of the Baltimore County Medical Association:

"Any member of this Association who had been in good standing for the past two consecutive years, and who has resided and practiced in that part of Baltimore County annexed to Baltimore City by Act of Legislature, dated to take effect January 1, 1919, shall continue, if he so wish and elect, his active membership in this Association with all the rights and privileges that he has heretofore and does now enjoy, and this privilege shall extend to him and none other."

After discussion by Drs. J. D. Blake, Gardner, Woods, Craighill, Winslow and Novak, the following motion, offered by Dr. Blake, and duly seconded, was passed:

"Resolved that the Secretary be directed to acknowledge the receipt of the communication of the Baltimore County Medical Association, and to express the willingness of the Baltimore City Medical Society to receive the requests of those men whose membership in the Baltimore County Medical Association would be affected by the recent annexation act, and to consider them individually."

The Board of Censors, through the Secretary, presented the following as eligible for election to membership in the Society:

Dr. A. J. Undershill, The Walbert.

Dr. John Girdwood, 102 E. 25th Street.

Dr. A. F. Ries and Dr. C. E. Simon were appointed to act as tellers. Both applicants were duly elected.

Dr. W. T. Watson, Chairman of the Nominating Committee, presented the following list of nominations for the various offices of the Society for the ensuing year:

*President*, Dr. G. L. Hunner.

*Vice-President*, Dr. H. G. Beck.

*Secretary*, Dr. Emil Novak.

*Treasurer*, Dr. W. S. Gardner.

*Board of Honor*, Dr. J. F. Crouch, Dr. E. B. Freeman.

*House of Delegates*, Drs. Emil Novak, F. R. Smith, N. E. B. Iglehart, Howard Jones, E. H. Hutchins, E. R. Owings.

*Board of Censors*, Dr. Randolph Winslow.

On motion of Dr. Blake, and duly seconded, the report of the Nominating Committee was adopted, and the Secretary was instructed to cast the ballot for the Society for the various nominees.

The scientific program of the evening was devoted to a "Symposium on the Influenza Epidemic." The first paper was by Mr. R. E. Lee Williamson, President of the Baltimore Retail Druggists' Association, on the subject of "The doctor's prescription as the pharmacist sees it." Dr. C. A. Penrose presented a paper on "The truth about the influenza." Discussion by Drs. Craighill, Blake, Watson, Beck, and in closing, Mr. Williamson and Dr. Penrose.

Mr. E. F. Kelly, Secretary of the Baltimore Branch of the Maryland Pharmaceutical Association, expressed the gratification of the members of his Association at having been given the opportunity of participating in the meeting.

The meeting then adjourned.

## OFFICERS AND COMMITTEES FOR 1919

### *President*

John Ruhräh

### *Vice-Presidents*

J. McF. Bergland

Philip Briscoe

J. E. Deets

### *Secretary*

John Staige Davis

### *Treasurer*

W. S. Gardner

### *Councillors*

Hiram Woods, J. F. Crouch, Alexius McGlannan, Randolph Winslow, Standish McCleary, W. R. White, W. H. Hopkins, L. F. Barker, G. M. Linthicum, R. Lee Hall, H. G. Simpers, W. S. Archer, Charles O'Donovan, T. B. Johnson, Peregrine Wroth, Jr.

### *Committees*

*Scientific Work and Arrangements.*—Alexius McGlannan, A. G. Rytina, Emil Novak.

*Library Committee.*—J. W. Williams, H. B. Jacobs, Harry Friedenwald, R. B. Warfield, L. F. Barker.

*Finney Fund Committee.*—H. L. Naylor, J. W. Williams, John Ruhräh, R. B. Warfield, L. F. Barker.

*Delegates to A. M. A.*—Randolph Winslow; *alternate*, C. B. Claybrook; T. S. Cullen; *alternate*, Charles O'Donovan.

*Public Instruction.*—Albert Keidel, Harry Goldberg, C. R. Austrian, D. B. Casler, J. H. Pleasants.

*Post Graduate Work and Instruction.*—Jefferies Buck, H. W. Buckler, J. H. M. Knox, C. W. Larned, G. E. Bennett.

*Midwifery Law.*—F. V. Beitler, Karl Wilson, G. W. Dobbin, J. W. Williams, Philip Briscoe.

*Memoir.*—T. P. McCormick, W. M. Dabney, T. F. Leitz, W. B. Platt, F. D. Sanger.

*Fund for Widows and Orphans.*—G. W. Mitchell, Anna S. Abercrombie, W. W. Requardt, P. L. Travers, E. H. Himman.

*Defense of Medical Research.*—T. S. Cullen, W. R. Stokes, Standish McCleary, S. R. Miller, W. S. Baer.

*Medical Education.*—Herbert Harlan, J. W. Williams, J. M. H. Rowland.

## STATE PRACTICE ACT

*State Board of Medical Examiners*—Herbert Harlan, J. McP., Scott, Harry L. Homer, J. L. Riley, H. M. Fitzhugh L. A. Griffith, E. E. Wolf, H. T. Collenberg.

*Regular Meetings of the Board of Medical Examiners of Maryland*—Fourth Tuesday in April; first Tuesday in June; first Wednesday in October; first Wednesday in December.

*Regular Examinations*—Examinations are held in Baltimore. Third Tuesday in June for four consecutive days. Second Tuesday in December for four consecutive days.

Maryland is in reciprocal relationship with the following States; Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Michigan, Minnesota, Missouri, Nebraska, New Hampshire, Ohio, Oklahoma, S. Carolina, Texas, Vermont, Virginia, W. Virginia and Wisconsin, subject to requirements and fees imposed by the respective States.

Information connected with Medical Examinations and licensure by addressing Secretary, J. McP. Scott, Hagerstown, Md.

# MEDICAL SOCIETY MEETINGS

Component Societies of the Faculty, with a list of their officers and times of meeting

NOTE.—Secretaries are requested to advise the Secretary of the State Society promptly of the election of new officers in their respective Societies

- BALTIMORE CITY MEDICAL SOCIETY.** President, GUY L. HUNNER; Vice-President, H. G. BECK; Secretary, EMIL NOVAK; Treasurer, W. S. GARDNER; Censors, J. M. HUNDLEY, J. S. CULLEN, R. WINSLOW; Delegates, J. S. CULLEN, S. McCLEARY, L. HAMMAN, G. W. MITCHELL, H. E. PETERMAN, E. NOVAK, F. R. SMITH, N. E. B. IGLEHART, H. JONES, E. H. HUTCHINS, E. R. OWINGS.
- SECTION OF CLINICAL MEDICINE AND SURGERY.** First and Third Fridays, 8.30 P.M., October to May. Chairman, J. STAIGE DAVIS, M.D.; Secretary, E. B. FREEMAN, M.D.
- SECTION OF DERMATOLOGY.** Third Wednesdays. Chairman, J. WILLIAMS LORD, M.D.; Secretary, I. R. PELS, M.D.
- SECTION OF GYNECOLOGY AND OBSTETRICS.** Second Fridays in October, December, February and April. Chairman, J. M. H. ROWLAND, M.D.; Secretary, EMIL NOVAK, M.D.
- SECTION OF LARYNGOLOGY.** Fourth Fridays monthly, 8.30 P.M. Chairman, LEE COHEN; Secretary, G. W. MITCHELL.
- SECTION OF MEDICAL EXAMINERS.** Third Fridays in November and March. Chairman, J. D. IGLEHART, M.D.; Secretary, W. E. MAGRUBER, M.D.
- SECTION OF NEUROLOGY.** Second Friday, monthly. Chairman, C. M. BYRNES, M.D.; Secretary, D. D. V. STUART, M.D.
- SECTION OF OPHTHALMOLOGY AND OTOTOLOGY.** Third Wednesdays. Chairman, J. W. DOWNEY, JR., Secretary, C. A. CLAPP.
- ALLEGANY COUNTY MEDICAL SOCIETY.** President, E. B. CLAYBROOK, Cumberland; Secretary, H. V. DEMING; Treasurer, F. G. COWHERD, Cumberland, Md.; Delegate, A. H. HAWKINS. Second Wednesdays of January, April, July and October; annual meeting in January.
- ANNE ARUNDEL COUNTY MEDICAL SOCIETY.** President, J. O. PURVIS, Annapolis, Md.; Secretary, F. E. WEITZMAN, Annapolis, Md.; Treasurer, F. H. THOMPSON, Annapolis, Md.; Delegate, L. B. HENKEL. Second Tuesday of January, April, July and October.
- BALTIMORE COUNTY MEDICAL SOCIETY.** President, F. W. KEATING, Owings Mills, Md.; Secretary-Treasurer, ALFRED GUNDRY, Catonsville, Md.; Delegates, J. S. BOWEN, H. L. NAYLOR, Mt. Washington, Md. Third Wednesdays, at 2 P.M.
- CALVERT COUNTY MEDICAL SOCIETY.** President, W. H. TALBOTT, Willows, Md.; Secretary-Treasurer, J. W. LEITCH, Huntingtown, Md.; Delegate, P. BRISCOE. Second Tuesdays in April, August and December; annual meeting second Tuesday in December.
- CAROLINE COUNTY MEDICAL SOCIETY.** President, S. S. STONE, Ridgely, Md.; Secretary-Treasurer, J. R. DOWNES, Preston, Md.; Delegate, J. C. MADARA, Rideley, Md.
- CARROLL COUNTY MEDICAL SOCIETY.** President, D. B. SPRECHER, Sykesville, Md.; Secretary-Treasurer, H. M. FITZHUGH, Westminster, Md.; Delegate, M. D. NORRIS. April, July, October, December; annual meeting in October.
- CECIL COUNTY MEDICAL SOCIETY.** President, T. J. CONROY, Chesapeake City, Md.; Secretary-Treasurer, H. BRATTON, Elkton, Md.; Delegate, J. S. DARE, Rising Sun. Third Thursdays at Elkton, April, July, October, January; annual meeting in April.
- CHARLES COUNTY MEDICAL SOCIETY.** No active organization.
- DORCHESTER COUNTY MEDICAL SOCIETY.** President, E. V. HUNT, Vienna, Md.; Secretary-Treasurer, E. E. WOLFF, Cambridge, Md.; Delegate, JOHN MACE, Cambridge Md. Meetings first Tuesday in June and December.
- FREDERICK COUNTY MEDICAL SOCIETY.** President, H. P. FAHRNEY, Frederick, Md.; Secretary, J. M. GOODMAN, Frederick, Md.; Treasurer, E. L. BOWLUS, Middletown, Md.; Delegate, I. J. McCURDY. January, April, August and November.
- HARFORD COUNTY MEDICAL SOCIETY.** President, P. F. SAPPINGTON, Belair, Md.; Secretary-Treasurer, DR. CHARLES BAGLEY, Bagley, Md.; Delegate, W. S. ARCHER. Second Wednesdays in January, March, May, July, September and November.
- HOWARD COUNTY MEDICAL SOCIETY.** President, W. N. GASSAWAY, Ellicott City, Md.; Secretary-Treasurer, FRANK O. MILLER, Ellicott City, Md.; Delegate, W. R. WHITE, Meetings (quarterly) first Tuesdays in January, April, July and October.
- KENT COUNTY MEDICAL SOCIETY.** President, H. G. SIMPERS, Chestertown, Md.; Secretary-Treasurer, F. B. HINES, Chestertown, Md.; Delegate, F. B. HINES.
- MONTGOMERY COUNTY MEDICAL SOCIETY.** President, E. W. WHITE, Poolesville, Md.; Secretary-Treasurer, E. L. BULLARD, Rockville, Md.; Delegate, J. E. DEETS. Third Tuesdays in January, April, July and October.
- PRINCE GEORGE'S COUNTY MEDICAL SOCIETY.** President H. B. McDONNELL, College Park, Md.; Secretary, S. M. McMILLAN, Riverdale, Md.; Treasurer, W. ALLEN GRIFFITH, Berwyn, Md.; Delegate, L. A. GRIFFITH, Upper Marlboro. Second Saturday of January, April, July, October.
- QUEEN ANNE'S COUNTY MEDICAL SOCIETY.** President W. W. BOWEN, Price, Md.; Secretary-Treasurer, H. F. McPHERSON, Centerville, Md.; Delegate, W. H. FISHER.
- ST. MARY'S COUNTY.** No active organization.
- SOMERSET COUNTY MEDICAL SOCIETY.** President, C. C. WARD, Crisfield, Md.; Secretary-Treasurer, H. M. LANKFORD, Princess Anne, Md.; Delegate, G. C. COULBOURN. First Tuesday in April at Crisfield; first Tuesday in October at Princess Anne.
- TALBOT COUNTY MEDICAL SOCIETY.** President, J. H. HOPE, St. Michael's, Md.; Secretary-Treasurer, J. A. ROSS, Trappe, Md.; Delegate, W. S. SEYMOUR. Annual meeting third Tuesday in November and semi-annual meeting third Tuesday in May.
- WASHINGTON COUNTY MEDICAL SOCIETY.** President, VICTOR D. MILLER, Hagerstown, Md.; Secretary, W. D. CAMPBELL, Hagerstown, Md.; Treasurer, J. E. PITSNOGLE, Hagerstown, Md.; Delegate, V. M. REICHARD. Second Thursday.
- WICOMICO COUNTY MEDICAL SOCIETY.** President, J. M. ELDERNICE, Mardella Springs; Secretary and Treasurer, H. S. WAILES, Salisbury, Md.; Delegate, G. W. TODD.
- WORCESTER COUNTY MEDICAL SOCIETY.** President, PAUL JONES, Snow Hill, Md.; Secretary and Treasurer, R. LEE HALL, Pocomoke City, Md.; Delegate, PAUL JONES Snow Hill Md







# THE BULLETIN

OF THE

# Medical *and* Chirurgical Faculty of Maryland



OWNED AND PUBLISHED BY THE ABOVE-NAMED STATE MEDICAL SOCIETY  
SOLELY IN THE INTEREST OF THE MEDICAL PROFESSION  
1211 CATHEDRAL ST., BALTIMORE, MD. 25c. PER ANNUM

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No. 5

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# THE BULLETIN

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## MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND

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CONTROLLED BY THE COUNCIL AND EDITED BY A COUNCILLOR,  
DR. CHARLES O'DONOVAN  
PUBLISHED MONTHLY EXCEPT JUNE, JULY, AUGUST AND SEPTEMBER

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### OUR EXTRA-MEDICAL DUTIES.

For two years this country has been facing and overcoming difficulties due to the great war, having an increasing strain that has made itself felt throughout the land. When the armistice was signed in November, we gave a sigh of relief and prepared to settle down at once to the peaceful pursuit of our usual avocations. But the developments of the past weeks have driven from the minds of our people the idea of realizing this happy outcome anywhere in the near future. A spirit of unrest is abroad in the land, engendered by the abnormal conditions arising during the war, and fostered by malevolent influences, both accidental and voluntary, which prevent the prompt return to the normal state. The abnormally high cost of every article that enters into our daily life, of food, of clothing, of fuel, of rents, of transportation, of all necessities as well as of the luxuries, has made the problem of living decently a constant study in every household. To meet this burden the wages of working men and women have been raised again and again, and sometimes voluntarily but often under threats of various kinds and by governmental interference. We have learned something of the activities of a paternal government. We have eaten war-bread and abstained from many things at the suggestion or order of the government. We have denied ourselves that our soldiers and our allies might be nourished properly. And to our eternal pride we have done these things voluntarily and happily while the danger lasted. But now that the danger has passed, our people wish to return to their former mode of living. But new forces have arisen, or come boldly to the front. The producers who have enjoyed great prosperity for two y ars

do not wish to relinquish their huge profits, they are not willing to produce at lower prices; the great army of laborers in factories, mines and railroads desire to be paid the huge wages of war-time; and the shiftless, growling mass of those unfit or unwilling to work are raising their voices against private property of all sorts, encouraged by the growth and apparent success of Bolshevism in Germany and unhappy Russia. Here is an opportunity for the members of our profession to make themselves felt by lending the weight of their influence to the cause of law and order. No one can foresee where these troubles may arise, nor when, nor from what trivial cause a great outbreak may grow, but whenever it does occur, a strong man on the spot at the right time is worth a regiment of soldiers after the passions of the mob shall have been let loose. During his daily visits in a community a doctor becomes well acquainted with the storms that are brewing as well as with the actual happenings of the day, and by his influence, promptly exerted and fearlessly asserted he can often check riot and bloodshed at its source. A patient argument with a dissatisfied man, a speech in some meeting about to resolve upon riotous proceeding, a few words or even a look or gesture may be enough to check evil thoughts in one about to cause trouble, in a thousand ways a doctor can stand between the angry passions of an incipient mob and the unmerited suffering that would follow an outbreak. During the great war we have shown a noble willingness to sacrifice our temporal affairs for the common good, and at a time when trouble was very remote, across thousands of miles of ocean; now when our very homes and families are threatened by the possibilities of social unrest in our midst let us show an equal inclination and ability in meeting the new danger. Let us remember that we are not only doctors, caring particularly for the health of our community, but also that we are citizens of this great nation, prepared to defend our liberties against the insidious traitor within as well as against the open foe without, worthy to enjoy the heritage of freedom that our ancestors achieved and able to preserve it in its blessed entirety for the enjoyment of our descendants.

#### WHAT SHOULD BE THE REAL SIGNIFICANCE OF THE ENTRANCE OF THE STATE DENTAL ASSOCIATION INTO ASSOCIATE MEMBERSHIP?

BY B. MERRILL HOPKINSON, C.D.D., A.M., M.D.

*Professor of Oral Hygiene and History, Dental Department, University of Maryland*

Cerebral myopia was the outstanding cause of a foolish action, seventy-eight years ago, upon the part of the regents of the University of Maryland, in denying the request of certain men who had a comprehensive vision

of the possibilities of the scientific teaching of oral diseases, and at that remote date, asked the Regents to include in the curriculum of the Medical School certain branches of study bearing specifically upon the science and art of dental surgery. In the light of present day knowledge of the place occupied by this important subject, one can but regret that so much valuable time has been lost in classifying so significant a branch of the great healing art; for notwithstanding the establishment of separate schools, and the subsequent addition of dental departments to universities, whereby dentistry has made marked progress as a so-called separate profession, with a degree of its own; valuable time has been lost, both to medicine and to the laity, by the non-recognition, more than three-quarters of a century ago, of the fact that the oral practitioner is a specialist in medicine. Pray permit me to indicate to you a few of the reasons why I feel that many priceless years have been lost to science, and consequently to humanity.

Standing out in *alto rilievo*, is the founding of separate schools for the teaching of a branch of medicine, the awarding of a distinctive degree, and the establishing, of what to me, is the very acme of asininity, viz: the so-called dental profession.

Does any one within the sound of my voice discern any more reason why there should, or could, be a dental profession, than an ocular, laryngological or gynecological profession? Is it possible, scientifically, to take the teeth out of the human economy, and found a separate profession? There is but one way to do it, so far as I know, and it is that imperfect, inconclusive scheme, which has been, and is now pursued, viz: to educate a high grade mechanic, and, build around such a system of education a pseudo science, in which the aspirant, for the most part, takes as little interest as possible, while considering the contingency of a final examination for a degree. Pray let me make very clear to my hearers, at this point, that I do not in the least desire to detract from the usefulness of the dental school, or the labors of the worthy dentist, my beloved Father of revered memory having attained an exalted place in this class. I have been unjustly accused of attempting to belittle the dentist, and of speaking of him in a sneering and contemptuous manner. If I have been so understood in any thing I may have said or written, I am extremely sorry. I have ever been opposed to the unworthy and ignorant dentist, the man, who, it has seemed to me, has striven diligently to keep dentistry down to the level of a trade. I have always spoken of the "dental profession," as a silly misnomer and shall continue to do so.

I have always regarded the present scheme of educating the oral specialist as an imperfect one, and have never failed, when opportunity offered, to advocate a complete revision in his educational régime.

I have hoped, and still hope, to live to see the day, *which will surely come*, because the medical man and the layman will demand it, when the present degree, *Chirurgiae Dentium Doctorum*, which for some unknown and unexplainable reason the dentist affixes after his name as D.D.S., will be abolished, and the degree of *Medicinae Doctorem* made the *sine qua non* for the practice of the stomatologist.

If the above is just cause for the charge against me, I plead guilty; but I shall still demur to the charge, and submit that my strictures are neither sneering, contemptuous nor belittling, but simply along the lines of elevating the general standards, educational and otherwise, of your dental brother, and I am confident that all within the sound of my voice will agree with me, when I say that such a procedure will be not only helpful to him but of incalculable value to his clientele. When one considers the handicaps of the dental practitioner, one can but say that the growth and development of his art have been marvellous, and the work and value of the dental school beyond our power to estimate; and yet, one cannot help wishing that the useful science and art of stomatology might have started in the proper form, as a related branch of medicine, so acknowledged from its birth, and not made to wait the lapse of more than three-quarters of a century to be properly classified.

As a teacher, I have ever tried to hold the practice of the oral specialist before my students in the most exalted manner, and have labored earnestly to inspire them with the ideal aims and desires which should pervade the minds and hearts of twentieth century stomatologists.

I am more and more convinced that the curriculum of a university could be so arranged, that a dental student could acquire the technical part of his profession within the same limit of time in which he is engaged in seeking an M.D. If not, let him do as other specialists do and take an extra year in post graduate technique. The dental course is now four years, and if his time could not be so arranged in a medical course of the same length, as to acquire the requisite technique in his specialty, he would not have to do more than his brethren in other departments of medicine who determine to specialize.

Let us glance for a moment at the handicaps under which the dentist is laboring, as a supposed scientific professional man.

In the first place, a graduate of dentistry, after an expenditure of four years time, and tuition fees, finds after graduation, that he cannot obtain one year's credit in a medical school, should he determine to study medicine, a very laudable ambition, an eminently proper desire.

Truly this is, or should be, an unexplainable paradox. Upon the other hand graduates of medicine are permitted to enter the second year class in a dental school, a frank admission that the medical man has received

a better fundamental training. This is a condition which has been materially strengthened of late, by a change in dental education, whereby a dental student, heretofore attending the same lectures as a medical student, and subjected to the same final examination, in the so-called fundamental branches, now receives separate instruction and an abbreviated, emasculated course in anatomy, physiology, materia medica and therapeutics. This, in my opinion, is a distinct retrograde movement, and should not have been permitted by those responsible for the education of a twentieth century stomatologist. When he begins practice he is looked upon by many medical men not as an equal but an alien, to be tolerated only, although he is practicing upon tissues of the human body as are all other specialists. His position in the army is even now, an inferior one, since the army surgeon in a majority of cases, attends to all pathological conditions of the mouth, with the exception of extractions, insertion of artificial dentures, fillings and treatment of diseased roots. The medical societies of this and other countries do not recognize him as qualified to be admitted as a member upon an equal footing; the A. M. A. admitting him as a dental member, our Faculty permitting him to affiliate as an associate member, and the International Medical Congress refusing to recognize him as a part of the medical profession. The law recognizes him as a tradesman by requiring him to do jury duty. The No. 4 Bulletin of the Carnegie Foundation for the advancement of teaching, and the following I regard as a very serious condition, mentions colleges and universities of law, medicine and theology, medical education of women and the negro, an extremely unpleasant combination, allopath, homeopath, eclectic, osteopath, and all the rest of the hybrid breeds, but not a word about the science and art of dentistry now seventy-eight years old. In national, state and civic affairs, the dentist appears for the most part, to be voiceless, either on account of lack of education, inclination, or qualifications to hold positions of trust. The public values the services of the dentist by the number of cavities he has filled, the teeth he has extracted, or, because of the insertion of artificial dentures, and not in any sense because of his knowledge of the correlation of the mouth and other parts of the body in health and disease, or his scientific skill as a prophylactician. Many dentists advocate, and practice, a system of fees based upon the scheme of the plumber, at so much per hour! Finally, his influence is so nearly, if not quite, nil, or his interest of so little moment, notwithstanding his large numbers in this community, as to make it, thus far, impossible to secure an appropriation of a single dollar to minister to the frightful lack of oral hygiene in our public schools, notwithstanding many annual attempts to secure it.

The above is not a list of assets to make one's bosom swell with pride; and, if anything can be done in, or by this organization, through the recent association of memberships, to aid in eliminating such a grievous category of impediments from a group of men practicing as specialists in medicine, it will have accomplished a splendid work.

In amending our Constitution, one year ago, to the end that dentistry might be benefited by an association with this time honored Faculty, of which I have been privileged to be a member for thirty years, and as well, that the members of the Faculty might be brought into closer relation with dental subjects, by means of the gathering together of a library dealing with those subjects, plus the advantages to all concerned, accruing from the ties of mutual relationship and fraternal intercourse, a fine beginning was made.

This union has brought about the realization of a dream I have been dreaming for many years, and I have but one regret, viz: that efforts of mine, made long ago, did not bear so happy a fruition.

I am well aware of the fact that almost all the handicaps which have been enumerated, have their source of elimination in the changing of the educational system which has been in vogue since the formation of separate schools for the teaching of dentistry, and that the effort to change such a long established scheme must necessarily be a laborious and slow one.

If, however, the interest of the leaders of medical thought in the Faculty, has been sufficiently aroused to suggest the desirability, if not the necessity, for a better knowledge, upon the part of the general practitioner, of the science and art of oral diseases, why may it not be quite feasible to carry the idea further and make propaganda having for its object the more extended training of the mouth specialist, even to the proper limit of his first becoming a doctor of medicine? This is indeed the crux of the whole matter. If all men who propose to devote their talents to diseases of the oral cavity were doctors of medicine, the before mentioned handicaps would be at once removed, and they would be trained in such manner as to enable them to take a broad and comprehensive view of that portion of the human anatomy, and all the processes, both local and constitutional, which affects it for good or ill.

It is of course necessary that the practitioner of dentistry should be a skillful mechanic, indeed to be a good surgeon presupposes the possession of a high grade of mechanical skill, and it is here that we find the maximum stress laid in the present day teaching of the dental student, very often to the utter exclusion of the scientific aspect of any given case.

Let us take one operation, if you please, which occupies so much of the time of both student and graduate. I refer to dental bridge work.



If the dentist were trained, fundamentally, as a scientific man, I am confident that this form of prosthesis would have been abandoned long ago; indeed it would never have been practiced by men who place the ultimate good of a patient, above the development, construction and insertion of a mechanical structure, which is absolutely unscientific, unhygienic and unclean.

This form of restoration of lost dental organs, together with ill advised and ill-fitting crowns, has done more to bring a reproach and opprobrium upon the dentist, than anything within his range of practice.

The days of the filthy unremovable bridge, are numbered, and its condemnation, in no uncertain terms by many scientific men, has helped to bring to the attention of all practitioners of medicine, the imperative need for higher scientific education upon the part of the dentist. Other reasons could be assigned why the mouth specialist needs a broader education, but time forbids this consideration. There is another side of this picture and upon it we find the painful lack of knowledge of the general practitioner of these subjects dealing with the mouth.

As an example, let me cite the fact that thousands of valuable dental organs are annually condemned and lost by order of the physician to the ruthless exodontist, who does the bidding of the man, whom, by so doing, he thus acknowledges as superior to himself, and, I am confident in many instances where he should have refused to abide by the dictum of one whose knowledge of the subject, was, to say the least, not above suspicion.

While I have ever deprecated the lack of knowledge possessed by the dentist, which has debarred him from being a well rounded scientific man, I have none the less disapproved the ignorance of the average medical practitioner regarding the diseases of the mouth and teeth, and this same feeling is entertained when I consider the opportunities and responsibilities of the graduate nurse.

The course of lectures in medicine should now include a requisite amount of special instruction relating to the mouth and teeth, and I have recommended as a part of the college curriculum of the prospective nurse, in the University of Maryland, systematic instruction in oral hygiene, thus far, I am sorry to say, without success.

There is no doubt, in my mind at least, that the general practitioner should be more familiar with pathological oral conditions, and while making propoganda for the better education of the mouth specialist, it would be well to suggest such a course, as noted above, in all medical schools having for its object much needed instruction in oral pathology.

Our Faculty has endorsed a provision for a composite examining board, admitting as members, Homeopaths and Osteopaths. This may strike some of us as rather revolutionary, but it shows, at least, that we are

becoming less bigoted, and that we live in an age of progress. I trust the day is not far distant, when both the medical course and the state law, will be so amended, as to require instruction upon dental subjects, and to admit, nay, to demand the presence of a stomatologist upon the examining board; and finally to see the latter placed upon the Board of Health of city and state, as is the case in at least one of our states in the middle west.

Why may not the entrance of the State Dental Association into associated union here, lead ultimately to some such valuable and beneficent result?

We know, full well, that the final awakening of the medical world to the fact, that many constitutional maladies have their etiology in diseased mouths, is incontestable; and the impenetrable mystery of the matter is, that the awakening came so late in the realm of scientific medical progress. It was not a particularly pleasant or agreeable experience, I am sure, because it elevated the humble dentist to a station of equality.

We all know of the dangers of diseased teeth and roots on the general health, but I am hoping for the dawn of the day when the mouth specialist is sufficiently educated to refuse to sacrifice useful dental organs, or those which can be made useful by proper treatment, at the mandate of the physicians when, in his judgment, they should not be sacrificed.

When the layman places the opinion of the scientific medical man over against that of the dentist, who has been regarded for so many generations merely as a high grade mechanic, and unrelated to general medical science, the latter very naturally suffers, and, in many instances, rightly so.

All of this I trust will be changed in the early part of the twentieth century, and, thank God, the change is well under way. The dentist who is no longer content to be only a repairer and restorer of broken down and lost dental organs, but has extended his vision beyond the mouth in a search for the causes of the pathological condition he finds there and is applying his knowledge to prevent these conditions, has taken his place alongside of his other scientific brethren, has become a teacher of prophylaxis, and is spreading the beneficent gospel of oral hygiene among the masses of mankind.

It is, as you all know, a practical impossibility to teach the average uneducated adult the necessity for clean and hygienic mouths; but, if the children can be taught this valuable lesson, they will readily and gladly absorb it, and become apostles for the spreading of the propaganda.

Here is the field in which you may be immediately helpful. I have told you that futile efforts have been made annually to secure an appropriation for school dental clinics. Careful examination of the mouths of our school children, here and elsewhere, show that at least 90 per cent actually require the services of the mouth specialist.

Does not this statement appeal to you, as it does to me, as an appalling state of affairs?

Just think for a moment of a pathological condition actually existing in the mouths of our poor school children, accounting for more absences, more poor scholarship, more bad conduct, more pain and discomfort, and ready susceptibility to general systemic disorders, than, probably, all other physical defects combined, being allowed to continue unaided and unchecked!

Is not the correction of this monstrous evil quite as necessary, in your opinion, as the teaching of music, drawing or calisthenics, and will you not lend the full force of your united and powerful aid in assisting your new associates to secure this great advance in civic hygiene?

This, then, is a part also, of the true significance of the entry of your dental brethren into a closer bond with this organization; and if the ideals of a few of us, who have labored to make real a new era in oral hygiene for our school children, be accomplished, through and by your sympathy and help, a great forward movement will be realized in the progress and uplift of dentistry, and in the fight against oral diseases among the masses.

I trust that you will now allow the recent affiliation to rest simply upon the basis of providing a new home for the dental men where they will find a great library for purposes of education, and available rooms for all kinds of meetings, as their portion of a constitutional agreement; and you will receive a small sum of money as annual dues, part of which is to be expended for an oral library section, as your part of the agreement.

May the real significance of the union, in addition to the suggestions previously made in this paper, be a closer fraternal feeling, more frequent and effective consultations, a mutual helpfulness in all those matters in which you need each others aid, repeated attendance upon each others meetings, and above and beyond all, such stimulation upon your part for higher aims and scholarship as will some day break down the foolish barriers between what are now known as the medical and dental professions, and establish their union in one common bond by removing the handicaps from the stomatologist through his having become a full member of the great healing art.

## SOCIETY NOTICES

### BALTIMORE CITY MEDICAL SOCIETY

The regular meeting was held at the Medical Library, at 8 30 p.m., January 17, 1919. It was a joint session with the Red Cross Institute for the Blind. The joint meeting was presided over by the President, Dr. G. L. Hunner, who called upon Lieut.-Col. James A. Bordley to introduce the speaker of the evening, Sir Arthur

Pearson, of London. The subject of Sir Arthur's address was "Work at St. Dunstan's Hostel for Blinded Soldiers, London." At the conclusion of this address Col. Bordley gave an illustrated talk on the work for the blind at the U. S. General Hospital No. 7.

Before adjourning the Chair expressed the thanks of the audience to Sir Arthur Pearson for his interesting and illuminating address.

#### WASHINGTON COUNTY MEDICAL SOCIETY

#### *Report of committee to provide floral emblem and prepare resolutions upon death of Dr. V. M. Reichard*

The formal record of the ending of the splendid life of our Brother Valentine Milton Reichard at his home in Fairplay, this County, on Sunday evening January 26, 1919, should be accompanied by a few words, however inadequate, expressive of our respect and love for him as physician, friend and citizen.

Entering upon the study of medicine in 1880, under conditions and influences as then existing, it was inevitable that with his innate sense of propriety, justice and duty, there should develop, as the years passed, a character and individuality so distinctive of usefulness and trustworthiness, that at the taking away of the beloved friend and physician, the community he served should show, by universal attendance upon his obsequies, how sorely it had been stricken.

Those who have attended the meetings of this Society, with reasonable constancy, and observed his intelligent participation in its discussions, know his loyalty to this organization; that his standards of scientific attainment and ethics were those of the scholar and the gentleman, and that unswerving fidelity characterized his service to his profession, as well as to his patients.

No road was too long, no storm too severe, no heat too stifling, no service too arduous to daunt this Brother in the discharge of the duties coming to him as a physician, or through the ever widening range of opportunity as his keen eye recognized the needs of our poor humanity. His life was a consecration of self to a high and noble service, representative of open mindedness, scientific investigation, intelligent and discriminating understanding, and judgment resting upon a broad individual experience.

As a friend Dr. Reichard was constant and loyal. Neither circumstance nor station touched a heart gripped with hooks of steel to those it loved. If fortune favored warm hearted congratulation found expression, if adversity and sorrow laid heavy hands and led into the Shadows of the Valley, his sustaining strength was present.

As a citizen Dr. Reichard's work was characterized by a broad intelligent understanding of individual civic duty, and courage to present and urge upon the body politic the adoption of the policies he believed essential to the public welfare. . . . Upon one or two occasions he was threatened with personal injury, which only intensified his activity, in the cause so dear to his patriotic heart. Wherever his conception of duty led he went loyal and fearless.

This Society has been strengthened and honored by his membership.

One of our great presidents, who in his eternal rest carries our admiration and love, said:

"To the dead we can add *no glory*, we can give them *no immortality*. They do not need us, but forever and forever more *we need them*."

J. MC P. SCOTT,  
W. D. CAMPBELL,  
AUG. C. MAISCH.

## OFFICERS AND COMMITTEES FOR 1919

### *President*

John Ruhräh

### *Vice-Presidents*

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Philip Briscoe

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### *Committees*

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*Library Committee.*—J. W. Williams, H. B. Jacobs, Harry Friedenwald, R. B. Warfield, L. F. Barker.

*Finney Fund Committee.*—H. L. Naylor, J. W. Williams, John Ruhräh, R. B. Warfield, L. F. Barker.

*Delegates to A. M. A.*—Randolph Winslow; *alterna e*, C. B. Claybrook; T. S. Cullen; *alternate*, Charles O'Donovan.

*Public Instruction.*—Albert Keidel, Harry Goldberg, C. R. Austrian, D. B. Casler, J. H. Pleasants.

*Post Graduate Work and Instruction.*—Jefferies Buck, H. W. Buckler, J. H. M. Knox, C. W. Larned, G. E. Bennett.

*Midwifery Law.*—F. V. Beitler, Karl Wilson, G. W. Dobbin, J. W. Williams, Philip Briscoe.

*Memoir.*—T. P. McCormick, W. M. Dabney, T. F. Leitz, W. B. Platt, F. D. Sanger.

*Fund for Widows and Orphans.*—G. W. Mitchell, Anna S. Abercrombie, W. W. Requardt, P. L. Travers, E. H. Hinman.

*Defense of Medical Research.*—T. S. Cullen, W. R. Stokes, Standish McCleary, S. R. Miller, W. S. Baer.

*Medical Education.*—Herbert Harlan, J. W. Williams, J. M. H. Rowland.

## STATE PRACTICE ACT

*State Board of Medical Examiners*—Herbert Harlan, J. McP., Scott, Harry L. Homer, J. L. Riley, H. M. Fitzhugh L. A. Griffith, E. E. Wolf, H. T. Collenberg.

*Regular Meetings of the Board of Medical Examiners of Maryland*—Fourth Tuesday in April; first Tuesday in June; first Wednesday in October; first Wednesday in December.

*Regular Examinations*—Examinations are held in Baltimore. Third Tuesday in June for four consecutive days. Second Tuesday in December for four consecutive days.

Maryland is in reciprocal relationship with the following States; Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Michigan, Minnesota, Missouri, Nebraska, New Hampshire, Ohio, Oklahoma, S. Carolina, Texas, Vermont, Virginia, W. Virginia and Wisconsin, subject to requirements and fees imposed by the respective States.

Information connected with Medical Examinations and licensure by addressing Secretary, J. McP. Scott, Hagerstown, Md.

# MEDICAL SOCIETY MEETINGS

Component Societies of the Faculty, with a list of their officers and times of meeting

*NOTE.—Secretaries are requested to advise the Secretary of the State Society promptly of the election of new officers in their respective Societies*

- BALTIMORE CITY MEDICAL SOCIETY.** President, GUY L. HUNNER; Vice-President, H. G. BECK; Secretary, EMIL NOVAK; Treasurer, W. S. GARDNER; Censors, J. M. HUNDLEY, J. S. CULLEN, R. WINSLOW; Delegates, J. S. CULLEN, S. M. CLEARY, L. HAMMAN, G. W. MITCHELL, H. E. PETERMAN, E. NOVAK, F. R. SMITH, N. E. B. IGLEHART, H. JONES, E. H. HUTCHINS, E. R. OWINGS. SECTION OF CLINICAL MEDICINE AND SURGERY. First and Third Fridays, 8.30 P.M., October to May. Chairman, J. STAIGE DAVIS, M.D.; Secretary, E. B. FREEMAN, M.D. SECTION OF DERMATOLOGY. Third Wednesdays. Chairman, J. WILLIAMS LORD, M.D.; Secretary, I. R. PELS, M.D.
- SECTION OF GYNECOLOGY AND OBSTETRICS.** Second Fridays in October, December, February and April. Chairman, J. M. H. ROWLAND, M.D.; Secretary, EMIL NOVAK, M.D.
- SECTION OF LARYNGOLOGY.** Fourth Fridays monthly, 8.30 P.M. Chairman, LEE COHEN; Secretary, G. W. MITCHELL.
- SECTION OF MEDICAL EXAMINERS.** Third Fridays in November and March. Chairman, J. D. IOLEHART, M.D.; Secretary, W. E. MAGRUDER, M.D.
- SECTION OF NEUROLOGY.** Second Friday, monthly. Chairman, C. M. BYRNES, M.D.; Secretary, D. D. V. STUART, M.D.
- SECTION OF OPHTHALMOLOGY AND OTOLGY.** Third Wednesdays. Chairman, J. W. DOWNEY, JR., Secretary, C. A. CLAPP.
- ALLEGANY COUNTY MEDICAL SOCIETY.** President, E. B. CLAYBROOK, Cumberland; Secretary, H. V. DEMING; Treasurer, F. G. COWHERN, Cumberland, Md.; Delegate, A. H. HAWKINS. Second Wednesdays of January, April, July and October; annual meeting in January.
- ANNE ARUNDEL COUNTY MEDICAL SOCIETY.** President, J. O. PURVIS, Annapolis, Md.; Secretary, F. E. WEITZMAN, Annapolis, Md.; Treasurer, F. H. THOMPSON, Annapolis, Md.; Delegate, L. B. HENKEL. Second Tuesday of January, April, July and October.
- BALTIMORE COUNTY MEDICAL SOCIETY.** President, F. W. KEATINO, Owings Mills, Md.; Secretary-Treasurer, ALFRED GUNDRY, Catonsville, Md.; Delegates, J. S. BOWEN, H. L. NAYLOR, Mt. Washington, Md. Third Wednesdays, at 2 P.M.
- CALVERT COUNTY MEDICAL SOCIETY.** President, W. H. TALBOTT, Willows, Md.; Secretary-Treasurer, J. W. LEITCH, Huntingtown, Md.; Delegate, P. BRISCOE. Second Tuesdays in April, August and December; annual meeting second Tuesday in December.
- CAROLINE COUNTY MEDICAL SOCIETY.** President, S. S. STONE, Ridgely, Md.; Secretary-Treasurer, J. R. DOWNES, Preston, Md.; Delegate, J. C. MADARA, Ridgeley, Md.
- CARROLL COUNTY MEDICAL SOCIETY.** President, D. B. SPECHER, Sykesville, Md.; Secretary-Treasurer, H. M. FITZBUGH, Westminster, Md.; Delegate, M. D. NORRIS. April, July, October, December; annual meeting in October.
- CECIL COUNTY MEDICAL SOCIETY.** President, T. J. CONROY, Chesapeake City, Md.; Secretary-Treasurer, H. BRATTON, Elkton, Md.; Delegate, J. S. DARE, Rising Sun. Third Thursdays at Elkton, April, July, October, January; annual meeting in April.
- CHARLES COUNTY MEDICAL SOCIETY.** No active organization.
- DORCHESTER COUNTY MEDICAL SOCIETY.** President, E. V. HUNT, Vienna, Md.; Secretary-Treasurer E. E. WOLFF, Cambridge, Md.; Delegate, JOHN MACE, Cambridge Md. Meetings first Tuesday in June and December.
- FREDERICK COUNTY MEDICAL SOCIETY.** President, H. P. FAIRNEY, Frederick, Md.; Secretary, J. M. GOODMAN, Frederick, Md.; Treasurer, E. L. BOWLUS, Middletown, Md.; Delegate, I. J. McCURDY. January, April, August and November.
- HARFORD COUNTY MEDICAL SOCIETY.** President, P. F. SAPPINGTON, Belair, Md.; Secretary-Treasurer, DR. CHARLES BAGLEY, Bagley, Md.; Delegate, W. S. ARCHER. Second Wednesdays in January, March, May, July, September and November.
- HOWARD COUNTY MEDICAL SOCIETY.** President, W. N. GASSAWAY, Ellicott City, Md.; Secretary-Treasurer, FRANK O. MILLER, Ellicott City, Md.; Delegate, W. R. WHITE, Meetings (quarterly) first Tuesdays in January, April, July and October.
- KENT COUNTY MEDICAL SOCIETY.** President, H. G. SIMPERS, Chestertown, Md.; Secretary-Treasurer, F. B. HINES, Chestertown, Md.; Delegate, F. B. HINES.
- MONTGOMERY COUNTY MEDICAL SOCIETY.** President, E. W. WHITE, Poolesville, Md.; Secretary-Treasurer, E. L. BULLARD, Rockville, Md.; Delegate, J. E. DEETS. Third Tuesdays in January, April, July and October.
- PRINCE GEORGE'S COUNTY MEDICAL SOCIETY.** President H. B. McDONNELL, College Park, Md.; Secretary, S. M. McMILLAN, Riverdale, Md.; Treasurer, W. ALLEN GRIFFITH, Berwyn, Md.; Delegate, L. A. GRIFFITH, Upper Marlboro. Second Saturday of January, April, July, October.
- QUEEN ANNE'S COUNTY MEDICAL SOCIETY.** President W. W. BOWEN, Price, Md.; Secretary-Treasurer, H. F. McPHERSON, Centerville, Md.; Delegate, W. H. FISHER.
- ST. MARY'S COUNTY.** No active organization.
- SOMERSET COUNTY MEDICAL SOCIETY.** President, C. C. WARD, Crisfield, Md.; Secretary-Treasurer, H. M. LANKFORD, Princess Anne, Md.; Delegate, G. C. COULBOURN. First Tuesday in April at Crisfield; first Tuesday in October at Princess Anne.
- TALBOT COUNTY MEDICAL SOCIETY.** President, J. H. HOPE, St. Michael's, Md.; Secretary-Treasurer, J. A. ROSS, Trappe, Md.; Delegate, W. S. SEYMOUR. Annual meeting third Tuesday in November and semi-annual meeting third Tuesday in May.
- WASHINGTON COUNTY MEDICAL SOCIETY.** President, VICTOR D. MILLER, Hagerstown, Md.; Secretary, W. D. CAMPBELL, Hagerstown, Md.; Treasurer, J. E. PRYNOGLE, Hagerstown, Md.; Delegate, V. M. REICHARD. Second Thursday.
- WICOMICO COUNTY MEDICAL SOCIETY.** President, J. M. ELDERDICE, Mardella Springs; Secretary and Treasurer, H. S. WAILES, Salisbury, Md.; Delegate, G. W. TODD.
- WORCESTER COUNTY MEDICAL SOCIETY.** President, PAUL JONES, Snow Hill, Md.; Secretary and Treasurer, R. LEE HALL, Pocomoke City, Md.; Delegate, PAUL JONES Snow Hill Md







THE BULLETIN  
OF THE  
Medical *and* Chirurgical  
Faculty of Maryland



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No. 6

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# THE BULLETIN

OF THE

## MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND

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CONTROLLED BY THE COUNCIL AND EDITED BY A COUNCILLOR,  
DR. CHARLES O'DONOVAN  
PUBLISHED MONTHLY EXCEPT JUNE, JULY, AUGUST AND SEPTEMBER

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### FURTHER DEVELOPMENTS IN COÖPERATIVE MEDICINE.

We commend to the consideration of our members the extracts printed in this number of the BULLETIN as bearing upon the question of co-operation in the diagnosis of all sorts of disease. This method has been developed fully in hospitals where the various members of the visiting and resident staffs contribute their assistance in making diagnoses; where the radiographer and laboratorian add their necessary to the facts to be finally presented to the mind of the physician who must complete the diagnosis, and the additional facts obtained by the observation of the attending nurse, and recorded by her, assist materially. But in the West has grown up from association of many physicians and specialists in close proximity, in large office buildings, a custom of close and simultaneous study of cases by group of men, eminent in their own specialities, and limiting their study to these, which appears to them to be a considerable advance in medical practice, designated by Dr. G. S. Peterkin, of Seattle, Washington, "Medical Economics." His monograph "Ethical Economics versus Medical Ethics or Efficiency in Medical Practice" is a full and careful study of this subject, from which we have borrowed two conclusions; the pamphlet is on file in our Library.

The article of Dr. L. F. Barker, of Baltimore, from which also we print extracts, can be read in full in the *New York Medical Journal* of September 21 and 28 and October 5, 1918. This address was delivered before the New York Academy of Medicine, December 6, 1917, and is entitled "The General Diagnostic Study by the Internist." As might be expected, it is a very excellent study of the whole field of diagnosis with full details of various methods available to assist the physician in a final accurate diagnosis. It is well worth reading. Are we in the conser-

vative East, prepared to follow along the lines suggested by these articles? One cannot deny that medicine has so developed that no one man is in a position to do the detail work necessary to cover every field of inquiry, nor would one have the time to do this even if he had the capacity. So the question seems to be between having a number of men, specializing, work on the case simultaneously, as against having various symptoms treated seriatim, successfully or otherwise, by men dissociated and necessarily reduplicating portions of their examinations. As advocated by the authors quoted the plea for coöperative measures is very strong; but the patient himself may have some prejudice in the matter, and may prefer the older method of individualism; even in these days of glaring publicity, there are some who may prefer to be medically intimate with one rather than with a corps of coöperating physicians.

#### ABSTRACTS FROM ETHICAL ECONOMICS VERSUS MEDICAL ETHICS, OR EFFICIENCY IN MEDICAL PRACTICE.

BY G. SHEARMAN PETERKIN.

"In plain English, the public is not getting the service that it ought to have!

This inefficiency of service is due not so much to indifference on the part of the profession, as to the fact that only an occasional individual can pay the cost of obtaining absolutely scientific knowledge for himself or herself. As a result, there are few physicans (not 5 per cent) who apply accurate scientific knowledge. Therefore a vital problem presents itself for solution: that of applying scientific methods economically to every individual; i.e., to the active practice of medicine. So it is the aim of this paper to try to demonstrate that, with proper organization and proper attitude toward the profession, thoroughly scientific medical treatment can be given the public.

The term 'proper attitude' is used with a purpose, for physicians must first revise their code and their principles of ethics before the scientific method can be successfully adopted. The shibboleth of the profession is and has traditionally been 'Medical Ethics;' and this must be replaced by the watchword 'Ethical Economics.' The writer is well aware that one who presumes to question the code of so-called 'Medical Ethics' is likely to be branded as 'unprofessional,' if not 'inhuman!' Nevertheless, the fact remains that our ethics are not really ethical at all; they are pseudo-ethics, a product of blind tradition. True ethics represent the doctrine of man's duty, first in respect to himself, and second as to the rights of others. There should be no conflict between these two demands; and the ethics of any physician ought to pro-

vide for such an adjustment. Now, the basis for such an adjustment must be an economic one, and there are certain fundamental and immutable facts that must be recognized, namely:

1. One hundred per cent of the representatives of medicine, physicians, are human beings, and the minds of the highest and the lowest are compounded of the same elements, held subject to the same laws of action; and the knowledge that any one of them possesses comes—as it does to every other human being—through the ordinary channels of the senses.

2. In the search for knowledge in every branch of human activity, including medicine, science has advanced rapidly and produced innumerable mechanical aids to increase the efficiency of the senses of man, whereby he may still more rapidly advance his knowledge. Logically, all things being equal, in proportion to the number of aids to the special senses correctly employed does the mind of man gather accurate knowledge.

3. Every physician is a human being, governed by the normal human emotions. Therefore, if the recompense for labor does not enable the physician to carry overhead expenses; does not give him time and funds for improvement, study, travel and necessary recreation; does not produce profit that is protection for his family and for himself in sickness and old age, he can neither give scientific service nor continue to progress. If adequately recompensed he can give scientific service far more readily and is more likely to progress.

From the foregoing facts it is evident that the simile of the urinary system and the water system, as applied to urology, is applicable in principle to every other branch of medicine. This simile, beyond doubt, must demonstrate conclusively that the attainment of scientific knowledge necessitates not only the employment of all the special senses but likewise all of the mechanical aids to these senses. These mechanical aids in turn demand the possession of equipment. Equipment means monetary expenditure, especially the initial investment, and when adequate in medical science is usually very costly. The equipment purchased and installed, the producing of accurate results requires that this equipment be constantly maintained at the point of highest efficiency. The maintaining of efficiency necessitates skilled assistants and high-grade material. To supply all these factors organization is a fundamental necessity.

Finally, organization to produce efficiency that will give practical results—profit and maintenance of standards—through applying scientific methods, requires system. System in turn requires economic recognition and control of the amount of investment, cost of upkeep, depreciation, taxes and interest, in order to produce adequate profit. In other words, as in business, systematic organization is necessary if scientific and economic efficiency is to be secured.”

THE GENERAL DIAGNOSTIC STUDY BY THE INTERNIST.<sup>1</sup>

COÖPERATING WITH GROUPS OF MEDICAL AND SURGICAL SPECIALISTS.

BY LEWELLYS F. BARKER, M. D.

*Baltimore*

## INTRODUCTION

The making of a diagnosis, whether by a general internist or by a specialist, involves the application of the methods of reflective thought to the solution of a problem. But the problem of a general diagnostic survey by the internist is very different from the problem that confronts the specialist who is asked to make a diagnostic study in a single domain. The duty of the internist is to survey the patient as a whole psychophysical organism; whereas the task of the specialist, in the more limited study mentioned, is to confine his attention to a smaller or larger part of the structure and functions of the organism. The internist who undertakes to make a general diagnostic survey should know enough about the methods of all the medical and surgical specialities to realize how to value their application in a given case; he should gain the cooperation of groups of skilled specialistic examiners whose objective findings he can rely upon, and he should learn how to judge of the importance or unimportance, in relation to the patient's whole state, of the reports that come in to him from the several specialists.

In such studies there should be closest cooperation between the general diagnostician and the specialists. Even a surgeon, viewed from the standpoint of the general diagnostician, is to be regarded mainly as a specialist in therapy, though, in many instances, on account of an intensive experience in a special field, his opinion regarding the diagnosis in some special domain may be sought and proved to be important as a part of the general diagnostic survey. As my experience has grown I have become ever more convinced that it would be well if more patients could be first studied as a whole by a cooperating group of specialists, associated with a broadly trained general diagnostician. After a full diagnosis has been arrived at, the general deviations from the normal having been properly coordinated and subordinated, the therapy should be comprehensively planned; and for carrying out this therapy some division of labor among experts in special domains will often be necessary.

<sup>1</sup>Abstracts from address delivered at the New York Academy of Medicine, December 6, 1917, and reprinted from the *New York Medical Journal* for September 21, 28, and October 5, 1918.

## THE FIVE STEPS IN DIAGNOSIS.

In this analysis I have been much helped by the study of the simpler books on logic and on the psychology of thinking. As in reflective thinking in general there are five main steps in the process of diagnosis. This statement applies not only to the general diagnostic study, but also to the study of a single domain by the specialist. The *first step* is the feeling of a diagnostic difficulty, the recognition that we are confronted by a problematic situation. The *second step* is the collection of data that will permit a more precise diagnostic problem. It begins with restraint of inference and suspension of judgment until enough facts have been collected to make the nature of the diagnostic difficulty clearer before we try to solve it. As medical students, we have all been trained in methods of collecting facts regarding a patient. In the accumulation of such data we do best to follow some systematic plan. The *third step* is the summarizing of the more important facts, the arrangement of these facts in a certain way, and the recording of suggestions that arise in our minds that will help us to describe them more briefly and to understand their meaning. The process may consist largely in a hunt for general conceptions that will permit us to classify and, in a sense, interpret the problematic phenomena that we have encountered. If no general notion that is accepted or unquestioned can be found to apply, we may try to form a new one that will be satisfactory. The *fourth step* is the development, by reasoning, of the bearings or implications of each of the several descriptive or explanatory suggestions that occur to us. We consider what the facts should be in the case if any one of the conjectures formed were really applicable to it. The *fifth step* is the testing of the several suggestions as elaborated by reasoning to see which of them are corroborated by the facts and which of them are not corroborated. In making these tests, we often find that further observation, or experiment, may be required before we are justified in arriving at a concluding belief. For though some of the suggestions may be quickly accepted or rejected, others may demand an extension of the fact accumulation before acceptance or rejection is permissible. In complex situations, in which several of the conditional suggestions are found to be applicable, an arrangement of these in the order of their importance for the patient is desirable.

*To summarize.*—We feel a diagnostic difficulty; we locate and define the diagnostic problem; we stop observing and begin to think, allowing suggestions of possible explanation to occur to us; we develop by reasoning the implications of each of these several suggestions; and, finally, we accept or reject the conceptions suggested, according as they are, or are not corroborated by the facts already collected or by the facts obtained through further observation and experiment. \* \* \* \* \*

COLLECTION OF DATA FOR THE MORE ACCURATE LOCATION AND DEFINITION  
OF THE DIAGNOSTIC PROBLEM.

It is because, when confronted by a patient with a complaint, suspension of judgment pending investigation to determine more exactly the nature of the diagnostic difficulty is essential for good diagnosis, that we are all, as students, taught to follow some systematic plan of questioning and examining the patient to ensure the accumulation of data that will suffice to locate and define the problem. While engaged in this work, suggestions of solution are likely to arise in our minds as we go along, but no matter how plausible they may be, we do well not to yield assent to them at this stage of the diagnostic procedure, though we may make use of them in determining the direction in which the explanation shall be especially extended, or in deciding that in the case before us certain methods of collecting facts need not be applied. Though a systematic plan of studying a patient is highly desirable, one must take care that his curiosity does not become fibrosed by too rigid adherence to a routine process of examination. This is one of the dangers to which the instinct is subject, and one must safeguard himself against it, especially as he grows ever busier in practice. The routine that an expert internist uses today is very different from that followed by skillful diagnosticians five or ten years ago; each year the routine followed will to a certain extent require change in order that practice may keep pace with the growth of knowledge and that inquiry may conform to needed alterations in emphasis.

For convenience of discussion, the methods of collecting the facts for a general diagnostic survey may be dealt with under the five headings of the following table:

COLLECTION OF DATA.

1. Recording the anamnesis.
2. Dictating the results of a general physical and psychological examination.
3. Requesting the application of certain laboratory tests.
4. Requesting certain X ray examinations.
5. Requesting examinations by experts in certain special domains.

\*            \*            \*            \*            \*            \*

The reports from the several röntgenological examinations are filed with the other reports until the data from specialists' examinations have been collected.

5. *Requests for examinations by experts in special domains.*—The rapid advances that have been made in diagnosis and therapy in the last fifty years are in no small measure the result of the division of labor that we know as the rise of specialism in medicine. The field of clinical knowledge is so vast, the instrumental methods that have been introduced for the investigation of special domains are so numerous, and the technic of



their skillful application in many instances so difficult, that no single person can hope to be equally conversant with facts and methods of the several provinces or to attain to mastership in the practical technical procedures of more than one or two of them. The result is that besides general internists and general surgeons, we now have pediatricists, ophthalmologists, otologists, laryngologists, tuberculosis experts, heart specialists, hematologists, dentists (subdivided), gastroenterologists, proctologists, gynecologists, urologists, urogenital surgeons, orthopedists and postural specialists, neurologists, psychiatrists, dermatologists, endocrinologists, specialists in disorders of metabolism, clinical pathologists, clinical chemists, and röntgenologists. I dare say others might legitimately be added to the list.

It is true that in the medical schools, it is desirable that the students should learn the main facts and principles of all the medical and surgical specialties and that they should have enough first hand experience with special instruments, such as the ophthalmoscope, the nasopharyngoscope, the bronchoscope, the cystoscope, the ureteral catheter, and the electrocardiograph, to permit them to understand their uses and to convince them of the importance of their application as aids to diagnosis in certain cases. But in actual practice, specialists to do their best work, and general internists to do their best work, must submit evermore to that distribution of different parts of the diagnostic task among members of a group that has been found necessary for securing most quickly and accurately the data upon which a diagnosis should be based. An internist who works alone without the coöperation of groups of specialists, is sure to miss facts that may be of the highest importance for a thorough understanding of his patient's condition. A specialist who works alone should not forget that, no matter how expert he may be in his specialty, he is studying only one part of the body, and that though abnormalities may be found in his special domain, they may be far less important for the patient's whole condition than are abnormalities that, unknown to him, exist in other domains. How are patients to gain the advantages of specialization in medicine and at the same time escape the dangers of a one-sided study? This is a question that must be faced squarely in order that the right answer may be found. The solution of the problem seems to me to lie in group work, each member of the group possessing special skill in some particular kind of work, and one member, acting as integrator, combining the single parts into a properly proportioned whole. The integrator should preferably be a person who, though perhaps especially skilled in some one branch, is rather encyclopedic in training and comprehension, sympathetic and tolerably familiar with work in all the divisions of modern medicine and surgery, free from prejudices, disciplined by sufficient experience in hospital wards, in clinical laboratories, and in the autopsy

room, and blessed with that common sense which is, in the last analysis, largely a sense of proportion. Specialism, thus resulting in the orderly cooperation of the members of a group, instead of acting as a disintegrating force, may be made to contribute to a higher unity, most helpful both to the public and to the profession. With organization in groups of the kind mentioned, it would matter but little to whom the patient applied for diagnosis; if the integrator be applied to first, he will secure the reports from other members of the group before undertaking the integration; if a specialist in some single anatomical domain be applied to first, he may make his own examination, refer the patient to the integrator for the conduct of the rest of the study, and receive from the latter the full and proportionate diagnostic report upon which a rational therapy can be planned. Obviously, mutual confidence and good will must prevail among the members of such a group. Such groups already exist and the number of them is, I believe, destined rapidly to increase. The older competitive methods must give way to the newer cooperative methods in medicine as in all other walks of life. Nothing could be more unfortunate, however, than the formation of cliques when arranging for group work in diagnosis, and I would warn emphatically against this danger. It is obvious, I think, that such a system as I am referring to does not restrict any specialist or any integrator to activity in a single group; there is no reason why either should not participate in the activities of several different or overlapping cooperating groups, the important points being that the group at work on any single case shall be so constituted as to ensure, first, expert study in each of the several bodily domains in which there is an indication of the need of such study, and, secondly, a combination of the parts of the study into a well-balanced whole, the systematic analysis being followed by an adequate synthesis.

Now, in most cases there is, of course, no necessity of examination by every member of a large group of specialists. In addition to the anamnesis, the general physical and psychical examination, the routine laboratory tests and X ray tests already mentioned, there may be required special examinations in only one or two anatomical domains. In obscure cases, however, and especially in instances of chronic infections necessitating the search for hidden foci, we may feel the need of calling upon a number of experts for aid. How many cases of chronic infectious arthritis, for example, progress for months because the diagnostic studies have been limited to too few domains, when more complete studies might have located the primary foci that were responsible? No one can lay down hard and fast rules as to how extensive a study should be. The judgment and experience of the one who has the general conduct of the study in charge must decide after the anamnesis has been recorded and the general physical and psychical examination has been made. The main thing is

that he who conducts the study shall be sensitive to the problems that confront him and know how to apply the best skill in attacking and solving them. The greater the talents and experience of the integrator, the better his insight and discernment, the more likely he will be to have a proper sense of the indicative importance of the various features of a puzzling case. The greater his familiarity with the making of general diagnostic surveys, the more he will avoid requesting examinations that are wholly superfluous, the less likely he will be to neglect a test that is essential in any single case. The taking of too much pains in one case may be foolish; the taking of too little in another may be disastrous.

The choice of experts among those that may be available is of no inconsiderable significance. In asking the aid of an expert, one must make sure that a real expert, not a pseudoexpert, is chosen. Again, among real experts, one will choose those that can give the information that is relevant. Thus, for an opinion on the existence of a proliferative periodontitis and its importance, one will select among several expert dentists, neither an orthodontia specialist, nor a bridgework specialist, unless in addition to his knowledge of his branch of dentistry he knows also the marks and the significance of periapical granulomata. Or, for an opinion on the importance of a pathological idea, or mood, one will select among neurologists and psychiatrists, neither one who is interested solely in organic lesions of the nervous system, nor one whose whole outlook on mental phenomena is colored by some dogma, but rather one who is broadly trained in psychiatry, both descriptive and genetic.

In referring a patient to an expert in a special domain, it is well to send with him a note clearly explaining the nature of the reference, say as follows:

DEAR DOCTOR:

We are making a general diagnostic study of Mr. ———. Would you be kind enough to examine him in your domain and to send me a report of your findings. Will you mention especially in your report ———?

There should be a general understanding among members of a cooperating group that the patient is to be told nothing about the findings in the single domains until the whole study has been completed and its parts integrated. If this plan be adhered to, much confusion and, often, embarrassment, will be avoided.

As soon as reports have been received from whatever specialists have cooperated in the study, the preliminary collection of data is complete and the materials are available for the next step of the diagnostic procedure, namely, the summarizing and arranging of the facts and the consideration of the inferences that may be drawn from them. In collecting the data, we make use chiefly of the methods of observation and, in order that

observation can be extended and precisely controlled, we resort to a large number of small experiments—our several clinical tests. After collecting the data, we stop observing temporarily and undertake the next step of the diagnostic procedure; we begin to use the intellect in arranging the facts and in scrutinizing them; we allow the things observed to bring into our minds things that are not observed, that is, suggestions, ideas, conjectures, or hypotheses of what the things observed may mean. \* \* \*

#### DIAGNOSTIC CONCLUSIONS OR BELIEFS.

To verify a diagnostic inference after having found out what it implies, we must establish the identity of the facts with its implications. Correspondence with what has been, or can be, observed is the only legitimate proof of a diagnostic hypothesis. We test an idea that we have tentatively entertained and rationally elaborated by seeing first whether it can be identified with the conditions that are actually observable in the patient, and, secondly, whether the distinguishing criteria of rival tentative ideas of diagnosis can be proved to be absent. In this testing we may, as we have seen, be compelled both to extend our direct observation of the patient and to make certain additional experiments that will permit the making of special observations that will strengthen or weaken the suppositional inference. In other words, after we have thought, we must again observe in order to corroborate, or refute, a tentative diagnostic conjecture. In our infected patient with palpable spleen, fever, and leucopenia, we may on closer observation discover some previously overlooked rose spots; or we may find on the lip a slight herpes that had been passed over as insignificant; or, again, on looking carefully through a stained smear of the blood we may find a single crescent-shaped malarial parasite, or we may make a culture from the blood in bile bouillon, grow a motile bacillus, and on testing it find that it is the *Bacillus paratyphosus*; or we may after the application of many tests still remain in doubt as to the cause of the infection until a week or two later, perhaps, we find ourselves able to demonstrate the presence in the blood of specific agglutinins previously non-demonstrable. Diagnostic suggestions elaborated by reasoning have to be tried and tested until some one of them is corroborated and verified. Then, and only then, should we permit ourselves to accept an inference, to conclude that it is correct, to believe it. Even when all these precautions are taken we shall sometimes make mistakes in diagnosis. Who among us, including the most careful, does not occasionally arrive at a diagnostic conclusion that he is later compelled to revise? But if we recognize how difficult diagnosis is, if we try to observe accurately ourselves and enlist the aid of experts in accurate observation in special domains in the collection of data, if we develop fully the implications of the diagnostic suggestions that occur to us and compare these with the

data observable before permitting ourselves to arrive at diagnostic conclusions, in other words, if we apply the method of science to clinical diagnosis, we can feel sure that we are working in the right way, and that as we grow in knowledge and experience we shall become as good diagnosticians as is possible within the limitations placed by our natural endowments and our opportunities.

## TREASURER'S FINANCIAL STATEMENT.

*January 1, 1918 to December 31, 1918.*

### RECEIPTS.

Balance Continental Trust Company, Jan. 1, 1918 .....	\$1,637.95	
Dues members County Medical Societies. ....	1,423.00	
Dues members Baltimore City Medical Society.....	3,676.00	
Dues members Md. State Dental Association.....	366.00	
Dental books, etc.....	50.00	
Clerical assistant Baltimore City Medical Society.....	180.00	
Use of halls, Baltimore City Medical Society.....	200.00	
Use of halls, offices, etc.....	1,511.00	
J. M. T. Finney Fund.....	144.16	
Baker Fund.....	22.10	
Ellis Bequest, interest.....	1,800.00	
Widows and Orphans Fund.....	120.18	
Telephone tolls.....	7.75	
Osler Testimonial Fund.....	782.85	
Interest to date.....	42.46	
Total.....		\$11,963.45

### EXPENDITURES.

Salaries.....	\$3,828.00
House expenses.....	170.17
Gas and electricity.....	369.76
Coal and wood.....	891.55
Maintenance of property.....	907.40
Postage.....	30.00
Telephone.....	152.03
Annual Meeting.....	109.70
Paid on mortgage.....	1,000.00
Interest on mortgage.....	734.92
Supplies.....	169.17
Water rent.....	8.64
Bulletin account.....	403.60
Physicians' Defense.....	170.00
Printing.....	79.00
Incidentals.....	190.08
Library account, journals etc.....	481.10
Binding.....	237.80
Library of Congress Cards.....	14.65
Supplies.....	7.86
Dental books, etc.....	25.85
Association dues.....	15.00

Finney Fund.....	\$144.16
Baker Fund.....	10.50
Widows and Orphans Fund.....	125.43
Treasurer's Bond.....	50.00
Insurance.....	20.00
Osler Testimonial Fund.....	166.85
Printing special Legislative Committee.....	775.66
	<hr/>
Total.....	\$11,288.88
Balance Continental Trust Company.....	674.57
	<hr/>
	\$11,963.45

## PERMANENT ACCOUNTS ON DECEMBER 31, 1918.

## OSLER ENDOWMENT FUND.

The investments of this Fund are:	INVESTMENT	CASH
One United Railway 4 per cent bond.....	\$1,000.00	
One United States 4 per cent bond.....	1,000.00	
Thirty shares Norfolk R. & L. stock, par value.....	750.00	
	<hr/>	
Cash in bank, December 31, 1917.....		\$16.41
Income from United Railways Bond.....		40.00
Income from United States Bond.....		40.00
Income from Norfolk R. & L. stock.....		45.00
Interest from Continental Trust Company.....		20.61
		<hr/>
Balance in bank.....		\$162.02

## TRIMBLE LECTURESHIP FUND.

The investments of this Fund are:	
Three Chicago Railway 5 per cent bonds.....	\$3,000.00
Two Georgia and Alabama Railway 5 per cent bonds.....	2,000.00
	<hr/>
Cash in bank, December 31, 1917.....	\$5.30
Income from Chicago Railway bonds.....	150.00
Income from Georgia and Alabama bonds.....	100.00
Interest from Eutaw Savings Bank.....	16.53
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Balance in bank.....	\$271.83

## FINNEY FUND.

The investments of this Fund are:	
Baltimore City stock, par value.....	\$4,000.00
Two Minn. & St. Paul Railway 5 per cent, par value....	2,000.00
Two Milwaukee R. & L. 5 per cent, par value.....	2,000.00
Two Chicago City Railway 5 per cent, par value.....	2,000.00
	<hr/>
	\$10,000.00

Cash in bank, December 31, 1917.....	\$432.97
Income from City Stock.....	160.00
Income from Minn. and St. Paul Railway.....	100.00
Income from Milwaukee R. & L.....	100.00
Income from Chicago Railway.....	100.00
Interest from Continental Trust Company.....	21.88
	<hr/>
	\$914.85
Paid on order of Committee.....	\$144.16
Cash in bank.....	770.69
	<hr/>
	\$914.85

## WIDOWS AND ORPHANS FUND.

The investments of this Fund are:

One University of Maryland, 5 per cent, par value.....	\$500.00
One City of Aberdeen 5 per cent, par value.....	500.00
One Milwaukee Gas and Electric $4\frac{1}{2}$ per cent.....	1,000.00
One United Railway 4 per cent bond, par value.....	1,000.00
One United States 4 per cent bond.....	500.00
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Cash in bank December 31, 1917.....	\$33.36
Income University of Maryland bond.....	25.00
Income Aberdeen bond.....	25.00
Income from Milwaukee bond.....	45.00
Income from United Railway bond.....	40.00
Income from United States bond.....	20.00
Interest from Continental Trust Company.....	12.23
	<hr/>
	\$200.59
Paid on order of Committee.....	\$120.18
Balance in bank.....	80.41
	<hr/>
	\$200.95

## BAKER FUND.

The investments of this Fund are:

One United Railway 4 per cent, par value.....	\$1,000.00
One United States 4 per cent.....	300.00
	<hr/>
Cash in bank, December 31, 1917.....	\$3.43
Income United Railway bond.....	40.00
Income United States bond.....	12.00
Interest Continental Trust Company.....	7.53
	<hr/>
	\$62.96
Paid on order of Committee.....	\$22.10
Cash in bank.....	40.86
	<hr/>
	\$62.96

## ELLIS BEQUEST.

The investment of this Fund is:

60 shares National Bank of Elkton, par vale.....	\$6,000.00	
Annual income.....		\$1,800.00

## OSLER TESTIMONIAL FUND.

The investments of this Fund are:

Two Southern Railway 5 per cent bonds.....	\$2,000.00	
Two Atlanta and Charlotte Railway 5's.....	2,000.00	
Two Wabash Railway 5's.....	2,000.00	
Two French Republic 5½'s.....	2,000.00	
Two United Kingdom of Great Britain and Ireland 5½'s..	2,000.00	
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Cash in bank, December 31, 1917.....		\$260.00
Income from Southern Railway bonds.....		100.00
Income from Atlanta and Charlotte bonds.....		100.00
Income from Wabash Railway bonds.....		100.00
Income from French Republic bonds.....		110.00
Income from United Kingdom of Great Britain and Ire- land bonds.....		110.00
Interest Continental Trust Company.....		6.05
<hr/>		
		\$786.05
Paid on order of Committee.....	\$782.85	
Cash in bank.....	3.20	
<hr/>		
	\$786.05	

*Medical and Chirurgical Faculty  
of the State of Maryland,  
Baltimore, Md.*

Baltimore, Maryland.

Gentlemen: In conformity with your instructions, we report we have made an audit of the Cash Transactions of your Faculty for the year ended December 31, 1918, and have found same to be correct. We have also examined the Securities called for by your office and found same to be intact and in good order.

Respectfully submitted,

[Signed]

WILLIAM G. GILLESPIE AND COMPANY,

*Certified Public Accountants.*



## OFFICERS AND COMMITTEES FOR 1919

### *President*

John Ruhräh

### *Vice-Presidents*

J. McF. Bergland

Philip Briscoe

J. E. Deets

### *Secretary*

John Staige Davis

### *Treasurer*

W. S. Gardner

### *Councillors*

Hiram Woods, J. F. Crouch, Alexius McGlannan, Randolph Winslow, Standish McCleary, W. R. White, W. H. Hopkins, L. F. Barker, G. M.

Linthicum, R. Lee Hall, H. G. Simpers, W. S. Archer,

Charles O'Donovan, T. B. Johnson,

Peregrine Wroth, Jr.

### *Committees*

*Scientific Work and Arrangements.*—Alexius McGlannan, A. G. Rytina, Emil Novak.

*Library Committee.*—J. W. Williams, H. B. Jacobs, Harry Friedenwald, R. B. Warfield, L. F. Barker.

*Finney Fund Committee.*—H. L. Naylor, J. W. Williams, John Ruhräh, R. B. Warfield, L. F. Barker.

*Delegates to A. M. A.*—Randolph Winslow; *alterna'e*, C. B. Claybrook; T. S. Cullen; *alternate*, Charles O'Donovan.

*Public Instruction.*—Albert Keidel, Harry Goldberg, C. R. Austrian, D. B. Casler, J. H. Pleasants.

*Post Graduate Work and Instruction.*—Jefferies Buck, H. W. Buckler, J. H. M. Knox, C. W. Larned, G. E. Bennett.

*Midwifery Law.*—F. V. Beitler, Karl Wilson, G. W. Dobbin, J. W. Williams, Philip Briscoe.

*Memoir.*—T. P. McCormick, W. M. Dabney, T. F. Leitz, W. B. Platt, F. D. Sanger.

*Fund for Widows and Orphans.*—G. W. Mitchell, Anna S. Abercrombie, W. W. Requardt, P. L. Travers, E. H. Hinman.

*Defense of Medical Research.*—T. S. Cullen, W. R. Stokes, Standish McCleary, S. R. Miller, W. S. Baer.

*Medical Education.*—Herbert Harlan, J. W. Williams, J. M. H. Rowland.

## STATE PRACTICE ACT

*State Board of Medical Examiners*—Herbert Harlan, J. McP., Scott, Harry L. Homer, J. L. Riley, H. M. Fitzhugh L. A. Griffith, E. E. Wolf, H. T. Collenberg.

*Regular Meetings of the Board of Medical Examiners of Maryland*—Fourth Tuesday in April; first Tuesday in June; first Wednesday in October; first Wednesday in December.

*Regular Examinations*—Examinations are held in Baltimore. Third Tuesday in June for four consecutive days. Second Tuesday in December for four consecutive days.

Maryland is in reciprocal relationship with the following States; Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Michigan, Minnesota, Missouri, Nebraska, New Hampshire, Ohio, Oklahoma, S. Carolina, Texas, Vermont, Virginia, W. Virginia and Wisconsin, subject to requirements and fees imposed by the respective States

Information connected with Medical Examinations and licensure by addressing Secretary, J. McP. Scott, Hagerstown, Md.

# MEDICAL SOCIETY MEETINGS

Component Societies of the Faculty, with a list of their officers and times of meeting

NOTE.—*Secretaries are requested to advise the Secretary of the State Society promptly of the election of new officers in their respective Societies*

- BALTIMORE CITY MEDICAL SOCIETY, President, GUY L. HUNNER; Vice-President, H. G. BECK; Secretary, EMIL NOVAK; Treasurer, W. S. GARDNER; Censors, J. M. HUNDLEY, J. S. CULLEN, R. WINSLOW; Delegates, J. S. CULLEN, S. MCCLEARY, L. HAMMAN, G. W. MITCHELL, H. E. PETERMAN, E. NOVAK, F. R. SMITH, N. E. B. IGLEHART, H. JONES, E. H. HUTCHINS, E. R. OWINGS. SECTION OF CLINICAL MEDICINE AND SURGERY. First and Third Fridays, 8.30 P.M., October to May. Chairman, J. STAIGE DAVIS, M.D.; Secretary, E. B. FREEMAN, M.D. SECTION OF DERMATOLOGY. Third Wednesdays. Chairman, J. WILLIAMS LORD, M.D.; Secretary, I. R. PELS, M.D.
- SECTION OF GYNECOLOGY and OBSTETRICS. Second Fridays in October, December, February and April. Chairman, J. M. H. ROWLAND, M.D.; Secretary, EMIL NOVAK, M.D.
- SECTION OF LARYNGOLOGY. Fourth Fridays monthly, 8.30 P.M. Chairman, LEE COHEN; Secretary, G. W. MITCHELL.
- SECTION OF MEDICAL EXAMINERS. Third Fridays in November and March. Chairman, J. D. IGLEHART, M.D.; Secretary, W. E. MAGRUDER, M.D.
- SECTION OF NEUROLOGY. Second Friday, monthly. Chairman, C. M. BYRNES, M.D.; Secretary, D. D. V. STUART, M.D.
- SECTION OF OPHTHALMOLOGY and OTOLOGY. Third Wednesdays. Chairman, J. W. DOWNEY, JR., Secretary, C. A. CLAPP.
- ALLEGOANY COUNTY MEDICAL SOCIETY. President, E. B. CLAYBROOK, Cumberland; Secretary, H. V. DEMING; Treasurer, F. G. COWHERD, Cumberland, Md.; Delegate, A. H. HAWKINS. Second Wednesdays of January, April, July and October; annual meeting in January.
- ANNE ARUNDEL COUNTY MEDICAL SOCIETY. President, J. O. PURVIS, Annapolis, Md.; Secretary, F. E. WEITZMAN, Annapolis, Md.; Treasurer, F. H. THOMPSON, Annapolis, Md.; Delegate, L. B. HENKEL. Second Tuesdays of January, April, July and October.
- BALTIMORE COUNTY MEDICAL SOCIETY. President, F. W. KEATINO, Owings Mills, Md.; Secretary-Treasurer, ALFRED GUNDRY, Catonsville, Md.; Delegates, J. S. BOWEN, H. L. NAYLOR, Mt. Washington, Md. Third Wednesdays, at 2 P.M.
- CALVERT COUNTY MEDICAL SOCIETY. President, W. H. TALBOTT, Willows, Md.; Secretary-Treasurer, J. W. LEITCH, Huntingtown, Md.; Delegate, P. BRISCOE. Second Tuesdays in April, August and December; annual meeting second Tuesday in December.
- CAROLINE COUNTY MEDICAL SOCIETY. President, S. S. STONE, Ridgely, Md.; Secretary-Treasurer, J. R. DOWNES, Preston, Md.; Delegate, J. C. MADARA, Ridgely, Md.
- CARROLL COUNTY MEDICAL SOCIETY. President, D. B. SPRECHER, Sykesville, Md.; Secretary-Treasurer, H. M. FITZHUGH, Westminster, Md.; Delegate, M. D. NORRIS. April, July, October, December; annual meeting in October.
- CECIL COUNTY MEDICAL SOCIETY. President, T. J. CONROY, Chesapeake City, Md.; Secretary-Treasurer, H. BRATTON, Elkton, Md.; Delegate, J. S. DARE, Rising Sun. Third Thursdays at Elkton, April, July, October, January; annual meeting in April.
- CHARLES COUNTY MEDICAL SOCIETY. No active organization.
- DORCHESTER COUNTY MEDICAL SOCIETY. President, E. V. HUNT, Vienna, Md.; Secretary-Treasurer E. E. WOLFF, Cambridge, Md.; Delegate, JOHN MACE, Cambridge Md. Meetings first Tuesday in June and December.
- FREDERICK COUNTY MEDICAL SOCIETY. President, H. P. FAHRNEY, Frederick, Md.; Secretary, J. M. GOODMAN, Frederick, Md.; Treasurer, E. L. BOWLUS, Middletown, Md.; Delegate, I. J. McCURDY. January, April, August and November.
- HARFORD COUNTY MEDICAL SOCIETY. President, P. F. SAPPINOTON, Belair, Md.; Secretary-Treasurer, DR. CHARLES BAGLEY, Bagley, Md.; Delegate, W. S. ARCHER. Second Wednesdays in January, March, May, July, September and November.
- HOWARD COUNTY MEDICAL SOCIETY. President, W. N. GASSAWAY, Ellicott City, Md.; Secretary-Treasurer, FRANK O. MILLER, Ellicott City, Md.; Delegate, W. R. WHITE, Meetings (quarterly) first Tuesdays in January, April, July and October.
- KENT COUNTY MEDICAL SOCIETY. President, H. G. SIMPERS, Chestertown, Md.; Secretary-Treasurer, F. B. HINES, Chestertown, Md.; Delegate, F. B. HINES.
- MONTGOMERY COUNTY MEDICAL SOCIETY. President, E. W. WHITE, Poolesville, Md.; Secretary-Treasurer, E. L. BULLARD, Rockville, Md.; Delegate, J. E. DEETS. Third Tuesdays in January, April, July and October.
- PRINCE GEORGE'S COUNTY MEDICAL SOCIETY. President H. B. McDONNELL, College Park, Md.; Secretary, S. M. McMILLAN, Riverdale, Md.; Treasurer, W. ALLEN GRIFFITH, Berwyn, Md.; Delegate, L. A. GRIFFITH, Upper Marlboro. Second Saturday of January, April, July, October.
- QUEEN ANNE'S COUNTY MEDICAL SOCIETY. President W. W. BOWEN, Pricc, Md.; Secretary-Treasurer, H. F. McPHERSON, Centerville, Md.; Delegate, W. H. FISHER.
- ST. MARY'S COUNTY. No active organization.
- SOMERSET COUNTY MEDICAL SOCIETY. President, C. C. WARD, Crisfield, Md.; Secretary-Treasurer, H. M. LANKFORD, Princess Anne, Md.; Delegate, G. C. COULBOURN. First Tuesday in April at Crisfield; first Tuesday in October at Princess Anne.
- TALBOT COUNTY MEDICAL SOCIETY. President, J. H. HOPE, St. Michael's, Md.; Secretary-Treasurer, J. A. ROSS, Trappe, Md.; Delegate, W. S. SEYMOUR. Annual meeting third Tuesday in November and semi-annual meeting third Tuesday in May.
- WASHINGTON COUNTY MEDICAL SOCIETY. President, VICTOR D. MILLER, Hagerstown, Md.; Secretary, W. D. CAMPBELL, Hagerstown, Md.; Treasurer, J. E. PRYNOOLE, Hagerstown, Md.; Delegate, V. M. REICHARD. Second Thursday.
- WICOMICO COUNTY MEDICAL SOCIETY. President, J. M. ELDERDICE, Mardella Springs; Secretary and Treasurer, H. S. WAILES, Salisbury, Md.; Delegate, G. W. TODD.
- WORCESTER COUNTY MEDICAL SOCIETY. President, PAUL JONES, Snow Hill, Md.; Secretary and Treasurer, R. LEE HALL, Pocomoke City, Md.; Delegate, PAUL JONES, Snow Hill Md.





# THE BULLETIN

OF THE

# Medical *and* Chirurgical Faculty of Maryland



OWNED AND PUBLISHED BY THE ABOVE-NAMED STATE MEDICAL SOCIETY  
SOLELY IN THE INTEREST OF THE MEDICAL PROFESSION

1211 CATHEDRAL ST., BALTIMORE, MD. 25c. PER ANNUM

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APRIL, 1919

No. 7

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*Scientific Work and Arrangements.*—Alexius McGlannan, A. G. Rytina, Emil Novak.

*Library Committee.*—J. W. Williams, H. B. Jacobs, Harry Friedenwald, R. B. Warfield, L. F. Barker.

*Finney Fund Committee.*—H. L. Naylor, J. W. Williams, John Ruhräh, R. B. Warfield, L. F. Barker.

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*Medical Education.*—Herbert Harlan, J. W. Williams, J. M. H. Rowland.

## STATE PRACTICE ACT

*State Board of Medical Examiners*—Herbert Harlan, J. McP., Scott, Harry L. Homer, J. L. Riley, H. M. Fitzhugh L. A. Griffith, E. E. Wolf, H. T. Collenberg.

*Regular Meetings of the Board of Medical Examiners of Maryland*—Fourth Tuesday in April; first Tuesday in June; first Wednesday in October; first Wednesday in December.

*Regular Examinations*—Examinations are held in Baltimore. Third Tuesday in June for four consecutive days. Second Tuesday in December for four consecutive days.

Maryland is in reciprocal relationship with the following States; Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Michigan, Minnesota, Missouri, Nebraska, New Hampshire, Ohio, Oklahoma, S. Carolina, Texas, Vermont, Virginia, W. Virginia and Wisconsin, subject to requirements and fees imposed by the respective States.

Information connected with Medical Examinations and licensure by addressing Secretary, J. McP. Scott, Hagerstown, Md.

# THE BULLETIN

OF THE

## MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND

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CONTROLLED BY THE COUNCIL AND EDITED BY A COUNCILLOR,  
DR. CHARLES O'DONOVAN  
PUBLISHED MONTHLY EXCEPT JUNE, JULY, AUGUST AND SEPTEMBER

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### THE ANNUAL MEETING.

With so many physicians, who have served in the Medical Officer's Reserve Corps, returning to civil life this Annual Meeting is naturally something of a reunion, affording those who were unable to participate in the war the opportunity to meet those who have returned and hear their experiences first hand.

The Committee of Arrangements has devoted the Wednesday night meeting to Army affairs, which will be presented not only from the executive viewpoint of the Surgeon General, but by some of our members who have been on active duty in France. This meeting will be followed by a smoker so that everyone may have the opportunity of meeting the guests in an informal way. The committee in charge feels that this is the one opportunity in the year when the county and town man can meet in this informal way, and take pleasure in inviting the members to be guests of the Baltimore City Medical Society at luncheon, at the Faculty Building, on both Wednesday and Thursday. The Tuesday evening meeting is to be devoted to Faculty affairs, as outlined in the address of the President and the Treasurer. On this occasion we are also to have two addresses by notable specialists in the diseases of children. Clinics are to be given at hospitals on Wednesday and Thursday morning, and a clinic at Fort McHenry on Thursday afternoon. There will be only one afternoon devoted to general papers, which is a departure from previous occasions.

THE MEDICAL LIBRARY<sup>1</sup>

BY DR. JOHN RUHRÄH

My first words must express my deepest thanks for the great honor which you have conferred upon me. In its hundred and twenty-one years of existence the Faculty has had sixty-nine presidents and on the roll of these one finds the names of many of Maryland's most illustrious physicians and surgeons. Truly a goodly company and one which any man might feel justly proud to be asked to join.

The presidents of the Faculty have been chosen for various reasons. To some it has come as a fitting tribute to their professional skill and standing; to some perhaps as a matter of what might be termed political preferment; and to others, like myself, as a reward for years of service in the upbuilding and upholding of the organization. You all doubtless know that for many years the growth and welfare of the Faculty has been my dearest hobby and it has been a pleasure to have seen it grow from a society of some three hundred members to one of over a thousand. It has been my delight to have seen the Faculty change its home several times until we are at last housed in this comfortable building of our own. As secretary for ten years, as a member of the Osler Committee, as member and treasurer of the Building Committee, as a member of the executive group of the Building Committee, as a member of the House Committee, of the Council and of the Library Committee it has been my privilege to have taken active part in the routine of the organization which owes its greatest debt, one which we can never repay, to Sir William Osler, without whom I doubt we had been yet moved from St. Paul street. For the present building and organization there are many others to thank, so many that one fears to name any lest the list be incomplete or ill chosen.

This is our tenth year in the new building and while through constant economy and saving we have been able to pay off most of our indebtedness, there still remains a small debt; and you need hardly be told that this is mentioned because it is my belief that this should be paid promptly and that a special committee will be appointed to attempt to collect this sum at an early date. Free from incumbrance, for the first time in years, the organization should go forward in its usefulness to the profession and to the public. There are numerous fields of endeavor, most of which are untouched, or nearly so, by our present scheme of things. Whatever dreams we may have had, whatever visions still haunt us, may become realities if we but bend our energies to their fulfilment.

<sup>1</sup> Presidential address delivered before the Medical and Chirurgical Faculty of Maryland, April 22, 1918.



Among the activities that are of paramount importance is the Library. While most of my activities have been along the lines of organization, of finance and of the routine that goes with it, the Library end always attracted most; and at last almost by indirection, it was my privilege to occupy for two years what may be regarded by a book lover as the most coveted of all positions—that of Chairman of the Library Committee. It is my purpose to call your attention to some of the things a medical library means to the profession and the public.

The earliest medical library in Maryland, apart from those owned by individuals, was that established in 1813 when the Faculty of the University of Maryland bought the library of Dr. John Crawford from his widow. There were several hundred volumes which were added to by generous gifts from various contributors.

The library of the Faculty was started in 1830 by Dr. Samuel Baker, who at the annual meeting of that year offered a resolution as follows:

Resolved, That a committee of five, to be called a Library Committee, be appointed to purchase such periodical and other standard works in medicine as they may deem proper, to be placed in some suitable situation for the use of the members of the Medical and Chirurgical Faculty of the State; and that this committee be authorized to draw on the Treasurer for an amount not exceeding \$500 for the purpose above-mentioned, and that this committee report at the next meeting of the convention. It is also made the duty of this committee to draw up such rules and regulations as may be necessary for the safe keeping and management of the library so procured.

In 1833, in the report of the Library Committee we read that they entertain a belief that at some future day many learned teachers and authors who may adorn our State will acknowledge themselves indebted to your wisdom and liberality for facilities enjoyed by them in the prosecution of their researches through the formation of your useful library.

This hope, it may be stated, has been amply fulfilled and it may be echoed for future generations. This collection was put in charge of Dr. John Fonerden, who was president later in 1854–55.

Every year some two or three hundred dollars was appropriated for books and the library grew slowly but surely. It was moved from place to place, and finally, in 1858, the hope of the Faculty was at last accomplished. They owned their own building at 47 North Calvert Street. The arduous labors of securing that building, which housed the library, seemed to have exhausted the strength of the Faculty for it slumbered from 1860 to 1869. A chosen few kept the faith and the form of the organization, but there were no meetings. As Cordell says:

And now, when the Society had attained the supreme object of its wishes and aspiration in the possession of a building of its own, and when expectations of activity and usefulness for a long period were most justifiable, it fell into a long sleep.

History usually repeats itself and the fate of the Faculty in 1860 should be a warning to us who now hold the torch on high. One may be thought pessimistic perhaps, but there are not wanting the signs and symptoms of impending lethargy. The energies of the profession, and most rightly so, have been turned into the channels of military activity, and this was doubtless the explanation of the lethargy of 1860-1869: part of the profession off at war and the other part overworked.

An organization that has lived one hundred and twenty-one years may well be expected to maintain a vigorous activity long into the future, and endowed, as we now are, with a splendid building and an ever growing library, an effort to increase the usefulness of both must act like a tonic. The building has become a center of medical activities of various kinds; the library is perhaps less thought about except by those pursuing the study and researches in medicine. One may well ask, what is the value and meaning of a medical library?

Dr. Osler used to say: "To study the phenomena of disease without books is to sail an uncharted sea, while to read books without patients is not to go to sea at all." Books then are the charts of medicine. There is to me no more fascinating study than comparing the charts of the early mariners with those of today and of yesterday. By so doing we can trace the history of the world, the rise and fall of empire, the voyages of discovery and of conquest. Gradually the outlines of the coasts become more accurately charted, but the constant change requires from time to time corrected charts, for currents deviate and coast lines vary so that no matter how true a map it was a hundred years ago, the mariner of today wants the present day chart when he sails out for some distant port. But the charts, the maps, show not only the configuration of the land but the artificial boundaries of nations, with the constant change, the eternal human ebb and flow, never to be fixed until the end of man. In medicine, countless mariners course up and down the broad highways of the sea searching for the promontories of truth. Little by little we have acquired a reasonably accurate chart of a fairly wide domain. We know the outline of much of the coast, the higher hills and mountains, some of which brave and undaunted souls have climbed, whilst others have sailed far up the broader rivers. Like the earth, the territory of medical truth has been and is occupied by a restless, uncertain people, and the scars of many wars and conflicts have left their unmistakable traces. The medical books are the maps of these countries by which we can follow the early adventurers. Some have sailed for commerce and some for discovery and some for mere adventure, and many are the strange trophies and stranger tales the travelers bring home. The domains of medical knowledge have been ruled and dominated by many great minds

and schools. These kings and nations of the intellect have arisen, made converts, ruled and fought and vanished by hundreds and thousands, leaving, as a rule, no imprint; but there are some who charted the domain as they found it, or thought that it was, and today we can look back and, in part, say with Browning:

This rage was right in the main,  
This acquiescence vain.

The Medical Library is a school, a very important school, where one may commune with all the old medical worthies for the asking. What a furor it would create if it were announced that Laennec, or John Hunter, or William Harvey, or any other of the great men of the profession, would be present at our meeting. How the hall would be crowded! How eager each to hear what the great man had to say! And yet how unmindful are most of us of the fact that the best that Laennec, that John Hunter or William Harvey did and said are with us constantly, on the shelves of our Library. Any day we may wander at will with Louis through the wards of the Hôtel Dieu and listen to the wonderful descriptions of typhoid fever, or with Trousseau through the Hôpital St. Antoine, or again at the Hôtel Dieu and learn at first hand how to tell infantile tetany or gastric vertigo—to mention only two of the things to which his name is forever linked. Would you walk five miles to hear Hippocrates read his writings on malaria or his crisp description of mumps? Of course you would, or travel half the continent over; but how painfully few take the trouble to listen to the greatest of all medical teachers. Have you imagination? With the aid of a few volumes you may travel to the temples of Æsculapius at Cos or at Pergamos, where, on some wooded mountain side, trained priests will show you how the old Greek ministered to the sick, and find that it is not a far cry from there to the modern mineral spring or some of the places where they heal by faith, prayer and ritual. You can slip easily across to Rome to listen to Celsus on surgery, or if you are interested, stop to hear Soranus, of Ephesus, on midwifery or obstetrics or the diseases of children, or call on Aretaeus, the Cappadocian, and at first hand get descriptions of pneumonia, elephantiasis, tetanus or diphtheria. He would tell you that he was the first to differentiate cerebral from spinal paralysis and to describe the decussation of the pyramids. As on a magic carpet one at will can visit Iba Sina the "Prince of Physicians," commonly called Avicenna, or listen five minutes to the Ladies of Salerno, or slip into Montpellier to be charmed by the alchemists, or as far as Basel to see Paracelsus burn the works of Galen and Avicenna. Endless the journey, and we may choose at

will the great souls who have labored and left their best for our delectation. And we close the book and we are at home again.

The Library is not only a place where are garnered the best work of the masters of the times that are gone, but it holds equally as well the best thought of the present age. In the new books, and particularly in the monographs and journals, one finds an ever changing store of information: what the best men are doing the world over for all the different diseases and conditions. Woe unto the man who fails in his duty of keeping up with the times! Only too often are his sins of omission visited upon the heads of his patients. Sometimes, indeed, they may descend upon his own as in the case related by Sir William Osler of the physician who brought his cretin son for diagnosis. For years the misshapen, grotesque dwarf had sat directly under his father's eyes, and for years the journals and later books had featured the results obtained by the use of desiccated thyroid and had pictured the cretin with its unmistakable appearance. Both passed unnoticed, and when asked why he had not recognized the condition himself the poor father answered that he was too busy practicing medicine to read books about it. The lesson is obvious.

Unless one takes advantage of the best modern thought much is missed. Take for example the hypertrophic stenosis of the pylorus—that terrible condition first clearly described by Hezekiah Beardsley, of Connecticut, in 1788, and which formerly largely claimed its victims. Unless one reads the books it might escape diagnosis, or if it did not, might have the rather unsatisfactory operation of gastro-enterostomy suggested as a cure. If the surgeon or pediatricist was up to date of course he would suggest the simpler and far safer operation of Rammstedt, or, perhaps even better, that suggested by Strauss, of Chicago, and but recently described, and who knows but that some far better method of treatment may be forthcoming tomorrow. Only by continuous and persistent reading of journals and the use of the Library can the physician know the latest and best.

We can only give the profession the opportunity to use the splendid collection of books at their disposal. We cannot drive them to the Pierian spring, much less make them drink and drink deeply of it; but those of us who have labored in the interest of the Library, and of medical libraries in general, at least have the great satisfaction of knowing that we have paved the way for the profession, and if they persist in straying in the bypaths, instead of on the broad highway of knowledge, we can only point again and again at the sign board with the finger pointed to **SUCCESS**. For it means success to be well informed. Look about at the most successful medical men, successful in the real sense of the word, and you at once see that they are successful because they know.

The users of libraries are an interesting lot, and the most indefatigable are the book-worms and the authors. The latter raise the number of loans and readers tremendously. An old truth, as Boswell reports Dr. Johnson saying: "A man will turn over half a library to make one book." It is indeed these readers, who are also writers, that esteem books at their true worth, as Sir William Osler has phrased it: "Only a maker of books can appreciate the labors of others at their true value." These readers are, as a rule, trained and know how to find what they want, but the average reader needs help which only the specially trained librarian can give. Without such help he is like a visitor in an unlabeled art gallery without a catalogue. To quote Dr. Johnson again, "Knowledge is of two kinds. We know a subject ourselves or we know where we can find information about it." Now almost any doctor knows that medical information can be found in a medical library, but there are but few who know how to go about extracting it. And here it is that the trained worker comes in. Thanks to the Library Schools and the American Library Association it is possible for library workers to learn the essentials under competent supervision. The special medical training comes only by working in the medical library. The trained worker should know where to find information of all kinds, and so save the time and energy of the reader who does not know. With books in book stacks, and only a card catalog, many become discouraged and give up the task of seeking knowledge on some important topic because they do not know how to go about it.

It has been a dream of mine, for a long time, to have a special course of a week or two at some large library where the medical librarians could teach each other, and be taught by special instructors, in how best to use the library and how to help others. However useful collections of medical books are it does not seem that they fulfill, as yet, their highest function.

There was a time when libraries were largely presided over by chauvinistic book lovers, as jealous of their charges as an anxious lover. Their happiest days were those in which there were the fewest readers to disturb them. There is the well known story of one of the former librarians at Harvard, who was seen one day at closing time with a smile of satisfaction on his face. On being asked why he was so happy he replied that every book except two was standing in its place on the shelves, and that Agassiz had the missing ones and he was going over to his house to bring the vagrant volumes home.

Happily this attitude has passed, or is rapidly passing, and the modern medical librarian counts his happiest days those in which the greatest number of volumes have been consulted and loaned.

The modern medical librarian should be well trained in general library work, and of necessity familiar with the latest and best in cataloging and

on the other technical features of the work. The monumental labor of Billings, of Fletcher and others in the Index Catalogue of the Surgeon General's Library and in the Index Medicus, now so ably carried on by Garrison, have lightened the labors of the medical librarian. Given these two aids, time and assiduity, one can bring together the literature of any given subject. The ideal librarian should be able to do more. He should be able to help the busy practitioner who wants a few authoritative articles on some subject together with the latest expression of opinion. With comparatively little aid from specialists in various lines, it should be possible to keep listed on catalog cards the most important contributions on the subjects most liable to be enquired about; and a small medical library society, or committee composed of two or three members of each specialty, by meeting once a month for an hour could keep the matter well in hand to their own satisfaction, and that of everyone else. With an authoritative leader this altruistic work could be carried out. And what a comfort and help it would be to be able to get at a moment's notice the latest and the best without wasting time and without tiresome search. There are not so many record breaking contributions, nor so many with really good bibliographies, so that the catalog while large would not be formidable. The size could be kept down by deleting older articles in favor of better or more recent ones.

The Library Committee has to pick and choose carefully, and in the great stream of books that comes ceaselessly from the presses only the most useful can be chosen. Billings, in his address entitled "Our Medical Literature" says:

There will be a certain number of medical books and papers printed next year, just as there will be a certain number of children born; so we can within certain limits predict the number of these births and the proportion of the sexes, or even of monsters; so we can within certain limits predict the amount and character of literature that is to come, the ideas that are yet unborn.

This plethora of printing renders the choice exceedingly difficult when the number of purchases is limited—the difficulty being greater than ever before.

The modern medical literature is more fantastic than that of the past. The field for the imagination is so much larger, and cheap printing has led fools to write that should otherwise have remained silent. It is impossible to sift all the good from the bad, they are so intermingled, and yet one skilled in interpretation can sort with reasonable accuracy the useful from the useless. Through years of review work one comes to regard much of the modern medical press as not unlike the stream of garbage that some cities pass on endless belts before trained pickers. Here and there a pre-

ciuous gem, a bit of gold or silver, a countless lot of used and tattered truth from other days, useful but not new, and then a vast amount of by-products, ashes and refuse that weary, even if the amount astonishes the beholder. Fortunately for the reader, there are certain sources where the output is not refuse, but the product of honest toil, and these books and journals are like the output of the workshop—some better than others, but for the most part honest and well intentioned. But even here one must test the wares carefully before he chooses, for there are skillful imitations, and pails that will not hold water, and cracked pots, and perhaps the task is more difficult than with the garbage. But Time, who tests all things, always tells and, in the end, the real is separated from the false.

One should not be too hasty in deciding what is of lasting value and what is of mere ephemeral interest. As Oliver Wendell Holmes remarked: "There comes a time for every book in the library when it is wanted by somebody." Hundreds of examples could be cited of books which have become classics and yet were spurned even by second hand book dealers. Semmelweis' *Essay on the Contagiousness of Puerperal Fever* once went a-begging at a shilling a copy and a dozen copies of Beaumont's Plattsburgh edition of his researches on the *Physiology of Digestion* mouldered on the shelves of our own Baltimore book shops until an essay of Dr. Osler's brought the volume to local attention, when a dollar sufficed to claim a copy. Osler, himself, once told how he picked up Auenbrugger's *Inventum Novum*, in Italy, for a lira.

The Library Committee has been hampered largely by lack of funds, but gradually even this will be remedied. There are now the Baker Fund for books on therapeutics, the Finney Fund for surgical books, the Osler Fund and the Frick Fund for things medical, and the Ellis Bequest for general expenses. But we need more. For a library of such age and importance as the Medical and Chirurgical Faculty of Maryland we have received but few gifts or legacies of any considerable value. With the present number of members who have grown affluent on one branch or another, and with the large number of grateful patients recruited from the followers of King Midas, this should not be so. For bricks and mortar money is always forthcoming, but not so freely does it come for books and journals, which recalls Mr. Dooley's remark that libraries do not concern books but architecture. If one would write his name in more than water, a special fund in the library with its bookplate or inscription furnishes a means of keeping it before the coming generations, perhaps the surest way. The Libraries of the New York Academy of Medicine and the College of Physicians and Surgeons of Philadelphia, have inscribed the names of their more munificent patrons and donors on tablets of marble inside the doorway. How many would

know about Sir Thomas Bodley were it not for the Bodleian Library, or of John Radcliffe were it not for the Radcliffe Library? One pauses to wonder whether Mr. Carnegie will not be known for centuries hence as a founder of libraries rather than in any other way. Would that a word to the wealthy were as sufficient as it is reputed to be to the wise.

Another feature of interest in connection with medical library work is the Medical Library Association. This useful organization was founded by Dr. George M. Gould and Sir William Osler, in 1898, and is now twenty years old and more active than ever before in the history of the Society. Among its presidents have been such men as Osler, Jacobi, Chadwick and Musser. The object of this Association is to give the medical librarian, and others interested in medical libraries, an opportunity to meet together once a year and enjoy the benefits of knowing each other and exchanging views and ideas of mutual interest. The Association also conducts an Exchange and for many years this work has been done from the Library of our Medical and Chirurgical Faculty. The Exchange distributes books, journals and reprints, taking the duplicates from the various members and distributing them among the library members according to their several needs. This work is altruistic, the expense is paid by the Association, and the larger libraries give, while the smaller ones receive. Some idea of the scope of the work of this Association can be gained by learning that in one year they distributed about five thousand items, either books, journals, reprints or transactions, to forty-three libraries. The Association has also published a *Bulletin*, the fourth American attempt at journalism on the part of those interested in medical libraries, and the one that has survived the longest. This is the eighth year, under the joint editorship of Miss Noyes and myself, that this little publication has maintained its place, and so far at least, it does not seem to be suffering from inanition. No attempt at anything elaborate has been made, but the Society proceedings and papers, for the most part of technical interest, have been printed.

The legal profession has been able to have its libraries maintained by the State. There is no just reason why the same should not be true of medical libraries, since the followers of Æsculapius certainly give more generously of their time to the citizens—that is to the State—than do the disciples of Blackstone and Kent. The chief difficulty is that doctors are not politicians and lawyers usually are. Moreover the state legislatures are largely recruited from members of the bar and they, of course, look after their own. The medical profession, as a whole, is a modest one and the better element have always been chary of stating their just claims. They are so accustomed to being imposed upon, and to work without compensation, that when they do ask it has been rather as a favor than a right.



If we give of our time and our energies freely and without stint we have a right, and we should voice it in no uncertain terms, to have our Library aided, if not actually supported. Think, in this day of strikes, what it would mean if the medical profession ceased its free work in the hospitals, dispensaries and private practice. The public would stand aghast and our place in the community would be more truly recognized. Not that I am advocating anything so radical, but something should be done to get the profession its just rewards.

There are a number of other things to which I would gladly call your attention. Only one of these need detain us now and it only concerns the Library indirectly. I refer to the debt of gratitude the Faculty, the profession at large, and the public of Maryland owe those members of the medical profession who unselfishly gave up everything for the service of their country. Some went into the Army, some into the Navy, while a large number who stayed at home served on the draftboards. The glorious record of the Medical Department of the Army and Navy needs no comment. This Faculty had two of its members made generals, several others headed their respective departments, and 176 members in all entered the service; 161 physicians applied, but were rejected for physical or other reasons. The Maryland draftees stood first in passing physical tests in the Army, so that there were fewer rejected after being sent to camp than from any other State. Truly an enviable record and a tribute to the fidelity and ability of the men who composed the draft boards.

To all who served in any capacity, the Faculty extends its deepest appreciation and thanks and their names and records are to be preserved in the archives as an example to the future generations.

## SOCIETY NOTICES

### BALTIMORE CITY MEDICAL SOCIETY.

The regular meeting was held at the Medical Library on Friday, February 7, 1919, at 8.30 p.m., Dr. G. L. Hunner presiding. The minutes of the previous meeting were read and approved.

The first paper of the evening was by Dr. A. Duvall Atkinson, whose subject was "Some preliminary remarks on the physical examination of the recruit." No discussion. The second paper of the program was by Dr. E. V. McCollum, whose title was "What constitutes a satisfactory diet?" This paper was discussed by Drs. C. U. Smith, T. C. Gilchrist, J. D. Blake, and, in closing, Dr. McCollum.

The Chair expressed to Dr. McCollum the thanks of the Society for his interesting and instructive paper.

There being no further business the meeting was adjourned.

The regular meeting was held in Osler Hall on Friday, February 21, 1919, at 8.30 p.m., Dr. L. G. Hunner presiding. The Chair announced that the business meeting would be deferred until the conclusion of the addresses which were to be delivered.

He then called upon the first speaker, General William S. Thayer, who spoke upon experiences in Russia and on the western front. The second address was delivered by General J. M. T. Finney, who spoke on his experiences with the American Expeditionary Forces. Owing to the lateness of the hour the Chairman announced that the third scheduled address, by Dr. Elizabeth Hurdon, would be postponed until the next meeting of the Society.

A short business session was then held. The minutes of the previous meeting were read and approved. Dr. J. M. Hundley, Chairman of the Board of Censors, reported the names of the following as eligible for election to membership in the Society:

- Dr. Charles P. Clautice, 1504 McCulloh Street.
- Dr. Robert G. Davis, 1509 N. Caroline Street.
- Dr. E. William Frey, 1928 Pennsylvania Avenue.
- Dr. Frank N. Hillis, 2838 Edmondson Avenue.
- Dr. E. Miles Wheeler, 2129 W. North Avenue.

Dr. J. M. H. Rowland and Dr. J. W. Lord were appointed to act as tellers, and the applicants were duly elected.

The Secretary then presented a communication from Dr. A. T. Gundry, Secretary of the Baltimore County Medical Association, enclosing the names of those members of the Baltimore County Medical Association who would be affected by the annexation act, and who wish to continue their membership in the Baltimore County Medical Association.

On motion of Dr. Blake, duly seconded, the privilege of continuing such membership in the Baltimore County Medical Association was extended to those who applied.

There being no further business the meeting adjourned.

The regular meeting was held in Osler Hall on Friday, March 7, at 8.30 p.m., Dr. Guy L. Hunner presiding. The reading of the minutes of the previous meeting was dispensed with.

The meeting was devoted to the reading of the following two addresses, "War experiences on the Far Eastern Front," by Dr. Elizabeth Hurdon, and "Medical experiences of twenty years in China" illustrated with stereopticon slides, by Dr. J. Preston Maxwell. At the conclusion of the program the Chair expressed to the speakers the thanks of the Society for their interesting addresses.

The meeting was then adjourned.

The regular meeting was held in Osler Hall on Friday, March 21, at 8.30 p.m., Dr. G. L. Hunner presiding. The minutes of the previous meeting were read and approved.

The program of the evening consisted of the following addresses:

1. Medical Experiences on the Western Front (Exhibition of trophies), Dr. J. A. Chatard.
2. Surgical work in an evacuation hospital, Dr. A. M. Shipley.
3. The American Red Cross work in France for children, Dr. J. H. M. Knox, Jr.

At the conclusion of the program the Chair expressed the thanks of the Society for the interesting and instructive addresses.

The meeting then adjourned.

# MEDICAL SOCIETY MEETINGS

Component Societies of the Faculty, with a list of their officers and times of meeting

*NOTE.—Secretaries are requested to advise the Secretary of the State Society promptly of the election of new officers in their respective Societies*

- BALTIMORE CITY MEDICAL SOCIETY.** President, GUY L. HUNNER; Vice-President, H. G. BECK; Secretary, EMIL NOVAK; Treasurer, W. S. GARDNER; Censors, J. M. HUNDLEY, J. S. CULLEN, R. WINSLOW; Delegates, T. S. CULLEN, S. McCLEARY, L. HAMMAN, G. W. MITCHELL, H. E. PETERMAN, E. NOVAK, F. R. SMITH, N. E. B. IGLEHART, H. JONES, E. H. HUTCHINS, E. R. OWINGS.
- SECTION OF CLINICAL MEDICINE AND SURGERY.** First and Third Fridays, 8.30 P.M., October to May. Chairman, J. STAIGE DAVIS, M.D.; Secretary, E. B. FREEMAN, M.D.
- SECTION OF DERMATOLOGY.** Third Wednesdays. Chairman, J. WILLIAMS LORD, M.D.; Secretary, I. R. PELS, M.D.
- SECTION OF GYNECOLOGY AND OBSTETRICS.** Second Fridays in October, December, February and April. Chairman, J. M. H. ROWLAND, M.D.; Secretary, EMIL NOVAK, M.D.
- SECTION OF LARYNOLOGY.** Fourth Fridays monthly, 8.30 P.M. Chairman, LEE COHEN; Secretary, G. W. MITCHELL.
- SECTION OF MEDICAL EXAMINERS.** Third Fridays in November and March. Chairman, J. D. IOLEHART, M.D.; Secretary, W. E. MAORUDER, M.D.
- SECTION OF NEUROLOGY.** Second Friday, monthly. Chairman, C. M. BYRNES, M.D.; Secretary, D. D. V. STUART, M.D.
- SECTION OF OPHTHALMOLOGY AND OTOTOLOGY.** Third Wednesdays. Chairman, J. W. DOWNEY, JR., Secretary, C. A. CLAPP.
- ALEGANY COUNTY MEDICAL SOCIETY.** President, E. B. CLAYBROOK, Cumberland; Secretary, H. V. Deming; Treasurer, F. G. COWHERD, Cumberland, Md.; Delegate, A. H. HAWKINS. Second Wednesdays of January, April, July and October; annual meeting in January.
- ANNE ARUNDEL COUNTY MEDICAL SOCIETY.** President, J. O. PURVIS, Annapolis, Md.; Secretary, F. E. WEITZMAN, Annapolis, Md.; Treasurer, F. H. THOMPSON, Annapolis, Md.; Delegate, L. B. HENKEL. Second Tuesday of January, April, July and October.
- BALTIMORE COUNTY MEDICAL SOCIETY.** President, F. W. KEATING, Owings Mills, Md.; Secretary-Treasurer, ALFRED GUNDRY, Catonsville, Md.; Delegates, H. L. NAYLOR, J. S. BOWEN, Mt. Washington, Md. Third Wednesdays, at 2 P.M.
- CALVERT COUNTY MEDICAL SOCIETY.** President, W. H. MARSH, Solomon's, Md.; Secretary-Treasurer, J. W. LEITCH, Huntingtown, Md.; Delegate, P. BRISCOE. Second Tuesdays in April, August and December; annual meeting second Tuesday in December.
- CAROLINE COUNTY MEDICAL SOCIETY.** President, S. S. STONE, Ridgely, Md.; Secretary-Treasurer, J. R. DOWNES, Preston, Md.; Delegate, J. C. MADARA, Ridgely, Md.
- CARROLL COUNTY MEDICAL SOCIETY.** President, D. B. SPRECHER, Sykesville, Md.; Secretary-Treasurer, H. M. FITZHUON, Westminster, Md.; Delegate, M. D. NORRIS. April, July, October, December; annual meeting in October.
- CECIL COUNTY MEDICAL SOCIETY.** President, T. J. CONROY, Chesapeake City, Md.; Secretary-Treasurer, H. BRATTON, Elkton, Md.; Delegate, J. S. DARE, Rising Sun. Third Thursdays at Elkton, April, July, October, January; annual meeting in April.
- CHARLES COUNTY MEDICAL SOCIETY.** No active organization.
- DORCHESTER COUNTY MEDICAL SOCIETY.** President, F. H. NICHOLS, E. Newmarket, Md.; Secretary-Treasurer, E. E. WOLFF, Cambridge, Md.; Delegate, JOHN MAOE, Cambridge Md. Meetings first Tuesday in June and December.
- FREDERICK COUNTY MEDICAL SOCIETY.** President, H. P. FAHRNEY, Frederick, Md.; Secretary, J. M. GOODMAN, Frederick, Md.; Treasurer, E. L. BOWLUS, Middletown, Md.; Delegate, I. J. McCURDY. January, April, August and November.
- HARFORD COUNTY MEDICAL SOCIETY.** President, P. F. SAPPINGTON, Belair, Md.; Secretary-Treasurer, DR. CHARLES BAOLEY, Bagley, Md.; Delegate, W. S. ARCHER. Second Wednesdays in January, March, May, July, September and November.
- HOWARD COUNTY MEDICAL SOCIETY.** President, W. N. GASSAWAY, Ellicott City, Md.; Secretary-Treasurer, FRANK O. MILLER, Ellicott City, Md.; Delegate, W. R. WHITE, Meetings (quarterly) first Tuesdays in January, April, July and October.
- KENT COUNTY MEDICAL SOCIETY.** President, H. G. SIMPERS, Chestertown, Md.; Secretary-Treasurer, F. B. HINES, Chestertown, Md.; Delegate, F. B. HINES.
- MONTGOMERY COUNTY MEDICAL SOCIETY.** President, E. W. WHITE, Poolesville, Md.; Secretary-Treasurer, E. L. BULLARD, Rockville, Md.; Delegate, J. E. DEETS. Third Tuesdays in January, April, July and October.
- PRINCE GEORGE'S COUNTY MEDICAL SOCIETY.** President H. B. McDONNELL, College Park, Md.; Secretary, R. A. BENNETT, Riverdale, Md.; Treasurer, W. ALLEN GRIFFITH, Berwyn, Md.; Delegate, H. B. McDONNELL. Second Saturday of January, April, July, October.
- QUEEN ANNE'S COUNTY MEDICAL SOCIETY.** President W. W. BOWEN, Price, Md.; Secretary-Treasurer, H. F. McPHERSON, Centerville, Md.; Delegate, W. H. FISHER.
- ST. MARY'S COUNTY.** No active organization.
- SOMERSET COUNTY MEDICAL SOCIETY.** President, G. C. COULBOURNE, Marion Station, Md.; Secretary-Treasurer, H. M. LANFORD, Princess Anne, Md.; Delegate, G. T. ATKINSON, First Tuesday in April at Crisfield; first Tuesday in October at Princess Anne.
- TALBOT COUNTY MEDICAL SOCIETY.** President, J. H. HOPE, St. Michael's, Md.; Secretary-Treasurer, J. A. ROSS, Trappe, Md.; Delegate, W. S. SEYMOOR. Annual meeting third Tuesday in November and semi-annual meeting third Tuesday in May.
- WASHINGTON COUNTY MEDICAL SOCIETY.** President, VICTOR D. MILLER, Hagerstown, Md.; Secretary, W. D. CAMPBELL, Hagerstown, Md.; Treasurer, J. E. PITSNOGLE, Hagerstown, Md.; Delegate, J. McP. SCOTT, Second Thursday.
- WICOMICO COUNTY MEDICAL SOCIETY.** President, J. M. ELDERNICE, Maryland Spings; Secretary and Treasurer, H. S. WAILES, Salisbury, Md.; Delegate, G. W. TODD.
- WORCESTER COUNTY MEDICAL SOCIETY.** President, PAUL JONES, Snow Hill, Md.; Secretary and Treasurer, R. LEE HALL, Pocomoke City, Md., Delegate, PAUL JONES, Snow Hill Md







**THE BULLETIN**  
OF THE  
**MEDICAL AND CHIRURGICAL FACULTY**  
**OF MARYLAND**

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CONTROLLED BY THE COUNCIL AND EDITED BY A COUNCILLOR,  
DR. HARVEY B. STONE  
PUBLISHED MONTHLY EXCEPT JUNE, JULY, AUGUST AND SEPTEMBER

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**MARYLAND MEDICAL MEN IN THE SERVICE**

The program of the Annual Meeting of the State Society this year carried a list showing the number, and so far as known, the rank of those of our members who had entered the service during the war. This brief statistical memorandum does not, however, reveal the varied and important nature of the work these men were called to do. It may be said in general that every type of professional service in the army was represented in the various assignments of Maryland doctors.

The most hazardous medical appointment and, from the military view-point that most intimately associated with the troops themselves, was the post of battalion surgeon. A number of our men held such posts, went to France, were exposed to much the same danger in action as the soldier of the line, acquitted themselves gallantly, and as this is written, some of them still are in such posts in Germany. The various administrative medical positions with divisions were also well represented; among the Maryland men was a commanding officer of a division sanitary train, a divisional sanitary inspector, an assistant division surgeon and perhaps others on divisional staff work.

Next to the divisions geographically, the evacuation hospitals and surgical teams were the most advanced medical units. In this group many Maryland men served, either continuously or for considerable periods. Some of the best professional work of this type done in France was contributed by Maryland doctors. The fact that the state sent two complete base hospitals is well known. In these organizations, and in others of the same type but not organized in the state, members of the Faculty of Maryland acted not only in their professional capacities

in general and special medical work of all sorts, but also filled executive positions as commanding officers, adjutants, and chiefs of services.

Finally, in France the general oversight and direction of the purely professional side of the medical department was vested in a group of men, ranking as general consultants for the A. E. F., and chosen for their conspicuous professional attainments. The consultant group was subdivided into medical specialties—general medicine, general surgery, orthopedic surgery, venereal and skin department and so on. Among the men appointed to these eminent positions, those from Maryland were in a surprisingly large preponderance, and it may safely be said that the direction of professional work was largely in the hands of men from this state. In France therefore from the advanced dressing station, on through the whole system of the medical department, Maryland men were at work, sharing the dangers and responsibilities, personal and professional that war brings, and doing their part, essential whether obscure or prominent, in winning the great struggle.

There were many posts at home to be filled also, and it was not possible for every one to be sent to France. The camps here had to have hospitals with medical staffs, the embarkation and debarkation of troops required medical inspections, and the drafting and recruiting of hundreds of thousands of raw troops, involved great numbers of physical examinations. This meant that many doctors were engaged in these essential but unromantic duties, far from the danger and glamour of the battle-line. Among them were a number of men from this state who gave their time and skill to the vast organization that the army became. This organization required, besides the purely professional work of the doctors as such, administrative and executive abilities in directing and planning the huge development of the medical department. In the offices at Washington a greatly increased staff was needed, to help in this fundamental work, and among those called to such positions, Maryland was again represented. Besides the regular service, which imposed requirements, physical and other, that not every man, however willing, could meet, the Red Cross had need of doctors for special purposes. Among those who found this a suitable channel for the contribution of their energies to the general object of winning the war, were several of the members of our state organization. Finally, Maryland like every other state drew largely on the time and effort of her civilian doctors, in the examining boards for the drafted men.

The war is over. Perhaps there are not a few who would be glad to forget it, with all its trials and terrors. But it is well to remember, at least, that the medical profession of Maryland met these trials as they arose, had a wide and important part in every aspect of the war, and has left a record that any state may well be proud of.



THE MEDICAL DEPARTMENT IN THE LINES OF  
COMMUNICATION, A. E. F.\*

BY FRANCIS A. WINTER,

*Brigadier-General, Medical Corps, U. S. Army.*

In considering this rather broad topic, it is felt that there can be submitted to you this evening only a brief résumé of some of the work done by us, of the Medical Corps in France during the period from July 1917 to March 1918. During this period of nine months the Medical Department of the Line of Communications existed as a separate organization, and it was my good fortune to be the Chief Surgeon of the command under Major Generals Blatchford and Kernan. In March of 1918 the office was consolidated along with other staff corps offices, and fell under the immediate control of the Chief Surgeon, A. E. F.

It has seemed to me worth while that I make a departure from the strictly medical aspects of our endeavor and try to put before you some of the problems of medical administration, met by us, the troubles we had to meet, the solutions we made and the failures which inured to us—quite as the usual result of trying to do big things. Able scientific minds will analyze and lay before you in time, the purely medical side of our history; and I shall endeavor to tell you in the main, of those things which came up for solution, to be met by common sense and the application of every day wits.

First of all let us look for a moment at the problem. We were sent 3000 miles from home, into a friendly country, to be sure, but depleted by three years of devastating war, backed and intensified by interruptions in its commerce, by the ever vigilant and altogether unscrupulous submarine. It was our job to figure out what we should need, to care for the sick and wounded of an enormous army, and distribute it in the proper places, when we should get it in France. No one knew how big the army was to be, and we simply figured that so many divisions of 28,000 men each, would need so many supplies, and so many officers, nurses and men of the Medical Department to look after their medical wants. The cables were worked overtime and America responded, whole heartedly and steadily to our demands.

The supply question, insofar as it related to things for medical use, is interesting enough to merit a short reference. The French gave us one port to begin with and for several months all our business was done through St. Nazaire, at the mouth of the river Loire. That town was no Arcadia and it was no pleasure party to sojourn there and hustle medical property off the docks, into railroad cars, which were to carry it up

\* Address delivered at the annual meeting of the Faculty, April 23, 1919.

to the lines. But we had some faithful officers and men at work and they pushed the task along. Cargo came off the ships in the utmost confusion, and the few men we had, worked incessantly to get the stuff segregated and shipped out—but we did get it done, and before long it was being collected by railroad, into our supply depot located at Cosne, a funny little mediaeval town, about 120 miles due south of Paris. The Depot force here sorted it out, issued it on requisitions and having begun about August 1, we were carrying on well by the first of October.

As I have said America responded well and generally speaking the supplies were well balanced and in good quantity. It often happened that we struck a dangerous ebb in the flow of stuff and were often compelled to beg of our good French friends, who helped us out, as did the Red Cross.

But we finally struck a real stride on what we called automatic supply, devised by our General Staff. This meant that on our side we figured out just what each division needed for one month. Then we estimated the ship tonnage necessary to carry that stuff to us and notified the people at home, how many divisions wanted supplies in France. The good people over here did the rest and we certainly had the business of troop supply going smoothly, six months after we began the game.

We put a big depot in, at a point near the front lines, called Iss-sur-Tille and thus helped the chap in the battle lines. It was not all easy sailing and if I did not feel that it would bore you, I might unfold a story of stray shipments, over-congested railroads, deficiencies in trucks, and battles with mud and sand, which would show how our Medical Officers were embarrassed at many turns.

One of our great problems was that of motor transportation. I need scarcely say that it was fearfully difficult to get it, in any thing like adequate amounts from the United States. Cargo space was so scarce and food and clothing so imperatively needed that we suffered from lack of ambulances and passenger cars, and especially from the absence of parks to set up and repair what we had.

Sanitation in France was a difficult nut to crack and looking back on it all, I am really amazed that we came out so well. One can't make a sanitary régime, at all worth while, unless one has appliances and material things to do it with. I may instance lumber as one of the many things we lacked and you will not have to stretch your imaginations very far to reach a general idea, of what the deficiency in this article implied. Housing, food preparation, bathing, and disposal of excreta were some of the things which one couldn't do, without lumber. Gradually the deficiency was supplied in this, as in other concerns, though there was never a time when we did not lack many essential things.

It does not take a meteorologist to establish the fact that it is more than humid in France. Any garden variety of observer will agree, that that word of euphony does not meet the situation, and "wet" is reasonably the term of election. Mud is of course the corollary, and we got plenty of both at all times. It began at the base ports and carried on to and into, the trenches.

There is a certain psychology in making men stack up to sanitary pre-script. When a soldier is continually and hopelessly wet and muddy, without the means to dry out, it sounds rather flat to urge upon him that he hunt an added increment of wetness and muddiness, by "tapping the bog" for a hundred yards, to reach the place, where the calls of nature may be carried out in a centralized fashion. His primitive instinct gets the better of the academic inculcation. The result is obvious. Again you can't crowd men into an insufficient barrack, where air and floor space are both lamentably deficient and expect them to cough and sneeze into a handkerchief. Quite as impossible is the effort to enforce cleanliness of the body, when there are no bathing facilities and no means of getting, new, fresh clothes to substitute the old ones, which have done overtime work. But you can't have adequate clothing and bath houses always at hand, when an expanding army is operating 3000 miles from home and tonnage is as scarce as submarines can make it, so your vicious circle holds the boards.

I believe the spirit of the army is what carried us through, for the men did struggle against the forces, in conspiracy against them and by dint of their earnest efforts, they kept comparatively decent.

Lice have become an international celebrity during this war. Parlor conversations do not stagger and lapse, when a subject, so loathsome to our society of ten years ago, gets on to the tapis, under the euphemism of "cooties." This march of progress, or declension of nicety, justifies an aviator, fresh from a German prison camp, in showing his hero worshipping girl friends, his scars of insectuous voraciousness. Lice interest me also, and whether on a knight of the air or a mud crushing dough-boy, they constitute the basis for our greatest sanitary failure, greater even than the enforced overcrowding of our barracks during the winter season. I believe I learned one lesson from this war and that lesson urges the transfer of the amiable "cootie" to the exclusive care of the Medical Department, as a disinfection problem.

The A. E. F. was in error, I think, in confiding them to the Quartermaster Department and I feel satisfied that the Medical Department should assume the burden of disinfestation, and launder and sterilize all clothing requiring such special treatment. We failed to get our appliances to do this work and while we could boil underwear, olive drab outside

clothing could not be so readily cleaned up. Later on we got the necessary agencies to work and it was possible to clean the men promptly.

We had to persuade the General Staff in France to see our viewpoint and work on it in a number of instances. A great measure of practical education for everybody was carried forth in the days when so many new problems had to be met and when the armistice came, we knew our General Staff and I believe they knew us, and there was mutual esteem and due consideration on both sides. Surely we got fine results, at last largely, I think, because we had representation in the General Staff and responsibility, too.

The great big man who headed our force was always with us and General Pershing knew, and showed he knew, the kidney of his Medical Department. His great qualities of leadership took us into his following whole heartedly, and to lighten his load and soften the rigor of the ultimate responsibility for two million men, which rested on him, was our task and our pleasure. I believe we felt quite sure that when we helped a poor unfortunate doughboy, we were indirectly helping the fine man and resolute leader, who gave inspiration to the expedition.

Taken by and large, I feel that we may congratulate ourselves on our general result in conserving the health of our men. We had 45,000 deaths from gunshot casualty and 22,000 from disease and that is a very creditable showing to put forward in statistics, comparative to those of other wars. What a record we might have had without our pneumonia scourge, is one of those things governed by the awful *if*. That blasting epidemic was a big blot on our scutcheon and in the light of facts which have come to my notice, I am pretty nearly convinced that the shelter of the sky is preferable to that of roofs, under prevalence of respiratory epidemics. The 1st Army Corps, with its billet in its hat, came out pretty nearly unscathed, while organizations under shelter got a full distribution of it, other conditions being, if anything, unfavorable to the 1st Corps. We have the mastery of practically all the devastating diseases which have followed armies and the respiratory group alone remains to mock our effort. Let us hope that the puissant intelligence of our splendid investigators and research men, will speedily lay this menace, along with yellow fever and enteric fever.

I deny that enteric fever was a real menace to us in spite of the impeachment lodged in the intemperate head lines of a Washington newspaper of recent issue. You all know that to our present attitude of mind, it takes but a few cases of typhoid to get the ax of the central authority into action, but the wielding of the ax does not indicate anything, but the stiffening of the forces which we command and which we know to be sovereign. Over and far beyond the sanitation of places, our prophylactic work still minimizes enteric fever.

You know what our record has been in the matter of one of the great scourges of armies, venereal disease. Young men reporting from the civil population to army camps have carried a venereal rate as high as 175 per thousand. Did we not have full justification for the chuckle which we emitted when our rate was hammered down to 30 per thousand!—and this with a bunch of “single men in barracks,” who were nowhere near to being “plaster saints.” Two of your fellow townsmen, Colonels Hugh Young and George Walker contributed everything to this result, but while Baltimore might claim them in the genesis, they were ours in the time of real fruition, at least insofar as the military business went. They would not stand for an omission of the name of Colonel E. L. Keyes, of New York, from this particular galaxy of real husky workers and Colonel Keyes must go into the token of appreciation, as a full partner.

Alcohol got a black eye in the A. E. F. early in the history of that Odyssey and why and how our men kept out of it, I don't pretend to know, in any degree of entirety. Whether it be due to the light alcoholic content of the wines of France is questionable. Spirits could be had for a small consideration, both in France and England, and a full bottle was by no means beyond the limit of a youngster, with a month's pay in his clothes and a thirst for a man sized drink in his fauces.

Again it seems hardly possible that the widely prohibited area at home, sending out young men, who knew nothing about alcohol, could have been entirely responsible for our clean slate. The consciousness that there was a job to be done—and done effectively—may have conspired to the result, and I by no means think it convicts me of a mollycoddle, mawkish sentimentality, when I say that I believe the idea that mother and the girls at home didn't expect a fellow to tread the primrose path of dalliance was a factor of moment. This young army of ours carried the benignity of mother's face with them in goodly numbers, and there is no question that it was a well diffused and a substantial reason for decent living.

Rigorous discipline did its share, and our uplift, social organizations did theirs, in that they put diverting and entertaining influences before our young exiles. Personally, I am a real enthusiast on the work done by our Y. M. C. A. I saw that work in Northeastern France during the trying winter of 1917-18 and those chaps who put up their recreation tents out in the wind, and rain and mud of that inhospitable area, were real crusaders and had the spirit of the missionary with them to a beautiful finish. I think they will someday get the grateful recognition which now, in the epoch of iconoclastic criticism, not confined to any one class in its manifestation, is denied them.

All these things were factors doubtless, but whatever may have been

the impulsions, the behavior of our men was truly wonderful and it is my proud boast, as an American, that in seventeen months, whether in Paris, Tours, or along the lines in France, or in the hospitable, drink inviting atmosphere of London, I know I did not see a half dozen drunken American soldiers!

That is a contrast picture to some others I might paint, and God knows it was, and is, inspiriting. The thought that it was my privilege to see this, makes me forget the nights when I had to go to bed to get warm and the days when there was no American radiator, to purr its friendly warmth off in the corner.

I believe it will not be questioned that the Medical Department in France came out of this war with the hall-mark of sound quality and excellent service stamped on it. To do big things successfully must rest with the human-factor put to the work, and in our personnel we found our most potent agent for good.

For thirty years it has been a matter of pride to me that I could claim fellowship with the guild of medicine and surgery, but it remained to this war, to cap my fabric with an admiration for that fellowship, which is quite a dogma in my list of things that I know to be right and appropriate. I had seen the brotherhood tested and it rang true, but I had seen the day of small things only, and did not know the full story of the consecration, as I do now.

To our doctors, our nurses and our fine enlisted men, I make the obeisance they deserve, and you will give me the privilege of telling you why I lift my hat.

We may first concern ourselves with the physicians and surgeons who came to us from their comfortable office and home surroundings in America—in most cases voluntarily, and with no reservations. Leaving their homes and the handsome incomes which were theirs, they went into surroundings and habits of life, new to them in all respects, save their bed side work, and carrying discomfort and inconvenience every hour of every day. In ninety cases out of a hundred financial loss was their steady portion. I watched many a Base Hospital unit, staffed by the Nestors, and the younger men, and I saw the grossly inadequate provision for comfort, and the heart breaking enforcement of professional idleness, which fell to their lot in the poorly arranged school houses and public buildings which depleted France, out of her slender store, managed to scare up for us as hospitals. The daily routine was for months the trying one of inactivity and if Satan looked for a setting to dole out his mischief for idle hands, this was the chance of his ancient life. It needed resolution and stern devotion to a cause, to stand up under the mud, the cold and the change of station, which oft times changed like the gambler's luck, in that

it got worse. Laboratory and surgical specialists bossed a gang of men on the docks, getting the precious equipment of the unit on to freight cars, and the hand which normally handled the fine adjustment screw of a microscope at home, hustled the box of drugs on the wharf at our Gethsemane, the port of St. Nazaire.

The great men who went out as the directors, in our hospital units had a multifarious task. Theirs was the fate to sustain the established high morale and harmonize and keep asperities under control. It would have been entirely millennial had there been no asperities under such conditions of living but men like Fred Washburn of Boston, Charles Peck and Charles Gibson of New York, Angus McLean of Detroit, R. T. Miller of Pittsburgh, J. M. Flint of New Haven, and your own splendid John Finney, carried along the current of the sporting blood and cemented the morale. These men are but samples of the real human stuff at the top.

It happened, I am sorry to say, that unfortunate "misfits" among regular officers were occasionally detailed to command some of our people, but sooner or later we got the rectification by appropriate orders, and it was the exception.

The officer personnel of these units was so admirable that it is entirely pleasant to think of them in the retrospect. The dominating idea was service to America, to the unit and to the poor chap, who made appeal in his hour of misfortune to the skill of the doctor and the great heart which he knew to underlie and galvanize that skill.

How much those fine doctors did to exalt the morale of our fighting forces can only be known to one who has heard the soldier man talk about it, and it has been my privilege in many places, to hear him tell of the uplift which came to him, when he realized that the best of America's medical profession, awaited him in a Base Hospital.

To be sure it might be that the flooring in the rude barrack buildings, used as hospital wards, would show cracks of a half inch between boards and the cry for linoleum to cover those cracks was met from my office, by the sad and unavailing news, that the *S.S. Raven*, Plymouth to Cherbourg, had been sunk in the English Channel with 70,000 square yards of linoleum, destined for us. This didn't help, but it did in some measure explain, why the Carrel-Dakin solution froze in the wards at pitiful old Bazailles-sur-Meuse, another Gethsemane, known to your Hopkins Unit, and where coal was \$70 a ton and rare at that.

I do not wish to convey the impression that it was only in these units that our doctor men were shining lights. There was much excellence all along the lines and first class medical talent functioned at many small camp hospitals and with detached units. Of course we got some goats among the sheep and I have always deplored the fact that the first officer

dismissed by General Court Martial in the A. E. F. for drunkenness was a Medical Officer. But these delinquents were notably the exceptions and one may never hope to find a more altruistic, self-sacrificing, devoted set of men than the Medical Officers who carried the burden in the Lines of Communications, during my identification with it. And they were the fellows, fresh from civil life, who bore the brunt and did the chores in cheerful coöperation with the handful of Regular Medical Officers who were available for duty abroad.

Just here it is fitting that I say that we went along as a very happy family in France and England without any internecine strife, based on contention between the man from civil life and his professional brother who had made the service his life calling. I may again refer to the fact that we had some Regular Officers who failed in their work and brought discords, just as we had a sprinkling of non-adaptables among our Medical Reserve Corps men, but I believe the vast majority of the Regulars and the M. R. C. will agree with me, that long before the War Department merged everything into the Medical Corps, U. S. Army, by official fiat, our working agreement and unification had been accomplished and our seal might in all reason have carried the legend "E Pluribus Unum." It is my thorough conviction that practically every thinking, efficient man who comes back from France, carries in his heart a sense of close affiliation with the old Medical Corps and is imbued with a keen desire to help us solve our problems in the future.

No reference to our work in France could be reasonably proper without comment on the nurses, who blazed trails and killed lions with us, quite up in the wilderness. I recall that when I left the L. O. C. there were over 4000 of them in my area and any ordinary man may fittingly balk at a dispensation of Providence, which gives unto him, the supervision of 4000 women. This figure grew to 9000 and over, in December, 1918, when I left France for home, and the gracious bachelor who at present adorns the office of the Chief Surgeon, A. E. F., has had a merry quota of femininity under his aegis.

But this body of women were bent on doing a great work and they were so busy doing it that they had no time to worry a Chief Surgeon. I do not think America sent any more resolute spirits to France than she sent in the personnel of the Army Nurse Corps. Their training had taught them the cogent need for discipline and control and their eagerness to soften the rigors of suffering, gave them the inspiration to fight it out to a finish and surmount the untoward conditions under which they had to live and work. The cold, raw early morning and the premature winter night in France, with creature comforts and normal hospital equipment and facilities at a minimum, put no blight on the service rendered the sick man



in our hospitals. With mobile hospitals and surgical teams the only limit set by our nurses to their progress to the front, was that imposed by military necessity. They worked in rubber boots and a Chief Nurse told me the lingerie of many of these ladies often bore unmistakable ear marks of having been originally issued as pajamas for the sterner sex, sick in hospitals. But our nurse got her sufficient panegyric from the plain soldier man, who was the great beneficiary of her *tactus eruditus*. A trip through any hospital in France showed the youth of the nation bearing the smile of content, coddled by a bustling young woman, who in most cases envied him his wounds and in all instances cherished his best interests as her first and foremost concern.

These women did much for international comity and many a Tommy or Poilu carried back to his home a grateful recollection of just how much America was willing to do for her Allies, because an Army Nurse had helped him in his crisis of life.

While I am on the subject of the Army Nurse, I cannot forbear a brief reference to a matter which is as unpleasant and revolting, as it is insistent that measures be taken to lay it as one smites the serpent. I hesitate to mention a report which is so malevolently and viciously false, and which should perhaps be consigned to the waste basket, which all decent minds must keep in this time of flagrant gossip. However, I deem it a duty to deny with all the vehemence I can summon up, the outrageous lie that special maternity hospitals are apportioned in this country for unfortunate women, who have been among our nurses in France.

The story even reached me in France, from America, in December, 1917, and it has come to me from several gossip peddlers since my return to this country. I grieve to say that in every instance women were the agencies of diffusion. I know so well how free we were from just this thing, when I had daily access to all the records in France and England, and the perpetuation of the slanderous story over here, prompted me to hunt up the precord in the Surgeon General's Office, where every such case must of necessity finally rest. Now please note the emphatic denial made by those records when I tell you that there are just twelve such cases to be found. Only 12 among 11,000 women, living under conditions during nearly two years, of detachment from their ordinary environment have shown the frailty, which is so ruthlessly and ungenerously charged to them. Of course this must die, like all lies must die in time, but those women did so much for America in her hour of need, they did it so nobly and without stint, and it is only a meager requital to them, that some one, apprised of the truth should proclaim it, and come out openly in their defence. I deny the wretched story and all my running mates in the L. O. C. will share the scorn I feel for the contemptible spirit which spreads

it. "Be thou as chaste as ice, yet thou shalt not escape calumny" was written centuries ago.

Let me touch for a moment on the Medical Department enlisted men who put their impress on our work. Without them we could have done nothing of the things we did and surely we had a fine collection of splendid youngsters to do the countless things a soldier in the Department must do. I think I know why we got so many unusual men and it lies in the fact that voluntary enlistment in the Medical Department insured an early arrival on the other side. I got together forty lawyers, clerks, secretaries, and students for the initial office and supply service and took them with me from New York on July 2, 1917. I like to refer to those chaps as the forty immortals, and they were but the type of the men who came to us in our base hospital and other units. Later on, the apportionments given the Medical Department at large from the selective draft were not of such good quality, but we had the fine leaven of our organized units to sustain the burden. It is a source of gratification that so many of them received commissions in France. The eight hour law did not hold with them and the arrival of the convoy of sick and wounded meant that everything but work—plenty of it—was off the cards.

If the soldier going over the top was doing his bit, the chap who helped get his poor dismembered body out of the ruck, and into a neatly sheeted bed, was doing his, with even consecration. The enlisted man of our Department has the love and affection of those who worked with him and personally I count many of them my warm and esteemed friends, who stir my emotions when I see them, in the afterglow.

In closing let me say a word about our Allies. We met much kindness from both the French and English. In our very early days we begged the French for hospitals and they dispossessed their own people to help us. I have a clear vision of an interview between two French officers at Bordeaux in August, 1917. The one holding on to his hospital of 2500 beds, like a lioness over her cub, and the other ruthlessly and implacably urging the dictum of the Service de Sante, in Paris, that the place was "pour les Americains, tout a fait et immediatement."

The French were good to us and so patient to our insistence.

It was my privilege to serve for five months among the English on their own heath and I came away from them sure that they are the kindest, most helpful people I ever met outside my own land, which by no means holds more of good will than they do. The setting there was one to harass a Chief Surgeon when in May, 1918, we began to pour thousands of troops through England and to recover some of our sad, pitiful wreckage from the British lines in Flanders, through Southampton.

The needs of our department in the face of this new found policy were

beyond calculation. We had little material and only a few places worthy of being dignified as hospitals, but we had the stalwart good will of a lot of big hearted Englishmen, who not only listened, but acted, and would not say nay to the need of the stranger within their gates. Hospitality which goes beyond giving you dinners and gives you beautiful hospital buildings for your sick, is hospitality indeed, and in less than three months we had 7000 beds going in places, which were real hospital finds. Further than this, the open door was ours into any British hospital and our men met only kindness and skill. I learned to admire British efficiency as I saw men tucked away in our hospitals at Dartford and Portsmouth who, less than forty-eight hours previously had fallen in the mud of "no man's land" in Flanders, under German shellfire. That was English evacuation of wounded in its highest expression, and it was a masterful system. We Americans owe a great deal to many Englishmen, and to none is our debt more substantial than that we owe to those rare gentlemen, Lieut. General Sir John Goodwin, Director General, Army Medical Service, and Major General F. G. Bond, Director of Quarters, at the British War Office. If these gentlemen did not tire of begging Americans, it was because they had an infinity of patience and a boundlessness of the good heart.

I would gladly dwell at length on the hospitality for American Medical Officers which was ours at the charming home of the ever delightful Oslers, in Oxford. Sir William and his gracious lady were ever ready to receive and help their former compatriots and they knew the details of our hospitals, because they went to them and through them. It was encouraging to go about with the keen and inspiring presence of the beloved "Chief" to point out that the most important place in the hospital was the laboratory! Personally, I elect the kitchen, but I did not tell him so.

And now, gentlemen, let me close my rather rambling, very unscientific and quite commonplace bit of narration by expressing the hope that when again our beloved America knows the hour of stress and calls upon her manhood and womanhood to get into the fray, she may find every where as knightly and queenly a response as came to her from the medical and nursing professions in this war. Many of our good people rest in the soil of foreign lands. The casualty reports for the entire A. E. F. to March 31, 1919, show:

*Medical Officers*

Killed in action.....	46
Died of Wounds.....	22
Died of Disease.....	102

*Nurses*

Died of disease and accident . . . . . 109

*Enlisted Men*

Killed in action . . . . . 382

Died of wounds . . . . . 247

Died of disease . . . . . 1500

To the shades of these and to those who abide in the two professions, we of the permanent corps may say with full hearts:

I have eaten your bread and salt,  
I have drunk your water and wine,  
The deaths that ye died, I have watched beside,  
And the lives that ye lived were mine.

*Honor Roll*

According to the best information obtainable 176 doctors belonging to the Medical and Chirurgical Faculty of Maryland received commissions as follows:

Brigadier Generals . . . . .	2
Colonels . . . . .	4
Lieutenant Colonels . . . . .	10
Majors . . . . .	33
Captains . . . . .	36
First Lieutenants . . . . .	20
Rank unknown . . . . .	71
Total . . . . .	176

This does not include a considerable number of physicians outside the society who served with the colors.

## DIRECTORY.

### MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND.

Officers and Committees for 1919 are given on first two pages of Bulletin each month.

#### LIST OF PRESIDENTS—1799-1919.

- |                                   |                                   |
|-----------------------------------|-----------------------------------|
| 1799-1801—Upton Scott.            | 1886-1887—George W. Miltenberger. |
| 1801-1815—Philip Thomas.          | 1887-1888—I. Edmondson Atkinson.  |
| 1815-1820—Ennalls Martin.         | 1888-1889—John Morris.            |
| 1820-1826—Robert Moore.           | 1889-1890—Aaron Friedenwald.      |
| 1826-1836—Robert Goldsborough.    | 1890-1891—Thomas A. Ashby.        |
| 1836-1841—Maxwell McDowell.       | 1891-1892—Wm. H. Welch.           |
| 1841-1848—Joel Hopkins.           | 1892-1893—L. McLane Tiffany.      |
| 1848-1849—Richard Sprigg Steuart. | 1893-1894—George H. Rohé.         |
| 1849-1850—Peregrine Wroth.        | 1894-1895—Robert W. Johnson.      |
| 1850-1851—Richard Sprigg Steuart. | 1895—J. Edwin Michael.            |
| 1851-1852—William W. Handy.       | 1895-1896—Charles G. Hill.        |
| 1852-1853—Michael S. Baer.        | 1896-1897—William Osler.          |
| 1853-1854—John L. Yeates.         | 1897-1898—Charles M. Ellis.       |
| 1854-1855—John Fonerden.          | 1898-1899—Samuel C. Chew.         |
| 1855-1856—Jacob Baer.             | 1899-1900—Clotworthy Birnie.      |
| 1856-1857—Christopher C. Cox.     | 1900-1901—Samuel Theobald.        |
| 1857-1858—Joshua I. Cohen.        | 1901-1902—J. McPherson Scott.     |
| 1858-1859—Joel Hopkins.           | 1902-1903—Wm. T. Howard.          |
| 1859-1870—Geo. C. M. Roberts.     | 1903-1904—Eugene F. Cordell.      |
| 1870—John R. W. Dunbar.           | 1904-1905—Edward N. Brush.        |
| 1870-1872—Nathan R. Smith.        | 1905-1906—Samuel T. Earle, Jr.    |
| 1872-1873—P. C. Williams.         | 1906-1907—Hiram Woods.            |
| 1873-1874—Charles H. Ohr.         | 1907-1908—Charles O'Donovan.      |
| 1874-1875—Henry M. Wilson.        | 1908-1909—Brice W. Goldsborough.  |
| 1875-1876—John F. Monmonier.      | 1909-1910—G. Milton Linthicum.    |
| 1876-1877—Christopher Johnston.   | 1910-1911—Franklin B. Smith.      |
| 1877-1878—Abram B. Arnold.        | 1912—Hugh H. Young.               |
| 1878-1879—Samuel P. Smith.        | 1913—Archibald C. Harrison.       |
| 1879-1880—Samuel C. Chew.         | 1914—Randolph Winslow.            |
| 1880-1881—H. P. C. Wilson.        | 1915—J. W. Humrichouse.           |
| 1881-1882—Frank Donaldson.        | 1916—J. Whitridge Williams.       |
| 1882-1883—William M. Kemp.        | 1917—Guy Steele.                  |
| 1883-1884—Richard McSherry.       | 1918—W. S. Halsted.               |
| 1884-1885—Thomas S. Latimer.      | 1919—John Ruhrah                  |
| 1885-1886—John R. Quinan.         |                                   |

#### LIST OF VICE-PRESIDENTS.

- |   |  |
|---|--|
| 1799-1848—(Unknown.)                            | 1851-1853—(Unknown.)   |
| 1848-1849—John Readel, Jacob Baer, P. Wroth.    | 1853-1854—John Fonerden, Albert Ritchie, P. Wroth.           |
| 1850-1851—Joel Hopkins, P. Wroth, Jacob Fisher. | 1854-1855—Geo. C. M. Roberts, Samuel P. Smith, Joel Hopkins. |

- 1855-1856—George C. M. Roberts, G. W. Miltenberger, M. Diffenderfer.
- 1856-1857—P. Wroth, Wm. H. Davis, Samuel Smith.
- 1857-1858—William Waters, Frederick Dorsey, Joel Hopkins.
- 1858-1859—Samuel Chew, Stephen N. C. White, Samuel K. Handy.
- 1859-1863—John R. W. Dunbar, Samuel Chew, Wm. M. Kemp.
- 1863-1871—John R. W. Dunbar, Wm. M. Kemp, John C. Hopkins.
- 1871-1872—C. H. Ohr, Edward Warren, Richard McSherry.
- 1872-1873—(Unknown.)
- 1873-1874—S. C. Chew, H. M. Wilson, A. B. Arnold.
- 1874-1875—Francis T. Miles, James A. Steuart, D. A. O'Donnell.
- 1875-1876—Christopher Johnston, A. B. Arnold, J. C. Thomas.
- 1876-1877—P. C. Williams, James A. Steuart, Francis T. Miles.
- 1877-1878—S. C. Chew, F. E. Chatard, Charles H. Jones.
- 1878-1879—James C. Thomas, L. McLean Tiffany.
- 1879-1880—H. P. C. Wilson, James A. Steuart.
- 1880-1881—L. McLane Tiffany, G. Ellis Porter.
- 1881-1882—A. H. Bayly, I. E. Atkinson.
- 1882-1883—Thomos S. Latimer, Richard McSherry.
- 1883-1884—W. Stump Forward, J. S. Lynch.
- 1884-1885—John R. Quinan, I. E. Atkinson.
- 1885-1886—E. C. Baldwin, J. E. Michael.
- 1886-1887—Thomas Opie, Richard Gundry.
- 1887-1888—Charles H. Jones, James Carcy Thomas.
- 1888-1889—J. E. Michael, Thomas P. Evans.
- 1889-1890—T. A. Ashby, C. G. W. Macgill.
- 1890-1891—Geo. H. Rohé, J. McPherson Scott.
- 1891-1892—J. W. Humrichouse, David Street.
- 1892-1893—J. W. Downey, J. W. Chambers.
- 1893-1894—John D. Blake, John S. Fulton.
- 1894-1895—Charles H. Jones, W. M. Nihiser.
- 1895-1896—Charles G. Hill, Clotworthy Birnie.
- 1896-1897—Wilmer Brinton, Randolph Winslow.
- 1897-1898—W. F. A. Kemp, George J. Preston.
- 1898-1899—Mary Sherwood, J. McPherson Scott.
- 1899-1900—Samuel Theobald, David Street.
- 1900-1901—Samuel T. Earle, Jr., J. B. R. Purnell.
- 1901-1902—Harry Friedenwald, B. W. Goldsborough.
- 1902-1903—Samuel T. Earle, Jr., Wilmer Brinton.
- 1903-1904—Franklin B. Smith, James M. Craighill.
- 1904-1905—Samuel T. Earle, Jr., D. C. R. Miller, Julius A. Johnson.
- 1905-1906—Charles O'Donovan, Thomas M. Chancy, Joseph B. Seth.
- 1906-1907—William T. Watson, Philip Briscoe, William F. Hines.
- 1907-1908—Roger Brooke, Henry L. P. Naylor, George Dobbin.
- 1908-1909—Philip Briscoe, William L. Smith, G. Milton Linthicum.
- 1909-1910—Philip Briscoe, A. P. Herring, Compton Riely.
- 1910-1911—J. Staige Davis, H. B. Gantt, Timothy Griffith.
- 1912—J. L. Riley, D. E. Stone, J. A. Chatard.
- 1913—J. Staige Davis, C. F. Davidson, E. B. Claybrook.
- 1914—C. R. Winterson, A. L. Franklin, Gordon Wilson.
- 1915—A. McGlannan, J. E. Deets, R. Lee Hall.
- 1916—L. C. Carrico, M. D. Norris, J. A. Chatard.
- 1917—D. E. Stone, A. H. Hawkins, J. M. H. Rowland.
- 1918—Julius Friedenwald, J. E. Deets, J. McF. Dick.
- 1919—J. McF. Bergland, Philip Briscoe, J. E. Deets.

ACTIVE MEMBERS OF COMPONENT SOCIETIES. 1919.

*Allegany County.*

Boucher, S. A., Barton, Md.  
 \*Bove, Chas. F. W., Cumberland, Md.  
 Bowen, R. C., Grantsville, Md.  
 Broadrup, George L., Cumberland, Md.  
 Broadwater, N. I., Oakland, Md.  
 Bullock, James O., Lonaconing, Md.  
 Burns, Wm. L., Cumberland, Md.  
 \*Cavanaugh, Leo M., Cumberland, Md.  
 Claybrook, Edwin B., Cumberland, Md.  
 Cobey, James C., Frostburg, Md.  
 Conroy, Timothy L., Frostburg, Md.  
 Cowherd, F. G., Cumberland, Md.  
 \*Cowherd, J. K., Ridgeley, W. Va.  
 \*Darby, J. D., Oakland, Md.  
 Deming, Herbert V., Cumberland, Md.  
 Enfield, S. E., Mt. Savage, Md.  
 Fehchtig, Robert Y., Baltimore, Md.  
 Franklin, A. L., Cumberland, Md.  
 \*Frantz, Winter R., Cumberland, Md.  
 Gardner, Charlotte B., Cumberland, Md.  
 Gracie, W. A., Cumberland, Md.  
 Harris, Edward, Jr., Cumberland, Md.  
 Hawkins, Arthur H., Cumberland, Md.  
 Hinebaugh, Mallon C., Oakland, Md.  
 Hodges, William R., Cumberland, Md.  
 Hodgson, H. M., Lonaconing, Md.  
 Hodgson, Henry W., Cumberland, Md.  
 Johnson, James T., Cumberland, Md.  
 Jones, Emmett L., Cumberland, Md.  
 \*Kalbaugh, A. B., Westernport, Md.  
 Kemp, H. M., Bloomington, Md.  
 Keim, P. S., Cumberland, Md.  
 Koon, Thomas L., Cumberland, Md.  
 Legge, John Edwin, Cumberland, Md.  
 \*Littlefield, John R., Cumberland, Md.  
 McComas, H. W., Oakland, Md.  
 McDonald, T. B., Cumberland, Md.  
 McGann, John H., Barton, Md.  
 McLane, W. O., Frostburg, Md.

Mason, Allen J., Friendsville, Md.  
 \*Miller, Ed. Judson, Kitzmillerville, Md.  
 Nedrow, Willey Clayton, Friendsville, Md.  
 O'Neil, Francis P., Cumberland, Md.  
 Owens, C. L., Cumberland, Md.  
 Owens, M. E. B., S. Cumberland, Md.  
 Price, James Marshall, Frostburg, Md.  
 Raphel, Eugene F., Cumberland, Md.  
 Robinson, H. T., Cumberland, Md.  
 \*Sharrett, G. O., Cumberland, Md.  
 Skilling, William Quail, Lonaconing, Md.  
 Spear, J. M., Cumberland, Md.  
 Spicer, Jos. H., Cumberland, Md.  
 Trevaskis, R. W., Cumberland, Md.  
 Twigg, Wm. F., Cumberland, Md.  
 White, Edward H., Cumberland, Md.  
 \*Wilson, F. M., Cumberland, Md.  
 \*Wilson, J. Homer, Cumberland, Md.  
 Wilson, Jacob Jones, Cumberland, Md.

*Anne Arundel County.*

Benson, Thomas P., Hanover, Md.  
 Billingslea, James Snow, Armiger, Md.  
 Brayshaw, Thomas H., Glen Burnie, Md.  
 Brooke, Charles H., Brooklyn, Md.  
 Collison, John, South River, Md.  
 \*Gantt, H. B., Jr., Millersville, Md.  
 Henkel, Charles B., Annapolis, Md.  
 Henkel, Louis B., Jr., Annapolis, Md.  
 Hepburn, Sewall S., Annapolis, Md.  
 Hopkins, Walton H., Annapolis, Md.  
 Murphy, James J., Annapolis, Md.  
 Perrie, Alfred Hall, McKendree, Md.  
 Purvis, Jesse Oliver, Annapolis, Md.  
 Thompson, Frank H., Annapolis, Md.  
 Weitzman, Frances E., Annapolis, Md.  
 Winterode, R. Preston, Crownsville, Md.

\*Stars indicate men in service.

*Baltimore County.*

Beitler, Frederick V., Halethorpe, Md.  
 Benson, Benjamin R., Cockeysville, Md.  
 \*Benson, E. H., Cockeysville, Md.  
 Benson, Joshua Edward, Cockeysville, Md.  
 Bergartt, Bernard M., Reisterstown, Md.  
 Bowen, Josiah S., Mt. Washington, Md.  
 \*Boyd, Wm. A., Schofield Barracks, Hawaii, H. I.  
 Bridges, W. A., Towson, Md.  
 Brush, Edward N., Towson, Md.  
 Bubert, John D., 4836 Park Heights Ave.  
 Bussey, Bennett F., Texas, Md.  
 Campbell, W. H. H., Owings Mills, Md.  
 Cassidy, Henry F., Roland Park, Md.  
 Clarke, Sydenham R., Roland Park, Md.  
 Cox, N. H. D., Arlington, Md.  
 \*Dorsey, G. H., St. Agnes Hospital, Baltimore  
 Drach, John H., Butler, Md.  
 Duntun, William Rush, Govans, Md.  
 Ebert, J. Wm., Lutherville, Md.  
 Eldred, Frank C., Sparrows Point, Md.  
 Ensor, Charles B., Station E., Baltimore, Md.  
 \*Fort, S. J., Catonsville, Md.  
 Fritz, G. A., Overlea, Md.  
 Garrett, Robert Edward, Catonsville, Md.  
 Glann, Raymond V., Mt. Winans, Md.  
 Glantz, Frank A., 3244 Eastern Ave. Extd.  
 Gorsuch, James F. H., Fork, Md.  
 Green, John S., Gittings, Md.  
 Green, Joshua Royston, Towson, Md.  
 Green, Morris B., Hamilton, Md.  
 Gundry, Alfred T., Athol, Catonsville, Md.  
 Gundry, Lewis H., Relay, Md.  
 Gundry, Richard F., Catonsville, Md.  
 Hall, Thomas B., Mt. Winans, Md.  
 Harrison, John W., Middle River, Md.  
 Hess, Harry Clyde, Station H., Govans, Md.  
 Hyde, E. W., Parkton, Md.  
 Hill, Chas. G., Arlington, Md.  
 Hill, Milton P., Arlington, Md.  
 Hocking, George H., Govanstown, Md.  
 Jarrett, H. S., Towson, Md.

Jarrett, J. H., Towson, Md.  
 \*Johnson, R. W., St. Agnes Hospital, Baltimore  
 \*Jones, K. B., Owings Mills, Md.  
 Katzenberger, J. W., 1729 W. Lombard St., Baltimore.  
 Keating, Frank W., Owings Mills, Md.  
 Kerr, Eugene, Towson, Md.  
 Kieffer, G. S. M., Morrell Park, Md.  
 Lewis, W. Milton, Lutherville, Md.  
 \*McClennahan, Wm. E., Highlandtown, Md.  
 McCormick, G. C., Sparrows Point, Md.  
 Macgill, John Charles, Catonsville, Md.  
 Manning, John, Melrose Ave., Govans, Md.  
 Mattfeldt, Charles L., Catonsville, Md.  
 Mitchell, A. R., Monkton, Md.  
 \*Monmonier, J. Carroll, Jr., Catonsville, Md.  
 \*Naylor, Harry A., Pikesville, Md.  
 Naylor, Henry L. P., Pikesville, Md.  
 Nichol, E. E., Pikesville, Md.  
 \*Ostendorf, Walter G., U. S. A. in Texas.  
 Pearson, C. B., Arlington, Md.  
 Porter, Minor Gibson, Roland Park, Md.  
 Reitzel, E. C., Owings Mills, Md.  
 Ruhl, Frank H., Lansdowne, Md.  
 \*Runkel, J. G., Catonsville, Md.  
 \*Sargeant, George F., Towson, Md.  
 Shermantine, R. W., Sparks, Md.  
 Slade, H. M., Reisterstown, Md.  
 Sloan, Martin F., Towson, Md.  
 Smart, L. Gibbons, Lutherville, Md.  
 Smink, A. C., Forest Park, Md.  
 Smink, C. C., Lauraville, Md.  
 \*Smith, Merrick A. V., Colon Hospital, Cristobal, C. Z.  
 Todd, William J., Mt. Washington, Md.  
 Wade, J. Percy, Catonsville, Md.  
 \*Wantz, Sherman R., Arlington, Md.  
 Webster, A. G., Overlea, Md.  
 West, Marshall B., Catonsville, Md.  
 \*Wilkinson, A. L., Raspeburg, Md.  
 Wilson, James H., Fowblesburg, Md.  
 Wyse, Wm. P. E., Pikesville, Md.

*Calvert County.*

Briscoe, Philip, Mutual, Md.  
 Chambers, George F., Lusby, Md.  
 Coster, Earle S., Solomons, Md.



Hinman, Ellsworth H., Lower Marlboro, Md.  
 King, Isaac N., Barstow, Md.  
 Leitch, John W., Huntingtown, Md.  
 Marsh, William H., Solomons, Md.  
 \*Peterson, George, St. Leonards, Md.  
 Quarles, Edward, Island Creek, Md.  
 Talbot, William H., Willows, Md.  
 Talbott, D. R., Dunkirk, Md.  
 Wilson, Compton, Friendship, Md.

*Caroline County.*

\*Downes, John Raymond, Preston, Md.  
 \*Fisher, Percy R., Denton, Md.  
 Galloway, George F., Federalsburg, Md.  
 George, D. O., Denton, Md.  
 Goldsborough, William W., Greensboro, Md.  
 Jefferson, R. K., Federalsburg, Md.  
 \*Madara, Jacob C., Ridgely, Md.  
 Malone, Frederick R., Greensboro, Md.  
 Nichols, Frederick N., Denton, Md.  
 Page, R. B., Denton, Md.  
 Phillips, James R., Preston, Md.  
 Rowe, H. W. B., Hillsboro, Md.  
 Silver, H. Fletcher, Goldsborough, Md.  
 Stone, S. S., Ridgely, Md.

*Carroll County.*

Bare, S. Luther, Westminster, Md.  
 Benner, Chandos M., Taneytown, Md.  
 Bott, M. L., Westminster, Md.  
 Brown, George H., New Windsor, Md.  
 Brown, William Durbin, Union Bridge, Md.  
 Bush, E. N., Hampstead, Md.  
 Clark, Joseph Clement, Sykesville, Md.  
 \*Coonan, Thomas J., Westminster, Md.  
 Cronk, Abraham T., Westminster, Md.  
 Cronk, Edwin D., Winfield, Md.  
 Denner, W. R. S., Manchester, Md.  
 Diller, Charles H., Detour, Md.  
 Diller, Roland R., Detour, Md.  
 Fitzhugh, Henry M., Westminster, Md.  
 Foutz, Charles R., Westminster, Md.  
 Geatty, J. Sterling, New Windsor, Md.  
 Heffenger, Clarence W., Sykesville, Md.  
 Kemp, Luther, Uniontown, Md.  
 Legg, T. H., Union Bridge, Md.  
 Lucas, W. Frank, Sykesville, Md.

Morris, J. N., Sykesville, Md.  
 Norris, Milton D., Sykesville, Md., R. F. D. No. 2.  
 Purdum, H. D., Sykesville, Md.  
 Seiss, F. H., Taneytown, Md.  
 Snavely, E. H., Essex Co. Hosp. for Insane, Cedar Grove, N. J.  
 Sprecher, Daniel B., Sykesville, Md.  
 Stewart, John J., Union Mills, Md.  
 Waters, Somerset R., Watersville, Md.  
 Watt, James, Union Bridge, Md.  
 Weaver, John F. B., Manchester, Md.  
 Wells, Robert F., Gambler, R. F. D., Md.  
 Wetzel, G. Lewis, Union Mills, Md.  
 Whitehill, Ira E., New Windsor, Md.  
 Woodward, Lewis K., Westminster, Md.  
 Ziegler, John S., Melrose, Md.

*Cecil County.*

\*Benson, C. I., Port Deposit, Md.  
 Black, Robert M., Cecilton, Md.  
 Bratton, Howard, Elkton, Md.  
 Cantwell, H. A., North East, Md.  
 Carrico, Camillus P., Elkton, Md.  
 \*Cawley, William D., Elkton, Md.  
 Collins, C. B., North East, Md.  
 Conrey, Thomas J., Chesapeake City Md.  
 Dare, George S., Rising Sun, Md.  
 Dodson, R. C., Rising Sun, Md.  
 Fisher, Sam'l Groome, Jr., Port Deposit, Md.  
 France, Joseph Irwin, Port Deposit, Md.  
 Gifford, David L., North East, R. F. D., Md.  
 Gillespie, G. W., Rowlandville, Md.  
 Jack, W. G., Rowlandville, Md.  
 Jamar, John Henry, Elkton, Md.  
 Laws, Clifton C., Chesapeake City, Md.  
 McDowell, R. I., Cecilton, Md.  
 McKnight, Vernon H., North East, Md.  
 Magraw, James F., Perryville, Md.  
 Miller, Charles F., R. F. D. 2, North East, Md.  
 \*Mitchell, Henry Arthur, Elkton, Md.  
 Pearson, G. Burton, Elkton, Md.  
 \*Richards, G. Hampton, Port Deposit, Md.  
 Rowland, Ernest, Liberty Grove, Md.  
 Stump, Geo. M., Perryville, Md.

*Charles County.*

Carrico, Louis C., Bryantown, Md.  
 Chappellear, F. D., Hughesville, Md.

*Dorchester County.*

Carey, C. J., Cambridge, Md.  
 Carroll, Victor C., Cambridge, Md.  
 Coll, Thomas L., Cambridge, Md.  
 Fleming, Elias C., Hurlock, Md.  
 Frazier, L. G., Hurlock, Md.  
 Goldsborough, Brice W., Cambridge, Md.  
 Goldsborough, M. W., Cambridge, Md.  
 \*Houston, William H., Fishing Creek, Md.  
 Hunt, E. V., Vienna, Md.  
 Jones, E. A. P., Cambridge, Md.  
 \*Lamkin, Edward E., Vienna, Md.  
 Mace, John, Cambridge, Md.  
 Meade, J. W., Jr., Fishing Creek, Md.  
 Myers, George Roger, Hurlock, Md.  
 Nichols, Harry F., East NewMarket, Md.  
 Shriver, Joseph K., Jr., Cambridge, Md.  
 \*Smith, M. D., Cambridge, Md.  
 Steele, Guy, Cambridge, Md.  
 Stokes, Sydney A., Cornersville, Md.  
 Tawes, P. H., Wingate, Md.  
 Wolff, Eldridge E., Cambridge, Md.

*Frederick County.*

eckley, Edwin Luther, Middletown,  
 Md.  
 Birely, Morris A., Thurmont, Md.  
 Bowlus, E. L., Middletown, Md.  
 Brown, W. Hayes, Jefferson, Md.  
 Browning, Ralph, Myersville, Md.  
 \*Conley, Charles H., Frederick, Md.  
 Fahrney, Henry P., Frederick, Md.  
 Goodell, Charles F., Frederick, Md.  
 Goodman, James Monroe, Frederick, Md.  
 Hauver, R. V., Middleton, Md.  
 Hedges, Frank Hill, Frederick, Md.  
 Hedges, Henry Slicer, Brunswick, Md.  
 Hendrix, John Oliver, Frederick, Md.  
 Horine, Arlington G., Brunswick, Md.  
 Hume, R. Caldwell, Adamstown, Md.  
 \*Johnson, T. B., Frederick, Md.  
 Jamison, Booker J., Emmittsburg, Md.  
 Johnson, Wm. Crawford, Frederick, Md.  
 Kable, Wm. H., Woodsboro, Md.  
 Kefauver, E. C., Thurmont, Md.  
 Kuhlman, H. S., Jefferson, Md.

Liggett, John J., Ladiesburg, Md.  
 Long, James A., Frederick, Md.  
 \*Long, John W., Walkersville, Md.  
 McCurdy, Ira J., Frederick, Md.  
 \*Magruder, C. L., Monrovia, Md.  
 Mentzer, C. A., Sabillasville, Md.  
 Neighbors, Eutaw D., Lewistown, Md.  
 Nice, J. A., Mt. Airy, Md.  
 Pearre, M. S., Unionville, Md.  
 Perry, Benjamin C., Urbana, Md.  
 Price, Walter, Walkersville, Md.  
 Ran, R. M., Frederick, Md.  
 Remsburg, J. J., Walkersville, Md.  
 Riggs, George Henry, Ijamsville, Md.  
 Routson, Thomas Clyde, Buckeystown,  
 Md.  
 Smith, Alvey J., Wolfsville, R.F.D. Md.  
 Smith, J. G. F., Brunswick, Md.  
 Smith, W. M., Frederick, Md.  
 Stone, Daniel Edwin, Mt. Pleasant, Md.  
 Stone, Daniel Edwin, Jr., Emmittsburg,  
 Md.  
 Stone, Otis B., Libertytown, Md.  
 \*Thomas, Bernard O., Frederick, Md.  
 Thomas, Joseph G., Adamstown, Md.  
 Trapnell, Richard W., Point of Rocks,  
 Md.  
 Tyson, Robert S., Frederick, Md.  
 West, Levin, Brunswick, Md.

*Harford County.*

Archer, William S., Bel Air, Md.  
 Arthur, W. E., Cardiff, Md.  
 Bagley, Charles, Bagley, Md.  
 Bay, James H., Havre de Grace, Md.  
 Bradley, Hugh L., Jarrettsville, Md.  
 Callahan, T. A., Bel Air, Md.  
 Dulaney, H. K., Perryman, Md.  
 Famous, C. W., Streett, Md.  
 Hughes, Fred. L., Gibson, Md.  
 Kirk, Wm. B., Darlington, Md.  
 Page, R. S., Bel Air, Md.  
 Richardson, Charles, Bel Air, Md.  
 Roth, E. A., Edgewood, Md.  
 \*Sappington, Purnell F., Bel Air, Md.  
 Smith, R. H., Havre de Grace, Md.  
 Snodgrass, Frank, Darlington, Md.  
 Steiner, F. W., Havre de Grace, Md.  
 Van Bibber, Armfield F., Bel Air, Md.  
 Wilkinson, V. S., Aberdeen, Md.

*Howard County.*

Cissel, William W. L., Highland, Md.  
 Eareckson, William Rose, Elkridge, Md.  
 Gambrill, Wm. B., Ellicott City, Md.  
 Gassaway, Wm. N., Ellicott City, Md.  
 Lacy, John William, Lisbon, Md.  
 Linthicum, Thos. Waters, Savage, Md.  
 \*Miller, Frank O., Ellicott City, Md.  
 Nichols, Samuel A., Dayton, Md.  
 Shipley, F. E., Savage, Md.  
 Stone, William Carter, Ellicott City, Md.  
 Travers, C. E., Relay, Md.  
 White, W. Rushmer, Ellicott City, Md.  
 Williams, Arthur, Elkridge, Md.

*Kent County.*

Bates, J. Herbert, Millington, Md.  
 Brice, Merritt, Millington, Md.  
 \*Hines, Frank B., Chestertown, Md.  
 Maxwell, W. S., Still Pond, Md.  
 Simpsters, Henry G., Chestertown, Md.  
 Smith, Frank W., Chestertown, Md.  
 Whaland, Charles W., Chestertown, Md.

*Montgomery County.*

Bird, J. W., Sandy Spring, Md.  
 Blake, B. C., Alexandria, La.  
 \*Boyer, George M., Damascus, Md.  
 Brown, William T., Silver Spring, Md.  
 Bullard, Ernest L., Rockville, Md.  
 Butler, W. K., Chevy Chase, Md.  
 Chappell, J. W., Grant Road, N. W.,  
 Tenley, D. C.  
 \*Conrad, T. K., Chevy Chase, Md.  
 Deets, James E., Clarksburg, Md.  
 \*Devereux, Ryan, Chevy Chase, Md.  
 Dyson, Vernon H., Laytonsville, Md.  
 Gough, Thos. Reeder, Barnesville, Md.  
 Haddox, Horace B., Gaithersburg, Md.  
 Heald, G. H., Takoma Park, Md.  
 Hendry, E. S., Bethesda, Md.  
 \*Howlett, H. H., Silver Spring, Md.  
 Jones, Eugene, Kensington, Md.  
 Kress, Daniel H., Takoma Park, D. C.  
 Kress, Loretta E., Takoma Park, D. C.  
 \*Lewis, G. E., Rockville, Md.  
 Lewis, William L., Kensington, Md.

Linthicum, Otis M., Rockville, Md.  
 Manner, Claiborne H., Rockville, Md.  
 Miller, H. W., Takoma Park, Md.  
 \*Morgan, James Dudley, Chevy Chase,  
 Md.  
 Moulden, William R., Bethesda, Md.  
 Muncaster, Stuart B., Rockville, Md.  
 Nourse, Upton D., Dawsonville, Md.  
 Pratt, W. T., Rockville, Md.  
 \*Shorkley, T. M., Kensington, Md.  
 Simpsters, Isaac Newton, Germantown,  
 Md.  
 White, E. W., Poolesville, Md.  
 \*White, James M., Barnesville, Md.  
 Wright, Geo. H., Forest Glen, Md.

*Prince George County.*

Bennett, Robert A., Riverdale, Md.  
 Brady, Z. M., Seat Pleasant, Md.  
 Coe, John Alexander, Brandywine, Md.  
 Coggins, Jesse C., Laurel, Md.  
 Duvall, J. M., Springfield, Md.  
 Etienne, Arthur O., Berwyn, Md.  
 Gibbons, Williams H., Croom, Md.  
 Griffith, Lewis Allen, Upper Marlboro,  
 Md.  
 Griffith, W. Allen, Berwyn, Md.  
 Harley, R. C., Laurel, Md.  
 Jones, G. Wilson, Laurel, Md.  
 Keenan, John F., Brentwood, Md.  
 Latimer, Guy W., Hyattsville, Md.  
 Latimer, T. E., Hyattsville, Md.  
 McDonnell, Henry B., College Park,  
 Md.  
 McMillan, Samuel M., Riverdale, Md.  
 Sansbury, J. E., Forestville, Md.  
 Willis, H. F., Hyattsville, Md.

*Queen Anne's County.*

Bowen, W. W., Price, Md.  
 Dudley, Norman S., Church Hill, Md.  
 Fisher, W. H., Centerville, Md.  
 McPherson, H. F., Centerville, Md.

*St. Mary's County.*

Hodgdon, Alexander L., Pearson P. O.,  
 Md.

*Somerset County.*

Alexander, H. G., Deal's Island, Md.  
 Allen, Ira A. B., Marion, Md.  
 Atkinson, Gordon T., Crisfield, Md.  
 Barnes, Harry A., Princess Anne, Md.  
 Collins, Clarence E., Crisfield, Md.  
 Coulbourn, George C., Marion Station,  
 Md.  
 Coulbourn, Wm. H., Crisfield, Md.  
 Dickinson, G. E., Upper Fairmount, Md.  
 Fisher, C. T., Princess Anne, Md.  
 Hall, William Fletcher, Crisfield, Md.  
 Lankford, Catharine F., Princess Anne,  
 Md.  
 \*Lankford, Henry M., Princess Anne,  
 Md.  
 \*Norris, R. Ranson, Crisfield, Md.  
 Ruby, J. T., Oriole, Md.  
 Schwatka, C. F., Crisfield, Md.  
 Smith, Teackle J., Princess Anne, Md.  
 Wainwright, Chas. W., Princess Anne,  
 Md.  
 \*Woodland, John C., Ewell, Md.

*Talbot County.*

Bennett, James B., Easton, Md.  
 Davidson, Charles F., Easton, Md.  
 Hammond, W. T., Easton, Md.  
 Hope, James C., St. Michael's, Md.  
 Merritt, J. B., 3d, Easton, Md.  
 \*Palmer, W. N., Easton, Md.  
 Ross, Joseph A., Trappe, Md.  
 Seth, Lewis H., McDaniel, Md.  
 Seymour, William S., Trappe, Md.  
 Stevens, James A., Easton, Md.  
 Travers, Philip Lee, Easton, Md.  
 Trippe, Edward R., Easton, Md.  
 Trippe, Samuel E., Royal Oak, Md.  
 Wilson, S. Kennedy, Tilghman, Md.

*Washington County.*

Baker, Charles D., Rohrsersville, Md.  
 Beck, J. Chas., Highfield, Md.  
 Bender, W. R., Hagerstown, Md.  
 Boose, Theodore B., Williamsport, Md.  
 \*Branin, Charles N., Hagerstown, Md.  
 Campbell, William D., Hagerstown, Md.  
 Cullen, Victor Francis, State Sanatorium,  
 Md.

Davis, S. Seibert, Boonsboro, Md.  
 Fleming, P. L., Hagerstown, Md.  
 Gardner, S. Howell, Sharpsburg, Md.  
 Gilmer, H. D., Hagerstown, Md.  
 Gordon, W. A., Hagerstown, Md.  
 Herman, Henry S., Hagerstown, Md.  
 Hoff, David, E., Hagerstown, Md.  
 \*Hoffmeier, F. N., Hagerstown, Md.  
 Humrichouse, James W., Hagerstown,  
 Md.  
 Kefauver, Maurice D., Smithsburg, Md.  
 Kohler, G. A., Smithsburg, Md.  
 Laughlin, Mary A., Hagerstown, Md.  
 Layman, J. W., Williamsport, Md.  
 Maisch, Augustus C., Hagerstown, Md.  
 Miller, D. C. R., Mason & Dixon, Pa.  
 Miller, Victor Davis, Jr., Hagerstown,  
 Md.  
 Miller, W. D., Hagerstown, Md.  
 Morrison, William B., Hagerstown, Md.  
 Nihiser, Winton M., Hagerstown, Md.  
 Pittsnogle, Jephtha E., Hagerstown, Md.  
 Ragan, O. H. William, Hagerstown, Md.  
 Richardson, William S., Williamsport,  
 Md.  
 Scheller, Christian R., Hagerstown, Md.  
 Schindel, E. M., Hagerstown, Md.  
 Scott, John McPherson, Hagerstown,  
 Md.  
 Stouffer, A. P., Hagerstown, Md.  
 Stouffer, R. S., Hagerstown, Md.  
 Tabler, Homer E., Hancock, Md.  
 Tobias, I. H., Hancock, Md.  
 Wade, John H., Boonsboro, Md.  
 Wagaman, Samuel M., Hagerstown, Md.  
 Wareham, Edward A., Hagerstown, Md.  
 Watkins, Daniel A., Hagerstown, Md.  
 Weaver, Z. L., Williamsport, Md.  
 Wertz, Irwin M., Hagerstown, Md.  
 Wheeler, W. C., Boonsboro, Md.  
 Wingerd, C. Z., Funkstown, Md.  
 Wroth, Peregrine, Jr., Hagerstown, Md.  
 \*Zimmerman, I. M., Williamsport, Md.

*Wicomico County.*

Brayshaw, James., Delaware City, Del.  
 Dick, James McFadden, Salisbury, Md.  
 \*Elderdice, John Martin, Salisbury, Md.  
 Freeny, L. C., Pittsville, Md.

Potter, De Alton B., Salisbury, Md.  
 Truitt, Charles R., Salisbury, Md.  
 Tull, Harry C., Salisbury, Md.  
 Wailes, Henry S., Salisbury, Md.  
 Wanner, J. R., Nanticoke, Md.

Smith, J. Holmes, Jr., U. S. Pub. Health  
 Service, 163 Dryades St., New Orleans,  
 La.  
 Vogel, Chas. W., Marine Hospital, Bal-  
 timore, Md.  
 Wattenscheidt, Charles, Orlando, Fla.

*Worcester County.*

Aydelotte, John S., Snow Hill, Md.  
 Bishop, James R., Showell, Md.  
 Collins, Rollin P., Bishopville, Md.  
 Dickerson, John D., Stockton, Md.  
 Hall, R. Lee, Pocomoke City, Md.  
 Holland, C. A., Berlin, Md.  
 Jones, Paul, Snow Hill, Md.  
 Landers, A. E., Snow Hill, Md.  
 Parker, A. A., Pocomoke City, Md.  
 Riley, John L., Snow Hill, Md.  
 Sartorius, N. E., Pocomoke City, Md.  
 Townsend, F. J., Ocean City, Md.

*Non-Resident Members.*

Barrow, Bernard, Barrow's Store, Va.  
 \*Cushing, H., 305 Walnut St., Brookline,  
 Mass.  
 Lassman, George E., Tampa, Florida.  
 \*Nicholson, S. T., Jr., Clifton Springs,  
 N. Y.  
 Opie, Eugene L., Scott and Euclid  
 Aves., St. Louis, Mo.

*Honorary Members.*

Brodel, Max, 707 N. Carrollton Ave.  
 Chaille, Stanford E., New Orleans, La.  
 Cheever, David W., 557 Boylston St.,  
 Boston, Mass.  
 Cohen, S. Solis, Philadelphia, Pa.  
 Councilman, Wm. T., Boston, Mass.  
 Deaver, John B., Philadelphia, Pa.  
 DeSchweinitz, G. E., Philadelphia, Pa.  
 Farlow, John W., 127 Bay State Road,  
 Boston, Mass.  
 Fitz, Reginald H., Boston, Mass.  
 Flexner, Simon, New York, N. Y.  
 Jacobi, A., 19 E. 47th St., New York,  
 N. Y.  
 Johnson, Joseph Tabor, Washington,  
 D. C.  
 \*Keen, W. W., Philadelphia, Pa.  
 Lange, Frederick, 130 E. 61st St., New  
 York, N. Y.  
 Osler, Sir William, Oxford, England.  
 Starr, M. Allen, New York, N. Y.  
 Tyson, James, Philadelphia, Pa.

- Baltimore City Medical Society.*
- Aaronson, Myer W., 2016 Madison Ave.  
 Abercrombie, Anna S., 1316 N. Charles St.  
 Abercrombie John Robert, 1316 N. Charles St.,  
 Abercrombie, Ronald T., 18 W. Franklin St.  
 Abrams, Michael A., 2360 Eutaw Place.  
 Adler, Harry, 1718 Eutaw Place.  
 Ahroon, Carl R., 1621 Linden Ave.  
 Algire, Harry Cairnes, 3640 Roland Ave.  
 Arthur, Harry H., 1426 W. Lanvale St.  
 \*Ashbury, Howard E., 827 N. Charles St.  
 Athey, Caleb N., 100 S. Patterson Park Ave.  
 Athey, H. B., 200 N. Patterson Park Ave.  
 \*Atkinson, A. Duvall, The Avon.  
 Austrian, Charles R., 1417 Eutaw Place  
 Bacon, Robert B., 631 Maryland Ave., N. E., Washington, D. C.  
 \*Baer, William Stevenson, 4 E. Madison St.  
 \*Baetjer, Fredrick Henry, 4 E. Madison St.  
 \*Baetjer, Walter A., 11 E. Chase St.  
 \*Bagley, Charles, Jr., 5 W. Chase St.  
 Ballard, Edwin Kemp, 1622 Mt. Royal Ave.  
 Barker, Lewellys F., 1035 N. Calvert St.  
 Barrett, Arthur G., 1631 Madison Ave.  
 Baxley, Henry Minifie, 1126 W. North Ave.  
 Bay, Robert Parke, The Walbert.  
 Baylin, Morris J., 212 Aisquith St.  
 \*Bayne-Jones, Stanhope, Johns Hopkins Hospital.  
 Beck, Harvey G., 20 E. Preston St.  
 Belt, Mabel, The Arundel.  
 Belt, Samuel Jones, 1516 E. Preston St.  
 Bergland, John McF., 58 W. Biddle St.  
 Berkley, Henry J., 1305 Park Ave.  
 \*Bernheim, Bertram M., 2313 Eutaw Place.  
 Biedler, Hampson Hubert, 119 W. Saratoga St.  
 Billups, Gains W., 2224 W. North Ave.  
 \*Bishop, G. W., Sheridan Ave. and York Road.  
 Blake, Chas. French, 20 E. Preston St.  
 \*Blake, Herbert C., 1014 W. Lafayette Ave.  
 Blake, John D., 1014 W. Lafayette Ave.  
 Blake, R. L., 637 Columbia Ave.  
 \*Bloodgood, Joseph Colt, 904 N. Charles St.  
 Bloomfield, Arthur L., Johns Hopkins Hospital.  
 \*Boggs, Thomas R., 21 W. Chase St.  
 Bond, Allen Kerr, 3104 Walbrook Ave.  
 Booker, William D., 208 W. Monument St.  
 Bordensky, Nathan B., 2114 Wilkens Ave.  
 \*Bordley, James, Jr., 330 N. Charles St.  
 Brack, Charles Emil, 500 E. 20th St.  
 Branham, J. H., 2200 Eutaw Place.  
 \*Brent, Hugh, 1506 Eutaw Place.  
 Bressler, Frank C., 125 S. Broadway.  
 Brinton, Wilmer, 1232 N. Calvert St.  
 Brown, Francis Edward, 609 St. Paul St.  
 Brown, Thomas Richardson, 17 W. Biddle St.  
 Browne, Bennet Bernard, 510 Park Ave.  
 Browne, Jennie Nicholson, 510 Park Ave.  
 Brumback, Joseph E., 1327 E. North Ave.  
 \*Brush, Nathaniel H., Johns Hopkins Hospital.  
 Bubert, C. H., 1100 W. Lafayette Ave.  
 Buck, Jefferies, 2844 St. Paul St.  
 Buckler, Humphrey Warren, 806 Cathedral St.  
 Burdick, William, McCoy Hall.  
 Burnam, Curtis Field, 2 Chancery Sq., Guilford.  
 Burrow, Trigant, The Tuscany.  
 Butler, John Camp, 133 W. Lanvale St.  
 Buxton, Gilbert F., 301 E. Cross St.  
 \*Byers, Horace W., 745 W. North Ave.  
 Byrnes, Charles Metcalf, 207 E. Preston St.  
 Cairnes, George Henry, 21 W. 25th St.  
 Campbell, R. E. L., 1644 Hanover St  
 Carman, Richard Perry, 1701 N. Caroline St.  
 Carpenter, Frances A., Belleview-Manchester.  
 Carroll, Charles J., 1740 E. Baltimore St.

- Carroll, James Joseph, 405 N. Charles St.  
 Casler, DeWitt B., 13 W. Chase St.  
 Caspari, William, 1603 Madison Ave.  
 Cathell, Daniel Webster, The Emerson  
 \*Chambers, Thomas R., 18 W. Franklin St.  
 \*Chatard, Joseph Albert, 40 W. Biddle St.  
 Chunn, William P., 1023 Madison Ave.  
 Clapp, Clyde A., 513 N. Charles St.  
 \*Clarken, James V., 529 N. Charles St.  
 Clautice, Charles P., 1504 McCulloh St.  
 \*Clift, J. W. V., 735 Columbia Ave.  
 Clopton, W. G., 2919 Huntingdon Ave.  
 Clough, M. C., Johns Hopkins Hospital.  
 Clough, Paul W., Johns Hopkins Hospital.  
 \*Cobb, Stanley, Johns Hopkins Hospital  
 \*Cohen, Lee, 1820 Eutaw Place.  
 Cole, John Wesley, 2202 Garrison Ave.  
 Collenberg, H. T., 904 N. Charles St.  
 \*Colston, J. A. C., 1016 St. Paul St.  
 Cone, Claribel, The Marlborough.  
 \*Cone, Sydney, 2326 Eutaw Place.  
 Conser, Charles Carlisle, 1101 N. Fulton Ave.  
 Cook, Carlton M., 1107 W. Lanvale St.  
 Cooke, Theodore, Jr., Woodhouse Farm, Pikesville.  
 Coolahan, Edward V., 24 N. Fulton Ave.  
 Cooper, Harrison F., 2425 St. Paul St.  
 Coppage, W. G., 2 S. Patterson Park Ave.  
 Cotton, Albertus, 1303 Maryland Ave.  
 Craighill, James M., 1800 N. Charles St.  
 \*Cross, Roscoe Z. G., 2438 Maryland Ave.  
 Crouch, J. Frank, 513 N. Charles St  
 Crowe, Samuel J., 1206 Linden Avenue  
 Cullen, Thomas Stephen, 20 E. Eager St.  
 Dabney, William Minor, Ruxton, Md.  
 Dashiell, Nicholas Lecke, 2927 St. Paul St.  
 Davidson, W. B., 347 W. Preston St.  
 Davis, Hoagland Cook, 405 N. Charles St.  
 \*Davis, John Staige, 1200 Cathedral St.  
 Davis, Robert G., 1509 N. Caroline St.  
 Davis, Samuel Griffith, 1230 Light St.  
 Deetjen, Christian, 1702 Eutaw Place.  
 \*Deibel, Harry, 1217 Hanover St.  
 Delevett, James M., 621 Columbia Ave.  
 Demarco, Salvatore, 1604 Linden Ave.  
 Dickey, Ezra A., 14 N. Monroe St.  
 Didenhover, C. W., 3611 Park Heights Ave.  
 Dobbin, George W., 58 W. Biddle St.  
 Dodds, S. A., 3101 Clifton Ave.  
 Dohme, Gustavus Charles, 3014 St. Paul St.  
 Douglas, Eugene, 830 W. North Ave.  
 Downey, Jesse W., Jr., 529 N. Charles St.  
 Drain, Shepherd, 1227 Columbia Ave.  
 Duker, Otto H., 928 E. North Ave.  
 Dunham, F. L., The Cecil  
 Dunnott, D. Z., 906 N. Charles St.  
 Eareckson, Edith, 922 Madison Avenue  
 Earle, Samuel T., 1431 Linden Ave.  
 Ebaugh, Irwin, 700 W. North Ave.  
 \*Edmunds, Page, Wentworth Apartments.  
 \*Edwards, Chas. R., 720 W. North Ave.  
 Eilau, Emanuel W., 1908 Madison Ave.  
 Ellis, A. Lee, 924 Madison Ave.  
 Esker, Harry Hood, Clarksburg, W. Va.  
 \*Evans, A. M., 240 W. Lanvale St.  
 \*Evans, John, 501 Franklin Terrace.  
 \*Fayerweather, Roades, 529 N. Charles St.  
 Fehsenfeld, Arthur Louis, 2806 Garrison Ave., Forest Park, Md.  
 Fenby, Edwin B., 1223 N. Caroline St.  
 Fenby, John S., 1223 N. Caroline St.  
 \*Finney, John Miller T., 1300 Eutaw Pl.  
 \*Fisher, William A., Jr., 715 Park Ave.  
 Fiske, John Dwinelle, 51 S. Gay St.  
 Fleckenstein, H. K., 1624 Mt. Royal Ave.  
 Fleming, George A., 1018 Madison Ave.  
 Follis, Richard Holden, 3 E. Read St.  
 Ford, William W., 1124 N. Calvert St.  
 Forsythe, Hugh, 424 E. North Ave.  
 \*Poster, H. M., Chestnut Avenue and 33rd Street  
 Franklin, David, 122 W. Lee St.  
 Franks, H. Lee, 1228 S. Charles St.  
 Freeman, Elmer Bert, 412 Cathedral St.  
 Freeman, Howard N., 1611 Linden Ave.  
 Freilinger, M. C., 682 Columbia Ave.  
 Frey, E. Wm., 1929 Pennsylvania Ave.  
 French, B. F., 1707 Edmondson Ave.  
 Fried, Hiram, 2551 Madison Ave.  
 \*Friedenwald, Edgar B., 1616 Linden Ave.  
 Friedenwald, Harry, 1029 Madison Ave.  
 Friedenwald, Julius, 1013 N. Charles St.  
 Frontz, William, Johns Hopkins Hospital  
 Funck, J. William, 1631 Eutaw Place.

- Futcher, Thomas Barnes, 23 W. Franklin St.
- Gabriel, C. N., 2413 St. Paul St.
- \*Gaddess, H. W., 321 E. 25th St.
- Gage, A. S., 709 N. Broadway.
- Gaither, Ernest H., 17 W. Biddle St.
- \*Galvin, Thos. K., 1820 Broadway.
- \*Gamble, Cary B., Jr., 26 W. Biddle St.
- Garb, Nathaniel, 2731 Parkwood Ave.
- Gardner, William Sisson, 6 W. Preston St.
- \*Gately, Joseph Edward, 1822 N. Charles St.
- Geraghty, John T., 330 N. Charles St.
- \*Geraghty, Wm. R., 1237 N. Caroline St.
- Getz, Charles, 1111 W. Lanvale St.
- Gibbons, Edward Englar, 1102 W. Lafayette Ave.
- Gichner, Joseph Enoch, 1516 Madison Ave.
- Giering, Herman J., 1900 Eastern Ave.
- Gilchrist, Thomas Caspar, 330 N. Charles St.
- \*Gillis, Andrew Colin, 924 N. Charles St.
- Girdwood, John, 102 E. 25th St.
- Goetsch, Emil, Johns Hopkins Hospital
- Goldbach, Leo John, 322 N. Charles St.
- Goldberg, Harry, 2210 Eutaw Place
- Goldman, Harris, 1816 W. North Ave.
- Goldstein, A. E., 330 N. Charles St.
- Gorsuch, Harry Kepler, 117 W. Saratoga St.
- Gorsuch, H. Standley, 2900 St. Paul St.
- Green, R. J., 120½ Aisquith St.
- Greenbaum, Harry S., 1614 Eutaw Place.
- \*Gross, Harry, 1340 S. Charles St.
- Hachtel, Frank W., 122 W. Lafayette Ave
- Hall, Elmer G., 1617 E. North Ave.
- Hall, William S., 32 Gunther Bldg.
- Halsted, William Stewart, 1201 Eutaw Place.
- Hamburger, Louis P., 1207 Eutaw Place.
- Hamman, Louis, 1107 St. Paul St.
- Harlan, Herbert, 516 Cathedral St.
- Harris, John C., 773 W. Lexington St.
- \*Harrison, Archibald C., 31 E. North Ave.
- Hartman, George A., 1121 N. Caroline St.
- Hawkins, J. F., 1 E. Randall St.
- \*Hayward, Eugene H., Preston & Valley Sts.
- Hazelhurst, Franklin, Jr., 904 N. Charles St.
- Hebb, Arthur, 2011 E. Pratt St.
- Heck, John J., 936 E. Monument St.
- Hemmeter, George W., 800 Harlem Ave
- Hemmeter, John C., Latrobe Bldg.
- Hempel, John Frederick, 3310 W. North Ave.
- \*Herring, Arthur P., 330 N. Charles St.
- Herzog, B. Philip, 1305 N. Patterson Park Ave.
- Hesser, Fred. E., 1301 N. Patterson Park Ave.
- Hillis, Frank N., 2838 Edmondson Ave.
- Hoag, J. Morley, 729 Columbia Ave.
- Hobson, W. W., 931 Munsey Bldg.
- Hobelmann, Frederick William, 1908 W. Baltimore St.
- Hodge, Mary, 2635 St. Paul St.
- \*Hoffman, C. W., 2100 W. North Ave.
- Hoffman, O. H., 3203 W. North Ave.
- Hogan, J. F., Health Department.
- Holland, Joseph W., 1624 Linden Ave.
- Holmes, A. M., 311 Cathedral St.
- Holmes, Jas. B., 13 E. Read St.
- Homer, Harry L., 1011 N. Charles St.
- Hooker, Donald R., "Upland," Roland Park, Md.
- Hoopes, Fannie E., 1307 N. Charles St.
- Hopkinson, B. Merrill, 330 N. Charles St.
- Horn, August, St. Paul and 25th St.
- Houff, John, 1843 W. Baltimore St.
- Howard, Wm. T., 1122 N. Calvert St.
- \*Howland, John, 20 E. Eager St.
- Hoyt, Ralph L., 6 S. Patterson Park Ave.
- Hundley, John Mason, 1009 Cathedral St.
- Hunner, Guy Le Roy, 2305 St. Paul St.
- Hurd, Henry Mills, 1023 St. Paul St.
- \*Hurdon, Elizabeth.
- \*Hutchins, Amos F., 2217 St. Paul St.
- Hutchins, Elliot H., 2217 St. Paul St.
- Hyde, Harry C., 1100 E. North Ave.
- Iglehart, James Davidson, 211 W. Lanvale St.
- Iglehart, Nathan E. B., 1008 Cathedral St.
- Jacobs, Henry Barton, 11 W. Mt. Vernon Place.
- Janney, Francis W., 405 N. Charles St.



- Janney, O. Edward, 825 Newington Ave.  
 Jay, John G., 906 Cathedral St.  
 \*Jennings, F. Leslie, The Latrobe.  
 \*Johnson, Harry H., Sydenham Hospital  
 Johnson, Robert W., 101 W. Franklin St.  
 Johnston, Samuel, 204 W. Monument St.  
 \*Jones, C. Hampson, 2529 St. Paul St.  
 Jones, David W., 1013 S. Ellwood Ave.  
 Jones, Howard W., 1296 Frederick Ave.  
 \*Joslin, Charles L., 745 W. North Ave.  
 Joyce, James Burch, 1800 W. North Ave.  
 Judd, Chas. C. W., Plymouth Hall, Madison and Wilson Sts.  
 Kader, Benj., 252 N. Payson St.  
 Kahn, Howard, 2027 W. Pratt St.  
 Kahn, Max, 677 Columbia Ave.  
 Keidel, Albert, 330 N. Charles St.  
 Keller, Charles J., 222 W. Monument St.  
 Kelley, Bernard V., 100 N. Linwood Ave.  
 Kelly, Howard Atwood, 1418 Eutaw Pl.  
 Kelly, Vernon F., 405 Falls Road.  
 Kemler, J. I., 1908 Eutaw Place.  
 Keown, Thomas William, 1938 Linden Ave.  
 Ketron, Lloyd W., 900 St. Paul St.  
 Keyser, R. L., Wentworth Apartments.  
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 Kirby, Francis Joseph, 110 E. North Ave.  
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 \*Knapp, Hubert Clement, 1216 E. Preston St.  
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 Knox, J. H. M., Jr., 211 Windover Rd., Guilford, Baltimore, Md.  
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 Leavenworth, W. C., Johns Hopkins Hospital.  
 Lehnert, Ernest Charles, 1419 E. Eager St.  
 Leitz, Thomas Frederick, 2040 Eutaw Place.  
 Lennan, Alvin B., 718 N. Patterson Park Ave.  
 Leonard, Veader N., Johns Hopkins Hospital.  
 \*Leopold, Eugene J., 803 Park Ave.  
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 \*Lewis, Robert M., 1418 Eutaw Place.  
 Likes, Sylvan H., 1134 Linden Ave.  
 Lillick, B. A., 1527 Union Ave.  
 Link, Amelia E., 1717 N. Caroline St.  
 \*Linthicum, Edgar S., 2729 St. Paul St.  
 \*Linthicum, G. Milton, 817 Park Ave.  
 Locher, R. W., 31 E. North Ave.  
 Lockard, George C., 4 E. Preston St.  
 Lockwood, William F., 8 E. Eager St.  
 Long, Oscar L., 2701 Eastern Ave.  
 \*Looper, E. A., 37 W. Preston St.  
 Lord, Jere Williams, 1011 N. Charles St.  
 Love, William S., 836 W. North Ave.  
 Luetscher, John Arthur, 1025 Madison Ave.  
 Lumpkin, James C., 818 Park Ave.  
 Lumpkin, Thomas Morgan, 826 N. Carrollton Ave.  
 Lynn, Frank S., 41 W. Preston St.  
 \*McAvoy, Michael J., 839 S. Ellwood Ave.  
 MacCallum, W. G., Johns Hopkins Hospital.  
 \*MacCalman, Duncan, 3711 Reistertown Road.  
 McCarty, Harry D., 37 W. Preston St.  
 McCleary, B. O., 400 N. Payson St.  
 McCleary, Standish, 1609 Linden Ave.  
 \*McConachie, Alexander Douglas, 805 N. Charles St.  
 McCormick, Thos. Pugh, 1421 Eutaw Pl.  
 McDevitt, Edward P., 2432 N. Charles St.  
 MacDonald, Alexander W., 1540 N. Broadway.  
 MacElfresh, Charles W., 1415 Linden Ave.  
 McGlannan, Alexius, 115 W. Franklin St.  
 McLane, George, 20 E. Preston St.  
 Macht, David I., 3218 Auchentoroly Ter.  
 Mackenzie, John N., 605 N. Charles St.  
 Macks, I. M., Riviera Apts.

- Magruder, Wm. Edw., Tower Bldg.,  
Baltimore St. and Guilford Ave.
- Maldeis, Howard J., 3006 Kate Ave.,  
Arlington.
- Marr, Ernest G., 827 N. Eutaw St.
- \*Martin, Frank, 1000 Cathedral St.
- Mayer, A. Henry Albert, 2438 Eutaw  
Place.
- \*Mayer, Erwin E., 2438 Eutaw Place.
- Mayo, Robert W. B., 819 N. Charles St.
- Merrick, Samuel K., 824 Park Ave.
- Metzel, Roscoe C., 1903 W. North Ave.
- Meyer, Adolf, 101 Edgevale Road, Ro-  
land Park.
- Meyer, C. H., 2628 E. Baltimore St.
- Micheau, Ellis, 528 N. Gilmore St.
- Michelson, R. A., 1420 E. Baltimore St.
- Milbolland, E. V., B. & O. Bldg.
- Miller, Irving, 108 E. North Ave.
- Miller, Sydney R., 11 E. Chase St.
- Mills, James J., 853 Park Ave.
- Mitchell, George W., 11 E. Chase St.
- Mitchell, Robert L., 2112 Maryland Ave.
- Mitnick, Jacob H., 424 N. Greene St.
- Morgan, Wilbur Phelps, 315 W. Monu-  
ment St.
- Morrison, T. H., 1528 Eutaw Place.
- Mortimer, Egbert Laird, 530 N. Fulton  
Ave.
- Mosenthal, H. O., Johns Hopkins Hos-  
pital.
- \*Moss, Wm. L., Athens, Ga.
- Murgatroyd, George W., 2537 Green-  
mount Ave.
- Muse, Alexander E., 855 Columbia Ave.
- Muse, Bernard Purcell, 1039 Edmondson  
Ave.
- Muse, Joseph Ennalls, 1520 Hollins St.
- Neale, Leonard Ernest, 822 Park Ave.
- Neer, Charles S., 408 S. Patterson Park  
Ave.
- Nelson, J. T., 1103 N. Fulton Ave.
- Ney, Grover, C., 703 Lake Drive
- Nicholls, Walter Lee, Birmingham, Ala.
- \*Nichols, Fermadge K., 535 N. Carrollton  
Ave.
- Nicklas, J. M., Bay View Hospital.
- Nitsch, N. C., 2500 Ashland Ave.
- Norment, Richard Baxter, 3543 Chest-  
nut Ave.
- Norwood, Vernon Lee, 939 W. Fayette St.
- Novak, Emil, 26 E. Preston St.
- O'Donovan, Charles, 5 E. Read St.
- Ohle, Henry Charles, 1203 W. Fayette St.
- O'Mara, John T., 804 Cathedral St.
- O'Neill, J. E., 2508 N. Charles St.
- O'Neill, Martin A., 108 N. Fulton Ave.
- Onnen, John G., Fairmount Ave., and  
Potomac St.
- Orem, F. Strattnner, 2827 N. Calvert St.
- Owings, Edward R., 1733 Linden Ave.
- Page, Isham R., 1327 Bolton St.
- Palmisano, A., 126 S. Broadway
- Pancoast, Omar Barton, 1111 N. Charles  
St.
- Park, Edw. A., 1529 Bolton St.
- Parron, J. Cary, Mt. Royal Apartments.
- Pearce, Wilbur M., 5 E. Preston St.
- Pels, Isaac R., 1011 N. Charles St.
- Pennington, John I., 1826 Bolton St.
- Penrose, Clement A., 21 W. Mt. Royal  
Ave.
- Perkins, Edgar Shirley, The Rocham-  
beau.
- Perry, William Brinton, 309 Dolphin St.
- Peterman, Harry Elmer, 518 N. Charles  
St.
- \*Peters, Don P., 131 N. Broadway.
- Pfeiffer, John Arthur, F., 1421 Edmon-  
son Ave.
- Pierson, J. W., 900 St. Paul St.
- \*Pincoffs, Maurice C., 1035 N. Calvert St.
- Platt, Walter Brewster, 802 Cathedral St.
- Pleasants, Jacob Hall, 201 Longwood  
Road, Roland Park.
- Plummer, Edward, 539 N. Fulton Ave.
- Pole, Armenius C., 2034 Madison Ave.
- Pollack, Flora, 1112 N. Eutaw St.
- Poulton, J. Emory, 654 Columbia Ave.
- Pound, John C., 904 N. Charles St.
- \*Powers, F. J., 2511 E. Preston St.
- Queen, William G., Garrison Ave. and  
Edgerton Rd.
- Randolph, Robert Lee, 609 Park Ave.
- \*Rankin, Fred, 2124 Maryland Ave.
- Reckard, Hiram Leslie, 3100 Abell Ave.
- Reeder, J. Dawson, The Walbert.
- Rehberger, John H., 1709 Aliceanna St.
- \*Reik, A. J. Neilson, 300 E. 30th St.
- \*Reik, Henry Ottrage, 300 E. 30th St.
- \*Reinhardt, George H., 2623 N. Calvert  
St.

Requardt, Wm. Whitall, 805 Park Ave.  
 Richardson, Edward H., 1200 N. Charles St.  
 Riely, Compton, 2025 N. Charles St.  
 Ries, A. Ferdinand, 24 S. Broadway.  
 Riley, R. H.; State Department of Health.  
 Riley, William T., 1639 Broadway.  
 Roberts, William Miller, 1116 St. Paul St.  
 Robertson, J. Clagett, 2129 E. Baltimore St.  
 Robinson, Isaac P., 330 N. Charles St.  
 Robinson, John Henry, 212 E. Preston St.  
 Rohrer, Caleb W. G., 22 Ailsa Ave.  
 Rosenheim, Sylvan, 1710 Linden Ave.  
 \*Rosenthal, Lewis Jay, 1622 Linden Ave.  
 Rosenthal, Melvin Samuel, 718 N. Howard St.  
 Rosett, Joshua, 3404 W. North Ave.  
 Rothholz, Alma S., 2108 Bolton St.  
 Rowland, James M. H., 1204 Madison Ave.  
 Ruhräh, John, 11 E. Chase St.  
 Russell, William Wood, 1208 Eutaw Pl.  
 Rutledge, Harry A., 1631 E. North Ave.  
 Rysanek, William J., 801 N. Kenwood Ave.  
 Rytina, Anton George, 330 N. Charles St.  
 Sadtler, Charles E., 1415 Linden Ave.  
 Samuels, Abraham, 1928 Eutaw Pl.  
 Sanderson, John W., 1714 N. Caroline St.  
 Sanger, Frank Dyer, 525 N. Charles St.  
 Savage, Moses M., 1729 Madison Ave.  
 Schaefer, Otto, 1105 Madison Ave.  
 Schimmel, M. S., Garrison and Fairview Aves.  
 Schmitz, William J., 701 N. Kenwood Ave.  
 Schoenrich, Herbert, 1134 Linden Ave.  
 Schwartz, William F., 1200 N. Caroline St.  
 Schwatka, J. B., 822 W. North Ave.  
 Seegar, John King B. E., 4009 Bateman Ave., Windsor Hills  
 Seem, Ralph B., Johns Hopkins Hospital.  
 Seligman, Joseph Albert, 1920 Linden Ave.

Sellman, R. O., 1823 Ruxton Ave.  
 Sellman, Wm. Alfred Belt, 5 E. Biddle St.  
 Settle, George M., 2435 Maryland Ave.  
 Shannon, George Conkle, 700 N. Fulton Ave.  
 Shelly, Albert, 3849 Roland Ave.  
 Shemwell, Joseph F., 2226 Madison Ave.  
 Sherwood, Mary, 1320 N. Charles St.  
 \*Shipley, Arthur Marriott, 1827 Eutaw Place.  
 Shull, John D., The Guilford.  
 Simon, Charles Edmund, 1734 Linden Ave.  
 \*Singewald, Albert G., 1503 E. North Ave.  
 Singewald, Edward M., 5 N. Washington St.  
 \*Sisco, Henry N., 1315 N. Charles St.  
 Sisco, P. S. Bourdeau, 1315 N. Charles St.  
 Skilling, Wm. K., 4107 Liberty Heights Ave.  
 \*Slack, Henry R., Jr., 1100 N. Charles St.  
 Smith, C. Urban, 817 Park Ave.  
 Smith, Edward A., 1605 W. North Ave.  
 Smith, E. P., Mercy Hospital.  
 Smith, Frank Robert, 1126 Cathedral St.  
 \*Smith, Henry Lee, 2701 N. Calvert St.  
 Smith, Joseph Tait, The Cecil, Eutaw St.  
 \*Smith, William Henry, 3435 Chestnut Ave.  
 Smith, Wm. S., 109 W. Lee St.  
 \*Smith, Winford H., Johns Hopkins Hospital.  
 \*Sorensen, A. C., 1303 Charles St.  
 Spear, Irving, Lake Court Apts.  
 \*Spencer, Lewis C., 100 N. Charles St.  
 Sprunt, T. P., 1035 N. Calvert St.  
 Steindler, L. F., 1203 W. North Ave.  
 Sterling, E. Blanche, 2448 Maryland Ave.  
 Steuart, Cecil Calvert, 2207 St. Paul St.  
 \*Stewart, George A., 2427 Madison Ave.  
 \*Stickney, Geo. L., The Latrobe  
 Stiefel, John G., 901 Myrtle Ave.  
 Stiffler, William C., 1319 Light St.  
 Stokes, William Royal, 1639 N. Calvert St.  
 \*Stone, Harvey Brinton, 18 W. Franklin St.

- Strauss, George Alvin, Jr., 1935 W. North Ave.
- \*Street, D. Corbin, 712 Park Ave.
- Stickler, H. J., Jr., 632 Gorsuch Ave.
- Strobel, Edgar Randolph, 330 N. Charles St.
- Stubbs, Wilbur Pledge, 1706 Eutaw Pl.
- Szuwalski, S. J., 722 S. Ann St.
- Talbot, Thos. J., The Marlborough Apts.
- Taneyhill, Geo. Lane, 405 N. Charles St.
- Tapman, Bertha E., 2733 Greenmount Ave.
- Tarun, William, 605 Park Ave.
- \*Taylor, Robert Tunstall, 2000 Maryland Ave.
- \*Thayer, William Sydney, Johns Hopkins Hospital.
- Theobald, Samuel, 970 Howard St.
- Thiede, Gustav A., 1530 W. Lanvale St.
- Thomas, Henry Briscoe, 1007 Cathedral St.
- Thomas, Henry M., 1228 Madison Ave.
- Thorkelson, Jacob, Dillon, Mont.
- Timanus, G. L., 635 Gorsuch Ave.
- \*Timberlake, Gideon, 330 N. Charles St.
- \*Titlow, Horace B., 3035 O'Donnell St.
- Tod, Adam A., 439 S. Ellwood Ave.
- \*Toomey, T. N., St. Louis, Mo.
- Towles, Caroline Benson, The Arundel
- Townsend, W. G., 2740 St. Paul St.
- \*Traband, John H., Jr., 3310 W. North Ave.
- Tumbleson, Arthur Lee, 2013 Bank St.
- Ullman, Alfred, 1532 N. Broadway.
- \*Ullrich, J. Harry, 22 N. Carey St.
- Ulman, Soloman Jay, 1808 Eutaw Place.
- Underhill, A. J., The Walbert.
- \*Van Norman, Karl H., Toronto, Canada.
- Vassalli, J. B., 525 N. Fulton Ave.
- Vest, Cecil W., The Winona.
- Vogelein, Mary Fussell, 1028 Valley St.
- Waldschmidt, Henry, 933 Hanover St.
- Walton, Henry J., 2000 N. Charles St.
- Warfield, Ridgely Brown, 845 Park Ave.
- Warner, Robert A., 1607 Edmondson Ave.
- \*Waters, Charles A., 1100 N. Charles St.
- Waters, Charles W., 18 W. Franklin St.
- Waters, Mary A., 1711 Madison Ave.
- Watson, William Topping, 2128 St. Paul St.
- Weinberg, M. A., 1804 Madison Ave.
- Welch, Erberle Giddings, 607 N. Charles St.
- \*Welch, William Henry, 807 St. Paul St.
- Welsh, Lillian, The Arundel.
- West, Reginald D., 405 N. Charles St.
- Wheeler, E. Miles, 2129 W. North Ave.
- White, G. Howard, 1029 Cathedral St.
- White, Walter Walton, Jr., 2800 St. Paul St.
- \*Whitham, Lloyd B., The Latrobe
- Wiegand, William Edward, 222 Roland Ave.
- Wilkins, George Lawson, 6 N. Broadway.
- Willey, Waitman T., 6 E. Read St.
- Williams, Dudley, Edmondson Ave. and Elsinor Ave.
- Williams, John Whitridge, 1128 Cathedral St.
- Willis, Mary Cook, 810 Hanover St.
- Willock, J. Scott, 801 Falls Road Terrace, R. P.
- \*Wilson, Gordon, 4 E. Preston St.
- Wilson, Karl M., 23 W. Chase St.
- Wilson, Lot Ridgely, 1735 Hollins St.
- Wilson, Robert Taylor, 820 Park Ave.
- Winner, Jacob Lewis, 30 S. Broadway.
- Winsey, Whitfield, 1220 E. Fayette St.
- Winslow, John Randolph, The Latrobe.
- \*Winslow, Nathan, 330 N. Charles St.
- Winslow, Randolph, 1900 Mt. Royal Terrace.
- Wise, Walter Dent, The Walbert.
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- Wolman, Samuel, 2407 Madison Ave.
- Wolterreck, G. H., 1210 Guilford Ave.
- \*Woods, A. C., 842 Park Ave.
- Woods, Hiram, 842 Park Ave.
- Worthington, Thomas Chew, 1022 Madison Ave.
- \*Young, Hugh Hampton, Johns Hopkins Hospital.
- Zepp, Herbert Elmo, 3050 W. North Ave.
- Zierler, J. N., 1003 Poplar Grove St.
- Zimmerman, Amelia, 1805 W. North Ave.
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## STATE PRACTICE ACT

*State Board of Medical Examiners*—Herbert Harlan, J. McP., Scott, Harry L. Homer, J. L. Riley, H. M. Fitzhugh L. A. Griffith, E. E. Wolf, H. T. Collenberg.

*Regular Meetings of the Board of Medical Examiners of Maryland*—Fourth Tuesday in April; first Tuesday in June; first Wednesday in October; first Wednesday in December.

*Regular Examinations*—Examinations are held in Baltimore. Third Tuesday in June for four consecutive days. Second Tuesday in December for four consecutive days.

Maryland is in reciprocal relationship with the following States; Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Michigan, Minnesota, Missouri, Nebraska, New Hampshire, Ohio, Oklahoma, S. Carolina, Texas, Vermont, Virginia, W. Virginia and Wisconsin, subject to requirements and fees imposed by the respective States.

Information connected with Medical Examinations and licensure by addressing Secretary, J. McP. Scott, Hagerstown, Md.

# MEDICAL SOCIETY MEETINGS

Component Societies of the Faculty, with a list of their officers and times of meeting

NOTE.—*Secretaries are requested to advise the Secretary of the State Society promptly of the election of new officers in their respective Societies*

- BALTIMORE CITY MEDICAL SOCIETY, President, GUY L. HUNNER; Vice-President, H. G. BECK; Secretary, EMIL NOVAK; Treasurer, W. S. GARDNER; Censors, J. M. HUNDLEY, J. S. CULLEN, R. WINSLOW; Delegates, T. S. CULLEN, S. McCLEARY, L. HAMMAN, G. W. MITCHELL, H. E. PETERMAN, E. NOVAK, F. R. SMITH, N. E. B. IGLEHART, H. JONES, E. H. HUTCHINS, E. R. OWINGS. SECTION OF CLINICAL MEDICINE AND SURGERY. First and Third Fridays, 8.30 P.M., October to May. Chairman, J. STAIGE DAVIS, M.D.; Secretary, E. B. FREEMAN, M.D. SECTION OF DERMATOLOGY. Third Wednesdays. Chairman, J. WILLIAMS LORR, M.D.; Secretary, I. R. PELS, M.D.
- SECTION OF GYNECOLOGY AND OBSTETRICS. Second Fridays in October, December, February and April. Chairman, J. M. H. ROWLAND, M.D.; Secretary, EMIL NOVAK, M.D.
- SECTION OF LARYNGOLOGY. Fourth Fridays monthly, 8.30 P.M. Chairman, LEE COHEN; Secretary, G. W. MITCHELL.
- SECTION OF MEDICAL EXAMINERS. Third Fridays in November and March. Chairman, J. D. IGLEHART, M.D.; Secretary, W. E. MAGRUDER, M.D.
- SECTION OF NEUROLOGY. Second Friday, monthly. Chairman, C. M. BYRNES, M.D.; Secretary, D. D. V. STUART, M.D.
- SECTION OF OPHTHALMOLOGY AND OTOTOLOGY. Third Wednesdays. Chairman, J. W. DOWNEY, JR., Secretary, C. A. CLAPP.
- ALLEGANY COUNTY MEDICAL SOCIETY. President, E. B. CLAYBROOK, Cumberland; Secretary, H. V. DEMING; Treasurer, F. G. COWHERD, Cumberland, Md.; Delegate, A. H. HAWKINS. Second Wednesdays of January, April, July and October; annual meeting in January.
- ANNE ARUNDEL COUNTY MEDICAL SOCIETY. President, J. O. PURVIS, Annapolis, Md.; Secretary, F. E. WEITZMAN, Annapolis, Md.; Treasurer, F. H. THOMPSON, Annapolis, Md.; Delegate, L. B. HENKEL. Second Tuesday of January, April, July and October.
- BALTIMORE COUNTY MEDICAL SOCIETY. President, F. W. KEATING, Owings Mille, Md.; Secretary-Treasurer, ALFRED GUNDRY, Catonsville, Md.; Delegates, H. L. NAYLOR, J. S. BOWEN, Mt. Washington, Md. Third Wednesdays, at 2 P.M.
- CALVERT COUNTY MEDICAL SOCIETY. President, W. H. MARSH, Solomon's, Md.; Secretary-Treasurer, J. W. LEITCH, Huntingtown, Md.; Delegate, P. BRISCOE. Second Tuesdays in April, August and December; annual meeting second Tuesday in December.
- CAROLINE COUNTY MEDICAL SOCIETY. President, S. S. STONE, Ridgely, Md.; Secretary-Treasurer, J. R. DOWNES, Preston, Md.; Delegate, J. C. MADARA, Rideley, Md.
- CARROLL COUNTY MEDICAL SOCIETY. President, D. B. SPRECHER, Sykesville, Md.; Secretary-Treasurer, H. M. FITZUGH, Westminster, Md.; Delegate, M. D. NORRIS. April, July, October, December; annual meeting in October.
- CECIL COUNTY MEDICAL SOCIETY. President, T. J. CONROY, Chesapeake City, Md.; Secretary-Treasurer, H. BRATTON, Elkton, Md.; Delegate, J. S. DARE, Rising Sun. Third Thursdays at Elkton, April, July, October, January; annual meeting in April.
- CHARLES COUNTY MEDICAL SOCIETY. No active organization.
- DORCHESTER COUNTY MEDICAL SOCIETY. President, F. H. NICHOLS, E. Newmarket, Md.; Secretary-Treasurer, E. E. WOLFF, Cambridge, Md.; Delegate, JOHN MACE, Cambridge Md. Meetings first Tuesday in June and December.
- FREDERICK COUNTY MEDICAL SOCIETY. President, H. P. FAHRNEY, Frederick, Md.; Secretary, J. M. GOODMAN, Frederick, Md.; Treasurer, E. L. BOWLES, Middletown, Md.; Delegate, I. J. McCURRY. January, April, August and November.
- HARFORD COUNTY MEDICAL SOCIETY. President, P. F. SAPPINGTON, Belair, Md.; Secretary-Treasurer, DR. CHARLES BAGLEY, Bagley, Md.; Delegate, W. S. ARCHER. Second Wednesdays in January, March, May, July, September and November.
- HOWARD COUNTY MEDICAL SOCIETY. President, W. N. GASSAWAY, Ellicott City, Md.; Secretary-Treasurer, FRANK O. MILLER, Ellicott City, Md.; Delegate, W. R. WHITE, Meetings (quarterly) first Tuesdays in January, April, July and October.
- KENT COUNTY MEDICAL SOCIETY. President, H. G. SIMPERS, Chestertown, Md.; Secretary-Treasurer, F. B. HINES, Chestertown, Md.; Delegate, F. B. HINES.
- MONTGOMERY COUNTY MEDICAL SOCIETY. President, E. W. WHITE, Poolesville, Md.; Secretary-Treasurer, E. L. BULLARD, Rockville, Md.; Delegate, J. E. DEETS. Third Tuesdays in January, April, July and October.
- PRINCE GEORGE'S COUNTY MEDICAL SOCIETY. President H. B. McDONNELL, College Park, Md.; Secretary, R. A. BENNETT, Riverdale, Md.; Treasurer, W. ALLEN GRIF-FITH, Berwyn, Md.; Delegate, H. B. McDONNELL. Second Saturday of January, April, July, October.
- QUEEN ANNE'S COUNTY MEDICAL SOCIETY. President W. W. BOWEN, Price, Md.; Secretary-Treasurer, H. F. McPHERSON, Centerville, Md.; Delegate, W. H. FISHER.
- ST. MARY'S COUNTY. No active organization.
- SOMERSET COUNTY MEDICAL SOCIETY. President, G. C. COULBOURNE, Marion Station, Md.; Secretary-Treasurer, H. M. LANKFORD, Princess Anne, Md.; Delegate, G. T. ATKINSON, First Tuesday in April at Crisfield; first Tuesday in October at Princess Anne.
- TALBOT COUNTY MEDICAL SOCIETY. President, J. H. HOPE, St. Michael's, Md.; Secretary-Treasurer, J. A. ROSS, Tropic, Md.; Delegate, W. S. SEYMOUR. Annual meeting third Tuesday in November and semi-annual meeting third Tuesday in May.
- WASHINGTON COUNTY MEDICAL SOCIETY. President, VICTOR D. MILLER, Hagerstown, Md.; Secretary, W. D. CAMPBELL, Hagerstown, Md.; Treasurer, J. E. PITTSNOGLE, Hagerstown, Md.; Delegate, J. MCP. SCOTT, Second Thursday.
- WICOMICO COUNTY MEDICAL SOCIETY. President, J. M. ELDERNICE, Mardella Springs; Secretary and Treasurer, H. S. WAILES, Salisbury, Md.; Delegate, G. W. Tonn.
- WORCESTER COUNTY MEDICAL SOCIETY. President, PAUL JONES, Snow Hill, Md.; Secretary and Treasurer, R. LEE HALL, Pocomoke City, Md.; Delegate, PAUL JONES, Snow Hill Md

















