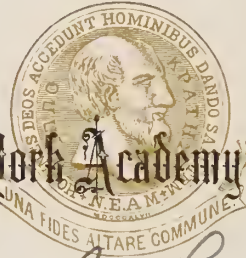


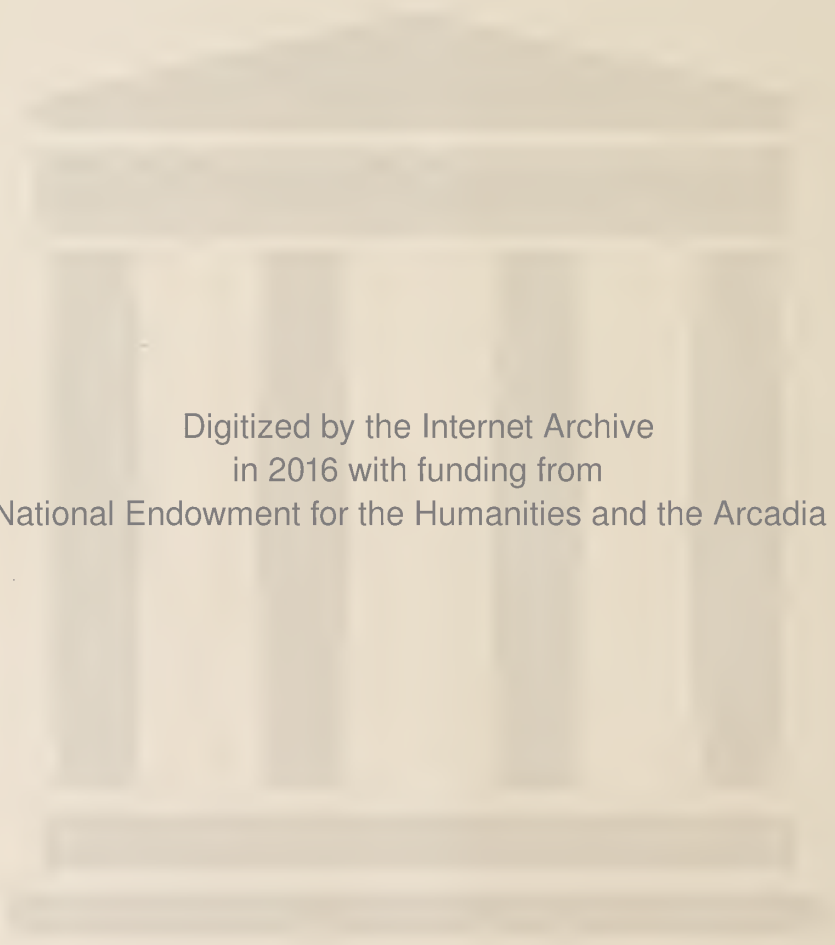
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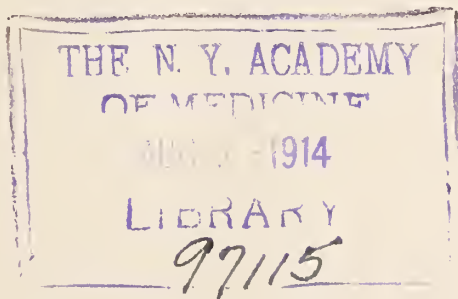
THE BULLETIN

OF THE

Medical and Chirurgical Faculty of Maryland.

Vol. V

July 1912 — June 1913



BALTIMORE

1913

For sale by J. J. ...

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Medical and Chirurgical Faculty of Maryland



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

Vol. V

JULY, 1912

No. 1

Kelly and Noble's Gynecology and Abdominal Surgery

This work possesses a number of features not to be found in any other publication covering the same fields. It contains *chapters upon the bacteriology and the pathology of gynecology*, dealing fully with the scientific basis of gynecology. Dr. Bloodgood's chapter on the *Breast*, covering 100 pages, is the most elaborate and the best illustrated presentation of this subject ever published. It contains 123 original illustrations, six in colors. There is a large chapter devoted entirely to *medical gynecology*, written especially for the physician engaged in general practice. The work has been translated into Spanish.

Edited by HOWARD A. KELLY, M.D., Professor of Gynecologic Surgery in Johns Hopkins University; and CHARLES P. NOBLE, M.D., formerly Clinical Professor of Gynecology in the Woman's Medical College, Philadelphia. Two imperial octavos of 850 pages each, containing 880 illustrations, some in colors. Per volume: Cloth, \$8.00 net; Half Morocco, \$9.50 net.

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Vol. V

BALTIMORE, JULY, 1912

No. 1

MILK AND INFANT MORTALITY.

The work of educating the public in the importance and the value of pure milk progresses very slowly, but let us hope surely. One who year after year tells the people the diseases and deaths that are sure to follow the use of impure and dirty milk eventually comes to feel very much like Cassandra who whilst endowed with the gift of prophecy had with this gift the curse that no one would believe her. If the 1000 babies who will die from impure milk in Baltimore during the next year were put on an ocean liner and sunk or were taken to a public square and burnt the whole nation, in fact the whole world, would sit up and read the extras issued every thirty minutes and millions of dollars would be subscribed to prevent a recurrence of such a catastrophe, but when one attempts to get any money for the purpose of providing pure food it is given in small amounts and only by altruistic persons who believe in doing something that is worth while even if their names are not emblazoned on the escutcheon of fame. The annual effort to interest the public this year took the form of a conference and exhibit on clean milk. It was held under the auspices of the Medical and Chirurgical Faculty and the Woman's Civic League of Baltimore, and there was a formidable list of names printed on the back of the program representing the various associations interested in the work. The work of the conference consisted in three evening meetings at which the subjects were: Market Milk, The Relation of Impure Milk to Infant Mortality and Tuberculosis of Cattle and Its Relation to Public Health. The other feature was the clean milk exhibit, which although

small was exceedingly instructive, and could the people who really need education be made to come and see such an exhibit a world of good would be done. We are of the opinion that these meetings while important do not reach the people most in need of enlightenment. We have in the city a very large number of places visited largely by those who would be greatly benefited by the articles directed toward the lowering of infant mortality and infantile diseases.

THE FARM END OF THE MILK PROBLEM.

The production of clean milk is the big end of the problem. The receipt of the supply in the city, the caring for it under modern conveniences and prompt delivery that exists among first-class dairies in Baltimore and elsewhere, can always be expected with completeness of details, perfect equipment and under the most approved methods.

There is among all dairies sufficient competition and emulation to create these things at their best and the pride a dairyman takes in having all details of milk handling followed in the proper manner is not only natural but exists throughout the cities of this country. In this connection it might be proper to point out that the day of the small peddler is passing away. He has lacked both the capital and the insight to create a dairy business and his products cannot stand the competition of those who know the call and have utilized large sums of money for dairy equipment, storage and service.

In comparison with the farm problem, the next most difficult problem is that of the housekeeper who through ignorance or carelessness, fails to give the milk after its delivery the care and attention that is absolutely necessary to conserve the quality of the milk and protect it from contamination.

The production of milk on the farm is the great problem. Of all the difficult farm duties (and farming is the most slavish of all occupations), milk production is most slavish. It means that each day in the year, twice a day the cows must be cared for and milked. Sundays, holidays; in cold or heat this duty must be followed, irrespective of funerals, deaths, church festivals or local gatherings. Not many farmers view with pleasure the keeping of milch cattle. The farm hand hates the work, and practically the first question a farm hand asks expecting to be engaged is, "Do you keep cows?" and on hearing that the farmer does, he seek some other employer.

Dairying in the country can be divided into two classes. That of the smaller herd producing from ten to twenty-five gallons of milk per day, which is cared for and milked by the farmer and his immediate family. The

wife, daughter, and I have seen a six-year-old boy busy with his milking, up at 4 o'clock in the morning and again at 6 o'clock in the evening at his task. In one unfavorable railroad location the family has arisen at 12 o'clock at night, milked the cows, cooled the milk, and returned to slumber, again milking at 12 o'clock in the day-time. This is the Arabs' way to milk their camels, but it is not generally accepted as a desirable time in our country. Milk produced by the farmer and his immediate family is usually the best milk coming to Baltimore, for the reason that they have a direct interest in their work and take pride in the results thereof.

The other class of dairying is that followed by farmers as the main branch of their farming and with from 30 to 200 head of cows, they have their dairy superintendent, their regular force of milkers, and the business is conducted on a business scale. The clean quality of this milk depends upon the personal equation, not so much on the superintendent as of the labor he must employ, to care for the cattle, and no matter how anxious those in charge may be to obtain first-class results, unless they are present at both milkings each day, the class of labor obtainable can be counted upon to omit as many of the necessary proper details of milking as they can cut out and not be caught immediately.

The entire problem of milk production in the country sifts itself down to the labor that is employed. These men are too often independent, lazy, careless and disobedient, and at best are apt to perform their work in a purely disinterested manner, and not giving a "whoop" for the milk that is produced. They fail to keep the cows clean, they fail to keep the stables clean daily, they fail in personal cleanliness, and fail in milk handling. They know nothing about bacteria and care less. If they are corrected by their employer, they will quit the job on a minute's notice, and this is the problem that stares every milk producer squarely in the face. It does not seem to be a matter of wages so much. There is an absolute lack of training on dairy lines among the labor that now can be had for dairying.

This condition in the country is well understood by the United States government, by our Experiment Station and by all who are familiar with the production of milk. It will take much time to bring about a change as can be realized from the conditions that exist.

In our State, Maryland has made a move to teach agriculture in the rural public schools, and wherever this has not been begun it is high time it was begun, in order that the young generation may learn and appreciate the proper methods of caring for and milking cattle. I know of the difficulty that has entered into this, for instance, the school teachers know nothing about dairying or farming and will not therefore assume to teach agriculture. This harks back to a training school, which must be supplied in order that the teachers can be prepared on these lines.

The Agricultural College and Experiment Station of Maryland holds many gatherings where agriculture is publicly taught, but the farm hands are seldom found at these meetings, and if they do go, it is usually to talk with their neighbors. The United States government through its Extension work and its Bulletins also tries to get at the bottom of the situation, for it is recognized that it is by educational means only that these conditions can be improved. The State of Maryland, through its Live Stock Sanitary Board, makes examinations of all dairy stables, in order to correct improper conditions, and it may be possible that they will also include reasonable directions as to the maintenance of the cattle.

Some of the large dairies in Baltimore maintain a trained veterinarian for farm examination, and in one case a laboratory is maintained in the city plant with a competent bacteriologist who follows closely the inspection of the incoming milk, etc.

The city has been somewhat limited in its country examination, for it is a self-evident fact that if the city imposes regulations upon the farmer, that with his present help he cannot live up to, he will in the course of time quit the business, thereupon bringing about a milk famine condition.

The surest way to obtain a better milk supply, if not the only way, is by educational means. If the consuming public assisted by the physicians would get behind more liberal appropriations, so that training schools could be started, the rural schools forced to take up the teaching of agriculture, awards and prizes given for first-class dairying results (which is the course followed by the State Dairymen's Association) the Maryland Agricultural College backed up in its effort to form cow testing associations, etc., these would in the course of time bring about rapidly improving conditions.

In this discussion it should be clearly understood that the present conditions of the supplies coming to Baltimore are not bad. The results are far better than supposed, the milk producing area surrounding Baltimore is ideal with its rolling pastures and well fed springs, and its nearness to Baltimore is a tremendous advantage. The points I have dwelt upon are those looking to an improvement over the present existing conditions, based upon the fact that nothing that enters into food consumption can be produced under too careful or too cleanly conditions.

BALTIMORE'S MILK SUPPLY.¹

BY DR. FRED. C. BLANCK.

Mr. Chairman, Ladies and Gentlemen: It affords me great pleasure to have this opportunity of telling you something about the milk supply of our city and the conditions under which it is produced and distributed. In the short time at my disposal, I desire to indicate the results of our observations on the various links of this chain connecting the production and consumption of this important commodity and to show as clearly as possible wherein improvement can and ought to be made in our supply. I regret that sufficient time has not been available to permit of the preparation of charts and lantern slides to illustrate the more important facts which I wish to bring to your attention. Consequently I must ask your kind indulgence in listening to whatever statistics I will have to present.

The reasons for the regulation of a city's milk supply in order to secure a distribution of pure, clean, and wholesome milk are so numerous and important that the public should become acquainted with some of the more essential of them in order to assist in bringing about an improvement. With the possible exception of bread, there is no food-stuff more extensively used as an article of diet than milk. It is not only used daily but almost always in a raw or uncooked state and consequently may be a source of danger should it contain any harmful organisms. Milk, unlike most other food-stuffs, furnishes an excellent medium for the growth of almost all forms of bacteria, both the ordinary harmless varieties and those harmful to man. Furnishing as it does the principal food for the sick, the convalescent, and infants, it is clear that a careful supervision of the milk supply is a question of the greatest importance to the public. Here in Baltimore, there were 568 deaths among infants from intestinal diseases in 1911. During the months of June, July, August, and September, the high mortality amounting to 429 deaths was associated with the high bacterial counts in milk and the increased temperature during these months. By the experience which has been recorded elsewhere, we believe this to be the cause and effect.

Such a problem as this involves the closest attention of the physician, the chemist, the bacteriologist, the veterinarian, and the sanitarian. No other food in general use deteriorates so rapidly as milk. Consequently the supervision of the milk supply offers greater difficulties than any other food. It is not sufficient to set up arbitrary standards to which milk must conform and expect the producer to do the rest. The enforcement of any regulation is rendered more easy when the reason for such a regulation is

¹Read before the Clean Milk Conference held June 10-12, 1912.

clear. The producer will more readily comply with the rules and regulations of health officers and the suggestions of inspectors if he understands the reasons for their existence and the purpose of such regulation or requirement. The farmer who has never heard of bacteria and who does not know that disease may result from the use of dirty milk, will not carry out the suggestions of the inspectors as intelligently as one who knows that the inspector has a very definite purpose in making such recommendations. Unfortunately much harm has been done to the cause of milk inspection by the ignorance, lack of tact, and arbitrary actions of inspectors, both municipal and state. Such men must have a clear comprehension of the nature of their duties, an ability to adequately explain the significance of their suggestions and must at all times use discretion in their use of the law. They should exercise their authority only when absolutely necessary.

At the present time, supervision of a city's milk supply extends from its production on the farm, through the hands of the transportation companies, the wholesale and retail dealers to the consumer's door. This chain should undoubtedly be extended further so as to include full instruction in the care and protection of milk in the home. Unfortunately many consumers allow the milk bottle to remain for hours on the front step in the rays of the hot sun, keep the bottles opened and exposed to the heat of the kitchen and often use vessels which have not been thoroughly cleansed. Under such conditions, is it any wonder that disease often results? And on whose shoulders is the responsibility placed by the consumer? The producers, whereas the principal blame should be attached to his own ignorance and carelessness.

Logically, the first step in an efficient supervision of our milk supply is a careful examination of the conditions under which the milk is produced. There are 2156 producers shipping a daily average of 29,300 gallons to our city. This large amount of milk is produced by approximately 16,500 cows. Prior to May, 1911, there had been no inspection whatever of these dairy farms other than a systematic inspection of the 160 producing farms within a driving radius of the city. In May of last year, Chief Inspector Palmer was appointed and began an inspection of these farms. This inspection naturally includes an inquiry as to the health of the herd, sanitary condition of the stables, and the methods used in the handling of the milk; in other words, the equipment and methods in use at the producing farm. Such an examination can be expressed best by means of a suitable score-card and consequently the standard score-card of the United States Department of Agriculture was adopted by our Department. By this means an accurate, mathematical expression is given to all existing conditions. At a glance, one is able to detect points of weakness and strength

in any particular, and the producer, by studying his score, can quickly note wherein he can improve his score.

Thus far, we have only made a beginning in this work, but the results have been very encouraging. With few exceptions, we have found a willingness on the part of producers to coöperate with us and many of them have taken kindly to the suggestions made by our inspector.

As a result of our inspections, we have scored 268 dairy farms with an average score of 42.82 out of a possible 100, a figure which compares favorably with those recently quoted by Dr. Whitaker in a publication of the United States Department of Agriculture. Of these scores, 13 were below 30 and 43 below 35.

Many very interesting details were obtained from these scores. For instance, 91 farms had absolutely no milk room, depending either on the barn or barn-yard for all the handling of the milk and milk utensils; 185, or more than one-half, had no form of milk cooler whatever, depending entirely on immersing the cans in spring water to accomplish the desired cooling. Of these 268 producers, only 51 immediately remove the milk from the stable after milking. Only eight had herds which had been tuberculin tested within one year of date of inspection; only one farm was found where the small top milking pail was in used. Such a pail means a marked reduction in the amount of dirt and consequently in the number of bacteria. The use of the covered milk pail in the State of Maryland is almost unknown and yet its use involves no more difficulty than the familiar open pail. So important is this feature of sanitary milk production, that many states have passed laws requiring its use. By a small outlay of possibly 50 cents, the ordinary open pail may be converted into an effective pail.

In many instances, no attempt was made to clean the cow's udders and flanks; dry feed was fed during milking thus resulting in a further contamination of the milk; manure was allowed to accumulate in piles immediately adjoining the barn. These and other similar practices are undoubtedly due to ignorance of their relation to a clean milk and are usually corrected when the producer's attention is directed to them. The remaining 1700 farms have never been visited by an inspector from this Department. Surely the results so far obtained fully justify the statement that additional inspectors to visit these farms will materially improve our milk supply. At least six inspectors are needed to effectively supervise this field of our work and at least one should be a well-trained veterinarian to make such detailed examinations as the average inspector is not able to make. If such a thorough system of farm inspection were established, we could prescribe a minimum score for the admission of milk to Baltimore. Many other cities have realized the value of this method of

control and have established standard scores of 60 to 65 out of a possible 100. In fact only recently a number of producers suggested that such a standard be established, not only for our own protection but also for the protection of the producer. Desirable as such a system undoubtedly is, we cannot inaugurate it until we have more dairy-farm inspectors.

The problem of the transportation of our milk supply is attended by many difficulties. In the course of a personal inspection on one of the hottest days of last summer, I found no producer who hauled his milk in a covered wagon and only a few who covered the cans with a wet blanket. Some of the milk used in Baltimore is consumed within twelve hours of its production but perhaps the greater portion is not delivered until eighteen hours and possibly longer after production. There is hardly a covered platform along the various railroads leading to Baltimore, thereby exposing the milk to the influence of the elements, dust and possibly even more serious contamination. The duty of the transportation companies is obvious and provision should be made for correcting this defect. The question of the use of refrigerator cars has been widely discussed. It is perfectly clear that we cannot expect the transportation companies to do the cooling which should be done on the farm. However when such cooling is properly done, it is the duty of our municipality to require that these companies deliver the product in Baltimore in the same condition as when received at the shipping station.

During the summers of 1910 and 1911, our Department made exhaustive investigations of the rise in temperature of milk during transportation. The results clearly show that where the milk was only cooled from 60° to 65° F., the rise in temperature during transportation was only 2° to 3°, whereas when the temperature was from 50° to 60° F., the rise amounted to from 4° to 5° or 6°.

In consequence of lack of ice and other facilities for cooling milk, our temperature standard cannot be enforced among the shippers. However we are striving to attain this standard by a gradual reduction in the temperature at which milk is admitted to the city. In the summer of 1910, the standard was 70°, whereas last summer the standard was 65°. Daily records were made of the temperatures of all samples collected at the various railroad stations during the months of May, June, July, and August. The average temperatures during these months was, May, 59°; June, 61.3°; July, 63°; August, 62.9° F.

For the present summer, a standard of 60° F. has been established and all milk having a higher temperature will be confiscated and destroyed.

During the year 1911, 13,000 butter-fat examinations were made on station milk alone with an average of 4 per cent for the year. This is an

exceptionally good figure and one that I believe is not excelled by any other city of equal size.

The bacteriological examinations of our station milk for 1911 showed an average count of 2,444,000 bacteria per cubic centimeter, this average being based on 787 analyses. The average count of the same milk for May, 1912, showed an average of 1,983,900 bacteria per cubic centimeter based on 406 analyses which is higher than the corresponding figure for May, 1911—1,677,700 per cubic centimeter. The average bacterial counts on samples taken from wagons and shops within the city are even higher. The average count of these latter samples in 1911 was 3,947,900 bacteria per cubic centimeter.

The average bacterial counts on all samples in the last six years present some striking figures.

The average for 1906 was 5,100,000 bacteria per cubic centimeter
The average for 1907 was 5,800,000 bacteria per cubic centimeter
The average for 1908 was 3,400,000 bacteria per cubic centimeter
The average for 1909 was 2,584,000 bacteria per cubic centimeter
The average for 1910 was 2,565,500 bacteria per cubic centimeter
The average for 1911 was 3,056,600 bacteria per cubic centimeter

Perhaps even more striking are the figures for the average counts on wagon and store samples collected during the month of May. The average count from wagons was 9,213,800 per cubic centimeter based on 86 analyses and the store average was 8,643,000 per cubic centimeter based on 14 analyses.

The generally accepted standard for raw milk in large cities is 500,000 bacteria per cubic centimeter. In fact many cities have standards even lower. The trend of all modern milk legislation is to rigidly enforce these bacteriological standards and the temperature standards. It is self evident that much improvement is necessary in order to bring our supply to conform to such standards.

In Baltimore there are over 4000 shops dispensing dipped milk and the many possible sources of contamination cannot be overestimated. You will notice the few specimens of utensils which we are exhibiting and can then imagine some of the difficulties encountered in this work. Not only bad and filthy utensils are met with, but store conditions sometimes worse. It is earnestly to be hoped that, in the interest of public health, the death knell of dipped store milk has been sounded and that, in the near future, none but bottled milk will be sold in such establishments and that this bottling will be done by responsible dealers.

How then may all these ends be attained? By coöperation, by establishment of a spirit of "get together" between the producer, the middleman,

and the consumer. The need of inspection and regulation must be apparent to all. Let each of us realize fully the position of the other and arrive at a clear understanding of one another's duty. It is by education that this conditions can be realized. Education of the consumer to the necessity of demanding a pure and wholesome milk supply, that there is danger lurking in an impure supply. Dirty, slovenly-handled milk is always expensive and the best is ultimately the cheapest. He must be taught that it costs more money to produce good, clean milk and, in order to secure such a supply, he must be willing to pay more. As Dr. Whitaker says, "Unless public sentiment demands a good quality of milk and consumers are ready to meet the increased cost, improvement must necessarily be slow. The quality of milk, then, in a large measure, rests with the consumer. The publication of the scores of the various dairies supplying a city with milk gives the consumer an opportunity to know the exact conditions on the various dairy farms, and he should encourage the production of good milk by patronizing the dairymen who have good ratings and who are trying to produce clean milk."

The producer should be taught the significance of bacteria in milk, the necessity for cleanliness. His thought should be directed toward better business management in his dairy, to the elimination of the unprofitable cow from his herd, to the need of better cows, better feeding and other factors tending toward lowering the cost of production. Other things being equal, the man who produces milk cheaper, makes the greater profit. He should keep himself informed of the progress of his industry by reading the numerous journals, books, government and state publications on this subject and give his neighbors the benefit of this information at the various Grange Meetings, Farmer's Clubs, Cow Testing Associations, etc. In this manner, there will be an added interest in his problems, new light will be shed, and he will remove himself from the monotony of his daily routine.

Only by the application of the principles of education, coöperation, and judicious control will much good result and the aim of the regulation of our milk supply be attained.

MINUTES OF THE GENERAL SESSION.

TUESDAY, APRIL 23, 1912.

The 114th Annual Meeting of the Faculty was called to order at 8.15 P.M. by the President, Dr. H. H. Young. Dr. Young announced that in place of the customary presidential address he would confine his remarks to a brief discussion of Medical legislation in 1912. Following this he presented a paper on Some advances in endo-vesical surgery. The second paper was by Dr. Frank Martin on Perforating gastric and duoden-ulcers: report of case. This paper was discussed by Dr. R. Winslow. Dr. J. M. T. Finney then read a paper on The rôle of fat in surgery. No discussion. The final paper of the evening by Drs. H. B. Stone, B. M. Bernheim and G. H. Whipple, was postponed until the next day on account of the lateness of the hour.

WEDNESDAY, APRIL 24, 10 A.M.

The meeting was called to order by the Vice-President, Dr. J. A. Chatard. The program as carried out was as follows:

1. Technique of resection of rib, cocaine anaesthesia, Dr. Charles Bagley, Jr.
2. The massacre of the tonsil, Dr. J. N. Mackenzie.
3. Pre-eclampsic toxæmia and eclampsia, Dr. J. M. H. Rowland.
4. Arterio-venous anastomosis in Raynaud's disease, Dr. B. M. Bernheim.
5. The pneumococcus in surgery, Dr. A. M. Shipley.
6. The influence of special forms of diet on certain phases of chronic nephritis, Dr. C. W. McElfresh.

Dr. Bagley's paper was discussed by Dr. F. J. Kirby and Dr. G. C. Ney. Dr. Mackenzie's paper was discussed by Drs. S. K. Merrick, Lee Cohen, T. C. Worthington and Hiram Woods. Dr. Rowland's paper was discussed by Drs. Hiram Woods, T. C. Routson and C. B. Claybrook. Dr. Bernheim's paper was discussed by Dr. Yates. Dr. Shipley's paper was discussed by Dr. Watson.

WEDNESDAY, APRIL 24, 2.30 P.M.

The meeting was called to order by the President, Dr. H. H. Young. The following program was carried out.

1. The gastric crises of tabes, Dr. Julius Friedenwald and Dr. T. F. Leitz.
2. Some remarks on cyclic or recurrent vomiting, Dr. W. M. Dabney.
3. Stereo-arthrolysis; a preliminary report, Dr. R. T. Taylor.
4. Overeating as a cause of appendicitis, Dr. Emil Novak.
5. Experience with salvarsan, with special reference to its relation to the Wassermann reaction, Dr. Sylvan Likes and Dr. Herbert Schoenrich.

Dr. Friedenwald's paper was discussed by Dr. R. Winslow. Dr. Dabney's was discussed by Drs. L. F. Barker and W. S. Thayer. Drs. Stone, Bernheim and Whipple's paper was discussed by Drs. F. Martin, C. F. Davidson, R. Winslow and G. Hunner. The paper of Drs. Likes and Schoenrich was discussed by Drs. W. B. Wolf and H. H. Young.

WEDNESDAY, APRIL 24, 8.30 P.M.

The meeting was called to order at 8.30 P.M. by the President, Dr. H. H. Young, the latter introducing Dr. A. W. Hewlett, of Ann Arbor, Michigan, who delivered the annual oration on The clinical study of high blood pressure. Dr. H. Friedenwald, Chairman of the Finney Fund Committee, then presented to the Faculty the John

M. T. Finney Fund for the advancement of Surgery. This was accepted by the President on behalf of the Faculty. A portrait of Dr. E. F. Cordell was presented by Dr. W. H. Welch on behalf of a committee of friends. The general session was followed by the annual smoker which was held in the banquet hall. The Faculty's orchestra and glee club were potent factors in the enjoyment of the occasion.

THURSDAY, APRIL 25, 10 A.M.

The meeting was called to order by the President, Dr. H. H. Young. The program was devoted to a symposium on septic sore throat and was as follows:

1. The Baltimore epidemic of septic sore throat, Dr. L. P. Hamburger.
2. Throat manifestations, Dr. Cary B. Gamble, Jr.
3. Surgical aspects, Dr. A. C. Harrison.
4. Bacteriology, Dr. Standish McCleary.

These papers were discussed by Dr. M. M. Savage, Dr. W. T. Watson and Dr. Clotworthy Birnie.

At 12 o'clock noon the Faculty proceeded to the election of two members of the State Board of Medical Examiners.

The following were nominated:—Drs. Herbert Harlan, F. B. Smith and E. R. Owings. These candidates were discussed by Drs. J. D. Blake, G. M. Linthicum, J. W. Chambers, H. Woods and H. H. Young. Dr. F. B. Smith and Dr. Herbert Harlan were elected.

Announcement was made of the officers elected by the House of Delegates for 1912. The meeting then adjourned.

REPORTS MADE TO THE HOUSE OF DELEGATES APRIL, 1912.

TREASURER'S REPORT.

Printed in BULLETIN for April, 1912.

BOARD OF TRUSTEES.

TO THE PRESIDENT AND MEMBERS OF THE HOUSE OF DELEGATES.

Gentlemen:—In accordance with Chapter 2, Section 1, of the By-Laws of the Faculty, the Board of Trustees submits the following brief report:

No repairs of note have been required to the building during the past year. A number of additions of books have been made to the Library.

The value of the property remains the same as last year, namely between \$95,000 and \$100,000 which is well insured; the insurance including books and furniture. The property continues in good condition.

The Board of Trustees regrets to announce the death of one of its most valued and honored members, Dr. C. M. Ellis, of Cecil County and at the proper time will nominate to the House, Dr. Wm. J. Todd to fill out the unexpired term of five years. They will also nominate Dr. John W. Chambers to be his own successor, his term having expired.

All of which is respectfully submitted.

HENRY M. HURD,
Chairman.
J. M. H. ROWLAND,
Secretary.

COUNCIL.

MR. PRESIDENT AND GENTLEMEN OF THE HOUSE OF DELEGATES:

The Council begs to report that, so far as its members are aware, the work of the Faculty has progressed smoothly and successfully during the past year. Reports of individual committees will present this work in detail.

Compared with former years, our members have been spared the annoyance and trouble of malpractice suits. Evidently, the professional backing which the Faculty gives its members is having a deterrent effect. So far not a single suit which the Faculty has undertaken to defend has been lost. But four suits were brought to the attention of the Council during the past year. Three of these were undertaken, while the fourth could not be because the alleged offense was committed before the Defence Plan went into effect.

Several matters of medical interest and importance engaged the attention of the Legislature. Looking forward a year ago to another probable attempt of the Examining Opticians, or Optometrists, to secure an examining board of their own and made up of themselves, this House of Delegates appointed a committee to study and, if deemed best, oppose such legislation. A bill was introduced in the Senate and referred to the Committee on Sanitary Conditions of the State. The bill died there. Special thanks are due from this House of Delegates to the former Attorney-General, Mr. Isaac Lobe Straus, who volunteered his services to the Committee. Mr. Straus went to the hearing at Annapolis and delivered a masterly argument on what he termed "such ad captandum legislation against public safety." Legislation of this kind has been defeated pretty generally the country over during the past two years, largely, we think, because of professional opposition and better understanding on the part of legislators. The Chairman of the Council wishes, however, to take this opportunity of warning members of the Faculty that legislation like this is not merely an attack on the work of medical specialists. It is a distinct danger to public health and should be so viewed by the educated physician. An amendment to the medical practice act was passed; but through some technical error it was thought best to ask the Governor to withhold his approval.

The midwifery law was amended so as to make it effective: a vital statistics act, approved by the Public Health Association and the federal authorities of the Marine Hospital was passed. Drs. Price and Jones express the opinion that this law puts our state "up to date." Other important legislation for medical interests were: The state department of health bill, with an increased appropriation from \$10,000 to \$24,000, permitting the establishment of a bureau of sanitary engineering; the tuberculosis bill, with increased appropriation to \$10,000; the bill providing for free medical treatment after bites by rabid dogs, when the victim cannot afford the expense; reporting to the health departments of occupational disease: the public drinking cup bill: appropriation of \$1500 for the Maryland Committee on organization of the 15th International Congress of Hygiene and Demography, and, finally, the appropriation to the Medical and Chirurgical Faculty of \$5000 yearly for two years.

The obligation of the Faculty to afford the public instruction in preventive medicine was recognized in the successful Health Conference during the entire week in Osler Hall. The meetings were largely attended. Most of the money for these meetings was raised by voluntary contributions, a small balance not so raised being appropriated by the Council—about \$140. The Maryland Society for Prevention of Blindness has asked the Faculty to accept official recognition in its work, and the Council recommends that it be done. It is the sense of the Council, also, that it

may be well to consider extending public education in prevention of disease to parts of the States outside of Baltimore.

There are several things about our building which have demanded and are still engaging the attention of the Council. The heating plant is inadequate, and it may be necessary to replace it entirely; the ventilation of Osler Hall is now receiving study; it is necessary to put in adequate drainage for the cellar, and arrangements have practically been made by the House Committee with the Sewage Commission to accomplish this needed improvement.

The members of the Council have been faithful in performing their duties, and none more so than our late associate, Dr. H. B. Gantt, whose untimely death took from his brother-councillors a wise adviser, from the Faculty an honored and thoughtful member, from the profession a skilled practitioner, from his community an upright citizen and from his family a devoted husband and father. One and all of his fellow-councillors desires to bear evidence of Dr. Gantt's worth, and to given this expression of sorrow at his death.

Respectfully submitted,

HIRAM WOODS,

Chairman of Council.

DELEGATE TO A. M. A.

REPORT OF THE DELEGATE OF THE AMERICAN MEDICAL ASSOCIATION TO THE HOUSE OF DELEGATES OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

BALTIMORE, MARYLAND, APRIL 23, 1912.

MR. PRESIDENT AND MEMBERS:

At a former meeting of the House of Delegates of the American Medical Association your delegate was on a committee of conference with members of the American Association of Medical Colleges and other medical organizations and was impressed with the unanimity of opinion as advocated in regard to a higher standard of admission to our medical colleges, and also a revision of the courses taught therein.

Of the many subjects discussed and acted upon at the Los Angeles meeting the most interesting to us in Maryland was, probably, the report of the Council of Medical Education, showing, as Dr. Randolph Winslow, one of the alternates states, the great betterment of medical teaching since 1904, at which time there were 166 medical schools, which had diminished by merger or extinction to 129 in 1911. Since 1904 there has also been a marked reduction in the number of medical students and graduates.

It has been well said that the wave of reform in medical education moves steadily on, and, it is significant that state universities are taking a prominent part in this reform. Indiana, Minnesota and Colorado have lately been followed by Arkansas in having organized colleges obtaining connection with privately endowed universities; or, are giving way to the state supported schools, and thus the medical school is conducted as an integral part of the state educational system.

It is understood that these subjects, briefly here referred to, will be freely and fully discussed in the coming report of the Council on Medical Education in the House of Delegates at the Atlantic City meeting, June 4, 1912.

In 1911, Dr. George H. Simmons, who had for many years served the American Medical Association as Secretary, resigned, but was continued as Editor and Manager of the *Journal*. Our Pennsylvania neighbor, Dr. Alexander Richter Craig, who had frequently been a useful delegate, was elected Secretary. He is President of

the American Academy of Medicine, which this year will hold its session at Atlantic City on May 31, and June 1 and 2.

Respectfully submitted,

G. LANE TANEYHILL.

COMMITTEE ON SCIENTIFIC WORK AND ARRANGEMENTS.

The Committee on Arrangements of the Medical and Chirurgical Faculty wishes to make the following report to the House of Delegates.

During the year 1911, two meetings were held, the first one, the Annual Meeting, April 25, 26 and 27. At this meeting a smoker was held instead of the annual banquet. This was quite successful, bringing the members in closer touch with each other, and also being at no expense to the Faculty as the banquet has been before. Tickets were sold at \$1 each, and the surplus of \$42.50 has been turned over to Dr. William Fisher, Chairman of the Committee on Arrangements for 1912.

The second meeting during 1911 was held October 20 and 21 in Baltimore. Baltimore was decided on as a place of meeting instead of having the usual semi-annual at one of the county places. This meeting was made as practical as possible with clinics at the various hospitals, which, however, were unfortunately very poorly attended. A notice of the same was carried in the BULLETIN, calling attention to this fact. It is to be hoped that the next Semi-Annual meeting will have an increased attendance, and the members will attend the clinics in greater numbers.

With many thanks to the members of the Faculty for their support to our Committee, we remain,

Very sincerely yours,

J. A. CHATARD,

Chairman, The Committee on Arrangements.

LIBRARY COMMITTEE.

We herewith transmit the Report of the Librarian, and of the Frick Library for the year 1911. The Committee takes this opportunity to thank Miss Noyes and her assistants for their careful and conscientious work.

In view of the great increase in the activities of the Faculty, greater demands are made each year upon the Librarian's force, and each new and active Committee requires additional time and service. During the past year these demands have materially interfered with the work of the Library, in its narrower sense, with the result that many hundred books lie unindexed and useless in the basement, and will continue to remain so until extra aid becomes available. For this reason, your Committee desires authority to engage a night clerk at a salary of \$300, but even this will only slightly relieve the pressure.

We feel that the House of Delegates and the Council should realize the condition of affairs, and, before authorizing existing or new committees to take up additional activities, should see that provision for the necessary clerical aid is made.

As you know, the general appropriation to the Library, outside of the payment of salaries, suffices only for the subscription to 54 of the 179 journals on our files, and for the expenses for binding. All other funds for the purchase of books and periodicals come from outside sources—principally from the Frick Fund and from the Book and Journal Club of the Faculty—and we are under continued obligations to the generous contributors to both of these funds.

The precarious state of the Library's finances is well illustrated by the fact that at the end of the year there was a deficit of \$370 on the part of the Book and Journal Club. Had this not been made good by a contribution of \$50 from members of the Library Committee, and by a very generous donation of \$320 by the Baltimore City Medical Society, we should have been obliged to stop our subscriptions to many

periodicals, thereby seriously hampering the usefulness of the Library. This being the state of affairs, we hope that the Faculty may see its way clear to make an additional appropriation for the purchase of new books.

As far as possible, the Committee has attempted to supply the Library with the more important new books. As there must always be considerable difference of opinion as to which are the most desirable and useful, we again direct the attention of members to the fact that the Committee desires help, and will welcome suggestions concerning the purchase of books.

Respectfully submitted,

J. WHITRIDGE WILLIAMS,
Chairman.

LIBRARIAN'S REPORT, 1911.

MR. CHAIRMAN AND MEMBERS OF THE LIBRARY COMMITTEE:

An enormous amount of work has been done by the Library staff this past year. Much of this was purely clerical work for the officers and committees, as the administrative work for the Faculty has increased enormously; yet, in the broader sense, this is the new interpretation of the meaning of "Library." Merely being a place where books are housed for the convenience of readers is only a small part of the function of the present day Library—which is the headquarters for everything that tends to educate the public as well as a store house for historical curios, manuscripts and portraits of local interest. The serious problem with us has been to divide the work that the books might come in for their proper share.

The additional shelves in the periodical room and the duplication of the card catalog outfit have been of the greatest assistance. By the latter we have been enabled to place the Library of Congress cards where they are accessible to our readers. These give us a bibliography of the medical books printed in America. It is hoped that this year we may be able to place in the reading room a suitable case for the display of curios and a swinging screen or rack for small pictures, autographs etc. of which we possess a number of great value.

One of our imperative needs is the rebinding of several hundred volumes—some of these are new books—as the result of constant usage; but most of them are old and impossible to replace should pages become lost. Many sets of journals were originally bound in imitation leathers, which will not bear handling and rot quickly.

The use of books in the Reading Room continues to increase—there were 3904 readers and 1618 books borrowed for home use.

The donations for the year are as follows:

Books: American Association of Obstetricians and Gynecologists, 1; American Association for the Study and Prevention of Infant Mortality, 1; American Gynecological Society, 1; American Pharmaceutical Association, 1; American Pediatric Society, 1; American Physicians and Surgeons, 1; American Society of Tropical Medicine, 1; American Surgical Association, 1; American Urological Association, 1; Association of American Physicians, 1; Dr. R. T. Abererombie, 15; Dr. L. F. Barker 3; Bellevue and Allied Hospital, 1; Blakiston and Company (through the BULLETIN), 3; Board of Health of the Territory of Hawaii, 1; Burroughs Wellcome Company, 1; Chicago Pathological Society, 1; College of Physicians of Philadelphia, 1; Dr. Harvey Cushing, 5; Mrs. Simon Dalsheimer, 8; Mr. Dichman, 1; Miss A. M. Doerksen, 7; Dr. S. T. Earle, 1; Enoch Pratt Free Library, 1; Frick Fund, 72; (2 v. from Dr. H. B. Jacobs, 14 v. from Dr. Osler and 56 by purchase); Dr. H. Friedenwald, 2; Government Printing Office, 1; Dr. A. P. Herring, 1; Hotel Dieu, 1; Dr. John G. Jay, 96; Dr. H. B. Jacobs, 43; Dr. O. E. Janney, 1; Dr. C. H. Jones, 1; Knoll and Company, 1; Dr. C. W. Latimer, 2; Dr. W. M. Lewis, 57; Library of Congress, 1; J. B. Lippincott

and Company, 8; Luzerne County Medical Society, 1; Maryland Pharmaceutical Association, 1; Massachusetts General Hospital, 1; Medical and Chirurgical College, 1; Medical Society, District of Columbia, 1; Merch and Company, 1; J. P. Morton and Company (through the BULLETIN), 1; Dr. Ott, 1; William Pepper Laboratory, 1; Dr. J. H. Pleasants, 1; Dr. J. H. Press, 1; Dr. Richard, 27; Dr. H. O. Reik, 45; Dr. Reik (through the BULLETIN) 1; Research Society, College of Physicians and Surgeons, 1; Dr. John Ruhräh, 9; W. B. Saunders and Company (through the BULLETIN), 15; South Dakota Medical Society Association, 1; Southern Surgical and Gynecological Association, 1; St. Luke's Hospital, New York, 1; Surgeon General, 2; Dr. R. T. Taylor, 1; Dr. S. Theobald, 11; Dr. L. M. Tiffany, 174; University of Upsala, 4; United States Commissioner of Education, 2; University of Pennsylvania, 1; Dr. J. W. Williams, 5.

Reprints, monographs, etc.: Dr. L. H. Adler, 6; Dr. W. S. Bainbridge, 1; Dr. A. Bassler, 4; Dr. Bell, 1; Dr. Bickerson, 6; Dr. L. F. Bishop, 3; Dr. William Boyd, 1; Dr. T. Burrow, 2; Canal Zone Medical Association, 1; Church Home and Infirmary, 1; Dr. E. K. Cullen, 4; Dr. Harvey Cushing, 253; Dr. F. C. Edgerton, 1; Dr. Ely, 2; Enoch Pratt Free Library, 1; Dr. Fox, 3; Dr. H. Friedenwald, 4; Dr. Herzfeld, 8; Dr. L. K. Hirshberg, 1; Hospital for Deformities and Joint Diseases, 1; Dr. Huber, 4; Dr. Hudson-Makuen, 2; Dr. Reid Hunt, 3; Imperatorsky Universitat, Russia, 8; Dr. H. B. Jacobs, 1; Dr. J. R. Kevin, 1; Leland Stanford Jr. University Department of Medicine, 1; Dr. D. Macht, 1; Mercy Hospital, 1; Medical School for the Blind, 1; Mulford Company, 1; Dr. Noeholl, 1; Dr. G. W. Norris, 5; Dr. V. Pedersen, 2; Dr. Pettels, 1; Dr. J. S. Read, 1; Rockefeller Institute for Medical Research, 3; Dr. John Ruhräh, 10; Dr. T. E. Satterthwaite, 2; Dr. Scott, 4; Dr. Sterling, 1; Dr. Thomas, 2; Treasury Department, 1; Universitate Bibliothek, Germany, 63; U. S. S. D., 1; Dr. H. A. Wade, 1; Dr. G. Walker, 2; Dr. Wende, 1; Dr. J. W. Williams, 2; Dr. T. A. Williams, 7.

Miscellaneous unbound journals: Dr. J. R. Abercrombie, Dr. J. C. Bloodgood; College of Physicians (through the BULLETIN); Dr. T. S. Cullen; Dr. Harvey Cushing; Dr. S. T. Earle; Enoch Pratt Free Library; Dr. Feddeman; Dr. J. M. T. Finney; Dr. H. B. Jacobs; Dr. W. M. Lewis; Dr. J. Neff; Dr. W. W. Russell; Dr. A. C. Pole; Dr. Reichard; Dr. J. Ruhräh; Dr. W. S. Thayer; Dr. L. Welsh; Dr. R. B. Warfield.

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

Subscribed to by the Faculty.....	54
Subscribed to by the Book and Journal Club.....	50
By exchange.....	57
Baker Fund.....	1
Frick Fund.....	1
Gift of Dr. J. A. Chatard.....	1
Gift of Dr. E. F. Cordell.....	1
Gift of Dr. Harvey Cushing.....	1
Gift of Dr. H. B. Jacobs.....	1
Gift of Dr. William Osler.....	1
Gift of Dr. John Ruhräh.....	9
Gift of Dr. J. W. Williams.....	2
Total.....	<u>179</u>

The journals bound during the year number 213 volumes.

Appended is the Frick Library Report for the year.

Respectfully submitted,
M. C. NOYES,
Librarian.

MEMOIR COMMITTEE.

MR. CHAIRMAN AND MEMBERS OF THE HOUSE OF DELEGATES:

Gentlemen: During the year ending today, our great enemy, Death, has robbed the Medical and Chirurgical Faculty of fourteen of its members, and among these every remaining member can count one or more of his most esteemed medical brothers.

A study of this list aids to prove the melancholy fact that although we, as physicians, often turn the shafts of death from the bosoms of others, we ourselves lead no charmed lives, and can claim no special exemption from the common law of nature; and as a class do not attain special longevity, and many, very many, of our brotherhood are compelled to travel one or another of this terrible tyrant's innumerable roads, quite as early in life as the average man of other vocations.

Your Memoir Committee has carefully noted every death that has occurred among our membership during the past year, and have sent suitable letters of condolence, and a blank information sheet, to the nearest relatives of each of the deceased, with kindly requests for brief sketches of their lives and professional work, which are recorded among the Faculty's Archives. We have been gratified by the valuable information we have received from them in this way.

The following is a list of the names, dates of death, and as far as it has been possible for the Memoir Committee to ascertain, the cause of death of each of these fourteen deceased members.

* DR. SUMMERFIELD B. BOND, of Baltimore, Maryland. Died Decembe 21, 1911, of carcinoma o the live . Aged 59 years. Graduate of the University of Maryland.

DR. AUGUSTUS A. CLEWELL of Baltimore, Maryland. Died April 28, 1911, of angina pectoris. Aged 65 years. Graduate of the University of Kentucky, in Louisville.

* DR. CHARLES M. ELLIS, of Elkton, Maryland. Died June 3, 1911, following an operation. Aged 70 years. Graduate of the University of Pennsylvania.

DR. WILLIAM H. FEDDEMAN of Roland Park, Maryland. Died April 12 191 , of an overdose of chloroform. Aged 43 years. Graduate of the University of Maryland.

DR. HENRY B. GANTT, of Millersville, Maryland. Died January 22, 1912, of pneumonia following blood poisoning. Aged 54 years. Graduate of the University of Maryland.

DR. WILLIAM E. GAVER of Mt. Airy, Maryland. Died January 2, 1'12, of acute indigestion and organic heart disease. Aged 48 years. Graduate of University of Maryland, and post graduate of Johns Hopkins.

DR. ENOCH GEORGE, of Denton, Maryland. Died January 12, of pneumonia. Aged 62 years. Graduate of the University of Maryland.

DR. JOHN G. HOLLYDAY of Baltimore Maryland. Died March 15, 1912. Aged 66 years. Graduate of the University of Maryland.

DR. CHARLES C. McDOW LL, o Baltimor Maryland. Died January 24, 1912, of interstitial nephritis. Aged 60 years. Graduate of the University of Maryland.

DR. JOHN E. MACKALL, of Elkton, Maryland. Died 19 2.

DR. AUGUSTINE S. MASON, of Hagerstown, Maryland. Died June 9, 911.

DR. LOUIS W. MORRIS, of Salisbury, Maryland. Died February 2, 1912, of pneumonia. Aged 48 years. Graduate of the University of Maryland.

DR. FERDINAND REINHARDT, of Baltimore, Maryland. Died December 2, 1911, of heart disease and complications. Aged 70 years, Graduate of Marburg, Hassen.

DR. ANDREW H. WHITRIDGE, of Baltimore, Maryland. Died March 19, 1912, of intestinal obstruction. Aged 40 years. Graduate of the Johns Hopkins Medical School.

Respectfully submitted,
 D. W. CATHELL,
Chairman, Memoir Committee.

COMMITTEE ON TUBERCULOSIS.

Your Committee on Tuberculosis begs to report that it has succeeded in having the report on prophylaxis of tuberculosis which the State Board of Health requires of all physicians who report cases abridged so that there are only a few questions to be answered, copies of the former paper and the present one are submitted.

Under the new order there is no excuse for physicians not reporting their cases, or for giving prophylactic instruction. There has been a slight improvement in the number of physicians reporting their cases, during the past year, but there is still a large number who refuse to do so.

The newspapers have been watched for objectionable patent medicine advertisements, and objection occasionally made with some success. Your committee feels that it is partly responsible for the present policy of the school-board in reference to open-air school rooms, provision is to be made in all new buildings for such a room and we hope that this policy will be extended until every school house is so equipped.

We have begun the study of the problem for the care of advanced cases, and hope to be able to map out some definite plan during the year.

Several popular lectures have been given during the year by request.

Respectfully submitted,
 JOHN GIRDWOOD,
Chairman until January 1, 1912.
 WILLIAM H. MOSS,
Present Chairman.

COMMITTEE ON MIDWIFERY LAW.

Since its appointment, January 1, there has not been much work done by the Committee on Midwifery Law. The question of instruction for candidates has been discussed, but as yet there seems to be no solution of the problem, as the obstetric clinics of the city have all they can do in instructing the students in the various schools. The enforcement of the law is entirely in the hands of the State Board of Health, hence there is little or nothing in this respect for the Committee to do.

Dr. F. V. Beitler acting chief of the Bureau of Vital Statistics hands me the following statement for the past year:

Number of midwives in Baltimore City.....	161
Number of midwives in State of Maryland.....	209

PROSECUTIONS.

There were three midwives prosecuted in Hagerstown, Washington County, and conviction obtained with a fine of \$10 and costs in each case.

Warrant was issued against a midwife in Cumberland, Allegany County. She immediately left the state and has not returned.

Warrant was issued against eighteen midwives in Anne Arundel County, five of whom have been tried and convicted.

The state has advertised its examinations for midwives regularly in May and November without having a single applicant to go to the examination either in Baltimore City or any other county seat in Maryland.

Certain amendments were made to the midwifery law during the past session of the legislature, but as they were of an administrative character I will not mention them here.

Respectfully submitted,
 GEORGE W. DOBBIN,
Chairman.

EUGENICS.

Your Committee, realizing that mental defects and criminal tendencies are largely matters of inheritance and that permanent segregation and control of confined criminals and defectives is at present feasible in only a certain proportion of instances, recommend that a bill be introduced into the Maryland State Legislature providing for the prevention of procreation of defectives etc., by surgical sterilisation. Laws to this effect have already been passed in several states. Your Committee suggests that the Medical and Chirurgical Faculty of Maryland authorize it to study the laws passed in other states and to frame a bill for the State of Maryland which will provide for the sterilization of certain feeble-minded, epileptic, habitually criminal and other defective inmates of the several reformatories, charitable and penal institutions in the counties and state while at the same time sufficiently safeguarding the rights and privileges of individuals.

Respectfully submitted,
 LEWELLYS F. BARKER,
Chairman.

S. J. FORD,
 F. W. KEATING,
 FRANK MARTIN,
 G. L. WILKINS.

COMMITTEE ON SANITARY AND MORAL PROPHYLAXIS FOR 1912.

TO THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND:

The work done in the past year is but a repetition of that of former years. About sixty talks have been given to groups of men and boys, and a very considerably larger number to women and girls. The latter have been held in factories and shops by Miss Davis, who has averaged more than two such meetings daily. In the pursuit of this work more than 7500 copies of suitable literature have been distributed. An affiliated organization has been developed in Frederick and we hope for similar organizations in three other cities this spring. These will materially help in the work of popular education concerning the dangers of venereal infection. The balance sheet of the Treasurer shows an expenditure for the year of approximately \$2500.

We record with sorrow the death of Dr. A. H. Whitridge who had served on this Committee from its inception in 1907.

The work of this Committee is conducted through the agency of The Maryland Society of Social Hygiene with a membership of about 250 men and women. Owing to the pressure of professional work Dr. Novak was obliged to relinquish the office of General Secretary last spring. He has been succeeded by Mr. H. C. Hill, formerly

principal of the Cumberland High School. Mr. Hill gives his whole time to the work, and we feel that he is a man eminently suited to the undertaking.

Educational work of this sort obviously yields no visible results. We may, however, feel that the years of unostentatious effort to protect the community against the ravages of venereal diseases are not without avail. Thus we may note that the City Wide Congress of Baltimore has recognized the seriousness of the Social Evil by appointing a Committee to deal with the subject, and that 10,000 copies of the first report to the Congress have been distributed. Likewise the Society for the Suppression of Vice has petitioned the Supreme Bench of the city to reconstruct its policy of dealing with houses of prostitution. Out of this has come the determination of the Bench to put a stop to the sale of liquor in such places. While this is but a step, it will appeal to our profession as one of no little moment since we know how often disease is contracted when men are under the influence of alcohol.

We may note also that the Henry Watson Children's Aid Society has opened a bureau for the care of girls with illegitimate children. While the community problem of the care of such cases, of whom there are not less than 1000 a year in Baltimore, may at first appear widely divorced from the problem of venereal prophylaxis, it is obvious to you that they are both traceable to ignorance and lack of control of the sex function. Speaking broadly the man who begets an illegitimate child is the same man who acquires a venereal disease and the girl with an illegitimate child is on the high road to the diseased life of a prostitute. It is a satisfaction to know, therefore, that the Children's Aid Society has taken up a problem so intimately related to our own.

Lastly we may note that in New York City, largely as the result of similar propaganda, gonorrhoea and syphilis have been made notifiable diseases by the Board of Health. May we not hope that our own state and city health commissioners may soon feel justified in taking similar hygienic measures for the protection of the public?

Unquestionably the general public is becoming aroused to the gravity of the situation, and unless the medical profession keeps pace with the public demand for protection against the venereal peril, reproach will be cast upon it. The proper safeguarding of marriage should be seriously considered by the profession, and a frank and free discussion of the hygienic aspect of the case should be entered into by medical men throughout the State. The immediate problem is to instruct the general public first with regard to the dangers of social disease, and second, with regard to the propriety of incorporating hygienic sex instruction in the school curricula. The great problem of suitable legislation that will in time check the social evil, and thereby reduce Social Disease to its minimum, can only be successfully handled after the public has been made aware of the character and seriousness of venereal disease. Educational work of this sort should be immediately directed by the medical profession in order to insure accuracy in the teaching, and sanity in the treatment of the whole subject.

Respectfully submitted,

D. R. HOOKER,
Chairman.

COMMITTEE ON THE DEFENSE OF MEDICAL RESEARCH.

Neither the former Chairman of this Committee, Dr. William H. Welch, nor I found it necessary to call a meeting of our Committee during the year.

The people of Baltimore and of the state of Maryland have for years recognized the great value of the medical research carried on in their midst and in many places

throughout the United States, and the two legislative bodies and the chief executive of the states have always fully appreciated any medical research that has led to the amelioration of human suffering. With such thorough appreciation on the part of the citizens of the states and with the press in thorough accord it is but natural that the Committee on the Defense of Medical Research in America has no difficult duty to perform. It, however, is always ready to act promptly should the necessity by any chance arise.

Respectfully submitted on behalf of the Committee,

THOMAS S. CULLEN,
Chairman.

LABORATORY AND MUSEUM COMMITTEE.

MR. PRESIDENT AND MEMBERS:

I hereby respectfully submit the report of the Laboratory and Museum Committee. This committee has had several meetings since the first of the year, and the plans have been crystallized into three distinct movements.

In the first place it was considered advisable to establish a museum for public instruction. The House Committee have granted us the use of the banquet hall in the basement for this purpose, and we have had frames erected and covered with durable burlap, which can be used for exhibition purposes at all times. A large number of photographs, charts, and lantern slides of a very instructive nature have been secured from the Public Health exhibit, which was under the direction of the Committee on Public Instruction, and these will be used for small exhibits during the summer and fall concerning such matters as flies, mosquitoes, and other separate and distinct subjects. It is thought that by selecting one topic at a time the public will learn more than by endeavoring to illustrate too many subjects at one time.

A second subdivision of the work has resulted in establishing a Museum of Pathological Anatomy. A large number of jars, specimen bottles, re-agent bottles, and other useful laboratory implements were kindly donated by Mrs. Anna S. Abercrombie and John R. Abercrombie. There will be from the nucleus of the permanent museum, and by the kind permission of the Section on Clinical Medicine and Surgery fifteen minutes of each meeting devoted to the demonstration of gross and microscopic specimens or lantern slides illustrating the particular subject for discussion at the meeting. This custom has already been inaugurated.

The Laboratory for Physicians has furnished the third subdivision of the work of the Committee, and in order to call the attention of the members of the Faculty to the laboratory a set of laboratory demonstrations was arranged for April and May. The program in detail has been published in the April number of the Bulletin and the meetings have been held in the laboratory in order to familiarize the members with the possibilities of this laboratory. The attendance has not been large, but from fifteen to twenty general practitioners have attended these demonstrations and have shown great interest in the great variety of subjects and specimens presented.

The Committee wish to express their thanks to the Dr. Abercrombie and to the various lecturers whose names appear in the April Bulletin.

Respectfully,

WILLIAM ROYAL STOKES,
Chairman.

MILK COMMITTEE.

DR. JOHN RUHRÄH,

Medical and Chirurgical Faculty, Baltimore, Maryland.

Dear Dr. Ruhräh: In response to your letter stating that as Chairman of the Milk Committee of the Faculty I am expected to make a report to the House of Delegates I beg leave to state that during my incumbency this committee has met only once and on this occasion for the purpose of discussing and taking steps to prevent the recent outbreak of the so-called "bubonic fever" probably milk born. Immediately following our meeting the matter came to a climax so nothing was done by our committee. I beg respectfully that as Chairman of this committee I have no further report to make.

Very sincerely,

WILLIAM M. DABNEY.

SECRETARY'S REPORT.

MEMBERSHIP		PAID IN ADVANCE		REINSTATED AND TRANSFERRED	NEW MEMBERS	DECEASED, RESIGNED, REMOVED	DROPPED
1911	1912						
43	42	37	Allegheny County Medical Society.....		3		4
26	26	22	Anne Arundel County Medical Society.....		1	1	
509	515	396	Baltimore City Medical Society.....	6	24	15	9
63	68	52	Baltimore County Medical Society.....	3	6		4
13	12	12	Calvert County Medical Society.....			1	
15	13	11	Caroline County Medical Society.....		1	1	2
36	35	26	Carroll County Medical Society.....	1	1	1	2
23	24	22	Cecil County Medical Society.....		4	3	
11	8	0	Charles County Medical Society.....				3
17	15	10	Dorchester County Medical Society.....			1	1
48	48	45	Frederick County Medical Society.....				
22	18	14	Harford County Medical Society.....		1		5
13	12	11	Howard County Medical Society.....		1	1	1
6	6	6	Kent County Medical Society.....	1			1
43	42	36	Montgomery County Medical Society.....		1	2	
18	18	14	Prince George County Medical Society.....		1	1	
13	12	9	Queen Anne County Medical Society.....	1			2
1	1	0	St. Mary's County Medical Society.....				
22	15	0	Somerset County Medical Society.....				7
15	15	13	Talbot County Medical Society.....		2		2
49	48	43	Washington County Medical Society.....		1	2	
10	12	11	Wicomico County Medical Society.....	1	2	1	
12	12	11	Worcester County Medical Society.....		1		1
19	14		Non-resident members.....			3	2
1047	1031	801		13	50	33	46

BOOK REVIEWS.

American Association for Study and Prevention of Infant Mortality, Transactions of the Second Annual Meeting, Chicago, Illinois, November 16-18, 1911. Press of the Franklin Printing Company, Baltimore, Maryland, 1911.

This is a very interesting volume of some 400 pages published under the editorship of Miss Gertrude B. Knipp, the Executive Secretary of the American Association for Study and Prevention of Infant Mortality. The volume includes in addition to the usual reports a series of addresses, short talks and discussions on topics pertaining to the work of the Association. The subject of birth registration is one to which a considerable amount of attention has been directed and there are a number of interesting articles on the subject of Eugenics. These latter deal with various specific problems as the relation of alcohol to infant mortality. Tuberculosis and heredity have also been considered by prominent authors. The relation of bad ventilation in infant mortality is taken up under the subject of housing, and a considerable portion of the volume relates to the midwifery problem. The article by Dr. J. W. Williams deals with the midwife problem and medical education in the United States, giving the result of some statistical studies, which will be found of particular value to those interested in this subject. It not only shows that the midwives are poorly trained but that the reforms are urgently needed in many medical schools.

Another section of the work deals with milk as food for infants, and the article by Dr. I. A. Abt, of Chicago, is one of the best résumés of the subject we have seen in any publication. In a very few pages he covers the essentials of the subject in a masterly way. The question of instruction and the care of infants and the work of visiting obstetrical nurses and district nurses have all been carefully considered and the volume closes with short reports on the work of the various affiliated societies. Taken all in all the volume represents a compendium benefited by some sort of systematic instruction. We refer to the moving picture shows. If a suitable number of films could be obtained we do not doubt that the proprietors of these establishments would be glad to run the films from time to time and to permit a short explanatory lecture to go along with it. A few such films have actually been used on the regular programs. These films could not only be used in connection with education on the subject of milk but practically all of the public health topics could be put before the public in this way. Anyone who saw the moving pictures dealing with the venereal peril at Atlantic City could not fail to be impressed with their wonderful educational value. We are inclined to believe that the instruction to the city in general could at the present be carried out more effectively by the use of similar exhibits than in any other manner.

Serum Diagnosis of Syphilis. HIDEYO NOGUCHI. Second revised editions. Price, \$2.50.

Noguchi's work in serology has made his name familiar to everyone interested in this line of work.

The first edition of the present work was the first work in English presented in a systematic form for laboratory workers. Too much praise could scarcely be given

to the clear and concise presentation of a most complex and difficult subject. It rapidly became the standard text book for American serologists.

Since the appearance of the first edition the subject has made rapid strides and in this second edition we are pleased to note a few alterations and many important additions. While the technic of the Wasserman system is given in full detail, the system of serum diagnosis of syphilis recommended by the author is fully discredited. While the work of the reviewer has been largely confined to the former system, the latter must strongly appeal to all on account of its relative simplicity and accuracy. We are also pleased to note that the subject of antigen has been so fully discussed and the author is now able to supply a definite standard for reliable antigen.

The chapter on the diagnostic value of the serum reaction will be found of great interest especially in connection with the results of treatment with "606." The laboratory workers would like the clinician to be familiar with some of the unavoidable discrepancies between the clinical diagnosis and the laboratory findings.

We know of no other work on this subject which covers the ground as satisfactorily.

W. B. Saunders Company have just issued a new (sixteenth) edition of their illustrated catalogue which describes some forty new books and new editions published by them since the issuance of the former edition.

The books listed in this catalogue cover every subject of interest to the medical man. The descriptions and illustrations are such as to enable the reader to select easily just the book he wishes on any branch. It is really an index to correct medical literature—an index by which the practitioner, the surgeon, and the specialist can acquaint himself with what is new in the literature of his subject.

This edition also contains an illustration and description of Saunders' new building, now being erected on Washington Square, Philadelphia's new publishing center.

Any physician wishing a copy of this handsome catalogue can obtain one free by addressing W. B. Saunders Company, 925 Walnut Street, Philadelphia.

Diseases of the Genito-Urinary Organs and the Kidney. By ROBERT HOLMES GREENE, A.M., M.D. and HARLOW BROOKS, M.D. Third edition, revised and enlarged, Philadelphia: W. B. Saunders Company, 1912.

A good thorough up-to-date treatise on this much abused, over-worked and over-written specialty. The authors have remedied many imperfections and omissions of previous editions but there still remain a few chapters on important subjects, meagre and unsatisfactory. Notably so is the chapter on Urethritis, a condition which is responsible for the major portion of the practice of the genito-urinary specialist, deserves more space and consideration. Nine lines devoted to the symptoms of chronic anterior urethritis, six lines to the symptoms of acute posterior and nine lines to the symptoms of chronic posterior urethritis is insufficient in a volume of this character. The efforts of the American Medical Association in its fight against the use of suggestive names for proprietary preparations, should certainly be supported. It is inadvisable to mention such a preparation as "Gonosan" a simple mixture of santal oil and kava kava as an agent in the treatment of gonorrhoea. Since we know that Urotropin and the chemical substance Hexamethylenamine are identical it would be well to use the chemical instead of the proprietary name. Especially to be commended are the chapters on Endoscopy and cystoscopy with the wealth of comprehensible illustrations. The chapter on Hydronephrosis which was given scant courtesy in previous edition has been given proper space and place. The treatment of bladder tumors has been enlarged and much valuable information added.

The chapter devoted to the tests showing the permeability of the kidney concentrates all our knowledge of this subject within a few pages and omits nothing.

In its new form the volume is a valuable contribution to the rapidly accumulating mass of literature on the subject.

COUNTY SOCIETIES

WORCESTER COUNTY.

The semiannual meeting of the Worcester County Medical Society was held in Berlin, Maryland, at 10.30 a.m., on May 14, 1912. President Ebe Holland called the meeting to order. A very interesting program was carried through. Papers on "Ileo Colitis" and "Treatment of Acute Dysentery" were read by Drs. J. R. Bishop and W. T. Hammond.

It was the sense of the meeting that a special effort be made to regulate the fees in the county and especially those of Berlin where conditions are deplorable.

A committee was appointed to investigate the fee schedule and report at the fall meeting which will be held at Pocomoke City.

Dr. M. Lingo, of Newark, and Dr. W. T. Hammond, of Berlin, were elected to membership.

A greater interest was manifested in this than in previous meetings and it is hoped to have every physician in the county present at our next meeting.

A. A. PARKER,
Secretary.

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MILK PASTEURIZATION

Every doctor should read the report of the Commission on Milk Standards appointed by the New York Milk Committee (U. S. Treasury Dept., Public Health Reprint No. 78, May 10, 1912), which says—

“The Commission thinks that pasteurization is necessary for all milk at all times, excepting certified milk or its equivalent” and “the minimum temperature during the period of holding should be 145°F. and the holding time 20 minutes.”

This process the Pikesville Dairy Co. adopted three years ago.

THE BULLETIN

OF THE

Medical and Chirurgical Faculty of Maryland



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

Vol. V

AUGUST, 1912

No. 2

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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, R. W. JOHNSON; Vice-President, GORDON WILSON; Secretary EMIL NOVAK; Treasurer, W. S. GARDNER; Censors, C. E. BRACK, R. WINSLOW, C. W. LARNED; Delegates, R. H. FOLLIS, A. C. HARRISON, W. A. FISHER, J. M. H. ROWLAND, S. MCCLEARY, J. C. BLOODGOOD, WILMER BRINTON, S. G. DAVIS, W. E. MAGRUDER, W. R. STOKES.

SECTION OF CLINICAL MEDICINE AND SURGERY. First and Third Fridays, 8.30 P. M., October to May. Chairman, A. McGLANNAN, M.D.; Secretary, G. A. FLEMING, 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, G. W. DOBBIN, M.D.; Secretary, EMIL NOVAK, M.D.

SECTION OF LARYNGOLOGY. Fourth Fridays monthly, 8.30 o'clock. Chairman, J. N. REIK; Secretary, L. J. GOLDBACH.

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, A. P. HERRING, M.D.; Secretary, G. LANE TANEYHILL, JR., M.D.

SECTION OF OPHTHALMOLOGY AND OTOTOLOGY. Third Wednesdays. Chairman, HIRAM WOODS, M.D.; Secretary, J. W. DOWNEY, JR., M.D.

ALLEGANY COUNTY MEDICAL SOCIETY, President, EDWARD H. WHITE, Cumberland, Md.; Secretary-Treasurer, CHARLOTTE B. GARDNER, Cumberland, Md.; Delegate, E. B. CLAYBROOK. Second Wednesdays of January, April, July and October; annual Meeting in January.

ANNE ARUNDEL COUNTY MEDICAL SOCIETY. President, T. H. BRAYSHAW, Glenburnie, Md.; Secretary, L. B. HENKEL, JR., Annapolis, Md.; Treasurer, F. H. THOMPSON, Annapolis, Md.; Delegate, C. R. WINTERSON. Second Tuesday of January, April, July and October.

BALTIMORE COUNTY MEDICAL SOCIETY. President, WILLIAM L. SMITH, Sherwood, Md.; Secretary, G. C. McCORMICK, Sparrows Point, Md.; Treasurer, F. C. ELDRÉD, Sparrows Point, Md.; Delegate, H. L. NATLOR, Towson, Md. Third Thursdays, April to October, 2 p. m.; November to March, 1 p. m.

CALVERT COUNTY MEDICAL SOCIETY. President, ISAAC N. KING, Barstow, Md.; Secretary, J. W. LEITCH, Huntington, Md.; Treasurer, GEORGE PETERSON, Mackall, Md.; Delegate, P. BRISCOE. Second Tuesdays in April, August and December; annual meeting second Tuesday in December.

CAROLINE COUNTY MEDICAL SOCIETY. President, ; Secretary-Treasurer, J. R. DOWNS, Preston, Md.; Delegate, H. W. B. ROWE, Hillsboro, Md.

CARROLL COUNTY MEDICAL SOCIETY. President, M. D. NORRIS, Eldersburg, Md.; Secretary-Treasurer, CHARLES R. FOUTZ, Westminster, Md.; Delegate, M. D. NORRIS. April, July, October, December; annual meeting in October.

Cecil County Medical Society. President, S. T. ROMAN, R.F.D., Conowingo, Md.; Secretary-Treasurer, H. BRATTON, Elkton, Md.; Delegate, R. M. BLACK. Third Thursdays at Elkton, April, July, October, January; annual meeting in April.

CHARLES COUNTY MEDICAL SOCIETY. President, JOHN W. MITCHELL, Pomonkey, Md.; Secretary-Treasurer, THOMAS S. OWEN, La Plata, Md.; Delegate, L. C. CARRICO. Third Tuesday in May, August and November.

DORCHESTER COUNTY MEDICAL SOCIETY. President, EDWARD L. JONES, E. New Market, Md.; Secretary-Treasurer, W. H. HOUSTON, Fishing Creek, Md.; Delegate, L. G. WOLFF, Cambridge, Md. Meetings first Tuesday in June and December.

MEDICAL SOCIETY MEETINGS—Continued

FREDERICK COUNTY MEDICAL SOCIETY. President, Dr. C. F. GOODELL, Frederick, Md.; Secretary, Dr. B. O. THOMAS, Frederick, Md.; Treasurer, Dr. LEVIN WEST Brunswick, Md.; Delegate, I. J. McCURDY. January, April, August and November.

HARFORD COUNTY MEDICAL SOCIETY. President, A. F. VAN BIBBER, 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, F. O. MILLER, Ellicott City, Md.; Secretary-Treasurer, H. D. CAUSEY, Ellicott City, Md.; Delegate, A. WILLIAMS. 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.

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QUEEN ANNE'S COUNTY MEDICAL SOCIETY. President, R. H. FORD, Queenstown, Md.; Secretary-Treasurer, H. F. McPHERSON, Centreville, Md.; Delegate, W. G. COPPAGE.

SOMERSET COUNTY MEDICAL SOCIETY. President, WILLIAM F. HALL, Crisfield, Md.; Secretary-Treasurer, RALPH L. HOYT, Oriole, Md.; Delegate, C. N. COLLINS. First Tuesday in April at Crisfield; first Tuesday in November, at Princess Anne.

TALBOT COUNTY MEDICAL SOCIETY. President C. F. DAVIDSON, Easton, Md.; Secretary-Treasurer, W. L. PALMER, Easton, Md.; Delegate, J. A. STEVENS. Annual meeting third Tuesday in November and semi-annual meeting third Tuesday in May.

WASHINGTON COUNTY MEDICAL SOCIETY. President, S. M. WAGAMAN, Hagerstown, Md.; Secretary, W. B. CAMPBELL, Hagerstown, Md.; Treasurer, H. K. DERR, Hagerstown, Md.; Delegate, J. W. HUMRICHOUSE. Second Thursdays 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, EBE HOLLAND, Berlin, Md.; Secretary, A. A. PARKER, Pocomoke City, Md.; Treasurer, J. L. RILEY, Snow Hill, Md.; Delegate, J. L. RILEY, Snow Hill, Md.

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State Board of Medical Examiners—Herbert Harlan, J. McP. Scott, Franklin B. Smith, James A. Stevens, H. M. Fitzbugh, L. A. Griffith, B. W. Goldsborough, L. B. Henkel.

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 license by addressing Secretary, J. McP. Scott, Hagerstown, Md.

THE BULLETIN

OF THE

MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND

PUBLISHED MONTHLY

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land County,
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THE BULLETIN
OF THE
MEDICAL AND CHIRURGICAL FACULTY
OF MARYLAND

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NOTE: The Publication Committee desires to receive suggestions from members of the Faculty, that will in any way improve the Bulletin.

Vol. V

BALTIMORE, AUGUST, 1912

No. 2

THE MILK CAMPAIGN IN BALTIMORE.

The Women's Civic League together with the coöperation of the Faculty, and other institutions interested in the work, have undertaken a campaign for pure milk in Baltimore City, and if those interested can continue the pace at which they have started out it would seem that eventually something will be done that will produce definite results. The milk problem for any large city is always a very difficult thing to handle, but there is no reason why Baltimore should not have a pure and adequate supply. We are close to the agriculture districts and there are in Maryland many large well conducted farms, and many others which could be well conducted, if proper steps were taken to instruct the owners; and then the milk does not have to be shipped for as great a distance as most cities the size of Baltimore. The trouble lies in dirty milk producers and dirty milk dealers. The present campaign has been undertaken along very practical lines. The Health Department has decided on 500,000 bacteria per cubic centimetre for raw milk and 50,000 for pasteurized milk. The milk as sold will be tested and reports kept. The Women's Civic League is to see that samples are secured daily so that in a very short time a sufficient amount of data ought to be collected. The Health Department will also inspect firms supplying milk and will keep the record on the score card suggested by the United States Department of Agriculture as soon as money for this purpose can be appropriated. The idea would be to have the results of the bacteria count and farm instruction published in the daily papers.

but this the Department does not think advisable to do at this time, but it is to be hoped that in the near future this can be done. If the milk dealer and milk firms knew that the condition of their places was to be published one could rest assured that a great cleaning up would take place and the places would be kept cleaner. Those who lack sufficient pride would have their permit taken away after they have been given ample opportunity to reform. The best thing about the campaign is that every body is interested and willing to help, and if one step after another is taken up, there is no reason why the milk should not be placed on a safe basis. There are two other things which ought to be done, the first the prevention of selling milk in open cans, and second the pasteurizing in the final containers all milk below a certain very high standard, at any rate during the summer months. As long as milk is sold in open cans, particularly in the small dirty, grocery shops, there is going to be trouble whenever the weather gets warm. The only way to correct this is by law and it is to be hoped that before next summer comes the forces that are now at work will have the problem so well in hand that the milk supply in Baltimore in 1913 will be satisfactory from a health standpoint.

POLIOMYELITIS.

There has been, during the past few years, a most remarkable increase in poliomyelitis not only in America but in almost all of the civilized world. The disease is an old one, but there is curiously enough no very clear descriptions of epidemics occurring in the older literature. The first one to be described in America occurred in Louisiana in 1841. The first clear-cut description of the disease is by Heine in 1888 and in the same year Cordier called attention to the fact that it was contagious. It was Medin who in 1890 described it definitely as an infectious disease, the epidemic character of which was fully brought out in a monograph by Wickman, in 1907. Since then there have been numerous investigators who have studied the disease, among them Landsteiner and Popper who succeeded in transmitting the disease by inoculating into monkeys the portions of the spinal cord of children dead from the disease, and this was followed almost immediately by the work of Flexner and Lewis in America, and Landsteiner and Levaditi in France, of Römer and Joseph and of Krouse and Meinicke in Germany and of Leiner and Wiesner in Austria. In Massachusetts and New York special studies have been made and the reports of the Massachusetts State Board of Health are of particular interest. The disease is a summer disease, and the methods in which it is transmitted from one individual to another is a subject which requires further study. There are several possibilities one is that the disease is

acquired by contact; the second that it may be carried from one person to another by an otherwise healthy carrier, and there is some evidence of house infection. A possible source which has been suggested is that the disease is transmitted by some insect. In the New York epidemic the disease apparently spread away from the city along the lines of travel. In 1910 in 81 cases occurring in 69 families there were 12 second cases or a percentage of 17 per cent. This is less, however, than the second cases occurring in scarlet fever, typhoid fever or diphtheria.

The virus has been found in the brain spinal cord, and also in the mucous membranes of the nasal pharynx. It has also been found in the lymph nodes and in the salivary glands. In the acute stage it is found in the blood and in the cerebrospinal fluid. The disease has been transmitted to monkeys, which are apparently the only animals that are susceptible to the disease. There have been some reports that it may be transmitted to rabbits, but this is extremely doubtful. The inoculation period in monkeys varies between four and thirty-three days.

This is the season of the year when the disease may be expected. Many physicians have the old fashioned text-book idea about the disease. In order to correct this it would be well to refer to Wickman's classification.

1. Spinal poliomyelitis form. Sudden outset followed by paralysis.
 2. The ascending form (Landry's paralysis). Involvement of respiratory centers. Most fatal cases belong to this type.
 3. The bulbar or pontine form. Nerves most often involved: Facial, ocular, hypoglossal. It may exist alone or with paralysis of the extremities.
 4. Encephalitic or cerebral form. It may exist alone or with spinal involvement.
 5. The ataxic form. This is much like Friedrich's ataxia.
 6. Polyneuritic form.
 7. Meningitic form.
 8. Abortive form: (1) General infection. (2) Symptoms of meningeal irritation.
- (3) Cases with much pain like influenza. (4) Cases with marked digestive disturbances.

The most common form is the old fashioned infantile spinal paralysis, but one should consider the other forms of the disease in diagnosis. Within the past two weeks the writer has seen six cases of this disease. Two were the spinal form, followed by paralysis, in one case of both arms and legs, and one leg in the other; three others were of the encephalitic or cerebral form, two of which died; one was the bulbar or pontine form, in which there was spinal paralysis and the patient died. With the exception of the first case, unless the disease had been suspected the diagnosis would not have been made.

The cerebral forms present a different clinical picture from the spinal paralysis which is usually regarded as characteristic of the disease. The outset is like any acute infection, that is with fever and malaise, and often

vomiting, and after from one to several days the patient becomes unconscious.

Looking at the child the picture is that of a meningitis, but usually a meningitis without the usual signs. The facial expression suggests it and there may be involvement of the facial, ocular or hypoglossal nerves, and there may be retraction of the neck, but in most cases these things are absent. One strange thing is the very marked vasomotor disturbance affecting the face and the various parts of the body. The *tâche cérébrale* is more marked than in meningitis. If the disease extends downward, which it generally does, the patient generally dies. Many of the abortive forms present meningitic symptoms and these are the more favorable cases as they recover. The treatment is most unsatisfactory, but much can be done to prevent the disease. Strict isolation of patients in screened rooms, and comparatively large doses of hexamethylenamin given to those who have come in contact with the patient will do much to lessen the incidence of the disease. The disease is reportable and the Health authorities should be immediately notified of every case.

JOHN RÜHRAH.

REPORT OF THE PUBLIC INSTRUCTION COMMITTEE.

A few lectures were delivered during the term of last year's committee. The season's work began with the inauguration of the present committee in January. The chief plans aim to reach the public: (1) By lectures, (2) By local and county public health conferences, (3) by public health exhibits and (4) By affiliation with local and state organizations.

(1) *Public lectures.*

The work in the lecture field was announced by folders containing the subjects. These were mailed to city organizations. The response was encouraging, and thirty-seven lectures were arranged for.

(2) *The public health conference.*

The second annual Public Health Conference was held February 19-24 at Osler Hall, and was in charge of the following committee: Dr. Harvey G. Beck, Chairman; Dr. A. C. Gillis, Secretary; Dr. Ronald T. Abercrombie, Chairman Finance Committee; Dr. Wm. R. Stokes, Chairman Exhibit Committee; Dr. Arthur P. Herring, Chairman Publicity Committee; Dr. Hugh H. Young, Dr. James Bosley, Dr. C. Hampson Jones, Dr. G. Milton Linthicum, Dr. Lilian Welsh, Dr. L. F. Barker, Dr. Joseph M. Slemons, Dr. Wm. L. Moss, Dr. Emil Novak, Dr. Thomas S. Cullen, Dr. Wm. Rush Dunton.

The theme of the program was essentially that of a popular course of instruction on the subject of the prevention of infectious diseases and the enlightenment of the public on various measures of a public health nature which were presented at the recent session of the legislature, and to stimulate public sentiment in favor of a National Board of Health. The Faculty is highly indebted to Surgeon-General

Rupert Blue and his staff of the U. S. Public Health and Marine Hospital Service, and to Major Thomas L. Rhodes of the U. S. Army Medical Corps for their hearty coöperation in emphasizing the latter feature.

(3) *The public health exhibit.*

The exhibit, which was held in connection with the Health Conference was under the direction of Dr. Wm. Royal Stokes as chairman. It illustrated the subjects of the lectures included in the Conference program—"The Relation of the Public to the Profession," "The Work of the Public Health and Marine Hospital Service in the Conservation of the Public Health," "The Triumphs of Preventive Medicine, as Illustrated by the Results at Panama," "The State Care of the Insane and Inebriates," "The Communicable Diseases and their Prevention." The exhibit was open for three weeks with a daily attendance of from 200 to 300 visitors, a large proportion being school children of the secondary schools. Interest in the exhibit was stimulated by a prize essay contest.

A special demonstration of the exhibit was given to members of the Legislature. About eighty members attended, and, after luncheon, the various needs of the state as pertaining to the matter of hygiene, state care of the insane, public instruction and various other matters of a medical character were explained in short talks. This meeting doubtless had considerable influence in obtaining the admirable medical legislation of the past session. Special appreciation of the work of the Faculty was shown by the Legislature by granting an appropriation for its use.

The expenses of the Conference were partly defrayed by subscriptions from the patrons and patronesses. The deficit amounted to \$147.24. An appropriation was made to cover the deficit.

(4) *County health conferences.*

One of the objects of the Committee is to extend the work into the counties. Arrangements are nearly complete for a public health conference and exhibit in Kent County, which will be held at Chestertown May 22 and 23. Mr. Wm. B. Usilton, Jr., of the *Kent News* has launched this movement and he has the endorsement of the town commissioners, who will furnish the use of the hall. He has also interested several of the local organizations, who will take an active part in the conference. An exhibit will be a conspicuous feature of this meeting. We wish to urge the county members of the Faculty to enlist their services individually, or to encourage the county societies to aid us in the work.

(5) *Coöperation with city and state organizations.*

The Committee has been engaged in coöperative work with various organizations: (a) A Fly Meeting with the Civic League, (b) The Maryland Society of Social Hygiene, which under the direction of the Secretary, Mr. Howard C. Hill, has taken an active part in the Health Conference and Exhibit, (c) The State Board of Health and the City Health Department, who contributed extensively towards the exhibit, (d) The Maryland Association for the Prevention and Relief of Tuberculosis, under the direction of Mr. H. Wirt Steele, who placed their exhibit car at Mt. Royal Station during the week of the conference and also furnished an exhibit at the conference and took part in the program. The Association has signified its willingness to coöperate with the Public Instruction Committee in a State-wide campaign during the summer

months. Besides these public health sessions have been arranged through Dr. Lilian Welsh, Chairman of the Health Committee of the State Federation of Woman's Clubs, with that body at their annual meeting.

As a Committee whose function it is to instruct the public along rational and practical lines, we beg to call the attention of the Faculty to certain existing conditions which seriously counteract our endeavor. We refer to the fraudulent advertising literature promulgating fake cures, and the publication of unscrupulous and nefarious literature under the guise of a popular monthly magazine. That there is a public demand for literature bearing on health and hygiene, is evident by the fact that many of the daily papers, most all of the Sunday papers, as well as practically all of the standard magazines publish articles relating to the subject. A cursory perusal of these articles will convince anyone that many of them contain statements which are unauthoritative and absolutely absurd. In view of these facts the Committee feels that their work of public instruction would not only be augmented, but that the harmful influence of articles directly opposed to rational and scientific knowledge would, in a large measure, be overcome by the publication of a national popular magazine.

Such a magazine, if published under the auspices of the Council on Health and Public Instruction of the American Medical Association, would prove a powerful instrument in the hands of any committee engaged in public health instruction.

In conclusion, we wish to acknowledge the valuable service rendered by the local press and especially the Evening Sun for conducting the Prize Essay Contest and publishing the prize essays. We also acknowledge the kind service of Hutzler Brothers, O'Neil and Co., Hochschild, Koln and Co., Stewart and Co., Bernheimer Brothers, Brager's, Joel Gutman and Co., Eisenberg's, Goldenberg's and the Automobile Show for the distribution of programs for the Health Conference; and of Miss Noyes and her associates for their relentless efforts in helping to make the Conference a success.

Respectfully submitted,

HARVEY G. BECK, *Chairman*,
LILIAN WELSH,
RONALD T. ABERCROMBIE,
A. C. GILLIS,
J. M. SLEMONS.

LECTURES.

DATE	TITLE.	SPEAKER.	PLACE.	PERSON REQUESTING.
1911				
June 29	The Fly in the Market.....	Dr. Mary Sherwood		Civic League.
June 29	Insects and the Transmission of Disease.....	Dr. Knox		Civic League.
June 29	The Relation of Flies to Disease.....	Dr. Wm. Royal Stokes		Civic League.
June 29	Clean Food.....	Dr. Lillian Welsh	Laurel, Md.	Civic League.
	Social Hygiene.....	Dr. Lillian Welsh	Port Deposit, Md.	
	Social Hygiene.....	Dr. Mary Sherwood	Kensington, Md.	
	Social Hygiene.....	Dr. Mary Sherwood	Colored High School, Baltimore	
	Personal Hygiene.....	Dr. Lillian Welsh	Western High School, Baltimore	
	Personal Hygiene.....	Dr. Lillian Welsh	Goucher College	Social Service Club.
	Infant Mortality.....	Dr. Lillian Welsh and Dr. Mary Sherwood		
1912				
February 28	Sunshine and Fresh Air.....	Dr. A. C. Gillis	St. Paul's Reformed Church	Rev. Coblentz.
March 6	The Foundation of Life.....	Dr. Lillian Welsh	St Paul's Reformed Church	Rev. Coblentz.
March 13	Rest, Sleep and Recreation	Dr. Jos. E. Giehner	St. Paul's Reformed Church	Rev. Coblentz.
March 14	Facts, Fads and Fallacies in Regards to Clothing.....	Dr. Anna Abercrombie	St. Paul's Guild House	Miss Harriet Staples.
March 20	Truth and Fiction Concerning Alcohol.....	Dr. J. M. H. Rowland	Methodist Protestant Church, Arlington	Mr. T. R. Woolford.

LECTURES—Continued.

DATE.	TITLE.	SPEAKER.	PLACE.	PERSON REQUESTING.
March 20	Pneumonia.....	Dr. Harvey G. Beck	St. Paul's Reformed Church	Rev. Coblentz.
March 27	Prevention of Infectious Diseases.....	Dr. Wm. Royal Stokes	St. Paul's Reformed Church	Rev. Coblentz.
April 11	The Mosquito.....	Dr. Wm. Royal Stokes	Windsor Hills	
April 11	Personal Habits and Diseases	Dr. Mary Sherwood	St. Paul's Reformed Church	Rev. Coblentz.
April 17	Food in Health and Sickness	Dr. T. Fred. Leitz	St. Paul's Reformed Church	Rev. Coblentz.
	Prevention of Infectious Diseases.....	Dr. Anna Abercrombie	Patterson Memorial Church	Rev. Wright.
April 24	The Prevention of Tuberculosis.....	Dr. C. Hampson Jones	St. Paul's Reformed Church	Rev. Coblentz.
April 24	Health Legislation in Maryland in 1912.....	Wm. H. Maltbie, Ph.D.		State Federation of Woman's Clubs
April 24	Work of the State Board of Health.....	Dr. Marshall L. Price		State Federation of Woman's Clubs
April 24	Work of the Bacteriological Laboratory.....	Dr. Wm. Royal Stokes		State Federation of Woman's Clubs
April 24	Rural Hygiene.....	Dr. Lillian Welsh		State Federation of Woman's Clubs
	Sunshine and Fresh Air.....	Mr. J. Edward Day	Patterson Memorial Church	Rev. Wright.

April	24	Hygiene of the Home.....	Miss Mary Cook Willis	Patterson Memorial Church	Rev. Wright. Young Men's Association.
April	27	The Social Evil.....	Mr. Howard C. Hill, Dr. David Street	Second Lutheran Church St. Paul's Reformed Church	Rev. Coblentz.
May	1	Hygiene of the Home.....	Miss Bertha Tapman	Patterson Memorial Church	Rev. Wright.
May	8	Personal Habits and Disease. Research Work and what it is doing for us.....	Dr. Emil Novak	St. Paul's Reformed Church	Rev. Coblentz.
May	15	The use of Water—Internal and External.....	Miss Mary Voglein	Patterson Memorial Church	Rev. Wright.
May	22	Heredity and Disease.....	Dr. Gordon Wilson	St. Paul's Reformed Church	Rev. Coblentz.
May	22	Habits—Good and Bad.....	Dr. Caroline Towles	Patterson Memorial Church	Rev. Wright.
May	22	Milk-borne Diseases.....	Dr. Wm. T. Watson	St. Paul's Reformed Church	Rev. L. Coblentz.
May	29	Social Hygiene.....	Mr. Howard C. Hill	St. Paul's Reformed Church	Rev. L. Coblentz.

Total number of lectures: 37.

FACULTY NEWS.

Dr. and Mrs. A. D. McConachie are spending a few days at Buena Vista Springs.

Dr. William P. Chunn is stopping at the Baltimore Inn, Cape May.

Dr. Robert A. Warner recently appointed superintendent of Sydenham Hospital has handed in his resignation. Health Commissioner Bosley is now looking for an expert to fill this vacancy.

Dr. and Mrs. Joseph Roach are occupying their cottage at Blue Ridge Summit.

Dr. Walter A. Low of Catonsville, has returned from a week's fishing trip at Overhall, Virginia.

Dr. J. W. Magruder, secretary of the Federated Charities, urges the establishment of a milk standard for Baltimore.

The Baltimore County Medical Association will have as their principal speaker Dr. Charles W. Mitchell, at the July meeting. The subject of discussion will be infant feeding and diseases of children in summer.

Amongst the passengers who sailed for Boston on the *M. & M. S. S. Kershaw*, included Dr. and Mrs. L. C. Winternitz.

The new building of the Maryland Asylum and Training School for the Feeble-Minded at Rosewood, near Owings Mills, was recently inspected and opened.

The University of Michigan has conferred the degree of Doctor of Laws on Dr. William H. Howell.

Dr. and Mrs. Alexander Mitchell of Baltimore County, have announced the engagement of their daughter Miss Jennie Stockton Mitchell. Miss Mitchell is a cousin of Dr. Weir Mitchell of Philadelphia.

Dr. Grover C. Ney, formerly superintendant of the Hebrew Hospital, has opened an office at 1701 Linden Avenue.

Dr. Henry C. Ohle is gradually recovering his sight after being infected while performing an operation.

Dr. Joseph C. Bloodgood has recovered after having been operated on for appendicitis.

Dr. Sylvan H. Likes has opened his beautiful country residence on the Chesapeake Bay.

Dr. and Mrs. Hugh H. Young, who recently went abroad, have arrived in Paris, and later will take a villa on the coast of France.

The new Skin and Cancer Hospital on Mount Street, was formally opened.

Dr. Howard A. Kelly gave a dinner, June 20, to a number who are interested in wiping out the social evil in the city.

The honorary degree of doctor of medicine was conferred upon Dr. R. Dorsey Coale, dean of the medical department of the University of Maryland, at the annual commencement of the University, June 1, 1912.

Drs. J. M. T. Finney, Henry Barton Jacobs, Carl R. Ahroon, C. H. Jones are traveling abroad.

Loyola College has conferred the honorary degree of LL.D. on Dr. Charles O'Donovan, the degree of A.M. on Dr. Leonard K. Hirshberg and the degree of A.B. on Dr. Emil Novak.

The University of Ohio conferred the honorary degree of A.M. on Dr. Charles F. Blake.

The honorary degree of LL.D. was conferred on Dr. T. A. Ashby by Washington and Lee University.

Dr. Edwin B. Fenby is spending his vacation in Atlantic City.

Dr. Charles F. Bevan, for ten years dean of the College of Physicians and Surgeons, has resigned, and Dr. William F. Loekwood, professor of the principles and practice of medicine, has been elected by the Faculty to succeed him.

Suffering from an ailment that has not been diagnosed as yet, although he has been ill for two weeks, Dr. William Royal Stokes, city bacteriologist, was brought to Baltimore a few days ago from his summer home on the Severn River and taken to Mercy Hospital. He is under the care of Dr. William F. Lockwood.

Dr. John Ruhräh sailed last week and will remain abroad until the middle of September.

Dr. and Mrs. C. Urban Smith are spending the summer on the Severn.

Dr. and Mrs. Nathan R. Gorter have gone to the camp of Dr. and Mrs. Thomas S. Cullen in the Canadian woods.

Dr. Harvey Cushing has returned from Europe, where in company with a number of American surgeons, members of an interurban surgical club, he attended a series of clinics in the hospitals of Germany and Austria. Dr. Cushing will leave October 1 for Boston, Mass., to become professor of surgery in the Harvard Medical School.

Dr. and Mrs. James D. Iglehart will leave this week for Chicago where they will visit the son-in-law and daughter of Mrs. Iglehart.

Dr. and Mrs. William B. Thayer, who have been motoring in France, will spend the next few weeks in Switzerland.

MEDICAL SOCIETY MEETINGS.

RESOLUTIONS PASSED AT THE JUNE, 1912, MEETING OF THE BALTIMORE COUNTY MEDICAL ASSOCIATION.

The members of the Baltimore County Medical Association have viewed with surprise and apprehension the increased frequency during the past two years, with which a few of the prominent physicians and surgeons of Baltimore City have allowed—intentionally or otherwise, we do not know, the result, however, has been the same—the reporting in the daily newspapers the names of their patients, the name of the disease requiring the surgical operation or the medical treatment at their hands.

These self-advertising surgeons and physicians we have, in the past, held in the highest esteem and placed implicit confidence in them, seeking their advice and assistance as medical men.

Our protesting as individual members of the medical profession against the unprofessional and unethical methods by commercial advertising has had no influence to diminish the number of operations with the names of the attending physicians or surgeons reported in the daily newspapers. Therefore be it

RESOLVED: That the Baltimore County Medical Association at its monthly meeting held at Towson, June 19, 1912, realizing that the high standing of the medical profession has been lowered in Maryland by the sins of omission or of commission of some of the surgeons and physicians of Baltimore who have allowed their patients' names, the names of the diseases for which medical treatment or surgical operations have been resorted to, and the name of the physician or surgeon in attendance, and the name of the hospital to which the patient has been taken—to be published in the daily press; this being a violation of the Hypocratic Oath, that part particularly referred to reads "Whatever in connection with my professional practice or not in connection with it, I see or hear in the life of men, which ought not to be spoken of abroad I will not divulge," and further that such disregard for medical ethics is a gross violation of the Code of Medical Ethics of the American Medical Association of which we are a component part,—the Door of Entry to the National Association, which we have been particularly charged to guard against the entrance of the unfaithful and the unprepared.

RESOLVED: That we hereby renew our allegiance to the American Medical Association and again endorse and subscribe to the Code of Ethics as outlined by that Association.

RESOLVED FURTHER: That as the surgeons and physicians above described have in our opinion violated the Code of Ethics of the medical profession, we hereby pledge ourselves not to consult with nor allow them to operate on the patients we attend until such times as they shall purge themselves of the medical sin of self-advertising in the public press, and have shown a willingness to comply with and be governed by the Code of Ethics of the American Medical Association.

RESOLVED FURTHER: That it shall be the duty of any member of the Baltimore County Medical Association knowing of a violation of the Code of Ethics of the American Medical Association by a member of the medical profession in Baltimore County or in Baltimore City, to notify the Board of Censors of the Baltimore County Medical Association in writing of such violation. It shall be the duty of the Board of Censors of the Baltimore County Medical Association to investigate the charge, and if found correct to submit a written report to the Baltimore County Medical Association at

its next regular meeting, and upon vote of its members, the name of the offender or offenders shall be placed on a list to be known as "THE LIST," whereby the members of the Baltimore County Medical Association pledge themselves not to consult with such offender or offenders until the name or names be taken from said list.

RESOLVED FURTHER: That a copy of these resolutions signed by our President and our Secretary be sent to the Secretary of each of the medical societies or organizations listed in the Medical and Chirurgical Faculty BULLETIN with a request that they be read at the next meeting of the Society to which the letter has been addressed.

RESOLVED FURTHER: That a copy of these resolutions signed by our President and our Secretary be sent to the Secretary of the Medical and Chirurgical Faculty of Maryland, with a request that they be read before the Board of Councillors of that Faculty at its next meeting.

RESOLVED FURTHER: That these resolutions are subscribed to in good faith, our desire and our effort is to preserve the high standing and support the Code of Ethics of the regular medical profession now and always.

SEMI-ANNUAL MEETING.

It has been proposed to hold the semi-annual meeting at Cambridge during the week of October 20. The meeting will be held in conjunction with a public health conference and exhibit. The citizens of Cambridge are very anxious for a health conference, and different organizations in the town have expressed their willingness to assist in making the occasion a success. The exact date of the meeting and other details will appear in the next issue of the BULLETIN.

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and the

Adrenalin Treatment

In the various forms mentioned below Adrenalin offers to the medical profession a most efficient palliative in hay fever. It successfully controls the nasal discharge, allays the congestion of the mucous membrane, and reduces the swelling of the turbinal tissue. It tends to restore natural breathing, abates the desire to sneeze, and in general induces comfort.

Solution Adrenalin Chloride

Adrenalin Chloride, 1 part; physiological salt solution (with 0.5% Chloretone), 1000 parts.

Dilute with four to five times its volume of physiological salt solution and spray into the nares and pharynx. Ounce glass-stoppered bottles.

Adrenalin Inhalant

Adrenalin Chloride, 1 part; an aromatized neutral oil base (with 3% Chloretone), 1000 parts.

Dilute with three to four times its volume of olive oil and administer in the manner described above.

Ounce glass-stoppered bottles.

Anesthone Cream

(FORMULA OF DR. J. E. ALBERTS, THE HAGUE, HOLLAND.)

Adrenalin Chloride, 1:20,000; Para-amido-ethyl-benzoate, 10%; a bland oleaginous base.

A small quantity (about the size of a pea) is applied three or four times a day, the patient snuffing it well into the nostrils.

Collapsible tubes with elongated nozzles.

Anesthone Inhalant

Adrenalin Chloride, 1:10,000; Para-amido-ethyl-benzoate, 10%; an aromatized neutral oil base.

Dilute and administer in the manner suggested for Adrenalin Inhalant.

Ounce glass-stoppered bottles.

Anesthone Tape

A selvage-edge tape, one-half inch wide, impregnated with a 1:20,000 solution of Adrenalin Chloride and 5% soluble salt of Para-amido-ethyl-benzoate, agreeably perfumed.

A piece two or three inches long is cut off and inserted in each nostril.

Small vials.

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THE BULLETIN

OF THE

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Vol. V

SEPTEMBER, 1912

No. 3

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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, R. W. JOHNSON; Vice-President, GORDON WILSON; Secretary EMIL NOVAK; Treasurer, W. S. GARDNER; Censors, C. E. BRACK, R. WINSLOW, C. W. LARNED; Delegates, R. H. FOLLIS, A. C. HARRISON, W. A. FISHER, J. M. H. ROWLAND, S. McCLEARY, J. C. BLOODGOOD, WILMER BRINTON, S. G. DAVIS, W. E. MAGRUDER, W. R. STOKES.

SECTION OF CLINICAL MEDICINE AND SURGERY. First and Third Fridays, 8.30 P. M., October to May. Chairman, A. McGLANNAN, M.D.; Secretary, G. A. FLEMING, 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, G. W. DOBBIN, M.D.; Secretary, EMIL NOVAK, M.D.

SECTION OF LARYNGOLOGY. Fourth Fridays monthly, 8.30 o'clock. Chairman, J. N. REIK; Secretary, L. J. GOLDBACH.

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, A. P. HERRINO, M.D.; Secretary, G. LANE TANEHILL, JR., M.D.

SECTION OF OPHTHALMOLOGY AND OTOTOLOGY. Third Wednesdays. Chairman, HIRAM WOODS, M.D.; Secretary, J. W. DOWNEY, JR., M.D.

ALLEGANY COUNTY MEDICAL SOCIETY, President, EDWARD H. WHITE, Cumberland, Md.; Secretary-Treasurer, CHARLOTTE B. GARDNER, Cumberland, Md.; Delegate, E. B. CLAYBROOK. Second Wednesdays of January, April, July and October; annual Meeting in January.

ANNE ARUNDEL COUNTY MEDICAL SOCIETY. President, T. H. BRAYSHAW, Glenburnie, Md.; Secretary, L. B. HENKEL, JR., Annapolis, Md.; Treasurer, F. H. THOMPSON, Annapolis, Md.; Delegate, C. R. WINTERSON. Second Tuesday of January, April, July and October.

BALTIMORE COUNTY MEDICAL SOCIETY. President, WILLIAM L. SMITH, Sherwood, Md.; Secretary, G. C. McCORMICK, Sparrows Point, Md.; Treasurer, F. C. ELDRED, Sparrows Point, Md.; Delegate, H. L. NAYLOR, Towson, Md. Third Thursdays, April to October, 2 p. m.; November to March, 1 p. m.

CALVERT COUNTY MEDICAL SOCIETY. President, ISAAC N. KINO, Barstow, Md.; Secretary, J. W. LEITCH, Hunting-ton, Md.; Treasurer, GEORGE PETERSON, Mackall, Md.; Delegate, P. BRISCOE. Second Tuesdays in April, August and December; annual meeting second Tuesday in December.

CAROLINE COUNTY MEDICAL SOCIETY. President, ; Secretary-Treasurer, J. R. DOWNS, Preston, Md.; Delegate, H. W. B. ROWE, Hillsboro, Md.

CARROLL COUNTY MEDICAL SOCIETY. President, M. D. NORRIS, Eldersburg, Md.; Secretary-Treasurer, CHARLES R. FOUTZ, Westminster, Md.; Delegate, M. D. NORRIS. April, July, October, December; annual meeting in October.

CECIL COUNTY MEDICAL SOCIETY. President, S. T. ROMAN, R.F.D., Conowingo, Md.; Secretary-Treasurer, H. BRATTON, Elkton, Md.; Delegate, R. M. BLACK. Third Thursdays at Elkton, April, July, October, January; annual meeting in April.

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MEDICAL SOCIETY MEETINGS—Continued

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QUEEN ANNE'S COUNTY MEDICAL SOCIETY. President, R. H. FORD, Queenstown, Md.; Secretary-Treasurer, H. F. McPHERSON, Centreville, Md.; Delegate, W. G. COPPAGE.

SOMERSET COUNTY MEDICAL SOCIETY. President, WILLIAM F. HALL, Crisfield, Md.; Secretary-Treasurer, RALPH L. HOYT, Oriole, Md.; Delegate, C. N. COLLINS. First Tuesday in April at Crisfield; first Tuesday in November, at Princess Anne.

TALBOT COUNTY MEDICAL SOCIETY. President C. F. DAVIDSON, Easton, Md.; Secretary-Treasurer, W. L. PALMER, Easton, Md.; Delegate, J. A. STEVENS. Annual meeting third Tuesday in November and semi-annual meeting third Tuesday in May.

WASHINGTON COUNTY MEDICAL SOCIETY. President, S. M. WAGAMAN, Hagerstown, Md.; Secretary, W. B. CAMPBELL, Hagerstown, Md.; Treasurer, H. K. DERR, Hagerstown, Md.; Delegate, J. W. HUMRICHOUSE. Second Thursdays 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.

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State Board of Medical Examiners—Herbert Harlan, J. McP. Scott, Franklin B. Smith, James A. Stevens, H. M. Fitzhugh, L. A. Griffith, B. W. Goldsborough, L. B. Henkel.

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

PUBLISHED MONTHLY

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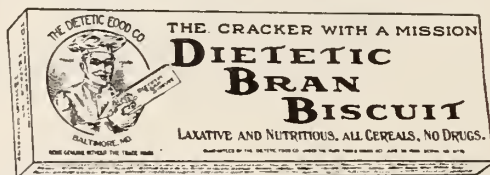
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NOTE: The Publication Committee desires to receive suggestions from members of the Faculty, that will in any way improve the Bulletin.

Vol. V

BALTIMORE, SEPTEMBER, 1912

No. 3

THE SEMI-ANNUAL MEETING.

The Semi-Annual Meeting of the Medical and Chirurgical Faculty will probably be held in Cambridge either the latter part of October or the first week in November.

A steamer will be chartered to take the members and their guests to Cambridge where one day will be spent at a Public Health Conference, at which Governor Goldsborough will preside. The other meetings will be held on the boat. Music will be furnished by the Faculty Orchestra and Chorus. This promises to be the best semi-annual meeting ever held and we hope for a large crowd.

Further details will appear in the October issue of the BULLETIN. Prepare for the meeting and make your steamer reservations early.

ENTRANCE EXAMINER.

Mr. Isaac L. Otis has been appointed Entrance Examiner for the State Board of Medical Examiners of Maryland; and an office has been opened in the Library Building for the purpose of issuing certificates of preliminary education to students about to enter medical schools. This certificate, without any conditions, is required for entrance.

SUMMARY OF RESULTS OF EXAMINATIONS HELD BY THE BOARD OF MEDICAL EXAMINERS OF MARYLAND, JUNE 18, 19, 20 AND 21, 1912.

NO.	COLLEGE OF GRADUATION	EXAMINATIONS										
		ANATOMY	SURGERY	PATHOLOGY	OBSTETRICS	PRACTICE	CHEMISTRY	MATERIA MEDICA	THERAPEUTICS	PHYSIOLOGY	TOTAL	AVERAGE
1	Georgetown Medical, '11	69	75					64	67			
2	Med. Chir., Phila., '12	79	98	92	76	79	81	90	86	85	766	85
3	Johns Hopkins, '12	84	100	96	93	78	94	93	92	91	821	91
4	Univ. of Maryland, '12	75	100	85	97	80	75	78	86	90	766	85
5	Johns Hopkins	94						90	83	98		
6	Howard University, '11	64		66				62	84	74	59	
7	Jefferson Medical, '11	75	90	81	78	82	79	78	87	87	737	82
8	Johns Hopkins, '12	80	90	96	81	80	88	62	85	90	752	83
9	Univ. of Maryland, '11	71	75			65		69	67			
10	Women's Medical, (Phila.), '10		95	87	82					80		
11	Univ. of Maryland, '11	84	98	86	87	84	75	88	84	89	775	86
12	Univ. of Maryland, '12	77	90	76	77	82	67	85	67	75	696	77
13	Johns Hopkins, '12	85	95	98	95	86	89	96	77	99	820	91
14	Johns Hopkins, '12	91	85	98	79	76	86	95	96	98	804	89
15	Johns Hopkins, '12	88	98	97	96	93	83	91	98	99	843	94
16	Col. of Phys. and Surgs. (Balto.), '12	85	85	87	97	79	75	82	75	90	755	84
17	Johns Hopkins, '12	81	80	90	80	81	85	92	83	96	768	85
18	Maryland Medical, '12	71	57	75	76	67	71	90	66	77	650	72
19	Col. of Phys. and Surgs. (Balto.), '12	84	80	77	96	79	75	83	78	87	739	82
20	Johns Hopkins	87						88	86	97		
21	Johns Hopkins, '12	88	80	90	88	75	85	97	87	91	781	87
22												Transferred to No. 182.
23	Johns Hopkins	85						91	87	98		
24	Johns Hopkins, '12	81	90	92	75	79	87	90	69	87	750	83
25	Univ. of Maryland, '12	71	88	80	88	75	79	75	70	79	705	78
26	Maryland Medical, '12	68	85	85	90	67	84	91	82	77	729	81
27	Woman's Medical, (Penna.), '12											Failed to appear
28	Johns Hopkins, '12	90	90	98	83	82	81	92	76	98	790	88
29	Johns Hopkins, '12	88	98	97	92	75	85	90	92	98	815	90
30	Johns Hopkins, '12	96	98	100	90	79	83	90	88	99	823	91
31	Johns Hopkins, '12	85	90	95	92	82	82	86	84	98	794	88
32	Johns Hopkins, '12	71	85	95	75	75	91	79	78	90	739	82
33	Johns Hopkins, '12	76	100	97	93	80	89	89	89	94	807	90
34	Johns Hopkins, '12	83	90	99	93	75	71	70	77	92	750	83
35	Johns Hopkins	88						82	80	84		
36	Johns Hopkins, '10	77	90	92	88	75	79	82	98	65	746	83
37	Johns Hopkins, '12	76	90	99	96	75	85	75	75	78	749	83
38	Johns Hopkins, '12	91	90	100	77	75	83	82	79	99	776	86
39	Woman's Medical, (Phila.), '10	60	70	60	78	66	70	67	75	56	602	67

SUMMARY OF RESULTS OF EXAMINATIONS—CONTINUED.

NO.	COLLEGE OF GRADUATION	EXAMINATIONS											AVERAGE
		ANATOMY	SURGERY	PATHOLOGY	OBSTETRICS	PRACTICE	CHEMISTRY	MATERIA MEDICA	THERAPEUTICS	PHYSIOLOGY	TOTAL		
40	Baltimore Medical, '12	87	90	90	97	75	90	85	90	92	796	88	
41	Johns Hopkins, '12	86	90	93	93	79	80	77	94	93	785	87	
42	Johns Hopkins, '12	89	90	99	94	85	85	85	88	97	812	90	
43	Maryland Medical, '11	71	65	53	60	69	61	75	64	61	579	64	
44	Univ. of Maryland, '12	86	75	92	90	82	65	68	79	70	707	78	
45	Johns Hopkins, '12	82	88	89	90	75	76	82	76	81	739	82	
46	Johns Hopkins, '12	94	95	96	91	78	88	89	90	99	820	91	
47	Maryland Medical, '12	88	95	86	91	77	82	89	92	86	786	87	
48	Univ. of Maryland, '12	75	90	81	94	75	80	79	84	80	738	82	
49	Univ. of Maryland, '12	94	90	96	97	87	90	88	94	88	824	91	
50	Johns Hopkins, '12	84	95	94	78	78	78	85	82	97	771	86	
51	Johns Hopkins, '12	83	100	100	98	85	92	86	98	99	841	93	
52	Col. of Phys. and Surgs. (Balto.), '12	82	95	80	96	82	80	81	94	77	767	85	
53	Univ. of Maryland, '12	47	90	79	70	75	71	50	00	72	554	62	
54	Univ. of Maryland, '12	94	85	88	89	75	79	75	88	85	758	84	
55	Maryland Medical, '12	74	98	82	81	80	77	81	79	62	714	79	
56	Johns Hopkins	60					78	71	94				
57	Univ. of Maryland, '12	54	85	77	79	75	75	59	67	63	634	70	
58	Johns Hopkins, '12	79	85	95	92	75	85	76	92	91	770	85	
59	Univ. of Maryland, '12	80	90	88	89	75	75	67	84	68	716	80	
60	Jefferson Med. Col.	79					81	67	63				
61	Univ. of Maryland, '12	84	90	96	92	78	80	76	74	75	745	83	
62	Johns Hopkins, '12	86	85	98	87	89	85	82	81	99	792	88	
63	Johns Hopkins	94					92	85	93				
64	Johns Hopkins, '11	70	90	96	83	75	90	76	78	93	751	83	
65	Johns Hopkins, '12	79	75	96	86	65	72	54	74	87	688	76	
66	Univ. of Maryland, '12	87	75	93	94	76	75	83	75	96	754	84	
67	Univ. of Maryland, '05	75		78									
68	Johns Hopkins, '12	87	78	100	95	80	86	83	94	99	802	89	
69	Baltimore Medical, '11	75					75	75					
70	Johns Hopkins, '12	82	95	99	94	78	84	87	84	97	800	89	
71	Johns Hopkins, '12	80	100	100	97	82	77	75	96	95	802	89	
72	Johns Hopkins, '12	88	85	100	98	82	81	92	90	98	814	90	
73	Johns Hopkins, '12	74	90	96	91	75	89	71	64	85	735	82	
74	Baltimore Medical, '11	72		67				72	67				
75	Johns Hopkins, '12	91	90	98	93	77	79	79	86	97	790	88	
76	Johns Hopkins, '12	75	85	96	75	75	85	83	82	88	744	83	
77	Maryland Medical, '10	56	30		60	58		66	75				
78	Howard Univ., '08	50	50	76	85	63	70	71	67	39	571	63	
79	Johns Hopkins	68					77	70	85				
80	Col. of Phys. and Surgs., '12	82	82	98	90	64	82	60	71	68	697	77	
81	Baltimore Medical, '08	85				75	76	76	86				

SUMMARY OF RESULTS OF EXAMINATIONS—CONTINUED.

NO.	COLLEGE OF GRADUATION											
		ANATOMY	SURGERY	PATHOLOGY	OBSTETRICS	PRACTICE	CHEMISTRY	MATERIA MEDICA	THERAPEUTICS	PHYSIOLOGY	TOTAL	AVERAGE
82	Maryland Medical, '12.....	65	78	75	75	75	68	70	72	69	647	72
83	Univ. of Maryland.....	82	.....	.....	.....	.....	88	92	.....	82	.....	.....
84	Col. of Phys. and Surgs., '12.....	81	95	87	90	75	67	76	73	75	719	80
85	Maryland Medical, '12.....	49	78	57	81	64	70	62	71	75	607	67
86	Maryland Medical, '12.....	77	75	66	87	59	67	43	61	67	602	67
87	Univ. of Maryland, '12.....	89	95	94	92	82	79	93	90	87	801	89
88	Univ. of Maryland.....	87	.....	.....	.....	.....	94	86	.....	94	.....	.....
89	Woman's Med. of Phila., '11.....	76	.....	85	.....	.....	.....	76	85	.....	.....	.....
90	Maryland Medical, '12.....	31	75	70	50	75	61	71	80	75	588	65
91	Univ. of Maryland.....	87	.....	.....	.....	.....	87	86	.....	95	.....	.....
92	Univ. of Maryland, '12.....	75	80	91	81	83	81	78	76	79	724	80
93	Univ. of Maryland.....	79	.....	.....	.....	.....	89	88	.....	91	.....	.....
94	Johns Hopkins, '06.....	71	94	91	79	80	90	78	88	91	762	85
95	Johns Hopkins, '12.....	75	85	95	92	75	70	67	85	85	729	81
96	Univ. of Maryland, '12.....	64	90	67	75	75	70	80	75	72	668	74
97	Univ. of Maryland.....	87	.....	.....	.....	.....	89	75	.....	82	.....	.....
98	Univ. of Maryland, '12.....	64	92	93	94	75	75	75	87	86	741	82
99	Johns Hopkins, '12.....	66	75	82	79	44	57	43	49	85	580	64
100	Johns Hopkins.....	81	.....	.....	.....	.....	76	70	.....	93	.....	.....
101	Baltimore Medical, '12.....	88	90	90	95	91	86	77	94	85	796	88
102	Maryland Medical, '12.....	50	60	61	90	75	70	66	75	75	622	69
103	Univ. of Maryland.....	80	.....	.....	.....	.....	82	87	.....	90	.....	.....
104	Maryland Medical, '12.....	79	75	74	75	75	66	60	69	62	635	71
105	Univ. of Maryland.....	89	.....	.....	.....	.....	83	81	.....	90	.....	.....
106	Maryland Medical Col., '12.....	76	85	88	95	78	86	80	80	88	756	84
107	Baltimore Medical, '12.....	84	83	82	92	75	81	68	82	83	730	81
108	Baltimore Medical, '12.....	75	90	86	83	82	82	87	88	88	761	84
109	Baltimore Medical, '12.....	80	86	83	95	80	81	76	83	76	740	82
110	Johns Hopkins, '12.....	83	70	100	89	84	88	81	89	94	778	86
111	Johns Hopkins, '12.....	83	94	88	94	75	78	82	87	89	770	86
112	Johns Hopkins, '12.....	85	.....	.....	.....	.....	81	84	.....	95	.....	.....
113	Med. Chir. (Phila.), '12.....	88	88	88	88	82	80	76	80	90	760	84
114	Univ. of Maryland, '12.....	80	96	86	94	75	79	66	55	75	706	78
115	Univ. of Maryland, '12.....	64	92	83	55	75	75	79	58	75	656	73
116	Johns Hopkins, '12.....	74	90	95	92	75	81	76	83	95	761	84
117	Baltimore Med. Col., '12.....	78	84	88	94	75	89	85	94	94	781	87
118	Johns Hopkins, '12.....	80	82	85	77	81	77	76	76	89	723	80
119	Maryland Med. Col., '12.....	23	65	33	70	48	55	33	37	36	400	44
120	University of Penna., '12.....	78	90	80	93	80	69	77	75	88	730	81
121	Jefferson Med. Col., '11.....	79	90	84	92	77	77	76	91	75	741	82
122	Va. Medical Col., Richmond.....	.....	.....	.....	.....	.....	75	64	.....	71	.....	.....
123	Johns Hopkins, '12.....	76	75	97	80	61	82	77	77	96	721	80

SUMMARY OF RESULTS OF EXAMINATIONS—CONTINUED.

NO.	COLLEGE OF GRADUATION												AVERAGE
		ANATOMY	SURGERY	PATHOLOGY	OBSTETRICS	PRACTICE	CHEMISTRY	MATERIA MEDICA	THERAPEUTICS	PHYSIOLOGY	TOTAL		
124	Med. Chir. (Phila.), '12.....	82	85	87	92	80	80	77	85	93	761	84	
125	Univ. of Maryland, '12.....	72	95	75	88	80	73	63	69	85	700	78	
126	Col. of Phys. and Surgs. (Balto.), '12.....	64	80	71	89	75	61	63	70	62	635	70	
127	Col. of Phys. and Surgs. (Balto.), '12.....	70	85	65	75	61	85	80	88	66	675	75	
128	Col. of Phys. and Surgs., '12.....	Failed to appear.											
129	Col. of Phys. and Surgs., '12.....	57	70	85	75	60	64	62	81	52	606	67	
130	Col. of Phys. and Surgs., '12.....	83	75	76	86	75	77	70	65	75	682	76	
131	Med. Chir. of Phila., '12.....	85	92	92	83	88	79	75	86	89	769	85	
132	Med. Chir. of Phila., '12.....	74	75	85	75	82	79	81	75	95	721	80	
133	Balto. Univ., '07.....	71	88	79	66	68	89	75	73	75	684	76	
134	Johns Hopkins.....	76					87	64	96				
135	Johns Hopkins, '12.....	91	80	100	84	77	82	75	68	89	746	83	
136	Baltimore Medical, '12.....	72	90	89	79	75	78	85	74	84	726	81	
137	Univ. of Maryland.....	83					86	90	84				
138	Johns Hopkins, '12.....	93	94	97	90	78	87	83	84	100	806	89	
139	Jefferson Medical, '12.....	Failed to appear.											
140	Maryland Medical, '12.....	71	78	67	75	75	78	73	72	68	657	73	
141	Univ. of Maryland, '12.....	74	85	74	75	75	73	75	77	68	676	75	
142	Univ. of Maryland.....	65					76	57	44				
143	Univ. of Maryland, '12.....	76	84	87	94	75	75	80	75	80	726	81	
144	Johns Hopkins, '12.....	75	80	100	90	80	85	84	92	97	783	87	
145	Maryland Medical, '12.....	41	00	60	55	57	41	55	55	37	401	44	
146	Maryland Medical, '12.....	32	70	50	81	68	72	70	58	51	552	61	
147	Baltimore Medical, '12.....	89	85	91	80	83	91	88	82	100	789	88	
148	Univ. of Maryland.....	87					78	67	76				
149	Univ. of Maryland.....	80					79	80	85				
150	Univ. of Maryland, '12.....	90	90	95	94	81	92	81	77	93	793	88	
151	Univ. of Maryland.....	73					80	75	84				
152	Univ. of Maryland, '12.....	92	80	97	94	84	75	87	81	75	765	85	
153	Univ. of Maryland, '12.....	77	84	96	91	79	88	84	92	86	777	86	
154	Maryland Med. Col., '12.....	66	78	75	80	68	71	75	66	62	641	71	
155	Balto. Med., '12.....	65	80	77	94	75	70	75	77	78	691	77	
156	Baltimore Med. Col., '12.....	89	82	90	89	77	82	83	90	98	780	87	
157	Maryland Med. Col., '12.....	54	93	80	78	69	76	72	80	75	677	75	
158	Univ. of Maryland, '12.....	91	80	72	91	75	65	79	75	85	713	79	
159	Univ. of Maryland.....	75					82	70	75				
160	Univ. of Maryland.....	63					71	54	57				
161	Univ. of Maryland.....	85					81	76	75				
162	Univ. of Maryland.....	84					75	75	96				
163	Univ. of Maryland, '12.....	89	84	99	92	75	88	75	96	89	787	87	
164	Col. of Phys. and Surgs. (Balto.).....	84					84	61	82				
165	Univ. of Maryland.....	90					89	66	83				

SUMMARY OF RESULTS OF EXAMINATIONS—CONTINUED.

NO.	COLLEGE OF GRADUATION	EXAMINATIONS										
		ANATOMY	SURGERY	PATHOLOGY	OBSTETRICS	PRACTICE	CHEMISTRY	MATERIA MEDICA	THERAPEUTICS	PHYSIOLOGY	TOTAL	AVERAGE
166	Univ. of Maryland, '12.....	83	84	85	91	82	85	86	87	85	768	85
167	Univ. of Maryland, '10.....	.....	.....	82	.....	.....	.....	75	.....	78	.....	.....
168	Univ. of Maryland, '12.....	Failed to appear.										
169	Maryland Med. Col., '12.....	63	75	69	77	68	71	70	70	75	638	71
170	Maryland Med. Col., '12.....	42	63	51	50	57	66	48	38	46	461	51
171	Univ. of Maryland.....	74	.....	.....	.....	.....	75	79	.....	66	.....	.....
172	Temple Univ., '12.....	73	75	75	75	75	67	77	76	87	680	76
173	Baltimore Med. Col., '12.....	61	78	51	94	59	81	76	75	77	652	72
174	Temple Univ., '12.....	74	82	87	75	82	82	84	74	93	733	81
175	Maryland Med. Col., '06.....	67	.....	59	.....	.....	.....	.....	.....	.....	.....	.....
176	Maryland Med. Col., '12.....	49	70	60	91	61	54	61	64	68	578	64
177	Univ. of Maryland, '11.....	76	.....	96	95	.....	86	.....	76	.....	.....	.....
178	Maryland Med. Col., '12.....	41	50	56	83	63	58	48	69	65	533	59
179	Univ. of Maryland.....	Failed to appear.										
180	Maryland Med. Col., '10.....	64	40	55	70	65	85	70	62	75	586	65
181	Univ. of Maryland, '12.....	80	87	86	93	75	86	69	74	93	743	83
182	Geo. Wash. Univ., '12.....	75	82	88	87	75	69	94	84	75	729	81

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 reexamination at the expiration of six months. They are then obliged to receive a rating of 75 in each branch in which they are reexamined 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 a 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.

JUNE 18-21, 1912.

CHEMISTRY.

1. Explain the following terms: (a) Reaction, (b) Nascent state, (c) Molecular weight, (d) Colloid, (e) Valence, and give an example of each.
2. Describe in detail the chemical examination of a specimen of urine, giving the tests used, and the results you would expect if urine was pathological.
3. Give one chemical antidote for each of the following: (a) Argenti nitras, (b) Phenol, (c) Zinci sulphas, (d) Arseni trioxidum, (e) Acidum sulphuricum.
4. Define: (a) Amphoteric reaction, (b) Ptomaines, (c) Halogens, (d) Specific gravity, (e) Calorie.
5. Give the chemical formula of each of the following: (a) Ethyl alcohol, (b) Methyl alcohol, (c) Iodoform, (d) Glycerine, (e) Benzene.
6. (a) What are precipitins? (b) Lysins? (c) Agglutinins? (d) What is a toxin? (e) What is antitoxin?
7. What are normal and deci-normal volumetric solutions? How are they made?
8. (a) How would you show the presence of organic matter in water? (b) Name the chief constituents of milk? (c) Give the properties, chemical formula and uses of permanganate of potash?
9. Describe Marsh's test for arsenic.
10. Give a chemical classification of foodstuffs with an example of each.

DR. L. B. HENKEL, JR.,

Examiner.

Tuesday, June 18, 1912.

ANATOMY.

1. What are the characteristics of the cervical vertebrae?
2. Describe the knee joint?
3. Origin, course and distribution of phrenic nerve.
4. Describe the prostate gland.
5. Give origin, course and termination of saphenous veins?
6. Of what does the sympathetic nervous system consist.
7. (a) What are the divisions of the brain? (b) Name the principal fissures. (c) What fissures divide each hemisphere into lobes? (d) Name the lobes of the brain. (e) Of what does the corpus callosum consist?
8. Gross anatomy of lungs?
9. Give origin, insertion and nerve supply of the following muscles: Brachialis anticus, infraspinatus, pectoralis minor, serratus magnus, piriformis.
10. Name visceral branches of abdominal aorta, or, what arteries supply the thyroid body and from what larger vessels are they derived.

DR. HERBERT HARLAN,

Examiner.

Tuesday, June 18, 1912.

THERAPEUTICS.

1. Write a prescription in Latin, without abbreviation, containing four ingredients which you would use for chronic bronchitis with abundant secretion, with direction for use.

2. Write a prescription in Latin, without abbreviation, containing four ingredients which you would use for an acute bronchitis, with directions for use.
3. Give the indications for and therapeutics of a venesection.
4. Define chemical incompatibility and physiological antagonism and write two prescriptions in Latin, without abbreviation, illustrative, and explain the incompatibility and antagonism.
5. What are the therapeutic uses of opium? Describe symptoms of poisoning and treatment.
6. What are the therapeutic uses of strychnine? Describe symptoms of poisoning and treatment.
7. Describe means and method of inducing local and general anesthesia, dangers and prevention.
8. Give the therapy of digitalis and contraindications for its use.
9. Give the physiological action and therapeutics of santalin.
10. Give the physiological action and therapeutics of oleum ricini.

DR. J. MCPHERSON SCOTT,
Examiner.

June 19, 1912.

MATERIA MEDICA.

1. Mention six methods of administering drugs and give one example of each method.
2. Name some circumstances which may modify the effect of drugs.
3. Name three drugs which act as circulatory stimulants and dose of each. Name three circulatory depressants.
4. Write a prescription for a three-ounce mixture containing syrup of ipecac, potassium citrate and syrup of wild cherry for a child two years old. One for an adult containing arsenic, strychnine, iron and quinine in pill form, using official names and endings.
5. Give official name and adult dose of calomel, Epsom salts, Hoffman's anodyne, Brown's mixture, paregoric, Fowler's solution and Donovan's solution.
6. Give official preparations of digitalis with adult dose of each.
7. What is an anthelmintic? Name three drugs used as such.
8. What is the source of ichthyol, iodine, opium, ergot and camphor.
9. Give the average adult dose of potassium iodide, compound jalap powder, extract cannabis indica, fluid extract of ergot and morphia sulphate.
10. What is salicylic acid? How prepared and its salts.

DR. L. A. GRIFFITH,
Examiner.

June 19, 1912.

PHYSIOLOGY.

1. Describe the physiological changes in the uterine muscles during pregnancy and puerperium.
2. Define systolic, diastolic and mean arterial pressure.
3. Leucocytes: (a) Number normally, (b) Some of the conditions affecting the number, (c) Classification of the varieties.
4. (a) Describe blood plates, (b) Give three tests for blood.
5. Define eupnea, dyspnea, hyperpnea and apnea.
6. Urine, sp. gr., reaction, average quantity in twenty-four hours. Quantity of urea in twenty-four hours.
7. Aphasia. Define the difference between sensory and motor.

8. State what is known of the thymus gland.
9. Name four glands having internal secretions and the effect of these secretions.
10. (a) Name the bile salts, (b) The bile pigments, (c) Give Pettenkofer's test for bile acid, and Gmelin's test for bile pigment.

Wednesday, June 19, 1912.

DR. L. A. GRIFFITH,
Examiner.

PATHOLOGY.

1. Hook-worm. Give scientific name, life history and method by which infection occurs.
2. Obstructive jaundice. How caused. Mention four lesions causing this symptom. What surgical significance has jaundice and why?
3. Define atrophy, hyperplasia, complement, thrombus, infarction.
4. Mention three conditions, not obstructive, that cause dyspnea. Discuss one of the three named and explain fully why it causes dyspnea.
5. Describe the general method used to isolate and recognize bacteria.
6. Describe the appearance and condition of the bladder late in a case of prostatic hypertrophy of long standing.
7. Give the morbid anatomy of acute poliomyelitis.
8. What is the vaccine which is used to immunize against smallpox. How is it prepared. How does it act?
9. What are the distinguishing features of a malignant growth?
10. Give the morbid anatomy of emphysema.

Thursday, June 20, 1912.

DR. H. M. FITZHUGH,
Examiner.

PRACTICE OF MEDICINE.

1. Define: (a) Landry's paralysis, (b) Pellagra, (c) Nephro-lithiasis, (d) Dysphagia, and name some diseases in which it occurs, (e) Cretinism.
2. Define: (a) Percussion, (b) Mensuration, (c) Auscultation, (d) Succussion, (e) Palpation.
3. Give differential diagnosis between membranous and spasmodic croup.
4. Give differential diagnosis between renal and hepatic colic.
5. Give differential diagnosis between peritonitis and enteritis.
6. Give differential diagnosis between hysteria and epilepsy.
7. Give treatment of pertussis.
8. Give treatment of interstitial nephritis.
9. Give diagnosis and treatment of serofibrinous pleurisy.
10. Give cause, diagnosis and treatment of tetanus.

Thursday, June 20, 1912.

DR. B. W. GOLDSBOROUGH,
Examiner.

SURGERY.

1. Define proctoclysis. Describe its uses and mode of administration.
2. Describe Fowler's position and conditions adapted to its use.
3. Define gastro-enterostomy. Describe the operation, and a case of a character requiring such a procedure.
4. Hemorrhoids. Describe them and an operation for their radical cure.
5. Mastoiditis. Causes and treatment.
6. Ophthalmia neonatorum. Causes and treatment.

7. Define hyperthyroidism: its diagnosis. Describe a case in your judgment requiring surgical treatment.

8. Colles' fracture. Describe and give its treatment.

9. Describe pes planus. Give its cause and treatment.

10. Define orchitis, osteitis, osteomyelitis.

DR. FRANKLIN B. SMITH,
Examiner.

Friday, June 21, 1912.

OBSTETRICS.

1. Describe the ovaries and their structure.

2. What is puberty?

3. Describe the fetal heart sounds, their rate, when and where best heard?

4. Describe external pelvimetry.

5. What is ballottement?

6. How would you do a pubiotomy?

7. What treatment would you use in the pernicious vomiting of pregnancy?

8. How would you treat inertia uteri during labor?

9. Describe the operation for ventrifixation and suspension.

10. Give treatment of acute infectious diarrhea of infants?

DR. J. A. STEVENS,
Examiner.

Friday, June 21, 1912.

COUNTY SOCIETIES.

ANNE ARUNDEL COUNTY.

The Anne Arundel County Medical Society met at the Emergency Hospital at 11 a.m. July 9, with the following doctors present: C. R. Winterson, O. H. McNemar, J. T. Russell, W. S. Welch, F. H. Thompson, W. H. Hopkins, J. O. Purvis and L. B. Henkel, Jr.

Various medical topics were discussed and communications read, after which the Society adopted resolution on the death of Dr. S. H. Anderson, late of Woodwardville, this county.

The Anne Arundel County Medical Society has been invited to meet at the home of Dr. Joseph H. Branham, on the Severn River, some time in August.

The following resolutions were adopted and ordered spread on the minutes by the Anne Arundel County Medical Society at the regular quarterly meeting held at Annapolis, Md., Tuesday, July 9, 1912, to wit:

Resolved, Whereas God, in His infinite wisdom, has chosen to remove from our midst our friend and fellow-practitioner of medicine, Dr. Samuel Hall Anderson;

Resolved, That the Anne Arundel County Medical Society extends the family of our deceased friend and fellow-practitioner, Dr. S. H. Anderson, their heartfelt sympathy in their hour of affliction.

Resolved, That a copy of these resolutions be forwarded to the family of the late Dr. S. H. Anderson.

Resolved, That a copy of these resolutions be published in the official organ of The Medical and Chirurgical Faculty of Maryland.

Resolved, That a copy of these resolutions be published in the *Maryland Medical Journal*.

Resolved, That these resolutions be entered upon the minutes of this meeting held this ninth day of July, 1912.

Respectfully,

LOUIS B. HENKEL, JR.,
Secretary.

DR. BRANHAM HOST OF ANNE ARUNDEL MEDICAL SOCIETY.

Dr. Joseph H. Branham entertained the members of the Anne Arundel County Medical Society August 13, at his beautiful home "Brangwyn," on the Severn River.

After a sumptuous repast provided by the wife of the host and her house guests the following program was carried out, Dr. Thomas H. Brayshaw, president of the Anne Arundel County Medical Society, presiding:

A paper on "The Advantages of the Maternity Hospital," by Dr. Bernard P. Muse, obstetrician at the West End Maternity Hospital, Baltimore, which paper was very interesting and which evoked much favorable criticism and prolonged discussion by the physicians present.

The next paper was by Dr. Robert G. Heiner, Surgeon United States Navy, whose subject was "Injuries Due to Modern Small and Large Calibre Rifles." Dr. Heiner discussed in detail the different injuries produced at different ranges and the results one would expect to receive in their treatment, giving a detailed description of his service at the hospital at Puerto Plata, Central America, during the Santo Domingo insurrection of 1906. His paper elicited favorable comment and protracted discussion.

Short addresses were made by the host as well as by Drs. Thomas H. Brayshaw, C. R. Winterson, W. H. Pierce, and others, after which the meeting adjourned and all present expressed themselves well pleased with the entertainment afforded by Doctor and Mrs. Branham.

The following doctors were present: Drs. Thomas H. Brayshaw, Glen Burnie; H. H. Beidler, J. M. H. Rowland, H. B. Kolb, W. H. Pierce, Nathan Winslow, L. E. Beach, E. M. Reid, A. D. McConnachie, J. F. Manager, Thomas Nelson, Herbert Harlan, J. W. Chambers, W. L. Smith, J. Percy Wade, Bernard P. Muse, J. B. Schwatke, W. A. B. Sellman, Thomas Branham, Joseph H. Branham, of Baltimore; A. C. Beetem, J. S. Bowen, W. P. E. Wyse, L. G. Smart, A. P. Herring, J. W. Harrison, of Baltimore County; Lewis A. Griffith, of Prince George County; Charles G. Hill, of Baltimore; R. P. Winterode, J. J. Murphy, Thomas H. Benson, C. R. Winterson, F. H. Thompson, J. S. Billingslea, A. H. Perrie, H. B. Gantt, Jr., W. H. Hopkins, John T. Russell, J. Oliver Purvis, William S. Welch and Louis B. Henkel, Jr., of Anne Arundel County; Surgeon R. G. Heiner, United States Navy.

THE MEDICAL MUSICAL ASSOCIATION.

The Orchestra, Chorus, Banjo, Mandolin and Guitar sections of the Musical Association of the Faculty will resume practice in September. Every member of the Faculty, especially the city members who can either sing or play, should get in touch with Dr. Charles F. Nolen, the President of the Association, and attend the first rehearsal.

During the winter, rehearsals will be held weekly. Even though you have not used your musical talent for years, do not hesitate to join the Musical Association and revive your interest in music. This is the first Musical Association of physicians to be organized in this country. Every member of the Faculty will no doubt feel a personal pride in the success of the Association, but without your coöperation and active support, success cannot be attained. New members are needed in each department of the Association and especially in the Banjo, Mandolin and Guitar Club.

The following officers were elected at a meeting held in May: honorary president, Dr. Hugh H. Young, president of the Medical and Chirurgical Faculty; president, Dr. Charles F. Nolen; first vice-president, Dr. B. Merrill Hopkinson; second vice-president, Dr. Arthur P. Herring; secretary and treasurer, Dr. Joseph E. Gichner.

MARRIAGES.

✓ Billups, Gains W., University of Maryland, '06, to Mrs. Josephine M. Long, both of Baltimore, on July 24, 1912.

DEATHS.

✓ Rose, Charles H., for fifty years a practitioner of Cordova, Md., died in Centreville, August 23, 1912.

✓ Simpson, George W., died at his home in Baltimore, August 18, 1912.

BOOK REVIEW.

A Text Book of Gynecology. By WILLIAM SISSON GARDNER, M.D., Professor of Gynecology, College of Physicians and Surgeons, Baltimore, Md. Volume of 286 pages, with 138 illustrations. D. Appleton and Company, 1912.

This small volume fills a long felt want. The average text-book of gynecology is so voluminous that the medical student, pressed for time, and oppressed, as he usually is, with long theoretical dissertations, has but opportunity to hastily scan the pages. Here one finds essential facts succinctly and emphatically stated. The subject matter is logically arranged, thereby taxing the memory as little as is possible.

The author's ripe experience is suggested by the practical hints which one observes in every chapter. Most to be commended, probably, are the chapters on Diseases of

the Endometrium and Carcinoma of the Uterus. For the first time in any text-book is to be found a clear and concise presentation of the subject, just sufficiently complete to give the student real information in such a simple manner as to preclude the probability of his not being able to comprehend the facts presented. The photomicrographs illustrating the text in these chapters are especially well selected and executed.

The volume certainly does not give a "thorough presentation" of the subject as is suggested in the brief preface. Such, indeed, is not the author's intention. As a book, however, from which the student may learn the essentials of gynecology, it is to be commended as a very useful and valuable addition to the list of more ambitious text-books.

The clear, large print and the unusual freedom from typographical errors, make the volume pleasing and attractive.

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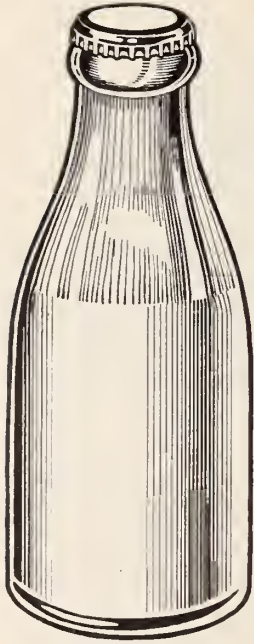
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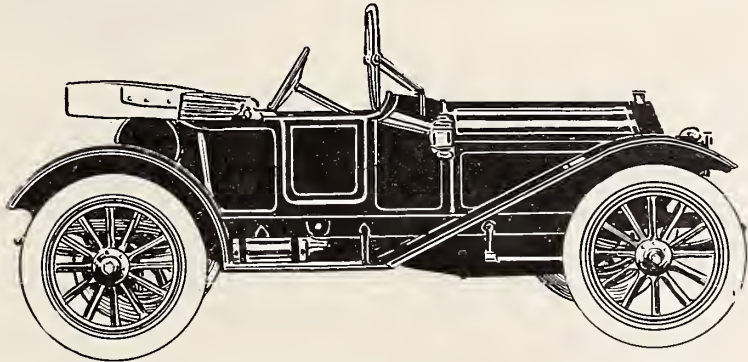
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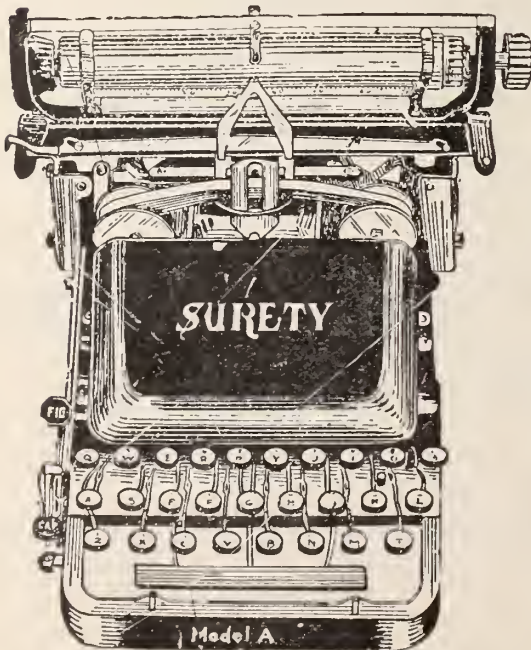
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THE BULLETIN

OF THE

Medical and Chirurgical Faculty of Maryland



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Vol. V

OCTOBER, 1912

No. 4

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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, R. W. JOHNSON; Vice-President, GORDON WILSON; Secretary EMIL NOVAK; Treasurer, W. S. GARDNER; Censors, C. E. BRACK, R. WINSLOW, C. W. LARNED; Delegates, R. H. FOLLIS, A. C. HARRISON, W. A. FISHER, J. M. H. ROWLAND, S. McCLEARY, J. C. BLOODGOOD, WILMER BRINTON, S. G. DAVIS, W. E. MAGRUDER, W. R. STOKES.

SECTION OF CLINICAL MEDICINE AND SURGERY. First and Third Fridays, 8.30 P. M., October to May. Chairman, A. McGLANNAN, M.D.; Secretary, G. A. FLEMING, 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, G. W. DOBBIN, M.D.; Secretary, EMIL NOVAK, M.D.

SECTION OF LARYNGOLOGY. Fourth Fridays monthly, 8.30 o'clock. Chairman, J. N. REIK; Secretary, L. J. GOLDBACH.

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, A. P. HERRING, M.D.; Secretary, G. LANE TANEYHILL, JR., M.D.

SECTION OF OPHTHALMOLOGY AND OTOTOLOGY. Third Wednesdays. Chairman, HIRAM WOODS, M.D.; Secretary, J. W. DOWNEY, JR., M.D.

ALLEGANY COUNTY MEDICAL SOCIETY, President, EDWARD H. WHITE, Cumberland, Md.; Secretary-Treasurer, CHARLOTTE B. GARDNER, Cumberland, Md.; Delegate, E. B. CLAYBROOK. Second Wednesdays of January, April, July and October; annual Meeting in January.

ANNE ARUNDEL COUNTY MEDICAL SOCIETY. President, T. H. BRAYSHAW, Glenburnie, Md.; Secretary, L. B. HENKEL, JR., Annapolis, Md.; Treasurer, F. H. THOMPSON, Annapolis, Md.; Delegate, C. R. WINTERSON. Second Tuesday of January, April, July and October.

BALTIMORE COUNTY MEDICAL SOCIETY. President, WILLIAM L. SMITH, Sherwood, Md.; Secretary, G. C. McCORMICK, Sparrows Point, Md.; Treasurer, F. C. ELDRÉD, Sparrows Point, Md.; Delegate, H. L. NAYLOR, Towson, Md. Third Thursdays, April to October, 2 p. m.; November to March, 1 p. m.

CALVERT COUNTY MEDICAL SOCIETY. President, ISAAC N. KING, Barstow, Md.; Secretary, J. W. LEITCH, Huntington, Md.; Treasurer, GEORGE PETERSON, Mackall, Md.; Delegate, P. BRISCOE. Second Tuesdays in April, August and December; annual meeting second Tuesday in December.

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CARROLL COUNTY MEDICAL SOCIETY. President, M. D. NORRIS, Eldersburg, Md.; Secretary-Treasurer, CHARLES R. FOUTZ, Westminster, Md.; Delegate, M. D. NORRIS. April, July, October, December; annual meeting in October.

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CHARLES COUNTY MEDICAL SOCIETY. President, JOHN W. MITCHELL, Pomonkey, Md.; Secretary-Treasurer, THOMAS S. OWEN, La Plata, Md.; Delegate, L. C. CARRICO. Third Tuesday in May, August and November.

DORCHESTER COUNTY MEDICAL SOCIETY. President, EDWARD L. JONES, E. New Market, Md.; Secretary-Treasurer, W. H. HOUSTON, Fishing Creek, Md.; Delegate, L. G. WOLFF, Cambridge, Md. Meetings first Tuesday in June and December.

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THE BULLETIN

OF THE

MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND

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NOTE: The Publication Committee desires to receive suggestions from members of the Faculty, that will in any way improve the Bulletin.

Vol. V

BALTIMORE, OCTOBER, 1912

No. 4

TIME AND PLACE OF SEMI-ANNUAL MEETING.

The Semi-Annual Meeting will be held at Cambridge, Maryland, on November 12 and 13. The plan has undergone several changes, and it has been arranged to go by rail to Annapolis and from there cross the bay on a steamer.

On Tuesday afternoon, November 12, the Faculty delegation will leave Baltimore for Annapolis on the 3.45 train. The boat conveying our party will arrive at Cambridge, by special arrangement, at 7.45, in time for a meeting that evening. Dinner will be served on the boat while crossing the bay. All the scientific meetings will be held in Cambridge; and members should reserve rooms at the Cambridge hotel, as it was not possible to arrange for sleeping accommodations on the boat.

On Wednesday, November 13, a delightful social time is anticipated, as well as scientific meetings both morning and afternoon.

Those who desire to read papers will kindly notify Dr. William A. Fisher, Jr., Chairman of the Committee on Arrangements, at once. On the return trip arrangements have been made to leave Cambridge at 6 p.m. on Wednesday afternoon, arriving in Baltimore at 10.30. An official program will be mailed later.

THE FACULTY LIBRARY.

We wish, in this number of the BULLETIN, to call especial attention to the Library of the Faculty. Our members have at their disposal one of the most valuable collections of medical books in this country; and it is the aim of those who have the direction of it to make it a practical working library for the practitioner as well as the special student.

The library comprises a splendid collection of books on all subjects, as well as many valuable journal sets, and a large number of current medical journals a list of which is printed in this number of the BULLETIN. There have been a number of requests for this list and we have thought it best to publish it so that all the members can see the large number of journals which are at their disposal and which contain the latest information on all branches of medicine.

The library, however, needs the continued support of the members, and this in a small way can best be given by joining the Book and Journal Club. This Club annually subscribes for a large number of journals and it is the Book and Journal Club that enables the library to keep up many of the most valuable and interesting publications. Each subscription to this club places another journal at the disposal of all the members. In addition to this quite a number of publications are donated by various members of the faculty, and there is no better way to show one's appreciation of the work which the Faculty is doing than to give the subscription price of some journal that may be needed. The number of medical publications is growing each year, and whilst a large number of journals are of comparatively little value there are a great many which we do not have on our shelves which ought to be there.

In the purchase of the newer books the library has been much hampered by the lack of funds. There should be a special fund for each branch of medicine. At the present time the Frick Fund supplies books on internal medicine, the Baker Fund takes care of works on therapeutics and material medica; and the recently created Finney Fund will fill the needs in general and in special surgery. But there is still room for the creation of memorial funds of \$1000 or more, the interest of which could be used to buy new books on special subjects. Some of the ophthalmologists have promised to aid a fund for books on diseases of the eye, and, until the literature on the ear is cared for by a special fund, to include otological books as well. On this fund we have three promises of \$100 each to be paid as soon as ten subscribers of a like amount can be obtained, or as soon as the entire fund will total \$1000. This is an opportunity for the specialists in one line, and a suggestion for others to follow. There could be no more fitting way of perpetuating the name of a medical man, or

in fact anyone else, than by creating such a fund and placing it at the disposal of the Library Committee. We trust that the near future will see additional contributions to this branch of the work of the Faculty.

The Library Committee is always glad to have suggestions as to new books and journals, and requests for the purchase of these will be complied with in as far as the means allow. It is the desire of the Committee to supply readers with just such books as they may wish to use. Such requests should be made on slips provided for the purpose which may be obtained from the Librarian.

During the winter months the library is open from 10 in the morning until 10 at night,* and service at night will hereafter be rendered by a special assistant so that there will be someone to look after the wants of readers at all times.

THE RECORDS OF THE BALTIMORE MEDICO-CHIRURGICAL SOCIETY, 1832-1838.

BY DR. HENRY M. HURD.

I have been asked to say a few words about a Record Book of the "Baltimore Medico-Chirurgical Society" which has lately been presented to the library of the Medical and Chirurgical Faculty.

This Society was founded in 1832 and had on its roll of members some of the most eminent physicians in Baltimore at that time such as

Thos. E. Bond, 1772-1856	R. Wilmot Hall, 1785-1847
Thos. E. Bond, Jr., 1813-1872	J. H. Harris
J. H. Miller, 1788-1853	C. A. Harris
Samuel Baker, 1785-1835	H. H. Hayden, 1769-1844
Nathan R. Smith, 1797-1877	S. Chew, 1806-1863
H. Willis Baxley, 1803-1876	J. H. O'Donovan, 1802-1869
R. H. Thomas, 1805-1860	C. C. Cox, 1816-1882
John Fonerden, 1804-1869	J. R. W. Dunbar, 1805-1871
F. E. Chatard, 1805-1888	James Bordley, 1808-1870
Nathan Potter, 1770-1843	S. Annan, 1797-1868
E. Geddings, 1799-1878	John Buckler, 1795-1866
	R. Dunglinson and others

The objects of the Society are very well stated upon the first page of the minutes:

The members of a liberal and enlightened profession are in nothing so strongly contrasted with the empyrical adventurer, as in their community of knowledge, of interests, and of honour. The character of the medical profession is elevated precisely in

* If there are no readers at 9.30 p. m. the reading-room will be closed at that hour.

proportion to the freedom with which information is reciprocally imparted and to the common interest which is felt in the prosperity and reputation of the fraternity generally. How shall such harmony of sentiment be established, and thus the dignity of the profession be secured, but by frequent and frank intercourse? And how shall this be effected but by systematic association?

The faculty of Baltimore cannot escape the reproach of having too long neglected the means necessary to give unity to the profession. That which is conducive to the honour and prosperity of the Faculty generally, can easily be shown to be alike conducive to the interests, the respectability and the happiness of each of the individuals who compose it. We believe that we utter the sentiments of many and distinguished individuals when we invite every regular member of the profession to aid in rendering this an era of good feeling and of generous devotion to the public good by obliterating at once and forever all recollection of past disunion. Under the influence we trust of such sentiments, we offer the following plan of a constitution.

NATHAN R. SMITH,
SAMUEL BAKER,
J. H. MILLER,
Committee.

[This was probably written by Nathan R. Smith.]

The Society met for organization on the seventh of June, 1832. At that time Asiatic cholera was raging in this country and great interest was manifested in the disease. There were 835 deaths from the disease in Baltimore in 1832! At one of the first meetings the question was proposed "Is Asiatic cholera contagious?" This question was discussed at several meetings, by a large number of the members. Dr. Nathan R. Smith, who was then in his prime, gave the result of his investigations and study of the disease in Philadelphia and also in New York. It seems rather strange that there should have been any question as to the contagion of the disease and yet we find that the question was discussed upon July 2, 16 and 17; that Dr. Smith and Dr. Byrne believed it to be contagious and Drs. Bond, Hall, Annan and Murphy believed that it was not contagious.

The methods of conducting the meetings were rather formal and possibly not well calculated to induce the members to take part. It seems to have been an era when oratory played an important part in medicine, consequently very few were willing to discuss subjects unless very careful, painstaking preparations had been made.

We find for instance that cholera was discussed during three meetings in August; that the question of neuralgia occupied some attention at several subsequent meetings and there was an active debate as to whether or not it was due to "inflammation of the nervous tissue."

In November a committee was appointed on "lectures and papers" and arrangements were made that formal lectures should be delivered by the members of the Society. The subjects proposed were not such as to be of very general interest, at least they would not be so considered at the present time.

I will give two examples of them: "The cause of epidemic diseases" was one; "Is salivation by mercury ever necessary for the cure of disease" was another.

Dr. Nathan R. Smith gave an address on "Fracture of the femur;" Dr. Geddings gave an address on "Irritation or inflammation."

At a meeting of February 25, 1833, reports of cases appeared for almost the first time. Dr. Fonerden related "a case of neuralgia of the head, relieved by the use of wine whey." Dr. Smith related "2 cases of luxated humerus reduced by the novel method of counter-extension by the arm of the sound side." Dr. Thomas related "several cases of luxated humerus reduced by counter-extension of the acromion process." Dr. S. Baker related "a case of luxated humerus reduced by placing one foot in the axilla and the other in the acromion." There was also at the same meeting an interesting discussion on the subject of "Uterine hemorrhage and the various means of arresting it."

At one of the meetings in 1833, Dr. McDowell lectured on "Animal life." On the fifteenth of April, Dr. Horwitz delivered a lecture on "Mental phenomena and philosophy of the mind as connected with medicine." His lecture was deemed so important that he was requested to complete it at a subsequent meeting and in July he lectured again upon the same subject with very great acceptance.

It was a time when hypnotism, mesmerism, and animal magnetism were very prominent in the public mind and unquestionably this added to the interest of the address. One meeting was devoted to the discussion of the "Modus operandi of medicine," another on the "Pathology of fever." In the same year Dr. Thomas E. Bond lectured on "Malaria," which then as since proved to be a very fruitful subject for discussion.

Dr. Samuel Baker gave an address on "Scarlatina" which subject and the treatment of the disease engrossed the discussion of several meetings.

Dr. Thomas at one meeting in November of the same year related a case of a little boy, who having been pursued for a considerable distance and laboring under great fear, on reaching home was seized with convulsions. He asked what was the state of the brain in this case. The record is made that the attempt to reply to this question gave rise to a very interesting debate participated in by Drs. Baker, Graves, Annan, Lloyd, Briscoe and Thomas.

At a subsequent meeting, Dr. Hall lectured on "The fractures of the clavicle" and displayed his new apparatus for it; and the subject of hysteria, was also taken up and discussed.

In December, 1833, Dr. Wright delivered a lecture on "The history, reformation and influence of anatomy considered as a basis of the physio-

logical and medical sciences." In 1834 resolutions were adopted on the deaths of Dr. William Donaldson and Dr. Samuel Baker, both of whom were spoken of as men of "exalted character."

From this time until the minutes closed in 1838, there seems to have been a gradual decline in interest in the Society. The members had difficulty in finding a meeting place, and there was difficulty in getting a prompt attendance and accordingly the Society seems to have died a natural death.

The notes are kept with commendable care and the proceedings are in all respects dignified and as a rule harmonious, although now and then we get glimpses of acrimonious debates.

Upon one occasion there was prepared a code of medical ethics which is said by Cordell to be the first code of medical ethics to be prepared by any Society in the United States. They also seemed to have spent a great deal of time over the fee bill and it was amended and changed in the midst of very active discussions. When the fee bill was finally adopted several members of the Society seemed to have resigned rather than to sign it.

It is to be regretted that a copy of the code of medical ethics was not inserted, and that there is no copy of the fee bill, over which they spent so much time.

From a loose sheet in the latter part of the book it would seem that the Medico-Chirurgical Society was temporarily revived in 1848 so that five delegates might be appointed to attend the meeting of the American Medical Association which was to be held in Baltimore at or about that time. It is consequently possible that the Society had fallen into the hands of a careless secretary and that meetings may have been held on many occasions between 1838 and 1848 but failed to be recorded.

APPLICANTS FOR MEMBERSHIP IN THE BALTIMORE CITY MEDICAL SOCIETY.

To be voted on Friday, October 18, 1912.

WHITHAM, LLOYD, 1007 N. Calvert Street.

Place of Birth, Mechanicsville, Maryland.

Medical College, University of Virginia, University of Pennsylvania.

Date, 1906, 1910.

Date of State Certificate, Maryland, 1912.

Recommended by Dr. John Ruhräh.

KEMLER, JOSEPH I., 519 N. Charles Street.

Place of Birth, Wilna, Russia.

Medical College, University of Maryland.

Date, 1907.

Date of State Certificate, July, 1909.

Recommended by Drs. Harry Friedenwald and T. C. Worthington.

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American Lib. Asso.	Portrait index	1906	Frick Fund.
American Med. Asso.	Section on diseases of children	1911	Frick Fund.
Amer. Med. Asso.	Section on dermatology	1912	Frick Fund.
Amer. Med. Asso.	Section on laryngology and otology	1912	Frick Fund.
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Amer. Med. Asso.	Section on surgery	1912	Frick Fund.
Amer. Urological Asso.	Transactions	1912	Amer. Uro. Asso.
Bernays, Thekla	Augustus Charles Bernays	1912	Frick Fund.
Bosquet, W. C.	Spirochaetes	1911	Frick Fund.
Burch, G. J.	Practical exercises in physiological optics	1912	Sir William Osler.
Bury, Judson	Diseases of the nervous system	1912	Sir William Osler.
Cabot, R. C.	Case histories in medicine	1911	Frick Fund.
Charaka Club	Proceedings. 2 vols.	1906-10	Frick Fund.
Cholmeley, H. P.	John of Gaddesden and the Rosa Medicinæ.	1912	Sir William Osler.
Church, A. and Peterson, F.	Nervous and mental diseases. Seventh edition	1911	W. B. Saunders Co.
Citron, J. B.	Immunity	1912	Frick Fund.
Clarke, W. B.	Handbook of the surgery of the kidneys	1911	Frick Fund.
Cornell, W. S.	Health and medical inspection of school children	1912	Frick Fund.
Cushing, Harvey	The pituitary body and its disorders.	1912	J. B. Lippincott Co.
Davenport, C. B.	Heredity in relation to eugenics	1911	Frick Fund.
De Cyon, Elie	Dieu et science	1910	Dr. E. De Cyon.
De Cyon, Elie	Les nerfs du cœur	1905	Dr. E. De Cyon.
Dennett, R. H.	The healthy baby	1912	Dr. J. W. Williams.
Edinburgh Obstetrical Society	Transactions. Vol. 35.	1911	Frick Fund.
Ehrlich, Paul	Grundlagen und erfolge der chemotherapie	1911	Frick Fund.

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Fowler, G. J.	An introduction to bacteriological and enzyme chemistry	1911	Frick Fund.
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Gardner, W. S.	A text-book of gynecology	1912	Appleton & Co.
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Gillies, H. C.	Regimen sanitas. The rule of health	1911	Frick Fund.
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Grawitz, Ernst	Klinische pathologie des Blutes	1911	Frick Fund.
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Grulee, C. G.	Infant feeding.	1912	W. B. Saunders Co.
Hemmeter, J. C.	Manual of practical physiology	1912	Dr. J. C. Hemmeter.
Hirst, B. C.	A text-book of obstetrics. Sixth revised and enlarged edition	1909	Dr. J. W. Williams.
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Howard, L. O.	The house fly, disease carrier	1911	Frick Fund.
Jeffreys, W. H. and Maxwell, J. L.	The diseases of China	1911	Frick Fund.
Kelley, H. A.	A cyclopedia of American biography. 2 vols.	1912	Dr. H. A. Kelly.
Kerr, J. M. M.	Operative midwifery	1911	Frick Fund.
Kirkpatrick, T. P. C.	History of the medical teaching in Trinity College, Dublin.	1912	Sir William Osler.
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Lapage, C. P.	Feeble-mindedness in children of school age	1911	Sir William Osler.
Leyden, E. von, und Klemperer, F., eds.	Die Deutsche Klinik. Ergänzungsband. Vol. 13, pt. 2	1911	Book & Journal Club.
Lobstein, J. F. D.	Treatise upon the semeiology of the eye	1830	Dr. J. Mc. P. Scott.
Locke, E. A.	Food values	1911	Baker Fund.
Lounsbury, H. C.	Making good on private duty.	1912	J. B. Lippincott Co.
Macise, Joseph	Surgical anatomy	1855	Dr. J. Mc. P. Scott.
Minerva	Jahrbuch der gelehrten Welt	1912	Dr. J. W. Williams
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Murphy, J. B.	Surgical clinics. Vol. 1, No. 3-4.	1912	W. B. Saunders Co.
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Newton, A. E.	Mother and baby	1912	Dr. J. W. Williams.
Noguchi, Hideo	Serum diagnosis of syphilis. Second edition	1911	J. B. Lippincott Co.
Ophthalmological Society of the United Kingdom	Transactions. Vol. 31	1911	Frick Fund.
Osler, Sir William	The principles and practice of medicine. 8th ed.	1912	Sir William Osler.
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St. Thomas's Hospital, London.	Reports. Vol. 39.	1912	Faculty.

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Sajous, C. E. de M.	The internal secretions and the principles of medicine. 2 vols.	1912	Frick Fund.
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Scudder, C. L.	Tumors of the jaws	1912	W. B. Saunders Co.
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Southern Surgical and Gynecological Asso.	Transactions. Vol. 24	1912	Southern Surgical and Gynecological Asso.
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Thomson, A., and Miles, A.	Manual of surgery. 2 vols.	1912	Sir William Osler.
Veeki, V. G.	Sexual impotence. 4th ed.	1912	W. B. Saunders Co.
Vice Commission of Chicago	The social evil in Chicago	1911	Dr. O. E. Janney.
Wallis, Sir Frederick	Surgery of the rectum for practitioners	1912	Sir William Osler.
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Amer. Asso. for Study and Prevention of Infant Mortality	Transactions	1912	
Amer. Climatological Asso.	Transactions. Vol. 27	1911	
Amer. Pediatric Soc.	Transactions. Vol. 23	1912	
Amer. Soc. of Tropical Medicine	Papers, 1911. Vol. 6	1911	

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| American Journal of Diseases of
Children | Archives of Ophthalmology |
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| American Journal of Medical Sci. | Beitrag z. klin. Chirurgie |
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| American Medical Association Bull. | Bulletin de l'Institute Pasteur |
| American Medicine | Bulletin . . . Société Française der-
matologie . . . syphiligraphie |
| Annales de dermatologie et de
syphiligraphie | Bulletin of the Lying-In Hospital
of the City of New York |
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| Annales des maladies des organes
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 Cleveland Medical Journal
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 Colorado Medicine
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 Kentucky Medical Journal
 Lancet (London)
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 Maryland Psychiatric Quarterly
 Medical and Chirurgical Faculty of
 Maryland, Bulletin of
 Medical Record

- Medical Review of Reviews
 Medical Times
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 Policlinico, II. Sezione Chirurgiae
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 Policlinico, II. Sezione Practica
 Practitioner
 Prensa Medica, La.
 Proctologist
 Progressive Medicine
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 Review of Neurology and Psych.
 Revista ibero-Americana de Cien-
 cias Medicas
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 Revue neurologique
 Revue d'orthopedie
 Rockefeller Institute for Medical
 Research, Monographs
 Royal Society of Medicine, Proceed.
 Sammlung klinischer Vorträge
 St. Louis Medical Review
 St. Louis Medical Society, Weekly
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 gesammten Medizin
 Semaine medicale, La.
 Southern California Practitioner
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 Therapeutische Monatshefte
 Uprala Läkarefören Förhandl.
 Vermont Medical Monthly
 Virginia Medical Semi-monthly
 Washington Medical Annals
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 Yale Medical Journal
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BOOK REVIEW.

A Text (Book of Medical Diagnosis. By JAMES M. ANDERS and L. NAPOLEON BOSTON. W. B. Saunders Company, 1911; or Medical and Standard Book Company, Baltimore, Md.

Many books on medical diagnosis have been published. All of the standard ones have been found useful to the student and practitioner. While all are constructed along the same general principles nearly everyone has some particular points of interest.

The work of Anders and Boston combines the good features found in these works. The purposes of the authors, as set forth in the preface, have been to furnish an improved method of determining the clinical features of disease so that all of the more important symptomatic phenomena in a given case may be collected with ease and certainty, and to emphasize the importance of correlating symptoms with the structural changes on which they are dependent and their organismal etiology.

The manner of physical examination of the body as a whole as well as special methods to be pursued in special organs is clearly set forth in the text and profusely illustrated by splendid cuts.

The illustrative cases as selected from the personal experiences of the authors are interesting and instructive; the tables of differential diagnosis so helpful to the student are used to a large extent.

One of most striking valuable features is the laboratory diagnostic methods. Associated with the physical signs and symptoms, each chapter is devoted in part to the technic and significance of the most commonly employed laboratory methods. The use of the various instruments of precision in the art of diagnosis is not overlooked, as is seen in the study of diseases of the heart and blood vessels. The chapter on the nervous system is well illustrated with films of moving pictures.

It is impossible in a review to pick out all the commendable points in such a work; it suffices to say that every student will find it valuable as an addition to his library.

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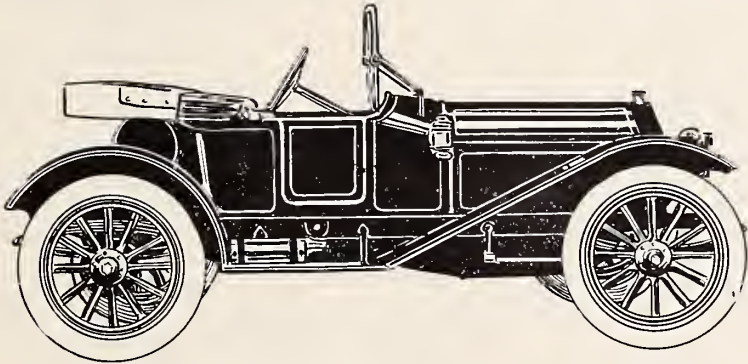
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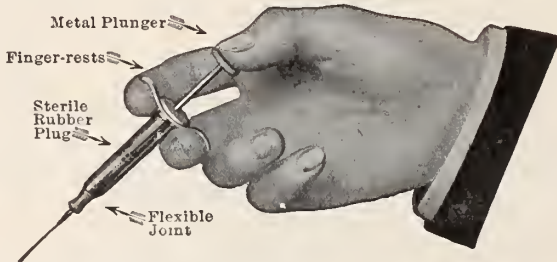
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OF THE

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Vol. V

NOVEMBER, 1912

No. 5

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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.

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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, G. W. DOBBIN, M.D.; Secretary, EMIL NOVAK, M.D.

SECTION OF LARYNGOLOGY. Fourth Fridays monthly, 8.30 o'clock. Chairman, J. N. REIK; Secretary, L. J. GOLDBACH.

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, A. P. HERRINO, M.D.; Secretary, G. LANE TANEYHILL, JR., M.D.

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MEDICAL SOCIETY MEETINGS—Continued

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WASHINGTON COUNTY MEDICAL SOCIETY. President, S. M. WAGAMAN, Hagerstown, Md.; Secretary, W. B. CAMPBELL, Hagerstown, Md.; Treasurer, H. K. DERR, Hagerstown, Md.; Delegate, J. W. HUMRICHOUSE. Second Thursdays of February, May, September and November.

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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.

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 license by addressing Secretary, J. McP. Scott, Hagerstown, Md.

THE BULLETIN

OF THE

MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND

PUBLISHED MONTHLY

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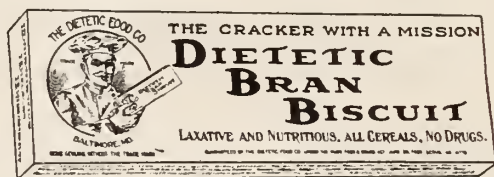
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NOTE: The Publication Committee desires to receive suggestions from members of the Faculty, that will in any way improve the Bulletin.

Vol. V

BALTIMORE, NOVEMBER, 1912

No. 5

THE CAMBRIDGE MEETING.

Through the courtesy of Dr. Hugh H. Young a special steamer has been placed at the disposal of the Faculty for the round trip to Cambridge. The only expense for those making the trip will be the price of staterooms and the two meals in Cambridge.

It has been arranged to leave Baltimore at 8 p.m. Monday, November 11, on the steamer *Joppa* of the Baltimore, Chesapeake and Atlantic Company, arriving at Cambridge the next morning in time for breakfast. Scientific programs will be given both morning and afternoon in the Cambridge Auditorium; and a public meeting will be held in the evening in connection with the Cambridge Health Conference, at which the Governor will make an address.

The Dorchester County Medical Society and the Cambridge Board of Trade will be hosts at a luncheon at the home of Dr. Brice W. Goldsborough; and opportunity will be afforded to visit the many things of interest that are to be seen in Cambridge as noted in the sketch published in this issue.

The same boat on the return trip will leave Cambridge at 12 midnight Tuesday, arriving in Baltimore, Wednesday morning, November 13, at 7 a.m. All reservations for staterooms should be made, at once, of Dr. William A. Fisher, Jr., care of the Medical and Chirurgical Faculty, 1211 Cathedral Street, as accommodations are limited.

THE CAMBRIDGE OF YESTERDAY AND TODAY.

BY NELLIE C. CARROLL.

From a spot where the Abaco Indians built their wigwams centuries ago, on the banks of the Great Choptank River, whose beauty at this point has been compared to the Bay of Naples, there has developed the charming little city of Cambridge.

In a *History of Dorchester County*, published a few years ago by Dr. Elias Jones, a well-known physician of the county, the early history of Cambridge is thus described:

Founded in 1684, the growth of the town was slow for the first century, but the life of its people during this period was extremely interesting, and was beautifully pictured in an address delivered on one occasion by the late Col. James Wallace:

"Here were located the cultivated people of the land. Some from sunny France, fleeing from persecution, after the revocation of the Edict of Nantes; some from old England, some from Virginia, some from Scotland and the Green Emerald Isle. . . . Here were men who followed the fortunes of the great Duke of Marlborough; who heard the thunder of the battle of Blenheim; who heard the shout of John Sobieski and his gallant Poles; who saw the wonderful career of Peter the Great. . . . They lived the life of gentlemen of the olden time and devoted themselves to literature and leisure."

After the restoration of Lord Baltimore's Proprietary rights in the province, in 1715, an era of prosperity followed. Many wealthy farmers settled in the town and molded a society, aristocratic and refined, that made Cambridge the most picturesque town in Maryland in the eighteenth century. From them were descended men of ability who distinguished themselves in every profession—foreign ministers, skilled physicians, eminent jurists, brilliant theologians, and honored statesmen.

During the war for Independence, the leading citizens of the town, influential in the Revolutionary Conventions and Council of Safety, made Cambridge headquarters for military operations on the Eastern Shore. A number of soldiers and officers served the Continental Army with valor and distinction. After the close of the war the town inhabitants resumed their former life of luxury and ease in splendid homes, and beautiful surroundings, until the Civil War so radically changed conditions—especially of labor—that latent energy was forced into active efforts and stimulated business enterprises which led to the development of modern Cambridge.

In 1869 the first large manufacturing industry was established—the beginning of one of the principal industries of the present time.

In 1874 the first cannery for packing oysters and canning fruit was built. This business has been phenomenally successful and together

they have contributed more to the growth and prosperity of the town than all the other enterprises combined. A large proportion of the oysters, and one-ninth of all the tomatoes *canned in the world* are put up by Cambridge firms.

The city has had two disastrous fires in its history. One in July, 1892, and another, by a strange coincidence, on the anniversary of the first, in July, 1910.

Cambridge today has 10,000 inhabitants, fine modern buildings have replaced those destroyed by the last fire; handsome modern homes, paved streets, electric lights, seven newspapers, including one daily; fine schools; beautiful churches; flourishing business enterprises, and last but by no means least one of the finest and best equipped small hospitals in the country, erected at a cost of \$70,000. This was made possible by the generous gift of \$30,000 of Mr. John E. Hurst of Baltimore.

Not far from the town, though entirely isolated, is the site selected by the committee for the erection of the new Insane Asylum for the Eastern Shore, where it is hoped the beautiful surroundings may materially aid those who labor to "bring back the light of reason in eclipse."

Though many beautiful and interesting old landmarks have been sacrificed to the demands of a progressive and commercial age, a few of them remain.

The old Dorchester House, built in 1728, linked with the political, historical and social life of the town; the old Colonial home of the late Judge Chares Goldsborough, with its beautiful grounds, now the Club house of the Cambridge Yacht Club; "The Point," built in 1712, the home of the late Dr. Hayward; the fine old home of Dr. A. Hamilton Bayly with its fascinating old-fashioned garden; and others of which space does not permit mention.

Dr. Bayly's efforts on behalf of the city beautiful were as notable as his ministrations to suffering humanity. Many of the trees that make High Street and Spring Valley the prettiest spots in Cambridge were planted by him.

The physicians of this period in the town's history—Dr. Thomas B. Steele, Dr. James L. Bryan, and Dr. Thomas King Carroll, men of unusual ability, high ideals, and broad culture—contributed largely to the shaping of those events which marked the advancement of the people in the town and county.

Although a minister and a great educator, making the latter his real life work, Dr. Bryan was a learned physician and practiced his profession for a number of years.

While it is as the talented and beloved physician that the name of Dr. Thomas King Carroll will be transmitted to posterity—yet his services

in the cause of education were no less valuable to the people. While a member of the Legislature he framed, and was instrumental in having passed, the bill for the establishment of the first free schools in Maryland. At his death some years ago, the desire to perpetuate his memory took the shape of a beautiful monument erected by the people. Notable as being the only monument erected in the State to a private citizen, and the only one in the country to a physician by voluntary subscriptions.

Dr. Carroll was a grandson of Dr. Henry Stevenson of Baltimore, one of the early presidents of the Faculty.

One of the points of interest to the medical profession in the State is the house, still standing and well preserved, in which Dr. Dorsey Wyville, one of the founders of the Faculty, lived. It is situated at Church Creek, a small village near Cambridge.

The doctors at the present time ably sustain the reputation of their distinguished predecessors, and are in the forefront of every movement which tends to advance the interests of the Queen City of the Eastern Shore, while the town itself, though gaining rapidly a business reputation, has lost none of its former prestige, as evidenced by the fact that at present it is the home town of the Governor, the Comptroller, the Chief-Judge of the Court of Appeals, the Commander of the Oyster Navy and the Fish Commissioner, and others prominent in State affairs.

BAZAR FOR HOME.

The Board of Managers of the Home for Widows and Orphans of Physicians, Inc., 1615 Bolton Street, will hold a Grand Bazar at the Howard Street Almory, over Richmond Market, on Thursday, Friday, Saturday, and Monday, November 21, 22, 23, and 25. Lunch 12 to 2, 25 cents; supper 6 to 11, 50 cents.

Physicians are cordially invited to attend this Bazar and bring or invite their friends. This Bazar is to help a very worthy cause and we hope it will be patronized by the doctors.

SOME RESULTS OF THE TREATMENT OF THE DRINKING
WATER OF BALTIMORE BY MEANS OF CALCIUM
HYPOCHLORITE.

By WM. ROYAL STOKES, M.D.

The drinking water furnished to the citizens of Baltimore comes from the two large impounding reservoirs, Loch Raven and Lake Roland, which collect respectively the water of the Gunpowder River and the stream known as Jones Falls. Both of these bodies of water flow through a densely populated rural district where numerous contaminations from surface privies and sewer pipes cause a pollution of the water. The water from the Loch Raven impounding reservoir then runs through a series of four storage reservoirs and it is then distributed to a certain portion of the city. There are also three storage reservoirs for the Lake Roland supply before this water flows through the pipes to be distributed to another portion of the city.

The application of calcium hypochlorite to the Baltimore drinking water was begun in connection with the Lake Roland supply on June 7, 1911, and the treatment of the Loch Raven supply was commenced on June 22. The amount of hypochlorite as expressed in parts of available chlorine has been gradually increased and the following amounts have been used. The treatment of Lake Roland was begun with 0.6 of one part of available chlorine per million parts of water on June 7, but was reduced to 0.4 of one part on June 19. This amount was again increased in both supplies to 0.6 of one part per million on July 23; was again increased to 0.75 of one part per million on the 29th of August, and was finally increased to one part per million on October 15. On July 6, 1912, the hypochlorite was increased to 1.5 parts per million, and this amount has been continued until the present time.

The hypochlorite solution is added to the water as it flows through the gate chamber of the large impounding reservoirs known as Lake Roland and Loch Raven. The water from the Loch Raven impounding reservoir then flows through a large tunnel or a conduit which is 36,500 feet in length and its area 113 square feet. The water then flows into the first of a series of storage reservoirs known as Lake Montebello; from this reservoir it flows into a second reservoir known as Lake Clifton; from Lake Clifton into a third and fourth storage reservoir known as Lake Guilford and Lake Ashburton. The water from this system is then distributed from these last two reservoirs to the citizens.

The water from the impounding reservoir known as Lake Roland flows through the gate chamber into a tunnel or conduit 19,020 feet in length with an area of 25 square feet. This conduit empties into Lake Hampden

and the water then flows to Druid Lake and the western high service reservoir, whence it is distributed to the city mains and taps. The treated water does not reach the citizen for a period usually about two weeks after its treatment, but occasionally when the supply is being heavily drawn upon this may be decreased to about five days.

DESCRIPTION OF PLANT.

The plant for the addition of the hypochlorite solution consists of three concrete tanks, of which two are used as the solution storage tanks and the third is a mixing tank. The feed regulating apparatus consists of a concrete orifice box, the head on the orifice being maintained by a float and a valve.

BACTERIAL REDUCTION PRODUCED BY THE HYPOCHLORITE TREATMENT.

During 1910 the colon bacillus was found in the drinking water in 57 per cent of examinations, showing that in over one-half of the specimens examined there was evidence of intestinal pollution. During the year 1911 up to about July 1, which was the period during which hypochlorite was not used or its effect could not be yet observed in the water from the city taps, the number of positive tests for the colon or intestinal bacillus was 42 per cent. From this time until the rest of the year the hypochlorite was used in gradually increasing amounts, although always within a perfectly safe limit. The number of positive tests for the colon bacillus was only 27 per cent for the months of 1911 from July to December inclusive. This shows a marked reduction in the positive tests for the intestinal bacillus when the use of the hypochlorite was instituted. The percentages are based upon tests made from 1 cc. of water except in the tests for 1910; in this 10 cc. are included.

This probably introduces a slight source of error in favor of the larger number of positive tests in 1910, but as the test is usually positive in 1 and 10 cc. I do not think that it materially influences the percentage given. During the months from January to August inclusive of 1912 the number of positive tests for the colon or intestinal bacillus has been 25 per cent in 1 cc.

From the above statement it can be seen that although the hypochlorite treatment reduces the number of positive tests for the intestinal bacillus, yet these organisms have not entirely disappeared from the drinking water in comparatively large amounts of water such as 1 cc. or 15 drops.

GENERAL BACTERIAL REDUCTION.

The general bacterial reduction, however, in the drinking water has usually been marked. The bacterial reduction in the treated water from

TABLE I.

Typhoid fever in Baltimore, January, 1906, to December, 1911, showing decrease in morbidity and mortality since the use of hypochlorite.

months	1906		1907		1908		1909		1910		1911		AVERAGE OF FIVE YEARS 1906-1910		1912	
	Case Incidence	Deaths	Case Incidence	Deaths	Case Incidence	Deaths	Case Incidence	Deaths	Case Incidence	Deaths	Case Incidence	Deaths	Case Incidence	Deaths	Case Incidence	Deaths
January.....	31	12	43	12	47	7	39	16	40	7	55	11	40	10.8	47	9
February.....	31	6	16	5	26	9	23	3	25	11	31	3	24	6.8	28	7
March.....	25	6	37	6	36	3	20	5	30	12	35	5	29	6.4	33	11
April.....	67	11	35	17	24	2	22	4	22	4	44	8	36	11.2	37	10
May..	143	12	65	3	40	3	23	5	31	2	56	7	60	5.0	30	3
June.....	87	5	41	6	47	3	41	6	46	8	34	8	52	4.2	57	3
July.....	105	14	78	22	149	24	107	11	110	7	89	4	110	15.6	98	15
August.....	284	34	217	23	339	35	217	20	473	30	280	22	306	28.4	198	22
September.....	206	32	469	41	364	29	312	24	398	49	241	31	349	35.0	212	18
October.....	125	26	241	47	187	30	138	23	359	42	170	28	210	33.6	210(?)	33(?)
November.....	59	15	87	31	99	25	61	10	251	37	104	19	111	23.6	111(?)	24(?)
December.....	46	10	91	17	68	10	66	9	106	26	62	8	75	14.4	75(?)	14(?)
Total.....	1,209	183	1,420	230	1,426	180	1,069	136	1,891	235	1,201	154	1,403	192.8	*1136(?)	169(?)

*Question marks indicate supposititious figures.

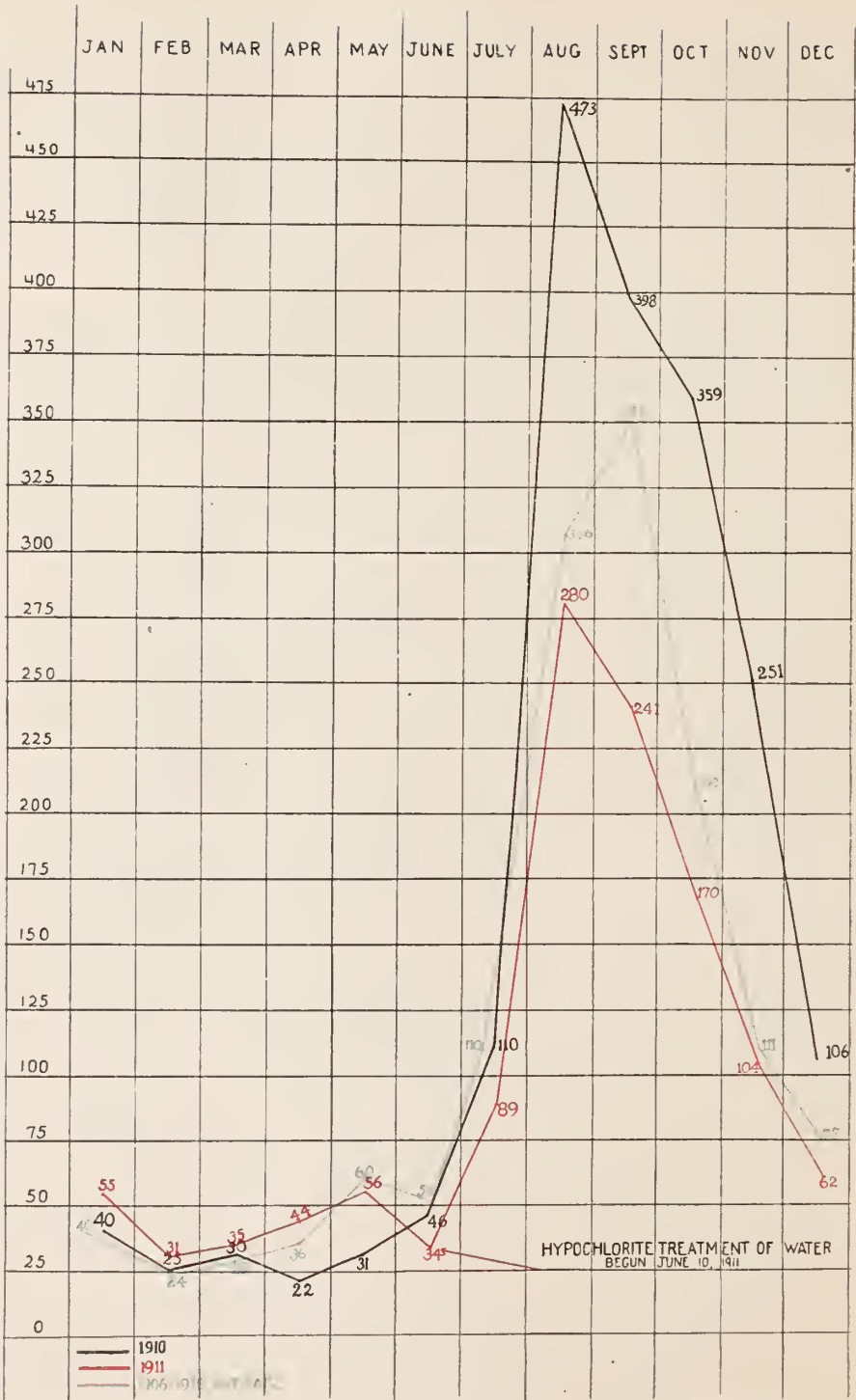


Chart No. 1. Typhoid Fever Cases Reported in Baltimore by Months.

the city taps as compared to the raw water in the Loch Raven and Lake Roland impounding reservoirs from July to December, 1911, inclusive, is 97 per cent. From January to August, 1912, inclusive, the bacterial reduction was 89 per cent. These figures do not include the figures from either one or two of the supplies during an interval of about two months in which there was a decided increase in a certain variety of very resistant bacteria. These so-called after-growths were prevented after recognizing them by adding alum sedimentation to the process of water purification about June 1, 1912, and I do not think that they should be included in the general consideration of the bacterial reduction during this interval of nine months, as I think the figures given represent a fair estimate of the bacterial reduction produced by the method.

CONCLUSION.

It can be seen from the above report that whereas the hypochlorite treatment of the city drinking water especially, when followed by sedimentation, causes a fairly marked reduction in the intestinal bacteria present and a marked reduction in all bacteria present in the treated water, yet there is not a complete elimination of the intestinal germs as yet from the city drinking water. It is hoped that when the hypochlorite treatment is applied after the sedimentation in the storage reservoirs the intestinal organisms will be completely eliminated from the drinking water.

THE REDUCTION IN REPORTED CASES OF TYPHOID FEVER SINCE THE HYPOCHLORITE TREATMENT WAS BEGUN.

The reduction in the number of reported cases of typhoid fever since the inauguration of the hypochlorite treatment of the city drinking water is graphically shown in Chart No. 1, and I would call attention to certain features of this chart. The black lines show the number of cases reported each month during 1910, and this reaches its maximum in August, gradually declining until the end of the year. The green lines show the number of reported cases obtained by an average of five years ending in 1910, and this reaches its maximum in September. The red lines show the reported cases for 1911 for each month of the year, and these red lines remain practically above the monthly reported cases for 1910 and the average number of cases for the years from 1906 to 1910 inclusive until June when there is an obvious drop. The hypochlorite treatment was begun about the first of June, 1911, and from then on it may be seen that the number of typhoid cases reported monthly during 1911 as represented by the red lines is much smaller than the corresponding months for 1910, and also shows a considerable drop as compared to the average cases for 1906 to 1910 inclusive.

The number of cases reported monthly during 1912, up to the end of September, is shown in the table given below. These reported cases do not show any marked difference as compared to the results of the other years until August and September, but there is an obvious drop in the number of cases for these months. The cases and deaths during October to December inclusive, 1912, of course, have not yet occurred, but the figures in the table are the same as the average number of cases for the years 1906 to 1910 inclusive. The cases for October, November and December of 1912 will probably be below the numbers given for the average of the years from 1906 to 1910, since the monthly number of cases of typhoid fever and deaths from typhoid fever for 1912 have fallen below the average number for 1906 to 1910. Even allowing this liberal estimate for the remaining cases and deaths for 1912, the total number of reported cases for 1912 should only be 1136 and the total number of deaths 169. This is below the record for most of the preceding years, as can be seen by consulting the chart or table.

This table which is given below shows the reported cases and deaths from typhoid fever since 1906. It should be borne in mind that the records for the last three months of 1912 are not accurate but are simply a set of supposititious figures based upon the averages for the years of 1906 to 1910.

The total number of cases for the average of five years was 1403 and the total number of cases of typhoid fever for 1910 was 1891, and although the hypochlorite treatment was not begun until June, 1911, the number of reported cases was only 1201 for this year.

The average number of deaths for the period of five years mentioned above was 192 and the total number of deaths for 1910 was 235. During 1911 the number of deaths from typhoid fever was only 154, although the hypochlorite treatment as mentioned above was only begun about the first of June.

GENERAL CONCLUSIONS.

From the evidence at hand it would seem that the use of the hypochlorite treatment has caused a general reduction in the intestinal and water bacteria, and that there has been a coincident decrease of the typhoid morbidity and fatality in Baltimore. The figures should be studied for five year periods at least, however, before coming to any final conclusions concerning this effect of the hypochlorite upon the constituents of the drinking water and upon the number of cases of typhoid fever in the city.

I wish to thank Dr. James Bosley, Commissioner of Health; Mr. Ezra Whitman, Water Engineer; Dr. Frederick C. Blanck, Chief of Food and Dairy Division, and Dr. F. W. Hachtel, First Assistant Bacteriologist, for great assistance in prosecuting this work.

COUNTY SOCIETIES.

BALTIMORE CITY MEDICAL SOCIETY

The regular meeting of the Baltimore City Medical Society was held on October 18, Dr. R. W. Johnson presiding.

The first paper on the program was by Dr. W. T. Watson, on "Anti-noise measures in Baltimore." This paper was discussed by Drs. Harris and Girdwood. The following resolution was introduced by Dr. Novak, seconded by Dr. Neff:

RESOLVED that the Baltimore City Medical Society extends its thanks to Councilman Timothy O. Heatwohle for his services in securing the passage of the Hospital Zone Law.

This resolution was adopted.

Dr. Henry Lee Smith, seconded by Dr. Girdwood, moved that the Chair appoint a committee to investigate the subject of unnecessary noises, and report to the Society with recommendations as to possible improvement of conditions. The motion was carried, and Drs. W. T. Watson, J. Staige Davis and Henry Lee Smith were appointed.

The second paper was by Dr. A. G. Rytina on "The luetin skin reaction in the diagnosis of syphilis." This paper was discussed by Drs. Keidel and Harris.

The report of the Board of Censors was made by Dr. Randolph Winslow, who presented the names of the following applicants for membership: Dr. Joseph I. Kemler, 519 N. Charles Street; Dr. William K. Skilling, 4107 Liberty Heights Avenue; Dr. Joseph Francis Tearney, 2210 Maryland Avenue; Dr. Lloyd B. Whitham, 1007 N. Calvert Street. All these were duly elected.

A portrait of Dr. J. H. Jarrett was then presented to the Medical and Chirurgical Faculty by Dr. William J. Todd, on behalf of the Baltimore County Medical Society. The portrait was accepted by Dr. H. H. Young, President of the Faculty.

There being no further business the meeting was adjourned.

WORCESTER COUNTY.

There was held on October 15, in Odd Fellows Hall, the annual meeting of the Worcester County Medical Society. Every section of Worcester County was represented and all entered into a discussion of what is very important to physicians in active practice, *viz.*, "Our Fraternal Relations and Fees."

There was an endeavor made to establish a regular rate over the whole county and in part this was successful. Committees were appointed consisting of the members of the society in each town who are to try to strike a fee level which will be presented at the next meeting for adoption.

Election of officers for the ensuing year was then taken up with the following results: President, Dr. J. D. Dickerson, Stockton, Maryland; Vice-President, Dr. J. R. Bishop, Showell, Maryland; Secretary-Treasurer, Dr. J. L. Riley, Snow Hill, Maryland; Censors, 3 years, Dr. E. Holland, Berlin, Maryland; 2 years, Dr. N. E. Sartorius, Pocomoke City, Maryland; 1 year, Dr. J. R. Bishop, Showell, Maryland. The next meeting of the Society will be held in Pocomoke City.

BOOK REVIEWS.

Sexual Impotence. By VICTOR G. VECKI, M.D., consulting genito-urinary surgeon of the Mount Zion Hospital, San Francisco. Fourth edition. W. B. Saunders Company, Philadelphia and London. 1912.

In these days of sexual fanaticism it is refreshing to read a sane sober book, written from the standpoint of a physician, who views the subject practically and as a normal human being and not as a theorist who would revolutionize the manners and customs of the world at one fell swoop. The author, a man of mature judgment and wide experience, has made an exhaustive study of every phase of the subject and with his virile pen unhesitatingly chronicles truths readily recognized, but which have been kept hidden under the mantle of reserve as unfit for discussion. He sanely disapproves of sex teaching before puberty, an especially impressive point when one recalls the exhibit of the American Federation for Sex Hygiene at the recent Congress of Hygiene and Demography and noted the impression of the "chamber of horrors" on the immature minds of the children who were allowed to wander through the building unrestrained.

Another evidence of the fearlessness of the author is his stand on the use and abuse of aphrodisiacs. The much advertised and expensive "Yohimbin" is exposed as valueless and even harmful, confirming the experience of many observers. The chapter on the treatment of impotence is especially valuable and up-to-date covering thoroughly a much neglected field of therapeutics.

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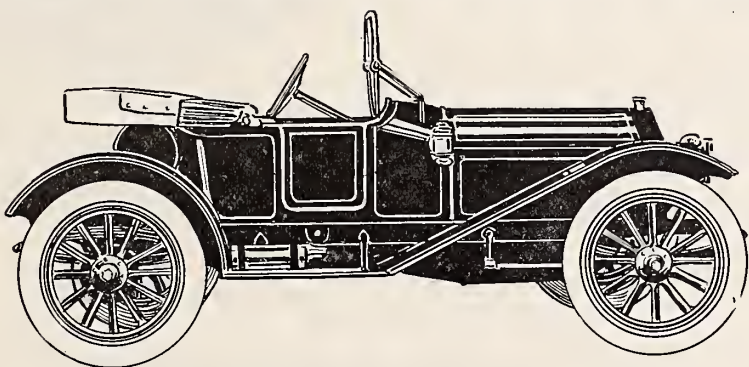
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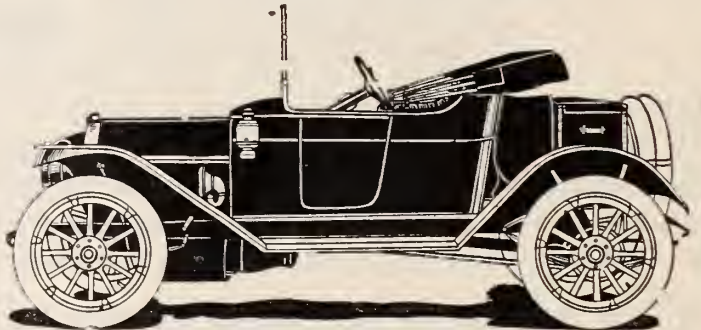
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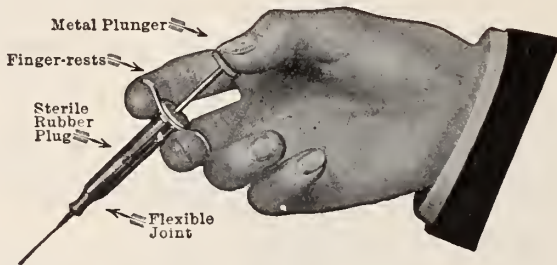
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MEDICAL SOCIETY MEETINGS

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, HARRY FRIEDENWALD; Vice-President, WILLIAM H. SMITH; Secretary, EMIL NOVAK; Treasurer, W. S. GARDNER; Censors, R. WINSLOW, C. W. LARNED, C. E. BRACK; Delegates, J. C. BLOONGOOD, WILMER BRINTON, S. G. DAVIS, W. E. MAGRUBER, W. R. STOKES, GORDON WILSON, C. F. BURNAM, J. M. H. ROWLAND, JOHN T. KING, W. A. FISHER.

SECTION OF CLINICAL MEDICINE AND SURGERY. First and Third Fridays, 8.30 P. M., October to May. Chairman, G. A. FLEMING, M.D.; Secretary, J. STAIGE DAVIS, 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, G. W. DOBBIN, M.D.; Secretary, EMIL NOVAK, M.D.

SECTION OF LARYNGOLOGY. Fourth Fridays monthly, 8.30 o'clock. Chairman, J. N. REIK; Secretary, L. J. GOLDBACH.

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, A. P. HERRING, M.D.; Secretary, G. LANE TANNEYHILL, JR., M.D.

SECTION OF OPHTHALMOLOGY AND OTOLOGY. Third Wednesdays. Chairman, R. L. RANDOLPH, M.D.; Secretary, J. W. DOWNEY, JR., M.D.

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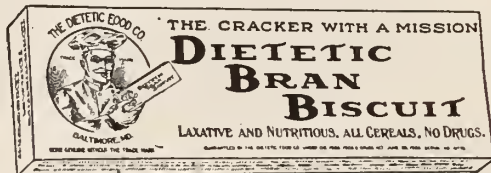
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Vol. V

BALTIMORE, DECEMBER, 1912

No. 6

THE KALLIKAK FAMILY.

One of the recent additions to the library is a study by Henry Herbert Goddard, Director of the Research Laboratory of the Training School for Feeble-minded Boys and Girls at Vineland, N. J.

This piece of work deals with the question of the heredity of feeble-mindedness and is the most illuminating and complete of all the studies in heredity that have ever been made, with the view of showing the descent of mental deficiency.

As early as 1877, Dugdale published the famous story of the Jukes family which showed a startling array of criminals, paupers and diseased persons more or less related to each other and extending over seven generations. Subsequently, Winship made a comparison of the Jukes family with the descendants of Jonathan Edwards. These two families were entirely independent and of different ancestral stock, were reared in different communities and under entirely different environment, so that the comparison thus made meant nothing.

In the study of the Kallikak family, we have a different story. Many years ago there settled in the United States a healthy man who married a healthy woman, and for four generations their descendents were per-

fectly normal. Then, about the time of the American Revolution, one of the sons, himself perfectly normal, had a child by a feeble-minded girl. She named the child with the full name of the father and so bequeathed to posterity the family name and her own weakness. Subsequently, this man married a woman of his own quality and since then there have been six generations born. From the lawful wife, who was a normal woman, all of the descendants have been normal, with one or two exceptions of a trifling nature and which may easily be explained as coming from the other side of the marriages. They number 496 in direct descent. On the other hand the descendants of the feeble-minded girl tell a different tale. There were 480 descendants; 143 of these are known to be feeble-minded while 46 have been found normal. The rest are unknown or doubtful. Many of these feeble-minded descendants married people of about the same grade of mentality and, as might have been expected, the descendants showed a number of confirmed alcoholics, a number of prostitutes, some epileptics, and a large number of deaths in infancy.

Goddard has made charts of both branches of the family which show in the most instructive manner the transmission of feeble-mindedness. The question as to whether the general law of inheritance, which was first described by Mendel in 1866 and which is generally known by his name, applies to human beings, and whether the transmission of mental deficiency follows this law is of great interest in connection with the study of this family. It would seem that there is a certain amount of ground for believing that feeble-mindedness is a unit character, and is perhaps transmitted in the same proportion as the color of the hair, physical abnormalities such as albinism and other peculiarities.

Taking up the Kallikak family, we find that there were 41 matings where both parents were feeble-minded, and they had 249 feeble-minded children and 2 others that were considered normal. If Mendel's law applies to children, where both parents were feeble-minded all the children should be feeble-minded, but these two exceptions may be accounted for in some other way. There were eight cases where the father was feeble-minded and the mother normal, and there were 10 normal children and 10 defective; and there were 12 cases where the father was normal and the mother feeble-minded, with 7 feeble-minded children and 10 normal, and both of these are in accordance with Mendelian expectations.

Taken altogether, this study is one of the most striking things which has been placed before the public, and one of the strongest arguments for a further careful study of the subject of transmission of mental traits. From the standpoint of general knowledge everyone who is interested in life, at all, will be charmed and perhaps shocked at the same time, by the able presentation which Goddard has made of this subject.

REDUCING THE NUMBER OF FEEBLE MINDED.

After four years' investigation among the population of England and Ireland the Royal Commission compiled statistics which made it evident that the feeble-minded mothers of Great Britain have proportionately twice as many children as the normal. Field workers in this country encounter a similar condition. The feeble-minded are multiplying at twice the rate of the general population. This is largely accounted for by the fact that feeble-minded men and women are lacking in self control. The result of research work by the Department of Public Charities in Philadelphia confirms the opinion that the rate of propagation of the feeble-minded is far greater than that of the normal. The birth-rate is not an accurate index of permanent increase, since the low mental or financial status of the parents lessens the children's chances of survival. The infant death-rate in the illegitimate Kallikak line, for instance, was about six times as great as in the legitimate line.

Still, the fact that such defective lines are able to increase at all and to perpetuate themselves for generations is sufficiently disquieting. It is notorious that the offspring of feeble-minded parents are especially liable to inherit the defective mentality. According to Goddard, about 65 per cent of all the feeble-minded owe their condition to heredity. It thus becomes apparent that the one great problem in the prevention of feeble-mindedness is the prevention of reproduction by those who are thus afflicted.

Many tentative experiments have been made along the line of sterilization. Indiana, Washington, California, Connecticut, Nevada, Iowa, New Jersey and New York have all passed laws which provide for some form of sterilization of feeble-minded and certain criminal types. Pennsylvania is prevented from having such a law only by the governor's veto of the bill. Kansas and Nebraska have both made experiments with this method of dealing with sexual offenders. For political reasons both of these states have had to abandon the practice at least temporarily. The New Jersey law, though far-reaching and carefully planned to avoid abuse while lending itself to the aid of scientific research, has not been in effect long enough to warrant conclusions as to its practical outcome. Indiana has given the sterilization plan the most thorough trial of all. In that state the practice of vasectomy on certain criminal types has been legalized for the last seven years. In the reformatory at Jeffersonville about three hundred men have been operated on.

When the whole subject is viewed from a practical point of view the arguments for sterilization of the mentally defective seem greatly to outweigh the sentimental reasons advanced against it. Many inmates of

institutions for the feeble-minded could be kept safely at their homes and at least help to earn their own living, were it not for the opportunity to reproduce their own kind which such liberty would give them. Although segregation of this class during the whole of the reproductive period is effective in its results, it carries with it a financial burden which seems unnecessarily large. Considered in all its various aspects, says *The Journal of The American Medical Association*, it would appear that the most practical plan for the elimination of the feeble-minded strains should judiciously combine the methods of segregation and sterilization.

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EXTRACTS FROM THE LAWS OF MARYLAND AND VIRGINIA
REGARDING THE EARLY CARE OF THE INSANE.

BY HENRY M. HURD, M.D.

A search in the laws of Maryland from 1773 to 1800 reveals much that is interesting in reference to the care of the poor and the insane in Maryland prior to the establishment of any State institution.

In 1773 and thereafter for several years at every session of the Assembly, authority was given to establish poor houses in the various counties, St. Marys, Harford, Anne Arundel and Baltimore being among the number. These poorhouses were placed in charge of the trustees of the poor who seem to have been self-perpetuating bodies with authority to elect members in the event of a vacancy in the office by the decease of a former member. Under the terms of their original appointments they were required to serve under quite a heavy penalty, but after a few years as the burden undoubtedly became a severe one, provision was made for them to resign or to decline to serve any longer.

These poorhouses, almshouses or workhouses, as they were called were divided into two parts, almshouses for the sick and friendless and workhouses for those persons who were deemed able to work and who were spoken of as, "beggars, dissolute, disorderly and vicious persons." The latter were expected to perform labor in the workhouses and in case they refused to work they were liable to be flogged, to the extent of "40 stripes save one." It is unquestionable that many insane people were taken care of in this way in the different counties as the distinction between the insane and the disorderly probably was not very clearly made.

In Chapter 56, Laws of 1791, passed December 27, the justices of Prince George County were authorized to levy a sum of money for the support, maintenance and keeping of Mary Brown, and Eleanor Love, "two lunatics."

The preamble states that:

WHEREAS it has been represented to this general Assembly by the petition of Thomas Brown of Prince George County, that his wife Mary Brown and her daughter, Eleanor Love are now and have been for some time past in a state of lunacy and that he is unable to care for them, therefore,

Be it enacted by the General Assembly of Maryland, that the justices of Prince George County be and they are hereby empowered at their next meeting and annually thereafter to levy on the assessable property of said county such sum not exceeding forty pounds of current money, as they may think necessary for the support, maintenance and safe-keeping of Mary Brown and Eleanor Love during their state of lunacy and to apply the same as they may think best for the purposes aforesaid.

An Act of December 28, 1793, is also found, providing for the support of Rebecca Fowler upon the petition of her mother Juliana Fowler setting forth that her daughter, "Rebecca has *convulsion fits*, is blind and that she has in a great measure been deprived of the use of her senses and that she, her mother is no longer able to take care of her, but desires, to keep her out of the almshouse," and the sum of twenty pounds annually is required for the purpose, which sum was appropriated to defray the expenses of Rebecca Fowler.

In another Act application is made in behalf of a father and mother, the former having reached the age of 59 years and the latter the age of 55 years, who petition that in view of the fact that they have up to that time supported four helpless imbecile children who are unable "to walk, to dress or to feed themselves," they ask in view of their advanced years that an appropriation for the support of Solomon, aged 30, Sarah and Mary twins, aged 28 years and Eliza aged 26 years be made and that the trustees of the poor be permitted to pay a pension for the care of each in the sum not exceeding \$30 per year.

In searching the records which we have as to the relief of the poor and the helpless insane, we find that the express reason given for a state appropriation in many instances was to permit the friends of the helpless person to keep him out of the almshouse, it being generally thought that such persons as were old, feeble, helpless and deranged were better cared for outside of the almshouse than in it.

In one instance a law was passed permitting the directors of the poor in St. Mary's County to pay the sum not exceeding \$30 as pensions to a number of poor people to enable them to live outside the almshouse.

In some sections of the State a like practice continues to this day, a small sum of money being paid to aged, indigent couples sufficient to furnish them with groceries and a little ready money to eke out the subsistence which they are able to gain for themselves upon a small patch of ground by farming or gardening.

The first Act providing for a State institution for the insane in Maryland was passed, January 20, 1797 and is as follows:

An Act to encourage the establishing of a hospital for the relief of indigent sick persons and for the reception and care of lunatics.

I. WHEREAS there are frequently in many parts of this State poor distempered persons who languish being in pain and misery under various disorders of body and mind and who cannot have the benefit of regular advice, attendance, lodging, diet and medicine but at an expense which they are unable to defray, and therefore, often suffer for want thereof:

AND WHEREAS it is represented to this General Assembly that there is a charitable disposition in divers inhabitants of this State to contribute largely towards establishing a common State Hospital in or near the City of Baltimore, properly disposed

and appointed, where such afflicted persons may be comfortably subsisted and where their health may be regularly attended to;

Therefore, for the encouragement of so beneficial an undertaking:

II. Be it enacted by the General Assembly of Maryland, that the Treasurer of the Western Shore of Maryland shall and he is hereby directed to pay to the Mayor of the City of Baltimore, or to his order, out of any unappropriated money that may be in the treasury, the sum of eight thousand dollars to be applied to the establishment of said hospital upon bond being given with good and sufficient surety for the faithful application of the said money to the founding, building and furnishing said hospital according to the one intent and meaning of this law.

The first mention made of the public relief of the poor which is to be found in the legislation of Virginia is the record that "At a Grande Assemblée held at James Cittie the Second Day of March 1642-3 "in view of the fact that "diverse poor people are disabled to labor by reason of sicknesse lamenesse, or age" they are hereby relieved from all taxes and charges "which shall free them from all public charges *except the minister's and parish dues.*" It seems somewhat strange that age, sickness and lameness should not be considered sufficient reasons for not paying the dues of the minister and parish. The explanation however is to be found in the fact that originally the vestries of the various parishes had, as in England, the care of the poor and probably exercised a wide discretion as to the relief which was to be given to the dependent classes. These disabled persons were not paupers and probably were discriminated from them by the fact that they paid the parish rates. In the next century after the Revolutionary War we find several acts establishing boards of overseers of the poor to replace the vestries which when Virginia had an established church had been charged with the care of the pauper and helpless.

In an Act passed in November, 1769, we find the first mention of any provision for the insane. It is entitled "*An Act to make provision for the support and maintenance of ideots, lunetics and other persons of unsound minds,*" and is as follows:

I. WHEREAS, several persons of insane and disordered minds have been frequently found wandering in different parts of the colony and no certain provision having yet been made either towards effecting a cure of those whose cases are not become quite desperate nor for restraining others who may be dangerous to society, *Be it therefore enacted by the Governor, Council and Burgesses of this present General Assembly and it is hereby enacted by authority of the same.* That [Here are inserted the names of fifteen persons] be and are hereby constituted trustees for founding and establishing a public hospital for the reception of such persons as shall from time to time according to the rules and orders established by this act be sent thereto. And the said trustees shall be called and known by the name and style of court of directors of the public hospital for persons of insane and disordered minds.

II. Provides for the choice of a president and for filling vacancies in the court of directors.

II (*bis*). Provides for purchase of land "not exceeding 4 acres the most healthy in situation that can be procured and as convenient as may be to the city of Williamsburg.

III. Provides rules for the reception of patients who must however be passed upon by the "court of directors" before being entered upon the books.

IV. Permits a patient to be removed by any friend who may have custody of him provided he can "give sufficient security that he can be restrained until restored to his senses.

V. Provides that the sheriff shall receive pay for his services in bringing a patient to the hospital.

VI. Appropriates twelve hundred pounds for buildings and twenty-five pounds per annum for the support of each patient.

VII. Provides that patients who possess a sufficient estate must pay their own expenses at the hospital.

VIII. Empowers the court of directors to receive private patients.

IX. Provides that any person who recovers shall be released.

X. Provides that the Act shall be in force for a term of five years.

It is interesting to notice that the above act establishes a public hospital for the "care of those whose cases are not become quite desperate" and for "restraining others who may be dangerous to society." This was the beginning of the Williamsburg, Virginia, State Hospital which since 1773 has been available for the care of the insane.

THE JOHN M. T. FINNEY FUND SUBSCRIBERS.

In the list printed in the May BULLETIN of subscribers to the J. M. T. Finney Fund for the Advancement of Surgery, the following names were omitted when the list was typewritten for the printer. We take pleasure in calling attention to these: Mrs. L. E. F. Bruce, Mrs. Israel Cohen, Dr. Miles F. Porter.

Additional subscriptions have been received to date from Dr. E. H. Hutchins, Dr. Harry B. Stone, Mr. R. Brent Keyser, Mr. Charles E. Rieman and Mr. Richard Dallam.

BOARD OF MEDICAL EXAMINERS OF MARYLAND.

At a meeting of the Board of Medical Examiners of Maryland, held December 4, the following resolution was adopted upon the death of Dr. Franklin Buchanan Smith.

RESOLVED: The Board of Medical Examiners of Maryland hereby incorporates in its record this expression of appreciation of the character and services of our fellow member, Dr. Franklin Buchanan Smith, who has been called hence.

Dr. Smith was one of the original members in the organization of this Board, having been elected by the Faculty in 1892, and was present at the first meeting held June 2, 1892. His successive reelections indicate the value of his services as a member of the Board and his sympathy with the effort to advance the standard of medical education and promote the higher and better interests of the profession. Our relations with our esteemed associate confirm this estimate of his work and worth.

In his death the medical profession has lost a member whose constant effort was toward higher ideals, a greater efficiency and a nobler consecration of self to service; this Board, a member always helpful and animated by conscientious purpose; the State, a citizen whose activity and participation in public affairs was always in the direction of the up-lift and advancement of the community of which he was a respected and honored member.

To the distressed family of our brother we extend our sincere and heart-felt sympathy and the Secretary is directed to publish this minute in the *BULLETIN*, the *Maryland Medical Journal* and transmit a copy to the widow of our deceased brother.

DR. HERBERT HARLAN, President, Baltimore,
 DR. HARRY L. HOMER, Baltimore,
 DR. B. W. GOLDSBOROUGH, Cambridge,
 DR. JAMES A. STEVENS, Easton,
 DR. LEWIS A. GRIFFITH, Upper Marlboro,
 DR. LOUIS B. HENKEL, JR., Annapolis,
 DR. H. M. FITZHUGH, Westminster,
 DR. J. MCP. SCOTT, Sec. and Treas., Hagerstown.

The following resolution adopted by the Illinois State Board of Health, which is the Examining and Licensing Board of that State, clearly presents its estimate of the importance of *Materia Medica* as a "branch of medical science" and its determination to withhold its recognition of the license of an Examining and Licensing Board which does not require an examination in *Materia Medica*.

RESOLUTION REGARDING THE SUBJECTS OF MATERIA MEDICA AND PRACTICE OF MEDICINE

WHEREAS, *Materia medica*, "that branch of medical science which treats of the substances used in medicines, their origin, composition, physical characteristics, chemical properties, modes of preparation and administration, physiological and toxicological actions"—to quote from a leading authority on the subject—constitutes one of the sound fundamentals of a medical education; and,

WHEREAS, A lack of demonstrable knowledge, on the part of a physician, of this essential branch of medicine, indicates a medical education insufficient for the practice of medicine and surgery in all their branches; and,

WHEREAS, In the opinion of the Illinois State Board of Health, it is necessary that an adequate test by examination be exacted of the applicant for medical license in Illinois, in the subject of practice of medicine, particularly in that phase of practice relating to applied therapeutics or the treatment of disease; and,

WHEREAS, Certain examining and licensing boards, with some of which the Illinois State Board of Health now sustains reciprocal relations, fail to exact an examination in either one or both of the above mentioned subjects; therefore, be it

Resolved, That, after this date, the Illinois State Board of Health will require candidates from other states, seeking license through reciprocity, to pass an exam-

ination in the subject of materia medica or practice, or both, when an examination in such subject or subjects has not been exacted of the candidate by the board of the state from which he comes.

MEDICAL SOCIETY MEETINGS.

RESOLUTIONS ENDORSED AT THE OCTOBER, 1912, MEETING OF THE ANNE ARUNDEL COUNTY MEDICAL ASSOCIATION.

The members of the Anne Arundel County Medical Society have viewed with surprise and apprehension the increased frequency during the past two years, with which a few of the prominent physicians and surgeons of Baltimore City have allowed—intentionally or otherwise, we do not know, the result, however, has been the same—the reporting in the daily newspapers the names of their patients, the name of the disease requiring the surgical operation or the medical treatment at their hands.

Those self-advertising surgeons and physicians we have, in the past, held in the highest esteem and placed implicit confidence in them, seeking their advice and assistance as medical men.

Our protesting as individual members of the medical profession against the unprofessional and unethical methods by commercial advertising has had no influence to diminish the number of operations with the names of the attending physicians or surgeons printed in the daily newspapers.

THEREFORE BE IT RESOLVED: That the Anne Arundel County Medical Society at its monthly meeting held at Annapolis, October 8, 1912, realizing that the high standing of the medical profession has been lowered in Maryland by the sins of omission or of commission of some of the surgeons and physicians of Baltimore who have allowed their patients' names, the names of the diseases for which medical treatment or surgical operations have been resorted to, and the name of the physician or surgeons in attendance, and the name of the hospital to which the patient has been taken to be published in the daily press; this being a violation of the Hypocraatic Oath, that part particularly referred to reads—"Whatever in connection with my professional practice or not in connection with it, I see or hear in the life of men, which ought not to be spoken of abroad I will not divulge," and further, that such disregard for medical ethics is a gross violation of the Code of Medical Ethics of the American Medical Association of which we are a component part, the Door of entry to the National Association, which we have been particularly charged to guard against the entrance of the unfaithful and the unprepared.

RESOLVED: That we hereby renew our allegiance to the American Medical Association and again endorse and subscribe to the Code of Ethics as outlined by that Association.

RESOLVED FURTHER: That as the surgeons and physicians above described have, in our opinion, violated the Code of Ethics of the medical profession we hereby pledge ourselves not to consult with nor allow them to operate on the patients we attend until such times as they shall purge themselves of the medical sin of self-advertising in the public press, and have sworn a willingness to comply with and be governed by the Code of Ethics of the American Medical Association.

RESOLVED FURTHER: That it shall be the duty of any member of the Anne Arundel County Medical Society knowing of a violation of the Code of Ethics of the American Medical Association by a member of the medical profession in Anne Arundel County, to notify the Board of Censors of the Anne Arundel County Medical Society to in-

investigate the charge, and if found correct to submit a written report to the Anne Arundel County Medical Society at its next regular meeting, and upon the vote of its members, the name of the offender shall be placed on a list, to be known as "THE LIST" whereby the members of the Anne Arundel County Medical Society pledge themselves not to consult with such offender or offenders until the name or names be taken from said list.

RESOLVED FURTHER: That a copy of these resolutions signed by our President and our Secretary be sent to the Secretary of each of the medical societies and organizations listed in the Medical and Chirurgical Faculty BULLETIN with a request that they be read at the next meeting of the society to which the letter has been addressed.

RESOLVED FURTHER: That a copy of these resolutions signed by our President and our Secretary be sent to the Secretary of the Medical and Chirurgical Faculty of Maryland with a request that they be read before the Board of Councillors of that Faculty at its next meeting.

RESOLVED FURTHER: That these resolutions are subscribed to in good faith, our desire and our effort is to preserve the high standing and support the Code of Ethics of the regular medical profession now and always.

THOMAS H. BRAYSHAW,
President.

LEWIS B. HENKEL, JR.,
Secretary.

BALTIMORE COUNTY

The November meeting of the Baltimore County Medical Association was held November 22, at the Gundry Sanatorium, near Catonsville, where they were entertained by Dr. Alfred T. Gundry. Luncheon was served at 2.30 o'clock and the meeting followed, the president, Dr. W. L. Smith, presiding. Dr. G. C. McCormick was secretary. Dr. A. P. Herring read a paper on "The More Recent Studies in Eugenics" and Dr. W. R. Dunton, Jr., spoke on "Beniet-Simon Test and Its Value to the Child." About 30 guests were present.

WASHINGTON COUNTY

The Washington County Medical Society met in regular session at the Library on November 14. The meeting was called to order by the President, Dr. S. M. Wagonman.

The following amendment to the By-Laws was offered:

"This Society shall meet the second Thursday of each calendar month of the year. The regular routine business of the Society shall be transacted at the meetings in February, May, August and November and at no others. The November meeting shall be the Annual Meeting at which officers shall be elected and all regular dues payable. At the other monthly meetings, only clinical, pathological or other strictly professional matters shall be considered."

The Society discussed holding its future meetings at the Washington County Hospital.

The Secretary was directed to extend the thanks of the Society to the Board of Trustees of the Washington County Free Library for the courtesies extended during the previous years.

The subject of establishing a tuberculosis dispensary for the county was taken up but postponed until the next meeting.

Scientific Programme

Deep injections of alcohol in the treatment of trigeminal Neuralgia. Dr. C. M. Byrnes, Baltimore Md.

Case report of invaginated Appendix. Dr. Daniel Watkins, Hagerstown, Md.

The following officers were elected for the coming year: President, Dr. V. M. Reichard; Vice President, Dr. Sam'l. Watkins; Secretary, Dr. W. D. Campbell; Treasurer, Dr. Royer Laughlin; Member Board of Censors, Dr. J. McP. Scott; Member Hospital Board, Dr. V. M. Reichard.

W. D. CAMPBELL, M. D.,
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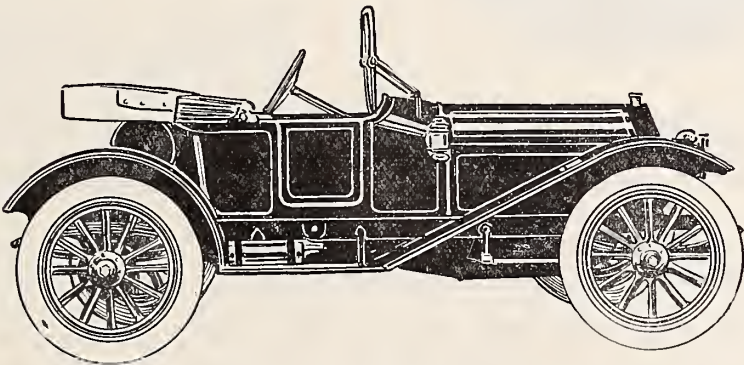
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THE BULLETIN
OF THE
Medical *and* Chirurgical
Faculty of Maryland



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

Vol. V

JANUARY, 1913

No. 7

Kelly and Noble's Gynecology and
Abdominal Surgery

This work possesses a number of features not to be found in any other publication covering the same fields. It contains *chapters upon the bacteriology and the pathology of gynecology*, dealing fully with the scientific basis of gynecology. Dr. Bloodgood's chapter on the *Breast*, covering 100 pages, is the most elaborate and the best illustrated presentation of this subject ever published. It contains 123 original illustrations, six in colors. There is a large chapter devoted entirely to *medical gynecology*, written especially for the physician engaged in general practice. As an indication of the practical value of the work, we might mention that it has been translated into Spanish.

Edited by HOWARD A. KELLY, M.D., Professor of Gynecologic Surgery in Johns Hopkins University; and CHARLES P. NOBLE, M.D., formerly Clinical Professor of Gynecology in the Woman's Medical College, Philadelphia. Two imperial octavos of 850 pages each, containing 880 illustrations, some in colors. Per volume: Cloth, \$8.00 net; Half Morocco, \$9.50 net.

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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, HARRY FRIEDENWALD; Vice-President, WILLIAM H. SMITH; Secretary, EMIL NOVAK; Treasurer, W. S. GARDNER; Censors, R. WINSLOW, C. W. LARNEN, C. E. BRACK; Delegates, J. C. BLOODGOOD, WILMER BRINTON, S. G. DAVIS, W. E. MAGRUBER, W. R. STOKES, GORDON WILSON, C. F. BURNAM, J. M. H. ROWLAND, JOHN T. KING, W. A. FISHER.

SECTION OF CLINICAL MEDICINE AND SURGERY. First and Third Fridays, 8.30 P. M., October to May. Chairman, G. A. FLEMING, M.D.; Secretary, J. STAIGE DAVIS, 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, G. W. DOBBIN, M.D.; Secretary, EMIL NOVAK, M.D.

SECTION OF LARYNGOLOGY. Fourth Fridays monthly, 8.30 o'clock. 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, A. P. HERRINO, M.D.; Secretary, G. LANE TANEMHILL, JR., M.D.

SECTION OF OPHTHALMOLOGY AND OTOTOLOGY. Third Wednesdays. Chairman, R. L. RANNOLOPH, M.D.; Secretary, J. W. DOWNEY, JR., M.D.

ALLEGANY COUNTY MEDICAL SOCIETY. President, EDWARD H. WHITE, Cumberland, Md.; Secretary-Treasurer, CHARLOTTE B. GARDNER, Cumberland, Md.; Delegate, E. B. CLAYBROOK. Second Wednesdays of January, April, July and October; annual Meeting in January.

ANNE ARUNDEL COUNTY MEDICAL SOCIETY. President, T. H. BRAYSHAW, Glenburnie, Md.; Secretary, L. B. HENKEL, JR., Annapolis, Md.; Treasurer, F. H. THOMPSON, Annapolis, Md.; Delegate, C. R. WINTERTSON. Second Tuesday of January, April, July and October.

BALTIMORE COUNTY MEDICAL SOCIETY. President, WILLIAM L. SMITH, Sherwood, Md.; Secretary, G. C. McCORMICK, Sparrows Point, Md.; Treasurer, F. C. ELLREN, Sparrows Point, Md.; Delegate, H. L. NAYLOR, Towson, Md. Third Thursdays, April to October, 2 p. m.; November to March, 1 p. m.

CALVERT COUNTY MEDICAL SOCIETY. President, ISAAC N. KING, Barstow, Md.; Secretary, J. W. LEITCH, Huntington, Md.; Treasurer, GEORGE PETERSON, Mackall, Md.; Delegate, P. BRISCOE. Second Tuesdays in April, August and December; annual meeting second Tuesday in December.

CAROLINE COUNTY MEDICAL SOCIETY. President, ; Secretary-Treasurer, J. R. DOWNS, Preston, Md.; Delegate, H. W. B. ROWE, Hillsboro, Md.

CARROLL COUNTY MEDICAL SOCIETY. President, M. D. NORRIS, Eldersburg, Md.; Secretary-Treasurer, CHARLES R. FOUTZ, Westminster, Md.; Delegate, M. D. NORRIS. April, July, October, December; annual meeting in October.

CECIL COUNTY MEDICAL SOCIETY. President, S. T. ROMAN, R.F.D., Conowingo, Md.; Secretary-Treasurer, H. BRATTON, Elkton, Md.; Delegate, R. M. BLACK. Third Thursdays at Elkton, April, July, October, January; annual meeting in April.

CHARLES COUNTY MEDICAL SOCIETY. President, JOHN W. MITCHELL, Pomonkey, Md.; Secretary-Treasurer, THOMAS S. OWEN, La Plata, Md.; Delegate, L. C. CARRICO. Third Tuesday in May, August and November.

DORCHESTER COUNTY MEDICAL SOCIETY. President, EDWARD L. JONES, E. New Market, Md.; Secretary-Treasurer, W. H. HOUSTON, Fishing Creek, Md.; Delegate, L. G. WOLFF, Cambridge, Md. Meetings first Tuesday in June and December.

MEDICAL SOCIETY MEETINGS—Continued

FREDERICK COUNTY MEDICAL SOCIETY. President, Dr. C. F. GOODSELL, Frederick, Md.; Secretary, Dr. B. O. THOMAS, Frederick, Md.; Treasurer, Dr. LEVIN WEST Brunswick, Md.; Delegate, I. J. McCURDY. January, April, August and November.

HARFORD COUNTY MEDICAL SOCIETY. President, A. F. VAN BIBBER, 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, F. O. MILLER, Ellicott City, Md.; Secretary-Treasurer, H. D. CAUSEY, Ellicott City, Md.; Delegate, A. WILLIAMS. 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, J. DUDLEY MORGAN, Chevy Chase, Md.; Secretary-Treasurer, J. L. LEWIS, Bethesda, Md.; Delegate, JAS. DEETS. Third Tuesdays in April and October.

PRINCE GEORGE'S COUNTY MEDICAL SOCIETY. President, C. W. BIRNSALL, Hyattsville, Md.; Secretary, H. B. McDONNELL, College Park, Md.; Treasurer, W. ALLEN GRIFFITH, Herwyn, Md.; Delegate, G. W. LATIMER. Second Saturday of every second month.

QUEEN ANNE'S COUNTY MEDICAL SOCIETY. President, N. S. DUDLEY, Church Hill, Md.; Secretary-Treasurer, H. F. McPHERSON, Centreville, Md.; Delegate, W. G. COPPAOE.

SOMERSET COUNTY MEDICAL SOCIETY. President, WILLIAM F. HALL, Crisfield, Md.; Secretary-Treasurer, RALPH L. HOYT, Oriole, Md.; Delegate, C. N. COLLINS. First Tuesday in April at Crisfield; first Tuesday in November, at Pridcess Ance.

TALBOT COUNTY MEDICAL SOCIETY. President P. L. TRAVERS, Easton, Md.; Secretary-Treasurer, W. L. PALMER, Easton, Md.; Delegate, C. F. DAVINSON. Annual meeting third Tuesday in November and semi-annual meeting third Tuesday in May.

WASHINGTON COUNTY MEDICAL SOCIETY. President, V. M. REICHARD, Fairplay, Hagerstown, Md.; Secretary, W. B. CAMPBELL, Hagerstown, Md.; Treasurer, J. R. LAUOHLIN, Hagerstown, Md.; Delegate, J. W. HUMRICHOUSE. Second Thursdays 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, J. D. DICKERSON, Stockton, Md.; Secretary and Treasurer, J. L. RILEY, Snow Hill, Md.; Delegate, J. L. RILEY, Snow Hill, Md.

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Delegates to A. M. A.—G. Lade Taneyhill; *alternate*, J. J. Carroll; R. B. Warfield; *alternate*, Randolph Winslow.

Scientific Work and Arrangements—W. A. Fisher, Jr., A. M. Shipley, J. H. Smith, Jr.

Inebriety—G. Milton Lithicum, A. P. Herrig, M. L. Price, R. F. Gundry, W. J. Todd.

Hygiene and Pathologic Museum—Drs. W. R. Stokes, Claribel Cone, Gordon Wilson, S. McCleary, H. W. Stoner.

STATE PRACTICE ACT

State Board of Medical Examiners—Herbert Harlan, J. McP. Scott, Harry L. Homer, James A. Stevens, H. M. Fitzhugh, L. A. Griffith, B. W. Goldsborough, L. B. Henkel.

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.

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



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THE BULLETIN

OF THE

MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND

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NOTE: The Publication Committee desires to receive suggestions from members of the Faculty, that will in any way improve the Bulletin.

Vol. V

BALTIMORE, JANUARY, 1913

No. 7

NEW OFFICERS OF THE FACULTY.

We give in this number the picture of the President of the Faculty for 1913, Dr. Archibald C. Harrison. In accordance with an amendment to the Constitution, adopted in April, 1911, the officers and committees elected at the Annual Meeting in April do not assume their duties until the beginning of the next calendar year. This change has proved of great benefit in perfecting the organization, as the officers are enabled to familiarize themselves with the various activities of the Faculty before undertaking their work.

A full list of the officers and committees for 1913 is given on the first and second pages of the BULLETIN, and the officers of the component societies are listed also. These two pages are printed each month and kept up to date for the convenience of members.

NEW TELEPHONE NUMBER.

We have been compelled to change our telephone contract, as the old form of unlimited service has been abolished. This necessitated a change in number, to which we desire to call the attention of our members so that no calls need be lost. The new number is

Mt. Vernon 2972

Make a note of this on your desk pad or telephone book.

THE ANTI-NOISE MOVEMENT IS WORLD-WIDE.

This edition of the BULLETIN is devoted to the anti-noise crusade which has been so actively and successfully promulgated by the Anti-Noise Committee of the Baltimore City Medical Society, of which Dr. William T. Watson is Chairman. We hope every member of the Faculty will read the papers which appear in this issue and lend their hearty coöperation in bringing about the necessary legislation to suppress and eliminate all unnecessary noises.

That this movement is world-wide in its scope is evidenced by the following rules and regulations which are enforced in Berlin and at the various health resorts in Germany. These regulations have been issued in Berlin:

No windows or doors of houses, flats, shops or restaurants in which music is being played may be kept open.

No whistling, singing, shrieking, shouting or loud talking of any kind likely to endanger the quiet of the streets is to be permitted.

Teamsters in charge of wagons, trams or trucks loaded with resounding metal of any kind are forbidden to drive in a manner calculated to cause nerve-shattering noises.

In the Berlin letter, *Journal American Medical Association*, December 21, 1912, the following is found:

QUIET AT HEALTH RESORTS.

The German committee for hygienic arrangements in health resorts and watering places discussed at its last session the important theme "Quiet at Health Resorts." The following resolutions were adopted for regulating public traffic: (1) In the construction of street pavements, noise-suppressing reinforcement should be used according to local conditions. (Wood, asphalt, macadam; stone pavement is to be avoided as much as possible.) 2. Limitation of the street traffic in such a manner as to afford the necessary rest to the guests of health resorts. (Prohibition of fast driving of automobiles and other vehicles; prohibition of unnecessary use of horns and whistles and the cracking of whips; limitation of the use of bells and whistles on local railroads and steamship traffic. Control of the traffic of freight wagons. Practicable limitation of all kinds of noise which disturbs the quiet, with some exceptions which must be approved by the police (such as moving, etc.) 4. Prohibition of noisy plays of children and of noisy calls by street peddlers. 5. Restriction of keeping noisy animals (fowls, cats, dogs, etc.) 6. Permission of only the most necessary bell-ringing; elimination of the striking apparatus of public clocks. 7. Limitation of the construction of buildings to the slack season at the resorts.

For the houses the following resolutions were passed: 1. The greatest possible deadening of walls and ceilings in the lodging-houses. 2. The kitchens, water closets, bathrooms, rooms with machinery and rooms for amusement must be arranged so that those living in the house may not be annoyed by the noise produced in such rooms. 3. Establishment of certain hours for the beating of rugs, furniture and bedding. 4. Restriction of noisy plays of children in the courts, halls and gardens. 5. Training the house-servants to perform all their duties with the least possible noise. 6. The

greatest possible limitation of playing on musical instruments and singing with open windows and in buildings which are not sound-proof.

As Berlin is not given, as we are, in this country to enacting regulations and permitting them to become a dead letter, it will be seen that we have barely scratched the surface of the work upon which we have started.

The Anti-Noise Committee should be encouraged in its efforts to prevent unnecessary noises in Baltimore.

HOW EACH PHYSICIAN MAY HELP THE ANTI-NOISE CAUSE.

Every morning a thousand Baltimore physicians call upon several thousand patients. The first question put to nurse or attendant is "How did the patient sleep?" Sometimes, alas, the question has to take this form: "Did the hypnotic have the desired effect?"

Physicians are usually alive to the value of sleep as one of their chief allies in combating disease, and to no class do these lines of Shakespeare have more significance:

Sleep that knits up the ravell'd sleeve of care,
The death of each day's life, sore labor's bath,
Balm of hurt minds, great nature's second course,
Chief nourisher in life's feast.

If the physicians will now concentrate their attention upon the noises which disturb sleep, and become interested in the means to be employed in abating or abolishing them, the hypnotic will diminish in importance and suffering humanity will get what is their due from the sleep department of Nature's repair shop.

The work of the Anti-Noise Committee shows that most of the noises of which people complain are quite unnecessary and can be eliminated with but slight or no pecuniary loss to anyone. It becomes merely a matter of asking or compelling the thoughtless and the careless to conduct themselves with some regard to the rights of others to sleep and rest. It needed but a suggestion to some factories and their whistles were silenced; to some dairies and their gongs were abandoned. There are others who must be forced by law into good behavior, and most of us need the influence of law to keep us from lapsing into carelessness.

The Anti-Noise Committee has had framed a number of laws designed to abate noise. Baltimore is behind other cities in respect to anti-noise legislation and so most of the proposed laws are merely to bring Baltimore on a par with other communities. Some of these ordinances will doubtless pass with little opposition. Others will need all the influence that can be brought to bear.

Physicians can by a little personal effort greatly aid in the passage of all the proposed legislation, by impressing upon their City Councilmen that the whole medical profession is solidly behind this anti-noise movement and that it represents the sentiment of the vast majority of our citizens. That the physicians have no interests to serve except to make their city a better place for sick and well to live in, should give their plea additional weight with the City Fathers.

THE ANTI-NOISE COMMITTEE AND ITS WORK.

This Committee was appointed by the Baltimore City Medical Society on October 18, 1912. At the Annual Meeting, December 3, it was reappointed and given power to add to its membership and to associate with it citizens in other walks of life.

We were fortunate in finding in Mr. Chester F. Morrow a public-spirited lawyer willing and able to help us with our proposed laws.

Through the courtesy of Mr. Horace E. Flack, head of the City Department of Legislative Reference, we were promptly supplied with the laws for the suppression of noise in our own and other cities.

Our requests made through the daily press for complaints, were generously responded to by citizens in all walks of life.

We are rapidly accumulating a fund of knowledge about noises and means for their suppression which we confidently believe will result in making Baltimore a model for the emulation of other cities.

We invite further complaints and also solicit references to anti-noise articles appearing in newspapers, magazines or medical journals.

We are grateful to the Publication Committee for giving so much space in the BULLETIN to anti-noise matters. This puts in convenient form information to which we shall have frequent occasion to refer, and to send to others in the course of our campaign.

WILLIAM T. WATSON, *Chairman.*

HENRY LEE SMITH, *Secretary.*

JOHN STAIGE DAVIS,

THOMAS H. BUCKLER,

Committee.

PAPERS READ BEFORE THE SECTION ON CLINICAL
MEDICINE AND SURGERY OF THE BALTI-
MORE CITY MEDICAL SOCIETY.

NOISE AND INSOMNIA.

BY LEWELLYS F. BARKER, M.D.

Professor of Medicine, Johns Hopkins University.

As modern civilization progresses, the conditions of human life constantly undergo change. To escape injury, it is necessary that we, as human beings, should be ever on the alert, first, to adapt ourselves to unavoidable alterations in conditions, and second, to escape as far as possible from all harmful conditions. There are so many ills to combat by those interested in social reform, that we must take care not to waste time or energy on unnecessary struggles. He who undertakes, himself, to fight, and calls upon others to fight, against any condition existent in our daily life, must first bring the proof that it represents a real evil; he cannot expect that we shall allow ourselves to be aroused because it is merely a little unpleasant. In considering your "anti-noise movement," therefore, two questions will, naturally, be immediately asked: first, Is noise harmful? and, second, Even if harmful, can noise be stopped without doing injury in other ways which will more than compensate for benefits derived?

It has been suggested that I try to answer these two questions in as far as they bear upon human sleep. The questions, then, for my purpose reshape themselves as follows: (1) Are the noises now incident to everyday life in any important degree contributory to insomnia? and (2) If so, can reasonable measures be employed to lessen them?

Before attempting an answer to the first question, we will do well to consider for a moment the physiology of sleep. The majority of normal human beings sleep periodically from five to eight hours out of twenty-four. During these recurring periods of partial or complete absence of consciousness, the brain undergoes that recuperation which permits it to work more or less intensively while awake. The experiments of the physiologists, and especially of Dr. W. H. Howell and his pupils, indicate that in ordinary sleep three main factors are responsible: (1) a rhythmical loss of tone in the vaso-motor centers of the medulla, leading to a lessened blood flow through the brain (with accumulation of the blood in the trunk and extremities), (2) the voluntary withdrawal of sensory stimulation (dark room, closed eyes, silence, cessation of movement, quiet digestion), and (3) the state of the nerve-cells in the cortex of the brain (slight fatigue, proper nutrition, absence of abnormal conditions like pain, malnutrition,

anxiety and worry, absence of pathological irritability). To the second and third of these three factors noise may stand in direct relation. It has long been known that sensory stimuli of various kinds can affect a sleeping person without entirely awaking him, sometimes giving rise to movements, sometimes provoking dreams, sometimes altering the breathing and the circulation of the blood. With the delicate instrument known as the plethysmograph, irregularities in the size of the arm of a sleeping man, due to changes in the amount of blood in it, can be shown to follow directly upon noises in the building or in the street, or upon other forms of sensory stimuli. It has further been shown that, as a person goes to sleep, certain parts of the brain cease to function before others. Thus, ordinarily, the power to make voluntary movements goes first and the auditory sensibility goes last. On awaking, sensibility to sound is generally the first function to return; indeed, it is doubtful if sensibility to loud sound is, in ordinary sleep, ever wholly in abeyance.

On retiring to sleep it is much easier to cut off the sensory stimuli which arrive through the eye than those which arrive through the ear. We can put out the light and we can close our eyes, but there is no satisfactory way of closing the ears to external stimulation, and noises in the street, or in the house, act upon the brain and tend to prevent sleep. When the body is strong and healthy, it is possible, usually, to grow accustomed to go to sleep and to continue sleeping, despite considerable noise. Most of us who live in cities learn this, but nervous systems that are very delicately organized are often hypersensitive to sound. Moreover, in our modern civilization, with its rush and bustle, the nerve cells often become pathologically irritable. Every physician knows the prevalence of so-called neurasthenic states, in which irritability and weakness of the nervous system are associated, and the tendency in such states to complain of being annoyed by sounds.

Every intelligent layman knows the difficulty of doing mental work, even when in health, in noisy surroundings. We cannot shut our ears to the sounds; the extraneous auditory stimuli can be suppressed in the day's work only by increased concentration of attention upon the work in hand. This requires an expenditure of more nervous force than does work in a quiet room. If one thinks of the thousands of sounds to which one must school his brain not to attend in daily life, one gets some idea of the amount of working power wasted in the suppression and overcoming of auditory stimuli which thrust themselves uninvited into our consciousness. The nerve cells of the brain, in susceptible individuals, may thus get into a state incompatible with sound sleep; if now, in addition, the sleep be further interfered with by street noises, or house noises, at night, the recuperation of the already over-stimulated nervous system is prevented,

the neurasthenia resulting from the fatigue of the day is accentuated—and a vicious circle is established. It is, of course, difficult to estimate how large a part noise plays in giving rise to the increasing neurasthenia of city dwellers, but every physician who sees many neurasthenic cases will testify to its being at least an important factor, along with other influences which injure the nervous system. It is probably true that the kind of brain a person has to start with is more important for the development of neurasthenic states than the action of external influences upon that brain, but even if the constitution makes a nervous system weak, it is all the more important to fight the causes which contribute to nervousness from the outside; among these outside causes must certainly be classed excessive and purposeless acoustic stimuli. The public should be taught that the avoidance of unnecessary noise is a part of hygiene not to be neglected, and that attention should be paid to quiet surroundings as well as to a good water supply, and to proper methods of sewage disposal. It may be urged that people should harden themselves against the increasing noises of everyday life. To a certain extent this is true, but some individuals find the hardening process much more difficult than others. The sensitive nervous system of the city dweller is subjected to ever-increasing strain, and if too great demands are made upon it in one direction, it will suffer in others. Undoubtedly many of the best brain-workers are particularly sensitive to noise, and especially to purposeless acoustic impressions. A number of literary men have put on record the fact that they were thus disturbed. Goethe, even in quiet Weimar, complained of the noise of the place, and in old age bought the house of a neighbor who intended to rebuild in order to prevent the noise. As a younger man, he had tried to train himself to stand noise, in Strasburg, by marching behind the drum of the soldiers, and to overcome his feelings of vertigo by climbing towers and mountains. Schopenhauer's intolerance for unnecessary noises is well known to every reader of his essays. It would be inconsiderate to ignore the sufferings of such sensitive brain workers, due to noise; the world has a real interest in protecting such brains from abnormal irritation.

From what I have said, it would seem to be clear that unnecessary noises may be contributory to insomnia, and that the noises of the day, through their effect upon the nerve cells of the brain, may, as a cause of insomnia, be as important as, or more important than, the night noises themselves.

We may now turn to the second question, If noises are harmful, can reasonable measures be employed to lessen them?

Intelligently to answer this question we must first analyze the noises incident to our everyday life in cities, and see how many of them are

necessary and unavoidable, and how many of them are unnecessary and reasonably preventable. An anti-noise movement should deal, of course, only with those noises which injure the health of a large number of people, and through the removal of which, or lessening of which, the justifiable interests of others are not markedly interfered with.

A recent writer, H. Haenel, has divided the noises of our daily environment into four groups: (1) industrial noises, (2) noises of the street, (3) noises from neighbors, and (4) self-produced noises.

Much can be done to lessen the nuisance of industrial noises by keeping the factories in special districts, well separated from the resident districts of the town or city. Though such separation is desirable for other reasons, it is also important on account of the noise of the machinery and the nerve-racking steam-whistles.

Of the noises arising in the street, those due to vehicles of various sorts—wagons, automobiles and street cars—can, if desired, be lessened in various ways. In the first place, the streets should be paved with as noiseless material as possible (block pavement or asphalt), stone pavements, if used at all, should be limited to side streets, and the surface should consist of finely divided stone. In the second place, the efforts to invent a quiet road-bed for street cars should be continued, it looks now as though these efforts were about to be crowned with success. According to Auerbach, certain of the street car lines in Frankfurt have, through a new kind of rail-bed, attained to an ideal quiet, in marked contrast with the din of the streets of Berlin and Munich. The clanging of bells by motormen should, of course, be limited as much as is compatible with safety.

A real difficulty here in Baltimore is the passage of market wagons through the resident streets of the city in the early morning hours on certain days of the week. As soon as possible the travel of these market wagons should be restricted to certain routes. Wagons delivering milk also now wake many people in the resident districts before six o'clock in the morning.

The automobile regulations already prohibit the use of sirens and of the cut-out of the muffler within the city limits. There should be a rule requiring that the engine be stopped whenever an automobile is left standing in front of a door. With self-starting apparatus this should now be easy. The horn should not be tooted except when essential for safety in the street. The speed-rate within the city limits is so low that relatively few signals are really necessary. The time will doubtless come when special streets will be set aside for automobile use.

The ringing of bells and the cries of street peddlars, the shouting of news-boys, the noise made by crowds of children on roller-skates may, to a certain extent, be capable of regulation. The same is true of the noises

made by the engines of mail trains, newspaper trains, etc., passing through the city between midnight and six a.m.

It has been suggested that in building city houses we return to a method formerly in vogue in the middle ages, and still used in the narrow streets in Italy; namely, to make the living-rooms and sleeping-rooms face the garden or court rather than the street. In down-town districts, the business buildings might be so arranged that the offices, consultation-rooms, writing-rooms, etc., would be situated as far from the street as possible. Any one who has visited the Inns of Court in London must have been struck by the quiet interior as contrasted with the general noise of the heart of that city.

The marked tendency to suburban residence since the advent of rapid transit is doubtless partly explicable as a flight from noise. Even near the center of a city there should always be accessible, to the noise-shy, certain quiet streets, free from car-tracks and from much traffic.

Among the noises originating in neighboring properties, I may refer to the ringing of church bells and the striking of the hour by public clocks, both of which might well be prohibited during the ordinary sleeping hours.

In some cities the sounds due to the beating of carpets, rugs, and bedding, has become objectionable. Perhaps the vacuum-cleaner will come into more general use before long.

Here in Baltimore, tame animals are sometimes a nuisance; thus the barking of dogs and the screaming of cats frequently disturb sleep at night, especially during certain months of the year. And it goes without saying that the keeping of live poultry should be forbidden in this city. The town has surely noise enough without adding to it the cock's crow of the country morning.

In some districts of the city the noise from music-practising may be a nuisance. In Germany, the trouble is serious and the suggestion has been made that professional musicians, singers, or private citizens who desire to play on one instrument longer than four hours must do so in central musical conservatories, or must choose their dwellings in definite streets set aside for the purpose. Even ordinary musical practice in private houses should be regulated so as to disturb neighbors as little as possible. The early morning hours, the after-lunch period when many people take a siesta, and the late evening, should not be used for practice. Those who wish to read or study should know at what times they may do so without being disturbed, even by music.

Though in Baltimore detached houses are the rule, it cannot be long before we, like other cities, shall have many large apartment houses, and, when these are built, care should be taken by the architect to provide as far as possible for the quiet of the individual apartments by insulation. The modern architect has to understand the physical laws governing

sound conduction and reflection. He knows that the sound-conduction of a building-material is in general proportional to its specific gravity, its homogeneity, its elasticity, and its tension. He will see to it that the materials of the floors and supporting walls are, as far as possible, poor conductors, while in partitions within an apartment he will think more of the sound-reflection than of sound-conduction. He has to keep in mind, too, the effects of resonance in strengthening sound, so as to break up large masses of air into smaller areas. The "silent house" has become so desirable in cities that architects have now worked out a whole series of practical details bearing upon it. The so-called cork-stone, a mixture of finely divided cork and lime, is used to interrupt sound-conducting material, as it makes an excellent damper. Dead spaces are filled up as much as possible with materials which do not conduct sound. In putting in the plumbing, care is taken not to connect the pipes rigidly with the masonry. Long, straight corridors are avoided; instead there are interruptions and angles, which interfere with sound-conduction. Between individual apartments, there may be a double wall filled up with non-conducting materials. Doors are shut slowly by air-pressure brakes which prevent slamming. Even elevators can be made comparatively noiseless.

How should we proceed here in Baltimore to diminish the amount of unnecessary noise? Dr. Watson who has given much thought to the subject will doubtless tell us later in this meeting. I, myself, feel that the education of the public in the matter is one of the most important things that we can do. When the people know that excess of noise is harmful, and are told that the noise can easily and without injury to legitimate interests be much reduced they will help to find a way to lessen it. The distribution of industrial noises and their regulation, the improvement of the quality of the streets, and the regulation of transportation, are matters for a good municipal government to take up and gradually to improve. The construction of silent houses is a problem for our architects to work out.

In as far as noise is really an injury to the public health, the officers of our boards of health have, I believe, power to administer, though in this country the action of health officers has not usually been regarded as final and conclusive, but rather as subject, in one way or another, to judicial review.

In how far it is desirable to utilize the police power of the City or State and to make laws prohibiting or restricting noises of various kinds is a subject which should be carefully discussed. Undoubtedly, communities have the right to make regulations which attempt to secure safe and healthful conditions for the people. State statutes drawn for these purposes have been upheld by the Supreme Court of the United States as

constitutional, but we must remember that laws have been passed by States with the purpose of protecting the public health which have been declared unconstitutional by the Supreme Court, (1) when they have been believed to be too broad in their application, (2) when they have imposed unreasonable limitations on the use of property, or (3) when they have been framed to affect too narrow a class of persons, and so to deny unequal protection of the law. Obviously, the reasonableness of a law is necessary for its constitutionality.

In any case we may feel sure that the public will abate the noise nuisance as soon as they fully understand that it injures the health and decreases the comfort of the people.

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INJURIOUS EFFECTS OF LOUD NOISES ON THE ORGAN OF HEARING.

Abstract of Address.

BY DR. HARRY FRIEDENWALD.

Professor of Ophthalmology and Otology, College of Physicians and Surgeons.

The combat which the committee is taking up against unnecessary noise is an old one. It is interesting to learn that Charles Dickens was one of the first to enter into the battle; in 1864 he had a collection of statements by Tennyson, Wilkie Collins and others, published as a protest. In dealing with this question, the deleterious effects of noise upon the nervous system, the interference with sleep, the increase of neurasthenic affections and the harmful influence upon ill and convalescent patients, have chiefly been dwelt upon. The speaker desired to limit his paper to the injury suffered by the ear.

It has long been known that workmen engaged in boiler factories and other factories in which the noise and din were great, became deaf, and the deafness is generally known as "boilermaker's deafness." In Roepke's

work (*Die Berufskrankheiten des Ohres und der Oberen Luftwege*, Wiesbaden, 1902) no less than twenty-five professions and trades are enumerated in which those exposed to the excessive noise suffer from deafness.

Injury may result either from single explosive sounds or from exposure to continuous loud noises. The kind of deafness which results is very much the same. One of the early cases was described by Schwartz (Arch. f. Ohren., vol. i, p. 136); a musician exposed to a loud whistle of a locomotive near which he was standing, was deafened by the noise; he was found to be perfectly deaf for the higher notes of the musical scale from E^3 upward. In the course of a year the defect involved two lower notes; at the same time he was able to hear conversational speech fairly well. Schwartz pointed out that the deafness was limited to those notes which produced it, the high notes, though in the course of time it gradually extended downward.

Clinical investigations have been made in the various trades with similar result. It has been found that disturbance of the vestibular apparatus (giddiness, disturbance of equilibrium) is very rare and most writers are of the opinion that the injury (unless produced by explosive noises which may rupture the drumhead and thus injure the middle ear) is limited to the cochlea. Dr. Clarence J. Blake, however, in a recent address (*The Suppression of Unnecessary Noise*, Ninth Inter. Otol. Congress, Boston, August, 1912) expresses a contrary opinion:

Under the influence of the changes incident to continued exposure to loud sounds, the drum-head becomes more concave, because of the increased contraction of the tensor tympani muscle, and more or less opaque because of the thickening of the mucous membrane lining of the middle ear and forming the inner coat of the drum-head.

Both of these changes are the result of an effort at protection of the deeper seated and more delicate sound transmitting apparatus of the internal ear; the contraction of the tensor tympani muscle hindering the movement of the drum-head as a whole and the thickening of the mucous coat decreasing the segmental vibration.

During the last few years a number of investigators have endeavored to determine experimentally the exact nature of the changes produced by noises. (See *Wittmaack*, *Zeitschr. f. Ohrenheilk.*, vol. 54, 1907; vol. 59, 1909, and *Verhandl. d. Deutsch. Gesellsch.*, 1912; *Yoshii*, *Zeitsch. f. Ohrenheilk.*, vol. 58, 1909; *Marx*, *Zeitschr. f. Ohrenheilk.*, vol. 59, 1909; *v. Eichen*, *Verhand. der Deutsch. Otol. Gesellsch.*, 1909 and 1911; *Grünberg*, *Zeitsch. f. Ohrenheilk.*, vol. 62, 1911; *Ewald*, über die neuen Versuche, die Angriffstellen der von Tönen ausgehenden Schallwellen im Ohr zu lokalisieren, Bonn 1910; *Hocssli*, *Zeitschr. f. Ohrenheilk.*, vol. 64, 1912.)

These experiments have been made upon birds and mammals and while there have been certain discrepancies and differences in interpretation, the

results have been on the whole quite uniform. Animals have been subjected, for a number of hours daily, to noises similar in every respect to those of boiler shops, to notes produced by organ pipes, sirens and whistles and on the other hand to the detonation of a revolver. In order to determine the relative part played by bone conduction (vibration of sounds conducted through the skull) and air conduction (vibration of sounds transmitted through the air of auditory canal the drum-head and the ossicles), the incus was removed from one ear in a number of animals. The conclusions to be drawn from experiments are that the injury begins in the ciliated neuro-epithelial cells of the organ of Corti, the nerve fibers and ganglionic cells becoming affected subsequently, that as the injury becomes greater, the organ of Corti shows more and more degeneration to complete destruction, that absence of the ossicles protects the internal ear from injury and finally that when the injury is produced by definite musical notes, circumscribed changes are uniformly found in definite portions of cochlea; the higher the note the nearer is the part affected to the base of the cochlea.

The speaker showed a large number of sections, by means of lantern slides, from the work of Yoshi and of Hoessli, exhibiting these changes in different stages and produced in different ways.

Post-mortem examinations of human ears suffering from deafness due to noise have been made by a number of otologists, but their results have been rendered somewhat doubtful by the great age of the patients and by possible post-mortem changes. In a recent article by Zange (*Arch. f. Ohrenheilk.*, vol. 86, 1911) a case is reported of a young man, aged 29, who had become deaf during eight years of work in ship-building. Careful examination of the ears and the hearing was made while the patient was in a hospital because of tubercular peritonitis. He died two weeks later from this trouble and pneumonia. The body was immediately placed in a freezing temperature and kept so until the post-mortem was made, 36 hours later. The microscopic examination of both ears showed that the trouble was due to complete loss of the organ of Corti from the base to the apex, its place being occupied by a flattened prominence composed of cubic cells. The membrane of Reissner was completely adherent to this mound of cells in the lower turn, thus obliterating the scala media. The nerve fibers and the ganglionic cells were well preserved, excepting in the lowest turn. A section of the cochlea was demonstrated by means of the stereopticon.

The injurious effect of loud noises, whether sudden or continuous, having been demonstrated by clinical experience and by experimental study, it must be evident to all that the protection of the hearing demands the reduction of loud noises wherever this can be brought about.

ELIMINATING NOISE FROM BALTIMORE.

BY WILLIAM T. WATSON, M.D.

Chairman Anti-Noise Committee.

Two months ago an Anti-Noise Committee was appointed by the Baltimore City Medical Society. Two weeks ago the Committee reported its progress to the Annual Meeting. Its work was commended and it was reappointed and given authority to add to its membership from the Society and to associate with it public-spirited citizens from other walks of life.

The work of the Committee up to the present time has proven most interesting—almost fascinating. In addition to the stimulus derived from the many words of commendation from sufferers who have found in us (as representatives of the medical profession) a hopeful repository for their complaints, and the expressions of appreciation from some who have already benefited by our labors, our interest has been sustained by the fact that the more we study the subject the more we see that most of the noises complained of can be abolished without substantial pecuniary hardship to the noise-makers.

We invited the public to send us their complaints and the response was prompt and generous and now we have a very complete inventory of all the noises which jar upon the nerves and prevent sleep in a modern city.

We have classified these noises as follows:

NIGHT NOISES WHICH KEEP PEOPLE FROM GOING TO SLEEP.

Barking dogs.

Yowling cats.

Young men street singers and corner loafers.

Electric pianos in saloons.

Graphophones and piano-players in homes.

Loud talking and laughing at transfer points by parties returning from theatres and suburban resorts.

Loud talking by apartment dwellers returning late.

Noisy garages.

Noisy negroes in alleys.

NIGHT NOISES WHICH AWAKEN PEOPLE FROM SLEEP.

The Street Cleaning Department wagons with the shouting of the men at their horses and to each other.

The puffing and whistling of engines in the shifting yards.
 The bread wagons with the shouting of the drivers.
 The milk wagons with the shouting of the drivers.
 The cries of men driving hogs and cattle through the streets.
 The crowing of roosters, squawking of geese, barking of dogs.
 The carts and wagons on their way to work with shouting and cursing drivers, and some equipped with bells on the harness.
 The early morning electric cars, often with flat wheels, screechy brakes and clanging gongs.
 The church and convent bells.
 Then the chorus of steam whistles at 7 a.m.

DAY NOISES.

The auto trucks.
 Car noises—noisy running gear, flat wheels, gongs, screechy brakes.
 Milk gongs, scissor grinders.
 Huckster cries.
 Roller skates on sidewalks.
 Steam whistles at noon and other times.
 Street pianos.

"DAY OF REST" NOISES.

Extra church bells.
 Yelling newspapers—a.m. and p.m.
 Colored street evangelists.
 Saturday night drunks returning home at 1 and 2 a.m.

BALTIMORE ANTI-NOISE LAWS.

Baltimore has but few laws that it may invoke to suppress noise. They are:

The U. S. Pilot Laws, which have stringent provisions against useless whistle blowing.

The State Automobile Law, which has excellent provisions for the use of mufflers and against unnecessary blowing of horns.

A City Dog Law, which is inert as regards noise.

A Hospital Zone Law.

The Common Nuisance Law.

WHAT OTHER CITIES HAVE DONE.

Other cities have abolished the factory whistle, the milk gong and noise-making devices of tradesmen, the cries of hucksters, have mitigated

the railroad whistle noise, have rendered innocuous the dog, fowl and street piano: have modified the roller skating and church bell annoyance and the noises incident to building operations and street railway repairs at night.

WORK IMMEDIATELY IN VIEW.

We expect to take up all the complaints in time and see what can be done with them. We have under consideration at present the matter of steam whistles, milk bells and gongs, the barking dog, hucksters' cries, steam railroad noises, church bells, and the noises of drivers and merry-makers in sleeping hours.

Steam whistles.

As to the steam whistle, it seems to have few friends outside the employee who operates it and gets all he can out of it. It has been banished from Chicago, Cleveland, St. Louis, Detroit, Toledo, and other progressive cities. The only function of the morning factory whistle (which can often be heard for two miles) is to tell people already on the premises, to step to work. The Gibbs Preserving Company abandoned its whistle upon our request. Mr. Hazard, Manager for Wise Brothers, says he is in hearty sympathy with the anti-noise movement and in a short time their 2,000 employees will begin work at the sound of internal buzzers instead of the external whistle. Many of our large employers of labor have never used whistles and others abandoned theirs years ago.

If we had the time and the means to communicate with the factory owners we believe that most of them would voluntarily relinquish the ancient and foolish custom of whistle blowing.

There is more argument for putting a steam whistle on each of our 110 public schools to tell the 68,450 children when to be at their desks, than for one on each factory to tell grown-ups to step to their machines. All that is needed for the children is the tap of an inside bell.

An Anti-Steam Whistle Ordinance is now in the Committee on Police and Jail of the City Council. We have as yet heard of no opposition to it.

The milk gong.

The next law to be introduced will be directed against the milkman's gong, and other noise making devices of tradesmen. There is abundant precedent for such a law in other cities.

The retail milk business has entirely changed in character in recent years, and with the change the original necessity for the bell has gone. Instead of ringing for the house wife to come with her pitcher for loose milk, the bottled milk is set in the vestibule or on the back fence. On

the second delivery the door-bell is rung, that the wishes of the house-keeper in regard to future supplies may be learned. It is on this second delivery that a gong is often rung merely to get people to answer the door-bell more promptly. It is this bell that awakens the babies and annoys the sick. The Hygeia Dairy has not used gong or bell in sixteen years. The Pikesville Dairy abandoned its gongs upon the request of our Secretary and commended our movement. Mr. Baxter of the Western Maryland Dairy has already instructed his men to go easy on the bells and will offer no objection to an ordinance. Many smaller dairies abandoned bells years ago. Every dairyman having a telephone has been communicated with and we judge from their replies that there will be no opposition to our proposed ordinance.

Barking dogs.

This form of noise nuisance is pretty general and in some instances particularly aggravating. For instance:

Miss Parry, 1811 North Bond Street, writes:

For the past 10 months our neighborhood has been driven almost distracted by the incessant barking of a large collie dog, owned by neighbors in the rear. His bark is long and the intervals short, night time his preference. We protested to the owner but her only response was to get another dog, which barks almost as loud as its companion. We have all lost a great deal of sleep (to say nothing of temper). Please help us.

Dogs in the yard of 1401 Park Avenue have annoyed patients in the Woman's Hospital, month after month, and appeals from the hospital physicians have brought no relief.

A resident in the 1900 block Edmondson Avenue:

We have nine large dogs in our block. You can imagine what a lovely chorus we have. Please do something to give us relief.

In New York, Boston, Chicago, Detroit, St. Paul, Springfield, Mass., and several other cities it is comparatively easy to get rid of the barking dog. *Upon the complaint of one person the magistrate is required to make an inquiry and if the dog is adjudged a nuisance it must be removed.*

In Baltimore it is not only comparatively but absolutely difficult to get rid of the nuisance, as our law is evidently framed in the interests of the barking dog. It requires that *four persons of different households swear out a complaint before a justice of the peace*, then a notice to the dog owner by the justice, then within 60 days of the first complaint a *second sworn complaint by at least four persons of different households who must produce two more witnesses besides themselves.*

Surely Baltimore should at least put itself on a par with other cities in such legislation, but I am told that it will be a very difficult matter to get any councilman to touch any legislation curtailing the liberty of the dog for fear it may handicap his political future.

If, however, we can arouse public sentiment in favor of such a measure, the politicians will only be too glad to take advantage of the situation.

Ex-Congressman Kronmiller, whose child was recently badly bitten by a dog, says he finds a strong sentiment in favor of reducing the dog population of Baltimore on the theory that the fewer dogs the fewer children bitten. Such occurrences as that of a week ago where nine school children were sent to the Pasteur Department at the city's expense ought to augment this antagonism. The statement by Marshal Farnan to this Committee that in the past two years and ten months 660 people were bitten by dogs—or more than one is every one thousand population—ought to appeal to many as a potent argument for decreasing the canine population. This sentiment against the biting dog can doubtless be utilized to aid us in our war against the barking dog.

Shifting yard noises.

The railroad shifting yards furnish the worst and most of all night noises. This letter of Mrs. Clarissa M. Mabbett, 2022 Mt. Royal Avenue, gives a graphic picture of one of the yards:

This neighborhood rejoiced when the Mount Vernon shops were moved away. Our satisfaction was short-lived for in their stead we have a shifting yard where most of the work seems to be at night. Added to the smoke nuisance we now have the noise nuisance. There are the bells, the blowing off of steam minutes at a time, the poof, poof, slow and measured, then faster and faster; then the unearthly shrieks of the whistle, which awakening one from sleep, gives the impression that the engine has determined to come into the room and take possession. The railroad has robbed us of pure air and of our right to sleep and our right to calm nerves, and is steadily depreciating our property.

Similar complaints come from South Baltimore, Calvert Station, Oak Street Station, Walbrook, and a letter just received from Dr. Hemmeter tells of one on the Maryland and Pennsylvania R. R. just north of the Roland Park Boulevard.

After we get this particular nuisance well in hand we will call upon the heads of the railroads and see if some relief cannot be obtained.

The following news item from the Baltimore *Sun* of December 22, 1912, shows that Chicago is trying to mitigate this nuisance and the source from which permanent relief may be expected:

Having demonstrated that his storage battery will drive an ordinary trolley car up a $9\frac{1}{2}$ per cent grade without difficulty, Thomas A. Edison will next undertake the construction of a storage battery locomotive.

Chicago railroads want to get hold of an electric locomotive that can be operated without installing the third-rail system, and it is the purpose of the inventor now to meet that need. The nuisance of smoking and puffing locomotives in the western city has become so great that pressure has been brought to bear on the railroads by the Board of Trade, the Anti-Smoke Society and the Anti-Noise Society. The fame of the Edison battery has brought to it appeals for help in solving the Chicago yard puzzle.

CHURCH BELLS.

I am going to take up half of my allotted time in the discussion of church bells—not because they are the worst of offenders against sleep and rest—but because here I can get intelligent discussion free from prejudice.

There are many people who cannot separate the substance from the shadow, who think that noise is synonymous with business, that fire-crackers mean patriotism, and that church bell-ringing is inseparable from religion. With this class we must deal and I will welcome any suggestions from you as to how best to meet their opposition.

The Anti-Noise Committee has had more written complaints and more verbal complaints against church bells than against any other noise. Many who make verbal complaints will not put them in writing for fear of giving offense to neighbors, patrons or heads of churches with whom they desire to remain on pleasant terms. Two physicians, for example, living near a loud church bell, hope we may secure relief for them, as no matter how late they may have retired they are invariably awakened at 6 a.m. and frequently cannot sleep again. As many of their patients attend the church they cannot make their complaint public. We are convinced that where one complains, hundreds suffer in silence.

In this connection let me state that I have heard that our late President, and Colleague, Dr. Franklin B. Smith, in his last days was dreadfully annoyed by the church bells of Frederick.

I have here short abstracts from letters of protest against church bells which would take an hour or two to read. I will select from them just a few to illustrate the different phases of the subject.

First let me give you an *abstract view* of the bells from one who, after his day's labors are o'er, hies himself to the silent sands, and is crooned to sleep by the whispering pines of Anne Arundel County.

I love to hear the music, the music of the bells,
The call to Sunday service, the holy note that swells
With paeans and with praise, with stories sweet and true
Of life and death and hoping, of beauty old and new.

They tell of hope and promise
 They sing the sorrow out
 The holy bells of Sunday
 That in the steeples *shout*.

I love to hear it drifting, that music through my dreams;
 It tells of quiet places, green woodlands and cool streams;
 The breath of flowers is in it, and soft and summer skies,
 And pearly gates that open on paths of Paradise.

Let no hand stop that music,
 Let no thought wish it still
 The bells that bring on Sunday
 The peace and love that thrill.

Others share these sentiments with the Bentztown Bard but have not the same happy faculty of expressing them. For instance a correspondent who signs himself "A True Bull Moose" gives utterance to this:

I work on metals day and sometimes night. I have been in the Hopkins Hospital sick and like to hear the noises. When it was quiet I thought I was dying and going to Heaven or Hell. When Christ was on earth did he want to stop the shouting and noise? No. He said let them alone. Are we any better than our Savior? *I was recently in the locality of St. Paul and Eager Streets and heard the church bell and it done my soul good and I felt that God was near in each note.*

Here by way of contrast is a *concrete view* of church bells as given by one who has to make her living by keeping boarders in their vicinity.

The bells on St. Alphonsus Church, Saratoga and Park Avenue, have a loud, clanging, unmusical sound, and ring at all hours from 6 a.m. on. We get the sound first hand from the church and second hand by reflection from the tall buildings nearby. All conversation in our house has to cease as soon as the bells begin. My guests are dreadfully annoyed, and my business suffers.

Mr. Edward Rennert, who keeps a larger boarding house at Saratoga and Liberty Streets, makes a protest against the same bells.

As to the nature of the feelings aroused by church bells experiences widely differ, and are influenced to some extent by, proximity to or distance from the bells. These do not agree with the Bentztown Bard:

Prof. Robert H. Wood:

The bell on the German Reformed Church almost drove me and my family frantic on Sunday mornings. Its noise was the chief factor in causing me to move from the neighborhood. . . . To hear some crippled chimes struggling with "Onward Christian Soldiers" *excites no religious emotions.*

Miss Stewart:

The church bell on Calvert Street near Read, clangs and clashes and roars; *it stirs up unchristian feelings* in the hearts of people for squares around. It disturbs the

Sunday calm with its angry clamor. If you silence this bell, hundreds of sufferers will rise up and call you blessed.

From a man recently a patient in St. Joseph's Hospital:

Church bells in a village or country place are beautiful, but opposite a hospital or in a densely populated district the harsh, loud, long, distracting ringing is simply maddening to sick people. I have seen patients holding their heads, some sticking fingers in their ears, and *others swearing at the man* ringing the bell as though his very life depended on getting it in the smallest pieces. . . . Of course some people have so little sensibility that they could snore day or night if the commotion incident to a fire was on hand; but to a nervous or sensitive person I leave the effect on their case to you as a doctor.

The function of bells, and do they achieve it.

Telfair W. Marriott:

The original idea of the church bell was to announce the time of service in the "days of old" when people lived at a great distance from the church and timepieces were few.

A traveling man, Hotel Caswell:

If the function of bells is to glorify God, and they achieve their object, I have no criticism to make. If their object is to notify the public that it is time to go to church, then they are quite ridiculous. It would be quite as sensible to put an immense bell on the Union Station to be rung at the departure of each train.

In personal conversation with a number of people who go to early church on Sunday morning I was told that they arise by the clock and go to service by the watch and the bells play no part in their punctuality.

That the ringing of bells by churches which have early service is not necessary is proved by the fact that St. Ignatius Church, one of the largest in the City is the possessor of no bell.

It is conceivable that church bells do in some instances arouse church-goers at a distance. But the following cases permit of no such conception:

From Union Square:

The House of Good Shepherd bell begins ringing at 5 a.m. and tolls 160 times in succession. It rings every fifteen minutes thereafter the entire day until 8.30 p.m. It is a harsh sounding bell and rings unmercifully at noon and 6 p.m. It is a nerve-racking nuisance. I voice the sentiments of the neighborhood. Would not an inside gong or gongs give necessary signals to the inmates and relieve the neighborhood of a nightmare?

From Mrs. X., a well known resident of the 200 block West Monument Street:

For 30 years I have suffered tortures from the unnecessary ringing of the convent bells at Centre Street and Park Avenue. At 5 o'clock the hour when the invalid is apt to doze, these bells ring in loud, harsh, irregular tones, continuing what seems a very long time. If fortunate enough to get to sleep again, there is a reawakening at 5.30 by the same bells. . . . The wife of one of our most distinguished citizens, our neighbor, told me she had been literally tortured in illness by these bells.

From a resident of Hotel Sherwood:

I am a church member and my heart and soul is on the side of religion, so I hope my criticism will not be misinterpreted. . . . At 6 a.m. one's nerves are unstrung by 125 strokes upon a hard, rasping bell on the Convent, Park Avenue and Centre Street, and by 7 o'clock one's nervous system has had to resist the effects of some five ringings amounting altogether to about 250 strokes. . . . Around this neighborhood are many old invalids and nervous people to whom this early morning harsh ringing is a great hardship.

Where bells may and may not annoy.

In some sections the communicants of the church have moved to other localities, and those who have to listen to the bells are of alien faith and habits.

From a Hebrew:

The bells on St. Vincent's Catholic Church on Front Street begin at 8 a.m. on Sunday and ring almost continuously, trying to play airs on the chimes. It sounds as if someone were merely practicing. This is annoying to a neighborhood which is almost all Jewish.

It is said that very few of those who attend the German Reformed Church (of which much complaint is made) live within hearing distance of the bell.

On the other hand there is almost no complaint of the largest bells in the city, those on St. James Church, Aisquith Street, aggregating 13,000 pounds—the largest weighing $2\frac{1}{2}$ tons. This church is in the midst of its own members who have willingly adjusted their lives to the church regulations.

Factors which make bells annoying.

The factors which make bells annoying are:

1. The location of the bells. If they are on a level with surrounding residences they are much noisier than if in a tall belfry.
2. The length of time and strength with which they are rung.
3. The personnel of the neighborhood.
4. And most important of all the time of day at which they are rung.

There can be no doubt but that there is much needless suffering and discomfort entailed by church bell-ringing, which can be eliminated without loss to the cause of religion.

As substitutes for time pieces they are surely obsolete.

Musical bells, rung in moderation, at hours which will not disturb the rest of sick or well will preserve the historic association of the bells and will prove more effective in stimulating religious emotion and thought than those rung in other ways and at other times.

The Anti-Noise Committee believes the annoying part of bell ringing will disappear when the matter is brought effectively before the heads of churches. The head of one church has already asked us to furnish him with every scrap of criticism against its bells, promising to meet every legitimate complaint.

I appeal to those of you in touch with the pastors to assure them that there is no anti-church sentiment associated with the anti-bell criticism.

HOSPITAL ZONE LAW.

Baltimore has what is probably the best hospital zone law in the country. It was signed by Mayor Preston on November 22, 1911, but only went into effect last summer when the street signs called for by the ordinance were erected.

Curiously enough the first arrest under the law was of a medical student who was fined \$10 by Justice Supplee for making unnecessary noise in the vicinity of Mercy Hospital during some hazing antics.

Many hospital patients have already derived benefit from the zone law, but it will be of greater benefit when the hospital authorities are fully aware of its provisions. As no copies of it are to be had from the city authorities, it is published here in full:

An ordinance providing for the creation of certain zones or areas to be known as "Hospital Zones," within which anyone causing or producing unnecessary noises shall be deemed guilty of a misdemeanor and subject to penalty.

* * * * *

SECTION 1. Be it ordained by the Mayor and City Council of Baltimore, That the Health Commissioner be and he is authorized empowered and directed, for the protection of the sick, to declare certain areas surrounding legalized hospitals, lying-in-asylums, sanatoriums and other institutions reserved for the sick, to be "Hospital Zones" and he shall make a platted record of each such zones to be kept on file in the office of said Commissioner, subject to public inspection. In describing and declaring said zones, the Commissioner shall specifically state every street or the exact part of every street included in each and every distinctive "Hospital Zone."

SECTION 2. And be it further ordained, That whenever the Health Commissioner describes any designated area as "Hospital Zone," he shall forthwith forward to the

Superintendent of Lamps and Lighting an exact copy of the plat of said zone, setting forth the portions of any and every public highway included in said zone.

SECTION 3. And be it further ordained, That the Superintendent of Lamps and Lighting is authorized and directed whenever notified of the creation and designation of any such "Hospital Zone," to conspicuously place, at the outer limits of said zone, a sign of ample dimensions to be easily read, and containing the words "Hospital Zone; Unnecessary Noise Prohibited."

SECTION 4. And be it further ordained, That within said zones it shall be unlawful for any pedestrian, resident, vender, driver, chauffeur, motorman or any other person, by himself or by the operation of the instrument, agency or vehicle, which he may have in hand or which he may be drawing or controlling, to make any unnecessary or unseemly noises to the disturbance of any patient or person within said zone, which noises could by the exercise of reasonable care and forethought be avoided.

SECTION 5. And be it further ordained, That any person who does make any such unseemly or unnecessary noise within the boundaries of any such zone shall be deemed guilty of a misdemeanor and shall, upon conviction be fined not less than five dollars nor more than fifty dollars for each offense, the said fines to be collected as other fines are collected.

Approved November 22, 1912.

THE SUPPRESSION OF UNNECESSARY NOISE IN NEW YORK CITY.

In 1905 the tooting of tugs at night on the waters surrounding New York City, previously annoying, suddenly became much worse.

Mrs. Isaac L. Rice became interested and out of her interest has grown a movement for the suppression of noise which has attracted the attention of Europe as well as America.

Students of the Columbia Law School counted the nocturnal toots and found they averaged 3000 per night. Mrs. Rice found that these whistles were blown 80 to 90 per cent more frequently than was called for by the legitimate needs of navigation, and that indiscriminate signaling was an interference with the signals necessary to the safety of traffic.

Armed with this information and with statements from the leading physicians and hospital superintendents regarding the baneful effect of noise on the sick, she went on a remarkable quest for the authorities who had jurisdiction over the toots. From the department of Health, to the Police Department, to the U. S. Steamboat Inspectors, the Department of Commerce and Labor, at Washington, and back again to New York she went. Amelioration was obtained through the action of the American Association of Masters, Mates and Pilots, and finally jurisdiction and permanent relief was secured by a law passed by Congress.

After the termination of the tug-whistle fight, a New York Society for the Suppression of Unnecessary Noise was formed, and this has been followed by similar societies all over the country. Six European countries

have now organized anti-noise societies, one of them counting over thirty local societies.

The "Hospital Zone" idea originated with this Society, as did also the idea of "Quiet Zones for Schools." It has been foremost in pushing the crusade against the noisy Fourth and it is due to its efforts that a National Committee for the Promotion of a Safe and Sane Fourth-of-July (composed of the governors of the various states of the Union), was formed. A Children's Hospital Branch of the Society was organized in 1908, with Mark Twain as its president, having for its object to awaken in the hearts of children a sympathetic recognition of the claims of the sick upon their compassion.

This Society has upon its Advisory Board and Board of Directors the leaders in medicine, law, religion, authorship and education to the number of one hundred.

Mrs. Isaac L. Rice, president of the New York Society, is in sympathy with all similar movements and we are indebted to her for some very interesting and valuable literature accompanied by the following letter:

NEW YORK, December 30, 1912.

DEAR DOCTOR WATSON:

It gives me much pleasure to send you copies of some of the articles issued by our Society. The demand has been so great that some are out of print, while two of those sent are the last I have and I will have to ask their return. The others, and even extra copies of them, we can easily spare. There is practically no literature on the subject. . . . I have almost 30 great volumes of newspaper clippings and a large number of books filled with letters bearing on the same subject. . . .

We are always most happy to cooperate with any of the Societies which have sprung into being since ours was organized and will be pleased to hear of anything that we can do to promote your beneficent work.

Very sincerely yours,

MRS. ISAAC L. RICE.

ANTI-NOISE LEGISLATION NOW PENDING IN THE CITY COUNCIL AND UNDER CONSIDERATION BY THE ANTI-NOISE COMMITTEE.

PREPARED BY CHESTER F. MORROW.

Attorney for the Anti-Noise Committee.

The following Ordinance has been introduced in the City Council, and is now in the hands of the Committee on Police and Jail:

An Ordinance to repeal and reordain with amendments, Section six of Article twenty-five of the Baltimore City Code, title "Police-Ordinances," sub-title "Blowing Whistles," as the same was enacted by Ordinance No. 12, approved March 9th, 1883, entitled "*An Ordinance to Regulate the use of Steam Whistles in the City of Baltimore.*"

Section 1: Be it ordained by the Mayor and City Council of Baltimore, That section six of Article twenty-five of the Baltimore City Code, title "Police-Ordinances," sub-title "Blowing Whistles," as the same was enacted by Ordinance No. 12, a proved March 9th, 1883, entitled "An Ordinance to Regulate the Use of Steam Whistles in the City of Baltimore," be and the same is hereby repealed and reordained so as to read as follows:

Six: It shall not be lawful for any person to blow or cause to be blown within the limits of the City of Baltimore, the steam whistle of any engine, as a signal for commencing or suspending work, or for any other purpose whatever, except as hereinafter specified, under a penalty of not less than \$5.00 nor more than \$50.00 for each and every offence. Provided, however, that nothing in this section contained shall be construed as forbidding the use of steam whistles as alarm signals in case of fire or collision or other imminent danger, nor for the necessary signals by steam engines of the fire department of the City, nor of steamboats sounding their said whistles in conformity to the Pilot Rules of the Department of Commerce and Labor.

Any provision of the Baltimore City Code, or any ordinance of the Mayor and City Council of Baltimore permitting the steam whistle of any engine whatsoever to be blown within the limits of the City of Baltimore, except as provided by this ordinance, is hereby repealed.

In addition to the foregoing Ordinance, the Committee has under consideration a number of Anti-Noise Laws, some of which will be shortly introduced in the City Council, while others will be more carefully considered by the Committee before any action on them is taken. The following Laws have been prepared and in their present, or in an amended form, will be probably introduced in the City Council from time to time as public sentiment for them develops.

I.

An Ordinance to prohibit the use of noise producing mechanical devices for the purpose of advertising any wares of merchandise, or of attracting the attention or inviting the patronage of any person to any business, or to any wagon or conveyance whatever, anywhere in the City.

Section 1: Be it ordained by the Mayor and City Council of Baltimore, That no person shall make, cause permit or allow to be made, any noise of any kind, by means of any whistle, rattle, bell, gong, clapper, hammer, drum, horn or similar mechanical device, at any time, for the purpose of advertising any goods, wares or merchandise, or of attracting the attention or inviting the patronage of any person to any business whatsoever, anywhere in the City, nor shall ornamental or other bells be attached to any wagon or conveyance driven or propelled in or upon any of the

streets of the said city. Provided, however, that nothing in this section contained shall be construed to prohibit the use of sleigh bells as provided by existing law.

Section 2: Every person who shall violate any of the provisions of section one hereof, shall be fined not less than \$2.00 nor more than \$25.00 for each and every offence.

II.

An Ordinance to regulate the crying of wares in and upon the streets of the City of Baltimore to the disturbance of the peace and comfort of the inhabitants of said City.

Section 1: No person hawking, peddling or selling or exposing for sale any goods, wares or merchandise in and upon the streets of said City, shall cry his wares to the disturbance of the peace, and comfort of the inhabitants of the said City.

Section 2: Every person who shall violate any of the provisions of section one hereof, shall be fined not less than \$2.00 nor more than \$25.00 for each and every offence.

III.

An Ordinance to prohibit any vehicle to be driven or propelled in and upon the streets of the City of Baltimore loaded with iron or other metal that may cause loud and disturbing noises by striking together.

Section 1: No person shall load, or cause or permit to be loaded, any vehicle to be driven or propelled in and upon the streets of the said City, with iron or other metal that may cause loud and disturbing noises in and upon said streets by striking together, without said iron or other metal being properly deafened so as to cause no unnecessary noise.

Section 2: Every person who shall violate any of the provisions of section one hereof, shall be fined not less than \$2.00, nor more than \$25.00 for each and every offence.

IV.

An Ordinance to prohibit the crying of papers and the conducting of religious services in and upon the streets of the residential sections of the City of Baltimore, on Sundays.

Section 1: No person shall, on the first day of the week, commonly called Sunday, disturb the peace, by crying newspapers, or periodicals in and upon any of the streets occupied in whole or in part for residential purposes, nor shall any person or persons on said first day of the week conduct in and upon any of the said streets any religious service.

Section 2: Every person who shall violate any of the provisions of section one hereof, shall be fined not less than \$2.00 nor more than \$25.00 for each and every offence.

V.

An Ordinance to protect the inhabitants of the City of Baltimore in their right to sleep.

Section 1: No person shall, between the hours of 11 p.m. and 7 a.m., disturb the peace by noisy, riotous or disorderly conduct, or by singing, whistling or loud talking in and upon any of the streets of the City of Baltimore, or by noisy calling to horses or to cattle or sheep.

Section 2: Every person who shall violate any of the provisions of section one hereof, shall be fined not less than \$2.00, nor more than \$25.00 for each and every offence.

VI.

An Ordinance to regulate the keeping of any kind of domestic fowl within the limits of the City of Baltimore.

Section 1: No person shall keep any kind of domestic fowl within the limits of the City of Baltimore within seventy-five (75) feet of any structure owned by another, and used for human habitation, occupation or assembly, whether the said structure be in the same or an adjacent block or square, nor shall such domestic fowl be permitted to run, fly or stray within seventy-five feet of any such structure within the said limits of said City.

Section 2: Every person who shall violate any of the provisions of section one hereof, shall be fined not less than \$2.00, nor more than \$25.00 for each and every offence.

VII.

An Ordinance to prohibit the use of roller-skates, pushmobiles, or any noise creating device upon the side walks, of the City of Baltimore, except as provided herein.

Section 1: It shall be unlawful for any person to skate with, or move by the aid of roller skates, pushmobiles, or any noise creating device whatsoever, upon any sidewalk, in the City of Baltimore, except baby carriages, and three wheeled vehicles provided with rubber tires and operated by children under ten years of age.

Section 2: Every person who shall violate any of the provisions of section one hereof, shall be fined not less than \$1.00, nor more than \$10.00 for each and every offence.

VIII.

An Ordinance to prohibit any person from keeping in the City of Baltimore any dog which by barking, biting or howling or in any other manner disturbs the quiet of any person.

Section 1: No person shall own or keep in the City of Baltimore, any dog, which by barking, biting or howling, or in any other manner, disturbs the quiet of any person.

Section 2: Any person violating the provisions of the foregoing section shall be fined not less than \$2.00, nor more than \$50.00 for each and every offence, and it shall be the duty of any police officer, who shall find any such dog running at large in said City to have the said dog taken in custody by the Society for the Prevention of Cruelty to Animals, to be killed in the most humane way.

THE SUPPRESSION OF UNNECESSARY NOISE.

Mr. Edward S. Morse, Director of The Peabody Museum, Salem, Mass., an authority on the subject of noise, read, by invitation, a paper with the above title before the Ninth International Otological Congress in Boston, August 14, 1912.

From this article we make the following quotations:

NOISE AND HEALTH.

It is the emphatic judgment of our most distinguished names in medical science,—Weir Mitchell, Jacobi, LeConte and a host of others—that noise affects the nerve centres in a disastrous way, leading to neurasthenia, and even to insanity, and often marks the adverse turning point of one balanced between death and recovery.

NOISE AND CIVILIZATION.

I ask you to observe the undeniable fact that our people are the noisiest civilized people on the face of the earth, the Chinese easily coming second, and only for the reason that they are mercifully ignorant of the steam whistle.

* * * * *

An eminent writer has said that “Among the most searching tests of the state of civilization reached by any country are the character of its roads, the minimizing of noise and the position of women. We certainly stand high, if not the highest, in respect of women; as to roads, the good work is going on in many states following the lead of Massachusetts, that a few years ago made an appropriation of eight millions of dollars to be spent in ten years in building state roads. As to noise we are yet in the depths of degradation.

A NEW HOME.

W. B. Saunders Company, medical publishers, are now established in their new building on West Washington Square—an ideal site right in the heart of Philadelphia's new publishing center.

The remarkable success of this house and the rapid growth of their business, with the increased facilities which this growth demanded, necessitated removal to larger quarters. They therefore erected a seven story building, housing all their departments under one roof.

Constructed of reinforced concrete, the building is absolutely fireproof and equipped with every modern aid for the manufacture and distribution of medical books and for the comfort and convenience of their employees.

A cordial invitation is extended the profession to inspect the new plant.

MENTAL HYGIENE CONGRESS.

The Committee on Public Instruction is planning a Mental Hygiene Week during the latter part of February. A similar congress was held in New York City in December and in January there will be a series of public meetings in New Haven, Conn., devoted to this topic.

The Faculty is fortunate in being able to secure for this congress the Exhibit on Mental Hygiene arranged by the National Committee, also the Exhibit on Temperance, which was part of the "World in Baltimore" exhibition.

Speakers of national prominence have been secured to present papers on subjects relating to mental health, eugenics, alcoholism, etc.

The Exhibit on Mental Hygiene promises to be one of the most elaborate affairs ever held at a Public Health Conference. The details will be given in a catalogue which is now being prepared and will be mailed to each member of the Faculty. The program of the congress will appear in the February issue of the BULLETIN.

Immediately following the congress and exhibit, a series of smaller meetings and exhibits will be held in various parts of the city and later throughout the State, on Public Health topics, i.e., infant mortality, mental hygiene, alcoholism, social hygiene, tuberculosis, etc. These meetings have been made possible by a very liberal contribution from a prominent Baltimorean and his wife who are interested in preventive medicine and in the importance of public instruction as a means of preventing disease, poverty and crime.

It is hoped that the members of the Faculty will take a lively interest in these meetings and extend an invitation to their friends and patients to attend.

NEW BIOLOGICAL LABORATORY.

The handsome building we are illustrating has recently been added to the group of biological laboratories of H. K. Mulford Company at Glenolden, Pa.

The building is constructed entirely from basement to roof of hollow tile and concrete, making it a fireproof structure throughout.

It is divided into departments, each department being a unit, and complete in itself. The east end of the building is devoted to the handling of serum and globulin products. On the first floor bleedings are received from the bleeding room, serum or plasma is removed from the clot or from the corpuscles, as the case may be, and the product stored immediately in cold-storage rooms belonging to this group.



When the serum or globulin has been tested and is ready to be finished, it is delivered to the group of antitoxin and serum filling rooms. The bulk stock is kept in cold-storage rooms connected with this group. Immediately adjoining the twenty filling rooms is the labeling and packing room for serum and globulin products. This group also has its own cold-storage rooms. Elevators at each end of the building convey the completed packages to the shipping rooms. After inspection and checking off against a duplicate set of records shipments are made.

Each of the twenty filling and serum rooms is supplied with washed and filtered air. The special apparatus used for this purpose is guaranteed to remove 98 per cent of suspended matter from the air supplied to these rooms. Not only is the air filtered but its humidity and temperature are controlled, thus giving the employees the benefit of the best possible working conditions.

On each floor glass partitions between the halls and rooms permit the demonstration of the work to visitors without their entering the rooms themselves.

The laboratory floors are of asbestolith. The advantage of this material is that there are no seams or cracks and is impervious to fluids. It partakes more of the nature of wood than of cement and because of a cushiony layer beneath the surface crust, is more acceptable to employees than cement floors.

On the lower floor are the stock rooms. The sterilizing rooms are in a separate building well supplied with ventilating sky-lights.

On the third floor are found the Lecture Room, Library and Museum.

The entire plant is arranged and managed under the unit system. A separate building or group of buildings, or in some cases portions of larger buildings, are devoted to the preparation, standardization, packing and shipping of each product. Each unit is in charge of scientific experts in their particular branch of bacteriology. Cold-storage rooms supplied with cold air from a central refrigeration plant form part of each individual unit arrangement. This makes it possible to keep on hand a large stock of biologicals without danger of deterioration, so that the company is prepared at all times to supply these products and to cope with the enormous demands often created by epidemics of the various infectious diseases.

BOOK REVIEWS.

The Pituitary Body and its Disorders; Clinical States Produced by Disorders of the Hypophysis Cerebri. By HARVEY W. CUSHING, M.D., associate professor of Surgery the Johns Hopkins University, professor of Surgery (elect) Harvard University. Price \$4. J. B. Lippincott Company, Philadelphia and London.

There is no subject in medicine which is more fascinating than the study of the ductless glands. The general disorders resulting from the over-activity or insufficiency of any one of the glands with an internal secretion offers a fruitful field for investigations.

Preceding the publication of Dr. Cushing's observations but little was known concerning the clinical manifestations of Pituitary gland disorders; and practically nothing was known regarding its physiological importance. The author has devoted several years to the experimental study of Pituitary disorders, and has inserted in this book a few photographs of animals showing some of the more striking changes, such as a gain in weight and a diminution in size of the sexual glands, which follow a partial extirpation of the hypophysis. He also calls attention to the cohexia and the focal destructive changes resulting from prolonged administration of an extract of the posterior lobe. This latter point is worthy of note since this portion of the gland is now extensively employed in therapeutics on account of its blood-pressure raising properties.

The researches described in this book have opened up an entirely new field. The subject of the Pituitary gland and its disorders is of the greatest interest to special workers in almost every field of experimental and clinical medicine. The anatomist,

the chemist, the physiologist and the general practitioner will all find a great many interesting and stimulating suggestions in this book. An accurate knowledge of the local manifestations of hypophyseal disorders is of the greatest importance to the ophthalmologist, the rhinologist, the neurologist, the genito-urinary specialist, the general surgeon and the ophthalmologist. It is pointed out by Dr. Cushing that the cases exhibiting Pituitary disorders are almost as common as are those with disturbances of the thyroid; and if vision is to be preserved it is necessary that these cases be recognized early in the cause of the disease.

The greater portion of this book is taken up with the detailed studies of clinical cases exhibiting Pituitary disorders. These cases are divided into five general groups:

1. Cases of dyspituitarism in which not only the signs indicating distortion of neighboring structures but also the symptoms betraying the effects of altered glandular activity are outspoken.
2. Cases in which the neighborhood manifestations are pronounced but the glandular symptoms are absent or inconspicuous.
3. Cases in which neighborhood manifestations are absent or inconspicuous though glandular symptoms are pronounced and unmistakable.
4. Cases in which obvious distant cerebral lesions are accompanied by symptomatic indications of secondary Pituitary involvement.
5. Cases with a polyglandular syndrome in which the functional disturbances on the part of the hypophysis are merely one, and not a predominant feature of a general involvement of the ductless gland.

The diagnosis is comparatively easy in those cases in which there is a growth involving the structures in the region of the optic chiasm. Preceding the publication of the author's experimental investigations, however, the early recognition of the cases with hypophyseal lesions, in which the local manifestations are inconspicuous or absent, was largely a matter of conjecture. For example, he has demonstrated that the carbohydrate metabolism is markedly affected by hypophyseal disorders. Operative injury of the Pituitary body in dogs is invariably followed by a temporary glycosuria; in case an appreciable fragment of the gland is removed at operation, there results a very marked increase in the carbohydrate tolerance of the animal, and a rapid gain in weight. The carbohydrate tolerance, however, may be lowered almost to normal by feeding such an animal the commercial extract of the Pituitary body. [This point is of clinical value in determining the proper dosage of the gland extract for an individual with hypo-pituitarism.] In fact glycosuria may be produced in normal animals by the forced feeding of Pituitary extract.

The same general rules are found to hold true for clinical cases. For example, it is very common to find a transient glycosuria in those cases of cranial fractures in which the fissure has passed through the sella tursica and injured the hypophysis. On the other hand, a majority of the cases with partial destruction of the gland by a new growth, or a diminution in its secretory ability, show an increase in weight and a high carbohydrate tolerance.

Symptoms referable to disturbances of the other ductless glands first observed in animals with a partial removal of the hypophysis, are also found to be present in clinical cases. Among the more striking may be mentioned amenorrhea, impotence, incomplete development or absence of the secondary sexual characteristics, asthenia and pigmentation of the skin. Definite anomalies of growth, closely akin to the clinical conditions known as infantilism, may be experimentally produced by partial removal of the hypophysis in young animals.

By obtaining careful histories, testing the carbohydrate tolerance, and painstakingly examining patients for the known symptoms referable to disorders of the

ductless glands, many of the hitherto obscure conditions are found to be referable to a primary functional disorder of the Pituitary body. Appropriate therapy—medical, X-ray or surgical—will in many of these patients markedly improve the condition. The symptoms of hypo-pituitarism form as definite a clinical entity as do those of hypo-thyroidism or myxedema.

The chapter on surgical therapy is especially valuable, since the author's group of 43 operated cases is by far the largest series yet reported. The operative mortality was about 10 per cent; but in three of these fatal cases the operation was of desperate measure of last resort. In only one case was there a fatal meningitis.

Everyone interested in clinical or experimental medicine will find this monograph of great value. The bibliography is full and accurate. On almost every page there are photographs of patients, perimetric charts or reproductions of X-rays. There are a few typographical errors in this, the first edition, but on the whole it is well edited and a credit to the publishers.

The Physician's Visiting List (Lindsay and Blakiston's) for 1913. Sixty-second year of its publication. Philadelphia: P. Blakiston's Son and Company (Successors to Lindsay and Blakiston), 1012 Walnut Street. Sold by all booksellers and druggists.

The Physician's Visiting List is too well known, after its sixty-two years of publication, to need more than a passing line. It contains, besides the space for the records for services rendered, considerable useful material which might be needed at a moment's notice, such as notes on Incompatibility of Drugs, the Immediate Treatment of Poisoning, and a very complete Dose-Table. Oldberg's article on Weights and Measures and a table for Comparison of Thermometers, and short practical points on Asphyxia and Apnea.

The Visiting List is small, neatly bound in leather, and convenient to carry in the pocket.

The Practitioners' List for 1913. An invaluable pocket-sized book containing memoranda and data important for every physician, and ruled blanks for recording every detail of practice. The Weekly, Monthly and 30-Patient Perpetual contain 32 pages of data and 160 pages of classified blanks. The 60-Patient Perpetual consists of 256 pages of blanks alone. Each in one wallet-shaped book, bound in flexible leather, with flap and pocket, pencil and rubber, and calendar for two years. Price by mail, postpaid, to any address, \$1.25. Thumb-letter index, 25 cents extra. Descriptive circular showing the several styles sent on request. Lea and Febiger, Publishers, Philadelphia and New York.

Being in its twenty-ninth year of issue, *The Practitioners' Visiting List* embodies the results of long experience and study devoted to its development and perfection.

The text portion of *The Practitioners' Visiting List* for 1913 has been thoroughly revised and brought up to date. It contains, among other valuable information, a scheme of dentition; tables of weights and measures and comparative scales; instructions for examining the urine; diagnostic table of eruptive fevers; incompatibles, poisons and antidotes; directions for effecting artificial respiration; extensive table of doses; an alphabetical table of diseases and their remedies, and directions for ligation of arteries. The record portion contains ruled blanks of various kinds, adapted for noting all details of practice and professional business.

Printed on fine, tough paper suitable for either pen or pencil, and bound with the utmost strength in handsome grained leather, *The Practitioners' Visiting List* is sold at the lowest price compatible with perfection in every detail.

ATTITUDE OF AUTOISTS TOWARD NOISES.

The following letter written to Councilman Heatwole when the Zone Law was in the City Council is interesting in showing the public-spirited attitude of the members of the Automobile Club of Maryland.

Dear Sir: The President of the Automobile Club of Maryland was requested by the board of governors to appoint a special committee for the purpose of having introduced in the City Council an anti-noise ordinance. This committee consists of Messrs. James S. Reese, Joseph M. Zamoiski and Joel G. Nassauer.

Having noticed an article in the Baltimore SUN of August 3 in which you propose to introduce such an ordinance, the special committee reported back to the board of governors, thoroughly indorsing the ordinance you propose to introduce, and the secretary was thereupon requested to notify you of this club's position in the matter. We sincerely hope you will be successful in having it passed.

Very truly yours,

H. M. LUZIUS,

Secretary Automobile Club of Maryland.

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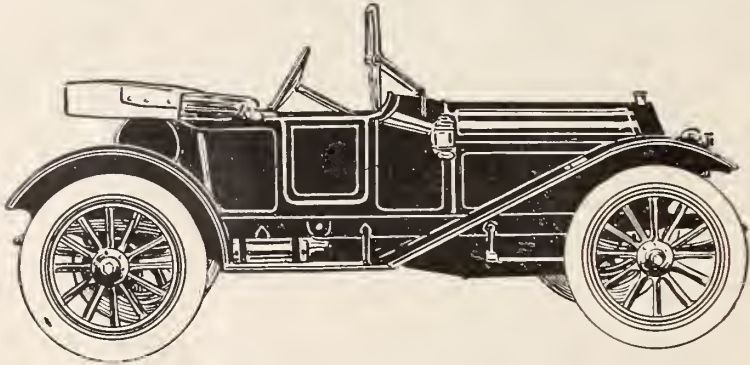
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MILK PASTEURIZATION

Every doctor should read the report of the Commission on Milk Standards appointed by the New York Milk Committee (U. S. Treasury Dept., Public Health Reprint No. 78, May 10, 1912), which says—

“The Commission thinks that pasteurization is necessary for all milk at all times, excepting certified milk or its equivalent” and “the minimum temperature during the period of holding should be 145°F. and the holding time 20 minutes.”

This process the Pikesville Dairy Co. adopted three years ago.

THE BULLETIN

OF THE

Medical *and* Chirurgical Faculty of Maryland



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

Vol. V

FEBRUARY, 1913

No. 8

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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, HARRY FRIEDENWALD; Vice-President, WILLIAM H. SMITH; Secretary, EMIL NOVAK; Treasurer, W. S. GARDNER; Censors, R. WINSLOW, C. W. LARNED, C. E. BRACK; Delegates, J. C. BLOODGOOD, WILMER BRINTON, S. G. DAVIS, W. E. MAGRUDER, W. R. STOKES, GORDON WILSON, C. F. BURNAM, J. M. H. ROWLAND, JOHN T. KINO, W. A. FISHER.

SECTION OF CLINICAL MEDICINE AND SURGERY. First and Third Fridays, 8.30 P. M., October to May. Chairman, G. A. FLEMING, M.D.; Secretary, J. STAIGE DAVIS, 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, G. W. DOBBIN, M.D.; Secretary, EMIL NOVAK, M.D.

SECTION OF LARYNGOLOGY. Fourth Fridays monthly, 8.30 o'clock. 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, A. P. HERRINO, M.D.; Secretary, G. LANE TANEYHILL, JR., M.D.

SECTION OF OPHTHALMOLOGY AND OTOTOLOGY. Third Wednesdays. Chairman, R. L. RANDOLPH, M.D.; Secretary, J. W. DOWNEY, JR., M.D.

ALLEGANY COUNTY MEDICAL SOCIETY, President, EDWARD H. WHITE, Cumberland, Md.; Secretary-Treasurer, CHARLOTTE B. GARDNER, Cumberland, Md.; Delegate, E. B. CLAYBROOK. Second Wednesdays of January, April, July and October; annual Meeting in January.

ANNE ARUNDEL COUNTY MEDICAL SOCIETY. President, T. H. BRAYSHAW, Glenburnie, Md.; Secretary, L. B. HENKEL, JR., Annapolis, Md.; Treasurer, F. H. THOMPSON, Annapolis, Md.; Delegate, C. R. WINTERSON. Second Tuesday of January, April, July and October.

BALTIMORE COUNTY MEDICAL SOCIETY. President, A. T. GUNDRY, Catonsville, Md.; Secretary, J. C. MONMONIER, Catonsville, Md.; Treasurer, F. C. ELDRID, Sparrows Point, Md.; Delegate, H. L. NAYLOR, Towson, Md. Third Thursdays, April to October, 2 p. m.; November to March, 1 p. m.

CALVERT COUNTY MEDICAL SOCIETY. President, ISAAC N. KING, Barstow, Md.; Secretary, J. W. LETTCH, Huntington, Md.; Treasurer, GEORGE PETERSON, Mackall, Md.; Delegate, P. BRISCOE. Second Tuesdays in April, August and December; annual meeting second Tuesday in December.

CAROLINE COUNTY MEDICAL SOCIETY. President, W. W. GOLDSBOROUGH, Greensboro, Md.; Secretary-Treasurer, J. R. DOWNS, Preston, Md.; Delegate, H. W. B. ROWE, Hillsboro, Md.

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

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CHARLES COUNTY MEDICAL SOCIETY. President, JOHN W. MITCHELL, Pomonkey, Md.; Secretary-Treasurer, THOMAS S. OWEN, La Plata, Md.; Delegate, L. C. CARRICO. Third Tuesday in May, August and November.

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MEDICAL SOCIETY MEETINGS—Continued

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HARFORD COUNTY MEDICAL SOCIETY. President, A. F. VAN BIBBER, 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, F. O. MILLER, Ellicott City, Md.; Secretary-Treasurer, H. D. CAUSEY, Ellicott City, Md.; Delegate, A. WILLIAMS. 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, J. DUDLEY MORGAN, Chevy Chase, Md.; Secretary-Treasurer, J. L. LEWIS, Bethesda, Md.; Delegate, JAS. DEETS. Third Tuesdays in April and October.

PRINCE GEORGE'S COUNTY MEDICAL SOCIETY. President, C. W. BIRDSALL, Hyattsville, Md.; Secretary, H. B. McDONNELL, College Park, Md.; Treasurer, W. ALLEN GRIFFITH, Berwyn, Md.; Delegate, G. W. LATIMER. Second Saturday of every second month.

QUEEN ANNE'S COUNTY MEDICAL SOCIETY. President, N. S. DUDLEY, Church Hill, Md.; Secretary-Treasurer, H. F. McPHERSON, Centreville, Md.; Delegate, W. G. COPPAGE.

SOMERSET COUNTY MEDICAL SOCIETY. President, WILLIAM F. HALL, Crisfield, Md.; Secretary-Treasurer, RALPH L. HOYT, Orhale, Md.; Delegate, C. N. COLLINS. First Tuesday in April at Crisfield; first Tuesday in November, at Princess Anne.

TALBOT COUNTY MEDICAL SOCIETY. President P. L. TRAVERS, Easton, Md.; Secretary-Treasurer, W. L. PALMER, Easton, Md.; Delegate, C. F. DAVIDSON. Annual meeting third Tuesday in November and semi-annual meeting third Tuesday in May.

WASHINGTON COUNTY MEDICAL SOCIETY. President, V. M. REICHARD, Fairplay, Hagerstown, Md.; Secretary, W. B. CAMPBELL, Hagerstown, Md.; Treasurer, J. R. LAUHLIN, Hagerstown, Md.; Delegate, J. W. HUMRICHOUSE. Second Thursdays 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.

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STATE PRACTICE ACT

State Board of Medical Examiners—Herbert Harlan, J. McP. Scott, Harry L. Homer, James A. Stevens, H. M. Fitzhugh, L. A. Griffith, B. W. Goldsborough, L. B. Henkel.

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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OF THE
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OF MARYLAND

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Formerly Asst. Physician at Maryland Hospital for the Insane for nine years.

CORNELIUS DEWESEE, M.D.

Formerly Asst. Physician and Pathologist at the Maryland Hospital for the Insane for four years; in charge of the Clinical Laboratory of the Gov't Hospital for the Insane at Washington for five years.

pose, this work of instructing the public is being pushed energetically, and the newspapers have many times given valiant and indispensable assistance in the task. So much for the right sort of medical publicity.

On the other hand, if a newspaper or magazine article tells of some "rare" operation on a distinguished patient from some distant corner of the country—something as "rare" usually as a simple gastro-enterostomy—and if each step of the operation is described, with greater or less grotesqueness and absurdity of terms and ideas, and with frequent digressions to eulogize the wonderful skill and precision of the distinguished surgeon—we have to deal with publicity of an entirely different and distinctly repugnant sort. The same thing is true of articles which, under the guise of educating the public, are so full of inaccuracies and discrepancies that they not only do not teach the public useful facts, but actually delude it, often in a most cruel manner, as when they tell of new and startling "cures" for various diseases. Publicity of the kind which works an injury to the public or which is a means of self-exploitation on the part of a medical man, can have no justification or even extenuation. Aside from considerations of common decency and honesty—what we call medical ethics—such methods are anything but fair to the more self-respecting members of the profession.

It is not always easy for the critic to draw a sharp line between the kind of publicity we have lauded and the kind we have condemned. A common excuse of the self-exploiter is the plea that he is trying to educate the public. Nothing is more certain, however, than that even such great movements as the tuberculosis or cancer campaigns can be carried on with great effectiveness in an essentially impersonal way. This fact was illustrated by the success attending the publication, for over two years, of "Health Bulletins" in the *Baltimore Sun* and *Baltimore American*. These articles were never signed, being merely labeled as "Issued under the auspices of the Medical and Chirurgical Faculty of Maryland.

After all, the question is largely one of common honesty. Every man, when giving information to the newspapers, knows well enough in his own heart whether he is actually doing so in a purely altruistic spirit or whether he is seeking self-glorification. And everyone knows, or should know, that no newspaper will use his name in connection with an article, of this sort—certainly not repeatedly—if he requests or insists that it be withheld.

It would indeed be deplorable to see our profession commercialized and prostituted by such undignified practices as this we are now condemning. We would soon come to an age in which the most successful man among us would be the shrewdest and most extensive advertiser. Indeed, there are some pessimists who say we are headed in that direction now. Be that as it may, the election of the Board of Honor means that the Society has

awakened to the evil, and that it is determined to root it out if it be possible—and we believe it is. Every man can help, and should help. In the meantime, send any newspaper or magazine clippings which you consider objectionable to the Board of Honor, with comments on them if you see fit. You may rest assured that they will receive full consideration, and that the Board will try by its own actions to reflect the determination of the Society to destroy this monster which has reared its ugly head in our midst.

MENTAL HYGIENE CONGRESS HELD BY THE MEDICAL
AND CHIRURGICAL FACULTY OF MARYLAND

FEBRUARY 24 TO MARCH 1, 1913

PROGRAM

MONDAY, FEBRUARY 24, 1913

7.30 P.M.

Concert by the Faculty Orchestra.

8.00 P.M.—Meeting

Chairman, His Excellency, Gov. Phillips Lee Goldsborough.

Vice-Chairman, Mr. Robert L. Garrett.

Invocation—Dr. Oliver Huckel, Pastor of Associate Congregational Church.

Opening Address—Dr. A. C. Harrison, President of the Faculty.

Address—Preventing Mental Breakdown, or The Work of the National Committee of Mental Hygiene—Dr. Thomas W. Salmon, Director of Special Studies.

Address—The Importance of Recreation and Playground Work—Dr. Wm. L. Burdick, Director, Baltimore P. A. L.

Stereopticon Talk—Life of Patients at Spring Grove—Dr. J. Percy Wade, Superintendent.

TUESDAY, FEBRUARY 25, 1913

8.00 P.M.—Meeting

Chairman, Mr. Charles J. Bonaparte.

Vice-Chairman, Mr. Wilbur Miller.

Invocation—Bishop John H. Murray, Diocese of Maryland.

Address—The Relation of Mental Hygiene to Eugenics and Euthenics—Dr. Lewellys F. Barker.

Address—The Results of the Lack of Eugenics as shown by the Maryland Institutions—Mr. Wm. H. Davenport, Secretary of Board of State Aid and Charities.

Stereopticon Talk—Life of Patients at Springfield—Dr. J. Clement Clark, Superintendent.

WEDNESDAY, FEBRUARY 26, 1913

8 P.M.

Chairman, Mr. Charles J. Koch.

Vice-Chairman, General Herman Stump.

Invocation—Rabbi William Rosenau of Oheb Shalom Synagogue.

Address—Protecting the Mental Health of the Growing Child—Dr. Martin W. Barr, Superintendent Pennsylvania Training School for the Feeble-Minded.

Address—The Number of Defective Children in Baltimore Schools—Mr. Edwin Hebden, Statistician, Baltimore School Board.

Stereopticon Talk—Life of Children at Rosewood—Dr. F. W. Keating, Superintendent.

THURSDAY, FEBRUARY 27, 1913

8 P.M.—Meeting

Chairman, Dr. Adolf Meyer.

Vice-Chairman, Dr. Charles H. Riley.

Invocation—Rev. DeWitt M. Benham, Pastor of Central Presbyterian Church.

Address—Relation of Mental Health to Education—Dr. Stewart Paton, Princeton University, Princeton, N. J.

Stereopticon Talk—The Care of Mental Cases in Hospitals—Dr. Edward N. Brush, Superintendent of Sheppard and Enoch Pratt Hospital.

FRIDAY, FEBRUARY 28, 1913

8 P.M.—Meeting

Chairman, Mr. William F. Cochran.

Vice-Chairman, Mr. Henry Dulaney.

Invocation—Rev. John Roach Straton, Pastor Seventh Baptist Church.

Address—Alcohol, a Destroyer of Mental Health—Dr. Irwin H. Neff, Superintendent Foxborough State Hospital, Massachusetts.

Address—The Proper Care of Inebriates in Maryland—Dr. G. Milton Linthicum.

Stereopticon Talk—Alcoholism in Baltimore—Mr. J. W. Magruder, Secretary of Federated Charities.

SATURDAY, MARCH 1, 1913

8 P.M.—Meeting

Chairman, Mr. William Marbury.

Vice-Chairman, General Lawrason Riggs.

Invocation—Rev. Wm. A. Fletcher, Cathedral.

Address—The Relation of Mental Health to Vice and Immorality—Rev. Kenneth G. Murray, Pastor of Fayette Street M. E. Church.

Address—How Maryland Should Reclaim its Criminals—Judge T. J. C. Williams of the Juvenile Court.

Stereopticon Talk—Life of Patients at Crownsville—Dr. R. P. Winterode, Superintendent.

STEREOPTICON TALKS

Each afternoon during the week stereopticon talks will be given at 4 p.m. on: How Can I Make My Child Mentally Strong?—Dr. W. R. Dunton, Jr.; Objects of the After-Care Committee, Dr. W. B. Cornell, and the special topics which will be presented each evening.

EXHIBIT

In conjunction with the Congress there will be an Exhibition by The National Committee of Mental Hygiene, Spring Grove State Hospital, Springfield State Hospital, Crownsville State Hospital, Rosewood State Training School, Baltimore City Detention Hospital, Sheppard and Enoch Pratt Hospital, Laurel Sanitarium, and Mt. Hope Retreat. Open from 10 a.m. to 10 p.m.

CENTRAL DIRECTORY FOR REGISTERED NURSES.

BY C. E. QUERY, R. N.

Registrar.

Our State Association was organized in 1903 and from the beginning a Central Directory was under consideration, but beyond appointing a committee each year to keep the subject before the nurses nothing was done until 1909, when the doctors in planning their new library building reserved space and planned for the nurses, with the expectation that among their other activities there would be a central registry—indeed, there were rumors that if the nurses did neglect this opportunity the medical men might open such a Directory themselves. However with characteristic courtesy this was referred to the nurses with the hope that they would assume the responsibility. That we were ready and willing to respond to the call is attested to by the fact that in the face of bitter opposition from the nurses of one or two of our strongest schools the Directory was opened in March, 1910.

That this Registry would have been *the* Registry of the city today, if we had had the hearty support of the doctors, is borne out by the fact that though we have been and still are being daily, almost hourly, criticised and slandered by members of the nursing profession, large numbers have from time to time registered with us. This registration is in a large measure due to your advising them to register with us; we appreciate all you have and are doing for us in this line, but what can we say to these very same nurses when they ask whether you are calling your nurses through us?

In your organizations, acceptance, as a rule, means life membership, unless, the member must be asked for his resignation, while with us continued registration is dependable upon the amount of work we can give the member, unless we can keep her fairly busy, she will refuse to register when her second year's dues are payable.

Dr. Thayer, in his address to the Medical and Chirurgical Faculty, at their annual meeting in 1910, endorsed the establishment of this Registry.

As I have already stated we began against heavy odds but we began in a very optimistic spirit for we felt that you would stand by us and support us, but tonight we come before you and are forced to admit that unless we can have your support in a much more marked degree than has been the case in the past we will have to admit ourselves defeated and give up what we know to be a good work; good because it has been based on right principles, namely, quick efficient service for those requiring the services of a nurse, be that doctor or patient.

In order to make the opening of the Directory possible it was necessary to have funds, so a stock company was formed, not as has been said of us,

for the purpose of making money for a favored few, but in order to make the beginning possible.

As the average running expense of this office is \$175 per month, it was deemed necessary and wise, to have at least \$2000 or \$3000 for expenses for the first year or two, after which time we hoped the Directory would be running on a self-supporting basis: in time we hoped to turn these shares over to our State Society, and then eventually cut down the fees of the Directory. This statement should prove to you whether we are trying to make this a money making scheme or not.

That much of the opposition to the Directory on the part of the nurses has been lived down we feel sure of, from the fact that many of the very women who in the beginning could see nothing good in the undertaking, are ready to join us if we can assure them that the doctors are supporting us.

That you are not supporting us both you and I know. The Medical and Chirurgical Faculty numbers more than a thousand doctors; of that number we have received calls from about two hundred and fifty. This by no means means that these two hundred and fifty give us all their calls; if it did, our trials would be at an end and we could boast of having here in Baltimore the most successful Registry in the country.

Why you are not using the Registry, is the question, we have come to ask you to answer if you will. If it is our fault we want to know it, and if possible rectify all existing difficulties. We have lain awake nights trying to see wherein we have failed you, but so far have been unable to lay our fingers on anything more definite than conjecture. It cannot be because the nurses are no good, for you do employ our nurses, but not through us.

We have wondered whether you have no confidence in us: we know of many instances in which you have employed our nurses through other registries, hospitals and nurses, but would not accept them through us. We have sent you nurses who have not made good, we feel sure you did not condemn us for that; have you not had similar experiences with other registries and yet have forgotten the occurrence and continued to patronize them, and we feel sure you would do no less for us.

No nurse is accepted on this Directory until all of her references have been most carefully investigated, and if she comes to us from an out of town school she is doubly investigated, and as our success depends on the class of nurses we supply you, it is only reasonable to suppose we are going to be most particular about whom we send. There have been times when I have candidly told a doctor I have no nurse rather than send him a nurse I could not feel sure about.

We consider no amount of work done for you a trouble or trial, we are glad and ever ready to serve you, if you will but give us the chance.

The idea has gone abroad that we are but a second-rate Directory, nurses are continually asking: Is it true that the best doctors do not use the Directory? And many doctors seem to be surprised to learn that the Registry's chief work is that of registering and supplying them with graduate nurses.

For the accommodation of that portion of the public in moderate circumstances we consented to open the Registry to "caretakers or practical nurses," little dreaming that this action might be misunderstood and set the standard for our Directory.

In the beginning when these caretakers were first registered, we had quite a long list of very good ones, but many of them are no longer with us for as they became known to the medical profession (through us) the physicians called them through their home calls and they feeling that their calls were coming to them without our aid have ceased to register.

Simply because a woman is a graduate of a large institution does not make her a better nurse than the one who graduates from a small school, the advantages of the larger one we all admit, at the same time there is much to be said in favor of the smaller one. How often has it not been the case that the nurse who had her training in a hospital of, maybe, less than seventy-five beds made good, whereas the woman from the largest institution has failed? After all, it is not the woman herself, and not the institution from which she comes.

We have quite a large list of excellent nurses on this Directory, and I use the word excellent advisedly. We are *not* a second rate Directory, we stand for nothing less than the highest and best the profession has to give, and will tolerate nothing less if we know it. It has been said that a lie will travel all around the universe while "truth" is getting her boots on; and we are inclined to believe this true, for the truth regarding the Directory does not seem to have traveled far while the opposite is widespread.

We feel sure you desire to coöperate with us to make this Directory the clearing house for the nursing work of the city and just as soon as the nurses or schools not registered here realize that your nurses are being supplied you through the Central Directory it will be a matter of but a very few weeks or months until this will be the case.

If the doctors will discuss this question with us and give us a chance to see our faults and clear up any misunderstandings that may exist it will be to our advantage and the nurses we represent.

RECENT ACCESSIONS TO THE LIBRARY

AUTHOR	TITLE	DATE	SOURCE
Amer. Laryn. Asso.	Transactions. Vol. 34	1913	Amer. Laryn. Asso.
Amer. Med. Asso.	Section on diseases of children	1912	Frick Fund.
Amer. Med. Asso.	Section on nervous and mental diseases	1912	Frick Fund.
Amer. Med. Asso.	Section on obstetrics, gynecology and abdominal surgery	1912	Frick Fund.
Amer. Med. Asso.	Section on pharmacology and therapeutics	1912	Frick Fund.
Amer. Med. Asso.	Section on preventive medicine and public health	1912	Frick Fund.
Amer. Surgical Asso.	Transactions. Vol. 30	1912	Amer. Surg. Asso.
Binet, Alfred, and Simon, Th.	Method of measuring the development of the intelligence of young children. Translated by C. H. Town	1912	Frick Fund.
Birnbaum, Richard	A clinical manual of the malformations and congenital diseases of the foetus	1912	Frick Fund.
Brand, A. T., and Keith, J. R.	Clinical memoranda for general practitioners	1909	Sir William Osler.
Breuss, Carl, and Kolisko, A.	Die pathologischen beckenformen. Vol. 3	1912	Frick Fund.
Brüning, H., and Schwalbe, E. <i>eds.</i>	Handbuch der allgemeinen pathologischen anatomie des kindesalters. Vol. 1, Pt. 1	1912	Frick Fund.
Bruns, L., Cramer, A., and Ziehen, T.	Handbuch der nervenkrankheiten im kindesalter Über nervöse entartung	1912	Frick Fund.
Bunke, Oswald.....	Hereditiy and eugenics	1912	Frick Fund.
Castle, W. E., and others	The physiology of protein metabolism	1912	Frick Fund.
Cathcart E. P.	The illness and death of Napoleon Bonaparte (a medical criticism)	1912	Frick Fund.
Chaplin, Arnold	Enzymes	1913	Sir William Osler.
Cohnheim, Otto	The pituitary body and its disorders	1912	Frick Fund.
Cushing, H. W.	Oxidations and reductions in the animal body	1912	J. B. Lippincott Co.
Dakin, H. D.	Franklin's contribution to medicine	1912	Frick Fund.
Diller, Theodore	Dunkelfeldbeleuchtung und ultramikroskopie in der biologische und in der medizin	1912	Frick Fund.
Gaidukov, N.		1910	Dr. Williams.

Gauss, C. J., und Lembecke, H.	Röntgentherapie	1912	Frick Fund.
Geddes, George	Statistics of puerperal fever and allied infectious diseases	1912	Frick Fund.
Goddard, H. H.	The Kallikak family	1912	Frick Fund.
Guiteras, Ramon	Urology. 2 vols.	1912	Frick Fund.
Gulland, G. L., and Goodall, Alexander	The blood	1912	Frick Fund.
Hart, D. B.	Guide to midwifery	1912	Frick Fund.
Hawthorne, C. O.	Studies in clinical medicine	1912	Sir William Osler.
Huey, E. B.	Syllabus for clinical examination of children	1912	Frick Fund.
Hutchison, Robert	Food and the principles of dietetics. 3d ed.	1911	Dr. Ruhrah.
Hutchison, Robert, <i>ed.</i>	An index of treatment by various writers. 6th ed., rev. and enlarged	1912	Baker Fund.
Judd, J. W.	The coming of evolution	1912	Frick Fund.
Kraus, R., und Levaditi, C.	Handbuch der technik und methodik der immunitätsforschung. 3 vols.	1908-12	
Krehl, Ludolf, und Marchand, Felix	Handbuch der allgemeinen pathologie. Vol. 2, Pt. 1	1912	Frick Fund.
Lennander, K. G.	Gesammelte werke, ed. by G. Ekkehorn. 3 vols.	1912	Univ. of Upsala.
Loeb, Jacques	The mechanistic conception of life	1912	Frick Fund.
Lowry, E. B.	False modesty that protects vice by ignorance	1912	Enoch Pratt Free Library.
Lucas, R. C.	Bradshaw lecture on some points in heredity	1912	Sir William Osler.
McCay, D.	The protein element in nutrition	1912	Frick Fund.
Mackenzie, James	Symptoms and their interpretation. 2d ed.	1912	Frick Fund.
Marshall, J. S.	Mouth hygiene and mouth sepsis	1912	Frick Fund.
Mass. General Hospital	Annual report. Vol. 98	1912	
Mass. Med. Society	Medical communications. Vol. 23	1912	Mass. Med. Soc.
Mott, Valentine	A biographical memoir of the late John Revere, M.D.	1847	Sir William Osler.
Mumford, J. G.	A doctor's table talk	1912	Frick Fund.
Myer, J. S.	Life and letters of Dr. William Beaumont	1912	Frick Fund.
New Hampshire Med. Society	Transactions. Vol. 121	1912	

AUTHOR	TITLE	DATE	SOURCE
Noorden, Carl von	Inanition and fattening cures	1910	Frick Fund.
Noorden, Carl von	New aspects of diabetes; pathology and treatment	1912	Frick Fund.
Noorden, Carl von	Technique of reduction cures and gout	1910	Frick Fund.
Ophthalmological Soc. of the United Kingdom	Transactions. Vol. 32	1912	Frick Fund.
Paget, Stephen	For and against experiments on animals	1912	Frick Fund.
Peabody, F. W., Draper, George, and Dochez, A. R.	A clinical study of acute poliomyelitis. (Rockefeller Monographs, No. 4)	1912	Rockefeller Inst. for Medical Research.
Pollock, C. E., and Harrison, L. W.	Gonococcal infections	1912	Frick Fund
Quinke, Heinrich, and Hoppe-Seyler, Heinrich	Die krankheiten der leber. 2d ed.	1912	Frick Fund.
Reik, H. O.	Safeguarding the special senses	1912	Dr. Reik.
Rice, A. G.	Medical inspection of schools	1912	Rhode Island Med. Society.
Rockefeller Inst. for Medical Research	Reprints. Vol. 9, 11-15	1909-12	Rockefeller Inst. for Medical Research.
Rosenau, M. J.	The milk question	1912	Frick Fund.
Ross, Ronald	Report on prevention of malaria in Mauritius	1908	Sir William Osler.
Still, G. F.	Common disorders and diseases of childhood. 2d ed.	1912	Frick Fund.
Taylor, A. E.	Digestion and metabolism	1912	Frick Fund.
U. S. Bureau of the Census	Mortality statistics, 1909	1912	Baker Fund.
Watson, Chalmers	Food and feeding in health and disease	1912	Frick Fund.
Wezel, Karl	Robert Koch, eine biographische studie	1912	Enoch Pratt Free Library.
Zenner, Philip	Mind cure and other essays	1912	Free Library.

SUMMARY OF RESULTS OF EXAMINATION HELD BY THE
BOARD OF MEDICAL EXAMINERS OF MARYLAND,
DECEMBER 10, 11, 12 AND 13, 1912.

NO.	COLLEGE OF GRADUATION	EXAMINATION RESULTS										TOTAL	AVERAGE
		ANATOMY	SURGERY	PATHOLOGY	OBSTETRICS	PRACTICE	CHEMISTRY	MATERIA MEDICA	THERAPEUTICS	PHYSIOLOGY			
1	University of Pennsylvania, '12.....	77	75	83	88	80	82	88	94	80	747	83	
2	Georgetown Medical College, '11.....	70	...	...	...	...	...	56	58	...	...	...
3	Maryland Medical College, '12.....	64	69	91	...	...	65	75	...	...	...	...
4	Maryland Medical College, '12.....	...	...	80	...	78	88	75	75	...	...	...
5	Maryland Medical College, '12.....	61	...	...	...	...	76	75	91	75	...	...
6	Baltimore Medical College, '12.....	75	71	95	80	89	83	84	62	87	726	81	
7	Jefferson Medical College, '12.....	81	76	89	89	83	96	61	78	84	737	82	
8	Med.-Chir., Philadelphia, '10.....	82	78	83	78	75	82	84	77	75	714	79	
9	Med.-Chir., Philadelphia, '12.....	67	66	68	95	71	77	67	75	45	631	70	
10	Med.-Chir. Philadelphia, '12.....	68	66	91	90	85	79	80	84	75	718	80	
11	Maryland Medical College, '12.....	66	75	89	83	78	75	60	64	63	653	72	
12	Maryland Medical College, '12.....	55	75	71	65	75	60	52	61	50	564	62	
13	Baltimore Medical College, '12.....	78	61	97	88	71	91	82	85	78	731	81	
14	University of Maryland, '12.....	78	...	...	...	...	...	81	75	80	...	...
15	Maryland Medical College, '12.....	...	...	87	...	...	68	50	71	50	...	...
16	Maryland Medical College, '12.....	Failed to appear.											
17	Med-Chir., Philadelphia, '11.....	86	76	90	88	80	79	82	92	75	748	83	
18	University of Maryland, '11.....	60	76	73	75	63	86	75	72	75	655	73	
19	University of Maryland.....	87	...	...	...	...	84	83	...	80	...	...
20	Maryland Medical College, '12.....	63	42	38	75	51	75	50	56	40	490	54	
21	Maryland Medical College, '12.....	75	...	...	75	75	...	75	76	...	...	...
22	Jefferson Medical College, '02.....	60	69	70	75	75	53	58	81	31	572	63	
23	Baltimore Medical College, '12.....	66	...	71	...	71	...	...	...	...	...	...
24	Col. Phys. and Surgs., Baltimore, '12.....	76	77	81	95	84	78	79	78	75	723	80	
25	George Washington University, '11.....	82	...	48	78	75	70	65	70	75	563	62	
26	Maryland Medical College, '10.....	56	61	60	55	70	...	62	...	48	...	...
27	University of Maryland, '11.....	84	76	95	95	84	98	95	81	52	760	84	
28	University of Pennsylvania, '12.....	78	84	99	93	78	75	83	92	77	759	84	
29	Woman's Medical College of Pa., '10.....	72	56	71	...	56	75	75	...	75	...	...
30	University of Maryland, '12.....	70	67	91	92	75	83	75	85	75	713	79	
31	Johns Hopkins, '11.....	60	73	94	91	75	85	80	75	91	724	80	
32	University of Pennsylvania, '12.....	61	76	83	83	88	76	82	84	69	702	78	
33	Maryland Medical College, '12.....	Failed to appear.											
34	Maryland Medical College, '12.....	58	75	89	87	75	75	80	93	62	694	77	
35	Baltimore Medical College.....	59	...	...	...	...	75	75	...	36	...	...
36	College of Phys. and Surgs., '12.....	94	79	91	87	84	76	88	81	90	770	85	
37	Maryland Medical College, '12.....	93	75	...	...	77	84	...	82	...	...	...
38	Med-Chir., Philadelphia, '12.....	57	63	76	75	75	75	66	69	59	615	68	
39	Maryland Medical College, '12.....	Failed to appear.											

NO.	COLLEGE OF GRADUATION	COLLEGE OF GRADUATION										TOTAL	AVERAGE
		ANATOMY	SURGERY	PATHOLOGY	OBSTETRICS	PRACTICE	CHEMISTRY	MATERIA MEDICA	THERAPEUTICS	PHYSIOLOGY			
40	Maryland Medical College, '12.....	59	71	89	81	75	92	57	75	57	656	73	
41	Univ. Col. of Med., Richmond, '12.....	45	76	79	97	75	79	66	83	75	675	75	
42	Col. Phys. and Surgs., Baltimore, '12....	90	79	88	75	81	82	78	90	80	743	82	
43	Temple University, '12.....	65	75	82	82	83	77	63	80	75	682	76	
44	Col. Phys and Surgs., Baltimore, '12....	82	82	97	81	82	75	75	91	53	718	80	
45	Maryland Medical College, '12.....	38	39	32	..	39	75	25	34	21	...	...
46	Jefferson Medical College, '12.....	57	75	76	80	82	69	86	86	70	675	75	
47	Maryland Medical College, '10.....	70	80	75	75	72	89	80	64	75	675	75	
48	George Washington University, '12.....	86	86	96	79	78	87	76	84	77	749	83	
49	Howard University, '11.....	81	71	87	90	78	91	88	77	83	746	83	
50	Howard University, '12.....	50	74	73	72	81	76	64	60	54	604	67	
51	University of Maryland, '12.....	57	76	78	94	76	75	77	70	76	679	75	
52	Meharry Medical College, '12.....	54	44	76	63	60	59	50	54	36	496	55	
53	Col. of Phys. and Surgs., Baltimore, '12..	62	70	75	77	83	81	67	86	75	676	75	
54	Maryland Medical College, '12.....	Failed to appear.											
55	Col. Phys. and Surgs., Baltimore, '12....	70	75	86	70	77	75	75	76	77	681	76	
56	University of Maryland.....	35	.....	.....	.....	.....	53	46	.....	39	.....	.....
57	Col. of Phys. and Surgs., Baltimore, '12..	94	76	90	92	82	86	78	79	78	755	84	
58	Col. of Phys. and Surgs., Baltimore, '12..	85	75	80	80	75	79	78	76	75	703	78	
59	University of Maryland.....	47	.....	.....	.....	.....	69	77	.....	75	.....	.....
60	University of Maryland, '11.....	88	75	86	94	81	82	77	85	79	747	83	
61	University of Pennsylvania, '12.....	92	88	96	93	88	85	84	88	80	794	88	
62	University of Maryland, '12.....	80	83	87	92	88	76	80	75	65	726	81	
63	Univ. and Bellevue Hosp., N. Y., '05.....	89	79	96	92	81	85	84	84	75	765	85	
64	Baltimore Medical College, '11.....	83	.....	80	.....	.....	.....	.....	75	75	.....	.....
65	University of Maryland, '12.....	81	75	86	81	84	71	75	66	78	697	77	
66	Maryland Medical College, '12.....	Failed to appear.											
67	University of Maryland, '12.....	90	.....	94	.....	.....	.....	85	.....	.....	.....	.....
68	Col. of Phys., and Surgs., Baltimore, '12	65	73	69	88	60	62	65	61	60	603	67	
69	Maryland Medical College, '12.....	89	.....	78	.....	75	88	78	76	.....	.....	.....
70	University of Maryland, '12.....	82	84	87	91	88	96	75	77	75	755	84	
71	Maryland Medical College, '11.....	62	70	79	78	56	77	75	59	59	615	68	
72	Maryland Medical College, '06.....	78	.....	78	.....	.....	.....	.....	.....	.....	.....	.....
73	Starling, Ohio, Med. Univ., '03.....	52	50	43	91	49	93	57	57	51	543	60	

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 reëxamination at the expiration of six months. They are then obliged to receive a rating of 75 in each branch in which they are reëxamined 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,
DECEMBER 10-13, 1912.

CHEMISTRY.

1. Define: Reagents, oxidation, precipitate, combustion and valence; and give an example of each.

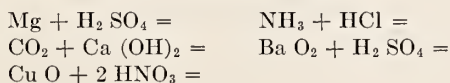
2. (a) What is a base? (b) What is an acid? (c) What is a salt? (d) What is an alkaloid? (e) What is an alcohol?

3. Give one chemical test for the following when occurring in urine: (a) sugar, (b) bile, (c) albumin, (d) blood, (e) diacetic acid.

4. Give the chemical formula of each of the following: (a) hydrogen peroxide, (b) hydrocyanic acid, (c) calomel, (d) arsenious oxide, (e) benzene.

5. State the names and the general chemical and physical properties of the "halogens."

6. Complete the following equations:



7. What are amalgams? (b) What are indicators? (c) What are alexins? (d) What are ptomaines? (e) What is an atom?

8. Give the chemical formula, properties and uses of magnesium sulphate.

9. Under what circumstances are the syllables mono, di, tri, tetra and penta used in chemical nomenclature? Give examples.

10. Give a chemical antidote for. (a) mercuric chloride. (b) Give two tests for organic matter in water. (c) What is ozone? (d) What is the average composition of cows milk?

DR. L. B. HENKLE, JR.,
Examiner.

Tuesday, December 10, 1912.

ANATOMY.

1. Describe upper extremity of the femur, including attachments of muscles.

2. Name (a) ligaments of elbow joint, and (b) bones entering into formation of radio-carpal joint.

3. Make drawing of outer surface of cerebral hemisphere showing position of lobes and chief fissures and convolutions.

4. After ligation of common carotid artery, how is collateral circulation established?

5. What anatomical structures pass through the sphenoidal fissure (foramen lacrum arterius)?

6. Origin, course and distribution of facial nerve?

7. What structures are found between the layers of the broad ligament (ligamentum latum uteri)?
8. Describe the male urethra.
9. What glands are in the stomach?
10. Attachments, action and nerve supply of the following muscles: Rectus femoris, pronator quadratus, psoas-magnus, triceps (extensor cubiti)?

DR. HERBERT HARLAN,
Examiner.

Tuesday, December 10, 1912.

THERAPEUTICS.

1. Write a prescription in Latin, without abbreviation, containing three ingredients or more which you would use in acute pharyngitis and give directions for administration.
2. Write a prescription in Latin, without abbreviation, which you would use in acute rheumatic arthritis and give directions for administration.
3. What is a prescription? Name its constituent parts.
4. Define therapeutics, chemical and pharmaceutic incompatibility and give an example of each.
5. Give the physiological action and therapeutics of amyl nitrite.
6. Chloral hydrate, its physiological action and therapy.
7. Ergotum, physiological action and therapy in parturition.
8. Give the therapeutics of aconitum.
9. Write a prescription for an emulsion and give indications for its use.
10. Give the dose of sparteine per orem and state its therapy.

DR. J. McPHERSON SCOTT,
Examiner.

Wednesday, December 11, 1912.

MATERIA MEDICA.

1. Define tincture, fluid extract, decoction and infusion. (b) What is the ordinary relative strength of a tincture to a fluid extract?
2. Opium—How obtained, official preparations and doses?
3. What is meant by incompatibles? Name some? (b) What are the kinds of incompatibility?
4. Mercury—Name five official preparations and some of the incompatibles.
5. Name and describe six methods of introducing medicine into the system.
6. What is the difference between an expectorant and an emetic? (b) Name three of each and the doses for a child three years old.
7. Name three circulatory stimulants, circulatory depressants, antispasmodics, emetics, carminatives and diuretics, and give doses of each.
8. What is the average adult dose of the following: Tincture nux vomica, tincture veratrum, tincture aconite, sulp. morph., tincture opium, Fowler's sol. arsenic, nitro-glycerine and codeine?
9. Chloral hydrate—Preparation and dose?
10. Potassium—Give six official preparations, doses and incompatibles.

DR. L. A. GRIFFITH,
Examiner.

Wednesday, December 11, 1912.

PHYSIOLOGY.

1. State into what general classes foods are divided. Give example of each.
2. What is the function of each class of food in nutrition?
3. Name the secretions of the body and the functions of each. (b) Name the excretions of the body.
4. What are the sources of animal heat? (b) Mention some of the conditions affecting heat production.
5. Describe the functions of the spinal nerves.
6. What are the channels of absorption? (b) Mention the facts and conditions that favor absorption and those that retard it.
7. Give the composition, reaction, uses and specific gravity of the blood, and the causes of the variation in specific gravity.
8. What do you understand by blood pressure? (b) State the cause of blood pressure in the arteries, capillaries and veins.
9. Describe the function of the mucous membrane of the respiratory tract and the changes produced in the air and blood by respiration.
10. What is the physiologic function of the liver? (b) State the origin, nature and destination of glycogen.

DR. L. A. GRIFFITH,
Examiner.

Wednesday, December 11, 1912.

PATHOLOGY.

1. Describe the changes occurring in cirrhosis of the liver?
2. Describe the mode of formation of tube-casts and mention their significance?
3. Oxyuris vermicularis. Describe it and give its habits?
4. Mention the pathological changes and associated conditions present in rachitis?
5. What changes are induced by chronic phosphorus poisoning?
6. Outline briefly the method which you would pursue in order to have the pathogenicity of a certain organism found in the blood of an animal in pure culture at autopsy?
7. Mention two or more pathological conditions which would permit the spontaneous fracture of a long bone and describe one of them?
8. Describe the changes occurring in an inflamed area which cause swelling and redness?
9. Mention the abdominal lesions present in the third week of an ordinary case of typhoid fever and describe the conditions which precede a perforation.
10. What is the theory in regard to the action of the anti-tetanic vaccine? In what way does this differ in action from diphtheria antitoxin?

DR. H. M. FITZHUGH,
Examiner.

Thursday, December 12, 1912.

PRACTICE.

1. Define: (a) Kernig's sign, (b) Ludwig's angina, (c) Koplik's sign, (d) Pyelitis, (e) Endocarditis.
2. Define: (a) Cholelithiasis, (b) Chorea major, (c) Empyema, (d) Pertussis, (e) Badinski's sign.
3. Differentiate: Rubeola and scarlatina.

4. Name the symptoms of Grave's disease.
5. How would you diagnose a case of infantile paralysis?
6. Name the most important diseases occurring in the right inguinal region.
7. Name the types of chronic nephritis. Differentiate each type.
8. Give treatment of pharyngeal diphtheria.
9. Give treatment of influenza.
10. Give treatment of infantile paralysis.

DR. B. W. GOLDSBOROUGH,
Examiner.

Thursday, December 12, 1912.

SURGERY.

1. What are the indications for enucleation of the eye-ball? Describe an operation.
2. Symptomatology and treatment of acute catarrhal otitis media.
3. Differentiate between pernicious anemia and carcinoma of the stomach.
4. Give symptoms and treatment of coxalgia.
5. What technique and treatment would you employ for a punctured wound about the ankle caused by a pitch-fork?
6. Give cause, symptoms, diagnosis, operative and post-operative treatment of rupture of the bladder.
7. Discuss the cardinal symptoms of brain tumor.
8. What is the significance of blood in the stools?
9. Give the symptoms and physical signs of carcinoma of the breast?
10. What are the causes and symptoms of intestinal obstruction?

DR. H. L. HOMER,
Examiner.

Friday, December 13, 1912.

OBSTETRICS.

1. What should be learned at the first examination in a case of labor?
2. Name the occipital presentations.
3. What is placenta praevia and how treated? What is dystocia?
4. What is version and how many kinds of version are there?
5. How is the cord tied and dressed.
6. Describe the method of resuscitation when the child is apparently still-born.
7. What changes in the fetal circulation occur at birth?
8. Describe the deviations of the uterus from the normal position.
9. Give the etiology and treatment of erosion of the cervix.
10. Describe the operation Cesarean section.

DR. J. A. STEVENS,
Examiner.

Friday, December 13, 1912.

EXTRACTS FROM BULLETIN OF INFORMATION CONCERNING ENTRANCE TO MEDICAL COLLEGES.

SECTION I. AUTHORITY.

The minimum educational requirements acceptable to the Board of Medical Examiners of Maryland for matriculation in the medical colleges of Maryland are as follows:

(a) A baccalaureate degree from an accredited college or university.

(b) Graduation from an accredited high school, normal school or academy requiring for admission evidence of the completion of an eight-year course in primary and intermediate grades, and for graduation not less than four years of study embracing preferably two years (4 points) of Latin, or four years (8 points) of either high school French or German, or its full equivalent, provided a satisfactory examination is passed in the elements of Latin grammar; two years (4 points) of mathematics; two years (4 points) of English; one year (2 points) of history; one year (2 points) of physics; and additional work in language, literature, history, science, drawing, etc., to bring the total up to not less than 30 points.

Note.—After January 1, 1914, one year in physics, chemistry, and biology will be required.

(c) An examination in the branches specified in Section VIII.

SECTION II. CERTIFICATES.

The certificates issued certify that the holders have satisfied the minimum educational requirements of the Board of Medical Examiners of Maryland for admission to medical colleges.

These certificates are issued to any applicant (1) Presenting acceptable credentials, or (2) Passing the entrance examinations.

EXAMINATIONS.

SECTION VII.

An applicant for a certificate by examination may present himself to the Entrance Examiner at the hall of the Medical and Chirurgical Faculty, 1211 Cathedral St., Baltimore, Md., on the following dates, *provided he has made application and paid examination fee at least 10 days before date of examination.*

DATE OF EXAMINATIONS.

	1913	1914	1915
January	20-25.	January	18-23.
June	16-21.	June	15-20.
September	15-20.	September	14-19.
		September	13-18.

No other examinations whatever will be given.

ISAAC L. OTIS,
Entrance Examiner.

BOOK REVIEWS.

A Text-Book of Obstetrics; Including Related Gynecologic Operations. By BARTON COOKE HIRST, M.D., Professor of Obstetrics in the University Pennsylvania. Seventh Revised Edition. Octavo of 1013 pages, with 895 illustrations, 53 of them in color. Philadelphia and London: W. B. Saunders Company, 1912. Cloth, \$5.00 net; Half Morocco, \$6.50 net.

The new edition of this work which is the seventh within a period of fourteen years will deservedly find the same large audience as previous editions. More than is usually the case with text-books, the teachings here set forth embody the results of the author's own experience. With Doctor Hirst such experience has been broad and carries with it considerable authority; but the value of his book as a work of reference would be increased if the fundamental investigations of other clinics were quoted more frequently. It is disappointing, for instance, to find no mention of the conclusions of Hitsemann and Adler regarding the cycle of histological changes in the endometrium, referable to the menstrual process. And also none regarding the rôle of the chromosomes in the maturation of the ovum, in its fertilization, and in the process of sex determination. With reference to more practical subjects, nothing is said about the use of pituitrin in the treatment of uterine inertia. Acute yellow atrophy of the liver, which in more than half the cases is associated with pregnancy, is very casually mentioned, and then, unfortunately, it is confused with eclampsia.

No feature of this book is more distinctive than its emphatic teaching that the obstetrician's duty is to discharge his patients free from any gynecological disease. Secondary pelvic operations are described in full; the evil results which follow when they have been necessary, but not performed, are made so plain that no reader of this book can excuse himself for overlooking their importance. It seems reasonable to believe that we are rapidly approaching the time when the view-point of the obstetrician, so long urged by Doctor Hirst, will be widely accepted both by the faculties of medical schools and by practitioners. The arguments of the author with regard to diseases of the breast are much less convincing; mammary carcinoma, for example, certainly belongs, not to the field of obstetrics, but to that of general surgery.

Operative Obstetrics Including the Surgery of the Newborn. By EDWARD P. DAVIS, M.D. 264 Illustrations. \$5.50. Philadelphia and London: W. B. Saunders and Company, 1911.

The clear, concise, fluent style, as in Doctor Davis' other books, contributes notably to the interest and the value of the present volume. The practical character of the book is further enhanced through his discriminating selection of illustrations which have been chosen widely, and always—it is gratifying to note—with due acknowledgment of the source. In this particular the example of the author should be emulated more generally than at present is the case. A number of new illustrations also are included; especially noteworthy are those picturing the steps in the classical Caesarean Section.

The fact that nearly 500 pages are required for the description of obstetrical operations is in itself good evidence that the competent practitioner should have a surgical training. The more common operative procedures in this branch of medicine are described very satisfactorily; careful study of the section on forceps, ver-

sion, and the repair of the perineum will be found especially helpful by the general practitioner who assumes charge of cases of childbirth. The specialist, however, will be chiefly interested in the authoritative discussion of recent innovations as, for example, pubiotomy and vaginal hysterotomy. Results of these operations in various clinics have been collected to date. The *pros* and *cons* are stated fully; the conclusions at which the author arrives are distinctly conservative. Such an attitude is a wise one, no doubt, until there has been a longer period of time in which to determine the field of usefulness, as well as the limitations, of these operations.

A Pocket Formulary. By E. QUIN THORNTON, Assistant Professor of Materia Medica in the Jefferson Medical College. Tenth Edition, Revised. Lea and Febiger, 1912.

This little book is so well known that it needs scarcely more than passing notice. It contains in very compact form a large series of formulae arranged under the headings of the diseases in which they are indicated. There are a great many useful suggestions in the book, although it is not entirely free from prescriptions which seem to be unnecessarily complicated and to contain ingredients which might just as well be omitted. This criticism, however, does not apply to most of the mixtures and the use of this or some similar work would certainly be found to be of great advantage to the one just learning to prescribe and often the experienced physician needs to have his memory refreshed on certain points. The book also contains a list of poisons and their antidotes and a table of doses. It is of course impossible to produce a book containing as much information as this one without having some errors. For example, the dose of hexamethylenanim as recommended in cystitis seems to be much too small and this drug is not mentioned in connection with the treatment of acute nasal catarrh nor as a preventative of traumatic meningitis.

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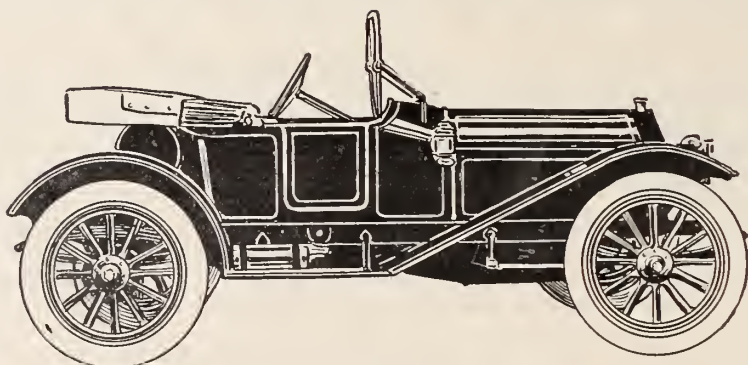
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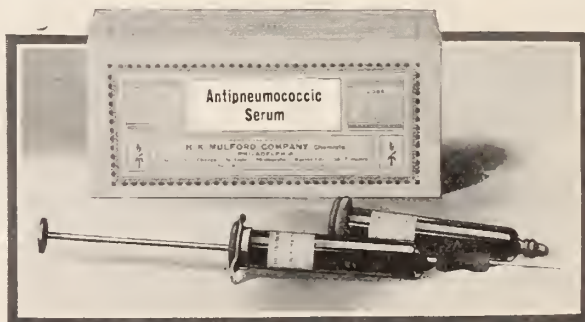
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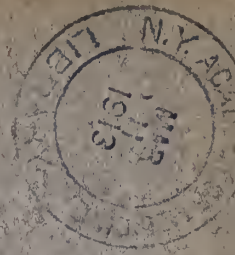
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OF THE

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Vol. V

MARCH, 1913

No. 9

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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.

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SECTION OF GYNECOLOGY AND OBSTETRICS. Second Fridays in October, December, February and April. Chairman, G. W. DOBBIN, M.D.; Secretary, EMIL NOVAK, M.D.

SECTION OF LARYNGOLOGY. Fourth Fridays monthly, 8.30 o'clock. 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, A. P. HERRING, M.D.; Secretary, G. LANE TANEYHILL, JR., M.D.

SECTION OF OPHTHALMOLOGY AND OTOLOGY. Third Wednesdays. Chairman, R. L. RANDOLPH, M.D.; Secretary, J. W. DOWNEY, JR., M.D.

ALLEGANY COUNTY MEDICAL SOCIETY, President, EDWARD H. WHITE, Cumberland, Md.; Secretary-Treasurer, CHARLOTTE B. GARDNER, Cumberland, Md.; Delegate, E. B. CLAYBROOK. Second Wednesdays of January, April, July and October; annual Meeting in January.

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SOMERSET COUNTY MEDICAL SOCIETY. President, WILLIAM F. HALL, Crisfield, Md.; Secretary-Treasurer, RALPH L. HOYT, Oriole, Md.; Delegate, C. N. COLLINS, First Tuesday in April at Crisfield; first Tuesday in November, at Princess Anne.

TALBOT COUNTY MEDICAL SOCIETY. President, P. L. TRAVERS, Easton, Md.; Secretary-Treasurer, W. L. PALMER, Easton, Md.; Delegate, C. F. DAVINSON. Annual meeting third Tuesday in November and semi-annual meeting third Tuesday in May.

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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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THE BULLETIN
OF THE
MEDICAL AND CHIRURGICAL FACULTY
OF MARYLAND

PUBLISHED MONTHLY

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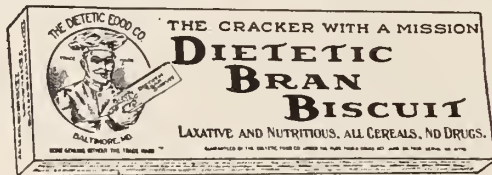
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NOTE: The Publication Committee desires to receive suggestions from members of the Faculty, that will in any way improve the Bulletin.

Vol. V

BALTIMORE, MARCH, 1913

No. 9

THE ANNUAL MEETING OF THE FACULTY.

The 115th Annual Meeting will be held in Osler Hall on April 22, 23 and 24, and plans are being made to make this a meeting of special interest. The first of the Isaac Ridgway Trimble lectureships will be given this year by Dr. Simon Flexner, Director of the Rockefeller Institute for Medical Research. These lectures will be given on the evenings of April 22 and 23, and the topic will be "Local Specific Treatment of Infections."

The Smoker, which has become an annual institution in place of the formal banquet, will be given on Wednesday night, at the close of Dr. Flexner's address. Music will be furnished by the Orchestra and Glee Club of the Faculty and a general good time is anticipated, as these Smokers become more popular each year.

Members desiring to read papers should send their titles at once to Dr. W. A. Fisher, Jr., Chairman of the Committee on Arrangements.

FACULTY TELEPHONE NUMBER

MT. VERNON 2972

MEETING OF THE BOOK AND JOURNAL CLUB, JANUARY 21,
1913.

OPENING REMARKS BY DR. HENRY BARTON JACOBS, PRESIDENT.

Ladies and Gentlemen: I'm very glad to see this large attendance upon this the second meeting of our Club for this academic year. It gives me courage to believe that the objects and aims of the Club continue to interest members of the Faculty, and that they will give it the support which these worthy objects and aims still merit. For the benefit of any young practitioner who may be here for the first time, I want to state that the prime object of the Club is to collect from its volunteer members, at the rate of five dollars per year, sufficient funds to supplement the Journal List of the Faculty Library, so that we may continue to maintain the files of that splendid list of medical journals in which our Library is particularly rich. In order to do this we must have approximately five hundred dollars annually, so we must find one hundred men to join the Club. I need not dwell upon the advantage to the Library and so to the members of the Faculty which follow from the possession of these journals. The cost of membership in the Club is only the price of one standard journal, and yet by this clubbing together we are able to place at the disposal of readers a list of a hundred or more of the best medical journals of the world, comprising leading journals in all the specialties as well as in the more fundamental branches of anatomy, physiology, medicine and surgery.

The second object which the Club has in view is the encouragement of research in the history of medicine, especially the history of our own local profession. The Medical and Chirurgical Faculty is one of the oldest of the State Medical Societies in this country, and has numbered in its more than a century of existence many most distinguished men, who have done their part in their time to foster and promote the science and art of medicine. To resurrect their lives and works, and to hand them on as an inspiration to the workers of today, is a duty not only pleasant, but exceedingly profitable, and one in which our Journal Club feels that it can be of service.

The program of our meeting tonight illustrates well how our conscientious secretary, Dr. Chatard, is endeavoring to fulfill these objects. Two of our most distinguished fellow members, both former presidents of the Faculty, will speak upon the lives and works of two men active and important in their day, and will present in behalf of the descendant families of these men oil portraits to hang upon these walls to be a constant reminder and help to those who may continue to come and linger here.

I shall have pleasure in calling upon the eminent historian of the Faculty, Dr. Eugene F. Cordell, to speak upon the life and to present the

portrait of Dr. John Francis Monmonier, and upon our beloved and cultured Nestor of the Baltimore profession, Dr. S. C. Chew, to do the same in the case of Dr. John Buckler. Following these presentations, Dr. A. C. Harrison, the President, will receive the portraits in behalf of the Faculty; then Dr. David I. Macht will give us an historical review of the ancient office of coroner, and refer to the present day importance of this office.

When all of you go from this Hall, after first partaking of the refreshments, I trust you will speak of this meeting and this Club to your friends, and invite them to be present at the next meeting, March 18.

JOHN FRANCIS MONMONIER, M.D.

SKETCH OF HIS FAMILY, LIFE AND SERVICES, READ ON THE OCCASION OF THE PRESENTATION OF A PORTRAIT OF HIM, THE GIFT OF HIS CHILDREN, TO THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, AT A MEETING OF THE BOOK AND JOURNAL CLUB, JANUARY 21, 1913.

BY EUGENE FAUNTLEROY CORDELL, A.M., M.D.

Professor of the History of Medicine, University of Maryland.

I have been commissioned, Mr. President, by the family of the late Dr. Monmonier, to present, through you, to the Medical and Chirurgical Faculty, a portrait of that physician. Before doing so, I beg permission to make a few remarks upon the family, the life and services, of the subject of it.

The family of Monmonier, or as it was formerly written, Montmonier de Sconbecque, is of Norman origin and of great antiquity, being traceable to the times of the Crusades. The coat of arms, now in possession of the Baltimore branch, consists of a chevron d'argent on a field of azure adorned with three merlettes, supported by two lions, s'assayent, gardent, and surmounted by a count's crown. The simplicity of design is said to be indicative of great antiquity, the florid and ornamental style of arms not coming into vogue until the fifteenth and sixteenth centuries. Merlettes in Heraldry—a small bird without feet or beak—are also indicative in France of antiquity. It is the shield of a crusader and shows that some of this family's ancestors must have taken part in those martial pilgrimages of the middle ages.

It would be interesting to trace the origins of this family back to feudal times, but I have not had time or opportunity to do so and the first definite genealogical knowledge, that I possess dates from the early part of the eighteenth century. A des Essartes, captain of the guard of Louis XIII, was an ancestor of Marie Jeanne Madeleine de Cressac des Essartes, who

on May 18, 1762, was married in the Church of St. André des Arcs, Paris, to Pierre Francis Joseph de Monmonier, Count de Sconbecque, Colonel of the Regiment of Louis XV, stationed then at Cambrai. From this alliance was born, in 1763, an only son, Charles de Monmonier who was the grandfather of the subject of this memoir.

Charles de Monmonier, while a student at the College of Louis le Grand, and still a mere boy in his teens, imbibed the new ideas of liberty and equality, joined Lafayette on his expedition to this country, and served with that distinguished general throughout the Revolutionary War, being present at the surrender of Cornwallis, at Yorktown. At the close of the War he returned to France and there married Mlle Marie Reine Gerard, of Bordeaux. Early in 1790 he went to San Domingo, where he engaged in the cultivation of coffee. In 1793, the negroes of that colony rose against the whites and he was obliged to flee with his wife and young son. They landed in Norfolk, Virginia, but remained there only a few months, coming then to Baltimore, which offered many advantages to the refugees. During the periods of the Consulate and Empire, Charles de Monmonier made several visits to France and in 1804 he was one of a deputation of colonists who petitioned Napoleon for recovery or indemnity for their lost possessions in San Domingo. History tells of the disastrous expedition of Le Clerc against the Island and how the Emperor, engrossed with his fortunes in Europe, was in no condition to aid the hapless exiles over the seas. In 1825, Boyer, then President of San Domingo, in consideration of the acknowledgment of the independence of the French part of the Island, agreed to pay to the mother country 150,000,000 francs as indemnity to the colonists. It is hardly necessary to add that no indemnity was ever paid, which could only have been accomplished by seizing the customs houses and taking it forcibly out of the revenues.

In March, 1809, Charles de Monmonier was suddenly stricken with apoplexy, on the eve of his return to his native country with his family, and died in this city, being then in his forty-fifth year. He left a widow and one son, Francis Louis Laurence de Monmonier, the father of Dr. John F. Monmonier. This Francis became an enterprising, useful and prosperous citizen, distinguished alike for his public spirit, rectitude and probity of life. Imbued with the democratic ideas then prevalent, he dropped all but the first of his Christian names, calling himself simply "Francis." "One name is quite enough," said he, "to know a man by." He also abandoned the particle "de" as savoring too much of aristocracy. Nothing could indicate more clearly the straightforwardness and simplicity of his character. In 1812, Francis Monmonier was one of the first to volunteer for the defense of the city against the British. He was appointed first lieutenant of the company of Captain Stansbury and with it was in the

engagements at Bladensburg and North Point. He served during the whole of the War and rose to be captain of Company B, 6th Maryland Militia.

John Francis Monmonier, who is portrayed in the life-like painting before us, eldest son of Francis Monmonier, was born in Baltimore, on April 4, 1813. He received his early education at a private school and later entered St. Mary's College on North Paca Street, from which he graduated with the degree of B.A., and later was given the degree of M.A. Among his fellow students at St. Mary's were Severn Teackle Wallis and others who subsequently occupied prominent positions in the state. Having determined to make medicine his career, he became a student in the private anatomical school of Dr. Duncan Turnbull. Continuing his studies he entered the Department of Medicine of the University of Maryland, and received the degree of M.D. from that institution on March 17, 1834. This was the period of the Trustees when Roger B. Taney was Provost and the University was a state institution. Its chairs were then sought by the most eminent teachers in the country and young Monmonier must have enjoyed the finest advantages attainable at that time. He listened to the words of such men as Nathan R. Smith of New Hampshire, in surgery; Eli Geddings, of South Carolina, in anatomy; Nathaniel Potter, the friend and special pupil of Rush, in practice of medicine; Richard Wilmot Hall, the translator of Larrey's Campaigns, in obstetrics; Robley Dunglison, of Virginia, in physiology and hygiene, and Jules Timoleon Ducatel, the chemist and geologist, in chemistry. Men are much influenced by their teachers and I cannot but think that Monmonier's character was deeply impressed by these great teachers and that the thoroughness, accuracy and high tone which distinguished him in so great a degree must have emanated largely from this source.

An interesting description of conditions at the University at this time is extant, by one Garry, a student from Ireland. "I had to sit," he says, "constantly for eight hours every day during four months on a hard bench, attending the medical lectures. I would not undertake the task again with similar health for any honor or emolument I could derive from it. It left me unable to move." Of his final examination, he has this to say: "I passed my examination on the 5th of March last; it was a most trying ordeal. My character was involved and with it my peace, for you know my pride could not well endure a rejection. There was a gentleman rejected on the very day on which I was examined; it stamps a man with great disgrace. I could scarce keep from fainting the half hour previous to my examination. I assure you it was enough to decompose stronger nerves than mine, to be called before a dignified and most learned board of Professors, in order to be examined through the whole circle of medical science:

Anatomy, Physiology, Practice of Medicine, Surgery, Materia Medica, Obstetrics and Chemistry. I stood as good an examination as the best among fifty, though some of them had been studying for years and even practicing. After my trial was over, The Professor of Surgery, N. R. Smith, in whose office I studied, rose and shook hands with me and declared that my examination did me much credit, and so did all the Professors." Then a month later came the Commencement, with its triumphs, but with further exactions, from which the modern student is exempt. "I received my diploma in company with the other fifty graduates on the 5th of April last. They were handed to us by the Provost, R. B. Taney, in the Anatomical theatre of the University, in the presence of the most beautiful and fashionable assembly of ladies and gentlemen I ever saw. In the meantime the City Band played the most delightful airs. The Professor of Materia Medica (Dunglison) delivered a valedictory oration, in which he gave many useful hints to the graduates on the course it was now necessary for them to pursue in order to succeed in their career. 'Ah!' I exclaimed, 'if my sister were here, how proud she would feel!' " [The extract is from a letter to his sister, then in Ireland]. "Every one of the graduates had to write an essay on some medical subject and to defend it before the Faculty. We were at liberty to write in any language, but a premium was offered for the best Latin essay. So I wrote mine in Latin. It was twenty-six pages long and cost me a great deal of labor, but I was amply awarded by the applause which it gained me. These essays are deposited in the library of the University where visitors may inspect them. The President of a celebrated college was introduced to me here a few days since. He told me he had examined my essay and that he was proud to become acquainted with me. We were obliged to answer the Professor who examined us, any question which he pleased to put to us, in the presence of the meeting, while he held our essay in his hand. This is in order to find out whether we understood the subject on which we wrote. I do assure you that some of the gentlemen fainted before they came in, fearing, no doubt, the criticisms of the audience, but in particular, that of the ladies. I affected a smile and conversed with the gentleman next me while we sat in waiting for the trial, but I assure you that my heart panted. At length the Professor of Practice informed the meeting that he held in his hand a Latin essay written by James Garry, at which (to me) awful communication, I was obliged to stand up and answer his questions, whilst my face crimsoned over and every eye and ear were on the watch. It was an honor to be examined first, but one that I could have dispensed with then. All this left me so weak that I am unable to attend to any business at present and I fear that I shall not be able during the summer."

Dr. Monmonier's life was one of varied activities and largely devoted to the service of his native city. For example, he was a member of the City Council from 1836 to 1837 and again from 1840 to 1847. He took great interest in public education; was a school commissioner from 1836 to 1852 and for several years was President of the School Board. He was also Physician to the Board of Health from 1849 to 1851. His connection with the Medical and Chirurgical Faculty began in 1849, and he was always active in its affairs, being chairman of the Executive Committee from 1854 to 1877, orator in 1871 and President in 1875-76. He was President of the Baltimore Medical Association, 1880-81. In 1867 he assisted in the reorganization of the Washington University School of Medicine, being Professor of Physiology from 1867 to 1875 and of Diseases of Women and Children, from 1875 to 1877, when it was merged in the College of Physicians and Surgeons. He died at his residence on the southwest corner of Calvert and Read Streets, June 8, 1894, having continued to attend to practice until within a short time previously. Death was due to the infirmities of age and occurred in his eighty-second year.

Dr. Monmonier was about six feet in height and of medium build, with small, keen eyes, a large mouth, chin beard but shaven upper lip, and voice of medium register. His speech was slow and deliberate, his language concise and to the point. He was always perfectly self-possessed and there was nothing of that excitability about him which we are apt to associate with the French nationality. The following extract gives an idea of his style and at the same time shows the high ideals, at which he aimed. It is from his report as Chairman of the Committee on Hall and was written shortly after the Faculty had occupied its own building in 1858: "In engaging in this enterprise, your committee conceive that an important step has now been taken in the right direction towards encouraging friendly intercourse, promoting a spirit of harmony and good will among the members and elevating and advancing a science which has so many devoted laborers in its various branches. One step further will carry it to a complete success. And there has scarcely been a time when a greater necessity existed for union and harmony in a profession surrounded by so many responsibilities; where so much self-devotion, fidelity and zeal are required; where so many privations and dangers are constantly encountered to dishearten, whilst there are so few objects offered as incentives to stimulate and encourage to exertion. We should, therefore, neglect nothing to signalize our benevolent mission. Indeed, we know nothing more worthy of ambition and more ennobling in character than being engaged in efforts to unite and strengthen the bonds of brotherhood in a profession which stands as a monument of the charity and self-denial of so many honored names."

Of Dr. Monmonier's service to the Medical and Chirurgical Faculty, it is not too much to say that they were incalculable. As Chairman of its Executive Committee, the most important and responsible office in it, he bore for many years the burden of maintaining its organization, of caring for its property, indeed preserving its very life; for had he not been at the helm, it is almost certain, that it would have become extinct during these dark years of apathy and depression. It is a singular fact that no sooner was the Faculty in possession of a Hall of its own, after nearly sixty years of waiting and yearning for it, than an inexplicable spirit of apathy and indifference seized upon its membership. In opening the Convention of 1858, the President, Dr. Joshua I. Cohen, through whose faithful services as Treasurer it had been possible, "congratulated the members upon their assembling *for the first time since their organization in 1799* in their own hall and under circumstances so favorable to the future prosperity of the Faculty." Alas! how mistaken he was. Even then there was ground for great anxiety about the finances. In the emergency Dr. Monmonier visited the members and personally solicited contributions. He succeeded in securing an amount sufficient to provide for necessary alterations and furniture and even attempted to raise the money for the purchase of the ground rent. He also rented out the spare space in the building to lodges, societies and the College of Pharmacy. The very meeting at which the new Hall was dedicated was broken up after several failures to secure a quorum. At the next annual meeting 6 persons were present at the opening and only by personal efforts did the officers succeed in getting together a quorum the next day. There had not been a single application for membership during the previous year and the society had been maintained solely by the receipts from rents. The Treasurer, Dr. Hintze, resigned in despair. At this time Dr. Monmonier was chairman both of the Executive Committee and the Committee on Hall, and also had charge of the funds. Again no quorum was obtainable and from this time on for ten years the Society slept. Notwithstanding every effort, no meetings were held, no transactions published and the Faculty existed only in its Executive Committee. In 1867 an attempt was made to found a new society to take the place of the Faculty. An act to that effect was passed by the Legislature and organization had actually begun, when fortunately it was discovered that the Act was defective and invalid. It was a narrow escape for this old faculty, now so powerful, so distinguished, so useful. In 1869 the revival came, in which Dr. Monmonier was a leading figure and the gratitude of the Faculty to himself and his colleagues was recognized in the following resolution: "*Resolved*, that we are profoundly conscious of our obligations to the older members of the Medical and Chirurgical Faculty of Maryland, who, by their fidelity, zeal and self-sacrifice, maintained the

vitality of the Association amid discouragements which would have daunted a less heroic and less faithful band." In 1875 he was further honored by being elected President of the Faculty.

Dr. Monmonier was ever watchful of the interests of the Faculty and the profession. He did not hesitate in 1858 to prosecute a member for unprofessional conduct and when the Treasurer of the Faculty was guilty of mismanagement of the Funds in 1871-72, he reported the fact and as a result that officer was sued and the money due by him recovered after his property had been levied on.

And so our worthy friend and associate passed through life, with duty as his watchword. Nor did he neglect the call of suffering and distress which appeals to every true physician. I am assured that the poor never appealed to him in vain for professional aid but that he was ever ready to bestow his time and services upon them. In such a life there is something little short of the divine. *Homines ad Deos in nulla re proprius accedunt quam salutem hominibus dando.*

And now it only remains for me to present, in the name of Mr. Charles and the Misses Monmonier, children of Dr. Monmonier, this portrait which brings before us very faithfully the features of our deceased friend. None is more worthy to hang upon these walls which were impossible but for his devoted and persistent loyalty. I trust that this memento of him may serve as a stimulus and inspiration to many generations of physicians, teaching them the lesson of devotion to this old Faculty and inculcating all those virtues which ennoble human nature and which were so richly exemplified in the life and character of this distinguished physician.

ADDRESS MADE AT THE PRESENTATION OF A PORTRAIT
OF DR. JOHN BUCKLER TO THE MEDICAL AND CHIRURGICAL FACULTY, JANUARY 21, 1913.

BY SAMUEL C. CHEW, MD., LL.D.

I have been requested to say some words on this occasion of the presentation to the Medical and Chirurgical Faculty of the portrait of one who in his day was an eminent member of our profession and of this Faculty, Dr. John Buckler.

I suppose that I have been selected for this duty—and the duty is a pleasure—for the reason that, although there may be some present, and there are certainly some in our community, who cherish among the recollections of their early days the impressions made upon them by the charm of Dr. Buckler's manner, his character and his conversation and by the lineaments of his face, yet I am probably the last lingering survivor of those of

our profession who enjoyed the benefits of his knowledge and his counsel in consultation. I may therefore be in some degree qualified to speak of him as a man and as a friend of young physicians. He had attained the position of a patriarch in the goodly fellowship of our calling when I was one of the young cadets who looked up to him as a leader and guide. You may remember a line of Homer which many years ago was adopted, and is still used, as the motto of this Faculty—"the physician is worth many other men"—or as the original is engraved upon our seal;

πολλων ανταξις αλλων

What a tribute to our calling this is, which has come down the corridors of time; a tribute paid to it 3000 years ago by the divine poet—"the blind old man of Scio's rocky isle." I know not whether any nobler tribute than this has ever been ascribed to any other calling among the sons of men.

Feeling proud of our profession as we did, we younger men regarded our leader and guide as a Machaon among us.

Let me mention an illustration of what he was to younger men. Once in my early days, how long ago it seems as I recall it,—as Prospero says,—“In the dark backward and abysm of time,” I received an urgent call to an old patient of Dr. Buckler, who had been sent for but was not at home, and I found her suffering severely with asthma and some bronchorrhœa. I did the best I could and stayed with her until the urgency of the condition abated, when I came home. In a short time I received a message from Dr. Buckler himself to come to his patient's house where he would wait until I should arrive. Needless to say I obeyed the summons at once, feeling anxious as to how my treatment would be regarded, and how it would be criticised. I found the patient breathing quietly and Dr. Buckler said he had sent for me because he wanted to tell me some thing of her previous condition, and, more than that—and what was delightful to hear—he told me that I had prescribed just what he would have done himself. A small thing perhaps, but I speak of it to show how generous it was in him, busy as he was, to wait patiently for a young man who had little to do, in order to say kind words to him, and to encourage him, and I speak of it to tell how grateful that young man was and how deeply he appreciated what it was, “*laudari a laudato.*”

Thinking of that bright spot in the distant past I am sometimes reminded of what Kipling once said when Lord Tennyson commended one of his poems; “When the young soldier is praised by his general, he may in his modesty say nothing, but he fights better the next day.”

All those in our calling who were co-eval with Dr. Buckler and who in their day were actively engaged along with him in professional work, have gone over to the majority—in that tender classic phrase “*abierunt ad*

plures," but happily many of those physicians of an elder day are now represented by their grandsons, or sons, and we have among us and cherish them not only for their own sakes but for their fathers', the two Bucklers, a Smith, a Theobald, a Chatard, a Mackenzie, an O'Donovan, a Martin, a Thomas, a Riley, a Bordley, the Friedenwalds and others, all of whom hold up honored names in our community.

Immense advances in medicine have been made in the forty-seven years that have passed since Dr. Buckler died, and indeed our fundamental ideas of disease have in many respects been changed with the development of modern pathology; and therefore physicians of that time must be estimated of course in the light and knowledge of their day. Dr. Buckler was a man of fine intellectual endowments, and being always a student he kept himself in the forefront of the science of his day. But besides this he was a typical instance of the family physician, because the qualities of his heart endeared him to his patients, and made him their friend and counselor.

The day of the family physician is passing away, as some think, and indeed, that eminent surgeon, Dr. William Mayo, of Rochester, has told us in his "Ether Day Address" of last October that, "the old time family practitioner *has* passed away." I cannot but doubt this statement, for whatever may happen in cities, and I doubt it even as pertaining to them, yet in the vast areas of rural practice the inestimable value of the family physician will continue to be recognized, and he will be felt always as a benediction. "With the family physician," Dr. Mayo goes on to say "individualism in medicine has passed. Medicine must no longer be practised individually, but by groups of men, each one bringing the result of his work and studies to bear upon the case. In no other way can the patient receive the benefits to which he is entitled."

If this is true, if the family physician is indeed a fading shadow, his vanishing form will, at least for a time, be looked upon with something of a tender regret; with the feeling with which old patients of Dr. Buckler's may now look upon his portrait.

As I look at it I see in the ample brow the indication of his mental strength and activity; the expression of the face is very grave and even stern to a degree and does not fully show the kindness and graciousness which belonged to the man. The lack of this is unavoidable by a painter who could only follow one fixed expression of a photograph and who never saw the play of feeling which shone from the living face.

What is the true value of a portrait? Let me borrow, or use again, some words relating to the painter's art which I had occasion to employ many years ago when speaking of a portrait of another eminent member of our profession. "Once," says Lord Mahon in his History, "as Sir David Wilkie was gazing on one of Titian's masterpieces, the famous

picture of the Last Supper in the Refectory of the Escorial, an old monk of the Order of St. Jerome came up to him and said, 'I have sat daily in sight of that picture for now nearly three-score years. During that time my companions have dropped off one after another, all who were my seniors, all who were of my own age, and many or most of those who were younger than myself; nothing has been unchanged around me except those figures in yonder painting, and I look at them until I sometimes think that they are the realities and we the shadows.'" And so, when the years have rolled away, this portrait and other portraits which hang upon our walls will be the realities, and we, the old and the young, will become the shadows. You may imagine that these words appeal to me now more than they did when I used them many years ago.

The department of the painter's art which most closely touches the heart and appeals to the affections is surely the portrait painter's; for it peoples the imagination with the forms of those who have lived before us; it shows the fair faces of long ago still smiling down upon us from their canvases; it preserves the thoughtful countenances of scholars and statesmen, of lawyers and physicians, and, best of all, it keeps for us the lineaments of those who were and are dearest and best beloved, and thus "fixes in despite of death and time the marvels it hath wrought." This is it which enables the portrait painter's art to give more than mere pleasure, but endues it also with a sanctifying power.

Gentlemen I commend this portrait of an honored member of our profession to the keeping of this Faculty.

REMARKS OF ACCEPTANCE BY DR. A. C. HARRISON, PRESIDENT, MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

Mr. Chairman and Members of the Book and Journal Club, Ladies and Gentlemen:

My friends, I cannot help but feel that it is impossible for me to say anything that would seem at all adequate after two such eloquent addresses as you have just heard. In very fact, nothing can add one jot to these splendid tributes. Yet somewhere, hidden away maybe, there exists in the heart of every man a desire to preserve in memory the good deeds and works of his fellowman. It may express itself in one or another form, but whether in portraiture, bust or chiseled marble, the motive is ever the same and represents one of the best attributes of mankind.

Tonight this spirit is seen expressing itself in the presentation of the portraits of these two famous Baltimoreans, workers in the field of medicine.

In behalf of the Medical and Chirurgical Faculty of Maryland, I wish to express our gratitude and highest appreciation to those loving friends who have donated these portraits. They will add honor and distinction to an already large collection of famous men who honor these walls.

THE MENTAL HYGIENE COMMITTEE

The Mental Hygiene Committee of the Maryland Psychiatric Society has been appointed for active and practical field work in psychiatry. The personnel of the Committee is as follows: Dr. Adolf Meyer, Chairman, Dr. A. P. Herring, Treasurer, Dr. J. Percy Wade, Dr. J. Clement Clark, Dr. R. P. Winterode, Dr. E. N. Brush, Mr. J. W. Magruder, Mr. N. G. Grasty, Mr. Louis H. Levin, Dr. W. B. Cornell, Executive Secretary, 606 Union Trust Building.

The functions of the committee are essentially coöperative, and by filling the gap between the State hospitals, dispensaries and institutions, on the one hand, and the family and charitable organizations, on the other, it is expected that greater efficiency in the handling of a given mental case will result. It is hoped that the office of the committee will be sought by anyone desiring help or advice in matters relating to the treatment of mental diseases. Cases referred by charitable bodies or family physicians may be seen either at the office or in their homes. The executive secretary acts as field physician, and in this place of advantage can render first hand aid, investigate home conditions, and at the same time disseminate knowledge regarding mental diseases where ignorance, fear and prejudice abound.

By the proper handling and treatment of the patient, combined, as may be necessary, with a readjustment of domestic conditions, many cases in the pre-hospital stage will be cured or alleviated without commitment to a hospital. Still earlier or incipient disorders by prompt attention, will be prevented from crossing the border line into serious derangement or more or less complete disability.

The committee holds itself in readiness at any time to consult with the agents or workers of the charity organizations whenever help is needed in establishing the mental status of a beneficiary, and will aid in the commitment whenever the welfare of the patient and society demands it, but will work to alleviate, if possible, without institutional detention. On the other hand, the committee often expects to call to its assistance the generally valuable and varied services of the charitable organizations in carrying along the large amount of field work that must necessarily develop. In the few weeks since the committee began its work coöperation in the treatment of cases has been effected with the following bodies: The

Lunacy Commission, The Federated Charities, Supervisors of City Charities, St. Vincent de Paul Society, Hebrew Benevolent Society, Johns Hopkins Social Service, Children's Playground Association.

The committee has undertaken the supervision of cases discharged or paroled from State hospitals designated by the superintendents as needing after-care. Before the patient leaves the hospital his home is visited to insure the most advantageous conditions for his reception. This preliminary visit gives the field physician a better command of the situation than would be obtained by waiting until the patient has returned. The patient is aided in re-establishing himself in society. After-care frequently prevents relapses, and enables patients to leave the institution who otherwise would not be released. After-care is essentially a hospital extension, which, in addition to the foregoing, may assist the patient to obtain medical or surgical attention at some dispensary if needed.

There are numerous patients in the closed institutions somewhat deteriorated by mental disease, yet quiet, orderly, able to work and to enjoy a limited freedom, who only remain in the institution because there is no place for them to go and no proper person to assume responsibility over them. Some of these unfortunates are practically abandoned by friends and relatives. The committee endeavors to place one or two such individuals in some reliable family where social readjustment can occur. In some instances the work of the patient is of sufficient value to command wages, and he virtually becomes self-supporting; in others, where he can do but little useful work, a nominal board is paid to compensate for the expense incurred in maintenance. The committee will develop the family-care system along the line of that in use in Massachusetts and Scotland, and hopes, by showing its social and economical value, that the State will eventually subsidize it under the supervision of the Lunacy Commission along with the even more important after-care work.

HOME FOR WIDOWS AND ORPHANS OF PHYSICIANS, INC.

Experience shows that the wives and children of physicians are often left destitute in the world on the death of the latter. In caring for others the physician often loses sight of himself and those dependent on him. It is eminently appropriate that provision should be made for destitute widows and orphans of medical men, who make such sacrifice for their fellow-men. "In nothing," says Cicero, "do men approach nearer to the Gods than in giving health to men."

We have endeavored to provide a refuge for these cases, where those requiring it may find a shelter and care, temporarily or permanently, according to the circumstances of their cases. An aged and helpless

widow would probably need to be cared for as long as she lived, while a young widow might need a home in an emergency only until she could find employment or make other arrangements. So a place might be found for an orphan, in the country or in a private family, although we might find it advisable to keep such orphan in the Home and look after his education and training ourselves.

Many sad and touching cases of destitution have come to our knowledge, and with increasing experience the need becomes more obvious and urgent. Take the case of an aged widow, eighty-four years old, the wife and daughter of doctors, whom we found in the Anne Arundel County almshouse. Dr. and Mrs. Benson committed suicide in Philadelphia because starvation stared them in the face. Mrs. H. became insane from failures to make a living selling books; this lady had no place to sleep in but the depots. A widow over seventy was found begging from door to door, etc.

It has been said that these cases should go into existing institutions; that a special home is not needed. Those who say that do not know; *we* have seen it tried again and again. Owing to the large and prohibitive entrance fees, the number of applicants and other restrictions, these cases *cannot get admission to any of the existing institutions*. There is no place open to them except the *poorhouse*—can we see our wives and daughters go into that? Never! Never! We were, therefore, *forced* to provide care and shelter for them ourselves.

Why should we not have *our own* Home? Such institutions are provided by different races, religious bodies, fraternal organizations, etc.; why not for the families of the beloved physician, so necessary to us in times of suffering and illness, so loved, honored and trusted? Who more worthy of it?

Our Home is now in operation at 1615 Bolton Street, where we have accommodations for about sixteen; a large and beautiful house, an ideal situation. But we have no means of support and maintenance except subscriptions and proceeds of entertainments. We must make continual efforts to secure the necessary income, and we, therefore, have arranged for an entertainment to be given at Albaugh's Theater on April 8 and 9. Will you not become one of our patrons and help us to make this entertainment a success by purchasing them? Or if not, kindly return them *at once*, that we may dispose of them to others.

The following constitute the Advisory Board of the Home: Cardinal Gibbons, Hon. Henry Stockbridge, Dr. Hugh H. Young, Dr. Lewellys F. Barker, Dr. Thomas B. Fitcher, Dr. Thomas C. Gilchrist, Dr. John M. T. Finney, Dr. John G. Jeffries, Dr. Louis A. Griffith, Dr. Randolph Winslow, Dr. Charles O'Donovan, Dr. D. W. Cathell.

BOOK REVIEWS.

Psychoanalysis: Its Theories and Practical Application. By A. A. BRILL, Ph.B., M.D., Chief of the Neurological Department of the Bronx Hospital and Dispensary; Clinical Assistant in Psychiatry and Neurology at Columbia University Medical School. Octavo of 337 pages. Philadelphia and London: W. B. Saunders Company; Medical and Standard Book Company, Baltimore. Cloth, \$3.00 net.

Dr. Brill traces the transformation in the management and treatment of the insane which has taken place in this country within the last ten or twelve years and gives Dr. Frederick Peterson and Dr. Adolf Meyer credit for much of its development. The book is an able exposition and defense of Freud's Psychology. The Freudian ideas of psychoanalysis are exemplified by numerous cases of psychoneuroses and other psychoses. The older methods of psychotherapy are discarded for the newer and more effective methods made possible through the practice of Freud's theories. The book ends with an interesting exposition of Freud's theories of wit.

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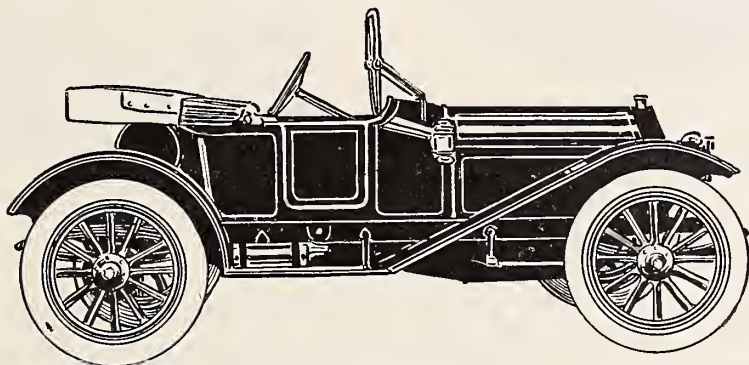
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Milk sterilized above the boiling point is not inferior to milk pasteurized at 150 degrees F. but preserves all the nutritive elements.

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All milk used at the laboratory is produced at Burnside Farm where all details are carried out as directed by the Medical Milk Commission of the American Medical Association.

This milk with a bacterial content of less than 5000 per c.c. is either separated for recombining in all possible formulae for infant feeding or is delivered as bottled at the farm for home-modification or other use.

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Among the Special Products of the Laboratory are: Whey, Cereal Waters or Jellies, Distilled Water, Malt Soup, Eiweiss Milk, Buttermilk, Kephir, Kumyss, Bulgara (containing *Bacillus Bulgaricus*), Bulgara Tablets, Milk Ferment Cultures (liquid) for preparing both plain buttermilk and the Bulgarian type and special-raw or sterilized milk for ocean or other travel.

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120 East Lexington St.

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The Bulletin is the most direct, the most economical and the most practical way to reach the Doctors in Maryland.

ESTABLISHED 1871

PIKESVILLE DAIRY CO.

MILK PASTEURIZATION

Every doctor should read the report of the Commission on Milk Standards appointed by the New York Milk Committee (U. S. Treasury Dept., Public Health Reprint No. 78, May 10, 1912), which says—

“The Commission thinks that pasteurization is necessary for all milk at all times, excepting certified milk or its equivalent” and “the minimum temperature during the period of holding should be 145°F. and the holding time 20 minutes.”

This process the Pikesville Dairy Co. adopted three years ago.

DIRECTORY NUMBER

THE BULLETIN

OF THE

Medical and Chirurgical
Faculty of Maryland



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

Vol. V

APRIL, 1913

No. 10

JUST ISSUED

De Lee's Obstetrics

The success of Dr. De Lee's work was immediate, a large reprint being required *three weeks after publication*. You will pronounce it the most elaborate, the most superbly illustrated work on Obstetrics you have ever seen. Especially will you value the *913 illustrations*, practically all original, and the best work of leading medical artists. Some 150 of these illustrations are in colors.

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Sections of special importance are those on the *Pathology* and *Physiology of Pregnancy*. These are more complete, more practical, and much better illustrated than any similar sections in any other work.

Large octavo of 1060 pages, with 913 illustrations, 150 in colors. By JOSEPH B. DE LEE, M. D., Professor of Obstetrics in the Northwestern University Medical School, Chicago. Cloth, \$8.00 net; Half Morocco, \$9.50 net.

Send Today For a Circular

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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, HARRY FRIEDENWALD; Vice-President, WILLIAM H. SMITH; Secretary, EMIL NOVAK; Treasurer, W. S. GARDNER; Censors, R. WINSLOW, C. W. LARNED, C. E. BRACK; Delegates, J. C. BLOODGOOD, WILMER BRINTON, S. G. DAVIS, W. E. MAGRUDER, W. R. STOKES, GORDON WILSON, C. F. BURNAM, J. M. H. ROWLAND, JOHN T. KING, W. A. FISHER.

SECTION OF CLINICAL MEDICINE AND SURGERY. First and Third Fridays, 8.30 P. M., October to May. Chairman, G. A. FLEMING, M.D.; Secretary, J. STAIGE DAVIS, 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, G. W. DOBBIN, M.D.; Secretary, EMIL NOVAK, M.D.

SECTION OF LARYNGOLOGY. Fourth Fridays monthly, 8.30 o'clock. 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, A. P. HERRINO, M.D.; Secretary, G. LANE TANEYHILL, JR., M.D.

SECTION OF OPHTHALMOLOGY AND OTOTOLOGY. Third Wednesdays. Chairman, R. L. RANDOLPH, M.D.; Secretary, J. W. DOWNEY, JR., M.D.

ALLEGANY COUNTY MEDICAL SOCIETY. President, JOHN H. MCGANN, Barton, Md.; Secretary-Treasurer, CHARLOTTE B. GARDNER, Cumberland, Md.; Delegate, A. LEO FRANKLIN. Second Wednesdays of January, April, July and October; annual Meeting in January.

ANNE ARUNDEL COUNTY MEDICAL SOCIETY. President, T. H. BRAYSHAW, Glenburnie, Md.; Secretary, L. B. HENKEL, JR., Annapolis, Md.; Treasurer, H. H. THOMPSON, Annapolis, Md.; Delegate, C. R. WINTERSON. Second Tuesday of January, April, July and October.

BALTIMORE COUNTY MEDICAL SOCIETY. President, A. T. GUNDRY, Catonsville, Md.; Secretary, J. C. MONMONIER, Catonsville, Md.; Treasurer, F. C. ELDRED, Sparrows Point, Md.; Delegate, H. L. NAYLOR, Towson, Md. Third Thursdays, April to October, 2 p. m.; November to March, 1 p. m.

CALVERT COUNTY MEDICAL SOCIETY. President, O. D. SIMMONS, Bowens, Md.; Secretary-Treasurer, J. W. LEITCH, Huntington, Md. Delegate, P. BRISCOE. Second Tuesdays in April, August and December; annual meeting second Tuesday in December.

CAROLINE COUNTY MEDICAL SOCIETY. President, W. W. GOLDSBOROUGH, Greensboro, Md.; Secretary-Treasurer, J. R. DOWNS, Preston, Md.; Delegate, H. W. B. ROWE, Hillsboro, Md.

CARROLL COUNTY MEDICAL SOCIETY. President, C. R. FOUTZ, Westminster, 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, H. A. MITCHELL, Elkton, Md.; Secretary-Treasurer, H. BRATTON, Elkton, Md.; Delegate, J. H. JENNESS. Third Thursdays at Elkton, April, July, October, January; annual meeting in April.

CHARLES COUNTY MEDICAL SOCIETY. President, JOHN W. MITCHELL, Pomonkey, Md.; Secretary-Treasurer, THOMAS S. OWEN, La Plata, Md.; Delegate, L. C. CARRICO. Third Tuesday in May, August and November.

DORCHESTER COUNTY MEDICAL SOCIETY. President, GEORGE R. MYERS, Hurlock, Md.; Secretary-Treasurer, W. H. Houston, Fishing Creek, Md.; Delegate, E. E. WOLFF, Cambridge, Md. Meetings first Tuesday in June and December.

MEDICAL SOCIETY MEETINGS—Continued

FREDERICK COUNTY MEDICAL SOCIETY. President, M. A. BIRELY, Thurmont, Md.; Secretary, Dr. B. O. THOMAS, Frederick, Md.; Treasurer, H. S. FAHRNEY, Frederick, Md.; Delegate, J. C. ROUTSON. January, April, August and November.

HARFORD COUNTY MEDICAL SOCIETY. President, A. F. VAN BIBBER, 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. R. WHITE, Ellicott City, Md.; Secretary-Treasurer, W. B. GAMBRILL, Ellicott City, Md.; Delegate, W. R. EARECKSON. 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, F. N. HENDERSON, Rockville, Md.; Secretary-Treasurer, J. L. LEWIS, Bethesda, Md.; Delegate, JAS. DEETS. Third Tuesdays in April and October.

PRINCE GEORGE'S COUNTY MEDICAL SOCIETY. President, H. F. WILLIS, Hyattsville, Md.; Secretary, H. B. McDONNELL, Colledge Park, Md.; Treasurer, W. ALLEN GRIFFITH, Berwyn, Md.; Delegate, G. W. LATIMER. Second Saturday of every second month.

QUEEN ANNE'S COUNTY MEDICAL SOCIETY. President, N. S. DUDLEY, Church Hill, Md.; Secretary-Treasurer, H. F. MCPHERSON, Centreville, Md.; Delegate, W. G. COPPAGE.

SOMERSET COUNTY MEDICAL SOCIETY. President, G. T. SIMONSON, Crisfield, Md.; Secretary-Treasurer, H. M. LANFORD, Princess Anne, Md.; Delegate, C. W. WAINWRIGHT, First Tuesday in April at Crisfield; first Tuesday in November, at Princess Anne.

TALBOT COUNTY MEDICAL SOCIETY. President, P. L. TRAVERS, Easton, Md.; Secretary-Treasurer, W. L. PALMER, Easton, Md.; Delegate, C. F. DAVIDSON. Annual meeting third Tuesday in November and semi-annual meeting third Tuesday in May.

WASHINGTON COUNTY MEDICAL SOCIETY. President, V. M. REICHARD, Fairplay, Hagerstown, Md.; Secretary, W. D. CAMPBELL, Hagerstown, Md.; Treasurer, J. R. LAUGHLIN, Hagerstown, Md.; Delegate, J. W. HUMRICHOUSE. Second Thursdays 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, J. D. DICKERSON, Stockton, Md.; Secretary and Treasurer, J. L. RILEY, Snow Hill, Md.; Delegate, J. L. RILEY, Snow Hill, Md.

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STATE PRACTICE ACT

State Board of Medical Examiners—Herbert Harlan, J. McP. Scott, Harry L. Homer, James A. Stevens, H. M. Fitzhugh, L. A. Griffith, B. W. Goldsborough, L. B. Henkel.

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

PUBLISHED MONTHLY

1211 CATHEDRAL ST.

BALTIMORE, MD.

Vol. V. No. 10.

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FOR A

Reliable Diuretic

AND TO

Correct Hyperacidity

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a natural alkaline water, sold honestly on its
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THE BULLETIN

OF THE

MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND

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NOTE: The Publication Committee desires to receive suggestions from members of the Faculty, that will in any way improve the Bulletin.

Vol. V

BALTIMORE, APRIL, 1913

No. 10

FACULTY FINANCES.

When the Medical and Chirurgical Faculty moved into its present home there was outstanding a loan of \$28,000 that had been made to complete the building. This loan was secured by a mortgage on the whole property. The interest on this loan at $4\frac{1}{2}$ per cent amounting to \$1260 annually is a heavy burden on the regular income of the Faculty.

Up to this year it has not been possible to pay off any of this debt on account of the expense of necessary improvements. Two years ago additional shelving in the stack room, to accommodate the increased number of books, caused the expenditure of \$2400. Last summer a permanent underground drain connecting with the storm water sewer at the corner of Maryland Avenue and Preston Street was put in at a cost of about \$1200. Before this drain was built the basement was flooded after every rain. The heating plant installed when the building was constructed proved to be inadequate and very expensive to run. It not only did not heat the building but the results obtained were not in proportion to the coal consumed. This difficulty has been corrected by increasing the radiation and installing two new boilers. The cost of this change was over \$2300. It will be seen that within the past three years nearly \$6000 have been put into necessary permanent fixtures. It is believed that all of the more expensive additions and fixtures of the building have now been cared for, and it is time to turn our attention to the reduction of the debt.

It is proposed to pay off as much as possible of the debt this year. In

February, the Baltimore City Medical Society appropriated \$1000 from its treasury for this purpose. It is highly probable that another \$1000 will be received from another source. Some smaller contributions have been offered and can be collected by asking for them. To help out this fund the Faculty Orchestra propose to give a concert on April 21, just before the annual meeting; the proceeds of this concert to be applied to the reduction of the debt. We hope that the members of the Faculty and their friends will support the orchestra in this effort to put the Faculty on a firmer financial basis.

MUSICALE.

The Musical Association of the Faculty will give a Musicale on April 21, preceding the Annual Meeting, for the benefit of the Building Fund of the Library. A special appeal is being made at this time for contributions to help reduce the debt on our building. The members of the Faculty have not been asked for contributions since we moved into the new building, but as the debt is quite heavy and no special effort has been made to reduce the amount, we feel that this is an opportune time to pay off \$1000 of the indebtedness. A small contribution from each member will enable us to raise this sum.

This is the first and only musical organization of physicians in this country, and the members of the orchestra and chorus have been working very hard to make the Musicale a success. It is hoped that they will receive the hearty support of the members of the Faculty.

THE DR. LOUIS McLANE TIFFANY PORTRAIT.

It is the earnest desire of many admirers, both students and colleagues of Dr. Louis McLane Tiffany, that a worthy portrait of their master and friend may hang in the halls of the Medical and Chirurgical Faculty of Maryland.

There are few men who can look back upon a career of such distinction and usefulness as can Dr. Tiffany, and it is rare that a man can count so many students whose success in life has been directly dependent upon his own inspiring precept and example.

It is hoped that all of Dr. Tiffany's many admirers may feel free to make whatever contributions they will—no matter how small; for it will be particularly gratifying to him to realize how many friends truly desire to do him honor. It is requested that subscriptions be sent before April 15, to Dr. George Walker, Secretary for Committee, 1211 Cathedral St., Baltimore, Md.

TREASURER'S FINANCIAL STATEMENT.

January 1 to December 31, 1912.

CURRENT ACCOUNT, FACULTY.

RECEIPTS.

Balance Continental Trust Company, January 1, 1912.....		\$179.15
Dues of members County Medical Societies, etc.....	\$1,105.50	
Dues of members Baltimore City Medical Society.....	4,354.00	
Clerical Assistant Baltimore City Medical Society.....	180.00	
Rent of halls Baltimore City Medical Society.....	200.00	
Rent of halls, offices, etc.....	1,447.50	
Contribution to the Library Fund from Medical Schools.....	82.00	
Contribution to Frick Library Fund.....	500.00	
Contribution to Building Fund.....	34.00	
By sale of smoker tickets.....	214.00	
By sale of chairs.....	9.00	
Special Fund for Public Instruction.....	421.00	
Loan from Baltimore City Medical Society.....	600.00	
State appropriation.....	2,500.00	
John M. T. Finney Fund.....	62.88	
Bulletin on payment of loan.....	23.17	
Interest to date.....	50.30	
		<u>11,783.35</u>
		\$11,962.50

EXPENDITURES.

Salaries.....	\$2,613.16
House expenses.....	150.27
Gas and electricity.....	599.88
Coal and wood.....	640.30
Improvements to property.....	1,334.96
Insurance on property.....	122.00
Postage.....	55.00
Telephone.....	107.30
Annual Meeting.....	70.25
Smoker Annual Meeting.....	214.00
Semi-Annual Meeting.....	32.75
Committee on Public Instruction.....	1,249.49
Supplies.....	105.27
Water rent.....	16.80
Bulletin subscriptions and return of loan.....	273.12
By transfer to the Building Fund.....	659.00
Baltimore City Medical Society, return of loan.....	600.00
Attorney expenses.....	110.00
Printing.....	44.75
American Bonding Company.....	7.50
Furniture for building.....	45.35
Incidentals.....	141.18

Frick Library Account.....	\$500.00	
Library account, Journals.....	459.32	
Binding.....	309.20	
Library of Congress cards.....	10.83	
Association dues, etc.....	30.10	
Optometry Committee.....	92.48	
Dr. E. F. Cordell, for damaged Annals.....	98.00	
Hammond Typewriter Company, changing machines.....	75.00	
Finney Fund.....	62.88	
Baker Fund.....	8.75	
		10,838.89
Balance Continental Trust Company.....		1,123.61
Total.....		\$11,962.50

BULLETIN FINANCIAL STATEMENT.

RECEIPTS.

Balance Continental Trust Company, January 1, 1912.....	\$229.40	
Subscriptions.....	251.00	
Advertisements.....	2,075.96	
Interest.....	6.75	
Total.....		\$2,563.11

EXPENDITURES.

Printing and mailing.....	\$1,812.84	
Commission on "ads".....	330.67	
Postage.....	20.00	
Stationery.....	18.25	
Incidentals.....	11.00	
Balance Continental Trust Company.....	370.35	
Total.....		\$2,563.11

BUILDING FUND.

Balance as of January 1, 1912, Eutaw Savings Bank.....	\$521.84
--	----------

DEPOSITS.

February 27, 1912, contributions.....	\$107.00	
March 6, 1912, contributions.....	20.00	
July 5, 1912, contributions.....	4.00	
3½ per cent interest to April 1, 1912.....	16.26	
September 6, 1912, received from the Faculty.....	625.00	
November 29, 1912, contributions.....	2.00	
December 31, 1912, contributions.....	80.00	
		\$54.26
		\$1,376.10

Less Interest, Note March 9.....	\$630.00	
Less Interest, Note September 11.....	630.00	
		<u>1260.00</u>
Balance as Eutaw Savings Bank Book.....		\$116.10

STANDING OF PERMANENT ACCOUNTS ON DECEMBER 31, 1912.

OSLER ENDOWMENT FUND.

The Investments of this Fund are:

One United Railway 4 per cent Bond, par value.....	\$1,000.00	
Thirty shares Norfolk R. & L. Stock, par value.....	750.00	
		<u>1,750.00</u>
Cash in bank December 31, 1911.....		\$286.27
Income from United Railway Bond.....		40.00
Income from Norfolk R. & L. Stock.....		41.25
Interest from Savings Bank.....		4.80
		<u>372.32</u>
Cash in hand December 31, 1912.....		\$372.32

TRIMBLE LECTURESHIP FUND.

The Investments of thus Fund are:

Three Chicago Railway Bonds, 1st 5s, par value.....	\$3,000.00	
Two Georgia and Alabama Railway Bonds, 5s, par value....	2,000.00	
		<u>5,000.00</u>
Cash in bank December 31, 1911.....		424.12
Income from Georgia and Alabama Railway Bonds.....		100.00
Income from Chicago Railway Bonds.....		150.00
Contributed by Dr. J. Staige Davis.....		25.00
Contributed by Mrs. McDowell.....		10.00
Interest from Savings Bank.....		13.48
		<u>722.60</u>
		\$722.60

WIDOWS AND ORPHANS FUND.

The Investments of this Fund are:

One University of Maryland Bond 1st 5s, par value.....	\$500.00	
One City of Aberdeen Bond, 5s, par value.....	500.00	
One Milwaukee Gas and Elect. Bond, 4½s, par value.....	1,000.00	
		<u>2,000.00</u>
Cash in bank December 31, 1911.....		\$480.29
Ladies' Auxiliary.....		236.56
Income from University of Maryland Bond.....		25.00
Income from Aberdeen Bond.....		25.00
Income from Milwaukee Bond.....		45.00
Interest from Savings Bank.....		8.34
		<u>820.19</u>
		\$820.19

BAKER FUND.

The Investment of this Fund is:

One United Railway 4 per cent bond, par value.....	\$1,000.00	
Cash in bank.....		\$145.19

FINNEY FUND.

The investments of this Fund are:

Baltimore City Stock, par value.....	\$4,000.00	
Two Minn. and St. Paul Rwy., 5s, par value.....	2,000.00	
Two Milwaukee R. & L., 5s, par value.....	2,000.00	
Two Chicago City Railway, 5s, par value.....	2,000.00	
	<u>\$10,000.00</u>	
Income from City Stock.....		\$160.00
Income from Minn. and St. Paul Rwy. Bond.....		50.00
Cash contributed.....		60.00
		<u>\$270.00</u>
Expenditures.....	\$80.17	
Cash in bank.....	189.83	
	<u>\$270.00</u>	

MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND:

Gentlemen:—We have examined the Cash Book of the above Faculty, and have found that after having made all additions and reconciled the cash accounts of the various funds with the amounts as they stand in their respective banks, the moneys received have been properly and honestly distributed under the proper expenditures.

We have examined the documents which belong to your Permanent Funds, and find them to be in evidence.

We remain,

Yours very sincerely,

BALTIMORE AUDIT COMPANY,

(Signed) John Kuchler,
Certified Public Accountant,
Vice President.

DIRECTORY.

MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

Officers and Committees for 1913 are given on first two pages of Bulletin each month.

LIST OF PRESIDENTS—1799-1913.

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

LIST OF VICE-PRESIDENTS.

- | | |
|---------------------------------------|-----------------------------------|
| 1799-1848—(Unknown.) | 1850-1851—Joel Hopkins, P. Wroth, |
| 1848-1849—John Readle, Jacob Baer, P. | Jacob Fisher. |
| Wroth. | 1851-1853—(Unknown.) |

- 1853-1854—John Fonerden, Albert Ritchie, P. Wroth.
- 1854-1855—Geo. C. M. Roberts, Samuel P. Smith, Joel Hopkins.
- 1855-1856—George C. M. Roberts, G. W. Miltenberger, M. Diffenderffer.
- 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'Connell.
- 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. Chataud, Charles H. Jones.
- 1878-1879—James C. Thomas, L. McLane 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—Thomas S. Latimer, Richard McSherry.
- 1883-1884—W. Stump Forward, J. S. Lynch.
- 1884-1885—John R. Quinlan, 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.

ACTIVE MEMBERS OF COMPONENT SOCIETIES. 1913.

Allegheny County.

Boucher, S. A., Barton, Md.
 Bowen, R. C., Grantsville, Md.
 Broadrup, George L., Cumberland, Md.
 Buell, Catherine M., Cumberland, Md.
 Bullock, James O., Lonaconing, Md.
 Burns, Wm. L., Cumberland, Md.
 Claybrook, Edwin B., Cumberland, Md.
 Cobey, James C., Frostburg, Md.
 Conroy, Timothy L., Frostburg, Md.
 Cowherd, J. K., Ridgeley, W. Va.
 Deming, Herbert V., Cumberland, Md.
 DeNaouley, F. Thomas, Frostburg, Md.
 Fechtig, Robert Y., Cumberland, Md.
 Fochtman, F. W., Cumberland, Md.
 Franklin, A. L., Cumberland, Md.
 Gardner, Charlotte B., Cumberland, Md.
 Gardner, M. E., Cumberland, Md.
 Gracie, W. A., Cumberland, Md.
 Griffith, Timothy, Frostburg, Md.
 Harris, Edward, Jr., Cumberland, Md.
 Hawkins, Arthur H., Cumberland, Md.
 Hinebaugh, Mallon C., Oakland, Md.
 Hodges, William R., Cumberland, Md.
 Hodgson, Henry M., Lonaconing, Md.
 Hodgson, Henry W., Cumberland, Md.
 Holdsworth, J. C., Midland, Md.
 Johnson, James T., Cumberland, Md.
 Jones, Emmett L., Cumberland, Md.
 Kalbaugh, A. B., Westernport, Md.
 Kemp, H. M., Bloomington, Md.
 Koon, Thomas L., Cumberland, Md.
 Legge, John Edwin, Oakland, 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.
 Nedrow, Willey Clayton, Friendsville, Md.
 O'Neil, Francis P., Midland, Md.

Owens, C. L., Cumberland, Md.
 Price, James Marshall, Frostburg, Md.
 Sharrett, G. O., Cumberland, Md.
 Simmons, Maynard J., Cumberland, Md.
 Simonton, Lawrence J., Cumberland, Md.
 Skilling, William Quail, Lonaconing, Md.
 Spicer, Jos. H., Cumberland, Md.
 Twigg, Wm. F., Cumberland, Md.
 Walker, Abbott R., Frostburg, Md.
 White, Edward H., Cumberland, Md.
 Wilson, Geo. H., Eckhart Mines, Md.
 Wilson, J. Homer, Cumberland, Md.
 Wilson, Jacob Jones, Cumberland, Md.

Anne Arundel County.

Benson, Thomas P., Wellhams, R. F. D., Md.
 Billingslea, James Snow, Armiger, Md.
 Brayshaw, Thomas H., Glen Burnie, Md.
 Brooke, Charles H., Brooklyn, Md.
 Cawood, Maclane, West River, 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.
 Horton, Thomas B., Curtis Bay, Md.
 Murphy, James J., Annapolis, Md.
 Perrie, Alfred Hall, McKendree, Md.
 Purvis, Jesse Oliver, Annapolis, Md.
 Russell, John L., Eastport, Md.
 Scott, Wm. D.
 Thompson, Frank H., Annapolis, Md.
 Weitzman, Frances E., Annapolis, Md.
 Welch, William S., Annapolis, Md.
 Wells, George, Annapolis, Md.
 Winterode, R. Preston, Crownsville, Md.
 Winterson, Charles R., Elkridge, Md.
 Worthington, Joseph Muse, Annapolis, Md.

Baltimore City Medical Society.

- Abercrombie, Anna S., 827 N. Eutaw St.
 Abercrombie, John Robert, 827 N. Eutaw St.
 Abercrombie, Ronald T., Homewood Apartments.
 Abrams, Michael A., 1603 E. Baltimore St.
 Adams, James Fred, 1314 N. Charles St.
 Adler, Harry, 1804 Madison Ave.
 Ahroon, Carl R., 820 N. Eutaw St.
 Algire, Harry Cairnes, 340 Roland Ave.
 Arthur, Harry H., 1516 W. Lexington St.
 Ashbury, Howard E., 1017 Cathedral St.
 Ashby, Thomas A., 1125 Madison Ave.
 Athley, Caleb N., 100 S. Patterson Park Ave.
 Atkinson, A. Duvall, 921 N. Charles St.
 Austrian, Charles R., Johns Hopkins Hospital.
 Bacon, Robert B., 631 Maryland Ave., Washington, D. C.
 Baer, William Stevenson, 4 E. Madison St.
 Baetjer, Frederick Henry, 4 E. Madison St.
 Bagley, Charles, Jr., 640 Huntington Ave., Boston, Mass.
 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, 1701 Guilford Ave.
 Beasley, Edward B., 2901 N. Calvert St.
 Beck, Harvey G., 20 E. Preston St.
 Belt, Samuel Jones, 1516 E. Preston St.
 Bergland, John McF., 4 W. Biddle St.
 Berkeley, Henry J., 1305 Park Ave.
 Bernheim, Bertram N., 2319 Linden Ave.
 Bevan, Charles Frederick, 807 Cathedral St.
 Biedler, Hamson Hubert, 119 W. Saratoga St.
 Billups, Gains W., 2224 W. North Ave.
 Bishop, John S., 828 N. Carrollton Ave.
 Blake, Chas. French, 20 E. Preston St.
 Blake, Herbert C., 1014 W. Lafayette Ave.
 Blake, John D., 1014 W. Lafayette Ave.
 Bloodgood, Joseph Colt, 904 N. Charles St.
 Boggs, Thomas R., 21 W. Chase St.
 Bolgiano, Walton, 2020 N. Charles St.
 Bolton, John Henry, 1201 N. Broadway.
 Bond, Allen Kerr, 849 Park Ave.
 Booker, William D., 208 W. Monument St.
 Bordsensky, Nathan B., 507 S Pulaski St.
 Bordley, James, Jr., 330 N. Charles St.
 Brack, Charles Emil, 500 E. 20th St.
 Branham, J. H., 2200 Eutaw Pl.
 Branin, Charles N., 400 Hanover St.
 Brent, Hugh, 906 N. Calvert St.
 Bressler, Frank C., 125 S. Broadway.
 Brewster, Joseph Hall, 2414 Maryland Ave.
 Brinton, Wilmer, 1232 N. Calvert St.
 Brown, Francis Edward, 917 St. Paul St.
 Brown, Thomas Richardson, 19 W. Biddle St.
 Browne, Bennet Bernard, 510 Park Ave.
 Browne, Jennie Nicholson, 510 Park Ave.
 Brown, Robert Martin, 1401 Park Ave.
 Bubert, Charles H., 1100 W. Lafayette Ave.
 Buck, Jeffries, 2844 St. Paul St.
 Buckler, Humphrey Warren, 806 Cathedral St.
 Buckler, Thomas H., 1201 St. Paul St.
 Buckner, Charles Teackle, 1337 E. North Ave.
 Burch, William Baltzell, 828 N. Carrollton Ave.
 Burdick, William, 503 Continental Building.
 Burke, William L., 3042 Hudson St.
 Burnam, Curtis Field, 1718 Eutaw Pl.
 Burrow, N. Trigant, 707 St. Paul St.
 Butler, John Camp, 1809 N. Charles St.
 Buxton, Gilbert F., 301 E. Cross St.
 Byers William E., 1405 Edmondson Ave.
 Byrnes, Charles Metcalf, 207 E. Preston St.
 Cairnes, George Henry, 21 W. 25th St.
 Carman, Richard Perry, 1701 N. Caroline St.
 Carpenter, Frances A., Bellevue-Manchester.

- Carroll, Albert Hynson, "Evergreen," Hampden.
- Carroll, James Joseph, 330 N. Charles St.
- Caruthers, Frederick, 330 N. Charles St.
- Cary, G. French Strother, 704 N. Broadway.
- Caspari, William, 1603 Madison Ave.
- Cassler, DeWitt B., 19 W. Chase St.
- Cathell, Daniel Webster, 1636 E. Baltimore St.
- Cathell, William T., 1636 E. Baltimore St.
- Chambers, Albert T., 103 W. Franklin St.
- Chambers, John Wesley, 18 W. Franklin St.
- Chambers, Thomas R., 18 W. Franklin St.
- Chandlee, Henry, 742 W. North Ave.
- Chatard, Joseph Albert, 40 W. Biddle St.
- Chunn, William P., 1023 Madison Ave.
- Clapp, Clyde A., 513 N. Charles St.
- Cohen, Lee, 1820 Madison Ave.
- Cole, John Wesley, 2202 Garrison Ave.
- Cone, Claribel, The Marlborough.
- Cone, Sydney, 2326 Eutaw Pl.
- Conradi, Frederick A., 2221 E. Baltimore St.
- Conser, Charles Carlisle, 1113 N. Fulton Ave.
- Cook, Carlton M., 1107 W. Lanvale St.
- Cooke, Theodore, 914 N. Charles St.
- Cooke, Theodore, Jr., 914 N. Charles St.
- Coolahan, Edward V., 24 N. Fulton Ave.
- Cordell, Eugene F., 257 W. Hoffman St.
- Cornell, William Burgess, 21 E. Mt. Vernon Place.
- Cotton, Albertus, 1303 Maryland Ave.
- Craighill, James M., 1800 N. Charles St.
- Cromwell, Martin John, The Latrobe
- Cross, Roscoe Z. G., 2448 Maryland Ave.
- Crouch, J. Frank, 513 N. Charles St.
- Crowe, Samuel J., 1117 N. Eutaw St.
- Cullen, Thomas Stephen, 3 W. Preston St.
- Dabney, William Minor, Union Protestant Infirmary.
- Dashiell, Nicholas Leeke, 2927 St. Paul St.
- Davis, Charles R., 923 N. Carrollton Ave.
- Davis, Hoagland Cook, 114 W. Franklin St.
- Davis, John Staige, 1200 Cathedral St.
- Davis, Samuel Griffith, 1230 Light St.
- Deetjen, Christian, 21 W. Franklin St.
- Deibel, Harry, 1217 Hanover St.
- Delevett, James M., 623 Columbia Ave.
- Devereux, Ryan, Chevy Chase, Md.
- Dickey, Ezra A., 14 N. Monroe St.
- Dobbin, George W., 56 W. Biddle St.
- Dohme, Gustavus Charles, 1808 Guilford Ave.
- Douglas, Eugene, 830 W. North Ave.
- Downey, Jesse W., Jr., 506 Cathedral St.
- Duker, Otto H., 928 E. North Ave.
- Earle, Samuel T., 1431 Linden Ave.
- Edmunds, Page, Wentworth Apartments.
- Eilau, Emanuel W., 1908 Madison Ave.
- Ellis, A. Lee, 924 Madison Ave.
- Emmart, Hattie Frist, 817 N. Fremont Ave.
- Esker, Harry Hood, Nursery and Child's Hospital.
- Evans, John, 501 Franklin Terrace.
- Fayerweather, Rhodes, 21 W. Franklin St.
- Fehsenfeld, Arthur Louis, Fairview and Garrison Aves., 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.
- Fleckenstein, H. K., 1312 Linden Ave.
- Fleming, George A., 1018 Madison Ave.
- Follis, Richard Holden, 3 E. Read St.
- Ford, William W., 1134 Cathedral St.
- Forsythe, Hugh, 424 E. North Ave.
- Fort, Samuel J., Gelston Heights.
- France, J. William, 1407 N. Gay St.
- Franks, H. Lee, 1228 S. Charles St.
- Freeman, Elmer Bert, 643 Columbia Ave.
- Friedenwald, Edgar B., 1616 Linden Ave.
- Friedenwald, Harry, 1029 Madison Ave.
- Friedenwald, Julius, 1013 N. Charles St.
- Fulton, John S., 2211 St. Paul St.
- Funck, J. William, 1631 Eutaw Pl.
- Futcher, Thomas Barnes, 23 W. Franklin St.
- Gabriel, Calvin Newton, 2413 St. Paul St.
- Gaddess, H. W., 321 E. 25th St.
- Gaither, Abram Bradley, 111 N. Charles St.
- Gaither, Ernest H., The Latrobe
- Gale, Henry E., 260 W. Hoffman St.

- Gamble, Cary B., Jr., 26 W. Biddle St.
 Gardner, William Sisson, 6 W. Preston St.
 Gately, Joseph Edward, 111 S. Broadway.
 Geraghty, John T., 330 N. Charles St.
 Getz, Charles, 1111 W. Lanvale St.
 Gibbons, Edward Englar, 1102 W. Lafayette Ave.
 Gichner, Joseph Enoch, 1516 Madison Ave.
 Giering, Herman J., 1937 Fleet St.
 Gilchrist, Thomas Caspar, 330 N. Charles St.
 Gillis, Andrew Colin, Mercy Hospital.
 Girdwood, John, 102 E. 25th St.
 Glantz, Frank A., 3244 Eastern Ave.
 Goldbach, Leo John, 322 N. Charles St.
 Goldberg, Harry, 1841 Pennsylvania Ave.
 Gombel, Wm. G., 1704 Madison Ave.
 Gorsuch, Harry Kepler, 117 W. Saratoga St.
 Gorsuch, Howard Stanley, 501 E. 22d St.
 Gorter, Nathan Ryno, 1 W. Biddle St.
 Greenbaum, Harry S., 1614 Eutaw Place.
 Grove, Benjamin Frank, 1304 N. Caroline St.
 Hachtel, Frank W., 122 W. Lafayette Ave.
 Hahn, Henry J., Irvington.
 Hall, William S., 814 Park Ave.
 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 Clements, 773 W. Lexington St.
 Harrison, Archibald C., 31 E. North Ave.
 Hartman, George A., 1121 N. Caroline St.
 Hartman, Jacob H., 5 W. Franklin St.
 Hayden, Holliday H., 1425 Light St.
 Hayward, Eugene H., 1230 N. Caroline St.
 Hazlehurst, Franklin, Jr., 230 W. Lafayette Ave.
 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, 1103 Valley St.
 Henning, Emil Heller, 2000 Hollins St.
 Herring, Arthur P., 330 N. Charles St.
 Hill, J. Harvey, Hotel Altamont.
 Hirschfelder, Arthur D., 2245 Linden Ave.
 Hirsh, José Louis, 1819 Linden Ave.
 Hoag, J. Morley, 725 Columbia Ave.
 Hobelmann, Frederick William, 1908 W. Baltimore St.
 Hoffmann, Robert, 1325 Park Ave.
 Holland, Joseph W., 1624 Linden Ave.
 Homer, Harry L. 714 Park Ave.
 Hooker, Donald R., Cedar Lawn, Homeland Ave.
 Hoopes, Fannie E., 1307 N. Charles St.
 Hopkinson, B. Merrill, 330 N. Charles St.
 Horn, August, St. Paul and 25th St.
 Houff, John, 15 N. Monroe St.
 Howell, William H., 232 W. Lanvale St.
 Huck, John G., 647 W. Lafayette Ave.
 Hundley, John Mason, 1009 Cathedral St.
 Hunner, Guy Le Roy, 2305 St. Paul St.
 Hurd, Henry Miles, 1023 St. Paul St.
 Hurdon, Elizabeth, 31 W. Preston St.
 Hutchins, Elliot H., 1230 Light St.
 Hyde, Harry C., 1024 E. North Ave.
 Iglehart, James Davidson, 211 W. Lanvale St.
 Iglehart, J. Howard, 539 N. Carrollton Ave.
 Iglehart, Nathan E. B., 1008 Cathedral St.
 Ingle, Joseph Lowrie, 1007 W. Lanvale St.
 Jacobs, Henry Barton, 11 W. Mt. Vernon Pl.
 Janney, Francis W., 327 N. Charles St.
 Janney, O. Edward, 825 Newington Ave.
 Jay, John G., 906 Cathedral St.
 Jennings, F. Leslie, Mercy Hospital.
 Johnson, Robert W., 101 W. Franklin St.
 Johnston, Richard Hall, 807 N. Charles St.
 Johnston, Samuel, 204 W. Monument St.
 Jones, C. Hampson, 2529 St. Paul St.
 Jones, David W., 3116 O'Donnell St.
 Jones, Howard W., 1296 Frederick Ave.
 Jones, Maurice, 423 E. Fort Ave.

- Joyce, James Burch, 1800 W. North Ave.
 Kahn, Howard, 2027 W. Pratt St.
 Kahn, Max, 677 Columbia Ave.
 Keidel, Albert, Park Ave. and Richmond St.
 Keirle, Nathaniel G., 1419 W. Lexington St.
 Keller, Charles J., 222 W. Monument St.
 Kelly, Howard Atwood, 1418 Eutaw Pl.
 Kelly, Vernon F., 405 Falls Road.
 Kemler, Joseph I., 519 N. Charles St.
 Keown, Thomas William, 1938 Linden Ave.
 Kieffer, George S. M., 1414 Mt. Royal Ave.
 King, John Theodore, 1425 Eutaw Pl.
 Kimzey, F. J., 715 N. Calvert St.
 Kintzing, Pearce, 1321 N. Charles St.
 Kirby, Francis John, 110 E. North Ave.
 Kloman, E. H., 1619 St. Paul St.
 Knapp, Hubert Clement, 1216 E. Preston St.
 Knipp, Harry Edward, 1002 W. Lanvale St.
 Knorr, Ernest A., 114 W. Franklin St.
 Knox, J. H. M., Jr., 804 Cathedral St.
 Kolb, Henry B., 1203 Light St.
 Krozer, John J. R., 662 W. Lexington St.
 Lang, John Frederick, 933 W. Fayette St.
 Larned, Charles Willis, 1327 Park Ave.
 Laroque, Herbert E., 11 S. Broadway
 Lassman, George A., 1248 St. Nicholas Ave., New York City.
 Latimer, Caroline W., 823 Hamilton Ter.
 Lazenby, Maurice, 214 E. Preston St.
 Lehnert, Ernest Charles, 1419 E. Eager St.
 Leitz, Thomas Frederick, 1363 W. North Ave.
 Lennan, Alvin B., 701 N. Patterson Park Ave.
 Leopold, Eugene J., 803 Park Ave.
 Lewis, Howard Davis, 38 W. 25th St.
 Lewis, Wm. Milton, 1400 Linden Ave.
 Lichtenberg, Moses L., University Hospital.
 Likes, Sylvan H., 1134 Linden Ave.
 Linthicum, G. Milton, 817 Park Ave.
 Litsinger, Glenn M., 127 E. North Ave.
 Lloyd, L. L., 639 Franklin St.
 Lloyd, Oliver S., 620 N. Calvert St.
 Lockard, George C., 1631 W. Lafayette Ave.
 Lockwood, William F., 8 E. Eager St.
 Long, Oscar L., 2429 Fait Ave.
 Lord, Jere Williams, 1011 N. Charles St.
 Love, William S., 836 W. North Ave.
 Luetscher, John Arthur, 1025 Madison Ave.
 Lumpkin, James C., 645 Columbia Ave.
 Lumpkin, Robert G. L., 4 E. Preston St.
 Lumpkin, Thomas Morgan, 602 S. Paca St.
 Lynn, Frank S., 1619 St. Paul St.
 McAvoy, Michael J., 839 S. Canton St.
 MacCalman, Duncan, 1102 Madison Ave.
 McCarty, Harry D., 37. W. Preston St.
 McCleary, Standish, 1609 Linden Ave.
 McConachie, Alexander Douglas, 805 N. Charles St.
 McCormick, Thos. Pugh, 1421 Eutaw Pl.
 McDevitt, Edward P., 208 Aisquith St.
 MacDonald, Alexander W., 1540 N. Broadway.
 McDonald, Wm. B., 1309 Linden Ave.
 MacElfresh, Charles W., 1415 Linden Ave.
 McGlannan, Alexius, 114 W. Franklin St.
 Macht, David I., 1511 Madison Ave.
 Mackenzie, John N., 605 N. Charles St.
 Magruder, Wm. Edw., 924 Madison Ave.
 Maldeis, Howard J., Kate Ave., Arlington.
 Martin, Frank, 1000 Cathedral St.
 Mayer, A. Henry Albert, 1618 Madison Ave.
 Mayo, Robert W. B., 819 N. Charles St.
 Medders, Charles H., 330 N. Charles St.
 Merrick, Samuel K., 824 Park Ave.
 Metzell, Roscoe C., 1903 W. North Ave.
 Meyer, Adolf, 1012 N. Calvert St.
 Micheau, Ellis, 528 N. Gilmor St.
 Miller, Irving, 1211 Calvert St.
 Miller, Sydney R., 28 Talbot Rd., Windsor Hills.
 Miller, William Ernest, 2239 Pennsylvania Ave.
 Mills, James J., 853 Park Ave.
 Mitchell, Charles W., 9 E. Chase St.
 Mitchell, George W., Howard & Monument Sts.

- Mitchell, Robert L., 2112 Maryland Ave.
 Mitnick, Jacob H., 424 N. Greene St.
 Morgan, Wilbur Phelps, 315 W. Monument St.
 Mortimer, Egbert Laird, 530 N. Fulton Ave.
 Moseley, William Edward, 301 W. Monument St.
 Moss, William Lorenzo, Johns Hopkins Hospital.
 Murgatroyd, George W., 2643 Greenmount Ave.
 Muse, Alexander E., 855 Columbia Ave.
 Muse, Bernard Purcell, 1039 Edmondson Ave.
 Muse, Joseph Ennalls, 1520 Hollins St.
 Neale, Leonard Ernest, 108 E. Read St.
 Neff, John, 701 N. Carrollton Ave.
 Nelson, J. T., 1103 N. Fulton Ave.
 Ney, Grover C., 1701 Linden Ave.
 Nicholls, Walter Lee, 401 N. Fulton Ave.
 Nichols, Fermadge K., 535 N. Carrollton Ave.
 Nicholson, Horace W., Howard and Madison Sts.
 Nicholson, S. P., New Sydenham Hospital.
 Nolen, Charles F., 114 W. Franklin St.
 Norment, Richard Baxter, 3543 Chestnut Ave.
 Norton, Rupert, Johns Hopkins Hospital.
 Norwood, Vernon Lee, 939 W. Fayette St.
 Novak, Emil, 823 N. Patterson Park Ave.
 O'Donovan, Charles, 5 E. Read St.
 Ohle, Henry Charles, 1203 W. Fayette St.
 O'Mara, John T., 1042 Edmondson Ave.
 O'Neill, J. E., 2508 N. Charles St.
 O'Neill, Martin A., 108 N. Fulton Ave.
 Orem, F. Strattner, 2827 N. Calvert St.
 Owens, Robert H., 1625 W. Lexington St.
 Owensby, Newdigate M., 1815 N. Charles St.
 Owings, Edward R., 1733 Linden Ave.
 Page, Isham R., 1327 Bolton St.
 Pancoast, Omar Barton, 1500 Madison Ave.
 Parsons, W. T., Balto. Eye, Ear and Throat Hospital.
 Pearce, Wilbur M., Greenmount Ave. and Preston St.
 Pearson, C. B., Bonner Road.
 Pels, Isaac R., 2031 Eutaw Pl.
 Pennington, John I., The Marlborough.
 Penrose, Clement A., 21 W. Mt. Royal Ave.
 Perkins, Edgar Shirley, The Rochambeau.
 Perry, William Brinton, 330 N. Charles St.
 Peterman, Harry Elmer, 114 W. Franklin St.
 Peters, Don P., 131 N. Broadway.
 Pfeiffer, John Arthur, F., Government Hospital Insane, Washington, D. C.
 Pickel, John U., 1312 Ashland Ave.
 Pierson, J. W., 2806 E. Baltimore St.
 Platt, Walter Brewster, 802 Cathedral St.
 Pleasants, Jacob Hall, 806 University Parkway.
 Plummer, Edward, 539 N. Fulton Ave.
 Pole, Armenius C., 2038 Madison Ave.
 Pollack, Flora, 1112 N. Eutaw St.
 Poulton, J. Emory, 615 Columbia Ave.
 Pound, John C., 1302 W. Lombard St.
 Randolph, Robert Lee, 816 Park Ave.
 Reckard, Hiram Leslis, 2643 Eastern Ave.
 Reeder, J. Dawson, 639 N. Fulton Ave.
 Rehberger, John H., 1709 Aliceanna St.
 Reid, E. Miller, 904 N. Fremont Ave.
 Reik, A. J. Neilson, 506 Cathedral St.
 Reik, Henry Ottrage, 506 Cathedral St.
 Requardt, Wm. Whitall, 805 Park Ave.
 Reynolds, George Brown, 809 N. Charles St.
 Richardson, Edward H., 216 E. Preston St.
 Richardson, Leonard A., 112 W. 25th St.
 Richardson, Thos. Leonard, Quarantine Station.
 Riely, Compton, 2025 N. Charles St.
 Ries, A. Ferdinand, 24 S. Broadway.
 Riley, Charles H., 1113 Madison Ave.
 Riley, William T., 1639 Broadway.
 Roach, Joseph, 611 Park Ave.
 Roberts, William Miller, 1116 St. Paul St.
 Robinson, H. M., 2010 Wilkens Ave.
 Robinson, Isaac P., 330 N. Charles St.
 Robinson, John Henry, 726 E. Preston St.
 Rohrer, Caleb W. G., 114 W. Franklin St.

- Rosenheim, Sylvan, 1710 Linden Ave.
 Rosenthal, Lewis Jay, 1622 Linden Ave.
 Rosenthal, Melvin Samuel, 718 N. Howard St.
 Rosett, Joshua, 1503 E. Baltimore St.
 Rowland, James M. H., 1204 Madison Ave.
 Ruhräh, John, 839 N. Eutaw St.
 Russell, Elizah J., 423 N. Broadway.
 Russell, William Wood, 1208 Eutaw Pl.
 Rutledge, Harry H., 106 Jackson Place.
 Rysanek, William J., 2008 Ashland Ave.
 Rytina, Anton George, 330 N. Charles St.
 Sadtler, Charles E., 1415 Linden Ave.
 Samuels, Abraham, 1928 Eutaw Pl.
 Sanderson, John W., 1505 E. Lafayette Ave.
 Sanger, Frank Dyer, 525 N. Charles St.
 Savage, Moses M., 1121 E. Baltimore St.
 Schaefer, Otto, 1105 Madison Ave.
 Schmitz, William J., 1710 E. Monument St.
 Schoenrich, Herbert, 1134 Linden Ave.
 Scholl, George Barr, 1005 W. Lanvale St.
 Schwartz, William F., 1200 N. Caroline St.
 Seegar, John King B. E., 1529 Park Ave.
 Seligman, Joseph Albert, 1920 Linden 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.
 Skilling, Wm. K., 4101 Liberty Heights Ave.
 Slemons, Josiah Morris, 23 W. Chase St.
 Smith, C. Urban, 817 Park Ave.
 Smith, Edward A., 1605 W. North Ave.
 Smith, Frank Robert, 1126 Cathedral St.
 Smith, Henry Lee, 2701 N. Calvert St.
 Smith, J. Holmes, Jr., 2202 N. Calvert St.
 Smith, Joseph Tait, The Cecil, Eutaw St.
 Smith, William Henry, 3429 Chestnut Ave. Annex.
 Smith, William S., 528 Hanover St.
 Sowers, W. F., 2311 Edmondson Ave.
 Spear, Irving, 1810 Madison Ave.
 Spruill, St. Clair, 9 E. Chase St.
 Steindler, L. F., 1203 W. North Ave.
 Sterling, E. Blanche, 1814 N. Charles St.
 Stiefel, John G., 708 George St.
 Stifler, William C., 1409 Light St.
 Stokes, William Royal, 1639 N. Calvert St.
 Stone, Harvey Brinton, 214 E. Preston St.
 Stonecipher, Claude A., 1655 Fulton Ave.
 Stoner, Harry W., 330 N. Charles St.
 Strauss, George Alvin, Jr., 420 Hanover St.
 Streett, David, 712 Park Ave.
 Strobel, Edgar Randolph, 37 E. North Ave.
 Stuart, Daniel D. V., Jr., 935 St. Paul St.
 Stubbs, Wilbur Pledge, 647 N. Calhoun St.
 Suwalski, S. J., 1511 W. Lombard St.
 Sweeny, Hugh W., 1813 N. Calvert St.
 Talbott, Thos. J., 642 W. North Ave.
 Taneyhill, George Lane, 1103 Madison Ave.
 Taneyhill, Geo. Lane, Jr., 1402 Eutaw Place
 Tapman, Bertha E., 2725 Greenmount Ave.
 Tarun, William, 613 Park Ave.
 Taylor, Robert Tunstall, 2000 Maryland Ave.
 Tearney, Joseph F., 2210 Maryland Ave.
 Thayer, William Sydney, 406 Cathedral St.
 Theobald, Samuel, 970 Howard St.
 Thiede, Gustav A., 1530 W. Lanvale St.
 Thomas, Henrietta M., 1718 John St.
 Thomas, Henry Briscoe, 1007 Cathedral St.
 Thomas, Henry M., 1228 Madison Ave.

- Tiffany, Louis McLane, 831 Park Ave.
 Timberlake, Gideon, 330 N. Charles St.
 Titlow, Horace B., 3035 O'Donnell St.
 Tonry, Reginald I., 3035 O'Donnell St.
 Towles, Caroline Benson, 1006 Madison Ave.
 Townsend, W. G., U. S. N. Recruiting Sta., Balto. & St. Paul Sts.
 Tumbleson, Arthur Lee, 2013 Bank St.
 Tweedie, Hedley V., 508 Park Ave.
 Ullman, Alfred, 1532 N. Broadway.
 Ullrich, J. Harry, 22 N. Carey St.
 Ulman, Solomon Jay, 1725 Park Ave.
 Underhill, Albert Jas., The Walbert.
 Urquhart, Richard A., 48 W. Biddle St.
 Van Ness, Eugene McE., 200 W. Lafayette Ave.
 Vogelein, Mary Fussell, 1028 Valley St.
 Walke, Frank H., St. Joseph's Hospital.
 Walker, Geo., Charles and Centre Sts.
 Walton, Henry J., 1748 Park Ave.
 Warfield, Ridgely Brown, 845 Park Ave.
 Warner, Robert A., 873 W. Lombard St.
 Waters, Mary A., 1711 Madison Ave.
 Watson, William Topping, 2128 St. Paul St.
 Wegefarth, George C., 305 Calvert Bldg.
 Weinberg, M. W., 1804 Madison Ave.
 Welch, Erberle Giddings, 607 N. Charles St.
 Welch, William Henry, 807 St. Paul St.
 Welsh, Lillian, The Arundel.
 Wheltle, Charles B., 1279 William St.
 White, G. Howard, Jr., 1029 Cathedral St.
 White, Walter Walton, Jr., 1101 N. Broadway.
 White, William Kelso, 1819 N. Charles St.
 Whitehead, Alfred, 1213 Madison Ave.
 Whitham, Lloyd B., 514 Cathedral St.
 Whitney, Edward L., 1520 Linden Ave.
 Wiegand, William Edward, 1011 Madison Ave.
 Wilkins, George Lawson, 6 N. Broadway.
 Willey, Waitman T., 2129 St. Paul St.
 Williams, Dudley, 118 W. Lafayette Ave.
 Williams, John Whitridge, 1128 Cathedral St.
 Willis, Mary Cook, 810 Hanover St.
 Wilson, Gordon, 1318 N. Charles St.
 Wilson, Henry Merryman, 1008 Madison Ave.
 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 Ter.
 Winternitz, Louis C., 116 S. Broadway.
 Winternitz, Milton C., Johns Hopkins Hospital.
 Wise, Edward Marton, 706 N. Howard St.
 Wise, Walter Dent, 31 E. North Ave.
 Wolf, William B., 13 W. Franklin St.
 Wolman, Samuel, 2407 Madison Ave.
 Woltereck, G. H., 1210 Guilford Ave.
 Woodruff, Charles S., 211 E. Mt. Royal Ave.
 Woods, Hiram, 842 Park Ave.
 Worthington, Thomas Chew, 1022 Madison Ave.
 Young, Hugh Hampton, 330 N. Charles St.
 Zepp, Herbert Elmo, 3050 W. North Ave.
 Zinn, Waitman F., Lelor Ave., Roland Heights.
 Zueblin, Ernest, 807 St. Paul St.

Baltimore County.

Barnes, F. M., Jr., Government Hospital for Insane, Washington, D. C.
 Benson, Benjamin R., Cockeysville, Md.
 Benson, James Edward, Cockeysville, Md.
 Beitler, Frederick V., Halethorpe, Md.
 Bowen, Josiah S., Mt. Washington, Md.
 Brush, Edward N., Towson, Md.
 Bussey, Bennett F., Texas, Md.
 Campbell, William H. H., Owings Mills, Md.
 Carmine, Walter M., Sparrows Point, Md.
 Cassidy, Henry F., 1 Upland Road, Roland Park, Md.
 Clarke, Sydenham R., 423 Hawthorn Rd., Roland Park, Md.
 Clayton, W. F., Overlea, Md.
 Cox, N. H. D., Arlington, Md.
 Drach, John H., Butler, Md.
 Dunton, William Rush, Govans, Md.
 Eldred, Frank C., Sparrows Point, Md.
 Emory, Thomas H., Monkton, Md.
 Ensor, Charles B., Station E., Baltimore, Md.
 Fischer, John S., 110 Belvedere Ave., Arlington Md.
 Garrett, Robert Edward, Catonsville, Md.
 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, Henry T., Loch Raven, Md.
 Harrison, John, Middle River.
 Hess, Harry Clyde, Station H., Govans, Md.
 Hill, Chas. G., Arlington, Md.
 Hill, Wm. P., Arlington, Md.
 Hocking, George H., Govanstown, Md.
 Jarrett, H. S., Towson, Md.
 Jarrett, J. H., Towson, Md.
 Jennifer, Daniel, Towson, Md.
 Jones, Edwin M., Pikesville, Md.

Keating, Frank W., Owings Mills, Md.
 Kennard, Henry W., Owings Mills, Md.
 Kerr, Eugene, Monkton, Md.
 McCormick, G. C., Sparrows Point, Md.
 Macgill, John Charles, Catonsville, Md.
 Manning, John, Melrose Avé., Govans, Md.
 Martin, Wm. E., Harrisonville, Md.
 Mattfeldt, Charles L., Catonsville, Md.
 Mitchell, A. R., Hereford, Md.
 Monmonier, J. Carroll, Jr., Catonsville, Md.
 Naylor, Harry A., Pikesville, Md.
 Naylor, Henry L. P., Pikesville, Md.
 Porter, Minor Gibson, Roland Park, Md.
 Price, Marshall Langton, Towson, Md.
 Queen, Wm. G., West Arlington, Md.
 Ruhl, Frank H., Lansdowne, Md.
 Sergeant, George F., Towson, Md.
 Sloan, Martin F., Towson, Md.
 Smart, L. Gibbons, Lutherville, Md.
 Smink, A. C., Woodlawn Station, Md.
 Smith, William L., Rider, Md.
 Stomel, J. C., Sparrows Point, Md.
 Talbott, J. E., Towson, Md.
 Todd, William J., Mt. Washington, Md.
 Wade, J. Percy, Catonsville, Md.
 Wantz, Sherman R., Mt. Washington, Md.
 Wells, Wm. D., Park Heights Ave., Arlington, Md.
 West, Marshall B., Catonsville, Md.
 Wilkinson, A. L., Raspeburg, Md.
 Wilson, James H., Fowblesburg, Md.
 Woodward, James S., Sparrows Point, 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.

Simmons, Oliver D., Bowcns, Md.
 Talbott, D. R., Dunkirk, Md.
 Talbot, William H., Willows, Md.
 Wilson, Compton, Friendship, Md.

Caroline County.

Downes, James Raymond, Preston, Md.
 Fisher, Percy R., Denton, Md.
 Galloway, George F., Federalsburg, Md.
 George, ————— Denton, Md.
 Goldsborough, William W., Greensboro,
 Md.
 Madara, Jacob C., Ridgely, Md.
 Malone, Frederick R., Greensboro, Md.
 Nichols, Frederick N., Denton, Md.
 Noble, Jacob L., Preston, Md.
 Phillips, James R., Preston, Md.
 Rowe, H. W. B., Hillsboro, Md.
 Silver, H. Fletcher, Goldsborough, Md.
 Smith, E. F., Ridgely, Md.
 Stone, S. S., Ridgely, Md.

Carroll County.

Barc, S. Luther, Westminster, Md.
 Benner, Chandos M., Taneytown, Md.
 Billingslea, James H., Westminster, Md.
 Birnie, Clotworthy, Taneytown, Md.
 Bromwell, John E., Ridgeville, Md.
 Brown, George H., New Windsor, Md.
 Brown, William Durbin, Union Bridge,
 Md.
 Carey, Charles J., Sykesville, Md.
 Chaney, I. D., Mt. Airy, Md.
 Clark, Joseph Clement, Sykesville, Md.
 Coonan, Thomas J., Westminster, Md.
 Cronk, Abraham T., Westminster, Md.
 Cronk, Edwin D., Winfield, Md.
 Diller, Charles H., Detour, Md.
 Diller, Roland R., Detour, Md.
 Eckerdt, A. B. Sykesville, 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, John Norfolk, Sykesville, Md.

Norris, Milton D., Eldersburg, Md.
 Purdum, H. D., Sykesville, Md.
 Seiss, F. H., Taneytown, Md.
 Smith, J. G. F., Sykesville, Md.
 Snavelly, 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, Clarence B., North East, Md.
 Conrey, Thomas J., Chesapeake City,
 Md.
 Dare, George S., 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.
 Housekeeper, Philip B., North East, Md.
 Jack, W. G., Liberty Grove, R. F. D. No.
 1, Md.
 Jamar, John Henry, Elkton, Md.
 Jenness, J. H., Rising Sun, Md.
 Laws, Clifton C., Chesapeake City, Md.,
 Magraw, James F., Perryville, Md.
 Miller, Charles F., North East, Md.
 Mitchell, Henry Arthur, Elkton, Md.
 Richards, G. Hampton, Port Deposit,
 Md.
 Roman, Samuel T., Conowingo, Md.
 Rowland, Ernest, Liberty Grove, Md.
 Stump, Geo. M., Perryville, Md.
 Taylor, Leslie George, Perryville, Md.

Charles County.

Carrico, Louis C., Bryantown, Md.
 Chappellear, Henry C., Hughesville, Md.
 Higdon, Thomas L., Wayside, Md.
 Mitchell, John W., Pomonkey, Md.
 Monroe, Geo. O., Waldorf, Md.
 Owen, Thomas S., La Plata, Md.
 Speake, Samuel H., Grayton, Md.
 Spencer, Ernest, Bel Alton, Md.

Dorchester County.

Carroll, Victor C., Cambridge, Md.
 Fleming, Elias C., East Newmarket, Md.
 Frazier, L. G., Hurlock, Md.
 Goldsborough, Brice W., Cambridge, Md.
 Hanby, C. M., Cambridge, Md.
 Houston, William H., Fishing Creek, Md.
 Jones, E. A. P., Cambridge, Md.
 Mace, John, Cambridge, Md.
 Maguire, C. F., Hurlock, Md.
 Meade, J. W., Jr., Fishing Creek, Md.
 Myers, George Roger, Hurlock, Md.
 Nichols, Harry F., East Newmarket, Md.
 Shriver, Joseph K., Jr., Taylors Island, Md.
 Smith, Benjamin L., Madison, Md.
 Steele, Guy, Cambridge, Md.
 Wolff, Eldridge E., Cambridge, Md.

Frederick County.

Beckley, Edwin Luther, Middletown, Md.
 Birely, Morris A., Thurmont, Md.
 Bowlus, E. L., Middletown, Md.
 Brawner, John B., Emmittsburg, Md.
 Brown, L. E., Frederick, Md.
 Browning, Ralph, Myersville, Md.
 Claggett, Samuel, Petersville, Md.
 Conley, Charles H., Adamstown, Md.
 Fahrney, Henry P., Frederick, Md.
 Fout, Raymond Claude, Kemptown, Md.
 Goodell, Charles F., Frederick, Md.
 Goodman, James Monroe, Frederick, 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.
 Johnson, Wm. Crawford, Frederick, Md.
 Kable, William H., Woodsboro, Md.
 Kefauver, E. C., Thurmont, Md.
 Liggett, John J., Ladiesburg, Md.
 Long, James A., Frederick, Md.
 McCurdy, Ira J., Frederick, Md.
 Maynard, S. Sollers, Frederick, Md.
 Neighbors, Eutaw D., Lewistown, Md.
 Pearre, M. S., Unionville, Md.
 Perry, Benjamin C., Urbana, Md.
 Rensburg, J. J., Walkersville, Md.
 Riggs, George Henry, Ijamsville, Md.
 Routson, Thomas Clyde, Buckeystown, Md.
 Sappington, C. T., Frederick, Md.
 Sidwell, Frank H., Johnsville, Md.
 Smith, Alvey J., Wolfsville, R.F.D. 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.
 Wachter, Charles L., Sabillasville, Md.
 West, Levin, Brunswick, Md.
 Yourtee, George William, Burkittsville, Md.

Harford County.

Archer, William S., Bel Air, Md.
 Bagley, Charles, Bagley, Md.
 Bradley, Hugh L., Jarrettsville, Md.
 Callahan, F. A., Creswell, Md.
 Hollingsworth, Chas. A., Bel Air, Md.
 Hughes, Fred. L., Gibson, Md.
 Keyser, Newbury A. S., Joppa, Md.
 Page, Robert Stevens, Bel Air, Md.
 Quarles, Edward, Bel Air, Md.
 Richardson, Charles, Bel Air, Md.
 Roth, Charles E., Edgewood, Md.
 Sappington, Purnell F., Bel Air, Md.
 Tobias, I. H., Darlington, Md.
 Van Bibber, Armfield F., Bel Air, Md.

Howard County.

Byrne, Bernard James, Ellicott City, Md.
 Cissel, William W. L., Highland, Md.
 Eareckson, William Rose, Elkridge, Md.
 Gambrill, Wm. B., 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., Elkridge, 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.
 Sipers, Henry G., Chestertown, Md.
 Smith, Frank W., Chestertown, Md.
 Whaland, Charles W., Chestertown, Md.

Montgomery County.

Anderson, Edward, Rockville, Md.
 Batsan, John R., Spencerville, Md.
 Bird, J. W., Sandy Spring, Md.
 Bourdeau-Sisco, P. S., Takoma Park,
 D. C.
 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.
 Dyson, Vernon H., Laytonsville, Md.
 Elgin, W. F., Bethesda, Md.
 Etchison, C. N., Gaithersburg, Md.
 Etchison, Elisha C., Gaithersburg, Md.
 Farquhar, Charles, Olney, Md.
 Gough, Thos. Reeder, Barnesville, Md.
 Green, W. F., Brookeville, Md.
 Haddox, Horace B., Gaithersburg, Md.
 Henderson, Frederick N., Rockville, Md.
 Howlett, H. H., Silver Spring, Md.

Jones, Eugene, Kensington, Md.
 Jones, G. Wilson, Burtonsville, Md.
 Lewis, Geo. E., Rockville, Md.
 Lewis, John Latane, Bethesda, Md.
 Lewis, William L., Kensington, Md.
 Linthicum, Otis M., Rockville, Md.
 Magruder, Wm. Edward, Sandy Spring,
 Md.
 Manner, Claiborne H., Rockville, Md.
 Morgan, James Dudley, Chevy Chase,
 Md.
 Moulden, William R., Bethesda, Md.
 Muncaster, Stuart B., Rockville, Md.
 Nourse, Charles H., Darnestown, Md.
 Nourse, Upton D., Dawsonville, Md.
 Parsons, Alfred V., Takoma Park, D. C.
 Pratt, William T., Rockville, Md.
 Sipers, Isaac Newton, Germantown,
 Md.
 Sisco, Henry N., Takoma Park, D. C.
 White, E. W., Poolesville, Md.
 White, James M., Dickerson, Md.
 Wright, Geo. H., Forest Glen, Md.

Prince George County.

Coe, John Alexander, T. B., Md.
 Coggins, Jesse C., Laurel, Md.
 Duvall, John M., Springfield, Md.
 Etienne, Arthur O., Berwyn, Md.
 Gibbons, Williams H., Croom, Md.
 Griffith, Lewis Allen, Upper Marlboro,
 Md.
 Griffith, W. Allen, Berwyn, Md.
 Latimer, Guy W., Hyattsville, Md.
 Latimer, Thomas E., Hyattsville, Md.
 McDonnell, Henry B., College Park,
 Md.
 McMillan, Samuel M., Riverdale, Md.
 Middleton, C. S., Fort Belknap, Mon-
 tana.
 Montgomery, H. B., Lanham, Md.
 Nally, Harry, Mt. Ranier, Md.
 Taylor, William F., Laurel, Md.
 Willis, H. F., Hyattsville, Md.

Queen Anne's County.

Bowen, W. W., Ingleside, Md.
 Coppage, William G., Church Hill, Md.
 Dudley, Norman S., Church Hill, Md.

Fisher, W. H., Centerville, Md.
 Ford, R. H., Queenstown, Md.
 Kemp, Chas. P., Stevensville, Md.
 Landers, A. E., Crumpton, Md.
 McPherson, H. F., Centerville, Md.
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BOOK REVIEW

Duodenal Ulcer. By B. G. A. MOYNIHAN, M.S. (London) F.R.C.S., Senior Assistant Surgeon at Leeds General Infirmary, England. Second edition, enlarged. Octavo of 486 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1912. Cloth \$5.00 net; Half Morocco, \$6.50 net. The Medical Standard Book Company, 307 N. Charles St., Baltimore, Md.

This second edition is read with keen interest. The changes in the text have to do mostly with the X-ray findings following the examinations of stomachs after the ingestion of bismuth meals in cases of duodenal ulcer, and in the diagnosis of duodenal ulcer.

The chapter on diagnosis of ulcer is of great interest. We are told that the stomach in such cases exhibits an increased activity not only as regards its secretions but that it shows a hyper-motility as well, and that this is a fairly dependable aid in the diagnosis.

The author holds very firmly to his view that although these cases may and do receive some temporary relief when treated medically that a cure can only be effected by surgical interference.

The methods of diagnosis outlined seemingly make the positive recognition a very easy matter. This chapter should attract the attention of the general practitioner and he will profit by carefully reading it.

The operative procedures are clearly defined and the illustrations throughout the book are finely executed and they are accompanied by unusually comprehensive descriptive underlining.

The subject matter having been drawn from an enormous personal experience, and presented to the reader in concise manner, carries with it the conviction that the last word has been uttered by this recognized authority on the diagnosis and treatment of duodenal ulcer, and that any new knowledge in the near future may be reasonably looked for from him.

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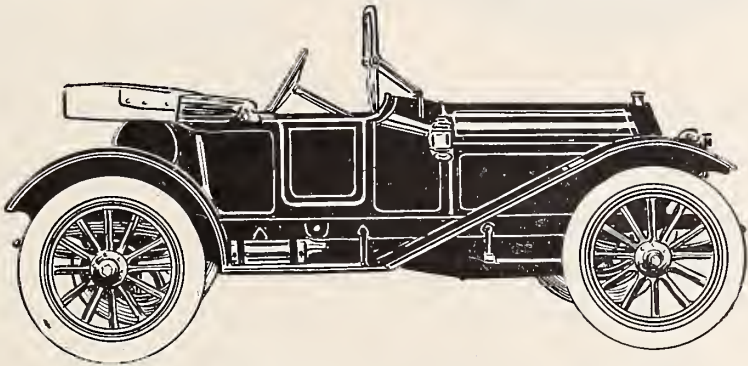
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OF THE

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Vol. V

MAY, 1913

No. 11

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- Defense of Medical Research*—Drs. H. H. Young, J. H. Pleasants, R. H. Follis, W. P. Miller and F. V. Bettler.
- Tuberculosis*—Drs. M. F. Sloan, L. V. Hamman, Victor F. Cullen, G. W. Hoeking and W. T. Riley.
- Sanitary and Moral Prophylaxis*—Drs. D. R. Hooker, O. E. Janney, L. Welsh, G. L. Hunner, D. I. Macht.
- Eugenics*—Drs. L. F. Barker, Frank Martin, F. W. Keating, G. W. Wilkins and W. R. Dunton.
- Milk Committee*—Drs. L. P. Hamburger, C. E. Simon, W. W. Ford, T. R. Boggs and C. W. MacElfresh.
- Inebriety*—G. Milton Linthicum, A. P. Herring, M. L. Priece, R. F. Gundry, W. J. Todd.
- Hygienic and Pathologic Museum*—Drs. W. R. Stokes, Claribel Cone, Gordon Wilson, S. McCleary, H. W. Stoner.
- Midwifery Law*—Drs. E. H. Richardson, J. McF. Bergland, Mary Sherwood, H. F. Cassidy and Clinton Brotemarkle.
- Publication Committee*—A. P. Herring, John Rubrah, J. Staige Davis.

STATE PRACTICE ACT

- State Board of Medical Examiners*—Herbert Harlan, J. McP. Scott, Harry L. Homer, James A. Stevens, H. M. Fitzhugh, L. A. Griffith, B. W. Goldsborough, L. B. Henkel.
- 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 License by addressing Secretary, J. McP. Scott, Hagerstown, Md.

THE BULLETIN
OF THE
MEDICAL AND CHIRURGICAL FACULTY
OF MARYLAND

PUBLISHED MONTHLY

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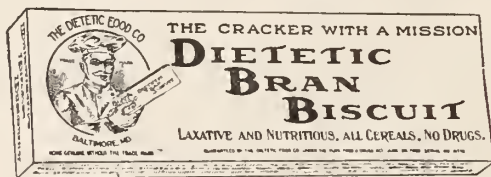
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THE BULLETIN

OF THE

MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND

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NOTE: The Publication Committee desires to receive suggestions from members of the Faculty, that will in any way improve the Bulletin.

Vol. V

BALTIMORE, MAY, 1913

No. 11

THE COMMITTEE ON PUBLIC INSTRUCTION.

For the benefit of the members of the Medical and Chirurgical Faculty of Maryland it may be of interest to state that they have a Committee of this nature and to call attention to the work it is doing.

Through the efforts of Dr. Harvey G. Beck and the earnest workers who have been associated with him for the past two years, this Committee has been growing in importance and gradually developing into a powerful factor for the dissemination of knowledge about personal and community hygiene among the people of the city and state.

At the present time it is conducting a Public Health Exhibit, on the general subjects of Alcohol, Tuberculosis, Mental Diseases, Social Diseases and Infant Mortality which represents the good hard work of busy practitioners of medicine and the philanthropy of a prominent citizen of Baltimore. This Exhibit is to be carried through the various wards of the city and during its stay in each locality, lectures on the five subjects will be given in Jewish, Polish and German as well as the English language. Every physician is requested to coöperate with the management wherever the Exhibit is opened visiting it and using their influence to attract an audience.

Besides this the Committee has been busy in supplying speakers upon request from various church and civic organizations and it is to the lasting credit of the members of the Faculty, that they have responded to the calls made upon their time for this purpose so cheerfully and generously.

THE ANNUAL MEETING.

The 115th Annual Meeting of the Faculty, which was held on April 22, 23, and 24, was well attended, especially by the county members, and a very interesting program was presented. The special feature of this meeting was the presentation of the first Isaac Ridgeway Trimble Lectureship by Dr. Simon Flexner, Director, Rockefeller Institute, New York, on "Local Specific Treatment of Infections." These lectures were delivered in Osler Hall to a crowded house on Tuesday and Wednesday evenings and will appear in full in the June and July numbers of the Faculty BULLETIN. Dr. W. S. Thayer announced an additional sum of \$5000 to the Isaac Ridgeway Trimble Fund.

On Wednesday evening a group of pictures which belonged to Dr. N. R. Smith were presented to the Faculty and are now in the Friedenwald Room. The same evening a portrait of Dr. Christopher Johnston was presented by Dr. H. H. Beidler on behalf of the Johnston family.

A delightful luncheon was tendered the members at 1.30 p.m. on Wednesday and in the evening the Annual Smoker was held, at which music was furnished by the Orchestra and Chorus.

On Thursday morning a "Symposium on Syphilis" was given, followed by the election for the State Board of Medical Examiners, Drs. B. W. Goldsborough, A. L. Wilkinson and H. L. Homer being elected.

APRIL 22, 1913.

TO THE PRESIDENT AND COUNCIL OF THE MEDICAL AND CHIRURGICAL FACULTY.

Gentlemen:—At the request of one who has the completion of the plans of the contributors to the Isaac Ridgeway Trimble Fund closely at heart, I am authorized to convey to you the promise to contribute, semi-annually, to the accumulating interest of the Trimble Fund the sum of One Hundred and Twenty-five Dollars, being the interest, at five per cent per annum, on a principal sum of Five Thousand Dollars, until such time as it may be possible directly to convey this additional sum of Five Thousand Dollars to the capital of the Fund.

It is requested by the donor that until such time as the principal sum of Five Thousand Dollars may be conveyed directly to the Faculty as an addition to the principal of the Trimble Fund, these semi-annual payments of One Hundred and Twenty-five Dollars may be added to the accumulating interest of the now existing Fund, and used for the purpose of carrying out the plans of the Committee as set forth in the deed of gift.

It may be observed that through this generous gift, it will soon become possible to carry out all the wishes of the Committee. By the suggested arrangement, the funds, at the end of the next three years, will not only be sufficient to provide an honorarium of One Thousand Dollars for the

lecturer, but will have furnished already, a sum nearly sufficient for the preparation of the medallion.

Believe me, Gentlemen,

Yours very sincerely,

(Signed) W. S. THAYER.

THE FIRST MUSICALE BY THE ORCHESTRA AND CHORUS.

The first musicale by the Orchestra and Chorus preceded the Annual Meeting of the Faculty, being held on Monday the 21st. The proceeds from the sale of tickets were turned over to the Building Fund and netted quite a substantial sum. The soloist for the evening was Miss Helen Mott, the noted violoncellist of London, England, and daughter of Dr. F. W. Mott. The Orchestra and Chorus gave the following program.

PROGRAM.

Spencer—"Quand Môme March".....	<i>For Orchestra</i>
Barnby— <i>a</i> "Sweet and Low" }	<i>For Chorus</i>
Wernert— <i>b</i> "The Two Roses" }	
Reinhardt—"The Spring Maid".....	<i>For Orchestra</i>
Nevin—"The Rosary".....	<i>For Chorus</i>
Tittle—"Serenade".....	<i>For Flute, Cello and Piano</i>

DRS. WADE, DRAIN and MICHEL.

Remarks by DR. A. C. HARRISON,

President Medical and Chirurgical Faculty.

Godard— $\left\{ \begin{array}{l} a \text{ Allegretto} \\ b \text{ Idylle} \end{array} \right\}$	<i>For Flute and Piano</i>
--	----------------------------

DR. JOHN WADE—MISS CLARA WADE at the piano.

Somervell— <i>a</i> "The Gentle Maiden".....	$\left. \begin{array}{l} \\ \\ \\ \\ \end{array} \right\} \text{Songs for Barytone}$
Andrews— <i>b</i> "O! For a Day of Spring".....	
Woodman— <i>c</i> "I Am Thy Harp".....	
Homer— <i>d</i> "Uncle Rome".....	
Sullivan— <i>e</i> "O, Swallow, Swallow".....	

DR. B. MERRILL HOPKINSON—MRS. HENRY FRANKLIN at the piano.

Tschaikowsky—Andante Cantabile, Op. II.....	<i>For String Quartette</i>
---	-----------------------------

DRS. BODE, HAZLEHURST, DRAIN and ZEUBLIN.

Bullard—"The Winter Song".....	<i>For Chorus</i>
Joyce—"Songe d'Automne".....	<i>For Orchestra</i>
"The Star Spangled Banner".....	<i>For Chorus and Orchestra</i>

A large and appreciative audience was present and enjoyed the musicale thoroughly.

It is hoped that the Musical Association will now become a permanent organization, as it undoubtedly adds greatly to the social side of the Faculty's activities.

Members of the Faculty who desire to join either the Orchestra or the Chorus should send in their names, as rehearsals will begin at once for another concert.

CONSTITUTION AND BY-LAWS OF THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND.

INCORPORATED JANUARY 20, 1799; ADOPTED APRIL 26, 1904; WITH AMENDMENTS TO MAY 1, 1913.

CONSTITUTION.

ARTICLE I.—NAME OF THE SOCIETY.

The name and title of this, the State Medical Society, shall be The Medical and Chirurgical Faculty of the State of Maryland.

ARTICLE II.—PURPOSES OF THE SOCIETY.

The purposes of this Faculty shall be to federate and bring into one compact organization the entire medical profession of the State of Maryland, and to unite with similar societies of other States to form the American Medical Association; to extend medical knowledge and advance medical science; to elevate the standard of medical education, and to secure the enactment and enforcement of just medical laws; to promote friendly intercourse among physicians; to guard and foster the material interests of its members and to protect them against imposition; and, to enlighten and direct public opinion, so that the profession shall become more capable and honorable within itself, and more useful to the public, in the prevention and cure of disease, and in prolonging and adding comfort to life.

ARTICLE III.—COMPONENT SOCIETIES.

The component societies of this Faculty are those County medical societies and the Baltimore City Medical Society, which hold charters from the Medical and Chirurgical Faculty of Maryland.

ARTICLE IV.—COMPOSITION OF THE FACULTY.

SECTION 1. This Faculty shall consist of Members, Honorary Members and Delegates.

SEC. 2. *Members.* The members of this Faculty shall be the members of the component medical societies.

SEC. 3. *Delegates.* Delegates shall be those members who are elected in accordance with this Constitution and By-Laws to represent their respective component societies in the House of Delegates of this Faculty.

SEC. 4. *Honorary Members.* The title of honorary member may be conferred upon any distinguished member of the American Medical Association, residing out of the State, or upon any distinguished foreign physician, upon recommendation of the Council.

SEC. 5. *Guests.* Any distinguished physician not a resident of this State who is a member of his own State Association may become a guest during any Annual Session on invitation of this Faculty, and shall be accorded the privilege of participating in all of the scientific work for that Session.

ARTICLE V.—HOUSE OF DELEGATES.

The House of Delegates shall be the legislative and business body of the Faculty, and shall consist of (1) Delegates elected by the Component Societies, (2) the Councillors, and (3) ex-officio, the President, Secretary and Treasurer of this Faculty, the Chairmen of the Board of Trustees and Library Committee, the delegates to the House of Delegates of the American Medical Association, and one member elected by the State Board of Medical Examiners.

ARTICLE VI.—COUNCIL.

The Council shall consist of the Councillors, and the President, Secretary and Treasurer, ex-officio. Besides its duties mentioned in the By-Laws, it shall constitute the Finance Committee of the House of Delegates. Five Councillors shall constitute a quorum. No Councillor shall be eligible as a Delegate from a component society.

ARTICLE VII.—SECTIONS AND DISTRICT SOCIETIES.

The House of Delegates may provide for a division of the scientific work of the Faculty into appropriate sections, and for the organization of such Councillor District Societies as will promote the best interests of the profession, such societies to be composed exclusively of members of component societies.

ARTICLE VIII.—SESSIONS AND MEETINGS.

SECTION 1. The Annual Meeting of the Faculty shall be held in the City of Baltimore beginning on the fourth Tuesday of April, and semi-annual meetings may be called at such time and place as the Council may designate. During these meetings there shall be held daily General Sessions which shall be open to all registered members and guests.

SEC. 2. Special meetings of either the Faculty or the House of Delegates shall be called by the President or on petition of 10 delegates or 20 members.

SEC. 3. *a.* For the promotion of its scientific work the Baltimore City Medical Society of the Faculty shall be divided into sections, as follows:

Sec. 1. Clinical Medicine, Pathology and Surgery.

Sec. 2. Obstetrics and Gynaecology.

Sec. 3. Neurology and Psychiatry.

Sec. 4. Ophthalmology and Otology.

Sec. 5. Laryngology and Rhinology.

Sec. 6. Medical Examiners.

Sec. 7. Dermatology.

And as many more sections as may at any time be proposed in writing by ten members of that Society and approved by a vote of three-fourths of the members present at a stated meeting.

b. Each section shall elect its own officers annually and establish regulations for its own government, not repugnant to the Constitution and By-Laws of the Faculty; each section being subordinate to the Faculty in all matters wherein the latter shall be concerned.

c. Any member of the Faculty may elect to attend as many of the sections as he desires; but in order to be enrolled and receive notices of said section meetings, he shall register his name with the Secretary of each of such sections.

ARTICLE IX.—OFFICERS.

SECTION 1. The officers of this Faculty shall be a President, three Vice-Presidents, a Secretary, a Treasurer, a Board of ten Trustees, a State Board of Medical Examiners, as provided by law, and eleven Councillors who shall be chosen as follows: two from the Eastern Shore, four from the Western Shore, outside of Baltimore City, and five from Baltimore City.

SEC. 2. The officers shall be elected annually as hereinafter provided. The President shall appoint the first Councillors, to serve for one year, or until their successors are elected. The terms of the elected Councillors shall be for three years, those first elected serving one, two and three years, as may be determined by lot. The House of Delegates shall nominate to the Faculty the members of the Board of Medical Examiners. The members of the Board of Medical Examiners shall be elected by said Faculty in accordance with the provision of the State law. All of these officers shall serve until their successors are elected and installed.

SEC. 3. The officers of this Faculty shall be nominated by the House of Delegates at the second meeting of that body and shall be elected on the morning of the last day of the annual session. No person shall be elected to any office who has not been a member of the Faculty for the preceding two years and paid his dues in full.

SEC. 4. The terms of all officers shall begin on January 1st following their election and shall run concurrently with the calendar year.

ARTICLE X.—RECIPROCITY OF MEMBERSHIP WITH OTHER STATE SOCIETIES.

In order to broaden professional fellowship this Faculty may arrange with other State Medical Associations for interchange of certificates of membership, so that members moving from one state to another may avoid the formality of re-election.

ARTICLE XI.—FUNDS AND EXPENSES.

Funds shall be raised by a per capita assessment on each component society. The amount of the assessment shall be \$3.00 per capita per annum for members of the County Societies and \$8.00 for members of the Baltimore City Medical Society. Funds may also be raised by voluntary contributions, from the sale of the Faculty's publications, and in any other manner approved by the House of Delegates. Funds may be appropriated by the House of Delegates to defray the expenses of the Faculty, for publications, and for such other purposes as will promote the welfare of the profession. All resolutions appropriating funds must be referred to the Finance Committee for its approval, by at least a two-thirds vote of said Committee, before action is taken thereon.

ARTICLE XII.—REFERENDUM.

SECTION 1. A General Meeting of the Faculty may, by a two-thirds vote of the members present, order a general referendum on any question pending before the House of Delegates, and when so ordered the House of Delegates shall submit such question to the members of the Faculty, who may vote by mail or in person, and, if the members voting shall comprise a majority of all the members of the Faculty, a majority of such vote cast shall determine the question and be binding on the House of Delegates.

SEC. 2. The House of Delegates may, by a two-thirds vote of its own members, submit any question before it to a general referendum, as provided in the preceding section, and the result shall be binding on the House of Delegates.

ARTICLE XIII.—THE SEAL.

The Faculty shall have a common seal, with power to break, change or renew the same at pleasure.

ARTICLE XIV.—AMENDMENTS.

The House of Delegates may amend any article of this Constitution by a two-thirds vote of the Delegates present at any Annual Session, provided that such amendment shall have been presented in open meeting at the previous annual or semi-annual session, and that it shall have been sent officially to each component society at least two months before the meeting at which final action is to be taken.

BY-LAWS.

CHAPTER I.—MEMBERSHIP.

SECTION 1. *Members.* The members of this Faculty shall be the members of the component medical societies.

SEC. 2. *Penalties.* No person who is under sentence of suspension or expulsion from a component society, or whose name has been dropped from its roll of members, shall be entitled to any of the rights or benefits of this Faculty, or be permitted to take part in any of its proceedings until he has been relieved of such disability.

SEC. 3. *Registration.* Each member in attendance at the Sessions of the Faculty shall register his name on the registration book, indicating the component society of which he is a member. No member shall take part in any of the proceedings of any session until he has complied with the provisions of this section.

CHAPTER II.—TRUSTEES.

SECTION 1. *Trustees.* The Board of Trustees, as at present constituted, shall continue in office and, as heretofore, one member shall retire annually and one be elected annually for ten years. They shall have authority to fill vacancies in said Board caused by death or resignation, until the next annual election. The management and disposal of the property of the Faculty shall be vested in them subject to the approval of the House of Delegates. They shall have access to the documents of the Faculty in the care of the Secretary, collect all rents, and pay over to the Treasurer of the Faculty any surplus after the sale of any property, and after the payment of any expenses legally charged against said property.

SEC. 2. They shall elect annually from their membership a Chairman, Secretary and Treasurer. They shall at the annual meeting, through their proper officers, render, in writing, a report to the House of Delegates of the Faculty, giving the value of the buildings and indebtedness, if any, on the same, and a financial statement of their receipts and expenditures during the past fiscal year.

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CHAPTER III.—GENERAL MEETINGS.

SECTION 1. All registered members may attend and participate in the proceedings and discussions of the General Meetings. The General Meetings shall be presided over by the President or one of the Vice-Presidents, and at such meetings shall be delivered the address of the President and the orations.

SEC. 2. The General Meeting may recommend to the House of Delegates the appointment of Committees or Commissions for scientific investigation of special interest and importance to the profession and public.

CHAPTER IV.—HOUSE OF DELEGATES.

SECTION 1. The House of Delegates shall meet at 2 p.m. on the day fixed as the first day of the meeting of the Faculty. It may adjourn from time to time as may be necessary to complete its business, provided, that its hours shall conflict as little as possible with the General Meetings. The House of Delegates shall meet for the first time at 11 a.m. on the twenty-seventh of April, 1904. The order of business shall be arranged as a separate section of the program.

SEC. 2. Each component society shall be entitled to send to the House of Delegates each year one delegate for every 50 members, and one for each major fraction thereof, but each component society which has made its annual report and paid its assessment as provided in this Constitution and By-Laws (Chap. 9, Sec. 9), shall be entitled to at least one delegate.

SEC. 3. Ten members of the House of Delegates shall constitute a quorum.

SEC. 4. It shall, through its officers, Council and otherwise, give diligent attention to and foster the scientific work and spirit of the Faculty.

SEC. 5. It shall make careful inquiry into the condition of the profession of each county in the State, and shall have authority to adopt such methods as may be deemed most efficient for building up and increasing the interest in such county societies as already exist, and for organizing the profession in counties where societies do not exist. It shall systematically endeavor to promote friendly intercourse among physicians of the same locality.

SEC. 6. It shall elect representatives to the House of Delegates of the American Medical Association in accordance with the Constitution and By-Laws of that body.

SEC. 7. It shall, upon application, provide and issue charters to county societies organized in conformity with the spirit of this Constitution and By-Laws.

SEC. 8. It shall divide the State into Councillor Districts, specifying what counties each district shall include, and, when the best interest of the Faculty and profession will be promoted thereby, organize in each a district medical society, and all members of component societies, and no others, shall be members of district societies. When so organized, from the Presidents of such district societies shall be chosen the Vice-Presidents of this Faculty, and the presidents of the county societies of the district shall be vice-presidents of such district societies.

SEC. 9. It shall have authority to appoint committees for special purposes from among members of the Faculty who are not members of the House of Delegates. Such Committees shall report to the House of Delegates, and may be present and participate in the debate on their reports.

CHAPTER V.—ELECTION OF OFFICERS.

SECTION 1. All elections shall be by ballot, and a plurality of the votes cast shall constitute an election.

SEC. 2. The election of officers shall be the first order of business of the House of Delegates after the reading of the minutes on the morning of the last day of the General Session.

CHAPTER VI.—DUTIES OF OFFICERS.

SECTION 1. The President shall preside at all meetings of the Faculty and of the House of Delegates; shall appoint all Committees not otherwise provided for; he shall deliver an annual address at such times as may be arranged by the Committee on Scientific Work; and he shall preserve order, enforce the observance of the Constitution and By-Laws and give the casting vote in all cases of equal division.

SEC. 2. The Vice-Presidents shall assist the President in the discharge of his duties. In the event of the President's death, resignation or removal, the Council shall select one of the Vice-Presidents to succeed him.

SEC. 3. *Secretary.* The Secretary shall attend all the General Meetings of the Faculty and the Meetings of the House of Delegates, and shall keep minutes of their respective proceedings in separate record books. He shall be ex-officio Secretary of the Council. He shall be custodian of all record books and papers belonging to the Faculty, except such as properly belong to the Treasurer, and shall keep account of and promptly turn over to the Treasurer all funds of the Faculty which come into his hands. He shall provide for the registration of the members and delegates at all Sessions. He shall, with the coöperation of the secretaries of the component societies, keep a card-index register of all the legal practitioners of the State by Counties, noting on each his status in relation to his county society, and, on request, shall transmit a copy of this list to the American Medical Association. He shall aid the Councillors in the organization and improvement of the County Societies and in the extension of the power and usefulness of this Faculty. He shall conduct the official correspondence notifying members of meetings, officers of their election and Committees of their appointment and duties. He shall employ such assistants as may be ordered by the House of Delegates, and shall make an annual report to the House of Delegates. He shall supply each component society with the necessary blanks for making their annual reports, shall keep an account with the component societies charging against each society its assessment, collect the same, and at once turn it over to the Treasurer. Acting with the Committee on Scientific Work, he shall prepare and issue all programs. The amount of his salary shall be fixed by the Council.

SEC. 4. *Assistant Secretaries.* He may appoint one or more members of the Faculty in good standing as Assistant Secretaries, to whom he may allot the duties usually pertaining to those of Assistant, Corresponding and Reporting Secretary. The tenure of office of those appointees to be at the pleasure of the Secretary.

SEC. 5. *Treasurer.* The Treasurer shall give bond in the sum of \$2,500.00, the premium on which shall be paid by the Faculty. He shall demand and receive all funds due the Faculty, together with the bequests and donations. He shall pay money out of the Treasury only on a written order of the President, countersigned by the Secretary; he shall subject his accounts to such examination as the House of Delegates may order, and he shall annually render to the House of Delegates an account of his doings and of the state of the funds in his hands. He shall pay the vouchers of the Library Committee not to exceed the amount of the annual appropriation made by the House of Delegates for the support of the library.

CHAPTER VII.—COUNCIL.

SECTION 1. The Council shall meet on the day preceding the Annual Session, and daily during the Session, and at such other times as necessity may require, subject to the call of the chairman, or on petition of three Councillors. It shall elect a chairman from its own membership, and a clerk, who, in the absence of the Secretary of the Faculty, shall keep a record of its proceedings. It shall, through its chairman, make an annual report to the House of Delegates.

SEC. 2. Each Councillor shall be organizer and Censor for his district. He shall visit the counties in his district at least once a year for the purpose of organizing component societies where none exist. He shall make an annual report of his work and of the condition of the profession of each county in his district at the Annual Session of the House of Delegates.

SEC. 3. The Council shall be the Board of Censors of the Faculty. It shall consider all questions involving the rights and standing of members, whether in relation to other members, to the component societies, or to this Faculty. All questions of an ethical nature brought before the House of Delegates or the General Meeting shall be referred to the Council without discussion. It shall hear and decide all questions of discipline affecting the conduct of members of component societies on which an appeal is taken from the decision of an individual Councillor, and its decision in all such matters shall be final.

SEC. 4. In sparsely settled sections it shall have authority to organize the physicians of two or more counties into societies to be suitably designated so as to distinguish them from district societies, and these societies, when organized and chartered, shall be entitled to all rights and privileges provided for component societies.

SEC. 5. The Council shall provide for and superintend the publication and distribution of all proceedings, transactions and memoirs of the Faculty and shall have authority to appoint an editor and such assistants as it deems necessary. All money received by the Council and its agents, resulting from the discharge of the duties assigned to them, must be paid to the Treasurer of the Faculty. As the Finance Committee, it shall annually audit the accounts of the Treasurer and Secretary and other agents of the Faculty and present a statement of the same in its annual report to the House of Delegates, which report shall specify also the character and cost of all the publications of the Faculty during the year, and the amount of all other property belonging to the Faculty under its control, with such suggestions as it shall deem necessary. In the event of a vacancy in the office of the Secretary, or the Treasurer, the Council shall fill the vacancy until the next annual election.

It shall, as the Finance Committee, recommend the amount of money to be appropriated by the House of Delegates for the use of the Library Committee from itemized estimates submitted by the out-going Library Committee at the previous annual meeting.

SEC. 6. The Council shall upon request and in compliance with the conditions hereinafter named, assume the defence of suits for alleged malpractice brought against members of the Faculty.

Conditions: a. Any member desiring to avail himself of the provisions of this section shall, as soon as possible after any demand has been made upon him or any suit instituted against him, present to the Council his request for defence and, together therewith, a full and complete history of the case, the services rendered and his further connection with or relationship to the plaintiff.

Should the Council conclude that his claim for defence is valid, he shall sign a

contract renouncing his own and vesting in the Council sole authority to conduct the defence of said suit, and agreeing to make no compromise or settlement of the case without the consent of the Council given in writing and signed by its proper officers.

b. The Council shall thereupon contract with said applicant to take full charge of said suit, to furnish all necessary legal services, to furnish all medical expert services and pay all necessary expenses of the accused; provided that the Council shall not obligate the Faculty to the payment of any damages awarded by decree of Court or upon compromise.

c. The Council shall not undertake the defence of any suit based upon an act committed prior to May 1, 1905, nor before the date of qualification of the accused as a member of this Faculty. Furthermore, no member shall be entitled to the privileges of defence by the Council whose dues to the Faculty are not paid in advance as elsewhere provided in the Constitution and By-Laws, and such defence shall be granted only to members residing in Maryland and not to non-resident or affiliated members.

d. Such Medico-Legal defence as is herein contemplated refers only to suits for alleged malpractice and is in no sense meant to cover criminal prosecutions nor suits for assault, criminal abortion, foeticide, homicide or other criminal act.

c. The Council shall have authority to appoint an attorney at law, for the term of one year, to represent the Faculty in all suits for malpractice and similar threats against its members, and to determine his compensation.

CHAPTER VIII.—COMMITTEES.

SECTION 1. The standing committees, which shall be elected by the House of Delegates, shall be as follows:

A Committee on Scientific Work and Arrangements.

A Library Committee.

Finney Fund Committee. *See* resolution at end of By-Laws.

SEC. 2. The Committee on Scientific Work and Arrangements shall consist of four members, of which the Secretary shall be one, and shall determine the character and scope of the scientific proceedings of the Faculty for each session, subject to the instructions of the House of Delegates. Fifteen days previous to each session it shall prepare and issue a program announcing the order in which papers, discussions and other business shall be presented. It shall also provide suitable accommodations for the meeting places of the Faculty and of the House of Delegates, and of their respective Committees, and shall have general charge of all the arrangements. Its chairman shall report an outline of the arrangements to the Secretary, at least twenty days before the date of meeting, for publication in the Program, and shall make additional announcements during the session as occasion may require.

SEC. 3. The Library Committee, as early as possible after the first of the year, shall appoint a Librarian who shall, during April of each year, make a written report for the Committee. It shall have full charge of the Library, subject to such rules as the House of Delegates may adopt and shall select and purchase books and journals with the funds appropriated by the House of Delegates for that purpose. At each Annual Meeting this Committee shall submit a report of its transactions to the House of Delegates and shall include therein an itemized estimate of anticipated expenses for the following year.

SEC. 4. No Committee shall expend money save by authority of the Council.

CHAPTER IX.—COMPONENT SOCIETIES.

SECTION 1. *Components.* All county societies and the Baltimore City Medical Society, when they have adopted principles of organization in conformity with this Constitution and By-Laws, shall, on application, receive a charter from and become a component part of this Faculty.

SEC. 2. *Charters.* Charters shall be issued only upon approval of the Council or House of Delegates and shall be signed by the President and Secretary of this Faculty. The Council or the House of Delegates shall have authority to revoke the charter of any component society whose actions are in conflict with the letter or spirit of this Constitution and By-Laws, after due investigation and determination.

SEC. 3. Only one component medical society shall be chartered in any county or in the city of Baltimore.

SEC. 4. *Qualifications.* Each component society shall judge of the qualification of its own members, but, as such societies are the only portals to this Faculty and to the American Medical Association, every reputable and legally registered physician, who does not practice or claim to practice or lend his support to any exclusive system of medicine, shall be eligible for membership.

SEC. 5. *Transfer.* When a member in good standing in a component society moves to another county in this State, his name, on request, shall be transferred without cost to the roster of the county society into which jurisdiction he moves.

SEC. 6. *Adjoining Counties.* A physician living near a county line may hold his membership in that county most convenient for him to attend, on permission of the Society in whose jurisdiction he resides.

SEC. 7. *Election of Delegates.* At some meeting in advance of the Annual Session of this Faculty, each component society shall elect a delegate to represent it in the House of Delegates of this Faculty in the proportion of one delegate to each fifty members or major fraction thereof, and the Secretary of the Society shall send a list of such delegates to the Secretary of this Faculty at least ten days before the Annual Sessions.

SEC. 8. *Society Roster.* The Secretary of each component society shall keep a roster of its members and also a list of the non-affiliated registered physicians in the county, in which shall be shown the full name, address, college and date of graduation, date of license to practice in the State, and such other information as may be deemed necessary. In keeping such roster the Secretary shall note any change in the personnel of the profession by death, or by removal to or from the county, and in making his annual report he shall account for every physician who has lived in the county during the year.

SEC. 9. *Assessments.* The Secretary of each component society shall forward its assessment, together with its roster of officers and members, list of delegates, and list of non-affiliated physicians of the county to the Secretary of this Faculty each year ten days before the Annual Session. Members who shall have paid their dues on or before January 31st of any year shall be entitled to defense against alleged malpractice suits, as provided for in Chap. 7. Sec. 6 of the By-laws, but only for acts alleged to have been committed during the fiscal year so paid for in advance. The fiscal year of the Faculty shall be coincident with the calendar year. Members of component societies, who have not paid their dues within ten days of the Annual Meeting, shall be suspended from the Faculty without further action on the part of the Faculty, but may be reinstated on the payment of all indebtedness to the Faculty. Such members, who are in arrears for over one year, shall again come before

the Board of Censors of the component society to which they belonged, before being reinstated. Members so suspended shall not have any privileges of the Faculty until all indebtedness to the Faculty shall have been paid.

SEC. 10. *Penalties.* Any component society which fails to pay its assessment, or make the report required, on or before the date named in Section 9 shall be held as suspended, and delegates of such delinquent societies shall not be permitted to participate in the proceedings of the House of Delegates until such requirements shall have been met.

CHAPTER X.—MISCELLANEOUS.

SECTION 1. No address or paper before the Faculty, except those of the President and orator, shall occupy more than twenty minutes in its delivery; and no member shall speak longer than five minutes, nor more than once on any subject except by unanimous consent.

SEC. 2. All papers read before the Faculty shall become its property and a copy of each paper shall be deposited with the Secretary when read.

SEC. 3. The deliberations of this Faculty shall be governed by parliamentary usage as contained in Robert's Rules of Order, when not in conflict with this Constitution and By-Laws.

SEC. 4. A motion to refer to the House of Delegates any subject, resolution or memorial, which has been presented to the general meeting of the Faculty, shall not be debatable.

SEC. 5. The Principles of Medical Ethics of the American Medical Association shall govern the conduct of members in their relations to each other and the public.

CHAPTER XI.—AMENDMENTS.

These By-Laws may be amended at any Annual Meeting by a majority vote of all the delegates present at that session, after the amendment has laid on the table for one day.

THE FINNEY FUND COMMITTEE.

Extract from Resolutions passed by the House of Delegates, April 23, 1912:

1. *That* the Medical and Chirurgical Faculty of the State of Maryland shall keep a separate account of the principal and income of said Fund and shall preserve and keep said Fund (together with such additions, if any, as may hereafter be made thereto) intact and separate and distinct from its other funds and moneys, and invested in safe interest bearing securities, such as Trustees are or may be from time to time allowed to invest in by the Equity Courts of Baltimore City, making and changing investments of the Fund as often as may be deemed by it necessary, and said Fund shall be known as the "John M. T. Finney Fund for the Advancement of Surgery," and neither the principal nor the income, nor any part of either of them shall at any time be diverted or used for any other purpose than those herein specified.

2. *That* the Medical and Chirurgical Faculty of the State of Maryland shall manage said Fund and the making and changing of the investment thereof through the agency of a special and permanent Committee of its members, to be known as "The John M. T. Finney Fund Committee," and to consist of five persons to be elected by the House of Delegates of said Corporation at this annual meeting of 1912, one of which members of said Committee shall be chosen to serve for one year, one for

two years, one for three years, one for four years and one for five years until their respective successors shall be elected, and annually after the first election of the Committee, one person shall be elected at each annual meeting of said House of Delegates to serve for five years in lieu of the member whose membership on said Committee expires in said year, and the said House of Delegates shall be authorized to fill for the unexpired term any vacancy which may occur in the membership of said Committee at any time by death, resignation or otherwise, and the said Committee shall be authorized by said Corporation to expend the net income from said Fund (which shall be paid over to it by the Treasurer of said Corporation as required) in procuring lectures to the members of said Corporation and such others as may be invited by it to hear them, and in the purchase of books, monographs and journals for the library of said Corporation, provided that the subjects of said lectures, books, monographs and journals shall be confined to surgery in its broad sense, including general surgery, surgical anatomy, surgical pathology, and surgery of various organs, thus embracing gynecology, genito-urinary surgery, ophthalmology, otology, rhinology, and laryngology and other special branches of surgery, and that the selection of such lectures, books, monographs and journals shall be made with the view of best advancing the science and art of surgery.

5. *That* in case for any reason the members or member of said Committee to be elected at any annual meeting aforesaid shall not be elected at said meeting, a special meeting of said House of Delegates shall be held for the purpose of such election as soon after such annual meeting as practicable and the term of office of any member elected at such special meeting shall expire at the same time at which it would expire if the election had taken place at such annual meeting.

BOOK REVIEWS.

Book on the Physician Himself. By D. W. CATHELL, M.D., and WILLIAM T. CATHELL, A.M., M.D. Twelfth and final edition. Philadelphia: F. A. Davis Company, publishers, 1913.

Thirty-one years ago, it hardly seems so long—a little volume with the above title came into the hands of the writer for review. An examination of its contents convinced him that it filled an important need in the medical profession and filled it admirably well. It dealt with a neglected side of the profession—the business side—deemed unworthy of notice by many.

The reviewer found it full of wise counsel regarding the doctor's life apart from its scientific aspect—his social, professional and business relations, all conveyed in a peculiar and striking style calculated to impress and interest readers. A highly favorable opinion of it, therefore, was expressed and a career of usefulness and success was predicted for it.

Now, after more than three decades, the twelfth edition of the same unique book is before us. During its rapid and successive stages it has grown into a large and handsome volume of over 400 pages, with portraits of the author and his son, who is now associated with him in its authorship.

With this edition, Dr. Cathell's work ends; it represents the final and matured fruits of his almost half century's experience—his last legacy to the profession. But what a splendid legacy and what a grand mission, every page of it filled with shrewd advice calculated to promote the reputation and success of generations of doctors to come, and the whole animated and enforced by that transparent sincerity which

characterizes so strikingly the life of the author. "Turn to the right, then go straight forward" is its motto—right living and progress.

The Prospective Mother: A Handbook for Women During Pregnancy. By J. MORRIS SLEMONS, Associate Professor of Obstetrics, the Johns Hopkins University. New York and London: D. Appleton and Company, 1912, octavo of 343.

There are few subjects of equal importance that have been so little emphasized as the care and treatment of the pregnant woman.

Dr. Slemons in his book, *The Prospective Mother*, treats this subject most skillfully from all points, and every pregnant woman should secure a copy of this work and give it a thoughtful and careful reading.

The book takes up in a very concise and practical manner the various processes involved from the beginning of pregnancy to the termination of labor, and answers many questions that women naturally ask concerning conception, the development of the embryo, and final birth of the child.

The phraseology is simple, easily understood and unobjectionable, and the book contains nothing that could offend the most sensitive nature.

The chapters devoted to hygienic measures are especially worthy of mention.

Although the ailments of pregnancy and miscarriage are dwelt upon with more or less detail, the author wisely refrains from outlining the treatment of these conditions, and emphasizes here as throughout his book, the importance of a close supervision by a competent physician, during the entire course of pregnancy.

Physicians have an increasing number of patients who will read such a book as this with intelligence and appreciation, and it cannot be too highly recommended to women who expect to become mothers.

Nurses and physicians interested in the practice of obstetrics will do well to examine this book, and they cannot fail to find its perusal both interesting and profitable.

Psychoanalysis: Its Theories and Practical Application. By A. A. BRILL, Ph.B., M.D., Chief of the Neurological Department of the Bronx Hospital and Dispensary; Clinical Assistant in Psychiatry and Neurology at Columbia University Medical School. Octavo of 337 pages. Philadelphia and London: W. B. Saunders Company; Medical and Standard Book Company, Baltimore. Cloth, \$3.00 net.

Dr. Brill has now translated into English most of Freud's epoch making works, these include *The Interpretation of Dreams*, *Selected Papers on Hysteria and other Psychoneuroses*, *Three Contributions to the Sexual Theory*, and *The Psychopathology of Everyday Life*, but in the production of *Psychoanalysis* he has performed a great service for those interested in mental medicine by collecting in one volume the substance of all these monographs including *The Theory of Wit*, the translation of which he has in preparation. In addition Dr. Brill has incorporated much interesting material from his own practice, both dispensary and private, in New York. After an interesting preface which traces recent progress of psychiatry in America and ably demonstrates the use and value of psychoanalysis there follow twelve chapters: I, The Psychoneuroses; II, Dreams; III, The Actual Neuroses; IV, The Compulsion Neuroses (Obsessions, Doubts, Phobias); V, Psychoanalysis and the Psychoses; VI, Psychological Mechanisms of Paranoia; VII, Psychopathology of Everyday Life; VIII, Hysterical Fancies and Dreamy States; IX, The Oedipus Complex; X, The Only or Favorite Child in Adult Life; XI, Anal Eroticism and Character; XII, Freud's Theory of Wit. The chapters on everyday life and the only or favorite child are particularly original and valuable.

Whatever attitude one holds as to the accuracy of Freud's theories, any neurologist must surely be helped by Dr. Brill's work, and it is particularly recommended to those who are opposed to the Freudian conceptions on second hand or hearsay evidence. But the book is not entirely an exposition of Freud, for the productions of other members of the Zurich school are given due prominence. *Psychoanalysis* will be read with pleasure and profit by the general practitioner and many laymen as well, and for those who wish to delve into the subject more deeply an excellent bibliography after each chapter represents an added value to a very useful volume.

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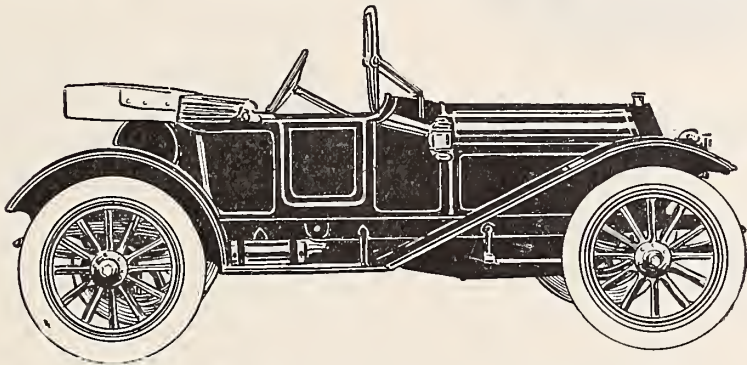
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Vol. V

JUNE, 1913

No. 12

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THE BULLETIN
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Vol. V

BALTIMORE, JUNE, 1913

No. 12

ANTI-INFLUENZAL SERUM.

The Rockefeller Institute for Medical Research has succeeded in making an antiserum to be used in the treatment of influenza meningitis. The evidence obtained from experiments in monkeys indicates that the earlier in the course of the disease the injections are made, the better results will probably be. Hence should film preparations prepared from the first fluid obtained by a lumbar puncture contain gram negative bacilli an injection of the serum should be made immediately without waiting for the culture test. Should the diagnosis be left in doubt or the disease later prove to be of another nature no harm will have been done by the injection of the serum. The quantity of anti-influenzal serum at present available is limited but any physician having a case of influenzal meningitis can have the serum injected by applying to Dr. John Ruhräh, 839 North Eutaw Street, who has at present a supply of this serum.

PROMPT PAYMENT OF DUES.

At the last annual meeting several members who had not paid their dues were very much chagrined at not being allowed to vote. They immediately rushed to the registration desk with their dues in their hand with the request that their money be taken, and that they be put in good standing on the books. This it was impossible to do.

Unfortunately the wording of the by-law covering this point is some-

what vague, although there can be no question as to the intention of the law. The reason for having ten days lapse between the last date of payment of dues prior to the annual meeting is to allow the county secretaries and other officers to send their reports to the Faculty, and to give the officers of the Faculty time to make correct lists of the members, for the purpose of knowing who is entitled to vote and who is not, and it was never intended to allow members to be reinstated by payment of dues during these ten days, and not until after the annual meeting.

In order to clear up this slight lack of clearness the additional words necessary will be inserted as an amendment to the by-law and voted on at the next meeting of the House of Delegates.

In addition to allowing time for the officers to get correct lists and to prevent any hasty action in the midst of the excitement, which sometimes occurs at a general election, it must be borne in mind that while it might be possible for members of the Baltimore City Medical Society to pay their dues and have the correction made on the books, it would not be possible under the laws of the Faculty for the county members to do this, unless under most exceptional circumstances, because their money is paid to the county secretary or treasurer and is forwarded by him to the secretary of the Faculty, and from him to the treasurer of the Faculty so making rather a round about route of payment and one which cannot be done without a certain amount of time.

Members should bear in mind that in order to be in good standing their dues must be paid promptly. It has been the policy of the present officers of the Faculty to make no exceptions, treating everyone exactly alike. It has been found by experience that in the long run this plan, while it makes an occasional enemy, usually makes friends because everyone feels that they are getting a square deal.

ISAAC RIDGEWAY TRIMBLE LECTURESHIP.

DELIVERED AT THE ANNUAL MEETING OF THE MEDICAL AND
CHIRURGICAL FACULTY OF MARYLAND, APRIL 22 AND 23, 1913.

AN APPRECIATION.

BY DR. SIMON FLEXNER.

Dr. Isaac Ridgeway Trimble, in whose memory this lectureship was founded, was a native of this state and a distinguished teacher and practitioner of surgery in this city. Born on the Wye River, a descendant of the oldest Maryland stock, he continued the family tradition of devotion to public service. His grandfather, General Isaac Ridgeway Trimble, after whom he was named, served the South with distinction during the Civil War. Dr. Trimble was educated, first at home, and then successively at Shenandoah Academy and the Johns Hopkins University. He obtained his medical degree from the University of Maryland, and soon afterwards became assistant to his teacher, Dr. Tiffany. Adopting surgery as his career his high talents soon brought him onerous appointments. While he held the post of surgeon to the Baltimore and Ohio and other railroads, the Maryland Casualty Company, and other institutions, he became first dean, and professor of surgery at the Woman's Medical College, and later professor of anatomy at the College of Physicians and Surgeons.

The sad calamity of Dr. Trimble's death is too recent to need to be recalled to this audience. The victim of a poisoned wound, contracted while operating on a charity patient, who recovered by reason of his ministrations, it may truly be said that he gave up his life for his profession.

Those who have been privileged, as I have been, to enjoy the intimate friendship of Dr. Trimble, know the rare qualities of heart and mind for which he was distinguished. To those who missed this privilege it is impossible to convey any adequate idea of his generous and broad-minded personality. Possessing as he did so many rich qualities, it is not surprising that he should have been widely beloved and generally respected.

The memory of Dr. Trimble's noble life should be perpetuated, that hereafter the force of high purpose and sweetness of character may receive an impetus from its contemplation.

LECTURE I.

THE LOCAL SPECIFIC THERAPY OF INFECTIONS.

BY DR. SIMON FLEXNER,

Director, The Rockefeller Institute, New York.

THE BIOLOGICAL BASIS.

Infection is a contest between two opposing forces: one the invading parasite, the other the resisting host. It is a struggle between two contestants each displaying great resourcefulness and consummate skill. Within the hour I propose to lay before you the main facts of this combat in so far as they have been worked out, and to draw from them a deduction looking to the better control by improved therapeutic methods of the issue of infection (1).

The properties of living things are not fixed but are subject to certain and sometimes fundamental fluctuations. What are described as biological variations arise among the very lowly bacteria and protozoa as among the higher types of plant and animal life (2). The character of the variations differs merely because of the minute size and the simplicity of structure of the micro-organisms, while the variations themselves are for the same reasons made more difficult to detect. But they can, nevertheless, be followed accurately both in their cultural qualities and immunity reactions; and it has been found that these variations play a significant part in respect to the specific treatment of disease (3).

The microbic causes of disease are subject to a wide play of essential properties, in part spontaneously, as we say, and in part in response to certain definite experimental conditions. The resultants of the changed conditions are new varieties or forms that retain the new characters for indefinite generations and suffice often to constitute new species.

Thus bacteriologists who have occupied themselves with the study of the group of dysentery bacilli or the wider class of colon and typhoid bacilli find, now, support for the conviction long held that within these groups genetic relationship among the members exists, and while no one has actually as yet succeeded in converting the dysentery bacillus F into the bacillus Y, and while it may still be doubted, notwithstanding the statements to the contrary, that a typhoid bacillus has been experimentally converted into a paratyphoid bacillus, yet it is nevertheless true that certain colon bacilli regularly undergo changes and develop new special properties quite as fundamental as those that distinguish from each other the types of dysentery bacilli and the typhoid and paratyphoid bacteria (4).

Moreover, many bacteria are sensitive to chemical poisons to which

they may, however, be adapted; and the new strains produced often retain the power to grow in the presence of the poisons even after long being separated from them. And when it is recalled that the bacteria often pass through many generations within twenty-four hours it will be seen that this quality of chemical resistance is transmissible to an indefinite series of offspring. It also happens that chemical resistance produced to one poison, such as arsenic, may lead to the simultaneous development of resistance to another, such as antimony (5); and it has further been ascertained that this power of chemical resistance in artificial cultivations may be retained even when the altered bacteria are returned to the animal body (6).

The bacteria and protozoa show even more fundamental variations in relation to immunity reactions. Inagglutinable strains of bacteria have long been known as occurring in nature and similar strains have been produced from previously agglutinable ones by artificial methods of cultivation. Moreover, in nature certain micro-organisms, among which may be mentioned the pneumococcus, streptococcus and the trypanosome of sleeping sickness, exhibit variations of chemical and immunity reactions that serve to separate them into definite classes or types which, as will be shown, play a highly important part in respect to the specific therapeutics of the infections they cause (7).

We have now seen that variations in properties among micro-organisms may be native or they may be developed by artificial conditions of growth. It remains to add that new varieties also arise among parasitic microbes developing within the body of infected animals. Thus, such micro-organisms as the malarial parasite, the trypanosome of sleeping sickness, the spirochæte of relapsing fever or syphilis, may, either as a result of the processes of spontaneous recovery, or of induced healing by chemical drug or specific serum, suddenly acquire a state of resistance to the curative principles and become no longer subject to their influence. This state of resistance has come to be spoken of as "fastness" and its recognition has thrown a new and penetrating light upon the troublesome and often very serious relapses that appear in the course of infectious diseases.

In the healing of infectious diseases by nature, as we are wont to say, we now recognize that the microbial causes are gradually or even suddenly suppressed through the development by the body of immunity principles capable of bringing about their destruction through dissolution or phagocytosis. When healing is promoted by remedies such as the specific sera, the immunity reaction of the infected body is merely anticipated by the artificial injection of the serum. When, on the other hand, curative drugs are employed, the action is somewhat more complex. Under these circumstances the suppression of the microbial causes of the disease is accom-

plished partly by the action of the drug and partly through the immunity principles developed from the parasites brought to destruction by the drug (8).

This interaction of chemical substance and specific antibody, through which the parasites are brought to destruction, is a desirable process since it insures not only prompt recovery from infection but also security against reinfection. Experience has abundantly shown that nature's mode of cure of many of the infections is perhaps slow but, none the less, possesses the great merit of affording an enduring protection against another attack of the same malady. This is the reward of a gradual process of immunization that leaves the restored body amply armed with actually or potentially ready immunity principles that suffice to ward off impending infection. When recovery is assisted by the employment of artificial immune sera the body, probably, is left in much the same state of preparation; while the effect of healing drugs is determined by the precise nature of their influence upon the microbial causes of disease and varies according as the resulting dissolution products are not altered chemically beyond the point at which antibody formation is still possible.

Under the older conditions of the treatment of syphilis with mercury instances of reinfection were rare and commonly disputed. Under the new conditions of treatment with the far more vigorous salvarsan reinfection indisputably occurs (9). This disparity is undoubtedly to be attributed to the different responses by antibody formation to the destroyed spirochaetes under the two modes of chemical action; and while at first glance the older method appears to possess advantages over the newer, there are, as a matter of fact, offsetting conditions that quite change the situation.

Not a few infections, and those particularly that pursue a chronic course, are characterized by a tendency to recrudescence or relapse in process of recovery. This condition is commonly observed in malaria, spirochaetal infections, trypanosomiasis and tuberculosis. It also appears with less regularity among many other infections. Excluding tuberculosis from present attention because of the lack of knowledge of transformation in type of tubercle bacilli within the body, we may consider what happens when relapses take place in the remaining infections. It is common knowledge that in the course of treatment of malaria with quinine a state of excessive resistance of the parasite to the drug sometimes arises. In the treatment of trypanosomal and spirochaetal infections similar resistances are encountered. Indeed, so commonly has this phenomenon been observed, both in the course of spontaneous or natural infections, so-called, of man and animals and in the experimental ones as well, that the corresponding relapses are now recognized as a characteristic of the clinical characters of the diseases concerned.

Painstaking study has yielded an explanation of the cause of the resistance among the parasites upon which the relapses depend. The resistant parasites are variants of the normal species produced artificially in the course of treatment by antibody or by drugs. The variations induced may persist indefinitely and be transmissible. According as the parasite affected is capable of appearing in few or many relapse forms, so-called, the corresponding diseases are attended by few paroxysms, as in relapsing fever, or by many, as in malaria or syphilis. Ultimately the complete suppression of the infecting cause is due, when it is accomplished, to the development within the host of as many kinds of antibodies as relapse types of the parasite occur.

Hence in considering the problem of the therapeutics of infection we must take into account the fact that the parasites possess an advantage of regulation within themselves to preserve them from extinction, through which they alter rapidly, not their form and external appearances so much as their chemical characters, when too closely pressed and menaced (10). And this change consists in the development of a state of resistance or "fastness" to injurious chemical bodies, whether the immunity principles of the blood or still other substances.

It is true that the active termination of infections through the unassisted elaboration of specific protective principles by the infected body probably oftener secures to the host an enduring immunity than does the more quickly induced passive termination through the operation of artificial healing substances; for in the first instance the variety of antibodies evolved may equal all the possible number of normal and fast strains to which a given microbe is subject and thus a more perfect protection be secured. A specific treatment that destroys the parasites, not at one blow, but successively may, however, bring about a similar result; since, although each succeeding group of parasites yields less easily, yet in succumbing it gives rise to a new variety of antibody. But against the advantages of producing an enduring immunity by a slow process of recovery must be weighed the danger of fast strains arising that it may prove impossible to destroy with any known means whatever. From the standpoint of effective therapeutics it is thus clearly desirable to terminate the infection quickly, and diminish the risk involved. To accomplish this result several factors must coöperate: the specific chemical or serum must not only be suitable but it must come to act upon the parasitic causes of disease in such degree of concentration as to insure the maximum effect. It has been shown for trypanosomal and meningococcal infections that the higher the concentration of the specific immune sera about the corresponding parasites the greater is the assurance of their complete destruction (11).

There is still another consideration that merits attention. Hitherto

we have employed curative sera or drugs separately and not in conjunction to support and supplement each other. Since in the course of their curative action the specific drugs are assisted in the destruction of parasites by antibodies, the artificial combination of specific drug and specific antibody should offer definite therapeutic advantages. One of the advantages to be gained by enlisting more than one antagonistic agent against the pathogenic micro-organisms results from the circumstance that an antibody or drug will operate with greater effect against an already injured than against a normal parasite and, next, because mutation in several directions is less readily achieved than in the one direction. Hence a fortunate union of serum antibodies and suitable chemical affords, in theory at least, a favorable means of suppressing infection. That this is not merely a fancy but has already been verified by experiment it will be part of the next lecture to show. But just as the availability of every chemical substance is determined by the manner of its distribution in the body, and that in turn is decided by facts of chemical and physical affinity for particular tissues and cells, so will the utilization of combinations of different therapeutic agents depend upon the completeness with which they can be made to act together in the manner designed. This requirement might be met either by happy accident, once the joint bodies are introduced into the blood and allowed of their own affinities to seek together the places at which their action is to be manifested; or by intent, when they are introduced purposely directly into the seats of disease.

Having accomplished so much we must look forward as a next step to the greater perfection of immune sera themselves. By taking into account the natural types or races of pathogenic micro-organisms, each with its definite specificity, and perhaps also the fast strains artificially produced, new and more effective bactericidal sera may be produced. In the past an effort has been made, but imperfectly, to develop polyvalent sera by employing for immunization purposes many different strains of a given micro-organism; but increased knowledge has shown that this method may or may not succeed, according as in the choice of cultures racially dissimilar strains have or have not been secured. For an immune serum prepared with one racial strain will be effective against all samples of that strain and wholly ineffective against all members of another strain, and *vice versa*. The problem, therefore, is first to adapt the serum or chemical to the particular strain of infecting micro-organism and then to insure its maximal effect by direct application to the seat of infection.

It should now be apparent to you of what high importance in respect to the specific treatment of microbial disease is this phenomenon of variation among micro-organisms, which earlier in the lecture I compared to mutation among the higher plants and animals. The variations among the bac-

teria and protozoa occurring in external nature, or produced in test tubes, or appearing under the influence of drug or antibody acting within the infected animal, arise often with startling rapidity. They are therefore in essence identical with those alterations of character that constitute mutation among the higher living organisms. But there remains, possibly, still another way in which this phenomenon may operate to cause disease. The realm of microbiology includes the subject of epidemiology, or the science of the nature of the causes accountable for epidemics of disease. The data of epidemiology, because of their inherent complexity, are still few and uncertain. Now I wish to suggest that those remarkable and often sudden accessions of virulence in micro-organisms that determine devastating epidemics may have their origin in mutational modifications affecting particularly their pathogenic or disease-producing power. We have recently witnessed manifestations of sudden accession of disease-producing power, which have resulted in pandemics of meningitis and poliomyelitis, that within ten years have twice encircled the globe; and, in a somewhat more restricted field, severe outbreaks of milk-borne streptococcus infection prevailing in Baltimore, Boston and Chicago, and claiming many victims. Imperfect as our knowledge is of the relation between cultural conditions and the rise of virulence, nevertheless evidence exists tending to show that plague bacilli in artificial culture may suddenly take on a heightened pathogenic power (12), and streptococci growing in milk may as suddenly assume the cultural peculiarities of the special micro-organism responsible for the epidemics of streptococcal septic sore throat, so-called (13).

Turning now to another aspect of our theme, namely that of local therapy, it should first be stated that the idea of specific treatment of disease is not a new invention, although the significance of the term today is wholly different from that previously current. The discovery of specific drugs for combating disease is not a new achievement. Cinchona bark and its alkaloidal constituents and the compounds of mercury are as specific therapeutic agents as the latest product of the biochemical laboratory. But the manner of attacking the problem of the cure of disease is wholly different today from what it was in past time. The place of chance and empiricism which ruled the earlier quest has been taken by knowledge, in many ways and cases accurate and full, concerning the nature of the causes of the infectious diseases and the means of their suppression. It is, indeed, to the acquisition of this fund of knowledge that we owe the more rapid advances being made and the hopefulness with which the immediate future of discovery in the domain of specific therapy is being viewed. Having now considered some of the shifts adopted by the parasites to accomplish the ends of infection we may turn with profit to an

examination of the means employed by the animal body in resisting their effects.

Immunology and experimental therapeutics have established the chief factors upon which recovery from infection rests. All are in last analysis chemical reactions that are performed with varying re-agents consisting of antibodies, phagocytes and specific drugs, acting separately or together. Probably the antibodies and phagocytes always coöperate and in many instances certainly, if not in all, the antibodies, phagocytes and drugs as well. Recovery from infection, therefore, is brought about through suppression of the microbial causes either by biological antibodies evoked within or by drugs introduced from without the body. The antibodies, as you well know, consist of several sets of definite substances named cytolytins, agglutinins, precipitins, opsonins, etc., along side which are to be placed the essential leucocytes or phagocytes whose part in the drama is not less conspicuous. Moreover, you are aware that at best the antibodies are but slightly represented in the healthy body and are produced anew either wholly or largely in the infected one, while the quality of the phagocytes is not noticeably altered, although their number is often increased and their activities are frequently excited through new antibodies, such as opsonins, which are elaborated.

The antibodies, or immunity principles, as they are also called, are detected in the blood, although produced in the bone marrow, spleen and lymphatic tissues generally. The quantity existing in the blood is taken as a measure of their potency, although in a few known instances efficient immunities exist without demonstrable corresponding antibodies being present in the blood. However, the immunity principles and the phagocytes that act along with them in defense of the integrity of the organism, pass from their sources of production in the organs into the blood from which they endeavor to reach the special locations of the infective microbes which they are designed to overcome.

In identical manner the curative sera prepared artificially in animals and the specially fashioned specific drugs that are introduced into the body from without, are so placed as to reach as directly as possible the circulating blood which is to become the purveying medium to the rest of the body. We are obliged, therefore, to take account not only of the nature but also of the manner of distribution of parasitic micro-organisms within the infected body, according as they occupy the blood when they can obviously be brought immediately under the influence of the curative agents, or as they are confined in the tissues or segregated in a remote cavity where they cannot be reached so directly. In the latter instances they can at best come under the influence of the lymph that in process of being separated from the plasma of the blood carries away from the latter part of its various dissolved ingredients.

It is the lymph which contains the protective, as it does the nutritive principles for tissues and organs, and hence this fluid provides the essential safeguard against infection. The protective principles are not known in the pure state, but there are excellent reasons for regarding them as protein in nature and as composed of compounds of high molecular size. Hence they partake of the physico-chemical and osmotic limitations of this class of compounds.

Their relation to the lymphatic fluids is of high importance as affecting the problem of infection. We know that the perfected antibodies do not persist indefinitely within the blood. When they are introduced passively by injection the quantity begins to diminish until at the expiration of a few weeks or months, and more quickly in the case of injected foreign (heterologous) than of native (homologous) serum, they have wholly disappeared. The manner of their disappearance is still undetermined but little appears to be excreted unchanged, while the greater quantity would appear to be metabolically transformed. On the whole, assuming the principles to be protein matter, it is remarkable that they should resist the metabolic processes so well. Their capacity to pass into the lymph is of even greater significance. Partaking of the nature of the proteins we should expect them to be similarly affected by the varying compositions of the lymph in different regions of the body. It is common knowledge that the quality of the lymph in the serous cavities and in the cellular tissues is not equal. While the lymph taken from a large lymphatic vessel or cavity of the spermatic cord may approach in protein content that of the blood, the lymph yielded by the serous cavities is more dilute than blood serum, and, moreover, the fluids of the several cavities vary among themselves within wide limits. In one individual and under identical conditions of production a lymphatic transudate in the pleura may show in a thousand parts 20 of protein, in the peritoneum 11, and in the cerebrospinal membranes 6. Whatever the anatomical conditions are upon which this difference depends its physiological significance is at once apparent. We have only to discover that relationship exists between the protein and the antibody content of the several fluids to arrive at the important deduction that the chemical composition of the lymph is a deciding factor in the issue of infection.

Our knowledge of the quantity of immunity principles present in the lymphatic fluids as compared with the blood of the same individual is still imperfect, and yet its meaning is unmistakable. We can take as indices of the general content in protective principles the amounts of agglutinin and haemolysin that have been shown to occur in different transudates. Under conditions in which the agglutinin for the typhoid bacillus exists in the blood it has been found absent from the lymphatic fluids in the per-

itoneum, pleura and pericardium (14). Haemolysin, antihæmolysin and complement have all likewise been ascertained to be absent altogether or to be present in diminished and fluctuating amounts in the several transudates and exudates occurring in these cavities; and it is highly exceptional for any at all to exist in the cerebro-spinal liquid (15). Furthermore, a relation has been established between the total nitrogen, as determined by the Kjeldahl method, and the quantity of immune bodies present in the fluids, a circumstance that in itself shows how intimately these substances are bound to the protein moiety of the lymph (16).

It is known that the substances which cause agglutination offer a certain resistance to diffusion *in vitro*; and in the living organism it is certain that the phenomena surrounding diffusion are far more complex than in dead membranes, and the passage of different dissolved elements of the plasma into the humors and secretions is not explained solely by simple dialysis. The very fragile barrier of the placenta is sufficient to arrest the passage of agglutinin from the mother into the fetus (17). The mechanism that provides for the secretion of the tears, saliva and urine permits little or no agglutinin to pass; while that which brings about the secretion of milk secures at the same time the passage of immunity principles of varied sorts and in quantities that approach or even equal the amounts existing in the blood.

As it is the protein and in particular the globulin fraction of the lymph which carries the immunity principles, it follows that the several lymphatic fluids will determine the degree to which the serous membranes and other parts are supplied with them, and that the subarachnoid spaces of the central nervous system will be least well supplied of all. This consideration must be of high importance as affecting the provision for warding off and later for controlling and abating an infection. Since the anatomical structure decides the quality of the lymphatic fluid in health it also determines it in disease; and by regulating in the first instance the composition of the fluid and, in the next, the extent of the lymphatic interchange it commands the issue of the pathological process.

Under such conditions parasites which have become localized in inaccessible or not readily accessible regions are insured a potential advantage against the host; and this advantage is strengthened by the circumstance that, as they multiply within a confined area to which the lymph has not ready access, they exhaust the immunity principles originally present. Hence the sufficiency of the immunity principles is determined not only by intrinsic qualities of parasite and host, but also, in high degree, by the manner of location and distribution of the parasites themselves within the infected host. Whether the parasites have a general distribution throughout the blood and tissues, or are confined within a pathological process in the interior of an important organ, may be the factor deciding

not only whether the native curative principles shall gain ready access to them, but also whether extraneous curative substances introduced from without into the body shall be able to reach the seat of disease.

Hence, in the course of the struggle for survival the parasites withdraw at times into situations which are reached imperfectly and with difficulty by the lymph, and thus they produce local inflammations more or less cut off from the general circulation and the curative agents purveyed by the blood. This is the condition met with in massive inflammations, in abscess formation, and in infections of the serous cavities receiving a modified and diluted lymph secretion.

Manifestly, therefore, the bringing of the causes of microbial diseases under the influence of healing substances will be more readily and certainly accomplished when the parasites are widely disseminated throughout the body than when they are hidden away within an organ or in the interior of a cavity. Hitherto the most effective specific curative agents have been just those that operate against the generalized infections, of which quinine in its action against the malarial parasite affords an example; while the control of diphtheria by antitoxin, perhaps the most perfect example of all, consists essentially of the neutralization of a universally distributed poisonous or toxic substance that is directly the source of the serious effects of the disease. When in generalized infections the surviving micro-organisms escape from the blood to aggregate in special situations and local pathological products that are not readily reached by the lymph, then the specific drug or serum asserts its curative power with far more difficulty and far less certainty.

Special aggregations of this kind, more or less inaccessible to the circulating healing principles, are gummatous formations and the still other special localizations of the syphilitic virus that occur in locomotor ataxia and possibly in paresis, the trypanosomal cause of sleeping sickness when confined in the central nervous system, the pyogenic bacteria contained within large collections of pus cells, caseous foci in tuberculosis, and many other instances that suggest themselves. When obliterating disease of the arterial system exists, as in certain tubercular, syphilitic and other focalized lesions, the ability of the healing principles to penetrate into the pathological lesion is still further diminished.

No part of the body is, as has been seen, so isolated anatomically and physiologically from the contents of the blood as are the subarachnoid spaces of the central nervous system, in consequence of which pathological states affecting the meninges and the adjacent central nervous tissues that depend upon the fluid contents of these membranes for food and protection are especially difficult to bring under the influence of curative substances. It has been found far easier, for example, to abolish by specific drugs the trypanosomal cause of sleeping sickness in the blood and

lymphatic glands than in the cerebro-spinal liquid. And we are just learning that in tabes, and shall probably learn in paresis also, it is the special localization of *Spirochæta pallida* in the central nervous tissues in situations accessible to the cranio-spinal fluid, rather than to the blood, that has so largely determined the failure of almost every effort to combat these now established syphilitic affections by the usual antisyphilitic remedies (18).

Without entering into discussion of the question in how far the cerebro-spinal fluid constitutes the lymph of the central nervous system, we may yet consider with Mott that it completely occupies the subarachnoid spaces and communicates with a canalicular system surrounding the vessels and nerve cells of the brain and spinal cord (19). This liquid should, therefore, provide the most direct path for the penetration of active substances to the nervous tissues. Pharmacological tests have demonstrated the existence of such a system of communication. And thus while it has been abundantly shown by experiment that many active substances present in the blood are successfully excluded from the cranio-spinal fluid, it has also been found that when they are introduced into it directly the effects produced on the nervous organs are particularly severe. Many examples might be given in illustration, but only one will be cited.

Behring found the hen not subject to the effects of tetanus toxin injected into the blood and highly subject to its action when it was injected directly into the subarachnoid spaces. Of the many different drugs tested certain nitrites pass in small amounts the barrier of the choroid plexus to gain access to the cerebro-spinal fluid, while hexamethylenamin (urotropin) alone passes the barrier freely. It appears that after the intravenous, but not after the intramuscular, injection of salvarsan detectable quantities of arsenic appear quickly in this fluid and as quickly disappear (20). Hence the intact choroid plexus exercises a high degree of control over the composition of the cerebro-spinal fluid. The fluid itself readily escapes into the general blood and apparently by way of direct anatomical communications existing between the subarachnoid spaces and the veins. Evidence is lacking of a similar direct communication with the lymphatic system (21). From which it follows that while the composition of the cerebro-spinal liquid is little subject to influence through the components of the blood, it readily yields to the blood all that it contains. When the meninges and the choroid plexus are acutely inflamed the cerebro-spinal fluid receives from the blood an increase of protein matter and thus probably any associated immunity principles which the blood contains. It appears, however, that the principles remain in the meninges only a short time and exert little neutralizing effect on poisons or microbes.

It must now be evident that the solution of the problem of specific treat-

ment of disease is bound up in no small way with the problem of the segregation of the parasitic causes of infection in relatively inaccessible portions of the body. Hence, the recommendation which I bring forward is that of a more direct mode of attack upon the local processes of infection that are not readily, or at all, to be reached by the introduction of curative agents into the blood. It is patent that a method enabling the healing substances to be delivered in and about the seat of disease and made to exercise their effects upon the parasites, not through a diluted lymph secretion but in such a state of concentration and combination as experiment and experience proves in given instances to be useful, offers high hopes of success. So far as the surfaces of the body are concerned the method of local treatment, generally considered, is time-honored; but even with the infections of these surfaces it has been too little practised. In the second lecture I shall lay before you evidence bearing upon the advantages that may be gained from a wider adoption of the practice of specific local therapy.

I have now briefly, and I fear, inadequately placed before you the main facts that have to be taken into account in the working out of a system of specific therapy of the infectious diseases. If I have inspired you with a depressing sense of hopelessness in the quest I have failed in my purpose. It is indeed true that while we have been fascinated with admiration for the wonderful forces possessed by the higher animals for warding off and abating infections, we have been perhaps slow to realize that the parasites themselves must be provided with correspondingly perfected adjustments with which to resist these mechanisms. These adjustments have now been, in part at least, uncovered. The result is that we enter upon the task of the perfection of artificial means of strengthening the body's defenses and power of overcoming parasitic micro-organisms not with a lessened but with an increased feeling of confidence in the issue. To phrase such a problem too simply is to court failure and discouragement; to clothe it in all the facts, without regard to their complexity, is to inspire hope and perchance to win success.

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MINUTES OF THE HOUSE OF DELEGATES.

APRIL 22, 1913, 2 P.M.

The 41st meeting of the House of Delegates was called to order at 2 p.m. in the Small Hall of the Faculty Building, on Tuesday, April 22, 1913, by Dr. C. F. Davidson. The minutes of the last meeting were read and approved. There were present Drs. A. L. Franklin, C. R. Winterson, H. L. Naylor, W. G. Coppage, C. F. Davidson, J. C. Bloodgood, Wilmer Brinton, W. E. Magruder, W. R. Stokes, J. T. King, Gordon Wilson, J. M. H. Rowland, C. O'Donovan, Guy Steele, R. Lee Hall, G. M. Linthicum, D. Streett, J. S. Bowen, J. Ruhräh, W. S. Gardner, H. M. Hurd, J. W. Williams, J. McPherson Scott and G. L. Taneyhill.

The reports from the following officers were read:

Report of the Secretary: Dr. John Ruhräh.

Report of the Treasurer: Dr. W. S. Gardner.

Trustees: Dr. H. M. Hurd.

Chairman of the Council: Dr. Hiram Woods.

Delegate to American Medical Association: Dr. G. L. Taneyhill.

State Board of Medical Examiners: Dr. J. McPherson Scott.

Library Committee: Dr. J. W. Williams.

Finney Fund: Dr. Harry Friedenwald.

Public Instruction: Dr. H. G. Beck.

Tuberculosis Committee: Dr. M. F. Sloan.

Midwifery Committee: Dr. E. H. Richardson.

Committee on Eugenics: Dr. L. F. Barker, read by the Secretary.

Committee on Sanitary and Moral Prophylaxis: Dr. D. R. Hooker.

Committee on Defense of Medical Research: Dr. H. H. Young, read by the Secretary.

Milk Committee: Dr. L. P. Hamburger, read by the Secretary.

Committee on Inebriety: Dr. G. M. Linthicum.

Hygienic and Pathologic Museum: Dr. W. R. Stokes.

Memoir Committee: Dr. D. W. Cathell.

Committee on Fund for Relief for Widows and Orphans: Dr. E. F. Cordell.

Trimble Fund Committee: Dr. Ruhräh.

A letter from Mrs. Bubert and the other members of the Ladies Auxiliary Committee of the Fund for the Relief of Widows and Orphans was read. This committee turned over to the Faculty \$74.67 and stated that owing to their inability to secure the desired results they have formally disbanded.

There were no reports made by the Auxiliary Congressional and Legislative Committee of the American Medical Association, the Committee on Medical Education or the Osler Committee.

The meeting then adjourned.

APRIL 23, 1913, 9 A.M.

The 42d meeting of the House of Delegates was called to order at 9 a.m. in the Small Hall of the Faculty Building, Wednesday, April 23, by the President, Dr. A. C. Harrison. There were present Drs. A. L. Franklin, C. R. Winterson, H. L. Naylor, M. D. Norris, G. S. Dare, L. C. Carrico, E. E. Wolff, T. C. Routson, W. R. Eareckson, W. G. Coppage, C. F. Davidson, J. L. Riley, Wilmer Brinton, W. E. Magruder, J. T. King, C. F. Burnam, W. A. Fisher, Jr., C. O'Donovan, Guy Steele,

R. Lee Hall, G. M. Linthicum, H. Woods, D. Streett, A. C. Harrison, J. Ruhräh, W. S. Gardner, H. M. Hurd, J. McP. Scott, G. L. Taneyhill and H. H. Young.

The following amendment to the by-laws, chapter v, section 1, was unanimously carried: "Whenever there are more than two candidates for a single office, a majority of those voting will be necessary to insure election. In case this does not occur on the first ballot, a second ballot shall be held after which the candidates receiving the smallest number of votes shall withdraw.

Dr. Ruhräh then offered the following amendment to article 9 of the constitution, section 1, changing the personnel of the Council to "one from the Eastern Shore, three from the Western Shore and seven from Baltimore City.

Dr. Ruhräh also offered an amendment to section 4 of article 9. After the words officers insert the words "except the State Board of Medical Examiners."

Dr. Gardner offered the following resolution: "That all the securities belonging to the Medical and Chirurgical Faculty be deposited in the vaults of an approved trust company to be accessible to the Treasurer when accompanied by one of the following named officers of the Medical and Chirurgical Faculty: The President, the Secretary, the Chairman of the Board of Trustees, the Chairman of the Finney Fund Committee or some member of the Council. In the event of the illness or absence of the Treasurer the President or Secretary may act in his place." This was unanimously passed.

It was moved by Dr. Taneyhill, seconded by Dr. Eareckson, to refer all financial matters to the Council for the ensuing year.

Dr. Guy Steele moved that the President appoint a committee of five to consider the question of typhoid fever and sanitation of the State, this committee to be known as the Typhoid Committee. This was seconded by Dr. Young and carried.

The following nominations were then made:

President: Dr. Randolph Winslow.

Vice-Presidents: Drs. C. R. Winterson, A. L. Franklin, Gordon Wilson.

Secretary: Dr. John Ruhräh.

Treasurer: Dr. W. S. Gardner.

Delegate to American Medical Association: Dr. G. Lane Taneyhill, alternate, Drs. C. F. Burnam, C. B. Claybrook (vote for one alternate).

Trustee: Dr. H. M. Hurd.

State Board of Medical Examiners: Drs. B. W. Goldsborough, E. L. Wilkinson, L. B. Henkel, Jr., H. L. Homer, Howard Bratton, W. G. Coppage.

Committee on Scientific Work and Arrangements: Drs. J. M. H. Rowland, W. A. Fisher, Jr., Arthur Shipley.

Library Committee: Drs. J. W. Williams, L. F. Barker, V. M. Reichard, R. B. Warfield, W. S. Thayer, H. B. Jacobs, C. B. Gamble (vote for five).

Finney Fund Committee: Dr. H. L. Naylor.

Councillors: Dr. R. Lee Hall, Dr. Hiram Woods, Dr. L. F. Barker, Dr. G. M. Linthicum.

The meeting then adjourned.

APRIL 24, 1913, 9 A.M.

The 43d meeting of the House of Delegates was called to order in the Small Hall of the Faculty Building, April 24, 9 a.m., Dr. A. C. Harrison, the President in the Chair. There were present the following members: Drs. E. B. Claybrook, H. L. Naylor, J. E. Deets, J. L. Riley, W. A. Fisher, Jr., R. Lee Hall, G. M. Linthicum, H. Woods, D. Streett, A. C. Harrison, J. Ruhräh, W. S. Gardner, H. M. Hurd, G. L. Taneyhill. The minutes of the last meeting were read and approved.

The following officers were then elected by the Secretary being instructed to cast a ballot for them.

President: Dr. Randolph Winslow.

Vice-Presidents: Drs. C. R. Winterson, A. L. Franklin, Gordon Wilson.

Secretary: Dr. John Ruhräh.

Treasurer: Dr. W. S. Gardner.

Delegate to American Medical Association: Dr. G. L. Taneyhill.

Trustee: Dr. H. M. Hurd.

State Board of Medical Examiners: Drs. B. W. Goldsborough, A. L. Wilkinson, L. B. Henkel, Jr., H. L. Homer, Howard Bratton, W. G. Coppage.

Committee on Scientific Work and Arrangements: Drs. J. M. H. Rowland, W. A. Fisher, Jr., A. M. Shipley.

Finney Fund Committee: Dr. H. L. Naylor.

Councillors: Dr. R. Lee Hall, Dr. H. Woods, Dr. L. F. Barker, Dr. G. M. Linthicum.

The following officers were then elected by ballot.

Alternate to American Medical Association: Dr. E. B. Claybrook.

Library Committee: Drs. J. W. Williams, R. B. Warfield, H. B. Jacobs, L. F. Barker, V. M. Reichard.

Dr. O'Donovan introduced the following resolution:

“Resolved, by the House of Delegates of the Medical and Chirurgical Faculty of Maryland, that two Delegates from Maryland to the American Medical Association be, and they are hereby, instructed to resist in any possible way the proposed inspection and classification of hospitals throughout the United States, and,

“Resolved, that this action of the Medical and Chirurgical Faculty be reported by our Delegates to the House of Delegates of the American Medical Association.”

This was seconded by Dr. H. L. Naylor. Dr. Gordon Wilson moved that this amendment be referred to the State Board of Medical Examiners to consider the question and report at the next Annual Meeting. After considerable discussion by Drs. Hurd, Barker, Griffith, Taneyhill, Brinton, Wilson and Linthicum the amendment was passed.

The meeting then adjourned.

MEMOIR.

The Memoir Committee of the Faculty announce the death of Dr. Jacob Leverton Noble, who was a member of the Caroline County Medical Society, and of the Medical and Chirurgical Faculty, who died suddenly of valvular heart disease, at his home, Preston, Caroline County, Md., April 29, 1913, aged sixty-four years.

Dr. Noble was born near Federalsburg, Caroline County, Md., January 6, 1849, and was graduated at the University of Maryland, class of 1876. He practiced medicine on Taylor's Island, Dorchester County, Md., for fifteen years, and then removed to Preston, where he practiced until compelled to relinquish work, on account of failing health, about a year before he died.

He married Miss Mamie E. Travers, daughter of Judge Levi D. Travers of Taylor's Island, by whom he had four sons and five daughters. His wife died about a year ago.

BOOK REVIEWS.

Diseases of the Heart and Aorta. By ARTHUR D. HIRSCHFELDER, M.D. Second edition. Philadelphia and London: J. B. Lippincott and Company, 1912.

The first edition of this book was quickly exhausted and the second edition is now before us. In the present volume a number of important changes are to be noted. The chapter on the general physiology of the heart has been largely rewritten so as to include the newer knowledge regarding the site of origin of the heart beat, the difference between the mode of action of the right and left vagus, and the tonus maintained in the autonomic nerves connected with the heart.

A section has been added in which electrocardiography is fully discussed; this section is illustrated extensively by electrocardiograms and diagrams.

Blood pressure is more fully treated than in the earlier edition. The auscultatory method of determination is described and the clinical side of chronic hypertension is carefully dealt with.

The chapter on atherosclerosis has been revised and reference is made to the more recent studies on syphilitic and infective arterial disease. The section dealing with heart block and with paroxysmal tachycardia have received additions in which the more recent discoveries bearing upon these conditions are considered.

The treatment of the cardio-vascular diseases is even more fully discussed than in the first edition. The chapter on digitalis preparations has been enlarged. Among the new drugs mentioned, we note salvarsan, vasotonin and sajodin.

The paragraphs dealing with mechanical and gymnastic treatment and with the use of rarefied air, oxygen and carbon dioxide in the treatment of heart disease have been extended.

This edition contains a number of new figures and about a hundred pages of text more than the first edition. The paper is better than in the first edition. The publishers are to be congratulated upon the appearance of the volume.

The practitioner who desires to familiarize himself with our present knowledge of the cardio-vascular diseases and their treatment will find this book better suited to his purposes than any other volume with which we are acquainted.

Principles and Practice of Obstetrics. By JOSEPH B. DE LEE, A.M., M.D., Professor of Obstetrics at the Northwestern University Medical School. Large octavo of 1960 pages, with 913 illustrations, 150 of them in colors. Philadelphia and London: W. B. Saunders Company, 1913. Cloth, \$8.00 net; Half Morocco, \$9.50.

It is seldom that one sees a medical text-book which produces such an agreeable first impression as this book of De Lee. This is no doubt due first of all to the very attractive "get up" of the book. It is splendidly printed, typographical errors are hard to find, and the illustrations are most excellent.

The second factor in insuring a welcome to this new text-book is the unusually logical and attractive way in which the subject matter is presented. It is considered under four heads. Part I deals with "The Physiology of Pregnancy, Labor, and the Puerperium;" Part II with the "Conduct of Pregnancy, Labor and the Puerperium;" Part III with the "Pathology of Pregnancy, Labor and the Puerperium;" and Part IV is devoted to "Operative Obstetrics."

As the author suggests in the preface, such an arrangement allows the subject to be conveniently divided to suit the ordinary college curriculum, Parts I and II being considered in the junior year, and the remaining two in the senior year. An attractive feature is seen in the "working" bibliographies appended to each chap-

ter. The illustrations, practically all of which are original, are unusually good and do much to make comprehension of the text easy. All in all, the work impresses us as a most excellent one for student, practitioner and specialist, and there can be little doubt of its success in the world of medical text-books.

A Text-Book on the Practice of Gynecology: For Practitioners and Students. By WILLIAM EASTERLY ASHTON, M.D., LL.D., Fellow of the American Gynecological Society; Professor of Gynecology in the Medico-Chirurgical College, and Gynecologist to the Medico-Chirurgical Hospital, Philadelphia; formerly Lecturer on Gynecology in the Jefferson Medical College, Philadelphia; one of the founders of the Congrès International Gynécologie et d'Obstétrique; member of the American Medical Association, etc. With 1050 new line drawings illustrating the text by John V. Altoneder. Fifth edition, thoroughly revised. London and Philadelphia: W. B. Saunders Company, 1912. Cloth \$6.50 net; Half Morocco, \$8.00 net.

Writers of text-books for students, it would seem, are called upon to decide between two policies in the preparation of their works. They must either condense and boil down the subject matter at the expense of thoroughness, or they must go into extensive and minute detail, with the possible result of making the volume unduly bulky. The *Practice of Gynecology* by Ashton is a good illustration of the latter type of work. While realizing that there is much room for divergence of opinion on this point, the reviewer feels that the work under discussion is burdened down with a mass of material which scarcely belongs in a text-book on gynecology. For instance, important as they may be in general therapeutics, such subjects as hydrotherapy, indoor exercise, etc., are not, in the opinion of the reviewer, entitled to the extensive treatment they receive in this text-book of gynecology. In the same way, it may be protested that the author goes too far afield from the direct subject matter of his book when he presents such chapters as that on "The Blood in Relation to Surgery," which contains matter ordinarily found in works on surgical pathology.

On the other hand it seems absurd that in a book of about 1100 pages, less than 8 pages in the aggregate are devoted to the consideration of the fundamentally important subject of the physiology of the female generative organs—puberty, menstruation, ovulation and the menopause. The description of the physiology of menstruation is the time-honored one found in most of even the modern text-books, embodying little or none of the new knowledge we have gained on the subject in the past few years.

The line drawings with which the book abounds are in the main excellent, illustrating the text most adequately. Among the best chapters are those on "After-treatment" and "Post-operative Complications." Many additions have been made in the fifth edition. The chapter on the X-rays in Gynecology has been brought up to date and amplified, as have many of the others.

To sum up, the reviewer, while well aware that the book has been much praised because "the author takes nothing for granted," feels strongly that it contains much that could well be omitted from even an exhaustive work on gynecology, and that the subject matter could be boiled down to a much smaller compass by sacrificing—if it were a sacrifice—the spirit of methodical and almost "painful" thoroughness and detail which characterizes the work.

To offset this criticism, and making it look much like a "minority report," is the stark fact that five editions of the book have appeared in eight years. All of which goes to show that tastes differ in medical books, as in all other things.

Nervous and Mental Diseases: For Students and Practitioners. By CHARLES S. POTTS, M.D., Professor of Neurology in the Medico-Chirurgical College of Philadelphia. New (third) edition, enlarged and thoroughly revised. In one 12mo volume of 610 pages, with 141 engravings and 6 full-page plates. Philadelphia and New York: Lea and Febiger, 1913. Cloth, \$2.75 net.

The third edition of Dr. Potts' useful work contains considerable more matter than the preceding editions, although conforming to the previous ones in general make-up and appearance. A general revision, endeavoring to bring the work up to date is evident throughout. The chapter on general symptomatology and methods of examinations has been enlarged and short descriptions of myotonia atrophica, progressive lenticular degeneration and dysbasia lordotica deformans have been added. The tendency to increasing emphasis on the inter-relation of many nervous and mental disorders is noted. In order to keep within the limits of a small work, many of the descriptions have been necessarily cut down to the briefest outline. This particularly refers to the section on mental diseases. Several new illustrations have been added, contributing to this commendable feature of previous editions. The author happily succeeds in his endeavor to make the book serve as a convenient guide for the student and general practitioner, and as such it certainly ranks as one of the best short works in English. And even for the specialist it has great value as a handy reference volume.

Ophthalmic Myology: A systematic Treatise on the Ocular Muscles. By G. C. SAVAGE, M.D. Professor of Ophthalmology in Vanderbilt University, etc. Eighty-four illustrative cuts and six plates. Second edition. 1911. Published by the author, 137 Eighth Avenue, North, Nashville, Tenn. Printed by McQuiddy Printing Company, Nashville.

One cannot read the new edition of this book without admiring the careful study and consideration the author has evidently given to the subject of muscular errors of all kinds. There can be no doubt that Dr. Savage has hit upon some new ideas, particularly concerning the fundamental principles of ocular rotation, and certainly the mathematical proof that he offers is most convincing.

The gist of the author's teaching may be given briefly by a quotation from the preface to the second edition of his book.

"The whole of the difference between the teaching of Helmholtz and that of the author hinges on the correct answer to the following four questions."

"(1) Is the center of the cornea always the anterior pole?" (Helmholtz's answer was "yes." Savage says "no.")

"(2) Is the central point of the macula always the posterior pole of the eye?" (Helmholtz answered "no." Savage answers "yes.")

"(3) Do all secondary visual lines cross the visual axis at the nodal point?" (Helmholtz, "yes." Savage, "no.")

"(4) Do all secondary visual lines cross the visual axis at the center of retinal curvature—the center of rotation?" (Helmholtz, "no." Savage, "yes.")

The subject is defined at great length by Dr. Savage in chapter I and on pages 32-34 is given, in parallel columns, a contrast between his teaching and that of Helmholtz, to which the reader is especially referred. The equations and drawings offered by the author as evidence of the correctness of his opinions should be deeply considered as they undoubtedly simplify problems of importance.

The portion of Chapter I dealing with the innervation of the ocular muscles advances theories of the author's that are based largely on supposition. It is as

difficult, however, for the critic to refute such a purely visionary hypothesis as it is for the originator to establish it, and so perhaps it is just as well, in wrangles of the kind, to agree with Kipling's pertinent lines that,

"There are nine and sixty ways of constructing tribal lays,
And-every-single-one-of-them-is-right."

Chapter II gives a good description of the Savage monocular phorometer and other useful instruments. Chapter III deals with the heterophorias and introduces some new nomenclature. The symptoms, local and remote, of muscular errors are well described. The "rhythmic exercise" advocated does not seem different enough to be called, "a new line of treatment." The operative measures are very carefully classified and described; not all will agree, however, that the partial tenotomy is the operation of choice.

The chapter on Cyclophoria (insufficiency of the oblique muscles) is unique in being a thorough presentation of a class of cases but briefly described in literature and no doubt often overlooked in practice. The chapter on "compensating cyclo-tropia" is also most interesting, here certainly the evidence offered is practically demonstrable.

On the whole the book is worth reading, but it would not appear, once the writer's ideas are arranged, that his teachings are so radically different from what has heretofore been taught. Too much time is spent in explaining the processes of the author's mind by which he has reached deductions that are not new. He sacrifices his really good ideas by "new" reasonings to reach old facts. The new truths of the book could be condensed into a monograph of great interest and value.

The Catarrhal and Suppurative Diseases of the Accessory Sinuses of the Nose. By ROSS HALL SKILLERN, M.D., Professor of Laryngology, Medico-Chirurgical College; Laryngologist to the Rush Hospital; Fellow of the American Laryngological, Rhinological and Otological Society; Fellow of the New York Academy of Medicine; Member of the Society of German Laryngologists, etc. Philadelphia and London. J. B. Lippincott Company, Price, \$5.00.

Dr. Skillern's work is an excellent introduction to the serious study of disease and treatment of the accessory sinuses. As a text-book for the beginner, this well rounded work should be extremely valuable, as compiled with a mass of well digested facts there is a large bibliography, evidence of the author's profound research and affording splendid opportunity for consultation of original sources.

For the more advanced student, the discussion of anatomical pathological questions, and the descriptions in detail of various operative procedures will be of most interest.

The illustrations are numerous and well chosen.

The Principles of Hygiene: A Practical Manual for Students, Physicians and Health Officers. By D. H. BERGEY, A.M., M.D. First Assistant, Laboratory of Hygiene, and Assistant Professor of Bacteriology, University of Pennsylvania. Illustrated. Fourth edition, thoroughly revised. Philadelphia and London. W. B. Saunders Company, 1912.

The trend of modern medical research is strongly toward the eradication rather than the cure of disease. Prevention is the master-word, and the subject of

“preventive medicine” is fast taking its place in both the schools and the literature of medicine. An immense amount of work is being done, and wonderful results are being achieved. But there are few if any text-books that treat this subject adequately. In fact to treat this ever-widening subject satisfactorily in a single volume of moderate size is no easy matter, covering as it does, such diversity of topics as the disposal of kitchen waste and the theories of immunity; the care of domestic animals and the study of the malarial parasite.

Among the few recent text-books on hygiene, the work by Dr. D. H. Bergey, easily takes its place in the front rank. Well written, well proportioned, extended in scope, and yet concise, and in the latest edition brought as nearly up to date as is possible, on a subject of such rapid development, it is probably the best text-book for class use now published.

A teacher of preventive medicine might wish for a more extended discussion of the specifically preventable diseases, some of which have been touched very briefly.

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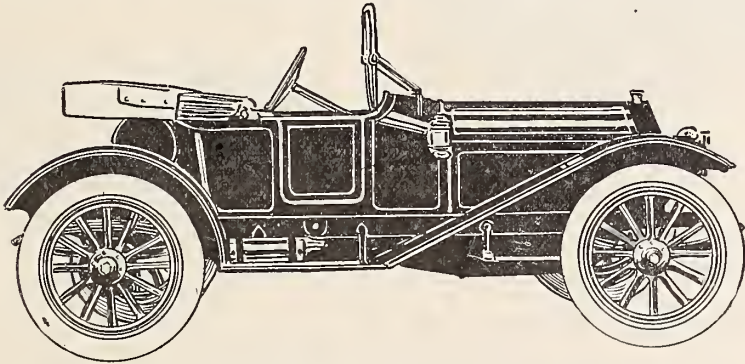
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